



The Licensed Practical Nursing Workforce: *Supply and Demand in New York*



School of Public Health
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EXECUTIVE SUMMARY

While there is concern about serious shortages of licensed practical nurses (LPNs) in New York, particularly in long term care settings, not much is known about contributing factors. There has been much research focused on the current and projected future shortages of registered nurses (RNs), but many fewer studies of the licensed practical nursing (LPN) workforce. This research project was designed to quantify LPN supply and demand gaps in New York, identify contributing factors and, ultimately, inform programs and policies designed to improve the recruitment and retention of LPNs in health care

The Center for Health Workforce Studies, with support from the 1199 SEIU Greater New York Worker Participation Fund, recently completed a research study on supply and demand gaps for LPNs in the state's nursing homes. The study involved primary data collection, including surveys of the state's LPN education programs and nursing homes, and analysis of secondary data sources to learn more about the demographic and practice characteristics of the state's LPN workforce. Secondary data sources included the 2007 American Community Survey, the 2004 American Hospital Association Annual Survey Database, and the Centers for Medicare and Medicaid Services nursing home information.

Key findings from this research study are presented below.

New York has fewer LPNs per 10,000 population than the national average (2.12 versus 2.59 in 2007). Furthermore, the supply of LPNs is not well distributed across the state.

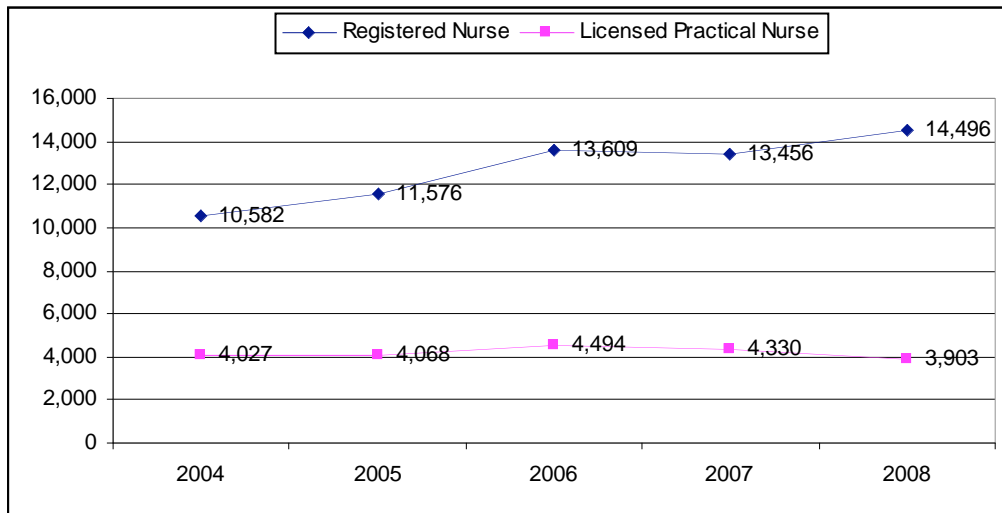
While the New York City and Long Island regions had over 40% of the total LPNs in New York, they had the lowest rates of LPNs per capita and LPNs per nursing home resident in the state. The Mohawk Valley and Central New York regions had the highest number of LPNs per capita and the North Country had the highest number of LPNs per nursing home resident (2005-2007 American Community Survey).¹

The number of new LPN licenses issued over the past five years has declined slightly, even as the number of new RN licenses issued has continued to rise.

In 2004, there was one new LPN licensed for every 2.6 newly licensed RNs. In 2008, there was one new LPN licensed for every 3.7 new RNs.

¹ Regions based on the New York State Department of Labor regions. For a description of the regions, please see page 15-16 of the full report.

Licenses Issued to LPNs and RNs in New York, 2004-2008.



Source: New York State Education Department

LPN graduations are projected to increase by nearly 50% statewide between 2006 and 2010.

LPN graduations are projected to increase by more than 1,200 between 2006 and 2010, or by nearly 50%. The number of LPN graduations increased the most in Central New York, (610%), but this was due to two new programs that started in 2008. Graduations in New York City are projected to increase by 31% over the same time period.

Projected Changes in LPN Graduations, by Region

DOL Region	2006	2007	2008	2009	2010	% Increase Between 2006-2010
Capital District	153	283	333	343	444	190%
Central NY	20	32	126	115	142	610%
Finger Lakes	215	258	269	246	377	75%
Hudson Valley	365	435	400	389	406	11%
Long Island	825	887	852	967	1089	32%
Mohawk Valley	125	137	109	119	140	12%
New York City	223	188	160	266	293	31%
North Country	174	189	166	154	122	-30%
Southern Tier	151	208	177	192	277	83%
Western NY	244	228	271	365	450	84%
Total	2495	2845	2863	3156	3740	50%

Source: CHWS LPN Education Program Survey

New York City does not have a proportional share of LPN graduations.

While New York City represents about 50% of the state’s population, only 8% of projected LPN graduations in 2010 will come from New York City LPN programs.

Although graduations from LPN programs are increasing, many qualified applicants are denied admission to these programs.

Thirty-four percent of LPN programs reported turning away qualified applicants in the last academic year. In total, 893 qualified applicants were denied admission to LPN programs. In New York City, 230 qualified applicants were turned away, which suggests that there were about two qualified applicants for every available slot.

Just over half of all LPN programs offer part-time education tracks, and less than one-third of LPN programs confer college credits for coursework.

While nearly nine in 10 (88%) LPN programs statewide offered full-time education tracks, only 55% offered part-time tracks. Nineteen percent offered evening-only tracks, and 3% offered weekend-only tracks. New York City programs offered particularly limited options for students who could not attend full-time, with only 25% of programs offering a part-time track.

Types of Tracks Offered by LPN Education Programs, by Region

DOL Region	% offering Full Time Tracks²	% offering Part Time Tracks¹	% offering Evening Tracks¹	% offering Weekend Tracks¹
Capital District	100%	83%	17%	17%
Central NY	100%	33%	0%	0%
Finger Lakes	83%	50%	25%	0%
Hudson Valley	88%	75%	38%	0%
Long Island	100%	67%	33%	0%
Mohawk Valley	80%	40%	20%	20%
New York City	88%	25%	13%	0%
North Country	100%	20%	0%	0%
Southern Tier	100%	75%	25%	0%
Western NY	57%	71%	0%	0%
Totals	88%	55%	19%	3%

Source: CHWS LPN Education Program Survey

The majority of LPNs work in two settings; hospitals and nursing homes.

In upstate³ New York, as in the rest of the nation, LPNs were equally likely to work in hospitals or nursing homes (30% and 32%, respectively). In New York City, however, more LPNs worked

² Programs could report more than one category therefore totals may add up to more than 100%

³ The downstate regions include the Hudson Valley, Long Island, and New York City; upstate is all the other regions.

in hospitals than in nursing homes (43% and 26%, respectively) (2005-2007 American Community Survey).

LPN program directors reported a strong overall job market for newly trained LPNs in most regions of the state. The job market appeared particularly robust in nursing homes.

**Percent of LPN Education Programs that Reported
Good or Very Good Job Market**

DOL Region	Overall Estimate of Job Market for Newly Trained LPNs	Nursing Home Estimate of Job Market for Newly Trained LPNs
Capital District	67%	100%
Central NY	33%	100%
Finger Lakes	83%	83%
Hudson Valley	100%	88%
Long Island	60%	100%
Mohawk Valley	100%	100%
New York City	80%	100%
North Country	83%	83%
Southern Tier	75%	100%
Western NY	100%	100%

Source: CHWS LPN Education Program Survey

There is wide geographic variation in LPN hours per patient day in nursing homes.

The ratio of LPN hours per patient day varied substantially by region of the state. The highest ratio of LPN hours per patient day was found in the Central New York and Western New York regions, and the lowest ratios were found in the New York City and Long Island regions (Centers for Medicare and Medicaid Services, 2009).

The LPN vacancy rate in nursing homes is nearly 11% -- higher than the rates for either RN managers or certified nursing aides (CNAs). Nursing homes reported an average of 2.2 months to fill a vacant LPN position.

The LPN vacancy rate in nursing homes statewide was estimated to be slightly more than 11%. The Mohawk Valley had the highest at 24%, and Central New York and New York City had the lowest at 4% each.

LPN Vacancy Rate in Nursing Homes, by Region

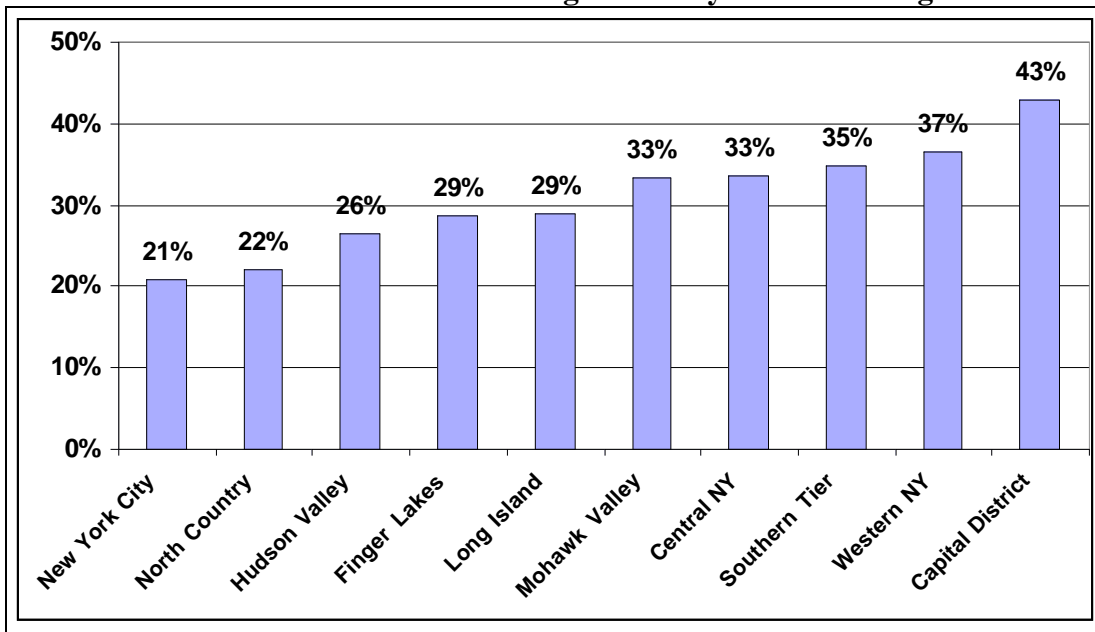
DOL Region	LPN Vacancy Rate
Capital District	12%
Central NY	4%
Finger Lakes	16%
Hudson Valley	8%
Long Island	7%
Mohawk Valley	24%
New York City	4%
North Country	16%
Southern Tier	16%
Western NY	8%
Statewide	11%

Source: CHWS LPN Nursing Home Survey

In 2008, nursing homes in New York City had the lowest rate of LPN turnover (21%).

The lowest LPN turnover rate was in New York City (21%), followed by the North Country (22%). Five regions had turnover rates greater than 30%; the Capital District had the highest turnover rate at 43%.

LPN Turnover Rates in Nursing Homes by NYS DOL Region

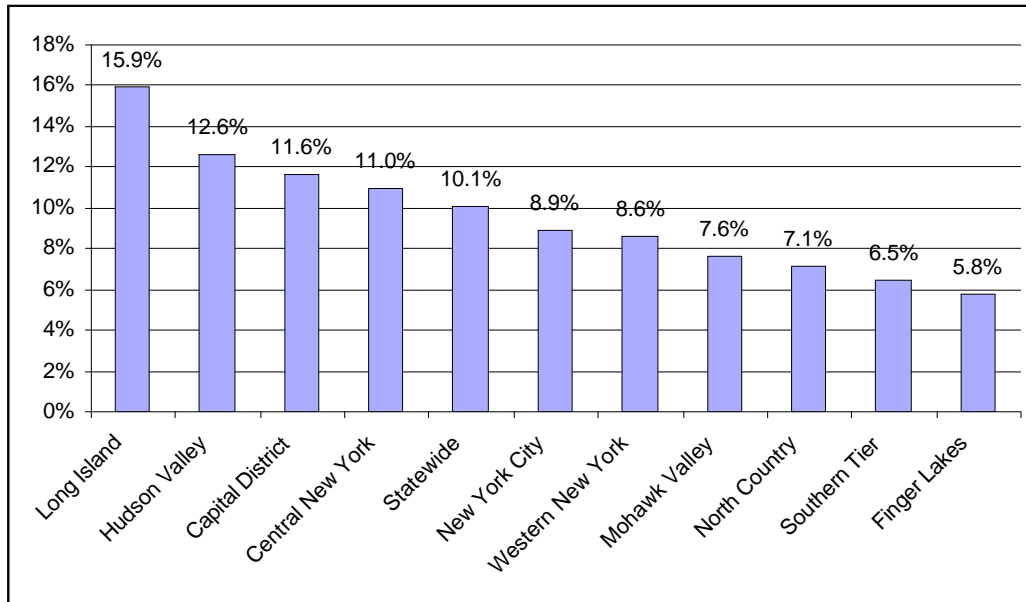


Source: CHWS LPN Nursing Home Survey

According to the New York State Department of Labor, demand for LPNs will continue to increase, with the largest percentage increases in the Long Island and Hudson Valley regions.

The lowest percentage increases in demand for LPNs are projected to be in the Mohawk Valley, North Country, Southern Tier, and Finger Lakes.

Projected Growth in Number of LPN Jobs, 2006-2016, by Region



Source: NYS DOL, 2009

The composition of the LPN workforce is changing in important ways.

- Little progress has been made in the recruitment of men, who are currently 6% of the LPN workforce in New York compared to 8% in 2000.
- There is a great deal of racial/ethnic diversity among LPNs. Only 52% of LPNs in New York were non-Hispanic White, while slightly more than one-third (35%) were Black/African American and 7% were Hispanic/Latino.
- Many LPNs in New York were born outside the U.S. (28%).
- The LPN workforce is aging. The median age of the workforce is 44, compared to 42 in 2000 (American Community Survey, 2005-2007; U.S. Bureau of the Census, 2000).

Nursing homes report significant barriers in upgrading current staff (e.g., nursing aides) to become LPNs. Personal considerations (e.g., family, finances, etc.) are the barrier most commonly cited by nursing homes.

Nearly two-thirds of nursing homes statewide (66%) believed personal considerations (e.g., family, finances, etc.) were a substantial barrier to upgrading current staff to LPNs, and nearly half (48%) indicated that scheduling conflicts between work and school were a barrier. In New York City, more than half of nursing homes indicated that scheduling conflicts (57%), financial

support (54%), and personal considerations (54%) were major barriers to upgrading staff to LPNs.

Percent of Nursing Homes Reporting the Following As Substantial Barriers to Upgrading Current Staff to Become LPNs

	Statewide	New York City
Personal Considerations (e.g., family, finances, etc.)	66%	54%
Scheduling Conflicts Between Work and School	48%	57%
Financial Support	46%	54%
Remedial Needs	30%	29%

Source: CHWS LPN Nursing Home Survey

Conclusions

LPN shortages appear to persist in New York, and are more pronounced in certain regions and for certain types of employers. While graduations are projected to increase, this increase will not apply equally to all areas of the state. A greater understanding of the LPN workforce is essential to aid employers in creating policies to assist with their recruitment and retention of LPNs.

Obstacles in the LPN educational pipeline may include too few slots for qualified applicants; a lack of part-time, evening and weekend tracks; and the tendency of LPN programs to not award college credits for their coursework. Nonetheless, graduates can expect a relatively favorable labor market.

Apart from the availability of LPNs in the workforce, retention and turnover are continuing issues, especially for nursing homes. Furthermore, there are many barriers to upgrading current nursing home staff to become LPNs.

The LPN workforce would benefit from greater participation by men. Racial/ethnic diversity would be an asset to the profession moving into the future, as it would increase the potential pool of LPNs and possibly contribute to the cultural competence of the workforce. At the same time, more cultural diversity will require employers to be sensitive to ethnic and cultural issues within their workforce, possibly including immigration status and language issues. Strategies to retain older LPNs may be valuable as the workforce continues to age.

INTRODUCTION

While there is concern about serious shortages of licensed practical nurses (LPNs) in New York, particularly in long term care settings, not much is known about contributing factors. There has been much research focused on the current and projected future shortages of registered nurses (RNs), but many fewer studies of the licensed practical nursing (LPN) workforce. This research project was designed to quantify LPN supply and demand gaps in New York, identify contributing factors and, ultimately, inform programs and policies designed to improve the recruitment and retention of LPNs in health care

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METHODS

This research study involved primary data collection, i.e., surveys of LPN education programs and nursing homes, and analysis of secondary data sources, including the 2007 American Community Survey, the 2004 American Hospital Association Annual Survey Database, and nursing home information from the Centers for Medicare and Medicaid Services.

LPN Education Program Survey

A one-page fax-back survey was pilot tested and then sent to all LPN education programs in New York. Modeled after the Center's annual survey of the deans and directors of RN education programs, the survey included questions about program length, the number of annual graduates, and an assessment of the job market for new graduates. The survey was mailed in early June 2009 and was in the field for approximately two and a half months. Telephone follow-ups were used to increase the response rate. Center staff also met with the Licensed Practical Nurse Council to explain the rationale for the study and to seek their endorsement of this effort. The LPN education program survey achieved an 84% response rate, with 100% response rates in four of the 10 New York State Department of Labor (NYS DOL) regions.

Table 1. Response Rate of LPN Education Programs by NYS DOL Regions

DOL Region	Response Percentage
Capital District	86%
Central NY	50%
Finger Lakes	100%
Hudson Valley	100%
Long Island	100%
Mohawk Valley	100%
New York City	82%
North Country	80%
Southern Tier	67%
Western NY	70%
Total	84%

Nursing Home Survey

A one-page survey, modeled after previous surveys sent to nursing homes and home health agencies by the Center, was sent to human resource directors at all nursing homes in New York. The survey solicited employment data on RNs (both management and staff RNs), LPNs, and certified nursing aides (CNAs), specifically:

- Number of filled budgeted positions (full and part time) on March 31, 2009;
- Number of vacant positions (full and part time) on March 31, 2009;
- Number of budgeted positions filled with temporary or contract staff (full and part time) on March 31, 2009;
- Number of employees who ended employment in 2008 (including those who retired);
- Number of employees who retired in 2008;
- Number of employees on the payroll on December 31, 2008;
- Average time to fill vacant positions, in months;
- Difficulty in recruiting staff, on one to five scale⁴;
- Difficulty in retaining staff, on one to five scale;
- Effects of the current economic downturn on recruitment and retention; and
- Perceived barriers to upgrading staff to LPNs.

The Center collaborated with the four long-term care associations in New York, who assisted with outreach to their members. Surveys were emailed to all nursing homes in mid-June, and the survey was in the field for approximately two months. The associations sent follow-up emails to increase the response rate. The survey achieved a statewide response rate of 22%, with the Finger Lakes region having the highest response rate at 45%.

⁴ One equals very easy and five equals very difficult.

Table 2. Response Rate of Nursing Home LPNs by NYS DOL Regions

DOL Region	Response Percentage
Capital District	24%
Central NY	22%
Finger Lakes	45%
Hudson Valley	14%
Long Island	12%
Mohawk Valley	11%
New York City	19%
North Country	30%
Southern Tier	36%
Western NY	26%
Total	22%

Analysis of Data on the Current LPN Workforce in New York

Data on the characteristics of the LPN workforce were taken from the American Community Survey, 2005-2007. This is an annual survey of the U.S. population done by the U.S. Census Bureau in order to obtain information about the population in intercensal years. Data on LPN staffing in hospitals were taken from the American Hospital Association Annual Survey Database, 2004. This is an annual survey of all hospitals in the country. Data on LPN staffing in nursing homes were from the quality data compiled by the Centers for Medicare and Medicaid Services. This database contains information on all nursing facilities in the U.S.

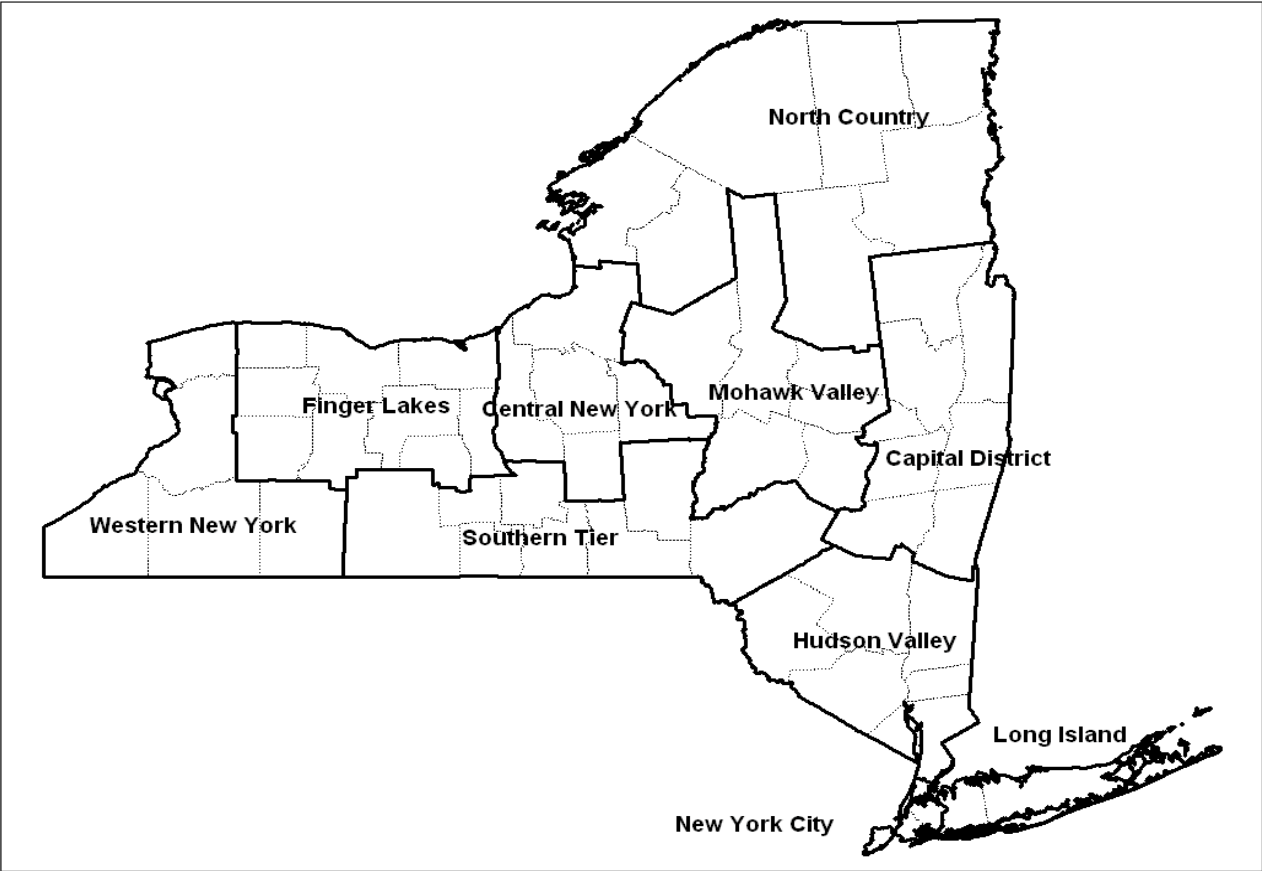
Regional Aggregation of Data

The data presented in this report are aggregated by NYS DOL regions, which are listed below and depicted in the state map on the next page.

- Capital District: The counties of Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington.
- Central New York: The counties of Cayuga, Cortland, Madison, Onondaga, and Oswego.
- Finger Lakes: The counties of Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates.
- Hudson Valley: The counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.
- Long Island: The counties of Nassau and Suffolk.

- Mohawk Valley: The counties of Fulton, Herkimer, Montgomery, Oneida, Otsego, and Schoharie.
- New York City: The counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island).
- North Country: The counties of Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, and St. Lawrence.
- Southern Tier: The counties of Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, and Tompkins.
- Western New York: The counties of Allegany, Cattaraugus, Chautauqua, Erie, and Niagara.

Figure 1. New York Counties by DOL Region



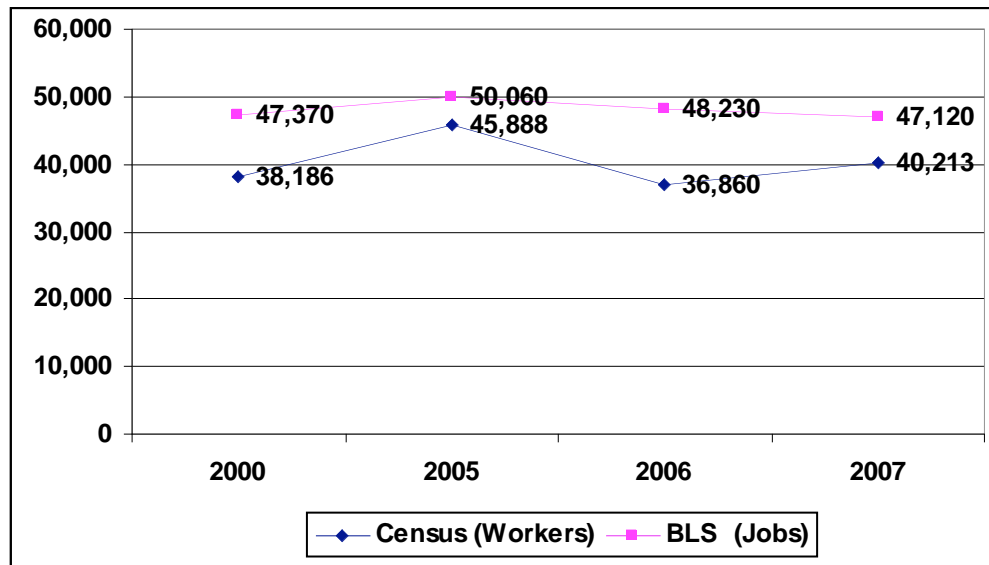
BACKGROUND

The use of LPNs (and thus demand for LPNs) is largely dictated by their legal scope of practice, which varies by state. Nationally, the number of people who self-reported their occupation as LPN grew by slightly more than 6% between 2000 and 2007 (to 779,394), while the number of LPN jobs reported by employers increased by almost 6% during the same time period (to 719,240).

The situation in New York, however, has been somewhat different. New York has fewer LPNs per 10,000 population than the national average (2.12 versus 2.59 in 2007), possibly because the broader scope of practice for RNs in New York makes them preferred over LPNs in many health settings. Furthermore, the ratio of LPNs to nursing home residents in New York was 0.37 from 2005 to 2007, compared to 0.55 LPNs per nursing home resident nationwide.

Nonetheless, New York has a greater number of employer-reported LPN jobs (47,120) than individuals reporting themselves to be LPNs (40,213). In contrast to national job growth, the number of employer-reported LPNs jobs declined by 0.5% between 2000 and 2007. Meanwhile, the number of individuals reporting to be LPNs increased by more than 5% between 2000 and 2005, rising slightly less than at the national level.

Figure 2. New York LPN Workforce, 2000-2007

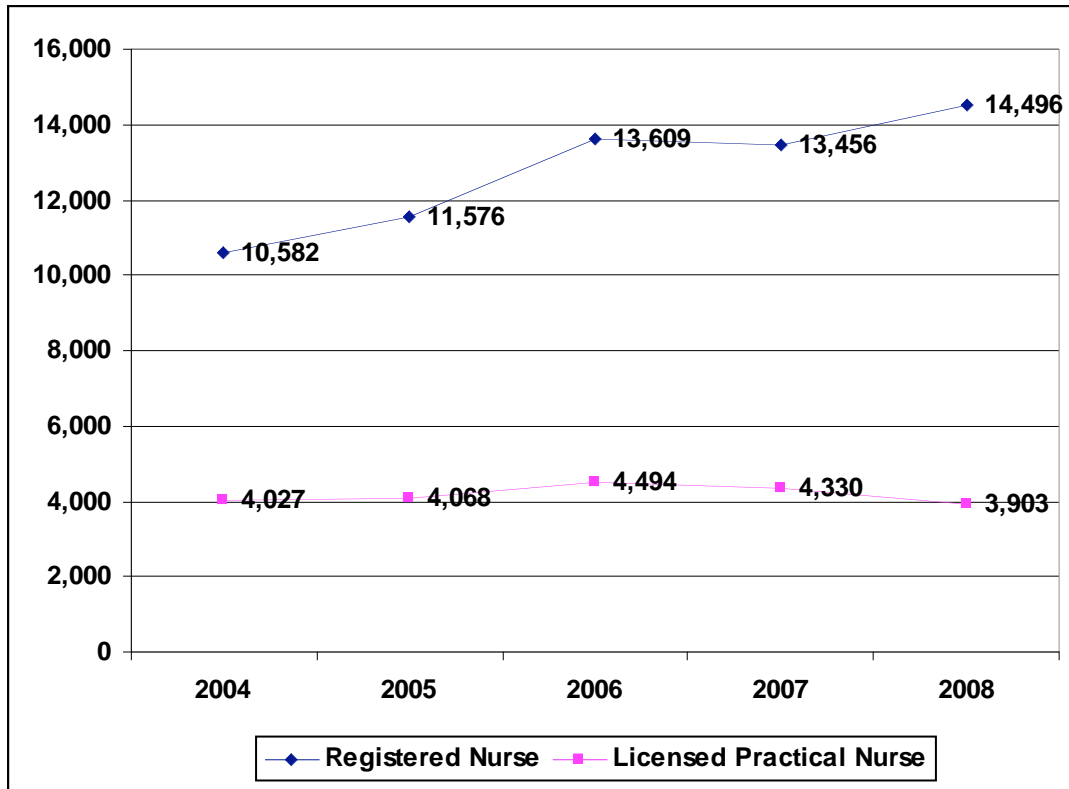


Source: American Community Survey, 2005-2007; U.S. Census Bureau; Bureau of Labor Statistics.

These trends point to a tight market for employers seeking to hire LPNs in New York, despite a slight contraction in the number of LPN jobs. As with many fields, however, the pool of active LPNs is smaller than the number of licensed LPNs – 71,505 in 2009, although only 64,539 licensees reside in New York. Still, the shortage of LPNs in New York cannot be wholly attributed to attrition from the LPN workforce by those who are licensed. Data from the New

York State Education Department reveal that number of new LPN licenses issued over the past five years has declined slightly, even as the number of new RN licenses issued has continued to rise. In 2004, there was one new LPN licensed for every 2.6 new RNs. In 2008, there was one new LPN licensed for every 3.7 new RNs (Figure 3).

Figure 3. Licenses Issued to LPNs and RNs in New York, 2004-2008.



Source: New York State Education Department

The supply of LPNs is also maldistributed across the state. While the New York City and Long Island regions had over 40% of the total LPNs in New York, they had the lowest LPNs per capita and the lowest LPNs per nursing home resident in the state. The Mohawk Valley and Western New York had the highest number of LPNs per capita and the North Country and Southern Tier had the highest number of LPNs per nursing home resident.

Table 3. Distribution of LPNs by Region, 2006

DOL Region	LPNs 2006	Percent Distribution	Population	LPNs per 1,000 population	Nursing home residents	LPNs per nursing home resident
Capital District	3,540	7.1%	1,061,612	3.3	6,855	0.52
Central New York	3,100	6.2%	773,921	4.0	7,423	0.42
Finger Lakes	4,110	8.2%	1,164,547	3.5	8,013	0.51
Hudson Valley	5,710	11.4%	2,274,326	2.5	12,822	0.45
Long Island	6,670	13.4%	2,760,505	2.4	15,210	0.44
Mohawk Valley	2,240	4.5%	493,246	4.5	4,349	0.52
New York City	14,800	29.6%	8,275,322	1.8	43,151	0.34
North Country	1,400	2.8%	429,343	3.3	2,463	0.57
Southern Tier	2,450	4.9%	673,732	3.6	4,480	0.55
Western New York	5,930	11.9%	1,391,175	4.3	8,909	0.67
Statewide	49,950		19,297,729	2.6	110,768	0.45

Source: NYS DOL; U.S. Census Bureau; Centers for Medicare and Medicaid Services.

While demand for LPNs may be moderating relative to RNs due to higher patient acuity in most health care settings, it is not clear that the supply of LPNs is sufficient to meet demand. Furthermore, the supply of LPNs is clearly not distributed geographically in proportion to either the general population or the nursing home population.

THE LPN EDUCATIONAL PIPELINE

In order to better understand the production of LPNs in New York, the Center examined the LPN educational pipeline. Although not all graduates of LPN programs go on to work as LPNs, there is some evidence that the majority of them do. Most schools (78%) reported that at least three-quarters of their students work as LPNs after graduation. All LPN programs in the North Country and Western New York regions reported at least three-quarters of their students work as an LPN after graduating, while only half of programs in the Central New York region reported at least three-quarters of their students work as an LPN after graduating.

Table 4. Percent of Graduating Class that Worked as LPNs after Graduation, By Region

DOL Region	Percent of LPN Graduates			
	0-24%	25-49%	50-74%	75+%
Capital District	17%			83%
Central NY		50%		50%
Finger Lakes	9%	27%		64%
Hudson Valley	12%	13%		75%
Long Island			25%	75%
Mohawk Valley	20%			80%
New York City	22%			78%
North Country				100%
Southern Tier			25%	75%
Western NY				100%
Statewide	10%	9%	3%	78%

Source: LPN Education Program Survey, CHWS.

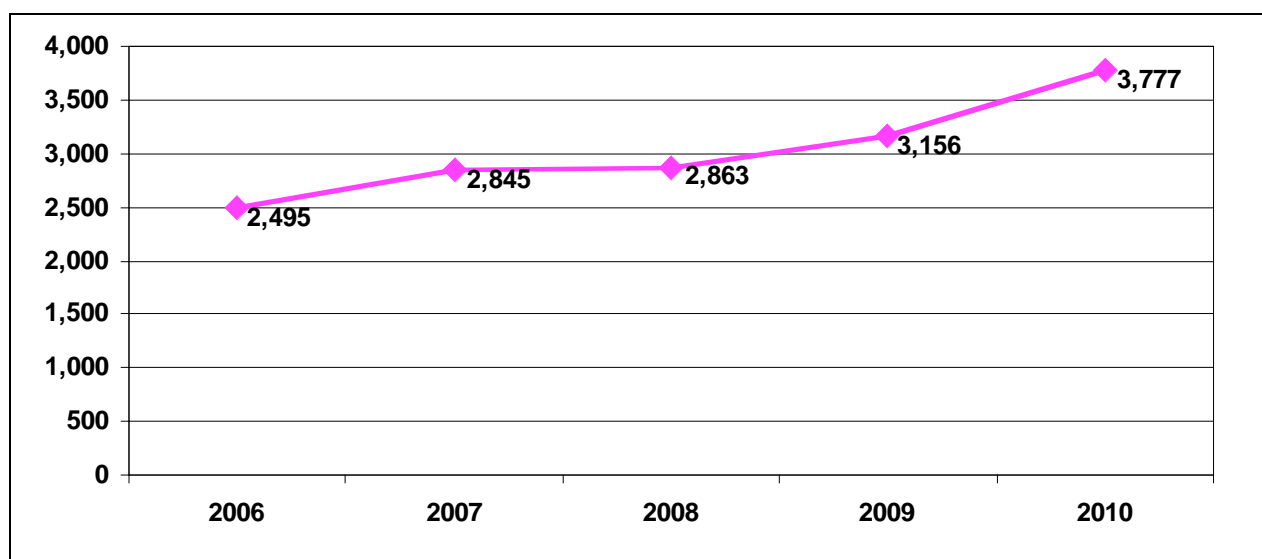
While New York has a strong and growing system of LPN education programs, there are still problems in the LPN educational pipeline. In particular, challenges remain for the New York City region. There, the central issues are a lack of educational programs that provide part-time learning opportunities, a disproportionately low number of LPN graduations per capita in the New York City area, and a system of LPN programs that, for the most the part, does not confer college credits for coursework.

LPN Programs in New York

Pipeline capacity in both New York City and New York overall has been increasing, and is projected to continue to increase until at least the 2009-2010 academic year.⁵ Between 2006 and 2010, LPN graduations are projected to increase by nearly 1,300, or by slightly more than 51%.

⁵ An academic year is defined as September 1st of one year through August 31st of the next year.

Figure 4. Total LPN Graduations for New York per Academic Year, 2006 to 2010



Source: LPN Education Program Survey, CHWS.

This increase in LPN graduations is predicted for all regions of the state, except for the North Country. Central New York is projected to have the highest percent increase in graduations (610%), due at least in part to the establishment of two new programs in 2008. The Capital District is also projected to have significant growth in LPN graduations, nearly tripling between 2006 and 2010. The North Country region closed one program in 2009, which contributed to their overall decrease in graduations. An increase of only 31% is projected in New York City – much lower than the projected increase statewide.

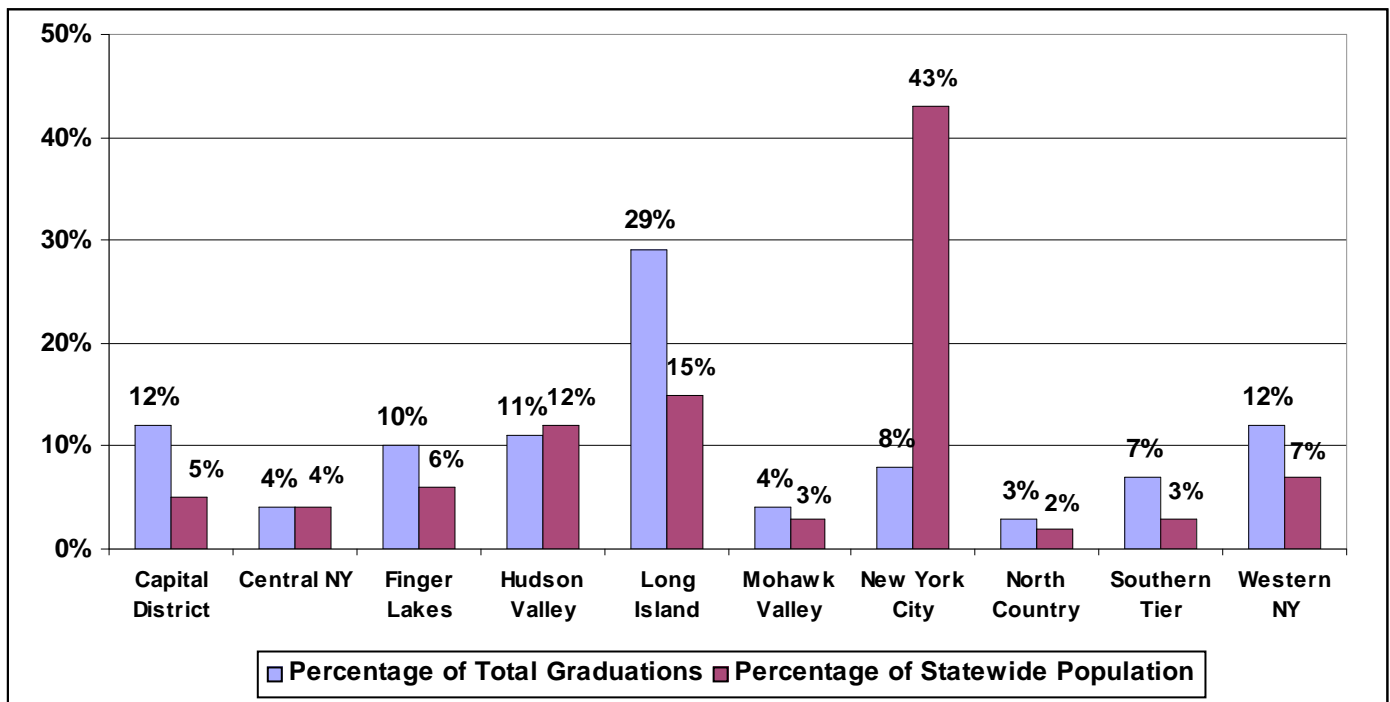
Table 5. Total Graduations per Academic Year by NYS DOL Region

DOL Region	2006	2007	2008	2009	2010	% Increase 2006 to 2010
Capital District	153	283	333	343	444	190%
Central NY	20	32	126	115	142	610%
Finger Lakes	215	258	269	246	377	75%
Hudson Valley	365	435	400	389	406	11%
Long Island	825	887	852	967	1,089	32%
Mohawk Valley	125	137	109	119	140	12%
New York City	223	188	160	266	293	31%
North Country	174	189	166	154	159	-8%
Southern Tier	151	208	177	192	277	83%
Western NY	244	228	271	365	450	84%
Statewide	2,495	2,845	2,863	3,156	3,777	51%

Source: LPN Education Program Survey, CHWS.

The number of LPN graduations per capita varies widely across the state. Similar to the maldistribution of LPNs discussed before, the number of LPN graduations in New York City was disproportionately low compared to the city’s population. New York City accounted for nearly half (43%) of the population of the state, but is projected to have only 8% of the New York’s LPN graduations. In contrast, Long Island is projected to account for 29% of total LPN graduations in 2010, while comprising just 15% of the state’s population.

Figure 5. Percentage of Total Projected Graduations for 2010 Compared to Percentage of Statewide Population⁶ by Region



Source: LPN Education Program Survey, CHWS.

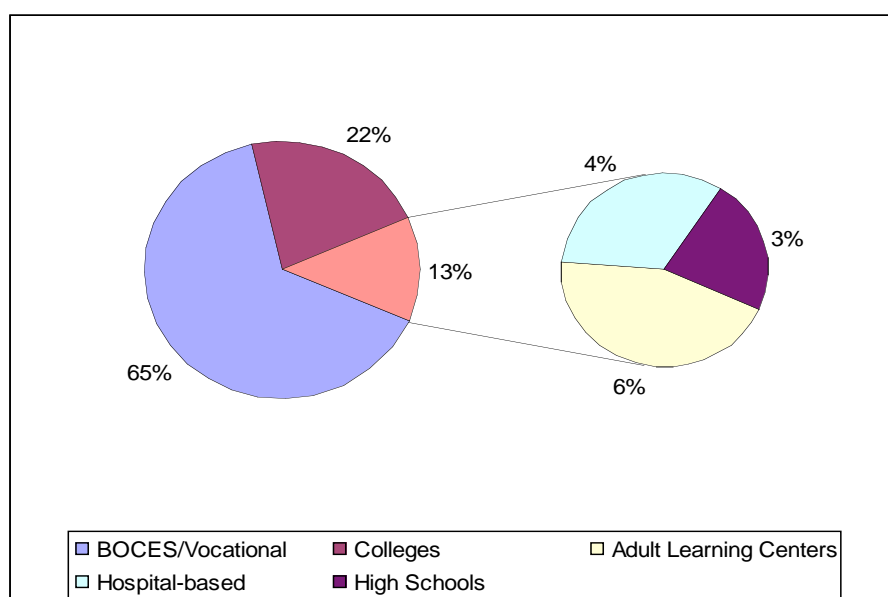
Two-thirds (65%) of LPN programs in New York were operated by a vocational training agency (usually BOCES⁷), as shown in Figure 6. About one in five (22%) LPN programs was operated by a college. Most LPN programs were designed for post-secondary students (with 95% offering programs to post-secondary students⁸ and 16% offering programs to high school students). Eleven percent offered programs to both high school and post-secondary students.

⁶ U.S. Census Bureau, <http://www.census.gov/>.

⁷ Board of Cooperative Educational Services

⁸ Secondary students are those individuals who graduated from high school or completed GED requirements.

Figure 6. Distribution of LPN Programs by Type of Program



Source: LPN Education Program Survey, CHWS.

The course of study was typically either one year in length (offered by 59% of programs) or between one and two years (offered by 47% of programs). Surprisingly, about half of programs (45%) did not offer a part-time, evening, or weekend program. While 88% of LPN programs offered full-time tracks, only 55% offered part-time tracks and only one in five (19%) offered an evening track. Only programs in the Capital District and Mohawk Valley offered weekend-only tracks to students.

Table 6. Educational Tracks Offered by LPN Programs by NYS DOL Region

DOL Region	% Full-Time Tracks ⁹	% Part-Time Tracks	% Evening Tracks	% Weekend Tracks
Capital District	100%	83%	17%	17%
Central NY	100%	33%	0%	0%
Finger Lakes	83%	50%	25%	0%
Hudson Valley	88%	75%	38%	0%
Long Island	100%	67%	33%	0%
Mohawk Valley	80%	40%	20%	20%
New York City	88%	25%	13%	0%
North Country	100%	20%	0%	0%
Southern Tier	100%	75%	25%	0%
Western NY	57%	71%	0%	0%
Statewide	88%	55%	19%	3%

Source: LPN Education Program Survey, CHWS.

⁹ Programs could report more than one category therefore totals may add up to more than 100%.

LPN programs almost universally offered clinical rotations in nursing homes (97%), although it is notable that the two respondents that reported not offering clinical rotations in nursing homes were located in New York City. In contrast, very few LPN programs statewide (31%) conferred college credits for coursework. The conferral of college credits was more common in the Long Island, Mohawk Valley, North Country, and Southern Tier regions, where half of LPN programs offered college credit. In New York City, less than half of LPN programs did so.

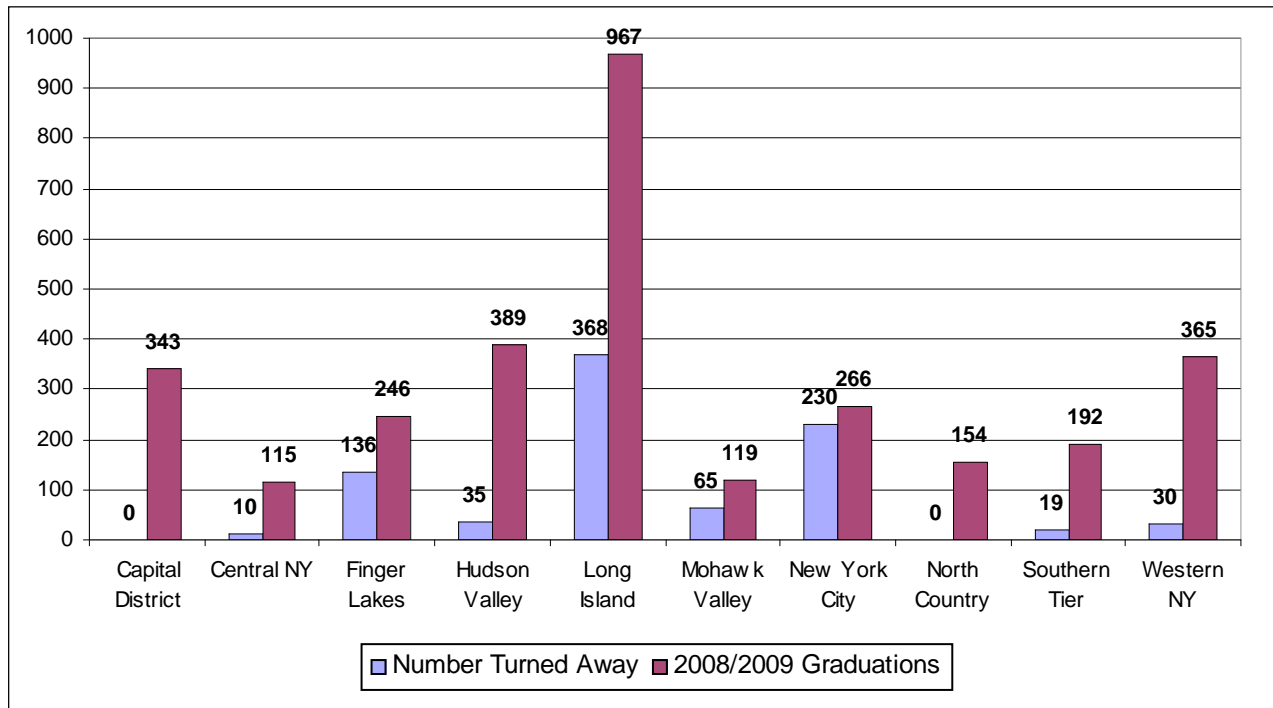
Table 7. Percent of LPN Programs that Offer College Credit by NYS DOL Region

DOL Region	% Offering College Credit
Capital District	33%
Central NY	0%
Finger Lakes	8%
Hudson Valley	13%
Long Island	50%
Mohawk Valley	50%
New York City	44%
North Country	50%
Southern Tier	50%
Western NY	29%
Statewide	31%

Source: LPN Education Program Survey, CHWS.

Although graduations from LPN programs are increasing, there may be room for greater growth in program capacity. LPN programs in New York cumulatively reported turning away nearly 900 qualified applicants in the 2009 academic year. It was not clear, however, whether applicants turned away from one program were accepted into another one, since many students apply to more than one school. Still, it is worth noting that while LPN programs in New York City were increasing graduations, they were also turning away almost the same number of qualified applicants as the number of students they were graduating (230 qualified applicants turned away compared to 266 graduations in the 2009 academic year). LPN programs in the Long Island region also turned away a significant number of qualified students, but LPN programs in that region also graduated a significant number of LPN students. LPN programs in the Capital District and in the North Country indicated that they did not turn away any qualified candidates (Figure 7).

Figure 7. Number of Applicants Turned Away and Number of Graduations 2009, by Region



Source: LPN Education Program Survey, CHWS.

DEMAND FOR LPNs

The majority of LPNs work in two settings, hospitals and nursing homes. In upstate¹⁰ New York, as in the rest of the nation, LPNs were about equally likely to work in hospitals or nursing homes (30% and 32%, respectively). In New York City, however, more LPNs worked in hospitals than in nursing homes (43% and 26%, respectively).

¹⁰ The downstate regions include the Hudson Valley, Long Island, and New York City; upstate is all the other regions.

Table 8. Distribution of Employment Settings for LPNs, 2005-2007 (3-year average)

	Outside New York	Upstate	Downstate
HOSPITALS	33.3	29.5	42.6
General Medical-Surgical	--	24.8	35.8
Psychiatric (Adult)	--	3.2	4.3
Acute Long-Term Care	--	0.0	1.3
Adult Specialty	--	0.9	0.4
NURSING HOMES	30.1	32.3	26.3
OFFICES OF PHYSICIANS	9.5	11.1	2.6
HOME HEALTH CARE SERVICES	5.6	7.0	5.5
OTHER HEALTH CARE SERVICES	5.2	4.1	7.8
OUTPATIENT CARE CENTERS	4.3	4.3	5.2
RESIDENTIAL CARE FACILITIES, WITHOUT NURSING	1.3	1.4	0.4
OFFICES OF OTHER HEALTH PRACTITIONERS	0.8	1.0	0.4
Other	9.8	9.4	9.2

Source: American Community Survey, 2005-2007; American Hospital Association, 2004.

Note: While major employment settings are taken from the American Community Survey, the data for hospital type are taken from the percentage of all hospital LPNs working in various types of hospitals in the American Hospital Association data.

New LPN graduates appear to be going into a relatively favorable job market. LPN program coordinators indicated that the job market for newly-trained LPNs statewide was favorable, with 75% of them indicating a good or very good job market. The Hudson Valley, Mohawk Valley, and Hudson Valley regions were perceived to have the best overall job market, and Central New York was perceived to have the worst overall job market.

Ninety-four percent of LPN program coordinators indicated a good or very good job market for LPNs in nursing homes. All respondents in seven of the 10 NYS DOL regions indicated a good or very good job market for LPNs in nursing homes.

Table 9. Percent of LPN Education Programs that Reported Good or Very Good Job Market

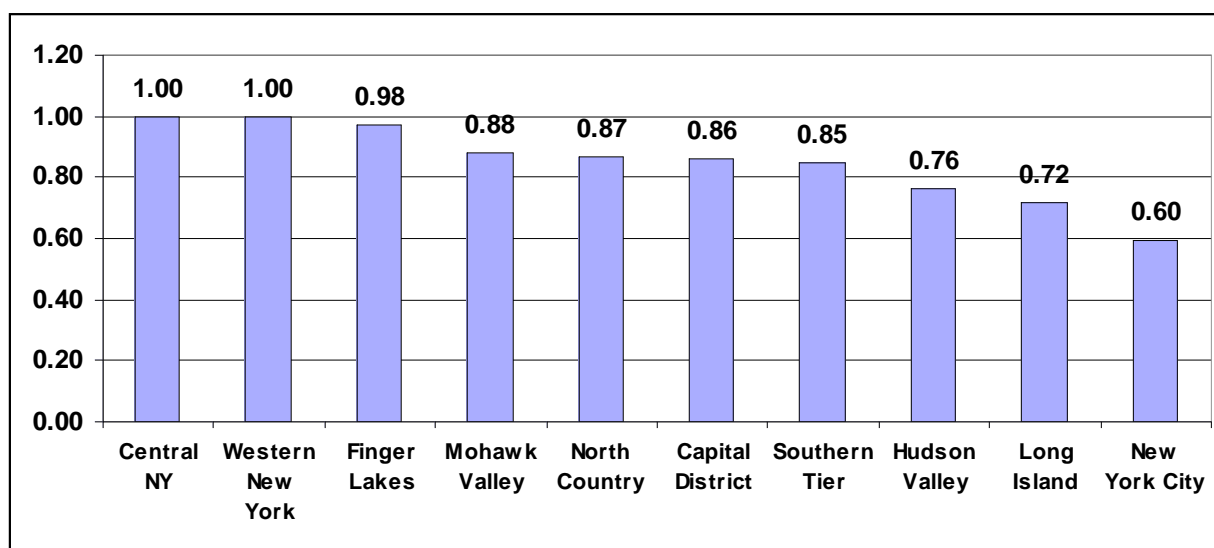
DOL Region	Overall	Hospitals	Nursing Homes	Home Health
Capital District	67%	0%	100%	60%
Central NY	33%	0%	100%	33%
Finger Lakes	83%	17%	83%	36%
Hudson Valley	100%	13%	88%	71%
Long Island	60%	0%	100%	60%
Mohawk Valley	100%	0%	100%	80%
New York City	80%	0%	100%	56%
North Country	83%	0%	83%	0%
Southern Tier	75%	0%	100%	100%
Western NY	100%	57%	100%	86%
Statewide	75%	11%	94%	48%

Source: LPN Education Program Survey, CHWS.

Predictors of LPN Staffing in Nursing Homes

The ratio of LPN hours per patient day varied substantially by region of the state, as shown in the figure below. The highest ratio of LPN hours per patient day was found in the Central New York and Western New York regions, with one hour of LPN staffing for every patient day. The lowest ratios were found in the New York City and Long Island regions, with 0.72 hours and 0.60 hours per patient day, respectively.

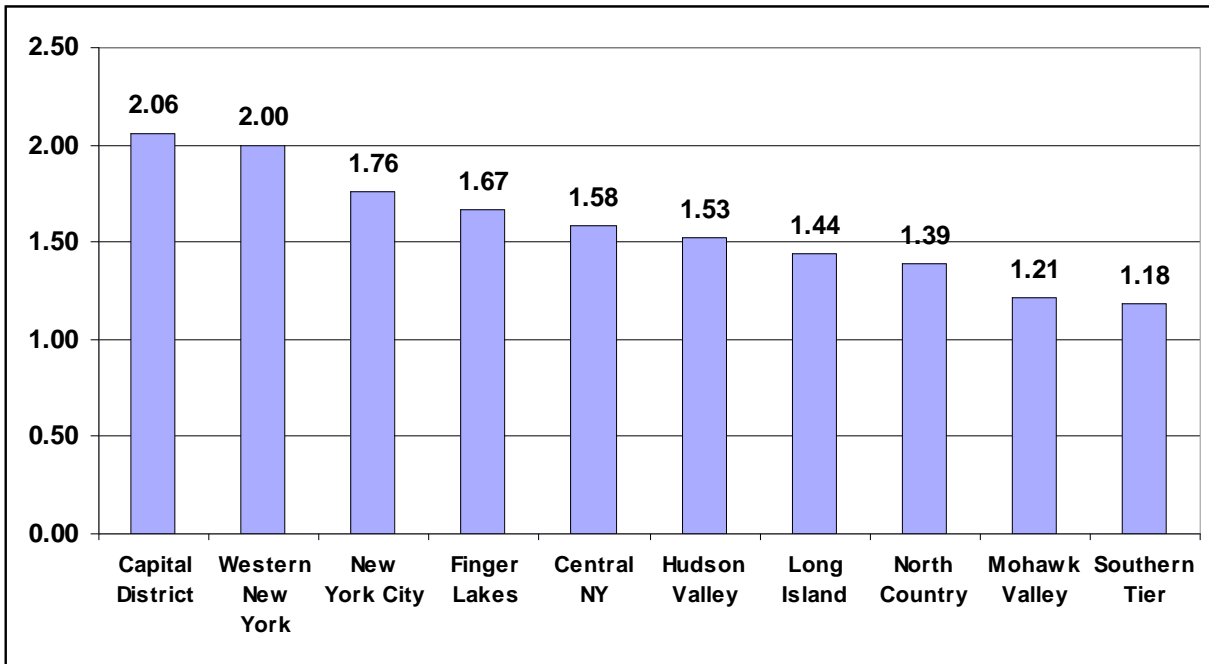
Figure 8. Median LPN Hours per Patient Day in Nursing Homes, by Region



Source: Centers for Medicare and Medicaid Services, Nursing Home Compare

There was significant variation in LPN hours per RN hour, with the Capital District region having almost twice as many LPN hours per RN hour as the Southern Tier region. The Capital District and Western New York regions had the most LPN hours per RN hour, with both regions at least 2.0. The Southern Tier (1.18) and Mohawk Valley (1.21) regions had the lowest LPN hours per RN hour.

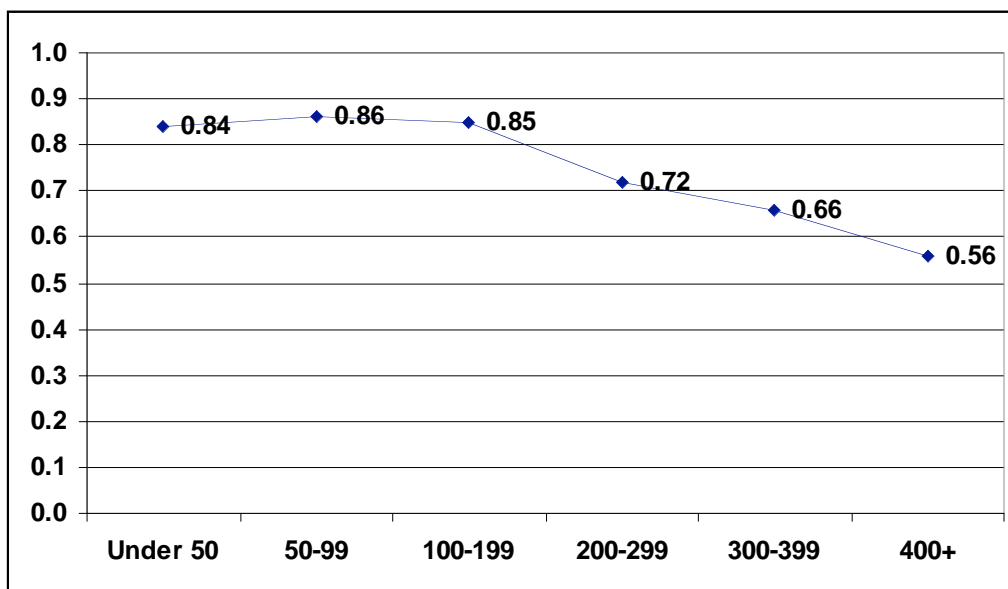
Figure 9. Median LPN Hours per RN Hour, by Region



Source: Centers for Medicare and Medicaid Services, Nursing Home Compare

There was a sharp drop in LPN hours per patient day as facility bed size increases, as shown in the figure below. For-profit nursing homes had fewer LPN hours per patient day than public nursing homes or not-for-profit nursing homes (a median of 0.75 versus 0.84 and 0.85, respectively), but for-profit nursing homes had the most LPN hours per RN hour compared to public and not-for-profit nursing homes (1.54, 1.47, and 1.40, respectively).

Figure 10. Median LPN Hours Per Patient Day in New York by Facility Bed Size



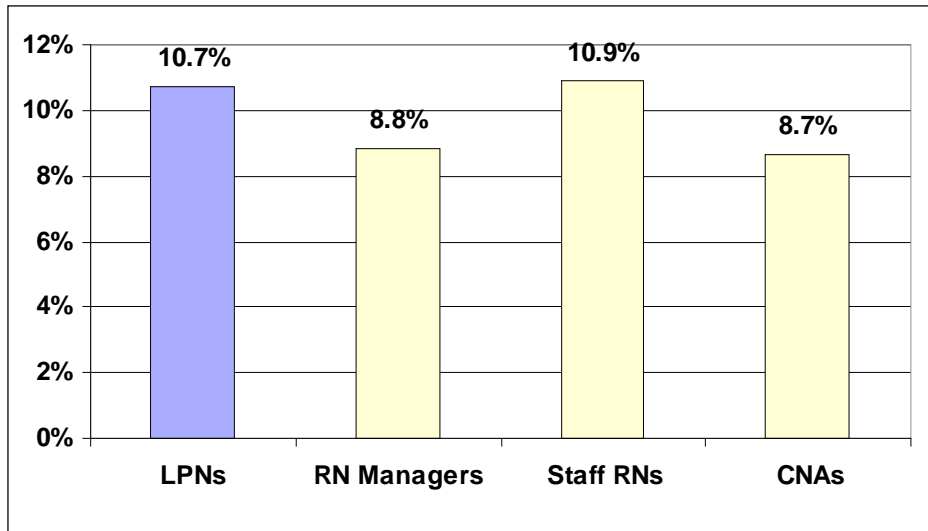
Source: Centers for Medicare and Medicaid Services, Nursing Home Compare

LPN Recruitment and Retention in Nursing Homes

Statewide, the vacancy rate¹¹ for both full-time and part-time LPNs in nursing homes was nearly 11% -- higher for part-time LPN positions than for full-time LPN positions (18% versus 8%, respectively). Vacancy rates were higher for LPNs than for either CNAs or RN managers, although not as high as for staff RNs, as shown in Figure 11.

¹¹ Vacancy rate is calculated by dividing the number of vacant positions by the sum of filled and vacant positions.

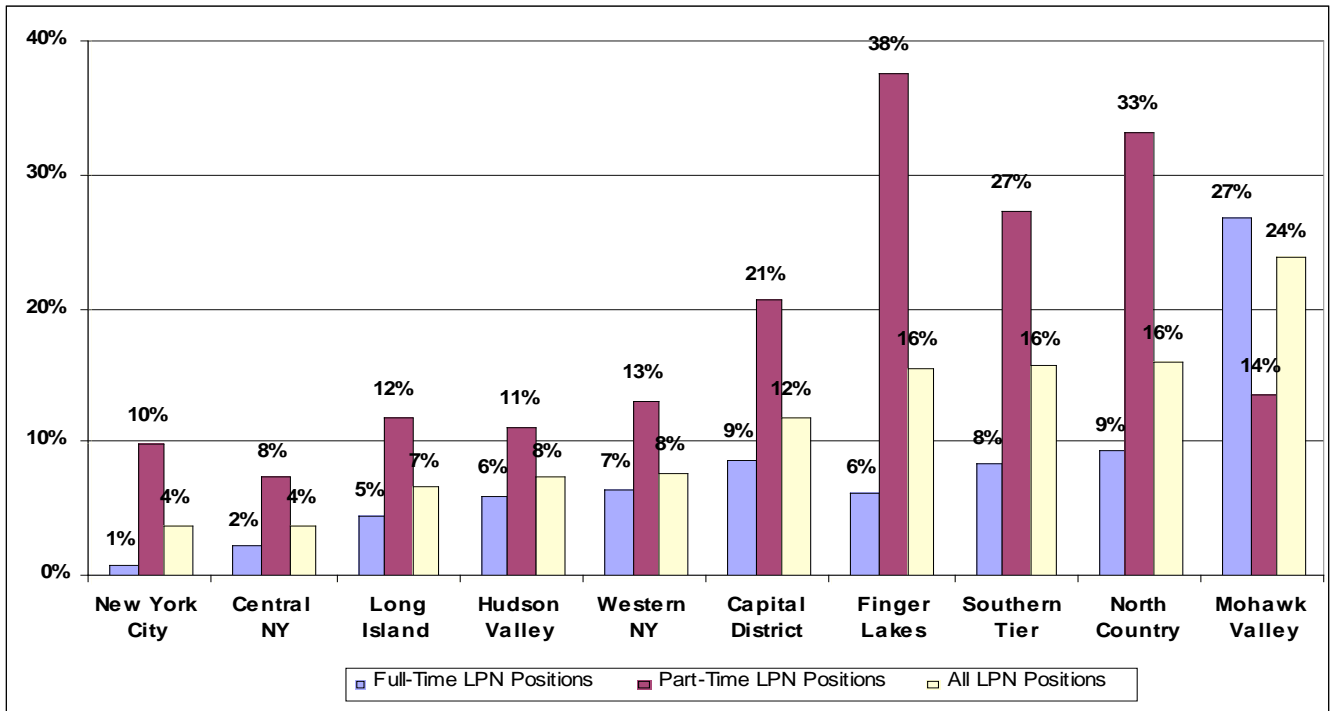
Figure 11. Nursing Home Vacancy Rates for Nursing Positions



Source: CHWS Nursing Home Survey

The Finger Lakes region had the highest part-time LPN vacancy rate at nearly 40% followed by the North Country (33%) and Southern Tier (27%) regions. Despite fewer LPN graduations in New York City, this region had among the lowest vacancy rates for both full-time and part-time LPNs in nursing homes.

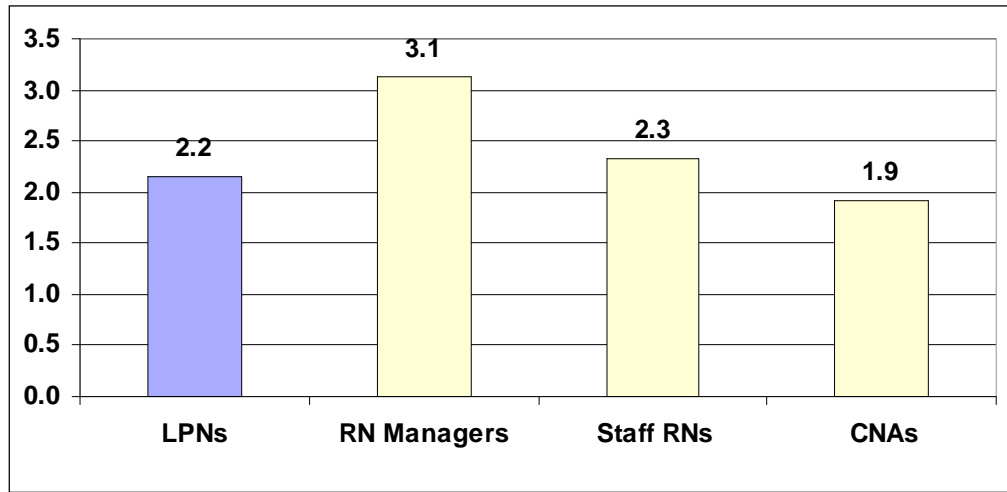
Figure 12. Full-time and Part-time LPN Vacancy Rates in Nursing Homes by Region



Source: CHWS Nursing Home Survey

Recruitment to fill vacancies for LPNs was more difficult for nursing homes than recruitment of CNAs, but easier than the recruitment of staff RNs and RN managers. Thirty percent of nursing home administrators reported it was difficult or very difficult to recruit LPNs in contrast to CNAs (24%), RN managers (56%), and staff RNs (53%). Furthermore, recruitment of LPNs took longer, on average, than the recruitment of CNAs (2.2 months versus 1.9 months), but not as long as the recruitment of staff RNs and RN managers (2.3 months and 3.1 months, respectively).

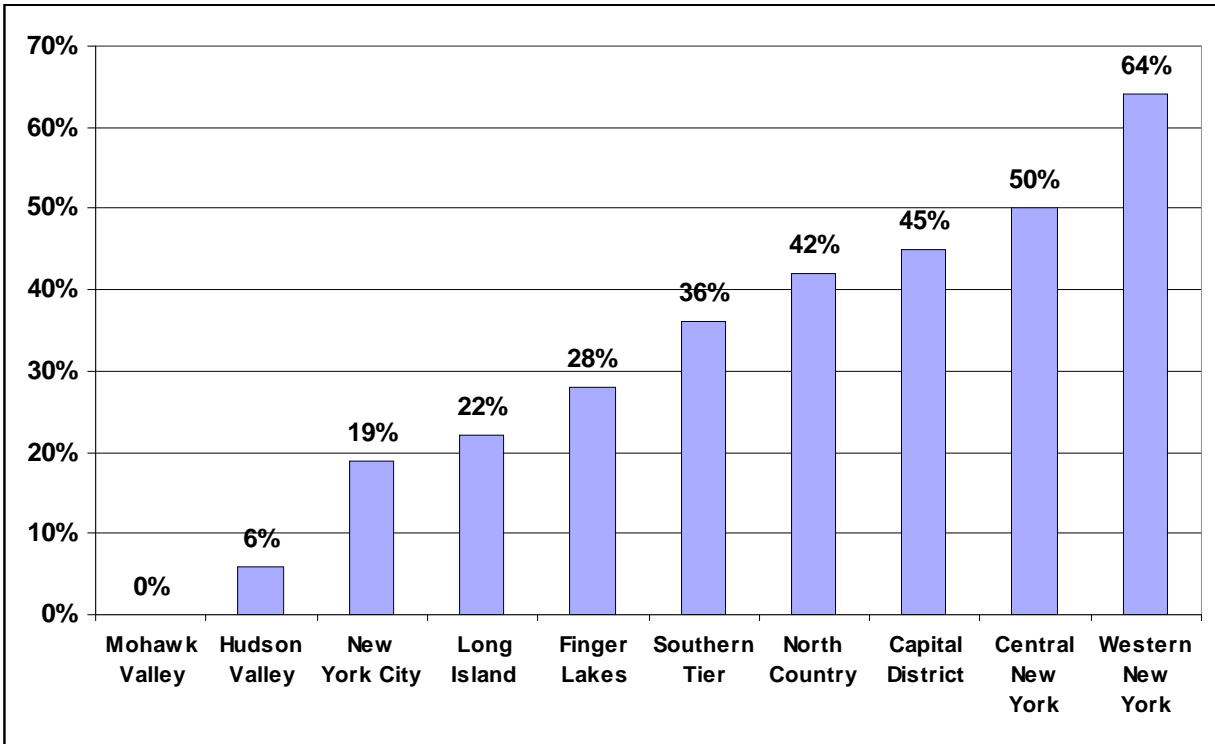
Figure 13. Average Months to Fill Nursing Positions in Nursing Homes



Source: CHWS Nursing Home Survey

Nearly two-thirds of nursing home administrators in the Western New York region reported it difficult or very difficult to recruit LPNs, followed by Central New York with 50%. None of the nursing homes in the Mohawk Valley region indicated it was difficult or very difficult to recruit LPNs, and only 6% of nursing home administrators in the Hudson Valley region reported it difficult or very difficult to recruit LPNs.

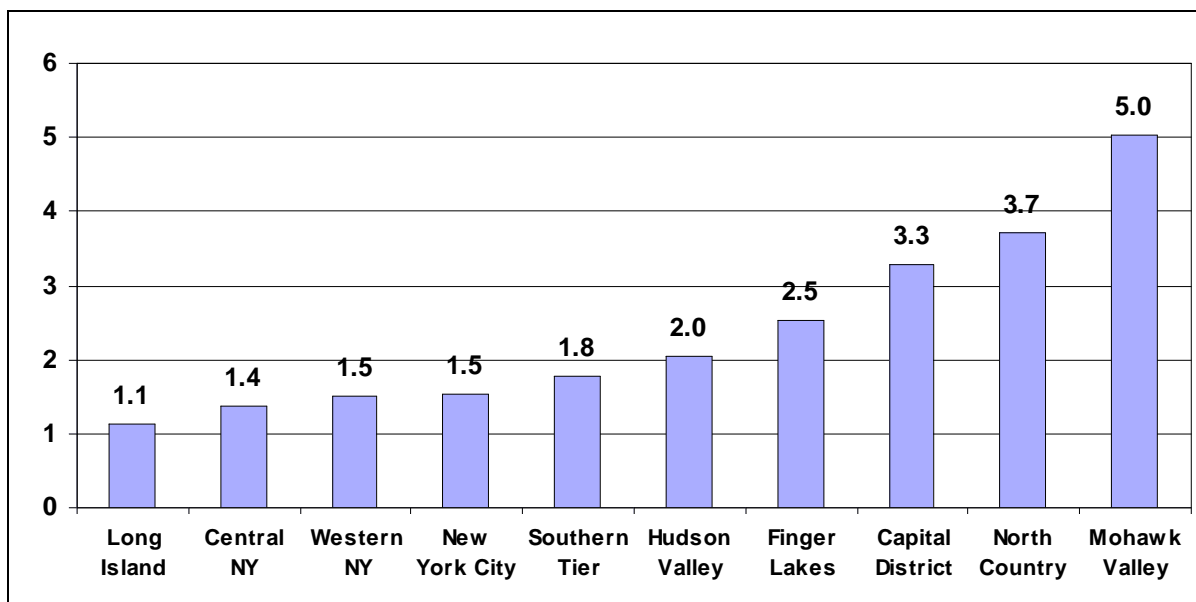
Figure 14. Percent of Nursing Homes Reported it Difficult or Very Difficult to Recruit LPNs by DOL Region



Source: CHWS Nursing Home Survey

There was also marked variation across regions of New York in the average time reported to recruit LPNs, with the Mohawk Valley the greatest at five months, followed by the North Country at 3.7 months and the Capital District at 3.3 months. The Long Island region reported the least time to fill an LPN vacancy, at 1.1 months. Notably, time to recruit LPNs was less in New York City (1.5 months) compared to most other regions of the state.

Figure 15. Average Number of Months to Fill Vacant LPN Positions in Nursing Homes by NYS DOL Region



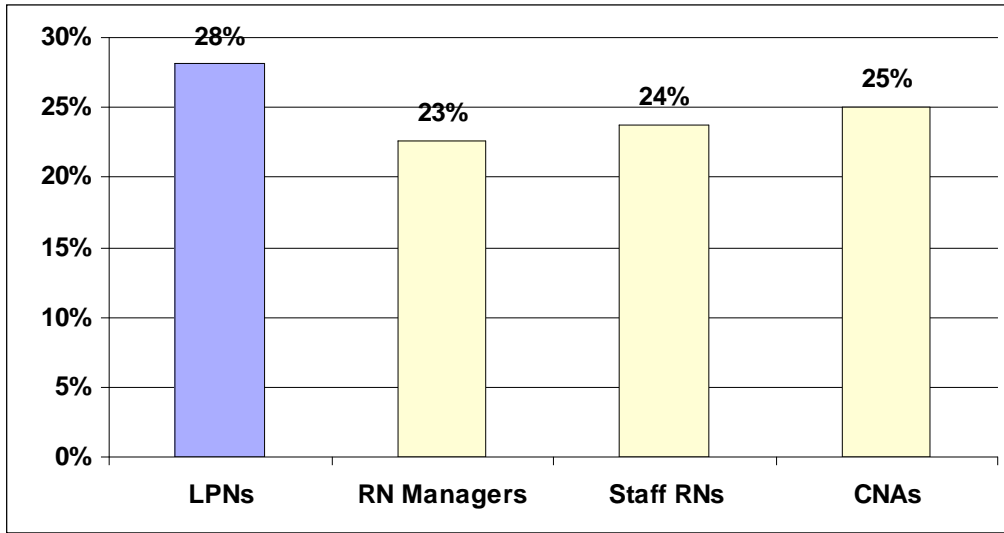
Source: CHWS Nursing Home Survey

Turnover rates¹² in 2008 were higher for LPNs in nursing homes than for other nursing staff: an average of 28% compared to 25% for CNAs, 24% for staff RNs, and 23% for RN managers (Figure 16). These numbers were smaller than those in a 2007 national study that found much higher turnover rates for LPNs and CNAs, though the rates were calculated slightly differently.¹³ The percentage of nursing homes that reported difficulty retaining LPNs was similarly higher for LPNs than for staff RNs and RN managers (21% versus 20% and 18%, respectively), but lower than for CNAs (42%).

¹² Turnover rates were calculated by dividing the number of total employee separations in 2008 by the number of employees on the payroll on December 31, 2008, plus the number of total employee separations in 2008.

¹³ American Health Care Association, 2007. The turnover rate for LPNs was 50% and 66% for CNAs.

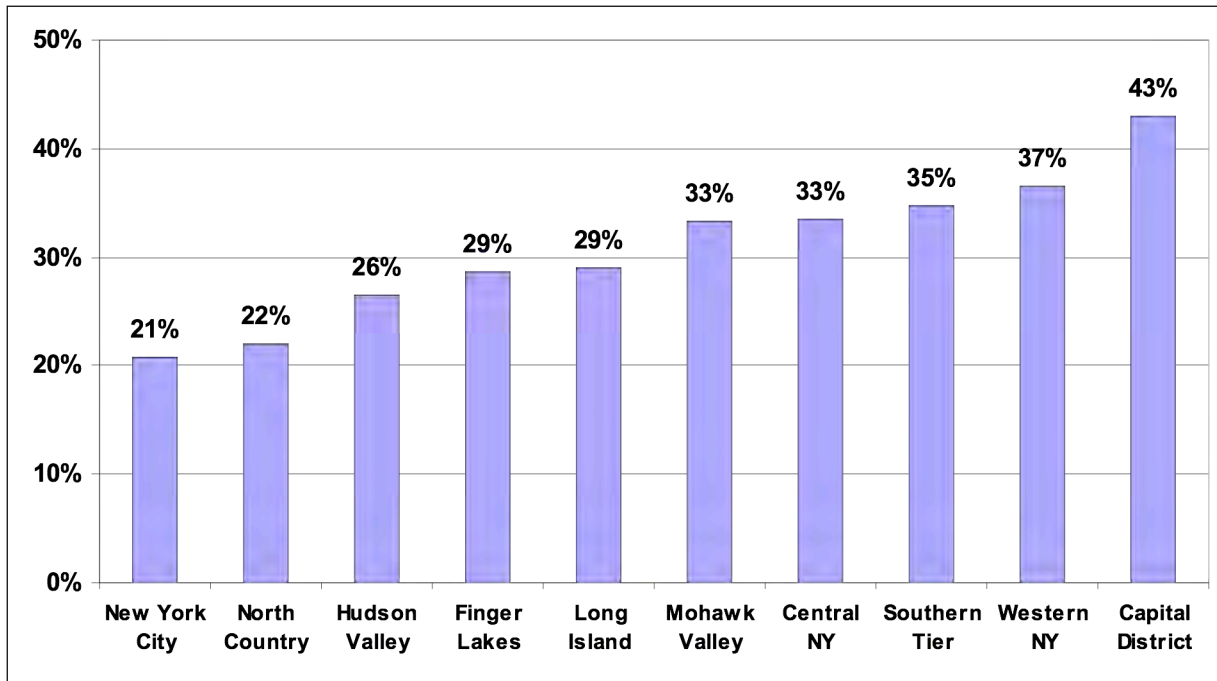
Figure 16. Turnover Rates for LPNs in Nursing Homes Compared to Other Nursing Staff



Source: CHWS Nursing Home Survey

As with vacancies, the lowest LPN turnover rate was in New York City (21%), followed by the North Country (22%). Five regions had turnover rates greater than 30%, with the Capital District having the highest turnover rate at 43% (Figure 17).

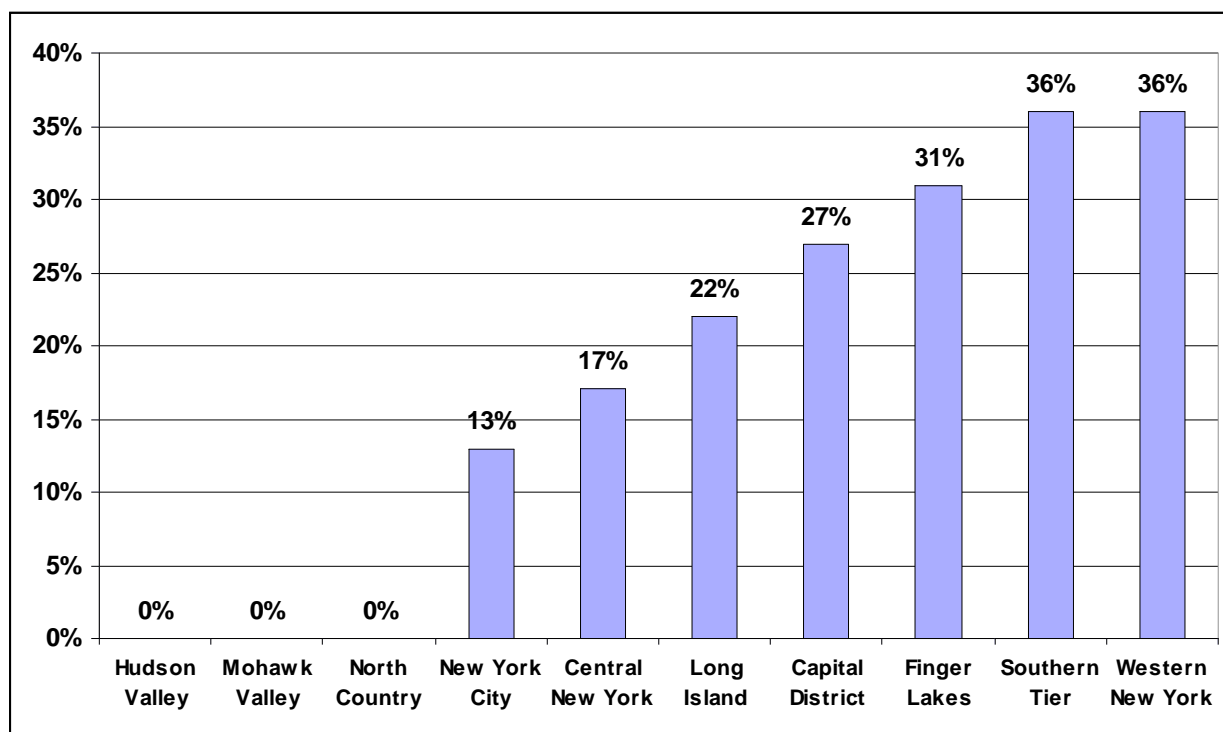
Figure 17. LPN Turnover Rates in Nursing Homes by NYS DOL Region



Source: CHWS Nursing Home Survey

Slightly more than one-third of nursing home administrators in the Southern Tier and Western New York regions indicated it was difficult or very difficult to retain LPNs, and nearly one-third of nursing home administrators in the Finger Lakes region indicated it was difficult or very difficult to retain LPNs. No nursing home administrators in the Hudson Valley, Mohawk Valley, or North Country regions reported it was difficult or very difficult to retain LPNs.

Figure 18. Percent of Nursing Homes Reporting it Difficult or Very Difficult to Retain LPNs by DOL Region

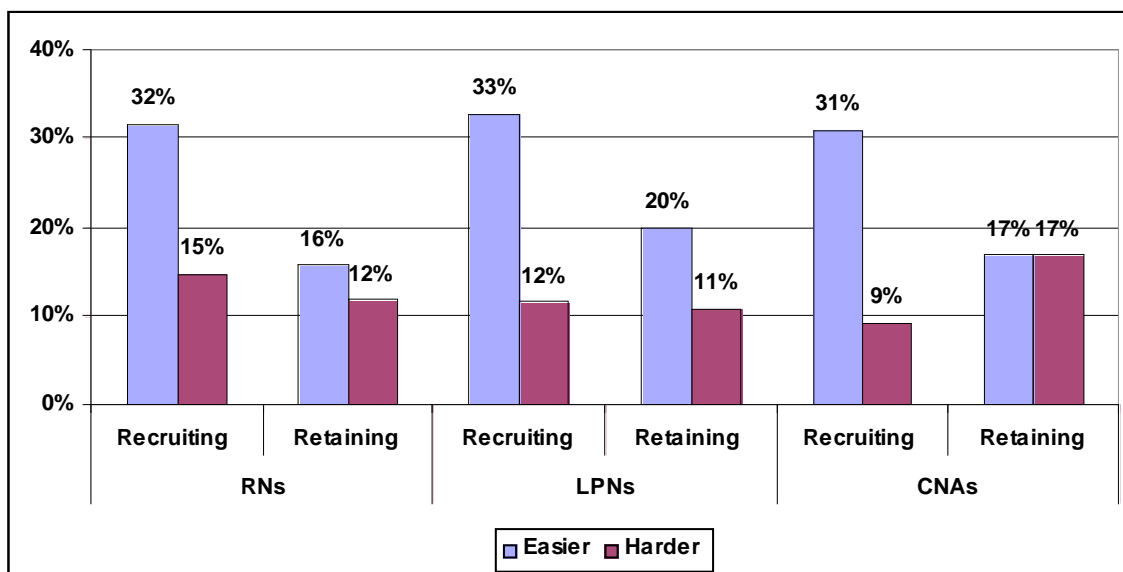


Source: CHWS Nursing Home Survey

Although most nursing homes in New York reported that the economic downturn did not affect the recruitment or retention of nursing staff,¹⁴ one-third (33%) did report that recruitment of LPNs had eased due to current economic conditions, and 20% reported that retention had eased for this reason as well.

¹⁴ Nursing homes were asked to respond on a three-category scale: easier, no change, and harder. The information presented takes into account those that indicated no change, though it is not depicted in the chart.

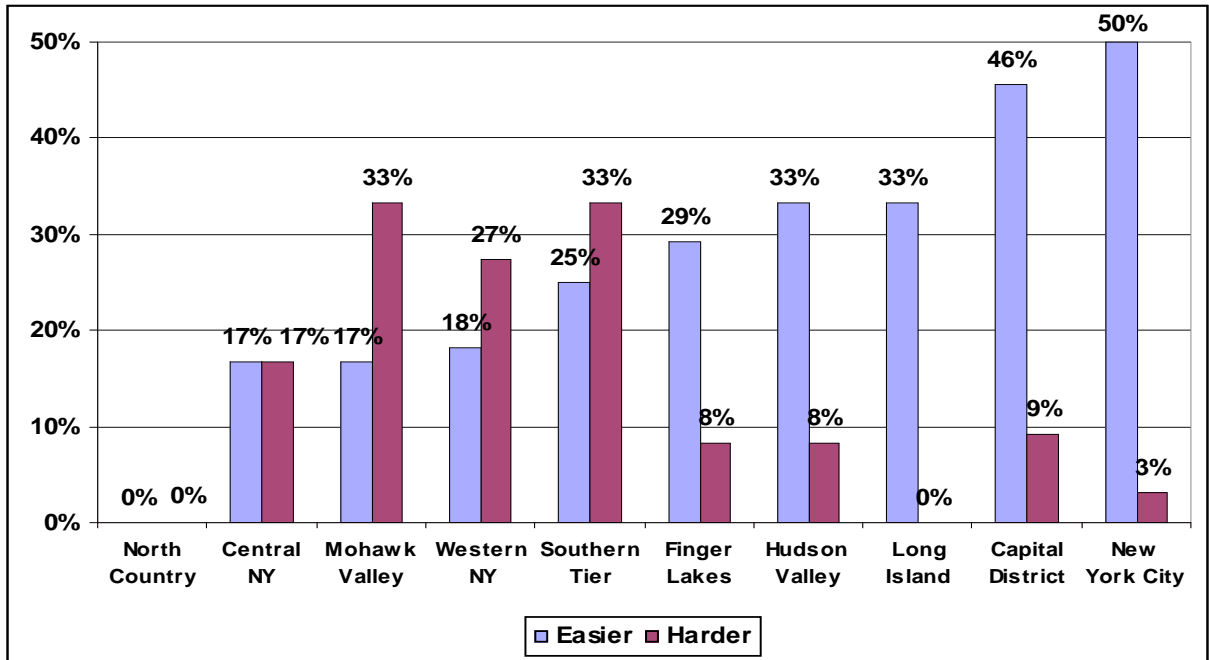
Figure 19. Economic Effects on Recruiting and Retaining Nursing Staff in Nursing Homes



Source: CHWS Nursing Home Survey

The economic downturn appeared to particularly benefit LPN recruitment in New York City, where half of nursing homes reported that the economic conditions made it easier to recruit LPNs, followed by 46% of nursing homes in the Capital District. Additionally, over 30% of nursing homes in the Hudson Valley and Long Island regions reported it was easier to recruit LPNs due to the economic conditions. Such results were not universal, however. Nursing homes in the Mohawk Valley, Southern Tier, and Western New York reported increased difficulties recruiting LPNs due to the economic downturn.

Figure 20. Impact of Economic Conditions on Recruiting LPNs in Nursing Homes by NYS DOL Region

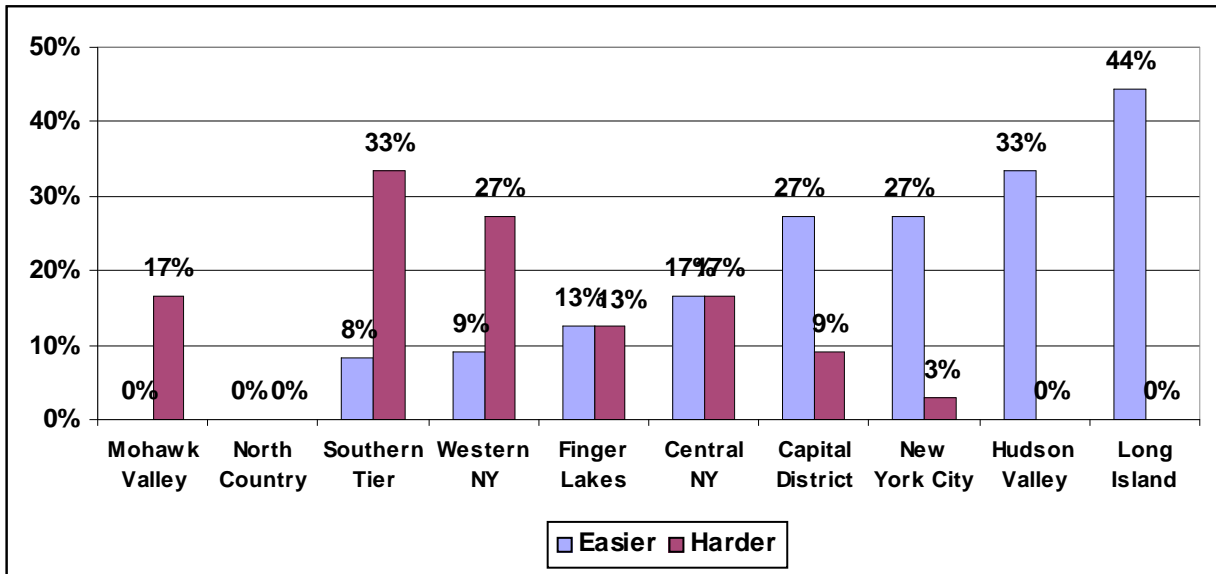


Source: CHWS Nursing Home Survey

Similar results were found for LPN retention, with nursing homes especially in downstate¹⁵ regions reporting easier retention due to the economic downturn (nearly 46% of nursing homes on Long Island, 33% in the Hudson Valley, and 27% in New York City). In contrast, three of the seven upstate regions reported increased difficulties retaining LPNs due to the economic conditions.

¹⁵ The downstate regions include the Hudson Valley, Long Island, and New York City.

**Figure 21. Impact of Economic Conditions on Retaining LPNs in Nursing Homes
by NYS DOL Region**

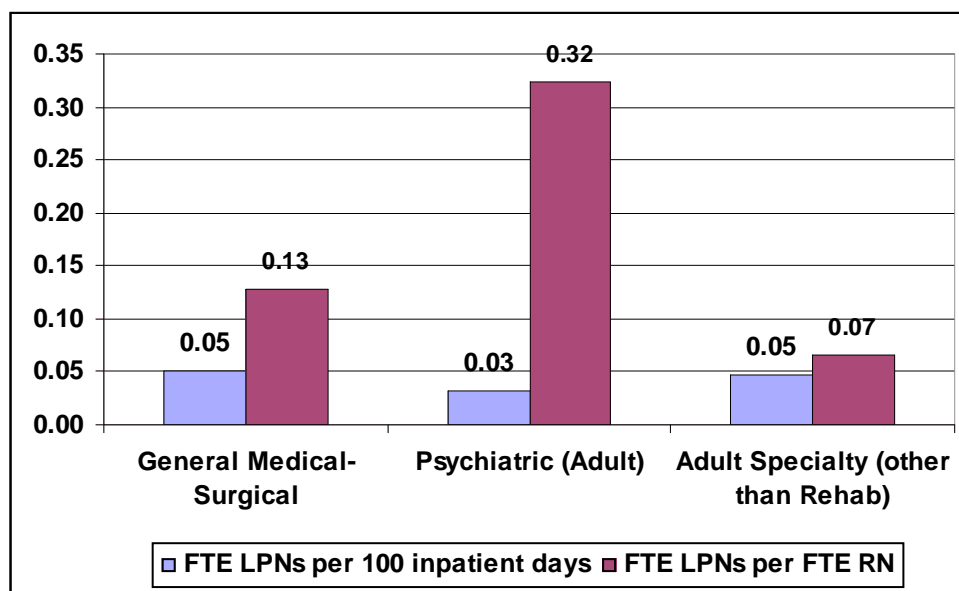


Source: CHWS Nursing Home Survey

Predictors of LPN Staffing in Hospitals

Various types of hospitals used LPNs very differently. The three types of hospitals most often found in New York were general medical-surgical hospitals, adult psychiatric hospitals, and adult specialty hospitals. While psychiatric hospitals used the highest ratio of full-time equivalent (FTE) LPNs to RNs, general medical-surgical and specialty hospitals used slightly more FTE LPNs per inpatient day, as shown below in Figure 22.

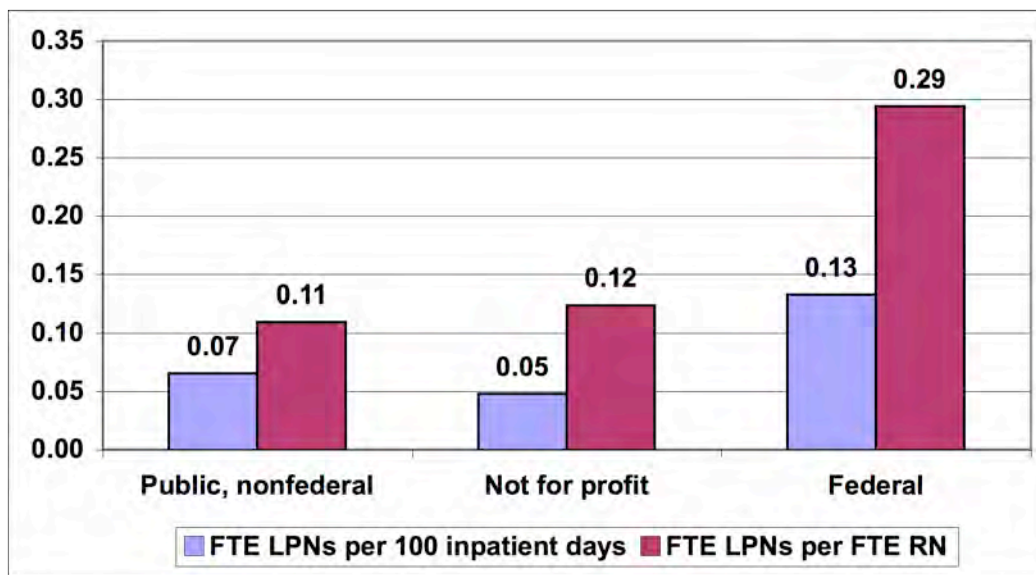
Figure 22. FTE LPNs per 100 Inpatient Days and per FTE RN, by Hospital Type, 2004



Source: American Hospital Association, 2004

Within general medical-surgical hospitals, there was substantial variation by hospital ownership. Federal hospitals made the most use of LPNs, both in LPNs per inpatient days and in LPNs per RN.

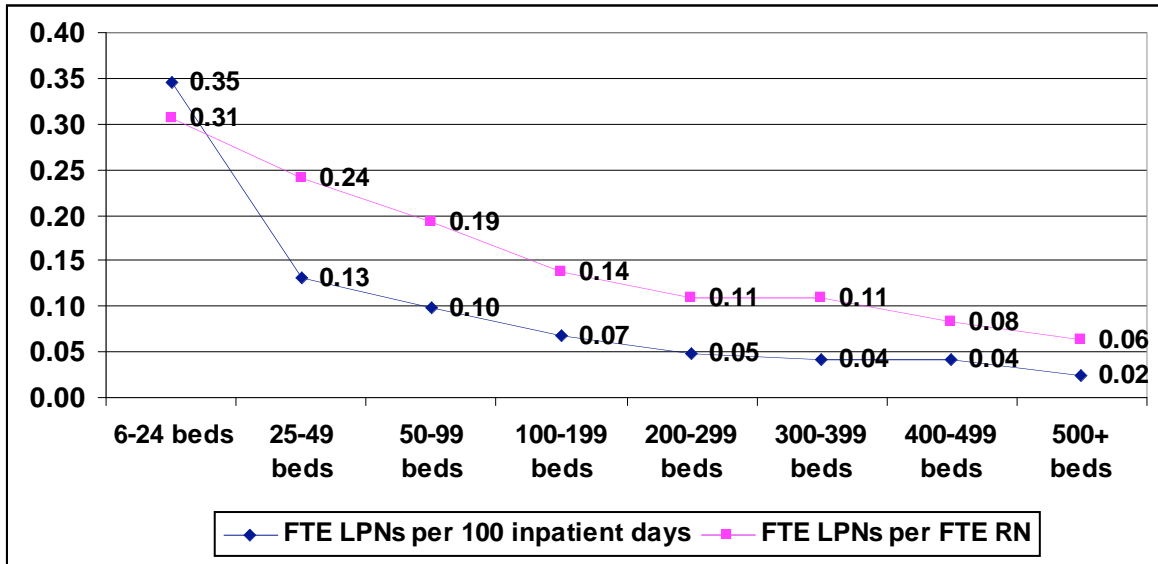
Figure 23. FTE LPNs per 100 Inpatient Days and per FTE RN, by Hospital Ownership, 2004



Source: American Hospital Association, 2004

There was also variation by hospital bed size. As with nursing homes, LPN staffing decreased as facility size increased, relative to both patients and RNs.

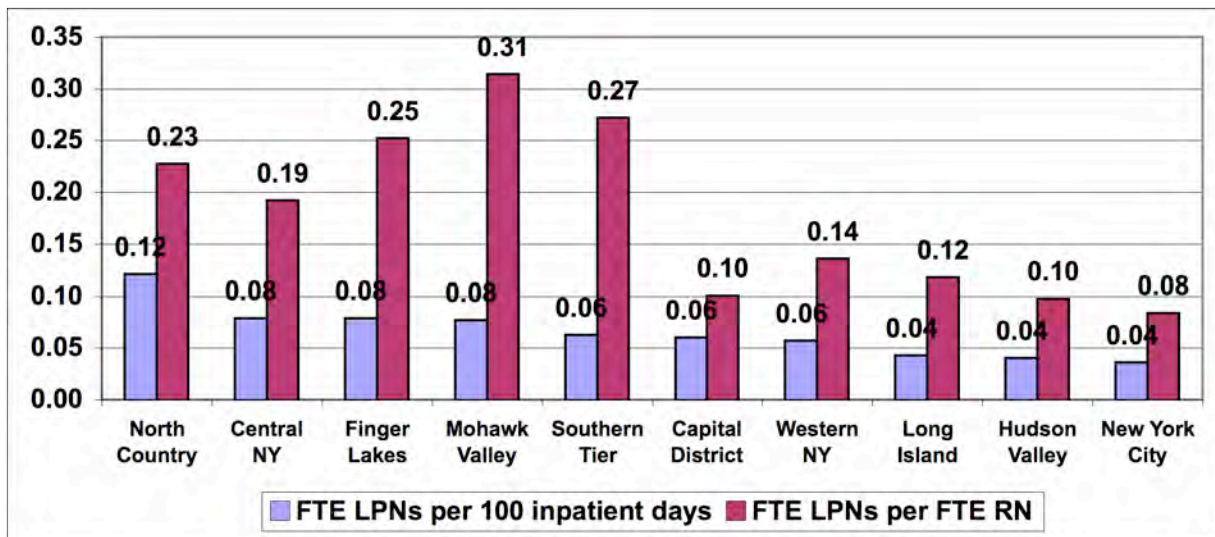
Figure 24. FTE LPNs per 100 Inpatient Days and per FTE RN, by Hospital Size, 2004



Source: American Hospital Association, 2004

The North Country region had the highest ratio of FTE LPNs per 100 hospital inpatient days, followed by Central New York. In terms of FTE LPNs per FTE RN, the Mohawk Valley region had the highest ratio, followed by the Southern Tier. New York City hospitals had the lowest of both ratios.

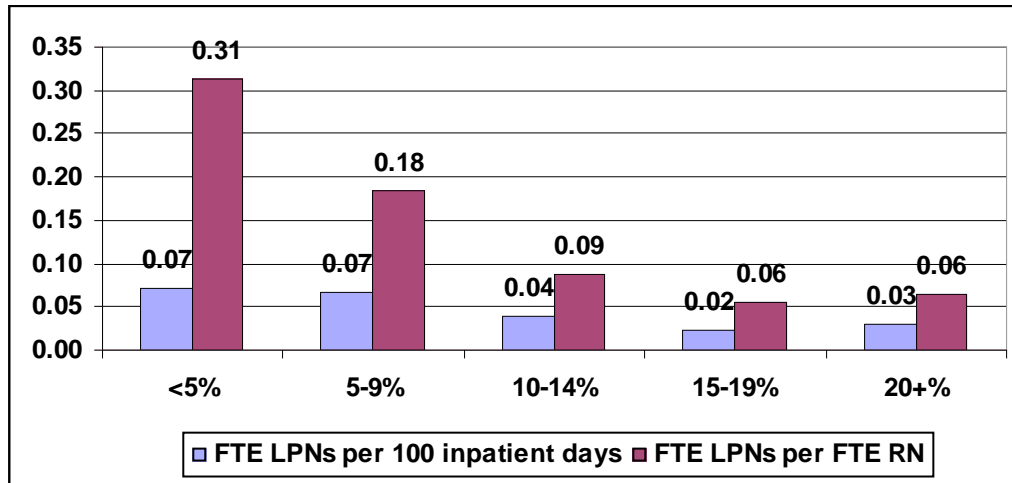
Figure 25. FTE LPNs per 100 Hospital Inpatient Days and per FTE RN, by Region



Source: American Hospital Association, 2004

Finally, patient acuity as measured by the percentage of ICU beds was inversely associated with LPN staffing. The hospitals with the lowest percentage of ICU beds tended to use LPNs the most extensively.

Figure 26. FTE LPNs per 100 Inpatient Days and per FTE RN, by Percent ICU Beds



Source: American Hospital Association, 2004

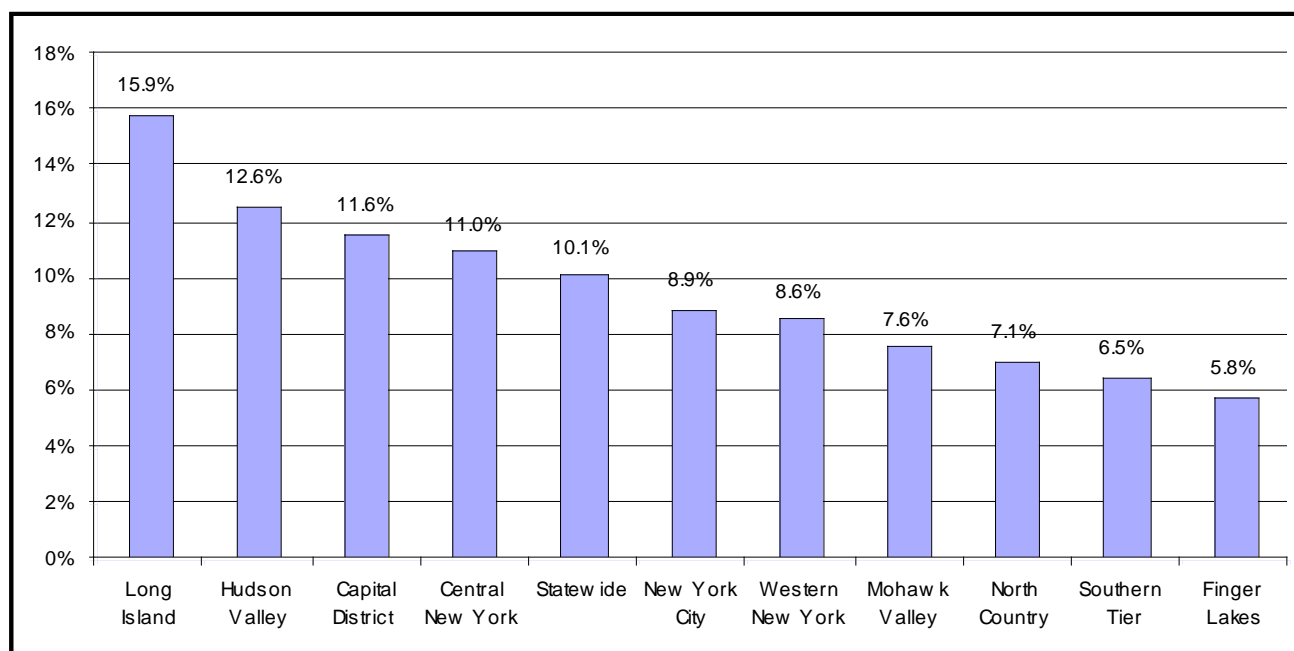
FUTURE OF THE LPN WORKFORCE

Increasing Demand

The federal Bureau of Labor Statistics (BLS) projects that over 300,000 more LPNs will be needed nationally between 2006 and 2016 to fill new and existing LPN jobs. More than half of these jobs will be in nursing homes and other long-term care residential facilities (Dohm, Shniper, 2007). The NYS DOL projects that demand for LPNs by New York employers will require that 1,860 new LPNs enter the workforce each year. Most of these new entrants (1,360 or 73%) will be needed to replace LPNs leaving the field, while 500 new LPN jobs will be created each year for an overall job growth of 5,000 LPNs over this 10-year period (NYS DOL, 2009). The NYS DOL defines the job outlook for LPNs during this period as “very favorable.”

Thus far, however, these projections appear overstated. The NYS DOL now cites 47,530 LPN jobs in New York in 2008 rather than the 50,820 that would be consistent with their earlier projections. Keeping this in mind, Figure 27 shows the projected changes in LPN jobs by region.

Figure 27. Projected Growth in Number of LPN Jobs, 2006-2016, by Region



Source: NYS DOL, 2009

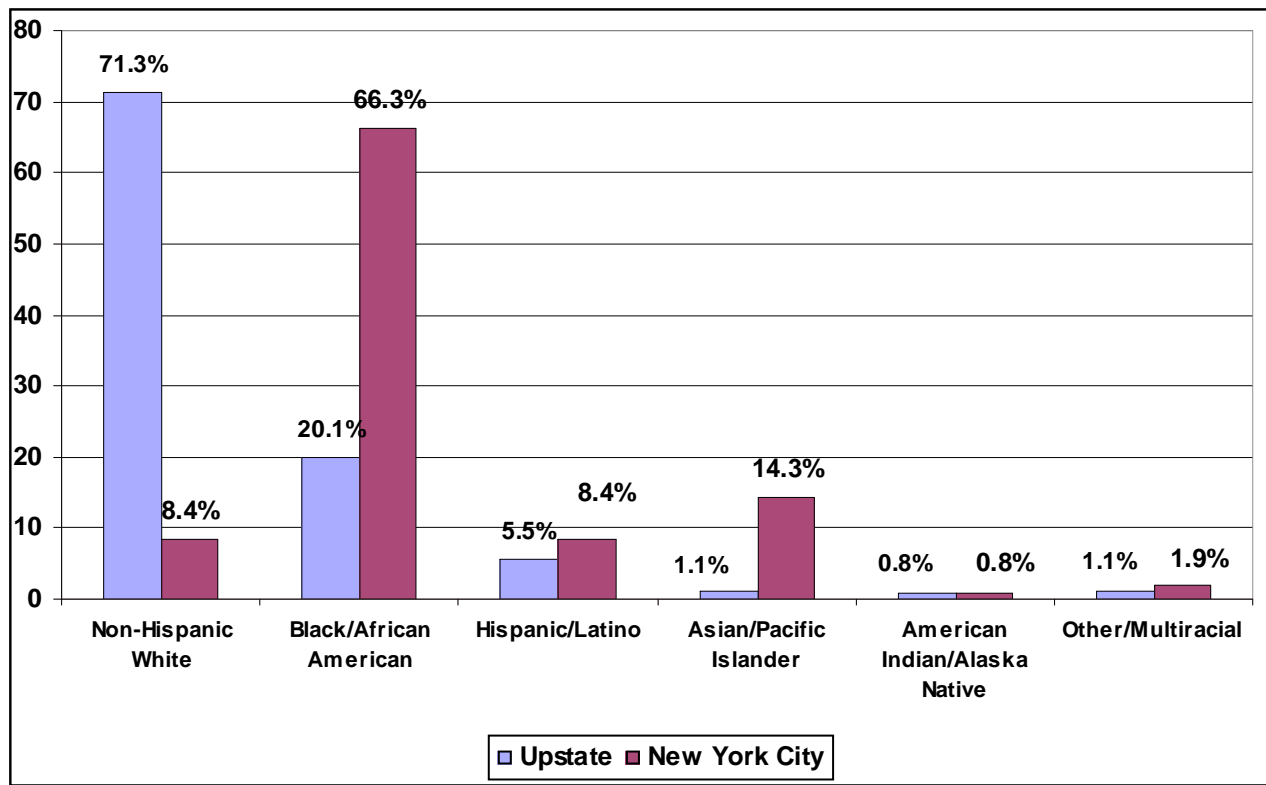
Changing Composition of the LPN Workforce

The characteristics of the current LPN workforce and new LPN graduates are an important source of clues about the future of this workforce because they highlight the potential pool of future LPNs as well as the issues and challenges that may be faced by their employers.

One of the greatest untapped sources of potential LPNs is men, but little progress has been made on this front. Surveys found that just slightly more than 6% of LPNs in New York were men, and this was a decline from 2000 when 8% of LPNs working in New York were men. LPNs in New York City were more likely to be men than LPNs in other areas of the state (10% versus 7%) (American Community Survey, 2005-2007; 2000 Census Public Use Microdata). On a more positive note, 11% of LPN graduates in New York in the 2007 academic year were men (National Center for Education Statistics, 2009), possibly indicating an increasing willingness of men to enter this career.

While the current LPN workforce may still be female-dominated, there was a great deal of racial/ethnic diversity among LPNs. Only 52% of LPNs in New York were non-Hispanic White, while slightly more than one-third (35%) were Black/African American and 7% were Hispanic/Latino. This varied substantially between New York City and other areas of the state as shown in the figure below. In New York City, a small percent of LPNs (8%) was non-Hispanic White, while just over two-thirds of LPNs were Black/African American.

Figure 28. Race/Ethnicity of New York LPNs, 2005-2007 (3 year average)



Source: American Community Survey, 2005-2007

This diversity may be slightly decreasing, however, just as the population of New York becomes more diverse. In the 2007 academic year, 57% of New York LPN graduates were non-Hispanic White, 28% were Black/African American, and 5% were Hispanic/Latino. Only 2.5% were Asian or Pacific Islander (National Center for Education Statistics, 2009).

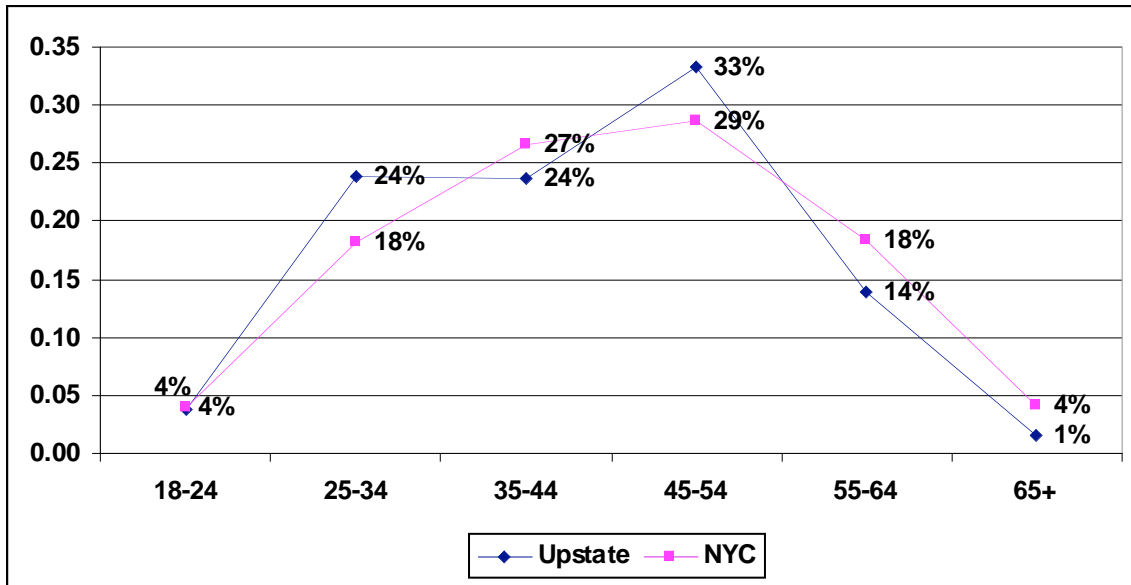
Slightly more than one-quarter of LPNs in New York were born outside the U.S. (28%), and this has increased since 2000, when foreign-born LPNs represented 25% of all LPNs. The majority of foreign-born RNs in the state work in New York City, where most LPNs (69%) were born outside the U.S., although 3% of New York City LPNs were born in Puerto Rico or other U.S. territories, and another 1% were born abroad of U.S. citizen parents. Nearly half of all New York City LPNs (46%) were born in Latin American countries, including 31% in Jamaica, 17% in Trinidad and Tobago, 15% in Haiti, and 15% in Guyana.

Seventeen percent of all LPNs in New York did not speak English in their home – 8% of those upstate and 33% of those in New York City. The most common native languages for LPNs who did not speak English in the home were Spanish (33%) and French Creole (16%). Nonetheless, nearly 100% of LPNs upstate and 97% of LPNs in New York City reported speaking English either “well” or “very well.”

A serious challenge for the future of the LPN workforce is aging. The median age for LPNs in New York from 2005 to 2007 was 44, compared to 43 nationally. This was an increase from 42

in 2000. The median age for an LPN in New York City was 45, compared to 43 in upstate New York. Nearly 23% of LPNs in New York City were age 55 or older, compared to slightly more than 15% of LPNs in upstate New York.

Figure 29. Age Distribution of LPNs in Upstate New York and New York City, 2005-2007 (3-year average)



Source: American Community Survey, 2005-2007

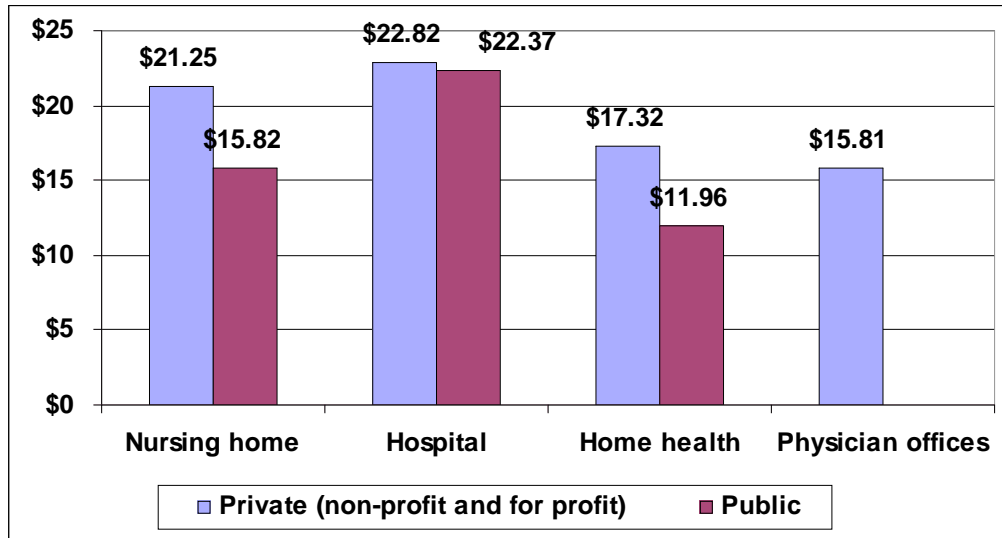
It is worth noting that some regions of New York depended more strongly than others on LPNs who commute from outside the state. The vast majority of LPNs who worked in New York lived in New York (98%), although 1% lived in New Jersey and another 1% in Pennsylvania. In-commuting of LPNs was common in the Hudson Valley region (where 5% of LPNs lived in Pennsylvania and another 1% lived in New Jersey and Connecticut), in the Southern Tier (where nearly 5% of LPNs lived in Pennsylvania), and in New York City (where 2.7% of LPNs lived in New Jersey).

LPN employment continues to be structured around both nursing homes and hospitals, as discussed earlier. It appeared, however, that both of these settings employed a higher percentage of LPNs from 2005 to 2007 than in 2000. The percentage of LPNs working in nursing homes had gone from 30.8% to 32.7%, and the percentage of LPNs working in hospitals had gone from 33.2% to 37.1% during the time period. Although the limits of the LPN scope of practice made the workforce unsuitable for significant staffing in certain types of hospital units, it appeared that nursing homes continued to compete against hospitals to hire LPNs.

The competition between the different settings for LPNs may be exacerbated by the fact that hospitals typically paid more, as shown below in Figure 30. The median salary for an LPN in New York City was \$39,000 (\$19.23 per hour), compared to \$30,000 upstate (\$16.83 per hour). LPNs in hospitals earned the highest salaries, while wages in nursing homes varied by whether

the facility was publicly or privately owned, with LPNs in private nursing homes earning more than LPNs in public nursing homes.

Figure 30. Median Hourly Earnings for LPNs in New York by Selected Settings, 2005-2007 (3-year average)



Source: American Community Survey, 2005-2007

While nursing homes may make themselves more competitive by upgrading some of their current staff (e.g., nursing aides) to become LPNs, there were significant barriers to doing so. More than half of nursing homes reported that personal considerations (e.g., family, finances, etc.) were a barrier to upgrading current staff to become LPNs, followed by scheduling conflicts between work and school (48%), and financial support (46%). Slightly less than one-third of nursing homes statewide indicated remedial needs were a barrier to upgrading current staff to LPNs.

Table 10. Barriers Cited for Upgrading Current Staff to LPNs in Nursing Homes, By Region

DOL Region	Financial Support	Remedial Needs	Scheduling Conflicts between work and school	Personal Considerations (family, finances, etc)
Capital District	73%	18%	64%	82%
Central NY	50%	33%	50%	100%
Finger Lakes	33%	33%	48%	70%
Hudson Valley	25%	25%	42%	83%
Long Island	33%	22%	0%	56%
Mohawk Valley	75%	50%	100%	100%
New York City	54%	29%	57%	54%
North Country	43%	29%	57%	86%
Southern Tier	43%	36%	64%	64%
Western NY	44%	33%	22%	44%
Statewide	46%	30%	48%	66%

Source: CHWS Nursing Home Survey

CONCLUSIONS

LPN shortages appear to persist in New York, and are more pronounced in certain regions and for certain types of employers. While graduations are projected to increase, this increase will not apply equally to all areas of the state. A greater understanding of the LPN workforce is essential to aid employers in creating policies to assist with their recruitment and retention of LPNs.

Obstacles in the LPN educational pipeline may include too few slots for qualified applicants; a lack of part-time, evening and weekend tracks; and the tendency of LPN programs to not award college credits for their coursework. Nonetheless, graduates can expect a relatively favorable labor market.

Apart from the availability of LPNs in the workforce, retention and turnover are continuing issues, especially for nursing homes. Furthermore, there are many barriers to upgrading current nursing home staff to become LPNs.

The LPN workforce would benefit from greater participation by men. Racial/ethnic diversity would be an asset to the profession moving into the future, as it would increase the potential pool of LPNs and possibly contribute to the cultural competence of the workforce. At the same time, more cultural diversity will require employers to be sensitive to ethnic and cultural issues within their workforce, possibly including immigration status and language issues. Strategies to retain older LPNs may be valuable as the workforce continues to age.

RESOURCES

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