

ABSTRACT

Purpose of Study: This study examines the racial/ethnic composition, age, graduation, and distribution of New York's nurse practitioner (NP) workforce, including understanding which NP characteristics contribute to practice in a primary care health professional shortage area (PC HPSA).

Key Findings: Both Hispanic/Latinx NPs (Hispanic NPs) and Black/African American NPs (Black NPs) were underrepresented in the NP workforce. Hispanic NPs were underrepresented in most regions, with New York City as the exception. Black NPs were also underrepresented in many regions, with a few exceptions.

NPs younger than 50 tended to be more racially diverse. In the under 50 age group, 13% were Black NPs and about 7% were Hispanic NPs. In the 50 years or older age group, Black NPs accounted for less than 11% and less than 4% each accounted for all other underrepresented minorities (URM) NPs.

Black and Hispanic NPs graduate from their NP programs at older ages than other NPs. The percentages of Black or Hispanic NPs who graduated 30 years of age or older were higher (85% and 75%, respectively) compared to the 71% for either Asian NPs or White NPs graduates in the same age group.

Currently, 50% of Black NPs and over 42% of Hispanic NPs work in PC HPSAs, and they are more likely to work in the state's PC HPSAs. In a multivariate logistic regression model, controlling for various covariates, Black NPs were 2 times more likely to work in PC HPSAs, and Hispanic NPs were 81% more likely to work in PC HPSAs compared to White NPs.

Implications: The variation in regional race/ethnic representation demonstrates the importance of examining distributions at the sub-state level, as well as disaggregating URMs into their individual racial/ethnic components.

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INTRODUCTION

Health workforce diversity has important implications for achieving health equity. Most recently, the COVID-19 pandemic has contributed to worsening racial/ethnic health disparities, with mounting evidence that Blacks and Hispanics are disproportionately affected by COVID-19.¹ Efforts to better understand this phenomenon point to the ways that structural racism contributes to widening health disparities.

As the population in the country becomes more diverse, a more culturally competent workforce is required to more effectively meet the needs of the population. To this end, it is important to assess the advancements towards diversity within health professions.

METHODS

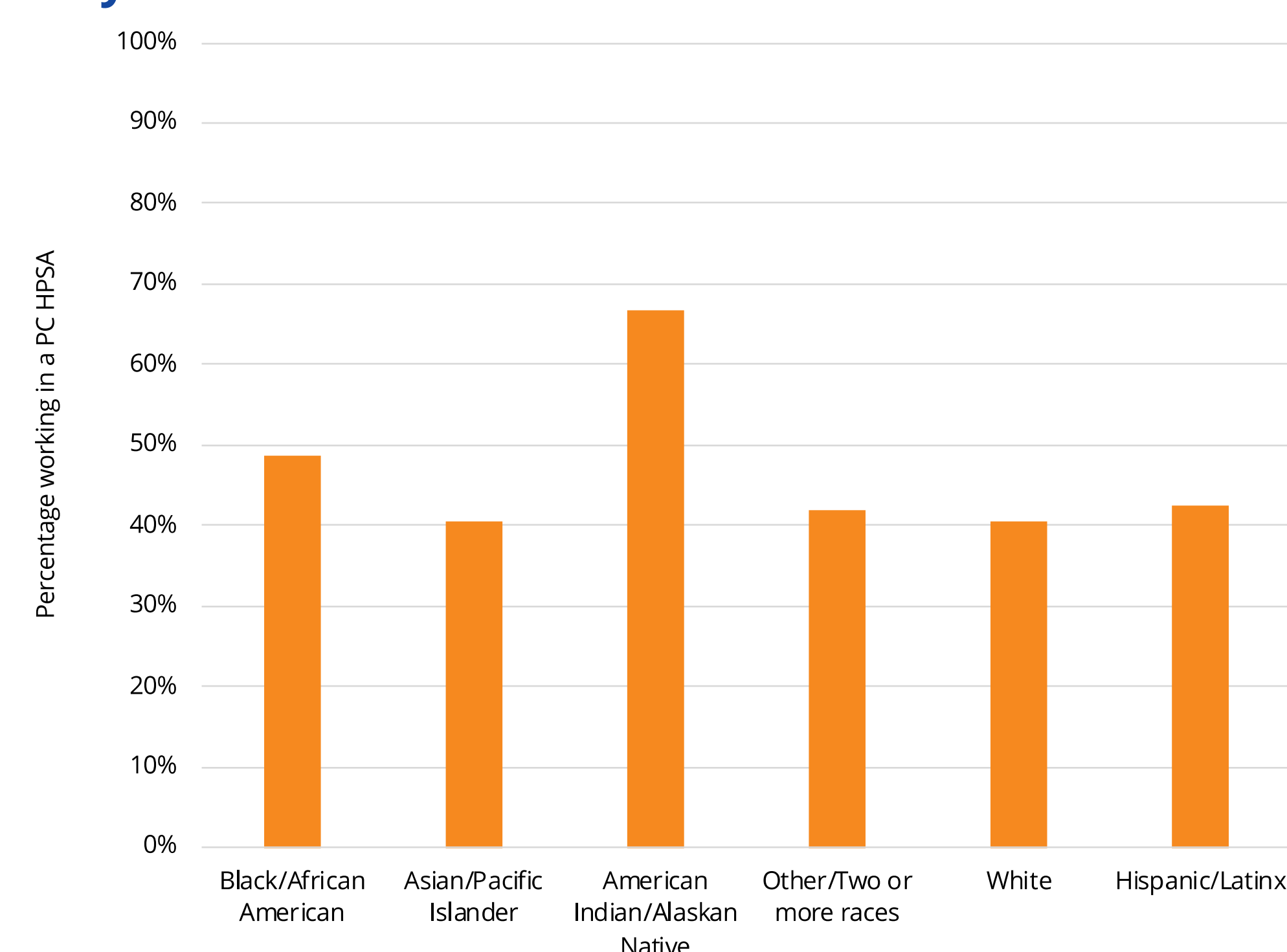
Data analyzed from NP surveys were collected between January 2016 and December 2018 from NPs who recertified during that time period. The survey data was cleaned to remove duplicates or those not practicing patient care (ie, retired or teaching), resulting in a data set of 11,867 actively practicing NPs in NY.

RESULTS

Nearly 50% of Black NPs work in primary care HPSAs.

Currently, 50% of Black NPs and over 42% of Hispanic NPs work in PC HPSAs, and they are more likely to work in the state's PC HPSAs (Figure 1). In a multivariate logistic regression model, controlling for various covariates, Black NPs were 2 times more likely to work in PC HPSAs, and Hispanic NPs were 81% more likely to work in PC HPSAs compared to White NPs.

Figure 1. Percentage of NPs by Race/Ethnicity Working in a Primary Care HPSA



RESULTS

In many regions of the state, both Hispanic and Black NPs are underrepresented.

Hispanic NPs were underrepresented in most regions; New York City accounted for the largest disparity between Hispanic NPs and the local Hispanic population (Figure 2). Black NPs were also underrepresented in many regions, with a few exceptions (Figure 3).

Figure 2. Percentages of Hispanic NPs and the Hispanic Population by Department of Labor Region

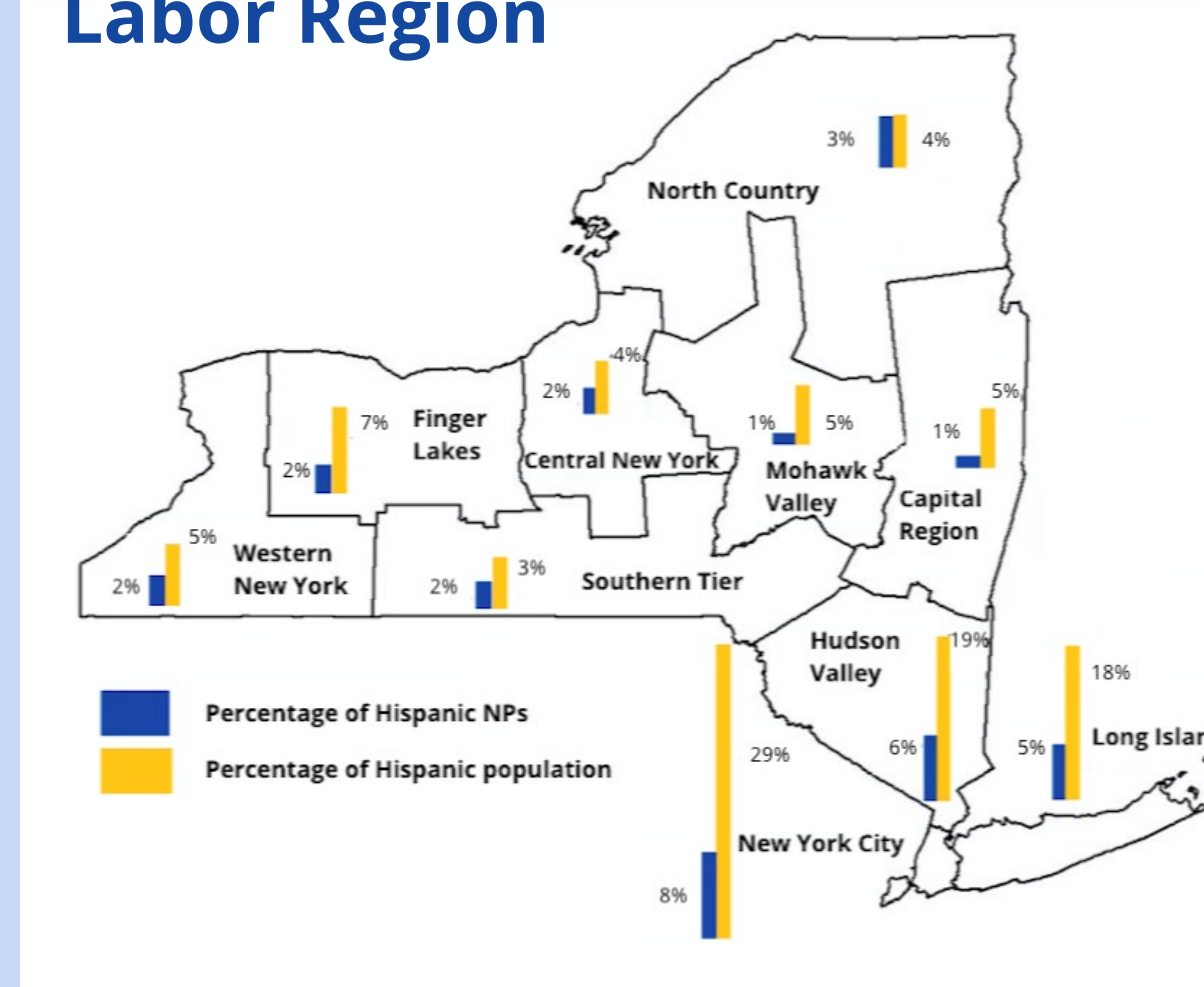
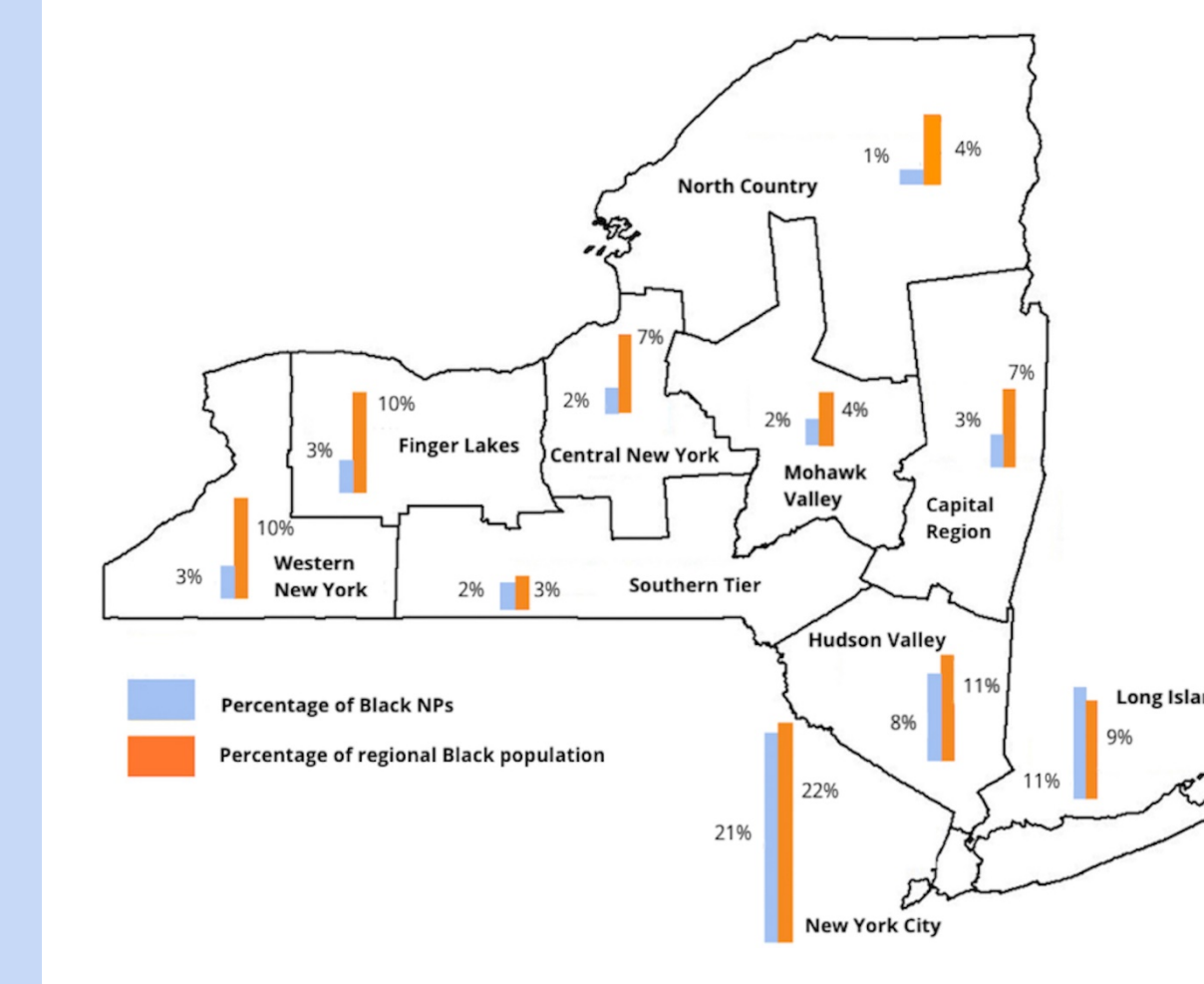


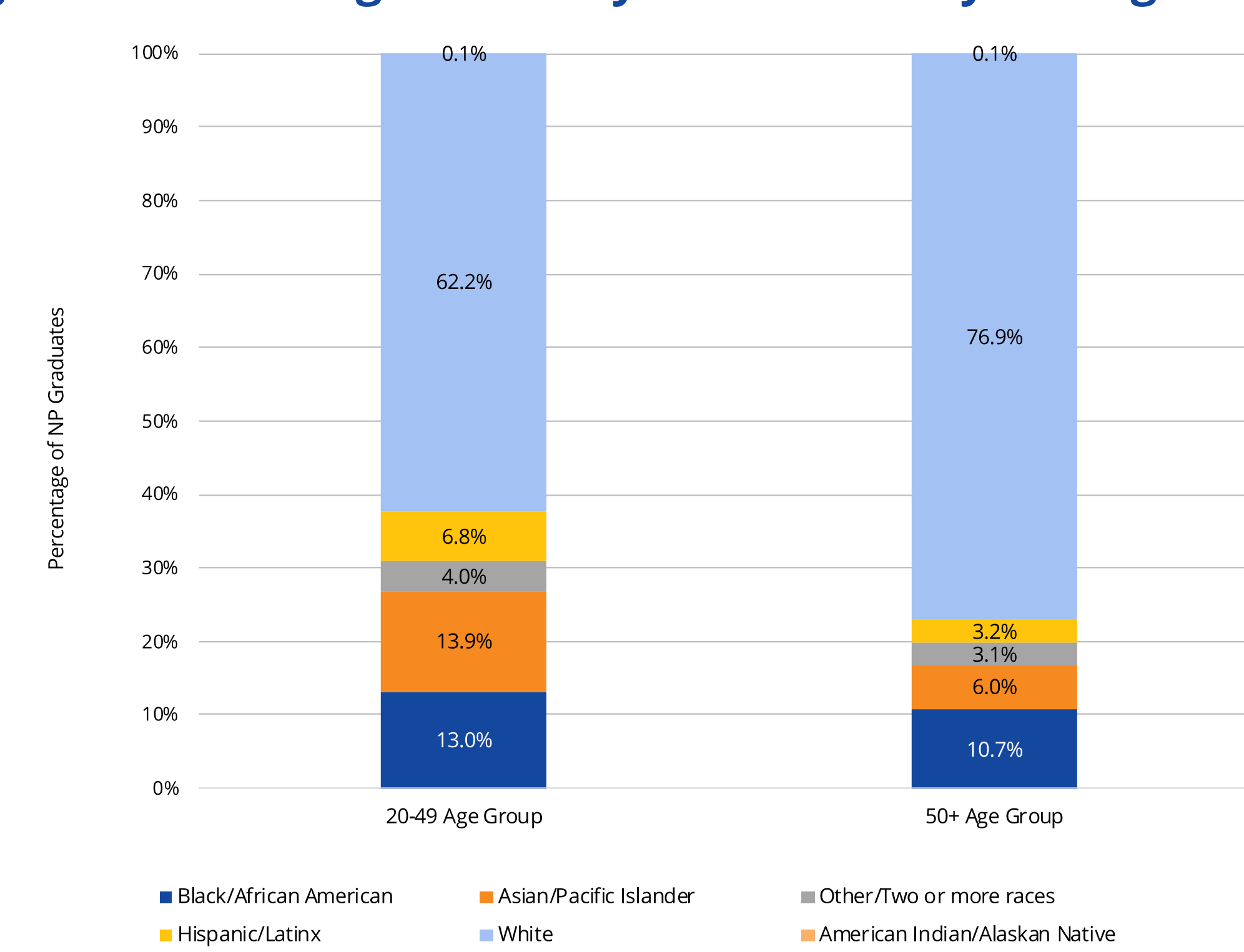
Figure 3. Percentages of Black NPs and the Black Population by Department of Labor Region



NPs younger than age 50 are more racially or ethnically diverse.

In the under 50 age group, 13% were Black NPs and about 7% were Hispanic NPs. Conversely, in the 50 years or older age group, Black NPs accounted for less than 11% and less than 4% each accounted for all other underrepresented minorities (URM) NPs (Figure 4).

Figure 4. Percentage of NPs by Race/Ethnicity and Age Groups

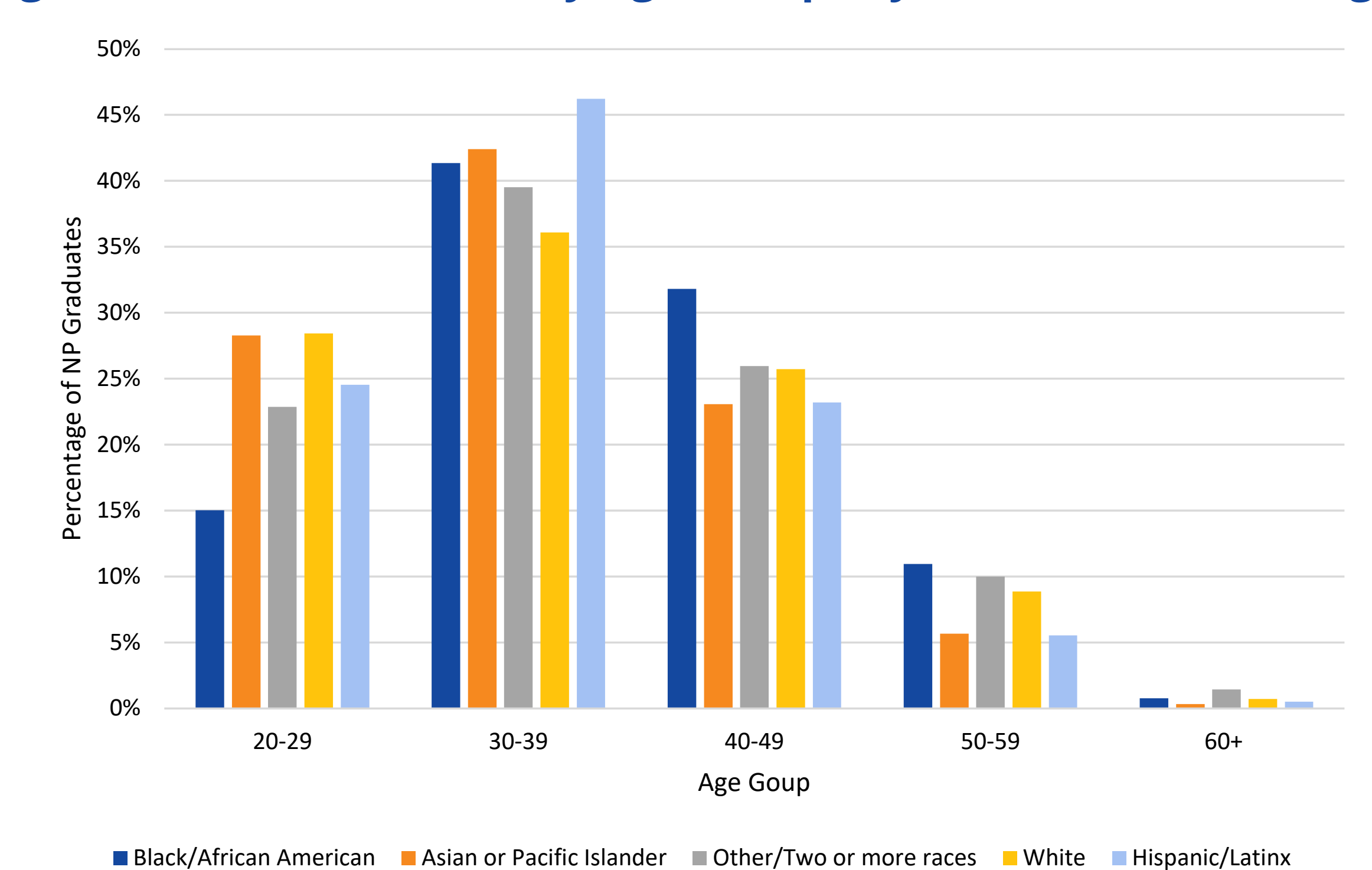


DISCUSSION

Black and Hispanic NPs graduate from their NP programs at older ages than other NPs.

The percentages of Black or Hispanic NPs who graduated 30 years of age or older were higher (85% and 75%, respectively) compared to the 71% for either Asian NPs or White NPs graduates in the same age group (Figure 5). Moreover, 77% of NPs who identified as another race, or 2 or more races, also graduated 30 years of age or older.

Figure 5. NP Graduations by Age Groups by Race or Ethnic Category



CONCLUSIONS

The variation in regional race/ethnic representation demonstrates the importance of examining distributions at the sub-state level, as well as disaggregating URMs into their individual racial/ethnic components.

The health disparities observed during the COVID-19 pandemic have intensified the focus on reducing racial and ethnic disparities and improving health equity. In addition to continued monitoring of the state's NP workforce, future research opportunities should include analyses of pandemic impacts on the NP workforce, the role of structural racism and its impact on the educational experience of NPs from diverse backgrounds, and efforts to expand URM recruitment and retention in both the nursing educational pipeline and NP workforce.

REFERENCES

1. Centers for Disease Control and Prevention. Health Equity Considerations and Racial and Ethnic Minority Groups. <https://www.cdc.gov/coronavirus/2019ncov/need-extra-precautions/racial-ethnic-minorities.html>. Updated July 24, 2020. Accessed September 14, 2020.