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A Profile of New York State Nurse Practitioners, 2017



School of Public Health
University at Albany, State University of New York

A Profile of New York State Nurse Practitioners, 2017

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Center for Health Workforce Studies
School of Public Health, University at Albany
State University of New York
1 University Place, Suite 220
Rensselaer, NY 12144-3445

Phone: (518) 402-0250
Web: www.chwsny.org
Email: info@chwsny.org

PREFACE

This report describes active nurse practitioners (NPs) in New York, with more detailed information on primary care and psychiatric NPs. The findings are based on an analysis of information provided by NPs who recertified between September 1, 2015, and December 31, 2016.

This report was prepared by CHWS staff, Robert Martiniano, Shen Wang, and Jean Moore, with layout design by Leanne Keough. Funding for the NP Survey and analysis was provided by the New York State Department of Health.

Established in 1996, CHWS is an academic research center, based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels. Today, CHWS is a national leader in the field of health workforce studies.

The views expressed in this report are those of CHWS and do not necessarily represent positions or policies of the School of Public Health, University at Albany, SUNY, the New York State Department of Health, or the New York State Education Department.

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BACKGROUND

Nurse practitioners (NPs) are registered nurses (RNs) with advanced education and clinical training who provide a wide range of health care services, including primary care and prevention, counseling, assessment, and management of acute or chronic illness. There is growing recognition of the important roles that NPs play in health care delivery, particularly in underserved communities.

Since 2015, all NPs in New York State have been required by law to provide additional information to the state at the time of their triennial recertification.* The requested information primarily focuses on demographic, educational, and practice characteristics and is designed to support more effective health workforce planning in the state.

This report, prepared by the Center for Health Workforce Studies (CHWS), is based on an analysis of information provided by NPs who recertified between September 1, 2015, and December 31, 2016. This report describes active NPs in New York, with more detailed information on primary care and psychiatric NPs. Findings in this report update information presented in an October 2016 research brief on NPs produced by CHWS.¹

* An NP must be licensed as an RN and certified as an NP in at least 1 of 16 specialties.

KEY FINDINGS

NP Supply and Distribution

- There are an estimated 13,000 active NPs practicing in New York, representing more than 12,800 full-time equivalents (FTEs).
- The distribution of NPs varies widely by region.
- There are more NPs per 100,000 population in urban areas than in rural areas of the state.
- NPs in rural areas are more likely to provide primary care or psychiatric services than their urban counterparts.
- Forty-three percent of NPs in the state work in federally designated primary care health professional shortage areas (HPSAs). Nearly 70% of NPs in rural areas work in primary care HPSAs, compared with 39% of NPs in urban areas.

NP Education

- More than 90% of active NPs report holding a master's degree or post-master's certificate as their highest NP degree.
- The vast majority of NPs report a certification in a primary care specialty.†
- Nine percent of NPs report a certification in psychiatry.
- The majority of NPs grew up in New York State—that is, they graduated from a high school in New York (69%). In addition, more than three-quarters (78%) of the state's NPs completed their first RN education program in New York, and nearly 9 in 10 (89%) completed their first NP education program in New York.

† NP primary care specialty certifications include adult health, family health, gerontology, obstetrics/gynecology, pediatrics, and women's health.

Current NP Practice

- In addition to providing clinical services, about one-third of active NPs report teaching hours and more than one-quarter report administrative hours.
- Just over half of NPs work in health centers, clinics, and hospital outpatient departments, while another 18% work in physician offices.

NP Demographics

- Approximately 93% of active NPs are female.
- While the median age of NPs statewide is 50 years, that of NPs practicing in rural areas is somewhat higher (54 years).
- While NPs in the state are less racially and ethnically diverse than the general population, NPs in younger age cohorts are more diverse than older NP cohorts.

Future Plans

- More than 90% of active NPs in the state report no near-term plans to retire, to significantly reduce patient care hours, or to change practice locations either within or outside of the state.

Primary Care NPs

- Nearly one-third of all active NPs are primary care NPs—that is, they hold at least 1 primary care certification and practice in a primary care-focused ambulatory setting.
- There are an estimated 4,100 primary care NPs in the state, representing more than 4,000 FTEs.
- The median age of primary care NPs is 51 years, and a higher percentage of primary care NPs are 60 years of age or older compared with all other NPs.
- Primary care NPs who practice in urban areas are more racially and ethnically diverse than those who practice in rural areas.

- Forty-five percent of primary care NPs work in primary care HPSAs, compared with 41% of all other NPs.

Psychiatric NPs

- There are an estimated 1,180 active psychiatric NPs in the state, representing 1,135 FTEs.
- There are more psychiatric NPs per 100,000 population in rural areas than in urban areas of the state.
- The median age of psychiatric NPs is 56 years, and a much higher percentage of active psychiatric NPs are 60 years of age or older compared with all other NPs.
- Psychiatric NPs are somewhat less racially and ethnically diverse compared with all other NPs.
- Forty-one percent of psychiatric NPs work in mental health HPSAs. A higher percentage of psychiatric NPs in rural areas of the state (58%) than in urban areas (37%) practice in mental health HPSAs.

Technical Report

BACKGROUND

New York State's health care delivery system is changing as providers strengthen their primary care infrastructure by integrating primary care with behavioral health, focusing on preventive services, and building the capacity for more effective management of chronic diseases. These changes are driven in part by the Medicaid Waiver Delivery System Reform Incentive Payment (DSRIP) program, designed to reduce the number of avoidable hospitalizations among the state's Medicaid patients, and an important part of the strategy is to develop the services as well as the workforce needed to achieve this goal. Furthermore, New York's State Health Innovation Plan (SHIP) aims to promote an "advanced primary care model" designed to identify and stimulate the spread of promising innovations in health care delivery and finance that have the potential to improve population health.

Access to needed health services depends on the availability of a well-trained and equitably distributed health workforce. Nurse practitioners (NPs) play increasingly important roles in the delivery of health services across the state, particularly in underserved communities. Health workforce monitoring using timely, detailed data can help to identify gaps in provider availability and can inform workforce programs and policies designed to increase access to care. This report presents an in-depth analysis of the state's active NPs, including supply, distribution, practice characteristics, education, demographics, and retirement intent.

DATA AND METHODS

In order to practice as an NP in New York State, an individual must hold both a registered nursing (RN) license and certification as an NP in one or more of 16 different NP specialties. NPs holding more than one certification are mandated to recertify for each specialty certification held. NPs must recertify every 3 years, and in any given year, one-third of NPs in the state will recertify.

Effective September 1, 2015, all NPs in New York are required by law to provide additional information to the state at the time of recertification. The Center for Health Workforce Studies (CHWS), in collaboration with the New York State Education Department (SED) and the New York State Department of Health (DOH), developed a brief survey to collect this additional information. The 22-question survey primarily asks NPs about demographic, educational, and practice characteristics (see Appendix) and since September 1, 2015, has been included with NP recertification materials. To date, there has been near-universal compliance with the required reporting.

This report is based on NP survey data received between September 1, 2015, and December 31, 2016, representing 45% of all NPs in the state. In order to determine the representativeness of the sample, SED licensure data were used to compare the geographic locations of all NPs with the geographic locations of NP survey respondents (Table 1). This analysis found the sample to be reasonably representative of all NPs.

Table 1. Regional Distribution of All NPs Compared With NP Survey Respondents

Region	All NPs	NP Survey Respondents
Capital Region	4.6%	5.1%
Central New York	7.9%	8.0%
Finger Lakes	9.2%	9.8%
Long Island	19.8%	20.3%
Mid-Hudson	13.9%	14.5%
Mohawk Valley	1.1%	1.3%
New York City	29.7%	26.8%
North County	1.1%	1.0%
Southern Tier	2.8%	2.7%
Tug Hill Seaway	1.0%	1.2%
Western New York	8.8%	9.3%
Source: State Education Department NP Licensure Data.		

This analysis describes those individuals who are actively practicing as NPs in the state. For purposes of this analysis:

- An “active NP” is defined as an NP who reports working or volunteering in positions that require NP certification.

- A “primary care NP” is defined as an active NP who:
 - Holds certification in 1 or more of the following specialties:
 - Adult health
 - Family health
 - Gerontology
 - Obstetrics/gynecology
 - Pediatrics
 - Women’s health

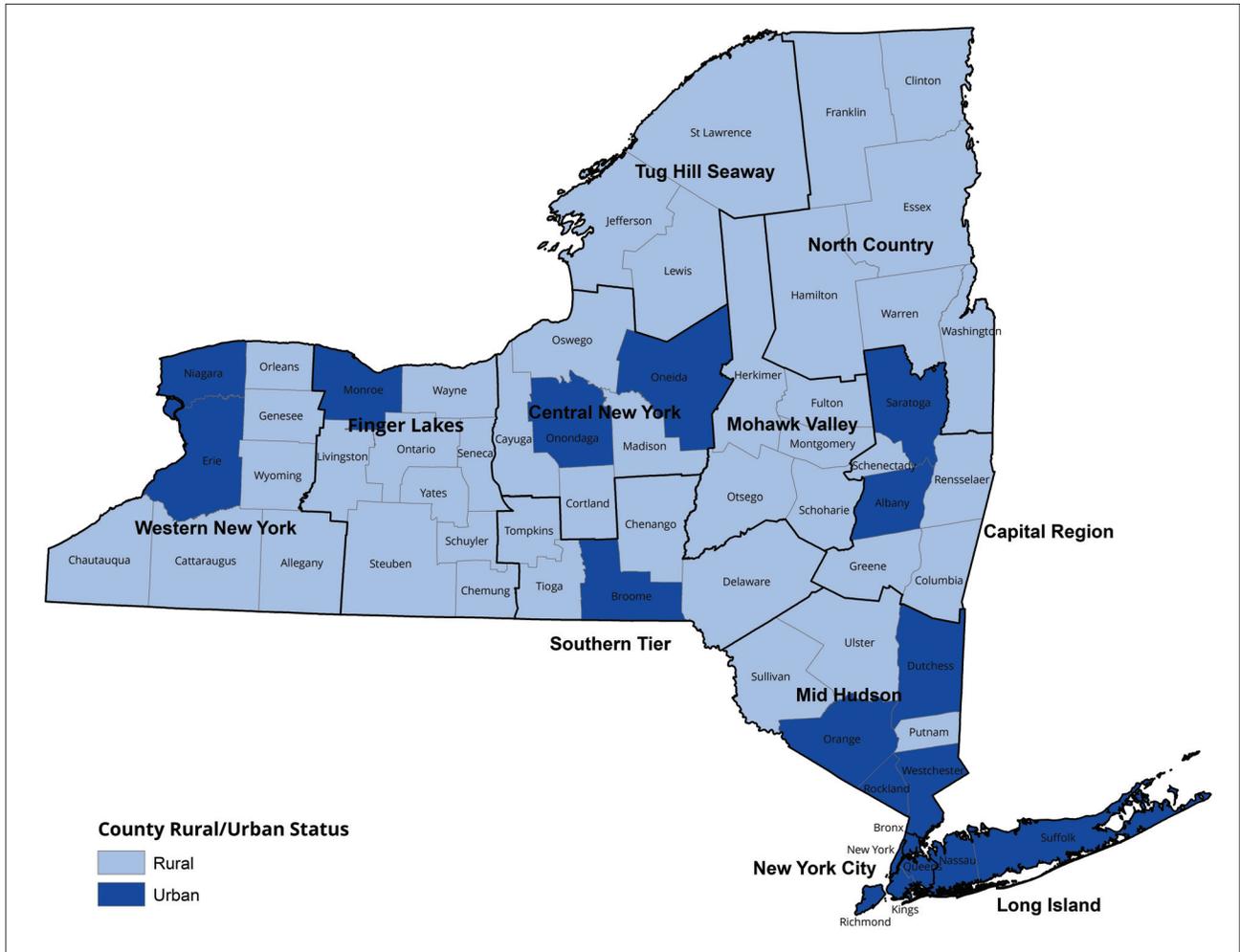
and

 - Works in one of the following primary care–focused ambulatory practice settings:
 - Free-standing clinic/federally qualified health center
 - Hospital outpatient service
 - Physician practice
 - Independent NP practice

- A “psychiatric NP” is defined as an active NP who holds a specialty certification in psychiatry.

For regional analysis, the DOH Population Health Improvement Program (PHIP) regions are used. Data analysis comparing urban and rural areas uses Ebert's typology for rural and urban county definitions,[‡] with 19 counties defined as urban and 43 as rural (Figure 1).

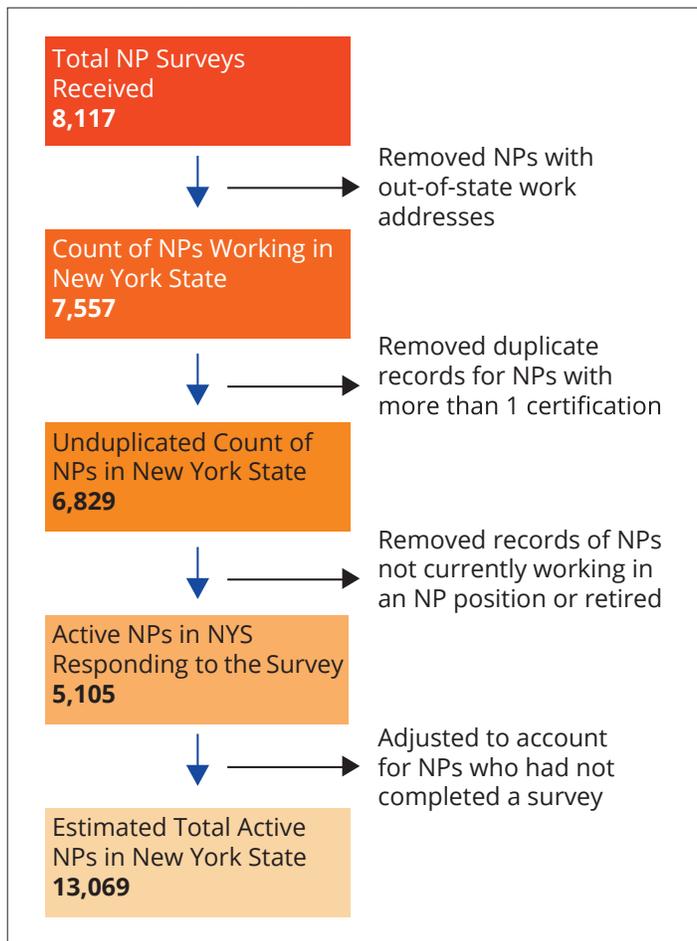
Figure 1. Map of New York PHIP Regions by County (Rural/Urban)



[‡] New York State Public Health Law, Article 2, Title 2C, Section 235.

Between September 2015 and December 2016, 8,117 surveys were completed by NPs who recertified. In order to establish a count of active NPs in New York, those with out-of-state work addresses were excluded and NPs holding more than 1 specialty certification were counted only once, yielding an unduplicated count of 6,829 NPs in the state. NPs who were not working, were working in a position that did not require NP certification, or were retired were excluded, leaving a total of 5,105 active NPs in New York. These data were adjusted to account for NPs who had yet to re-register during the 3-year period, producing an estimate of 13,000 active NPs practicing in the state, representing more than 12,800 full-time equivalents (FTEs) (Figure 2).

Figure 2. Identification of Active NPs in New York



LIMITATIONS

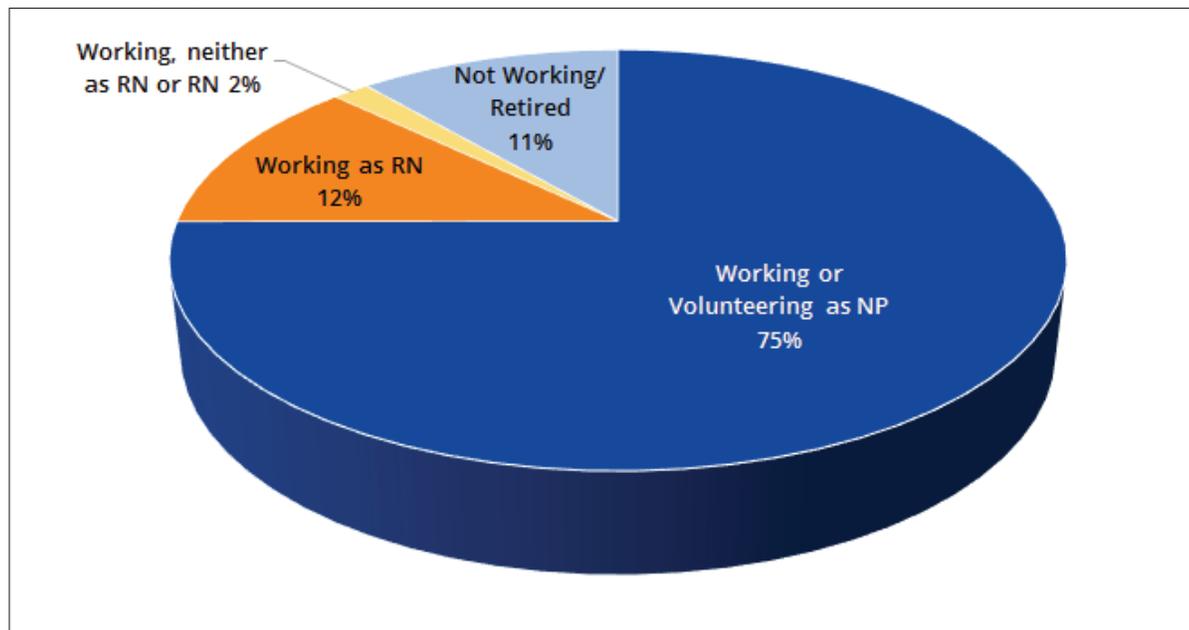
This report is based on data drawn from survey responses submitted by approximately 45% of the state's NPs who completed a mandatory survey as part of their triennial recertification, which raises concerns about the generalizability of the findings. However, a comparison of the regional distribution of the sample with that of all NPs in the state finds the sample to be reasonably representative. Moreover, as the number of survey responses increases, this will be of less concern and an expanded profile of NPs in New York can be developed, including analyses at county and sub-county levels. It should also be noted that the data used in this analysis are self-reported, and as such, there is potential for misclassification that could influence findings.

FINDINGS

NP Supply and Distribution

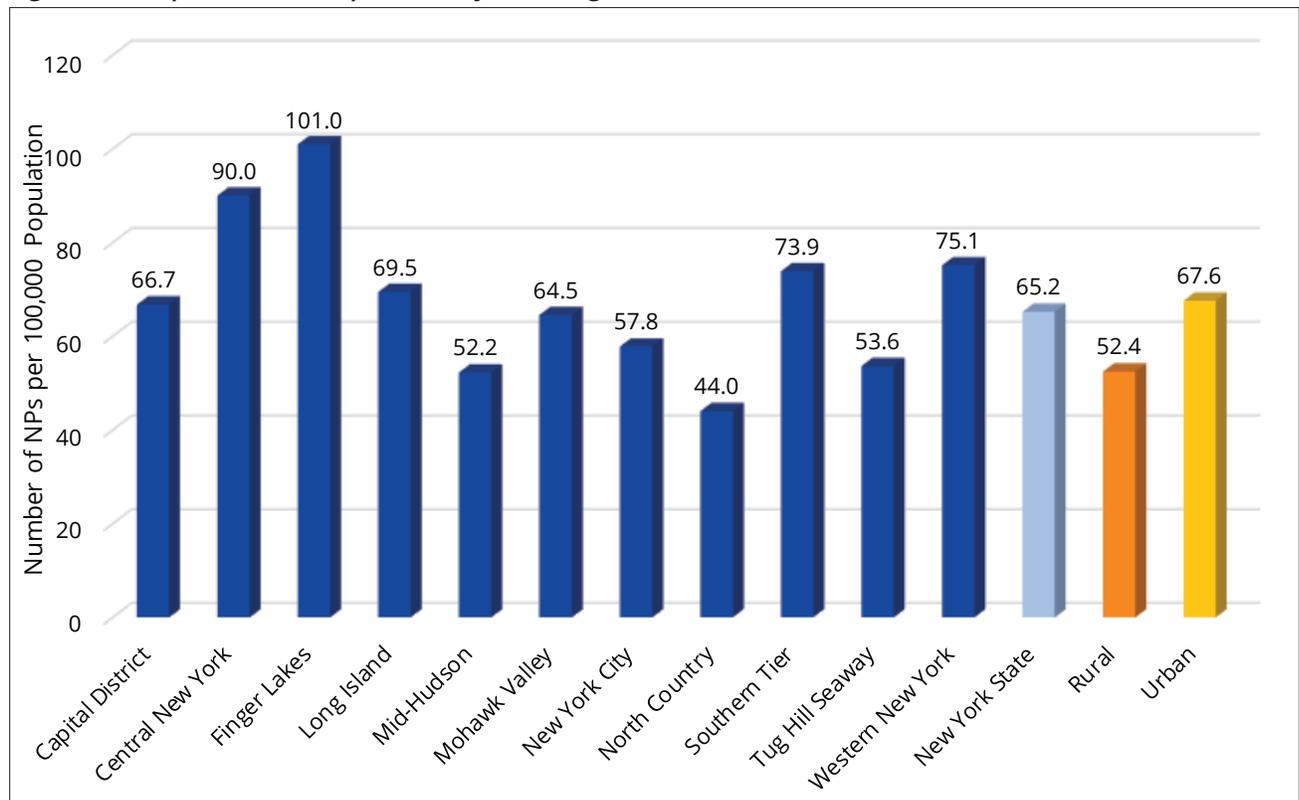
Of all NPs in the state, 75% are considered active NPs (ie, they report working or volunteering in positions that require NP certification); 12% report working as RNs; 2% report working, but as neither NPs nor RNs; and 11% are not currently working or are retired (Figure 3).

Figure 3. Employment Status of NPs in New York



There are 65 active NPs per 100,000 population statewide, with 68 per 100,000 in urban areas and 52 per 100,000 in rural areas (Figure 4). The Finger Lakes region had the highest number of NPs per 100,000 population (101), followed by the Central New York (90), Western New York (75), and Southern Tier (74) regions. The North Country region had the fewest NPs per 100,000 population (44), followed by the Mid-Hudson (52) and Tug Hill Seaway (53) regions.

Figure 4. NPs per 100,000 Population by PHIP Region



Forty-three percent of NPs in the state work in federally designated primary care health professional shortage areas (HPSAs). Nearly 70% of NPs in rural areas work in primary care HPSAs, compared with 39% of NPs in urban areas.

Practice Characteristics

NP Activities

When asked about time spent on major professional activities, more than 75% report providing primary care services (regardless of setting), while just over half report providing other patient care services. One-third report teaching hours, and more than 25% report administrative hours. Of those NPs who teach, 78% teach for fewer than 20 hours per week, including 57% who teach for fewer than 10 hours per week. Nearly three-quarters of NPs who conduct research do so for fewer than 10 hours per week.

Practice Settings

More than half (52%) of active NPs work in health centers, clinics, and hospital outpatient departments, while 18% work in physician offices, 5% in independent NP practices, and the remaining 25% in inpatient, emergency department, and other settings (Table 2). A higher percentage of NPs in rural areas work in

physician offices compared with those in urban areas (25% versus 18%, respectively), while a higher percentage of NPs in urban areas work in hospital inpatient/emergency departments compared with those in rural areas (14% versus 8%, respectively). Forty-four percent of NPs working in independent NP practices report a primary care practice specialty, while nearly 40% report a psychiatric practice specialty and the remaining 17% report other practice specialties.

Table 2. Practice Settings of Active NPs by PHIP Region

Region	Health Center, Clinic, Hospital Outpatient	Hospital Inpatient/ED	Independent NP Practice	Physician Practice	Other
Capital Region	41.1%	10.6%	6.8%	31.3%	10.3%
Central New York	53.1%	9.6%	4.5%	22.9%	9.9%
Finger Lakes	54.2%	14.2%	2.2%	16.2%	13.2%
Long Island	42.8%	17.2%	6.6%	23.5%	9.9%
Mid-Hudson	42.7%	11.0%	7.9%	23.3%	15.1%
Mohawk Valley	66.5%	6.3%	3.2%	12.7%	11.4%
New York City	60.1%	14.0%	4.4%	10.1%	11.4%
North Country	51.6%	6.5%	4.0%	25.0%	12.9%
Southern Tier	51.5%	5.8%	5.8%	26.5%	10.4%
Tug Hill Seaway	58.0%	4.2%	6.7%	15.1%	16.0%
Western New York	40.7%	12.9%	4.3%	30.5%	11.6%
New York State	52.0%	13.2%	5.0%	18.3%	11.6%
Rural	50.6%	7.6%	5.5%	25.3%	11.1%
Urban	53.8%	14.4%	5.1%	17.9%	8.7%

NP Demographics

Gender and Race

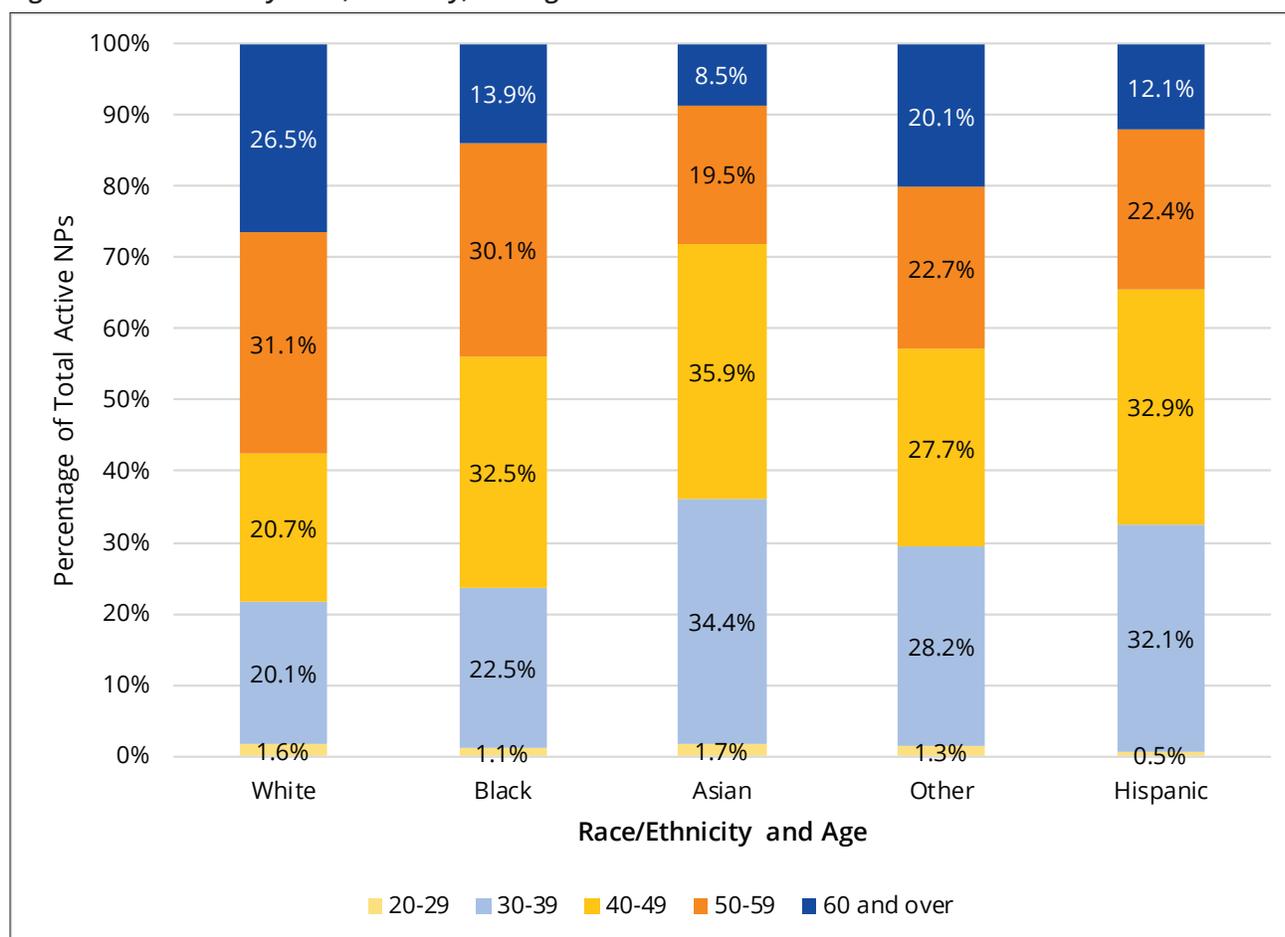
Approximately 93% of active NPs are female. The state’s active NPs are less racially and ethnically diverse than the general population of the state (Table 3). Seventy-one percent of active NPs in the state are non-Hispanic white (hereafter referred to as “white”), compared with 56% of the general population. Both non-Hispanic black (hereafter referred to as “black”) and Hispanic/Latino persons are underrepresented in the profession relative to their presence in the general population (10% versus 14% and 5% versus 19%, respectively). Active NPs downstate (Mid-Hudson, Long Island, and New York City regions) are more racially and ethnically diverse than NPs upstate.

Table 3. Race/Ethnicity of New York NPs Compared With State Population

Race/Ethnicity	NPs	New York State Population
White	71.0%	55.8%
Black	10.2%	14.4%
Asian/Pacific Islander	9.3%	8.4%
Hispanic/Latino	4.8%	18.8%
Other	4.7%	2.6%

The median age of active NPs statewide is nearly 50 years, with about 52% of active NPs 50 years of age or older. The median age of NPs practicing in rural areas is higher (54 years) than that of the overall NP population, while active NPs in urban areas are closer to the statewide median age (49 years). NPs who are white have a median age of 51 years, while NPs in all other racial/ethnic groups are younger, including blacks, with a median age of 47 years; Asians/Pacific Islanders (hereafter referred to as “Asian”), with a median age of 44 years; and Hispanic/Latino NPs, with a median age of 45 years. Nearly 58% of NPs who are white are 50 years of age or older, compared with NPs who are black (44%), Asian (28%), or Hispanic/Latino (37%) (Figure 5).

Figure 5. Active NPs by Race, Ethnicity, and Age



Just over 5% of NPs report receiving their first RN degree in a foreign country, and about two-thirds of these are Asian. These NPs are much less likely to report a primary care practice (23% versus 32% for all other NPs) and much more likely to practice in inpatient settings.

NP Education

More than 90% of NPs report holding a master’s degree or post-master’s certificate as their highest NP degree. Approximately 5% report a doctorate as their highest degree, while about 4% report an NP certificate as their highest degree. Of those who report an NP certificate as their initial degree, 21% went on to earn master’s degrees.

Specialty Certifications

Eighty-seven percent of NPs report a certification in a primary care specialty, including adult health, family health, pediatrics, gerontology, women’s health, or obstetrics/gynecology (Table 4). Nine percent of NPs report a certification in psychiatry (6.5% in psychiatry only and 2.5% in psychiatry and at least 1 other specialty certification). Approximately 14% of NPs report holding more than 1 specialty certification.

Table 4. Specialty Certifications Held by NPs

NP Certifications	Estimated Count	Percentage
Acute care	527	4.0%
Adult health	3,036	23.2%
College health ^a	0	0.0%
Community health	26	0.2%
Family health	4,805	36.8%
Gerontology	164	1.3%
Holistic medicine	3	0.0%
Neonatology	179	1.4%
Obstetrics/gynecology	133	1.0%
Oncology	41	0.3%
Palliative care	18	0.1%
Pediatrics	1,052	8.1%
Perinatology	3	0.0%
Psychiatry	850	6.5%
School health	3	0.0%
Women’s health	381	2.9%
Multiple Certifications		
Multiple certifications in primary care	225	1.7%
Multiple certifications in both primary and specialty care	1,359	10.4%
Multiple certifications in specialty care	264	2.0%
All active NPs	13,069	100.0%
^a Any NP with a specialty certification in college health also has at least 1 additional certification in another specialty and is included in one of the multiple-specialty categories.		

Among active NPs who are 50 years of age or older, a higher percentage report specialty certifications in obstetrics/gynecology (88%), psychiatry (64%), or gerontology (69%) compared with other certifications (Table 5). A higher percentage of underrepresented minority NPs hold specialty certifications in gerontology (27%) or family health (25%).

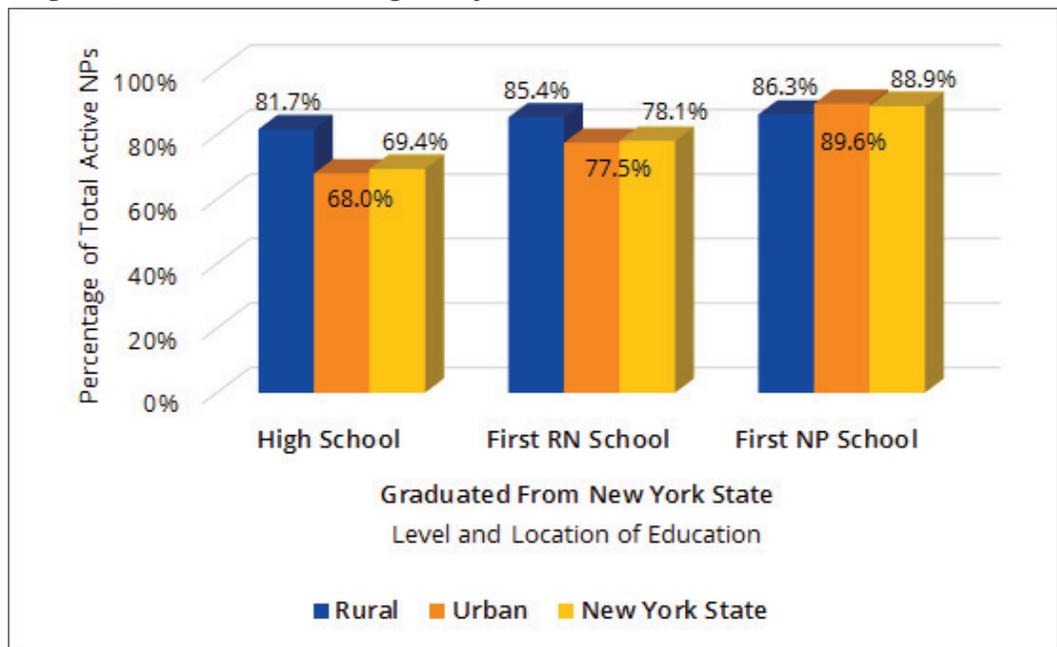
Table 5. Specialty Certifications Held by NPs by Selected Demographic Characteristics

NP Certifications	Estimated Count	Percentage	
		Age 50 and Older	Underrepresented Minority
Acute care	527	27.7%	16.1%
Adult health	3,036	55.6%	18.1%
College health ^a	0	NA	NA
Community health	26	77.0%	11.5%
Family health	4,805	45.8%	24.6%
Gerontology	164	68.7%	26.6%
Holistic medicine	3	100.0%	0.0%
Neonatology	179	55.9%	11.1%
Obstetrics/gynecology	133	88.1%	14.2%
Oncology	41	20.5%	14.3%
Palliative care	18	68.4%	27.8%
Pediatrics	1,052	45.6%	12.6%
Perinatology	3	100.0%	100.0%
Psychiatry	850	64.1%	16.3%
School health	3	0.0%	100.0%
Women's health	381	59.7%	12.8%
Multiple certifications in primary care			
Multiple certifications in primary care	225	68.0%	23.9%
Multiple certifications in both primary			
Multiple certifications in both primary	1,359	57.3%	21.6%
Multiple certifications in specialty care			
Multiple certifications in specialty care	264	59.3%	15.5%
All active NPs	13,069	51.6%	19.9%
^a Any NP with a specialty certification in college health also has at least 1 additional certification in another specialty and is included in one of the multiple-specialty categories.			

The majority of NPs grew up in New York State—that is, they graduated from a high school in New York (69%). In addition, more than three-quarters (78%) of the state’s NPs completed their first RN education program in New York, and nearly 9 in 10 (89%) completed their first NP education program in New York (Figure 6).

Active NPs practicing in rural areas were more likely to have grown up in New York, graduating from a New York high school (82%) and RN education program (85%), compared with their urban counterparts.§

Figure 6. Percentage of Active NPs Who Graduated From New York State High School, Nursing Education Program, and NP Education Program by Rural/Urban Practice Location



More than 65% of active NPs completed their first NP education program in 2000 or later, including 31% who graduated between 2000 and 2009 and 35% who graduated after 2010. In contrast, less than 9% of active NPs graduated prior to 1990.

Future Plans

More than 90% of active NPs in New York State report no plans to retire, to significantly reduce patient care hours, or to change practice locations either within or outside of the state within 12 months of completing the survey. One percent of active NPs report plans to retire, while 3% report plans to significantly reduce patient care hours. Six percent of active NPs report plans to either move to another location in the state or move out of state (3.6% and 2.4%, respectively).

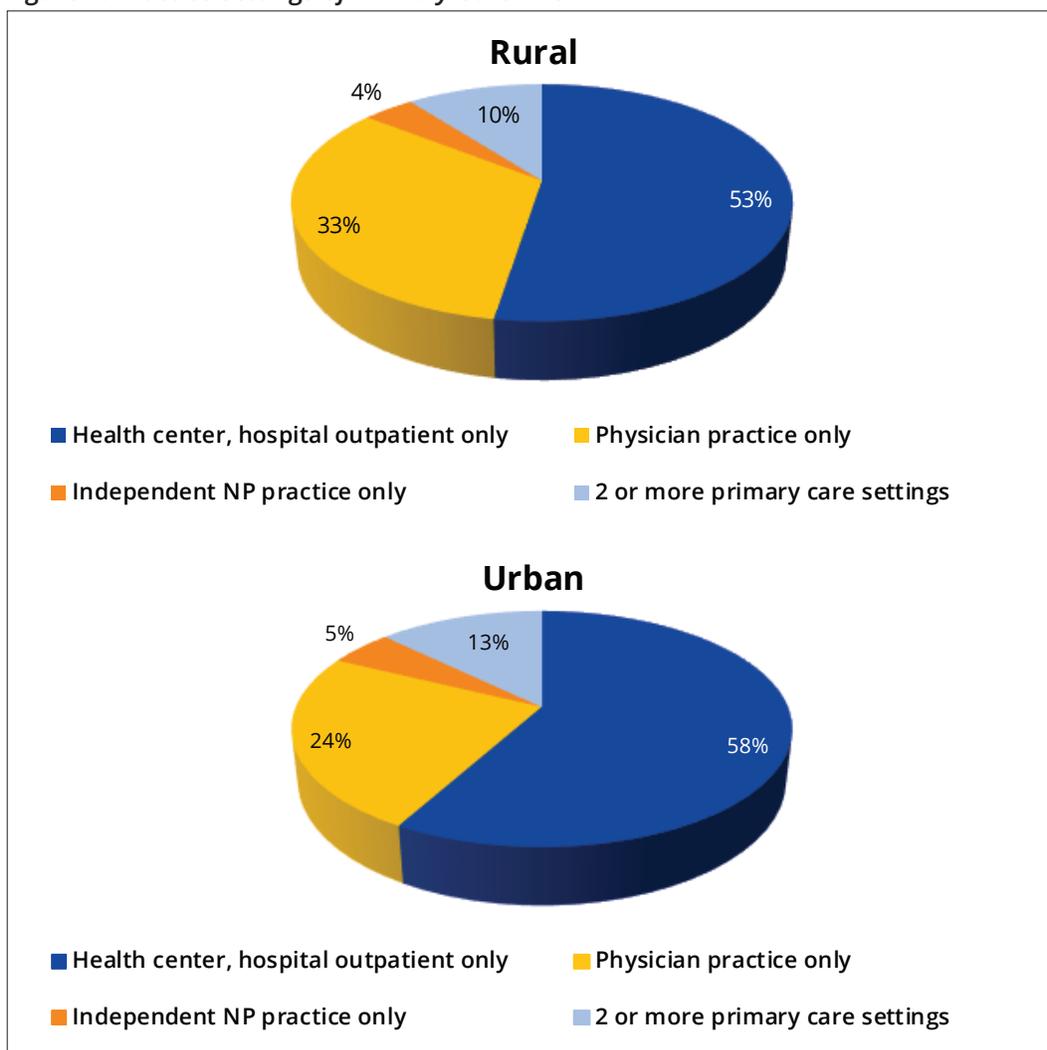
§ Based on their current practice address.

Primary Care NPs

While the vast majority of NPs report a primary care specialty certification, about one-third of active NPs are considered primary care NPs, which is based on both NP specialty certification and practice setting. There are an estimated 4,100 active primary care NPs in the state, representing more than 4,000 FTEs.

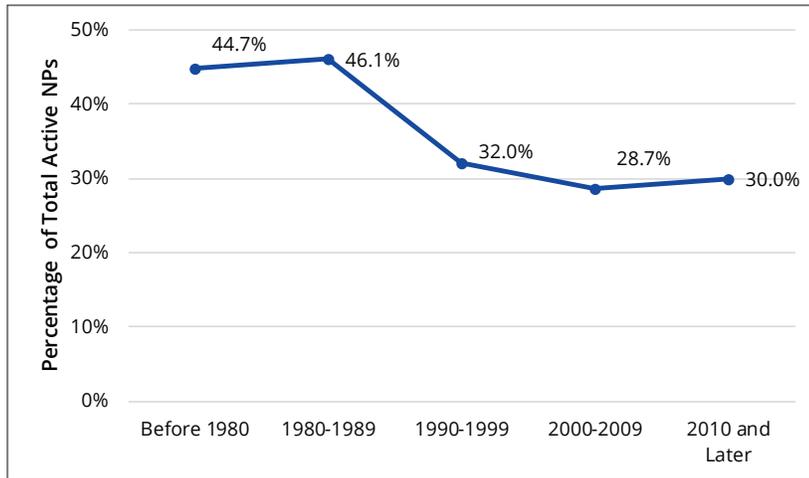
The median age of primary care NPs is 51 years, and a higher percentage of primary care NPs are 60 years of age or older compared with all other NPs. Primary care NPs who practice in urban areas are more racially and ethnically diverse than those who practice in rural areas. Forty-five percent of primary care NPs work in primary care HPSAs, compared with 41% of all other NPs. The majority (57%) of primary care NPs work in health centers, clinics, and hospital outpatient settings, and another 26% work in private physician practices. NPs in rural areas are more likely to work in physician practices than NPs in urban areas (33% versus 24%, respectively) (Figure 7).

Figure 7. Practice Settings of Primary Care NPs



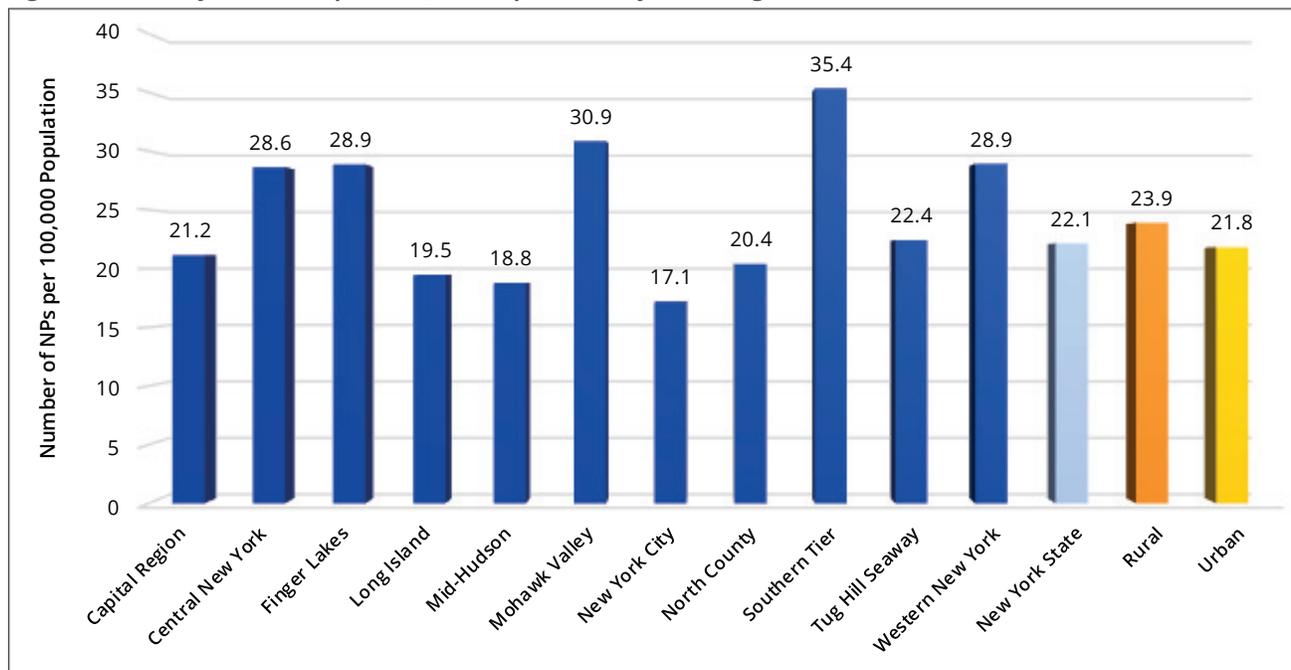
More than 40% NPs who graduated from their first NP education program prior to 1990 graduated with a certification in a primary care specialty, while less than one-third of NPs who graduated during or after 1990 graduated with a certification in a primary care specialty (Figure 8).

Figure 8. Primary Care NPs by Year of Graduation



The distribution of primary care NPs per 100,000 population varies widely by region (Figure 9). The Southern Tier region had the most primary care NPs per 100,000 population (35), followed by the Mohawk Valley (31), Finger Lakes (29), Western New York (29), and Central New York (29) regions. New York City had the fewest primary care NPs per 100,000 population (17), followed by the Mid-Hudson (19) and Long Island (20) regions. There are approximately 24 active primary care NPs per 100,000 population in rural areas of New York compared with 22 active primary care NPs per 100,000 population in urban areas of the state.

Figure 9. Primary Care NPs per 100,000 Population by PHIP Region

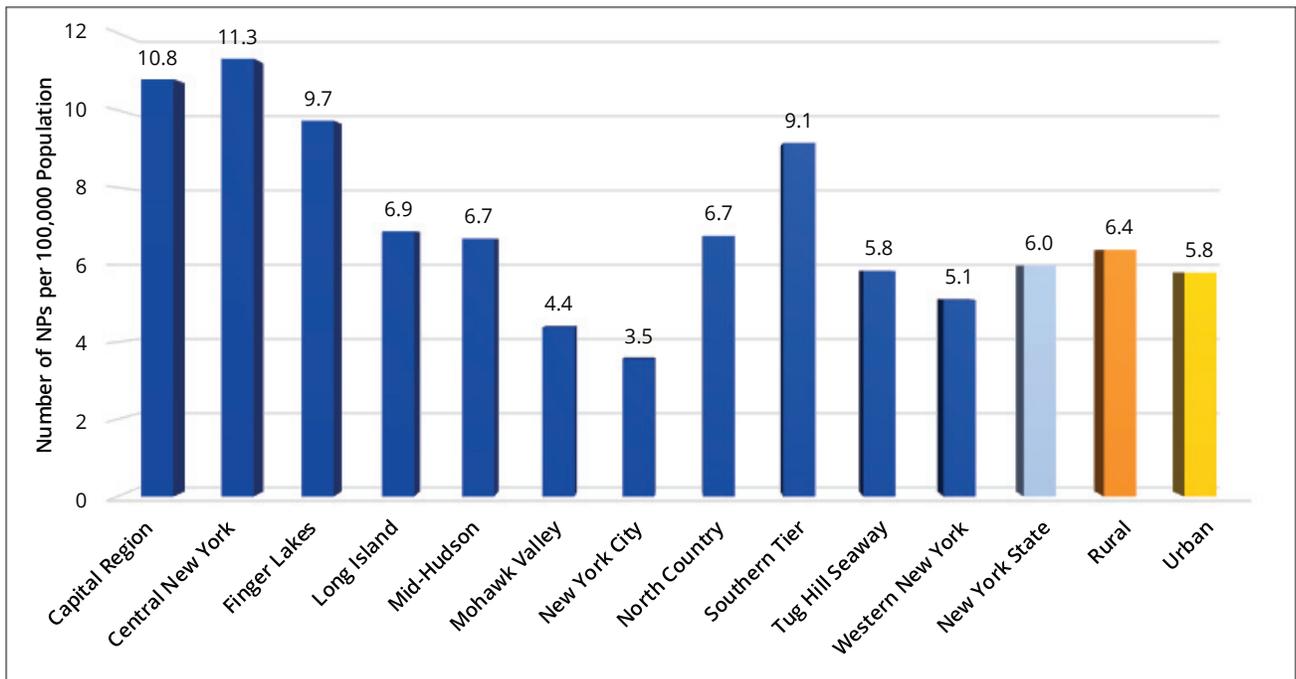


Psychiatric NPs

There are an estimated 1,180 active psychiatric NPs in the state, representing 1,135 FTEs.

There are 6.0 active psychiatric NPs per 100,000 population statewide, with 6.4 per 100,000 in rural areas of the state and 5.8 per 100,000 in urban areas of the state (Figure 10). The Central New York region (11.3) and Capital Region (10.8) have the highest numbers of active psychiatric NPs per 100,000 population, while the New York City (3.5) and Mohawk Valley (4.4) regions have the fewest psychiatric NPs per 100,000 population.

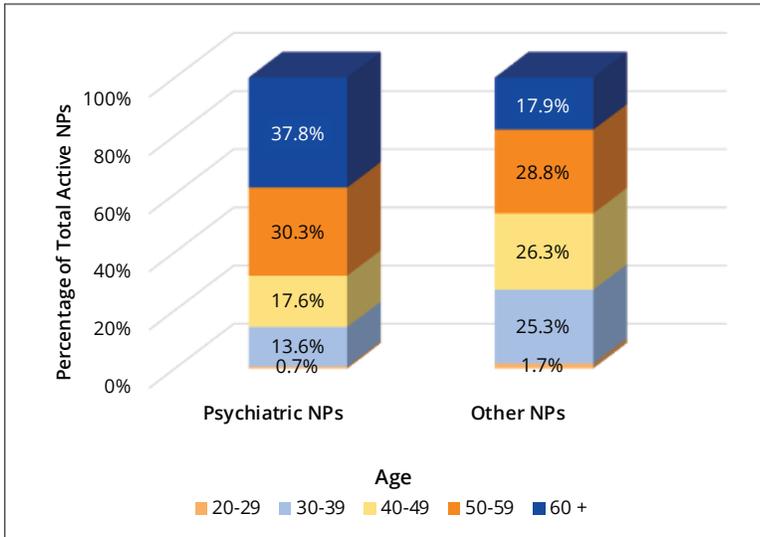
Figure 10. Active Psychiatric NPs per 100,000 Population by PHIP Region



Forty-one percent of psychiatric NPs work in mental health HPSAs. A higher percentage of psychiatric NPs in rural areas of the state (58%) than in urban areas (37%) practice in mental health HPSAs.

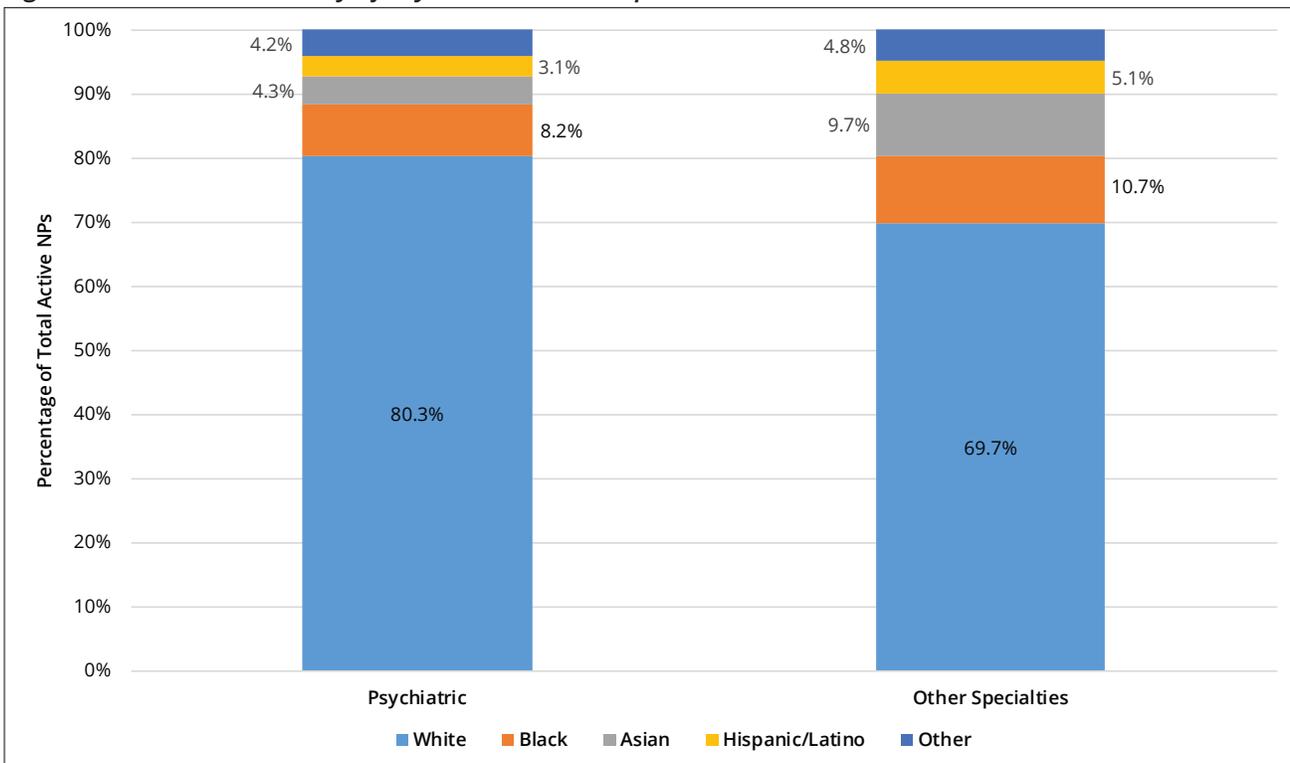
The median age of psychiatric NPs is 56 years. Approximately 38% of psychiatric NPs are 60 years of age or older, compared with almost 18% of all other NPs (Figure 11). In contrast, slightly less than 32% of psychiatric NPs are less than 50 years of age, compared with more than 53% of all other NPs.

Figure 11. Age Cohorts of Psychiatric NPs Compared With All Other NPs



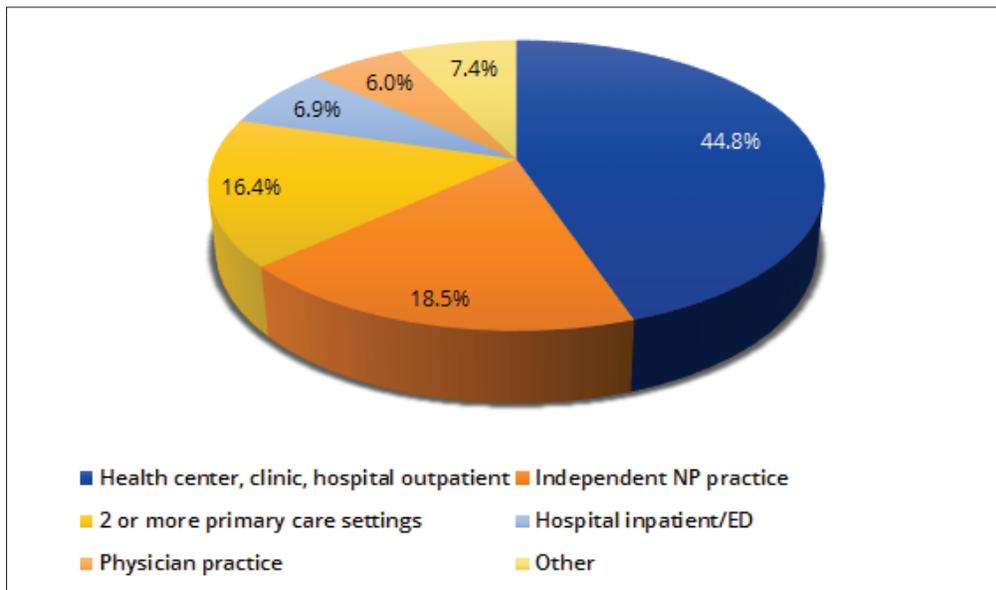
Psychiatric NPs are somewhat less racially and ethnically diverse compared with all other NPs. Approximately 80% of psychiatric NPs are white, compared with 70% of all other NPs (Figure 12). A lower percentage of psychiatric NPs are black, Hispanic/Latino, or Asian compared with all other NPs.

Figure 12. Race and Ethnicity of Psychiatric NPs Compared With All Other NPs



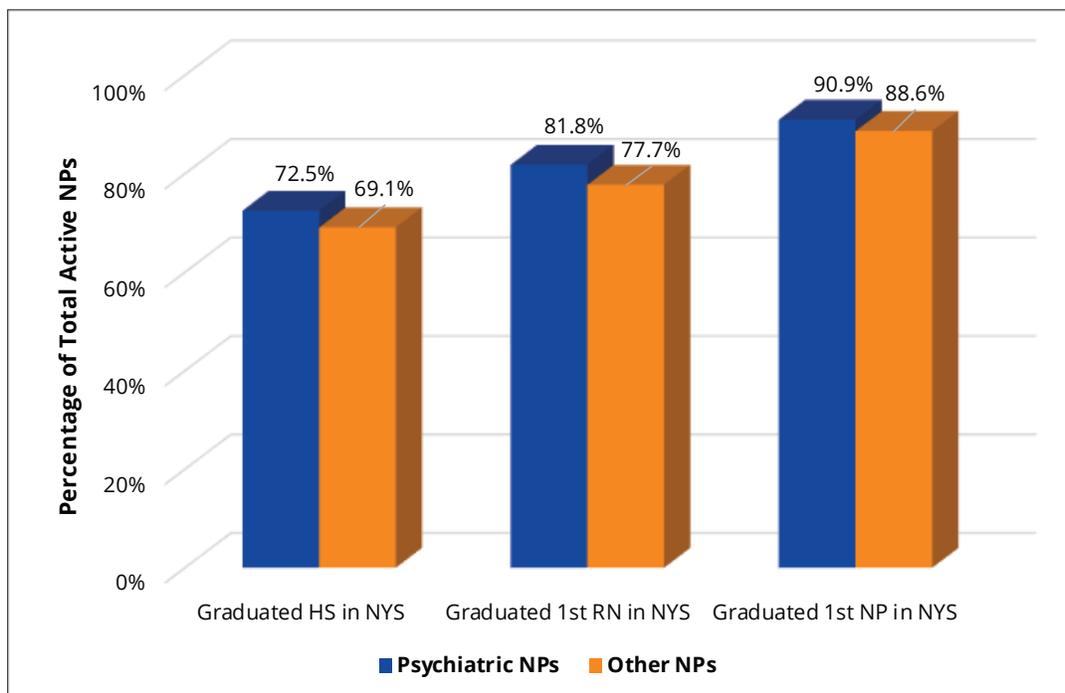
About 45% of psychiatric NPs work in health centers, clinics, or hospital outpatient settings, while about 19% work in independent NP practices (Figure 13).

Figure 13. Practice Settings of Psychiatric NPs



Compared with all other NPs, a higher percentage of psychiatric NPs grew up in New York—that is, they graduated from a high school and completed their first RN program and their first NP program in New York (Figure 14).

Figure 14: Location of High School, Nursing Education, and NP Education for Psychiatric NPs Compared With All Other NPs



DISCUSSION

This report presents a profile of New York State’s active NPs based on data drawn from a mandatory re-registration survey. There are an estimated 13,000 active NPs practicing in New York, representing more than 12,800 FTEs. The distribution of NPs varies widely by region, with more NPs per 100,000 population in urban areas than in rural areas of the state.

While the vast majority of NPs in the state report a primary care specialty certification, about one-third are considered primary care NPs, based on both NP specialty certification and practice setting. Nine percent of NPs hold a specialty certification in psychiatry. Approximately 43% of the state’s NPs work in primary care HPSAs.

Active NPs in New York State are predominantly female, with a median age of 50 years, and are less racially and ethnically diverse than the general population of the state. The majority of NPs in the state are “home grown”—that is, they graduated from a high school in New York and completed their initial RN and NP education in the state. More than 90% of active NPs in the state report no near-term plans to retire, to significantly reduce patient care hours, or to change practice locations either within or outside of the state.

CONCLUSIONS

There is growing recognition of the value of health workforce data and analysis to inform effective health workforce planning. Detailed information about NP supply and distribution as well as demographic, educational, and practice characteristics furthers our understanding of the state's NP workforce and the contributions that they make to health service delivery in the state. The statutorily mandated NP re-registration survey is an example of a "best practice" that supports effective and efficient health workforce monitoring and serves as a model for collecting data on other licensed health professions in the state.

Appendix

2015-2016 NP SURVEY INSTRUMENT

PERSONAL INFORMATION

6. Year of birth

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

7. Gender:

- Male
 Female

8. Ethnicity: are you Hispanic/Latino?

- Yes
 No

9. Race: (Mark all that apply.)

- African American/Black
 American Indian /Alaska Native
 Asian/Pacific Islander
 White
 Other (specify): _____

EDUCATIONAL INFORMATION

10. What educational program(s) did you complete for your NP preparation? (Mark all that apply.)

- Certificate Program (no Master's Degree)
 Master's Degree
 Post Master's Certificate
 Doctor or Nursing Practice Degree
 Other (specify): _____

11. Location of Education:

	Location of high school from which you graduated?	Location of first RN school from which you graduated?	Location of first NP education program from which you graduated?
New York	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other state in the U.S.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside the U.S.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What was the year of graduation from your first NP education program?

0	0	0	0
1	1	1	1
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4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

13. For which NP specialties are you certified in New York? (Mark all that apply.)

- | | |
|---|---|
| <input type="radio"/> Acute Care | <input type="radio"/> Obstetrics/Gynecology |
| <input type="radio"/> Adult Health | <input type="radio"/> Oncology |
| <input type="radio"/> College Health | <input type="radio"/> Palliative Care |
| <input type="radio"/> Community Health | <input type="radio"/> Pediatrics |
| <input type="radio"/> Family Health | <input type="radio"/> Perinatology |
| <input type="radio"/> Gerontology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Holistic Medicine | <input type="radio"/> School Health |
| <input type="radio"/> Neonatology | <input type="radio"/> Women's Health |

PRACTICE AND SERVICE INFORMATION

14. What best describes your current work status? (Mark all that apply.)

- Working in at least one position that requires NP certification
- Working in a position that only requires RN licensure, but not NP certification
- Working, but neither as an RN nor NP
- Volunteering in a position requiring NP certification
- Not currently working
- Retired

15. For all NP positions held, indicate the average number of hours currently spent per week on each major activity. (Exclude overtime.)

	None	1-9	10-19	20-29	30-39	40-49	50+
Primary care*	<input type="checkbox"/>						
Other patient care	<input type="checkbox"/>						
Research	<input type="checkbox"/>						
Teaching	<input type="checkbox"/>						
Administration	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

*Primary care is defined as first contact and continuing care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, preventive health services and appropriate referral(s).

16. Do you spend any of your time providing patient care services?

- Yes (Please continue survey.)
- No (Please STOP here and return the survey.)

17. NP Patient Care: Practice Locations

Location of site(s) where you spend the most time providing patient care. Print the address(es) of your practice location(s) including the zip code. Also, indicate the average number of hours per week you spend at each practice location.

Principal Location				Secondary Location																																																																																																																																																													
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PRACTICE AND SERVICE INFORMATION

18. Which best describes your principal and, as applicable, secondary work setting(s)?

	Primary	Secondary
Health center, clinic, or hospital outpatient	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>
Hospital emergency room/department	<input type="radio"/>	<input type="radio"/>
Independent NP practice	<input type="radio"/>	<input type="radio"/>
Nursing home/long-term care	<input type="radio"/>	<input type="radio"/>
Physician practice	<input type="radio"/>	<input type="radio"/>
State/County public health department	<input type="radio"/>	<input type="radio"/>
Urgent care center	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>

19. In the next 12 months, do you plan to: (Mark all that apply.)

- Retire from patient care?
- Significantly reduce patient care hours?
- Move to another location in NY and continue practicing?
- Move to another state and continue practicing?
- None of the above.

20. If you work in a physician practice or an independent NP practice (principal or secondary work setting), indicate the specialty(ies) of practice(s). (Mark all that apply.)

	Primary	Secondary
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>
Family Medicine	<input type="radio"/>	<input type="radio"/>
General Practice	<input type="radio"/>	<input type="radio"/>
Internal Medicine (General)	<input type="radio"/>	<input type="radio"/>
Cardiovascular	<input type="radio"/>	<input type="radio"/>
Endocrinology, Diabetes and Metabolism	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>
Infectious Disease	<input type="radio"/>	<input type="radio"/>
Medical Oncology	<input type="radio"/>	<input type="radio"/>
Other Internal Medicine Subspecialty	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology	<input type="radio"/>	<input type="radio"/>
Occupational Medicine	<input type="radio"/>	<input type="radio"/>
Otolaryngology	<input type="radio"/>	<input type="radio"/>
Pediatrics (General)	<input type="radio"/>	<input type="radio"/>
Pediatric Subspecialty	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>
Surgery (General)	<input type="radio"/>	<input type="radio"/>
Surgery Subspecialty	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>

COLLABORATING PHYSICIANS AND RELATIONSHIPS

21. Do you have more than 3,600 hours of experience practicing as a licensed nurse practitioner in New York State or another state or working as a nurse practitioner for the United States veteran's administration, the United States armed forces or United States public health service?

- Yes (Please continue survey.)
- No (Please STOP here and return the survey.)

22. If you have more than 3,600 hours of nurse practitioner practice experience, which best describes how you practice? (Choose one.)

- You practice pursuant to written practice protocols and written practice agreement with a collaborating physician.
- You practice and have collaborative relationships with one or more New York State licensed physicians qualified to collaborate in the specialty involved or with a New York State Department of Health licensed hospital that provides services through licensed physicians qualified to collaborate in the specialty involved and having privileges at such institution. A collaborative relationship means that you communicate, as required by State Education Department ("SED") regulation, with the qualified physician for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary.

THANK YOU FOR COMPLETING THIS SURVEY. RETURN COMPLETED SURVEY IN THE ENVELOPE PROVIDED.



PLEASE DO NOT WRITE IN THIS AREA

SERIAL#

REFERENCE

1. Martiniano R, Wang S. *An Overview of New York State Nurse Practitioners*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; October 2016. <http://www.chwsny.org/our-work/reports-briefs/an-overview-of-new-york-state-nurse-practitioners>. Accessed September 7, 2017.

About the Authors



Robert Martiniano, DrPH, MPA

Senior Program Manager, Center for Health Workforce Studies

Dr. Martiniano has an extensive background in health workforce research and program management, including 11 years at the New York State Department of Health. He has worked with a number of different communities, agencies and membership organizations on developing community health assessments, identifying provider and workforce shortages based on the healthcare delivery system and the health of the population, and understanding the impact of new models of care on the healthcare workforce – including the development of emerging workforce titles.



Shen Wang, MPA, MPH

Research Associate, Center for Health Workforce Studies

Mr. Wang specializes in data and model analysis, database management, and GIS, network, and system dynamic analysis. Before joining CHWS, he worked as a research assistant at the New York State Office of Mental Health in the Office of Performance Measurement and Evaluation.



Jean Moore, DrPH

Director, Center for Health Workforce Studies

Bringing over a decade of experience as a health workforce researcher, Dr. Moore has been the director of CHWS since 2004. As director, Dr. Moore is responsible for administrative aspects and participates in the preparation and review of all CHWS research projects and reports, ensuring their policy relevance.



School of Public Health | University at Albany, SUNY
1 University Place, Suite 220 | Rensselaer, NY 12144-3445

www.chwsny.org