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Policy Brief On Diversity And Underutilization Of Nurse Practitioners: An Illinois Example

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TITLE OF THE STUDY:
POLICY BRIEF ON DIVERSITY AND UNDERUTILIZATION
OF NURSE PRACTITIONERS: AN ILLINOIS EXAMPLE

Submitted to the Faculty
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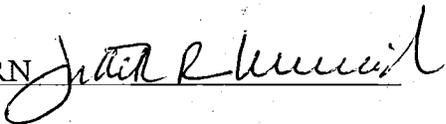
In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

MASTURA ZALWANGO

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(Enter the year of graduation here, unless you complete your thesis in a year prior to your graduation year, give the year of completion on this page, not the year you expect to graduate.)

This capstone is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

Judith R. Kunisch, MBA, RN 

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3/8/2016

Policy Brief on Diversity and Underutilization of Nurse Practitioners: An Illinois Example

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Abstract

Health Disparities among racial minorities cost the economy \$309 billion annually (Kaiser Foundation, 2012). A component of healthcare disparities deals with lack of access to primary care providers and lack of diversity within the provider workforce. Nurse practitioners as a group of primary care providers have been extensively researched and deemed vital in addressing the issue of lack of access. Unfortunately, this group of health care providers lacks diversity. A federal government initiative created a program called the National Health Service Corps (NHSC) aimed to improve health access for racial minorities. However, the NHSC does not address diversity of the healthcare workforce serving racial minorities. This brief explores the role of the National Health Service Corp in the lack of diversity and underutilization of nurse practitioners by racial minorities and the needed actions of stakeholders to improve outcomes. Illinois is used as an example to discuss the contributions of states to health access disparity.

Issue:

There is an insufficient number of nurse practitioners in the United States to meet the needs of minority communities. Zalwango (2015) notes that there are 204,000 nurse practitioners in the United States for a population of 321, 216, 297 (census.gov, 2015). Nurse practitioners currently provide less than 2% of the needed primary care, despite research showing that they can contribute to improvement of health care access. Racial minorities use nurse practitioner services the least. Racial minorities make up 37% of the United States population but only 14% of the nurse practitioner workforce (Health Resource and Service Administration: 2012). There is a lack of diversity in the nurse practitioner workforce.

According to the Health Resource and Service Administration (HRSA) Bureau of Health Professions Report (2012), there is a projected increase in demand for nurse practitioners. The Department of Health and Human Services recognizes this need for nurse practitioners and has made efforts in recruiting them to work in racial minority communities. This is reflected by the work of HRSA's National Health Service Corp (NHSC), which offers loan repayment and scholarship programs to health care professionals in return for their working in underserved areas. Financial support by the National Health Service Corps (NHSC) is a good idea to incentivize nurse practitioners as primary care providers. However, it is not enough to meet the needs of racial minorities. The National Health Service Corps (NHSC) does not address the lack of diversity in providers for racial minorities; does not address the challenges of recruiting minorities to become nurse practitioners; and does not address policies that create an environment that makes access to nurse practitioner services limited.

The number of nurse practitioners has to increase in order to meet the growing demands of racial minorities, especially those who have the difficulty accessing primary care providers.

The growth of the nurse practitioner workforce should be reflective of the changing general population. A failure to have improved access for racial minorities to needed nurse practitioner services contributes to the larger issue of health disparity. The larger issue of health disparity according to Kaiser Foundation (2012) accounts for \$309 billion annually of high health care spending. It is also reflected in economic losses of over \$245 billion (Ayanian, 2015) that are due to inequity in access to health care services by racial minorities.

The effort to grow both the size and diversity of the nurse practitioner workforce is made difficult by the restrictive regulations found in many states. For example, Illinois, the 5th most populous state, has over 40 counties with primary care provider shortages (HRSA: 2015) and does not have independent practice for nurse practitioners. This accounts for 40% the state's counties with health care provider access shortage. Illinois professional regulation of nurse practitioners is restrictive to both the growth and diversity of the profession. Requiring collaborative practice agreements means that nurse practitioners in Illinois have to find areas with high concentrations of physicians willing to work with them. Racial minorities in Illinois have a primary care provider shortage that is exacerbated by state regulations restricting the ability of nurse practitioners to work independently in these communities.

Background:

The lack of diversity and underutilization of nurse practitioners is a result of state and federal policies. The role of federal and state policy outcomes are discussed together because addressing one without the other does not fully solve the issue of lack of diversity and nurse practitioner underutilization. The Department of Health and Human Services (HHS) recognizes the contributions of nurse practitioners to the improvement of healthcare access.

This is reflected by the inclusion of nurse practitioners among providers who are eligible for loan repayment under the National Health Service Corps. At the same time, however, the efforts of the Department of Health and Human Services are hindered by the actions of other branches of federal government. For example, the U. S. Congress has not made decisions on pending bills that would improve access to health care provided by nurse practitioners to veterans and in home health services. This is despite research that repeatedly reaffirms the important contributions of nurse practitioners to improving health care outcomes.

At the state level, Illinois continues to restrict the work of nurse practitioners by only allowing autonomy for those working for hospitals and ambulatory centers. Such restriction prevents nurse practitioners from providing health care in rural areas and inner cities that may not have the same presence of corporate hospital systems found in other parts of the state. There is no obligation for corporate hospitals to maintain a presence in rural areas and inner cities if doing so is not profitable. They are free to close and relocate providers, including nurse practitioners, to areas of their choosing. This policy does not empower racial minority providers to develop a working relationship within their communities. Minorities account for 15% of the total rural population and they continue to lack a stable source of health care (HRSA, 2015). Illinois' current policy fails to ease the burden of health care access disparity in rural areas as racial minority populations grow. According to the National Rural Health Association (2015), rural residents tend to be poorer with greater health care access disparity among minorities. Many people in rural areas are not able to satisfy the desired profit margins of corporate hospital systems. The poorer residents who are mostly racial minorities run the risk for being abandoned if their providers are relocated by corporate employers.

This perpetuates provider shortage, for it takes away the choice of clinicians to stay in these communities.

According to HRSA (2015), more than 40 Illinois counties are experiencing shortages of primary care providers, with a moderately high need for providers (as defined and determined by HRSA) , including nurse practitioners. Illinois currently faces a budget deficit and is not in a financial position to aggressively pursue expansion the nurse practitioner work force or its diversification. Nonetheless, Illinois policymakers have an opportunity to improve access to primary care services provided by nurse practitioners to racial minorities by allowing for independent practice. Illinois can also work with the federal government by getting assistance from the Department of Health and Human Services (HHS) through the National Health Service Corps (NHSC) and the Office of Minority Health (OMH) to improve the recruitment of minority students into nurse practitioner programs and support them as they work in underserved communities.

Rationale:

Similar to the overall US trend, racial minority populations in Illinois rural and urban areas are growing. According to Colby & Ortman (2015), projections for the US Census show an expected growth of racial minorities by 2020 that will have the United States as a country where whites are no longer a majority. In Chicago, this is already fact with a population breakdown of White 45%, Black 32.9%, Hispanic 28.9% and Asian 5.5 % (United States Census Bureau, 2015).

As the state's population changes, Illinois leadership and policymakers need to address the issue of lack of diversity of the health care workforce, including nurse practitioners. Illinois has an opportunity to improve access to nurse practitioners in urban and rural areas with changes

to policy regulating advanced practice nursing (health care providers with graduate level education grounded in nursing tradition). The State has an opportunity to champion findings of research pointing to reduction in re-hospitalization rates of patients when nurse practitioners care for patients. According to America's Health Ranking (2015), Illinois ranks 30th in overall health and one of the challenges it faces is high rate of preventable re-hospitalization. Overall, there is a projected increased demand for nurse practitioners in the United States and Illinois will have competition from neighboring states that already allow independent practice by nurse practitioners.

According to Jaspen (2015), today nurse practitioners represent the fastest growing in demand health care specialty. Van Vleet and Paradise (2015) list Illinois among the states with the highest primary care health care provider shortage. Illinois has a reduced nurse practitioner authority, yet 26.5% of its population is in need of primary care providers. This is an example of an issue that state policy changes have a potential to improve in addressing racial health care disparity.

Recommendations:

In order to improve the challenge of underutilizing nurse practitioners in improving health care access for racial minorities and the diversity of the workforce, a coordinated collaborative approach of multiple national and state based stakeholders is needed. It requires contributions from the nursing professional association leadership, policymakers, community leadership, and advocacy groups. Individual nurse practitioners also have a role in addressing the issue of lack of diversity within the workforce and underutilization in the racial minority community.

Professional Association Leadership (National or Local): American Nurses Association (ANA) and American Association of Nurse Practitioners (AANP)

The American Nurses Association (ANA) acknowledges the challenge of lack of diversity in the workforce and its underutilization. They support efforts to increase funding for nursing education, including nurse practitioners as a way of increasing access to primary care services for racial minority communities. ANA also supports the expansion of tuition support for racial minority students to pursue careers as nurse practitioners. The American Association of Nurse Practitioners (AANP) does not currently address the issue of lack of diversity in the nurse practitioner workforce with the attention it needs.

As the demographics of the United States continue to change, nurse practitioners as health care providers need to pay attention to the challenge lack of diversity of the workforce creates. Nurse practitioners must join their professional associations and support a policy agenda which includes a focus on a diverse workforce, educational opportunity support, and independent practice. As patients' advocates, nurse practitioners observing the changing trends in the population they serve should aim to contribute to racial concordance in health care access. They should stand as role models, engage in mentoring of students and expand communities' awareness of the role and contributions of nurse practitioners. Nurse practitioners need to capitalize on the community support and push for the goal of independent practice. Independent nurse practitioners can use the nursing perspective to address community challenges pertaining to lack of diversity of the workforce and its underutilization in racial minority communities. Nurse practitioners need to have a presence in the community and collaborate with other leaders to address the unique needs that arise. It is difficult to assume a leadership position for a profession that is still struggling for self-governance. Independent practice for nurse practitioners

empowers them to work with racial minorities to improve health disparity. Local state chapters of nursing and nurse practitioner associations need to have a legislative focus on diversity of the workforce in addition to regulation of full practice authority.

Federal Government and National Health Services Corp (NHSC)

The National Health Service Corps does not take into consideration diversity of the clinicians awarded tuition reimbursement for serving in underserved communities. The NHSC decided to focus on tuition reimbursement for graduates in the workplace and moved away from awarding scholarships to students in college and professional schools. This decision puts potential clinicians who are racial minorities at a disadvantage when pursuing expensive college education. Advanced nursing education is expensive; this can be a deterrent for racial minority students who, despite their desire, cannot afford to pay for advanced schooling. Extending scholarships to racial minority students provided by the National Health Service Corps (NHSC) can improve diversity. The NHSC needs to be cognizant of the difficulty to get student loans for racial minority students pursuing advanced nursing education. Students need to have good credit standing or assets to secure education loans. If students are economically disadvantaged to begin with, they will not qualify for student loans and loan repayment would be of no help to them.

The federal government has funded research that collaborates with and supports the important role that nurse practitioners have in improving health care access. This is evidenced by finding of the Institute of Medicine in the Future of Nursing Report that supports independent practice for advanced practice nursing. Nonetheless, there are many policies that continue to restrict the role of nurse practitioners at the federal level. The National Health Service Corps' role in the lack of diversity and underutilization is an example of well-intended but flawed federal government policy implementation.

The federal government needs to revise the implementation of the National Health Service Corps to reflect the needs of diversity in health care workforce.

State Government: Illinois

States have a duty to meet the needs of their residents; therefore it is within the states' best interest to adopt policies that provide the best outcomes for those residents. That is to say, there is no justification for states with poor health rankings to continue policies that restrict independent practice for nurse practitioners. As one of the most in-demand health care provider professions, nurse practitioners have a choice to practice in areas that allow them autonomy. Most nurse practitioners do not choose their professional path primarily for financial reasons, so merely providing higher pay is not a good enough incentive to recruit nurse practitioners to states with primary provider shortages. Short-sighted government policies can create an environment that fosters health access disparity and inequity, and the issue of independent practice is one such instance. Illinois must address and change current regulatory restrictions on full practice authority of nurse practitioners.

Nursing Advocates and Champions (National and Local):

Advocates for nursing (nurse practitioners) have to be a persistent in pushing these issues and employ all strategies to get support. The same tenacity is needed to address the diversification of the nurse practitioner workforce as that of independent practice. Policymakers are needed to support funding for nursing education and this, too, requires aggressive efforts of advocates for diversity. Many of the same challenges that are encountered with independent practice extend to nursing education funding policies. The role of policy makers in creating an environment that promotes equity and diversity in health care access and education needs to be well understood by nursing advocates.

In addressing lack of diversity of the nurse practitioner workforce, it is important to work with policymakers, understand their positions, and educate them on the benefit of the policy changes. Policymakers hold the most power in determining the path of diversity of the advanced nursing profession and its expansion to improve racial minority health disparity.

Community At Large

In addressing the challenge of lack of diversity in the workforce, improvements center on education and professional preparation of clinicians. Students from minority communities need educational funding from public and private entities to support advanced nursing careers. The National Health Service Corps (NHSC) was discussed earlier, however it cannot be the only source of tuition for minority students. Obstacles that include government budget deficits, economic recessions, and other unexpected events require coalitions aiming to improve diversity in nursing to reach out to philanthropists who are interested in supporting advanced nursing education to contribute to this cause.

Racial minority students need mentors and role models from nursing to cultivate as well as nurture an interest in the profession. It is also important to develop grass root programs that are aimed at understanding racial minorities and the reasons behind low number of recruits in the nursing profession in general. The current trend of diversity committees and educational programs focus on those who are already in the nursing profession. It is important to look at the potential pool of candidates who have not considered nursing as a career. A better understanding of the background, perspective and concerns of racial minority candidates can facilitate their decision to choose a nurse practitioner career.

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