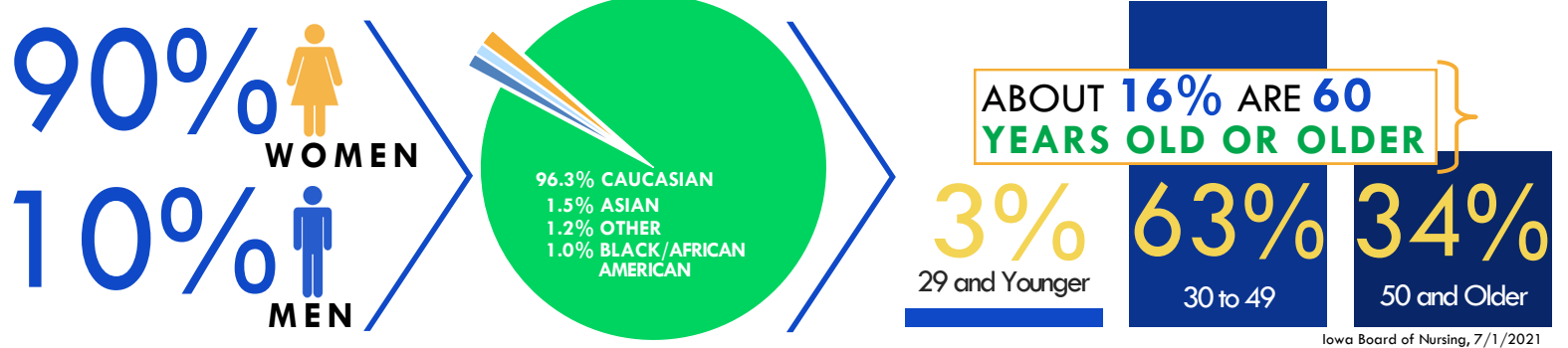


- NURSE PRACTITIONERS
- NURSE-MIDWIVES
- CLINICAL NURSE SPECIALISTS
- NURSE ANESTHETISTS

4,112

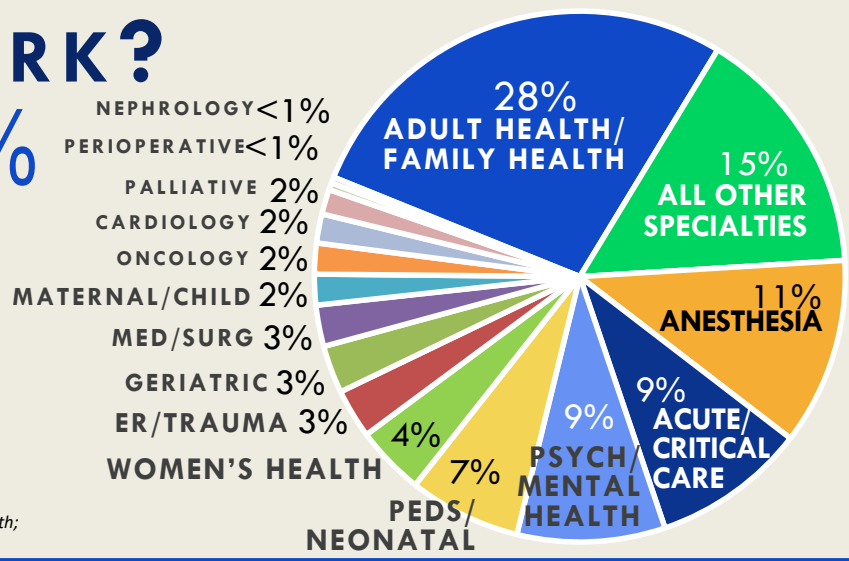
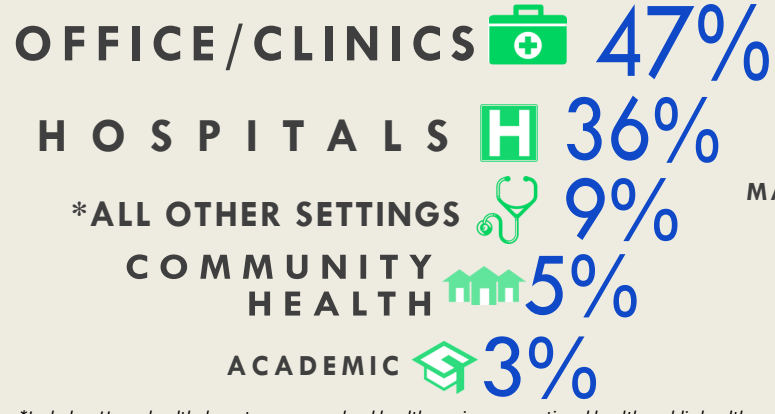
ACTIVE LICENSED
ADVANCED REGISTERED
NURSE PRACTITIONERS

DEMOGRAPHICS



Iowa Board of Nursing, 7/1/2021

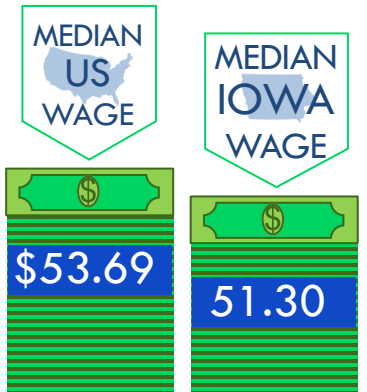
WHERE DO WE WORK?



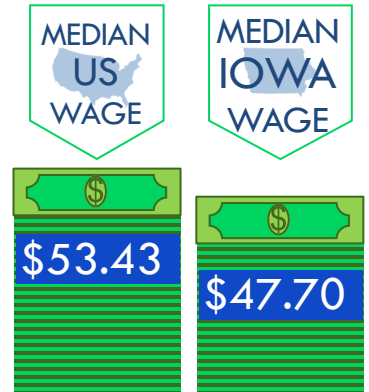
*Includes: Home health; long-term care; school health service; occupational health; public health; correctional facilities; insurance claims; and policy planning & regulations, among others.

HOW MUCH DO WE EARN?

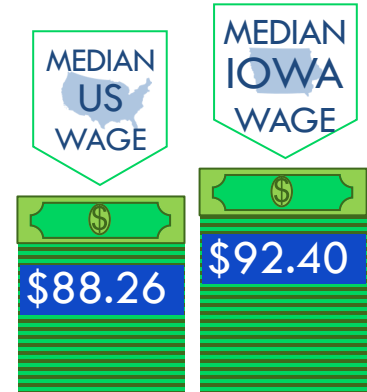
NURSE PRACTITIONERS



NURSE-MIDWIVES



NURSE ANESTHETISTS

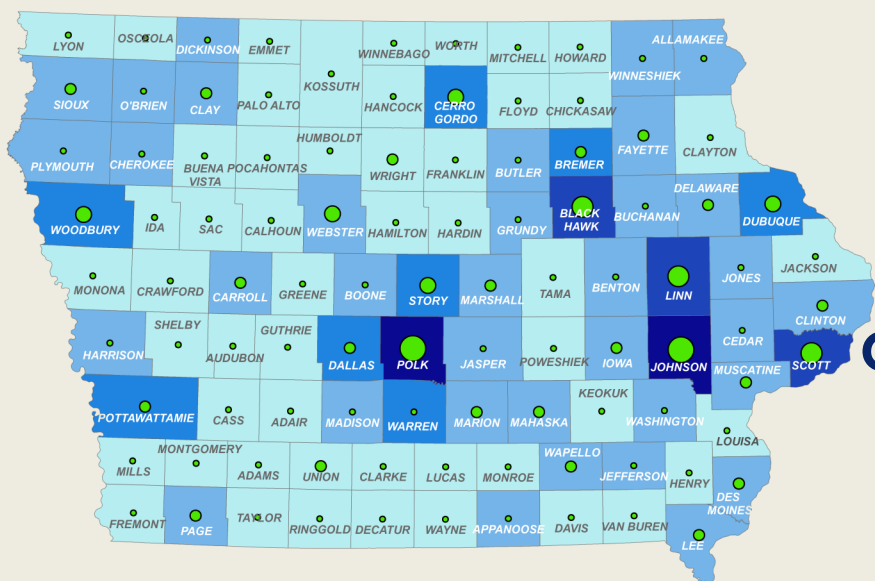


Source: Wages: 2020 Occupational Employment Survey, Bureau of Labor Statistics and 2021 Iowa Wage Report, Iowa Workforce Development
Note: All percentages reported in this document are rounded to the nearest whole number.

Source: Unless otherwise noted data provided by the Iowa Board of Nursing, 7/1/2021

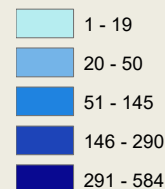
ARNPs

WHERE DO WE LIVE & WORK?



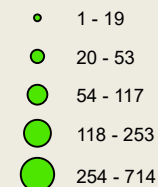
COUNTY OF RESIDENCE

Concentration of active ARNPs by county of residence. Indicated by color of county, as defined in the legend at right.

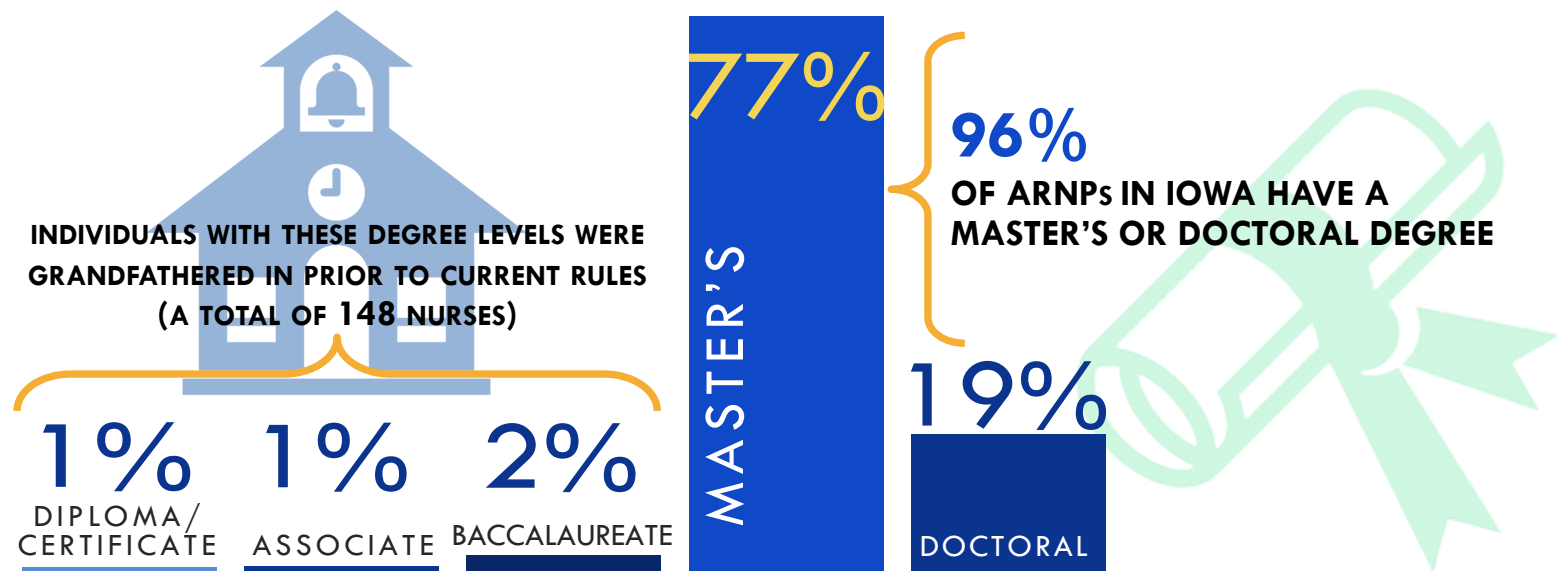


COUNTY OF EMPLOYMENT

*Concentration of active ARNPs by county of employment. Indicated by graduated symbols, at right.



WHAT IS OUR EDUCATION? HIGHEST DEGREE EARNED



SAFETY AND EFFICACY OF ARNPs

Source: Unless otherwise noted data provided by the Iowa Board of Nursing, 7/1/2021

Through their BSN and graduate education, Advanced Registered Nurse Practitioners (ARNPs) are prepared to provide safe, effective and quality care to the public. Nurse practitioners (NPs) are primary care providers whose care of vulnerable Medicare beneficiaries yields good outcomes (DesRoches, et al., 2017). Recent studies add evidence to the quality of care by nurse practitioners; with lower hospital admissions, readmissions, and use of emergency services, among other attributes (Buerhaus, et al., 2018). NPs are a cost-effective way to address the expected shortage of primary care physicians and experience similar outcomes with comparable patients cared for by MDs (Chuan-Fen Liu, et al., 2020). Increasing the use of NPs, as in the model used by the Veterans Health Administration, may be a solution to the shortage of primary care providers in the United States, with similar outcomes to cases handled by physicians (Yihan Yang, et al., 2018).

References:
 Buerhaus, P., Perloff, J., Clarke, S., O'Reilly-Jacob, M., Zolotusky, G., & DesRoches, C. M. (2018). Quality of primary care provided to Medicare beneficiaries by nurse practitioners and physicians. *Medical Care*, 56(6), 484-490.
 DesRoches, C. M., Clarke, S., Perloff, J., O'Reilly-Jacob, M., & Buerhaus, P. (2017). The quality of primary care provided by nurse practitioners to vulnerable Medicare beneficiaries. *Nursing Outlook*, 65(6), 679-688.
 Liu, C. F., Hebert, P. L., Douglas, J. H., Neely, E. L., Sulc, C. A., Reddy, A., & Wong, E. S. (2020). Outcomes of primary care delivery by nurse practitioners: Utilization, cost, and quality of care. *Health Services Research*, 55(2), 178-189.
 Yang, Y., Long, Q., Jackson, S. L., Rhee, M. K., Tomolo, A., Olson, D., & Phillips, L. S. (2018). Nurse practitioners, physician assistants, and physicians are comparable in managing the first five years of diabetes. *The American Journal of Medicine*, 131(3), 276-283.