

CALIFORNIA HEALTH CARE ALMANAC



California Nurses Facts and Figures

NOVEMBER 2010

Introduction

Close to 300,000 actively licensed registered nurses (RNs) reside in California, making nursing the single largest health profession in the state. In the last 10 to 15 years, nurses' roles have expanded as they have taken on more responsibility for the delivery of health care. Recognizing the key role that nurses play in providing care to patients across the health care system, legislators have passed nurse-to-patient staffing ratios in hospitals, colleges have increased the number of educational programs, and private-sector investments have supported the growth of the profession's ability to meet demand. This report examines California's nursing workforce, including supply, education, and demographics.

KEY FINDINGS INCLUDE:

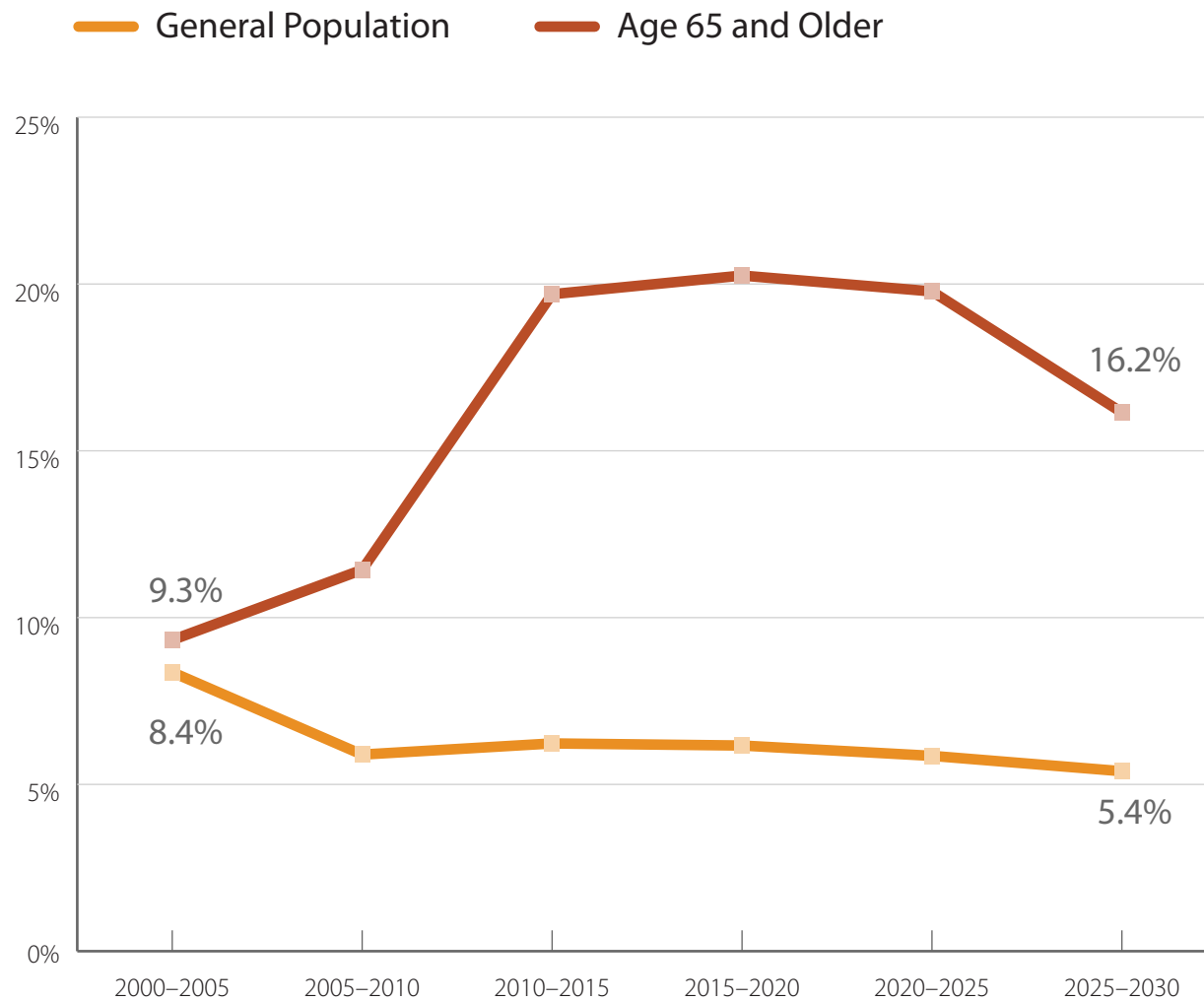
- The number of practicing California nurses nearly doubled between 1980 and 2008, outpacing overall population growth. However, California still ranks near the bottom of all states in the number of RNs per capita.
- Over the last two decades, California's nursing workforce has grown increasingly diverse; the percent of non-white nurses has nearly doubled to comprise more than 40 percent of the workforce. However, the workforce still does not reflect California's general population as a large part of the non-white growth is made up of foreign-trained nurses from the Philippines.
- Over the past decade, California has seen significant growth in the number of RN educational programs and graduates.
- Between 2004 and 2008, the number of nurse practitioners (NPs) in California more than doubled. The NP credential is the most frequently held advanced practice certification.
- RN salaries grew nearly 19 percent per year from 2001 to 2009, significantly outpacing inflation.
- Since 2000, the number of licensed vocational nurse (LVN) educational programs in California has more than doubled to over 200, driven by the proliferation of private, for-profit programs. LVN employment per capita increased slightly.

Note: Throughout this report, registered nurses in California refers to actively licensed RNs residing in California, who are employed in nursing.

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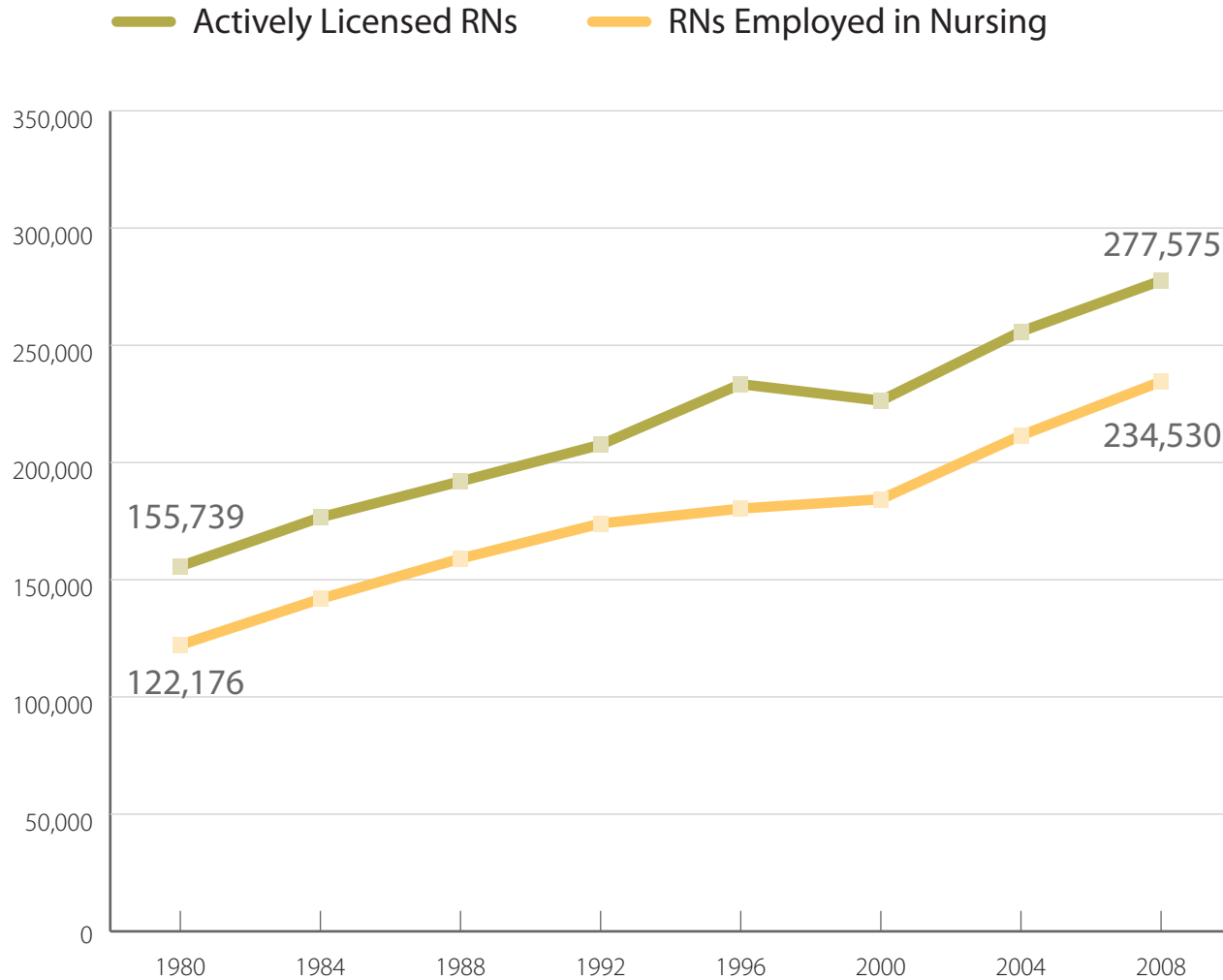
Projected 5-Year Population Growth Rates, General Population vs. Age 65 and Older, California, 2000 to 2030



An aging population is likely to increase the demand for health care services, including nurses. Californians ages 65 and older are expected to grow at a rate much faster than the overall population. By 2030, the number of Californians aged 65 and over is projected to double.

Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.

Actively Licensed RNs and RNs Employed in Nursing, California, 1980 to 2008, Selected Years

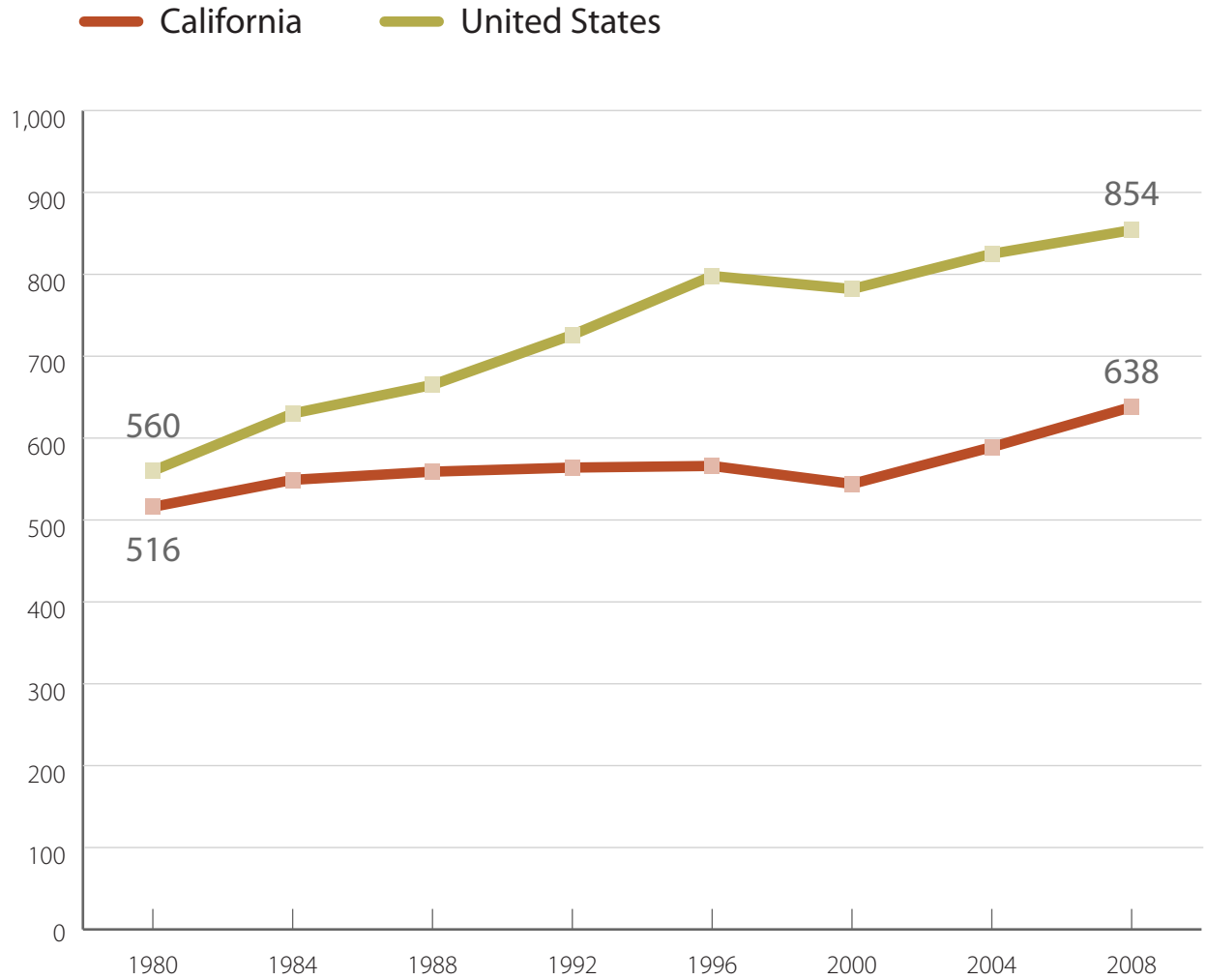


From 1980 to 2008, the number of actively licensed RNs in California increased 78 percent. During this time, the number of RNs employed in nursing nearly doubled, as the percent working in nursing increased from 78 to 85 percent. Minimum nurse staffing ratios, which were passed in 1999 and implemented in 2004, have likely contributed to the increase in the number of employed RNs.

Note: These data refer to RNs who have an active license and reside in California.

Source: "The Registered Nurse Population, Initial Findings from the 2008 National Sample Survey of Registered Nurses"; "The Registered Nurse Population, Findings from the National Sample Survey of Registered Nurses" (1992, 1996, 2000, 2004); National Sample Survey of Registered Nurses, Public Use Data Files (1980, 1984, 1988).

Employed Registered Nurses per 100k Population, California vs. United States, 1980 to 2008, Selected Years

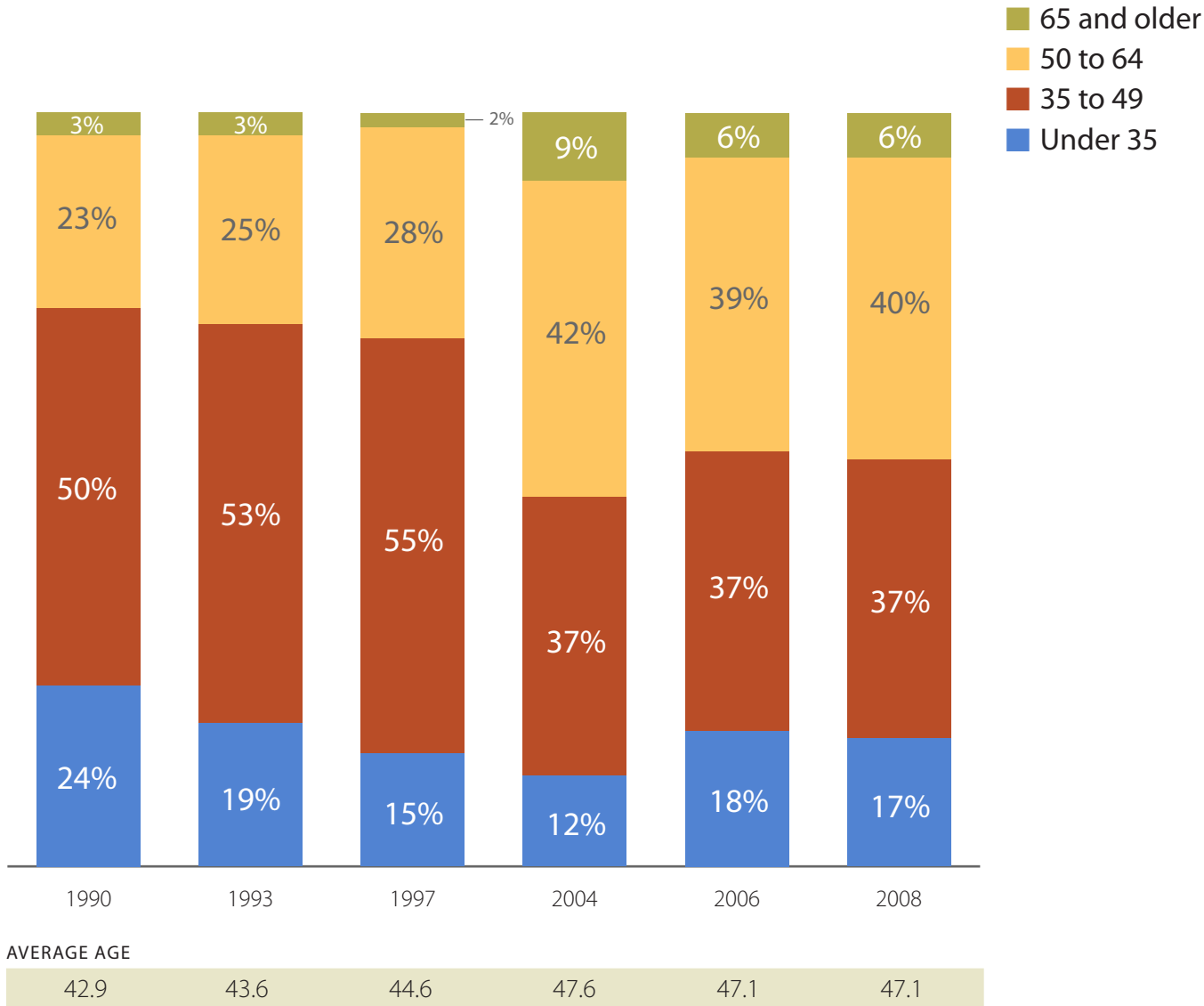


California's RN per capita ratio remains significantly lower than the nation.

Note: The data for California refer to actively licensed RNs employed in nursing who reside in California.

Source: "The Registered Nurse Population, Initial Findings from the 2008 National Sample Survey of Registered Nurses"; "The Registered Nurse Population, Findings from the National Sample Survey of Registered Nurses" (1992, 1996, 2000, 2004); National Sample Survey of Registered Nurses, Public Use Data Files (1980, 1984, 1988); "Intercensal Estimates of the Total Resident Population of States: 1980 to 1990", Population Estimates Branch, U.S. Bureau of the Census.

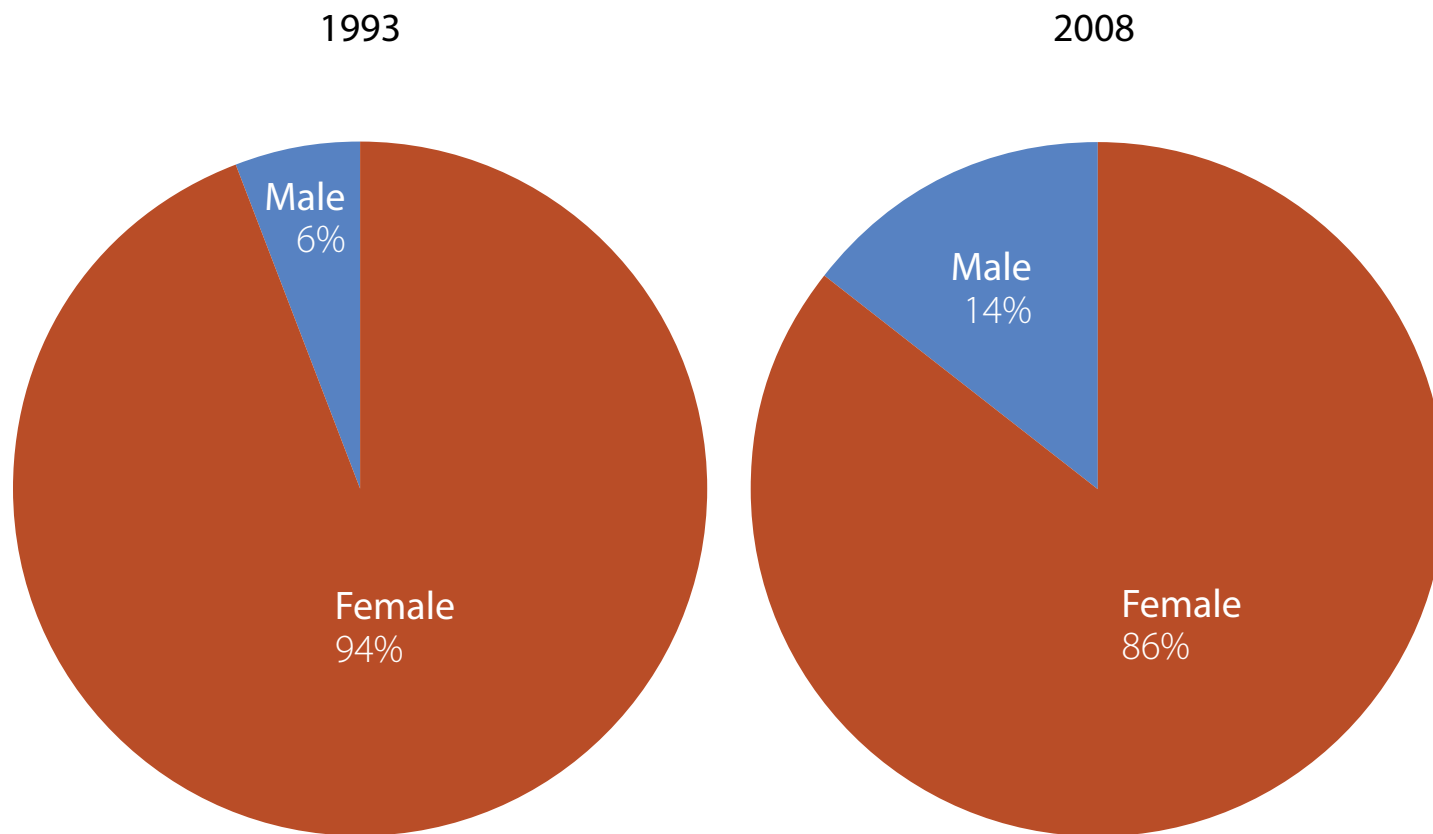
Registered Nurses, by Age Group, California, 1990 to 2008, Selected Years



The California RN workforce is aging. More RNs are approaching retirement age with fewer RNs to replace them. Nearly half of the nursing workforce is over 50 and a recent survey found that 12 percent are planning to retire over the next 5 years.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

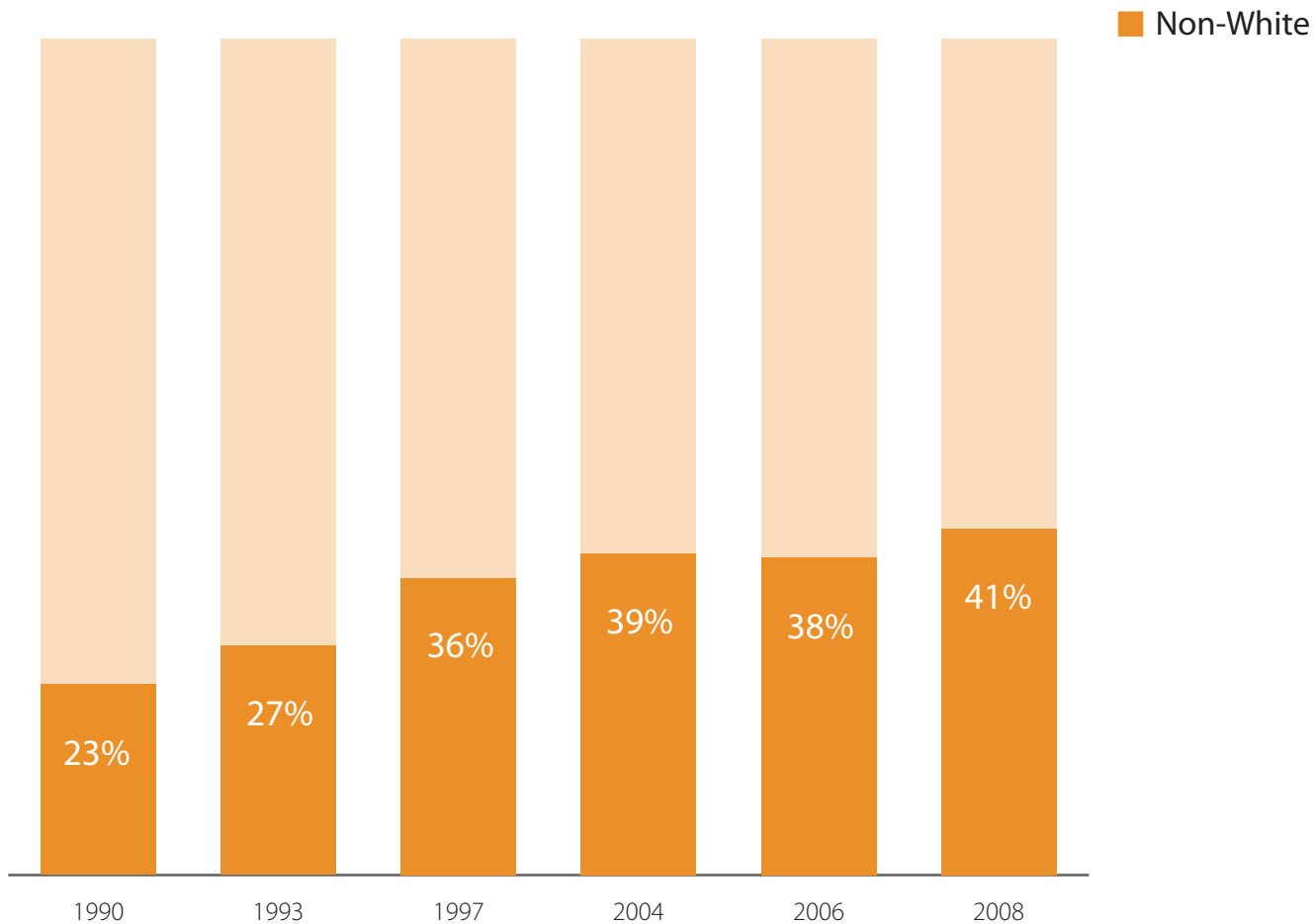
Registered Nurses, by Gender, California, 1993 vs. 2008



Although California's RN workforce remains predominantly female, in recent years more men have been entering the workforce. The share of men working in nursing in California more than doubled between 1993 and 2008.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Registered Nurses, by Race/Ethnicity, California, 1990 to 2008

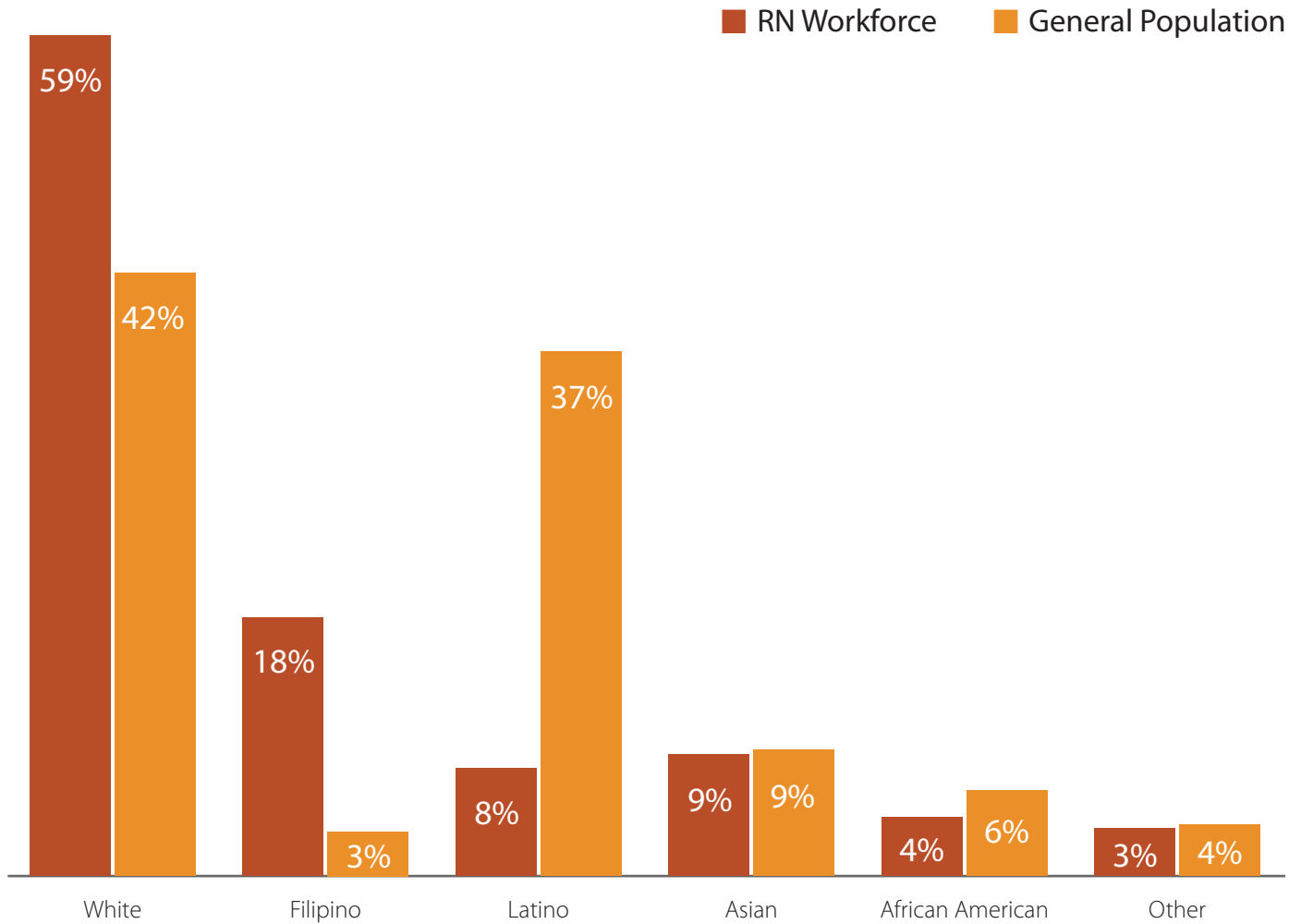


California's RN workforce has become increasingly racially/ethnically diverse over the past two decades. Non-whites grew from 23 percent to 41 percent of the RN workforce since 1990.

Note: White refers to White, not Hispanic or Latino.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Registered Nurses and Population, by Race/Ethnicity, California, 2008

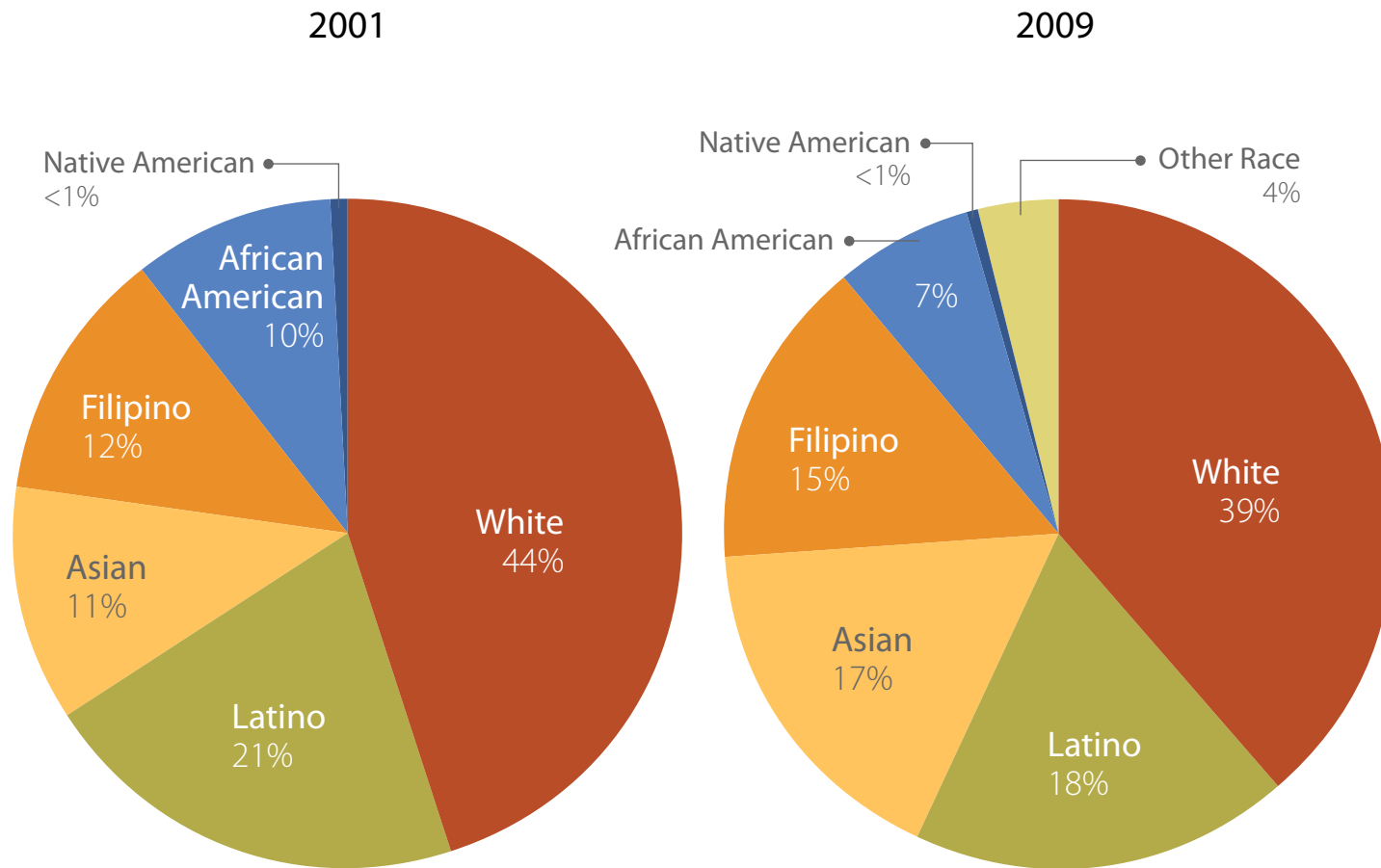


Although registered nurses are one of the more racially/ethnically diverse health professions in California, Latino RNs remain substantially underrepresented in relation to the state’s general Latino population. In contrast, Filipinos account for 18 percent of the RN workforce but just 3 percent of the general population.

Notes: Asian includes Asian Indian and excludes Filipino. Other includes Native Hawaiian/Pacific Islander, American Indian and Alaska native, mixed race/ethnicity, and other.

Sources: California Board of Registered Nursing, Survey of Registered Nurses, 2008. American Community Survey Public Use Microdata Sample for California, 2008.

Race/Ethnicity of Newly Enrolled Students in Pre-Licensure RN Education Programs, California, 2001 and 2009

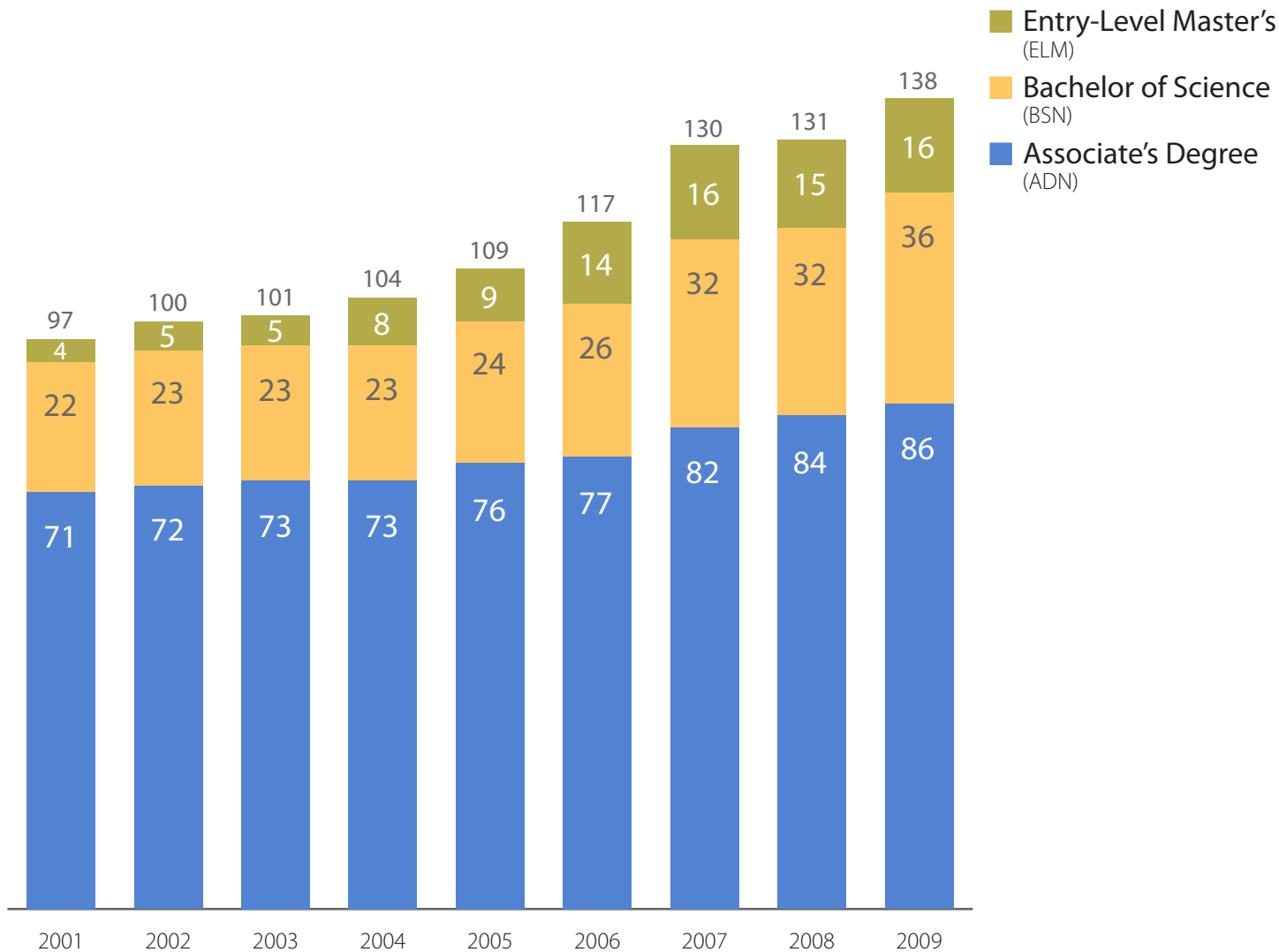


New students enrolling in California’s pre-licensure RN programs have become increasingly racially/ ethnically diverse over the past eight years. The change in overall composition has been driven by growing numbers of Filipino and Asian students.

Notes: “Other Race” was not a category in the 2001 data. Asian includes Native Hawaiian/Pacific Islander and excludes Filipino. Segments may not add to 100 percent due to rounding.

Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov/schools/reports.shtml.

Pre-Licensure RN Education Programs, by Degree Level, California, 2001 to 2009

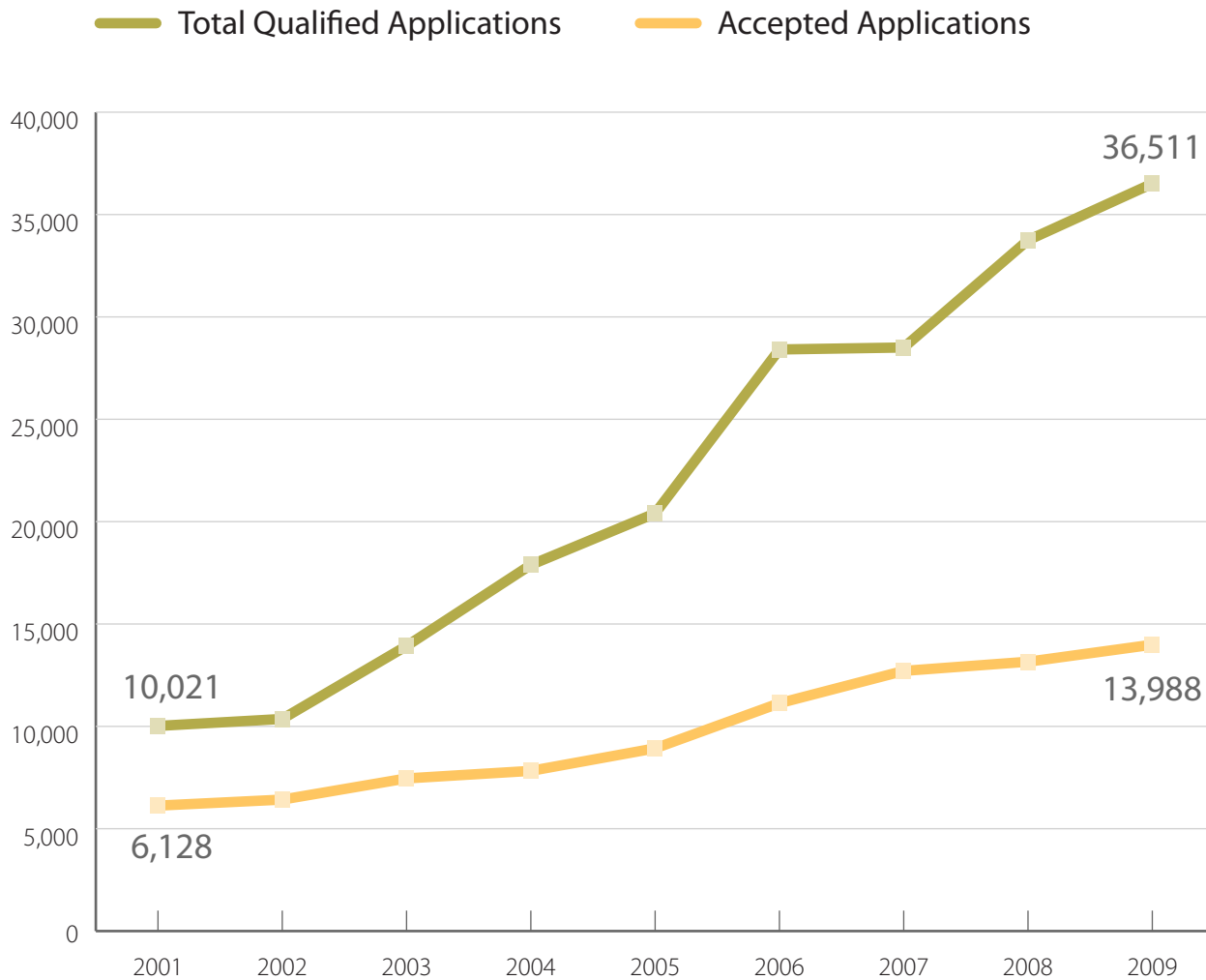


California's colleges and universities offer three degree paths for entry-level RNs. While associate degree in nursing (ADN) programs comprise the majority of nursing programs, the number of bachelor of science and master's degree-level programs have significantly increased.

Note: See Appendix A for descriptions of the education programs.

Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov/schools/reports.shtml.

Applications to Pre-Licensure RN Education Programs, Total vs. Accepted Applications, California, 2001 to 2009

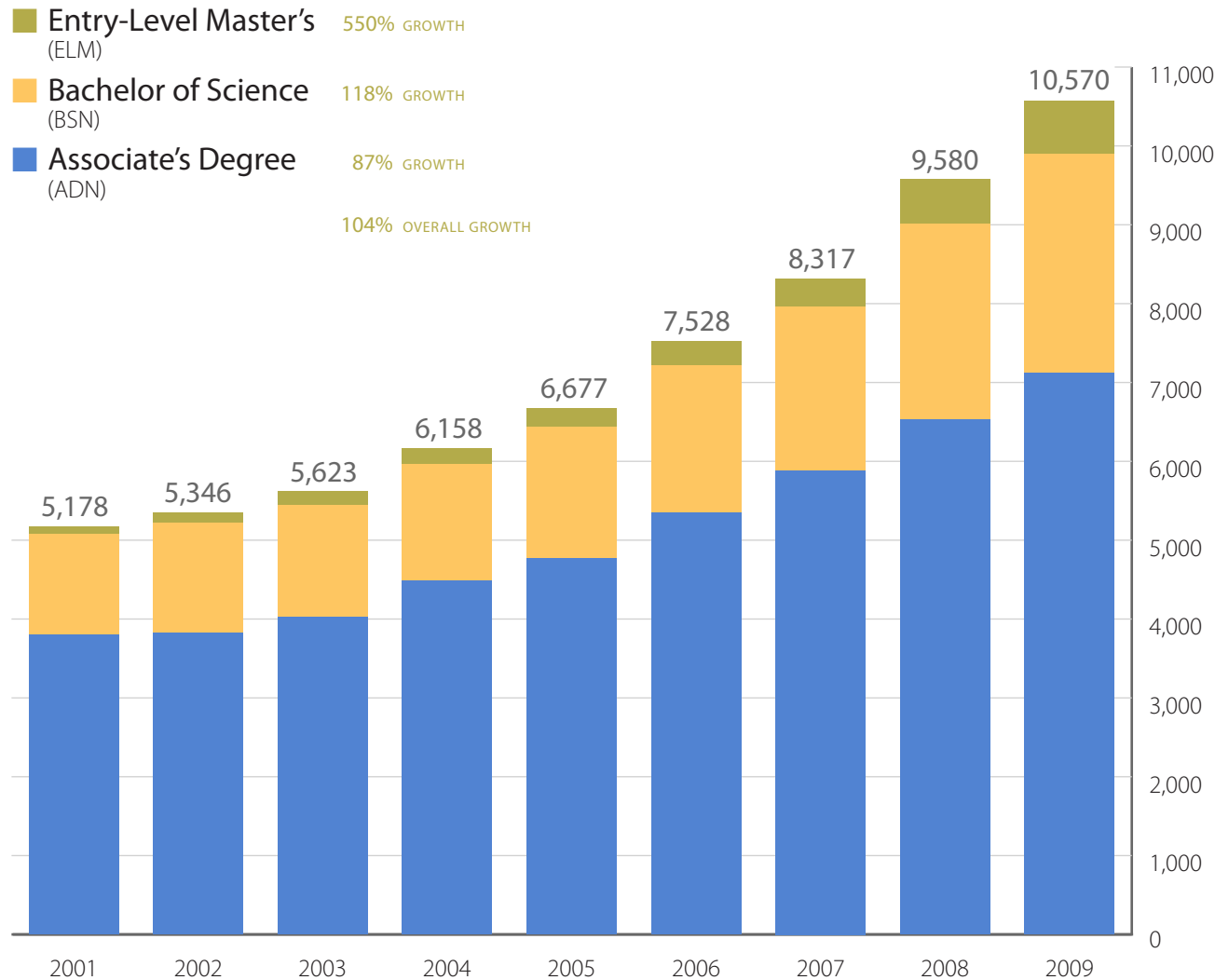


Despite the growth in the number of degree programs, the demand for nursing education has far exceeded the number of available spots. In 2009, 60 percent of applicants meeting the admission criteria were not accepted. A recent survey found that the most common barriers to program expansion were lack of clinical sites, insufficient funding for faculty salaries, and non-competitive faculty salaries.

Notes: Data represents total applications not an unduplicated count of applicants. The number of unique applicants is unknown. "Qualified applicant" is a determination made by schools individually, or by the California Community College Chancellor's office in the case of associate degree programs in the community college system. In total, 33 percent of applicants were accepted into ADN programs, 47 percent into BSN programs, and 35 percent into ELM programs.

Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov/schools/reports.shtml.

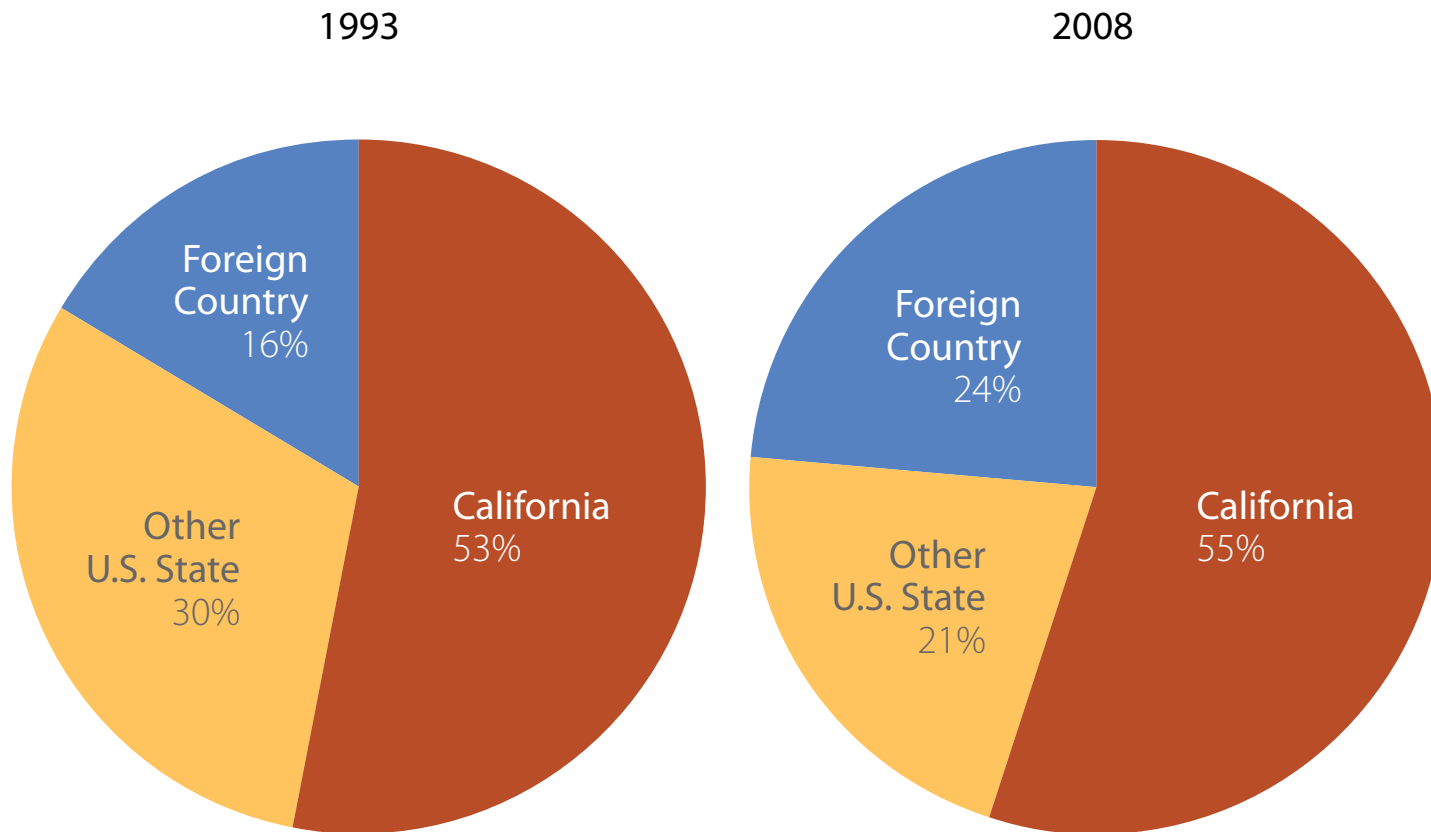
Pre-Licensure RN Education Program Graduates, by Degree Level, California, 2001 to 2009



Graduates from California's pre-licensure RN programs nearly doubled from 2001 to 2009. In 2009, approximately 2 out of every 3 graduates completed an associate degree program. Although graduates of bachelor and entry-level master's programs are far fewer in number, their numbers have grown rapidly in recent years.

Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov/schools/reports.shtml.

Registered Nurses, by Location of Initial RN Education, California, 1993 vs. 2008

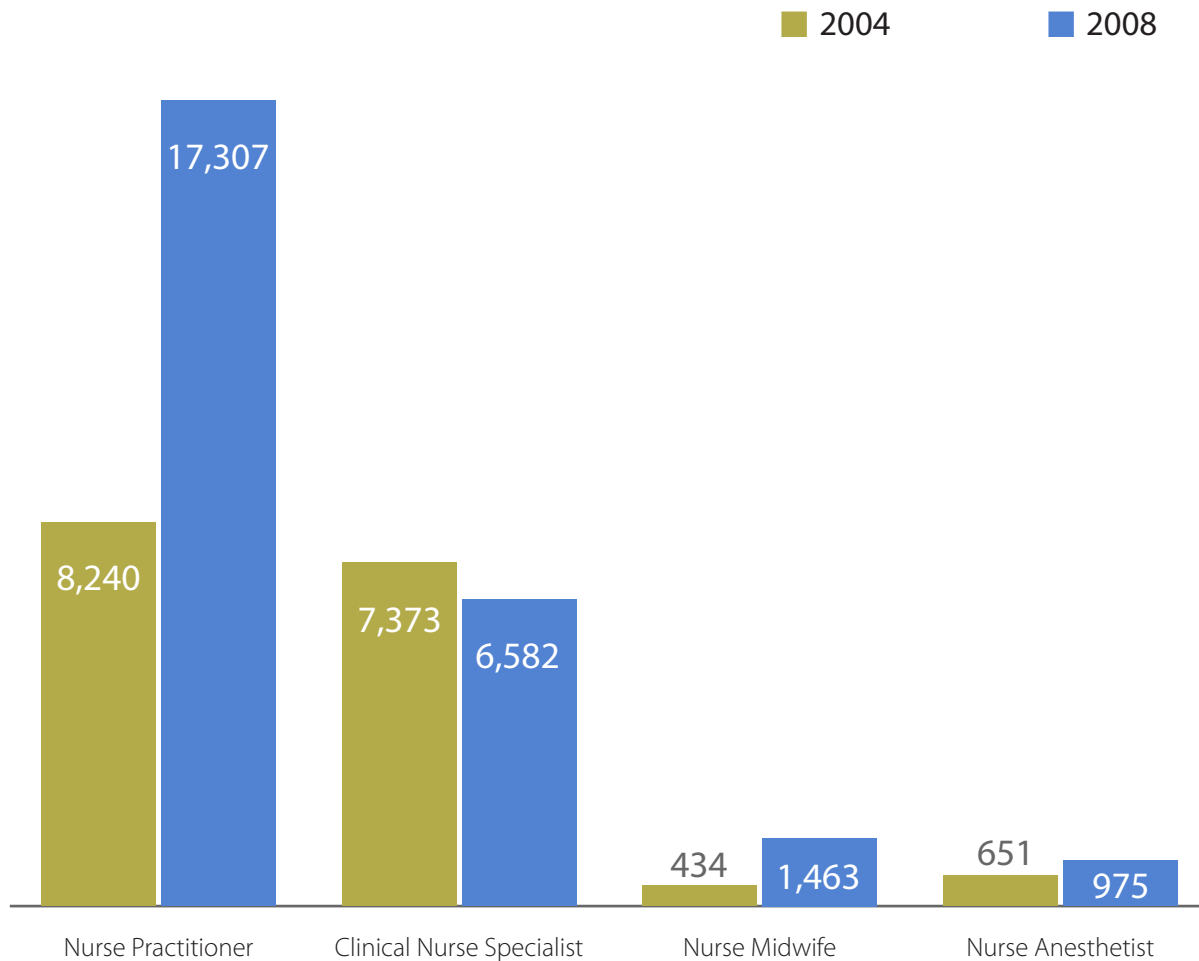


Despite the increase in the number of nursing graduates, California has become more reliant on foreign-educated nurses. In 2008 almost one in four employed RNs were trained outside the United States and nearly two-thirds of those were trained in the Philippines.

Notes: Segments may not add to 100 percent due to rounding.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Advanced Practice Nurses, by Type, California, 2004 and 2008

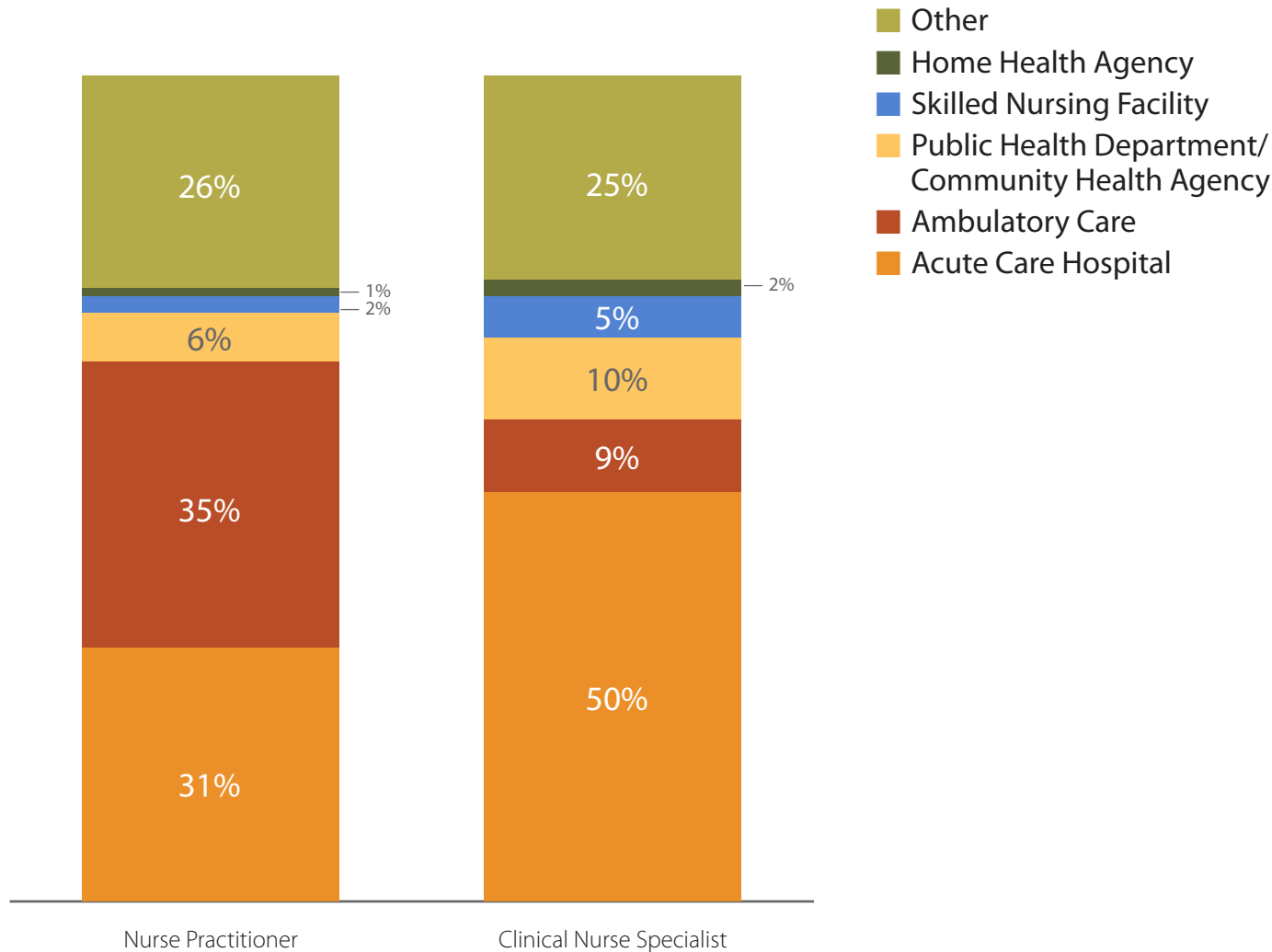


Many nurses become advanced practice nurses, requiring at least a master's degree. The nurse practitioner (NP) credential is the most frequently held advanced practice certification. Between 2004 and 2008, the number of NPs more than doubled.

Note: See [Appendix A](#) for descriptions of positions.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

RNs, by Work Setting and Specialty Certification, California, NPs vs. Clinical Nurse Specialists, 2008

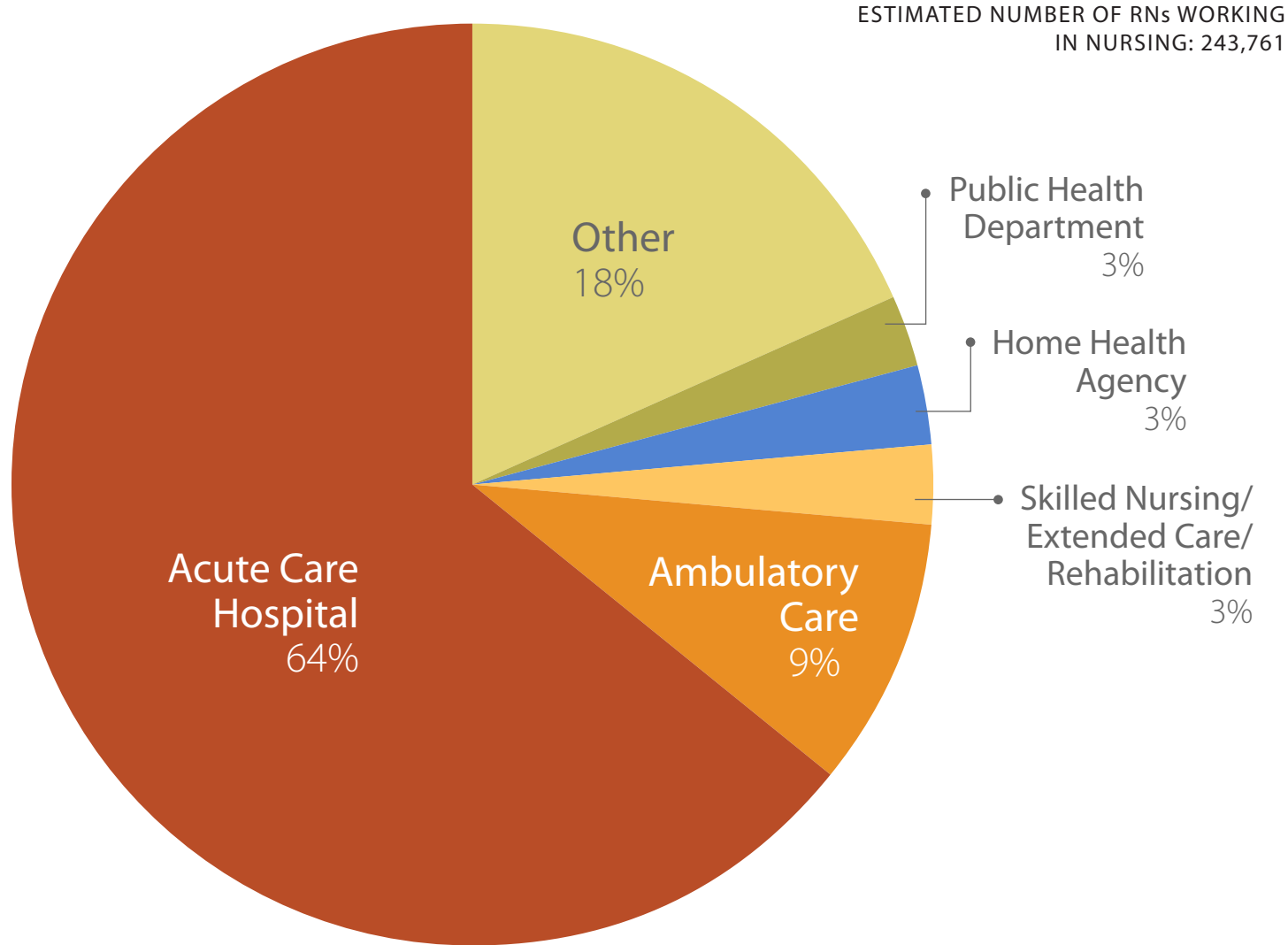


Nurse practitioners are much more likely to work in an ambulatory care setting than are clinical nurse specialists, half of whom work in a hospital. An increasing number of nurse practitioners are also practicing in retail clinics. Researchers predict a significant growth in the number of retail clinics over the next 5 years, which could increase the demand for NPs (not shown).

Note: Other listed organization types include mental health, hospice, dialysis, occupational/employee health, forensic (correctional facility, prison, jail), government agency, and self-employed. These are the only specialty certifications for which there is an adequate number of sample observations. Other specialty certifications include nurse midwives, nurse anesthetists, and psychiatric mental health nurses.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Registered Nurses, by Work Setting, California, 2008

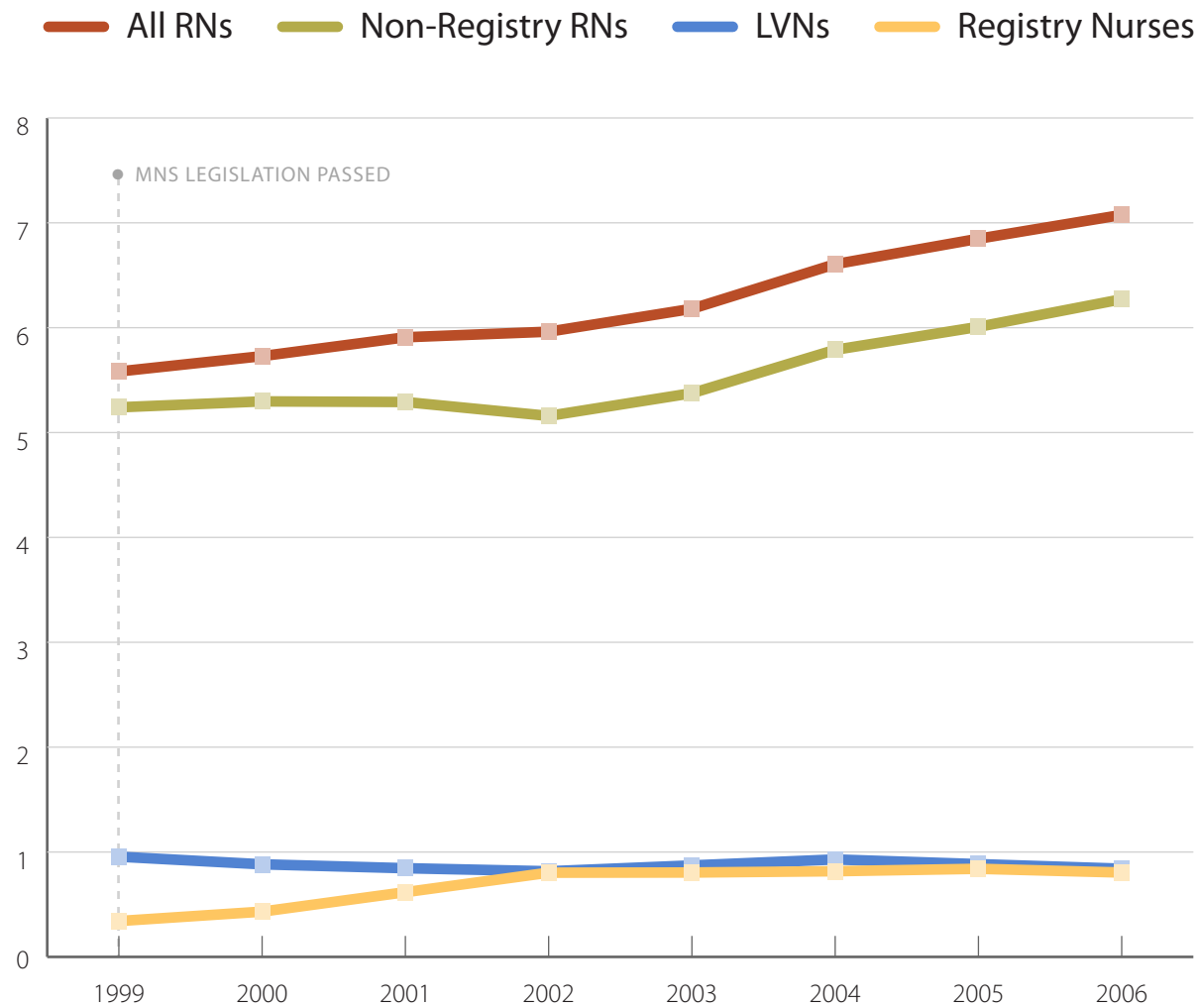


Almost two-thirds of all RNs work in a hospital setting. The next most popular work setting, ambulatory care, employs less than 10 percent of California's RNs.

Note: The category "Other" includes more than 20 different work settings. In 2008, the five most frequently reported were: case management/disease management, school health (K-12 or post-secondary), academic nursing, hospice, and dialysis. (In 1993 mental health/drug and alcohol treatment was the most frequently reported "other" setting.)

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Nursing Hours per Patient Day in GAC Hospitals, California, 1999 to 2006

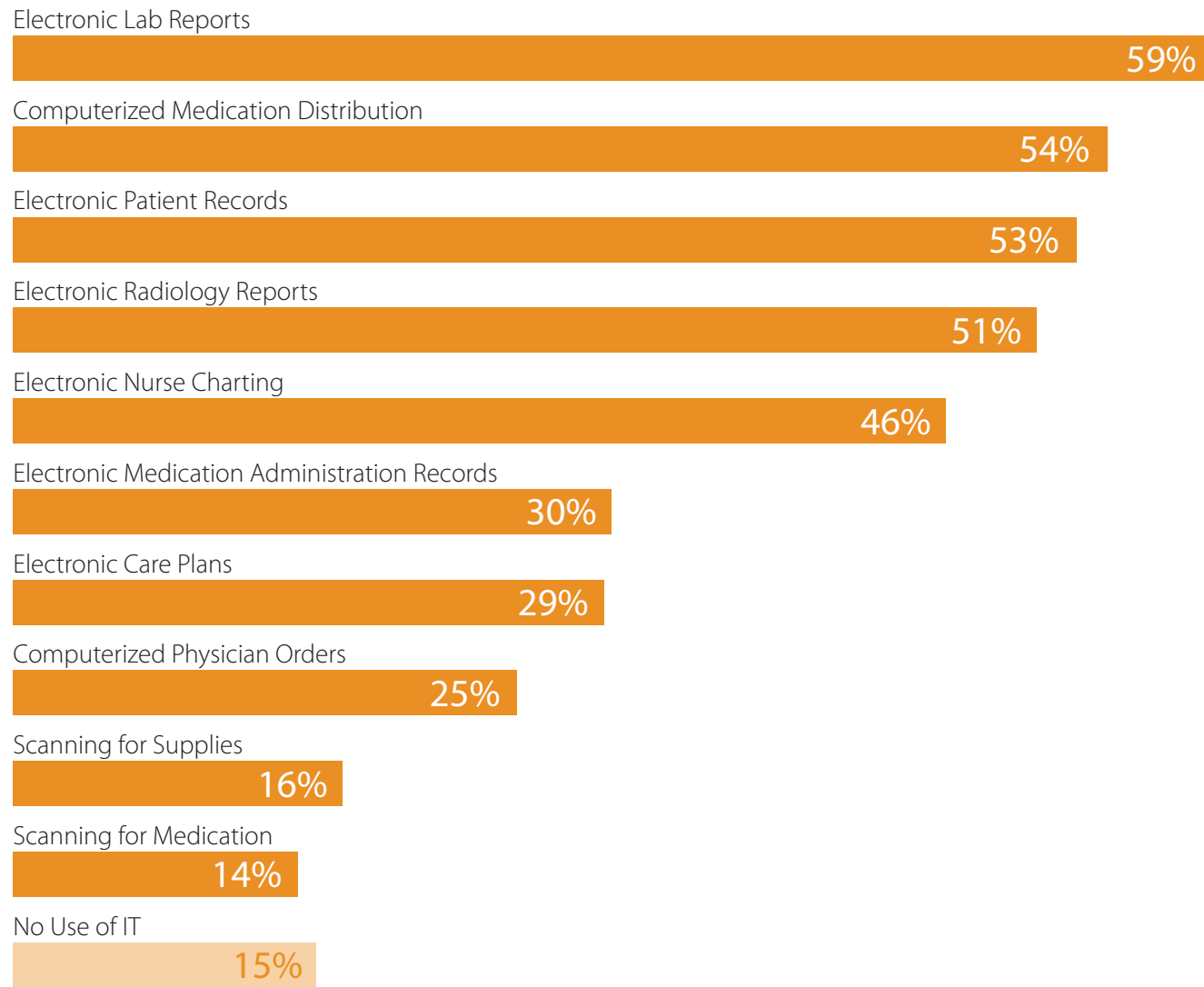


RN hours per patient day rapidly increased since 2002. The increase was likely due to minimum nurse staffing legislation.

Note: GAC stands for general acute care.

Source: California HealthCare Foundation issue brief "Assessing the Impact of California's Nurse Staffing Ratios on Hospitals and Patient Care," February 2009.

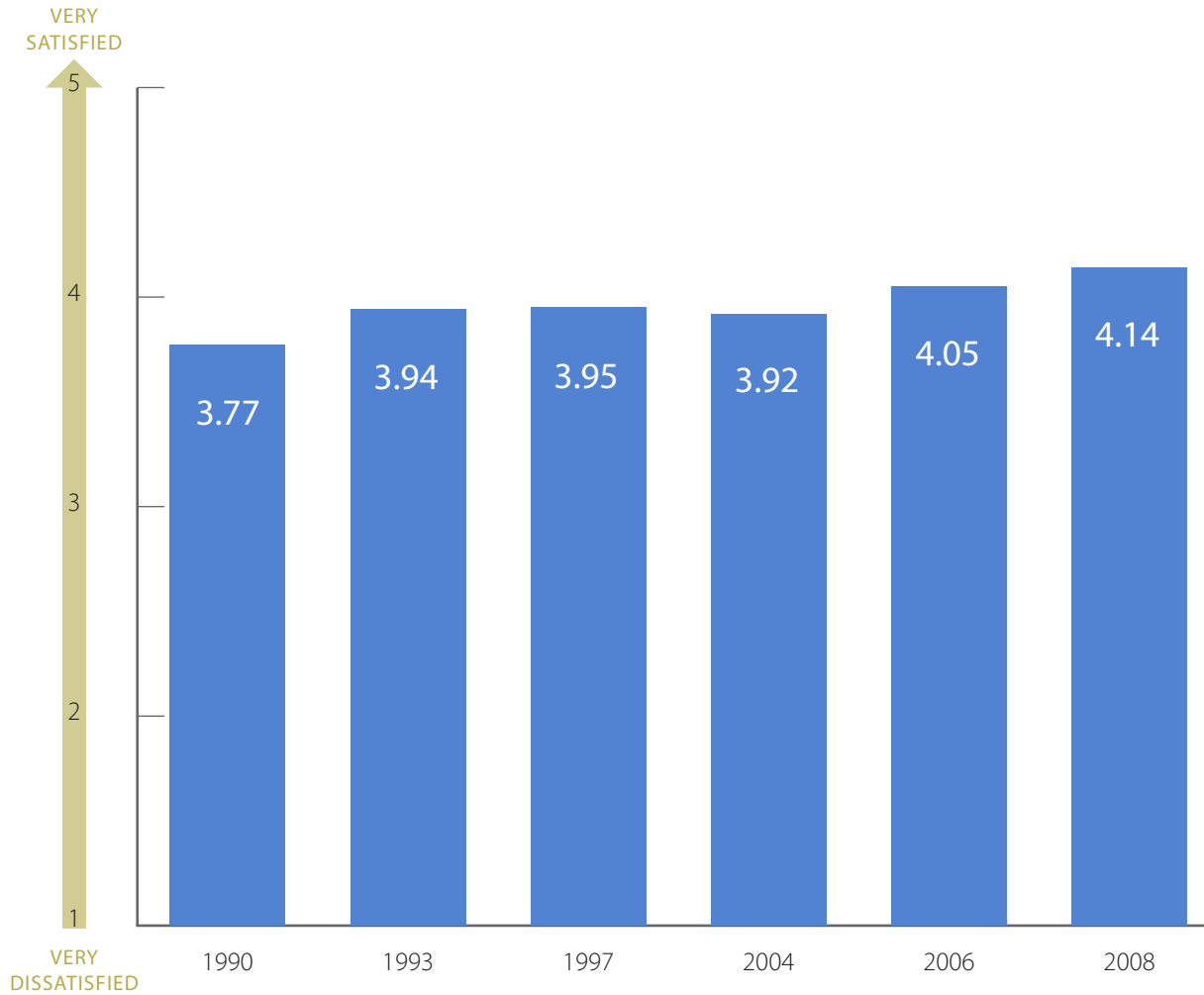
RN Use of Health Information Technologies, by Type of Activity, California, 2008



Use of health information systems in the delivery of patient care by RNs is widespread. Eighty-five percent of RNs reported using IT in some part of their workflow. The activities most commonly mediated by IT systems are lab reports, medication distribution, patient records, and radiology reports.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

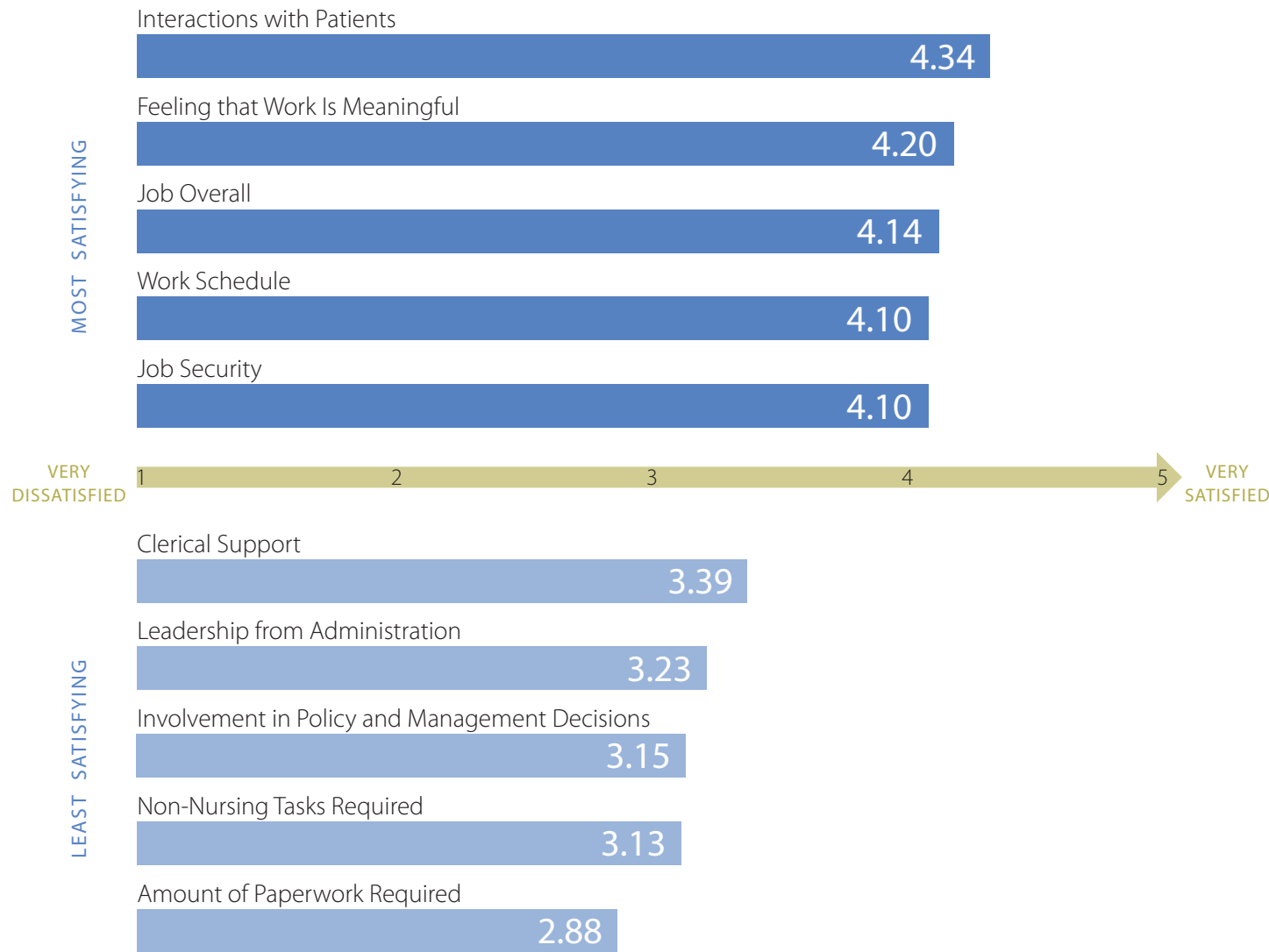
Overall Job Satisfaction Among Registered Nurses, California, 1990 to 2008



Overall job satisfaction continues to increase among RNs working in California.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Most and Least Satisfying Aspects of RN Employment, California, 2008

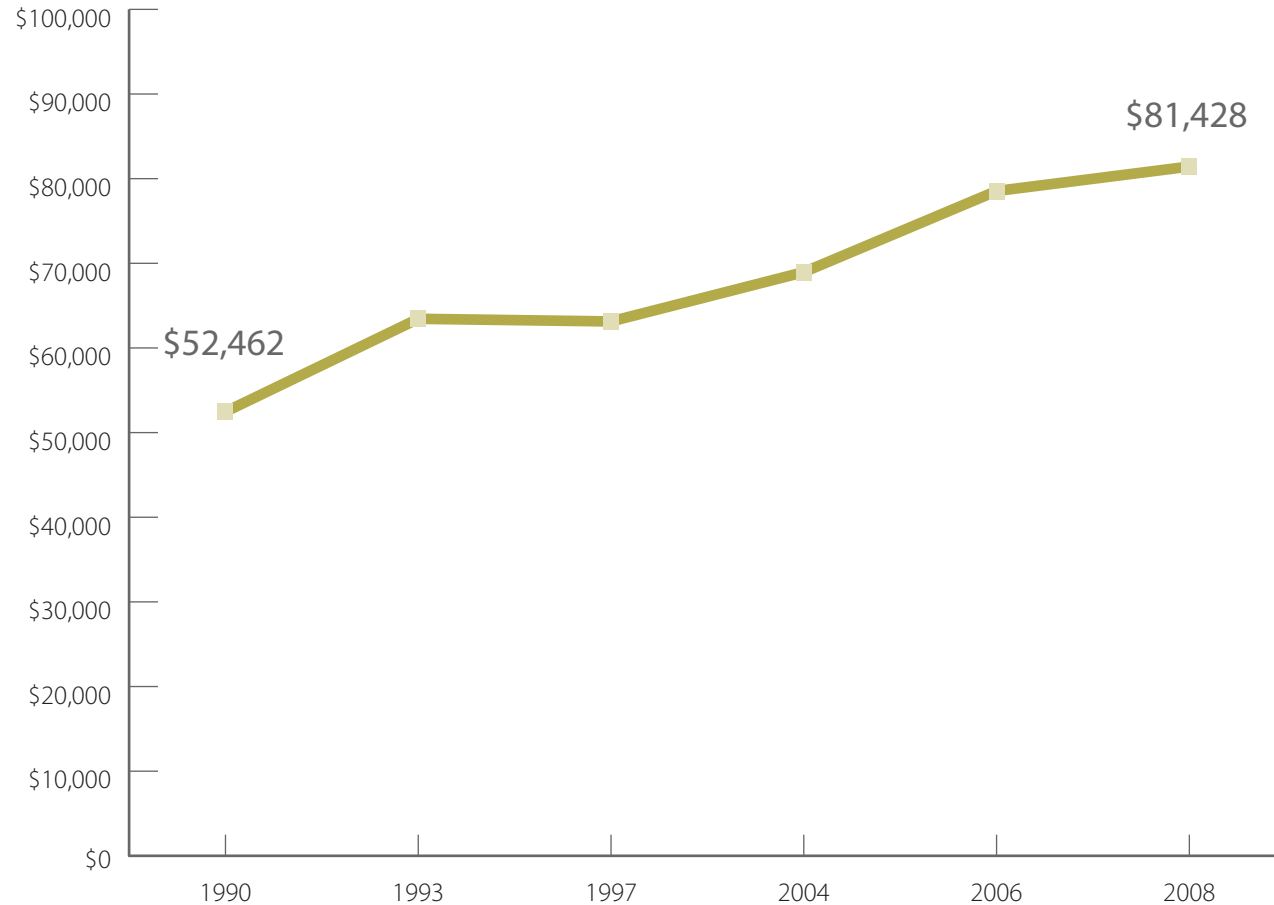


The most satisfying aspect of nursing is the interaction with patients, while the least satisfying aspect is the amount of required paperwork.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Annual Income from all Registered Nursing Positions, California, 1990 to 2008

REAL AVERAGE ANNUAL INCOME

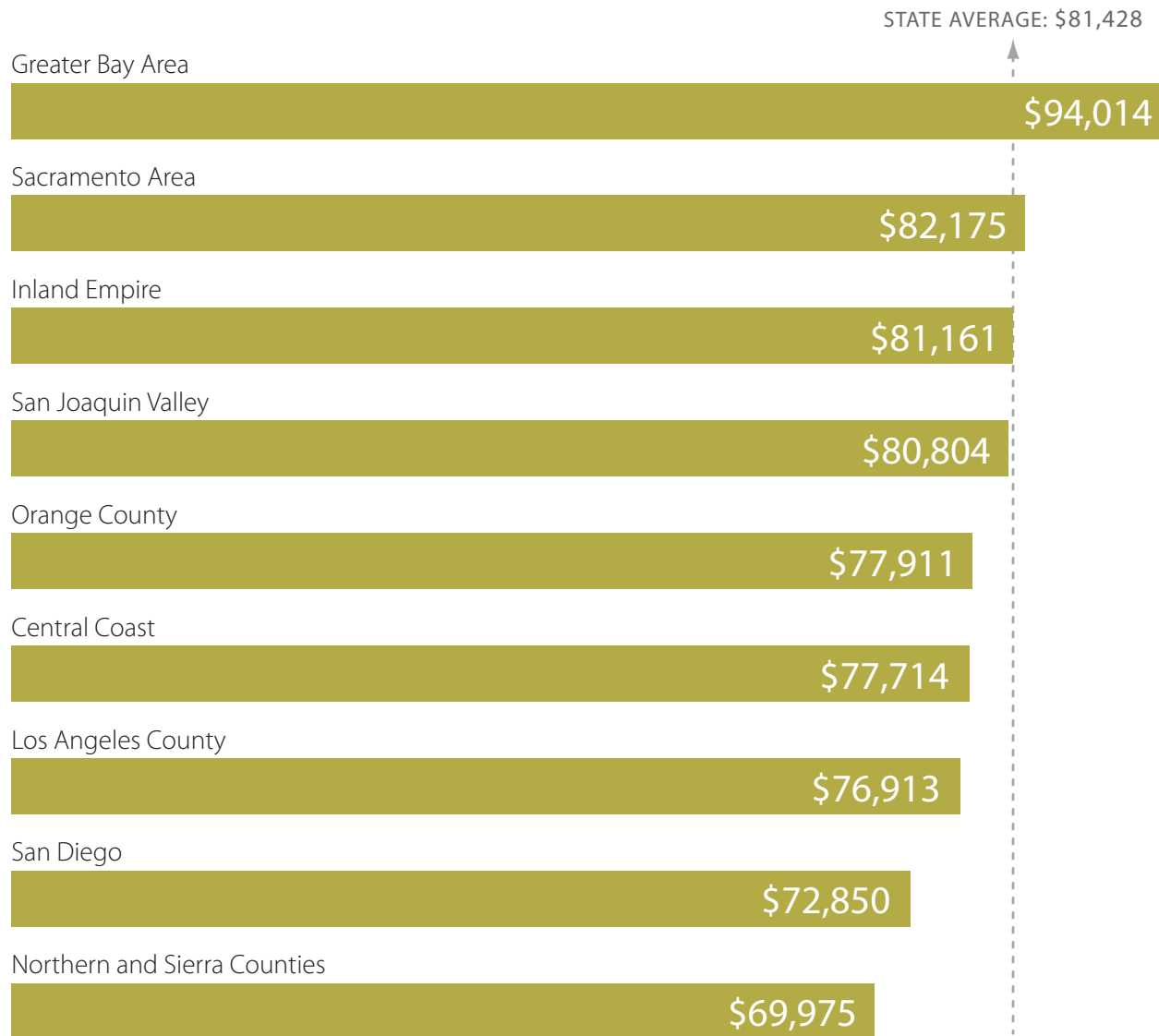


California RNs have enjoyed large increases in income over the last two decades. Inflation-adjusted incomes increased by more than 50 percent from 1990 to 2008.

Notes: Real income estimates have been adjusted for inflation and are expressed as 2008 dollars. These data refer to income earned from all RN positions.

Sources: California Board of Registered Nursing, Survey of Registered Nurses, 2008. California Employment Development Department.

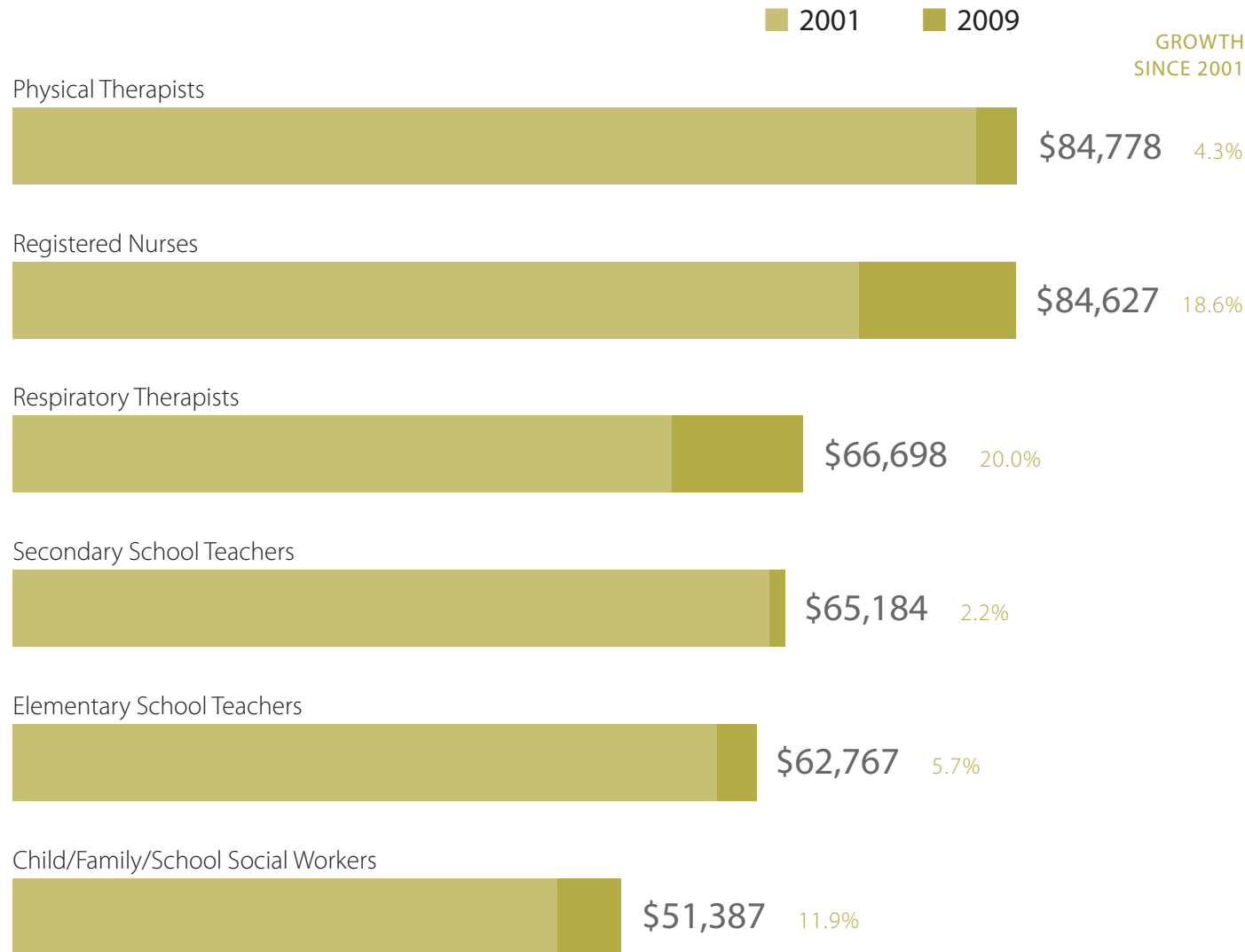
Annual Income from all RN Positions, by Region, California, 2008



RN incomes vary substantially by region. In 2008, RNs in the Bay Area earned from 14 percent to 34 percent more than RNs in other regions.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

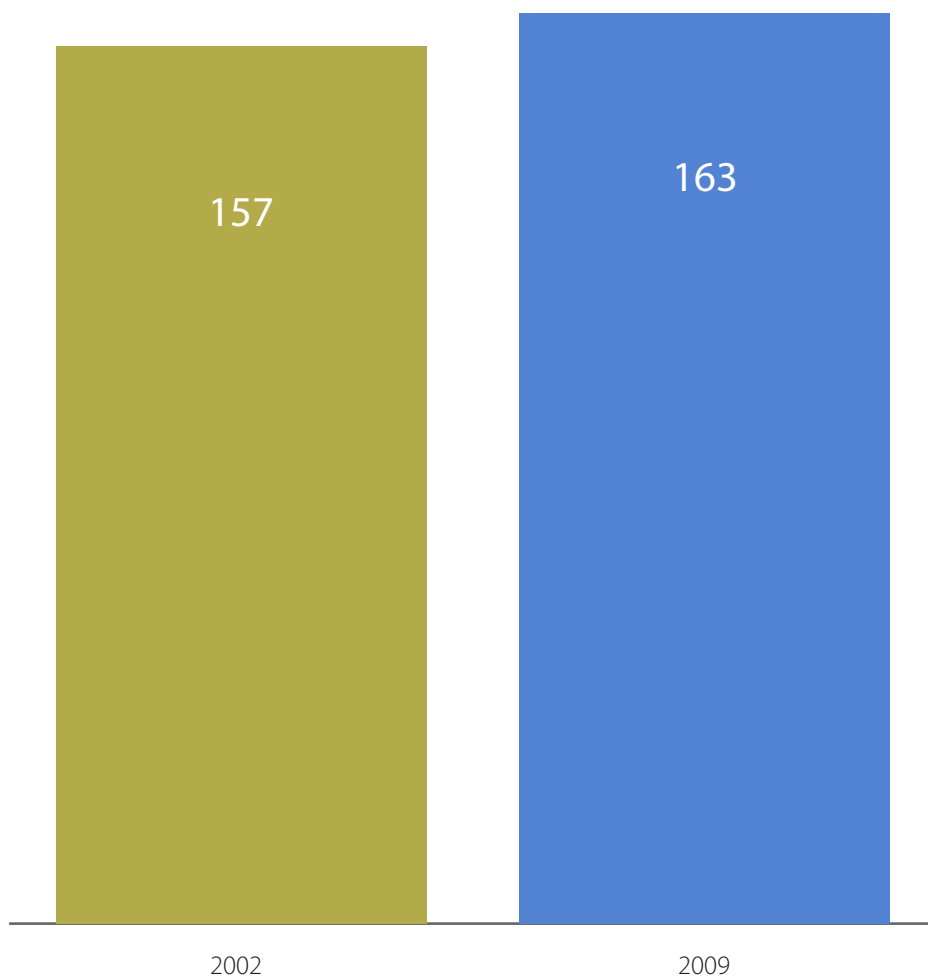
Real Average Annual Wage Growth, Registered Nurses vs. Selected Professions, California, 2001 vs. 2009



RN wage growth between 2001 and 2009 was strong compared with other occupations that have similar demographic characteristics and educational requirements. Among the selected occupations, only respiratory therapists experienced a similarly large relative gain in wages between 2001 and 2009.

Source: California Employment Development Department, Occupational Employment Statistics Survey.

LVN Total Employment per 100k Population, California, 2002 vs. 2009

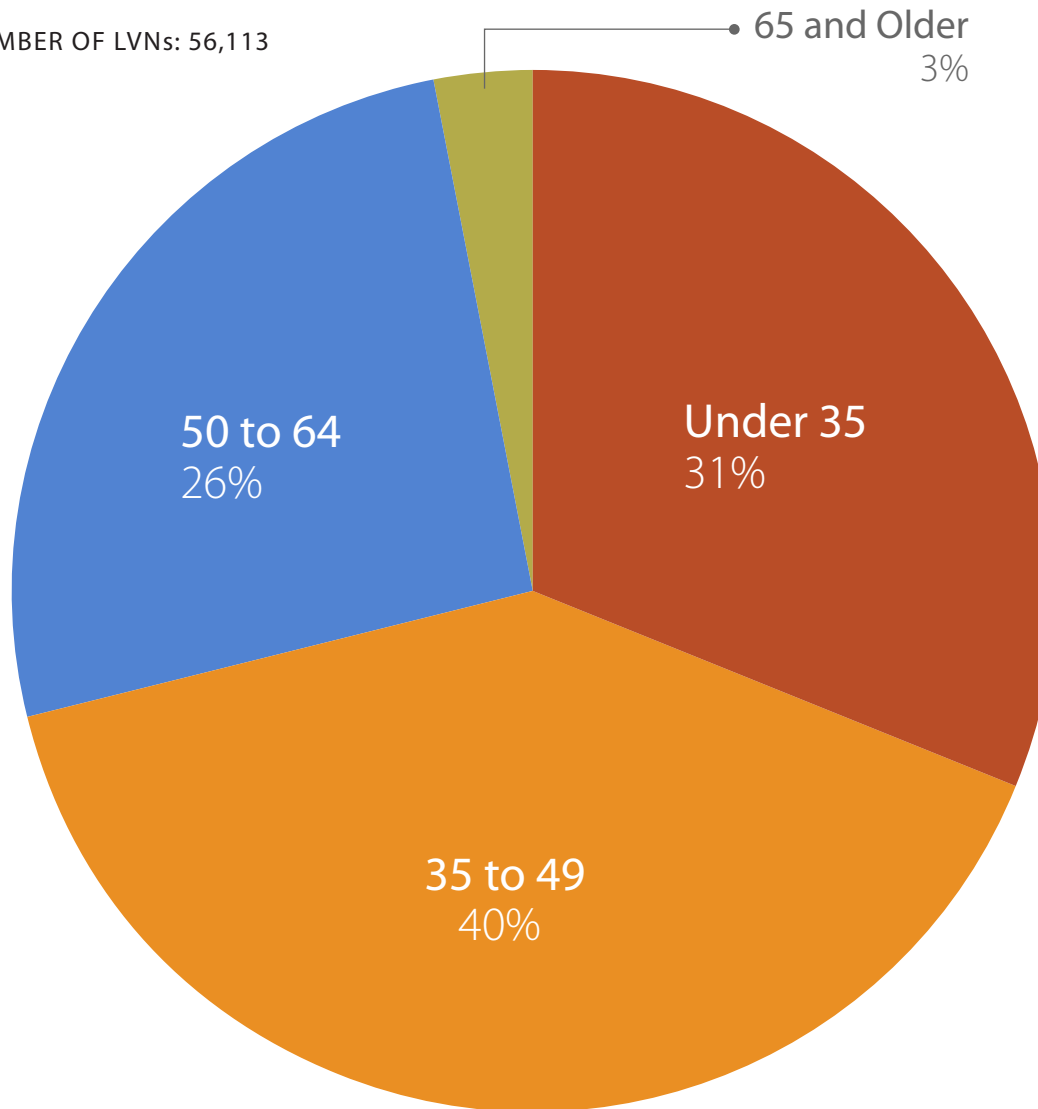


Licensed vocational nurses, who work under the supervision of physicians and registered nurses, are an important provider of patient care. LVNs per capita increased slightly from 2002 to 2009.

Sources: California Employment Development Department, Occupational Employment Statistics Survey. State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001–2010, with 2000 Benchmark. Sacramento, California, May 2010.

Licensed Vocational Nurses, by Age Group, California, 2008

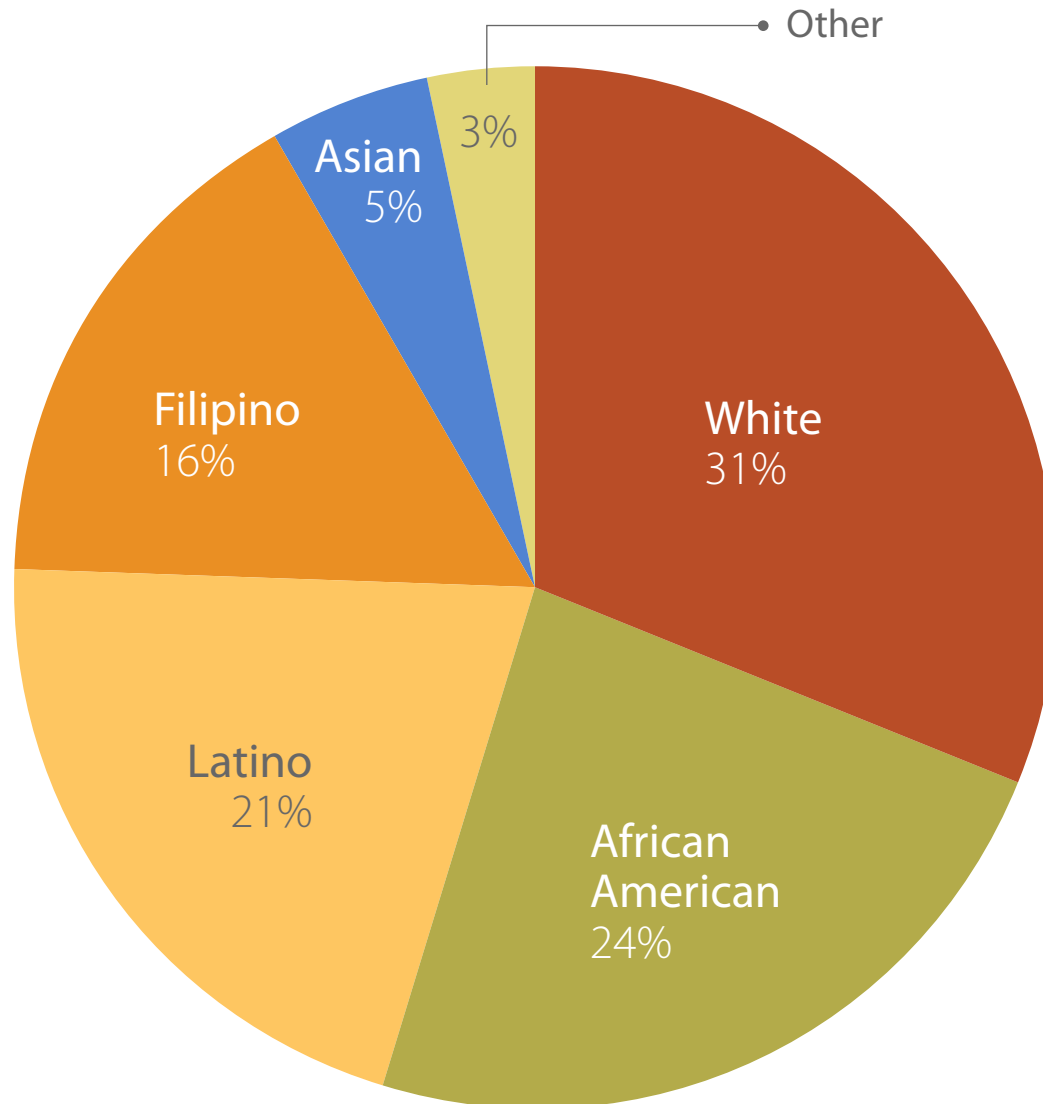
ESTIMATED NUMBER OF LVNs: 56,113



California's LVN workforce is younger than its RN counterpart. Roughly 71 percent of LVNs are under the age of 50, compared to 54 percent of RNs

Source: American Community Survey, Public Use Microdata Sample for California, 2008.

LVN Workforce, by Race/Ethnicity, California, 2008



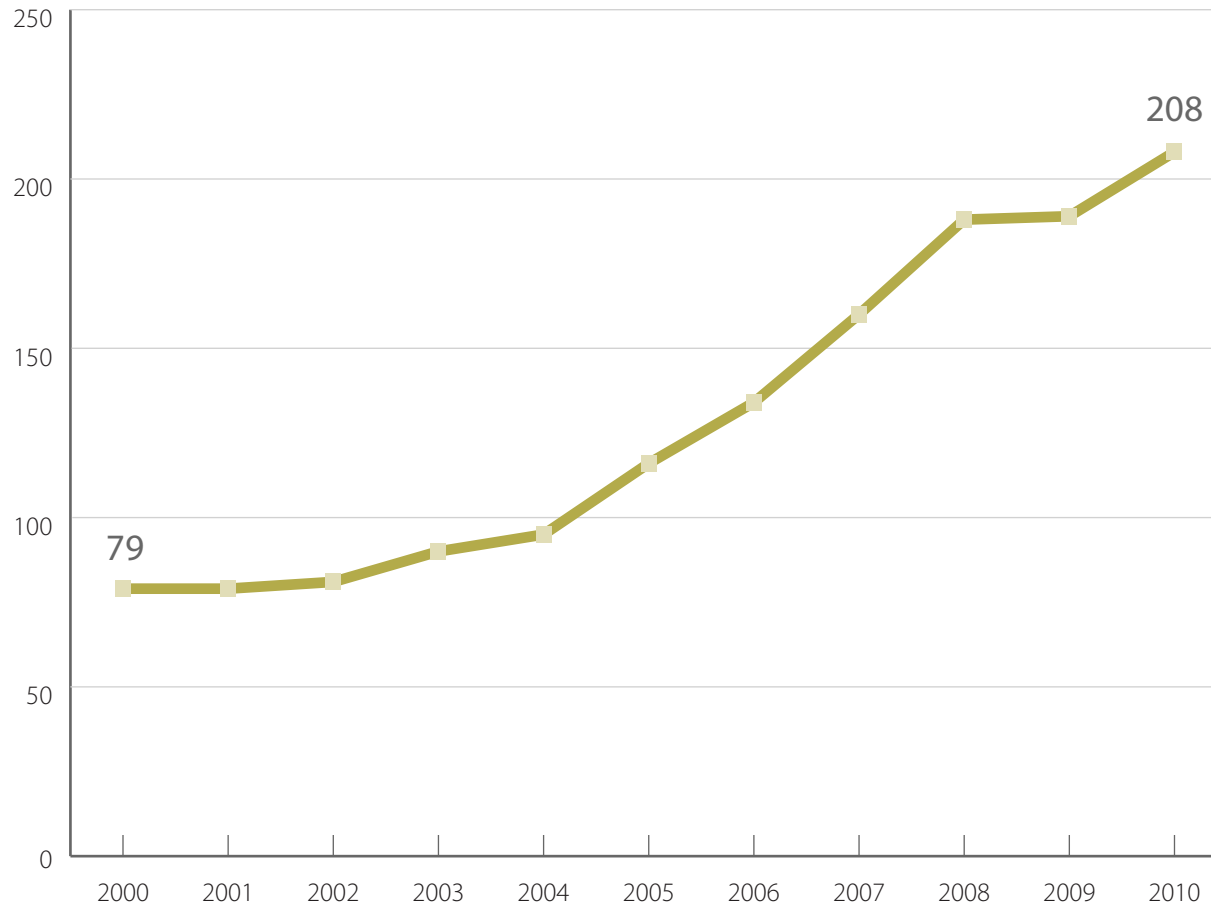
Note: Asian includes Asian Indian and excludes Filipino. Other includes Native Hawaiian/Pacific Islander, American Indian and Alaska native, mixed race/ethnicity and other.

Source: American Community Survey, Public Use Microdata Sample for California, 2008.

The LVN workforce is racially and ethnically diverse, with three different groups representing 20 percent or more of the workforce: white, African American, and Latino.

LVN Education Programs, California, 2000 to 2010

NUMBER OF PROGRAMS REPORTING NCLEX CANDIDATES*

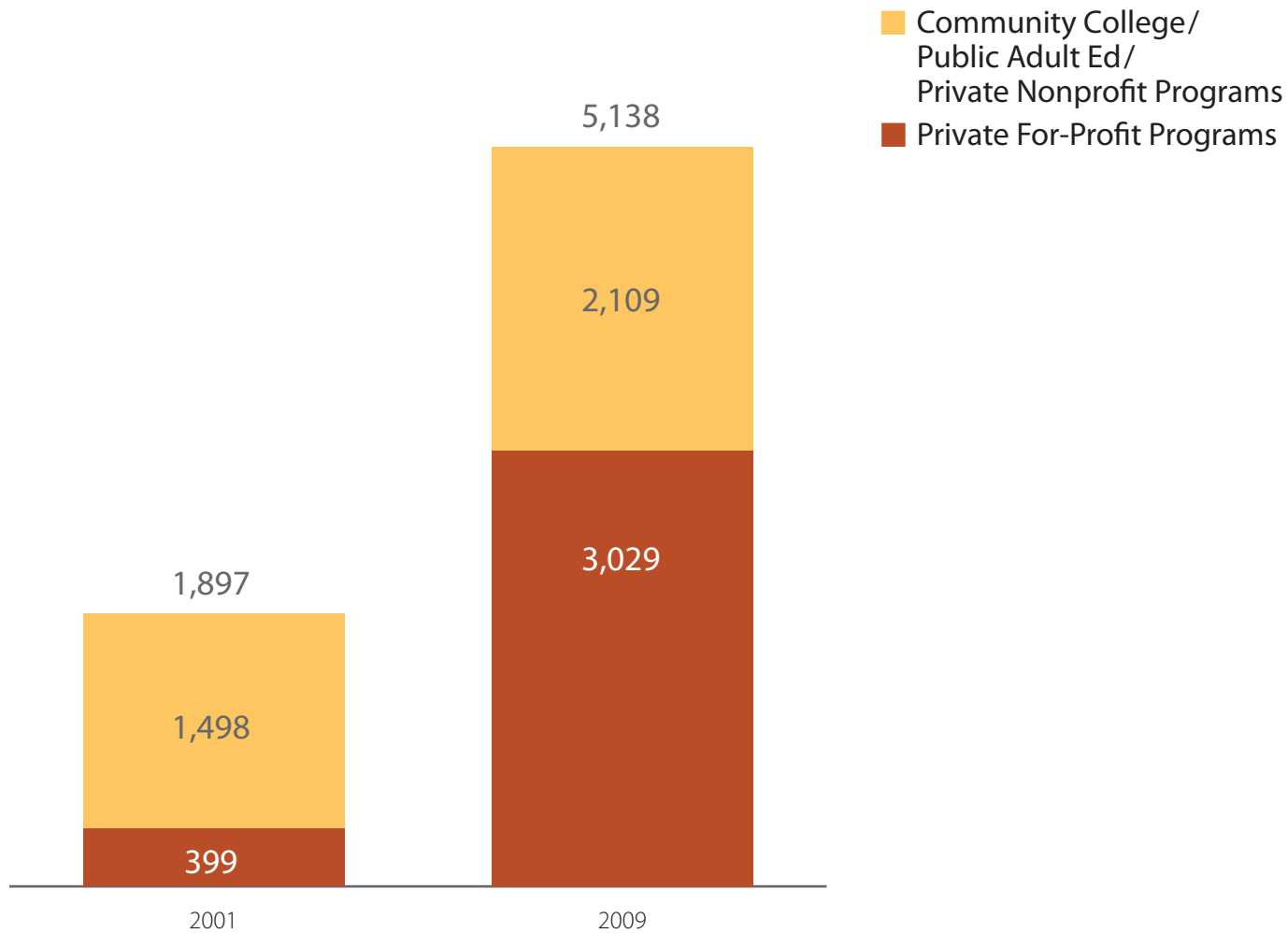


LVN education programs in California have more than doubled since 2000, with a rapid increase occurring between 2004 and 2010.

*NCLEX is the certifying exam that all candidates for licensure as an LVN must pass.

Source: California Board of Licensed Vocational Nursing and Psychiatric Technicians.

Graduates of California's LVN Education Programs, Nonprofit vs. For-Profit Programs, 2001 vs. 2009

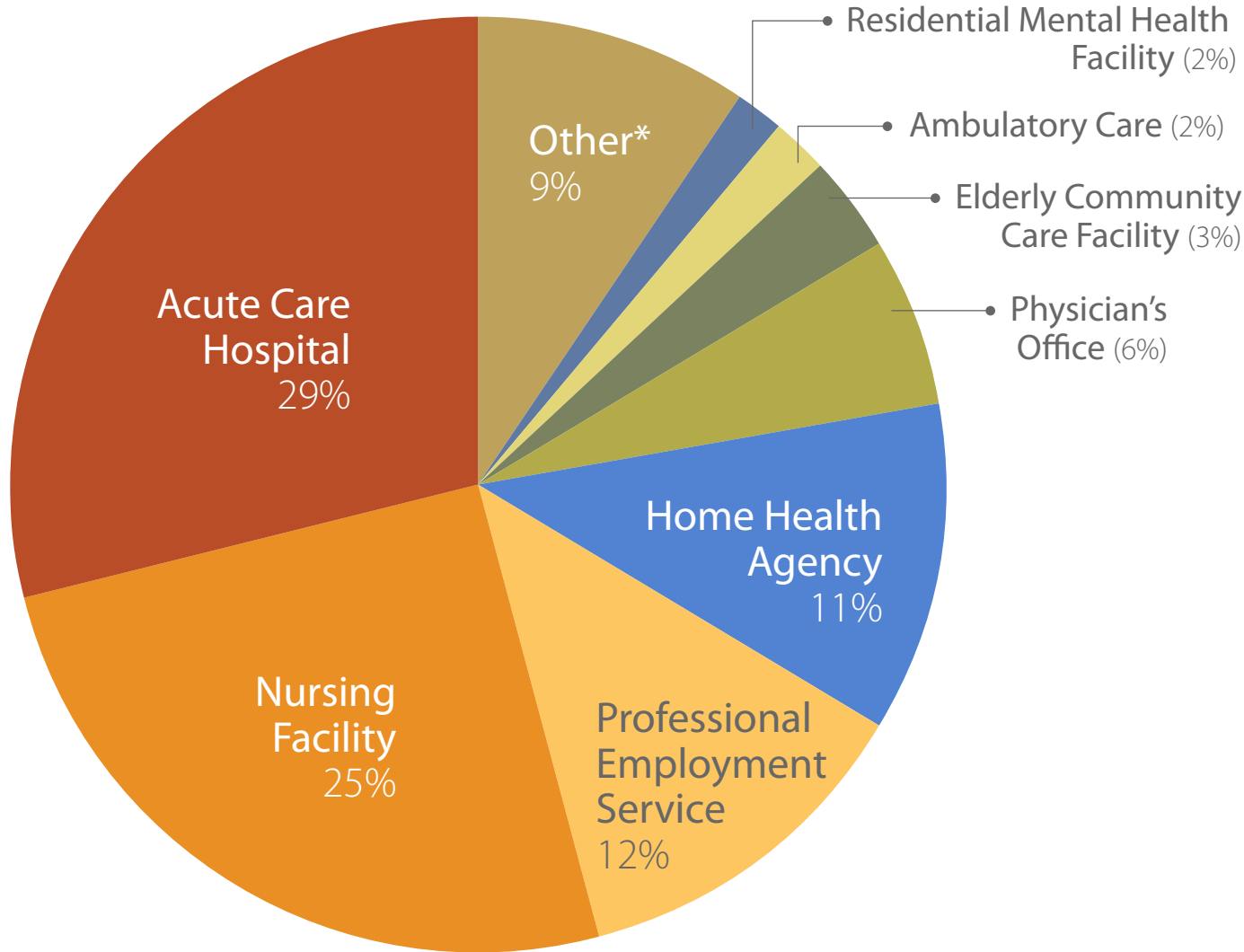


The dramatic growth in the number of LVN program graduates in California has been driven by the private, for-profit sector. In 2001, these programs produced fewer than one-quarter of all LVN graduates; by 2009 their share had grown to nearly 60 percent of the total number of graduates.

Note: The Integrated Postsecondary Data System (IPEDS) is administered by the federal Department of Education. It is the most complete database describing postsecondary education, although not all LVN programs report data to IPEDS.

Source: Integrated Postsecondary Education Data System (IPEDS), 2001 and 2009.

Licensed Vocational Nurses, by Work Setting, California, 2008



LVNs work in a range of settings. The two most frequently reported are hospitals and nursing care facilities, but home health agencies and offices of physicians are also significant sources of employment. Roughly 12 percent of LVNs are reported as employed by a professional employment service, which could cause the estimates of employment in other settings to be understated.

*Other includes: government (federal, state, and local) — roughly 5 percent of the workforce; psychiatric, substance abuse, and other hospitals — roughly 2.5 percent of workforce; individual and family social service agencies; elementary and secondary schools; offices of other health care practitioners; administrative services; and facilities support services.

Note: Roughly 10 percent of LVNs are reported as employed by a professional employment service, which could cause the estimates of employment in other settings to be understated.

Source: California Employment Development Department, Staffing Patterns by Occupation and Industry.

Authors

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Data Sources

California Board of Licensed Vocational Nursing and Psychiatric Technicians

Licensure Exam Pass Rates
www.bvnpt.ca.gov

California Board of Registered Nursing

Annual School Report, Prelicensure Interactive Database
www.rn.ca.gov

Survey of Registered Nurses, 2008
www.rn.ca.gov

California Department of Finance, Demographic Research Unit

E-4 Population Estimates for Cities, Counties and the State, 2001–2010, with 2000 Benchmark, May 2010
www.dof.ca.gov

Race/Ethnic Population with Age and Sex Detail, 2000–2050, July 2007
www.dof.ca.gov

California Employment Development Department, Labor Market Information Division

Occupational Employment Statistics Survey
www.labormarketinfo.edd.ca.gov

Staffing Patterns by Occupation and Industry
www.labormarketinfo.edd.ca.gov

California HealthCare Foundation

“Assessing the Impact of California’s Nurse Staffing Ratios on Hospitals and Patient Care,” February 2009
www.chcf.org

Health Resources and Services Administration, Geospatial Data Warehouse

National Sample Survey of Registered Nurses, General Public Use Files (1980, 1984, 1988)
datawarehouse.hrsa.gov

National Sample Survey of Registered Nurses, 1992–2008
bhpr.hrsa.gov

National Center for Education Statistics

Integrated Postsecondary Education Data System (IPEDS), Completions Survey (2001, 2009)
nces.ed.gov/ipeds/datacenter

U.S. Census Bureau, American Community Survey

Public Use Microdata Sample for California, 2008
factfinder.census.gov

FOR MORE INFORMATION



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Appendix A: Glossary and Survey Descriptions

Occupational Definitions

Clinical Nurse Specialist. A clinical nurse specialist's (CNS) role is to function as an expert in a specific clinical area, either in the direct care of patients, or in consultation with physicians, nurses, and other hospital staff. Area of expertise may relate to a specific patient population (e.g., neonatal, geriatric); a work setting (e.g., intensive care unit, emergency room); or a disease, medical subspecialty, or clinical problem (e.g., diabetes, oncology, pain). A CNS must possess a master's degree in a clinical field of nursing or related to nursing.

Sources: California Board of Registered Nursing; National Association of Clinical Nurse Specialists.

Licensed Vocational Nurse. LVNs provide patient care under the supervision of physicians and registered nurses. Frequently, LVNs provide basic bedside care, such as measuring and recording vital signs, preparing and giving injections, and assisting patients with the needs of daily living. LVNs may also collect medical samples for testing and perform routine laboratory tests. Generally, LVNs play an important role as patient educators and providers of support to patients' families.

Source: Bureau of Labor Statistics, Occupational Outlook Handbook, 2010–11 edition.

Nurse Anesthetist.* Nurse anesthetists provide the full spectrum of anesthesia care and anesthesia-related care for patients across a variety of health care settings (e.g., hospitals, ambulatory surgery centers, physician offices). Nurse anesthetists must hold a master's degree or a post-master's certificate from an accredited program.

Nurse-Midwife.* The certified nurse-midwife provides a full range of primary health care services to women, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn. Nurse-midwives may furnish medical devices and drugs (including controlled substances) under circumstances regulated by the state. Nurse mid-wives have attended a BRN-approved training program (many of which award master's degrees or post-master's certificates).

Nurse Practitioner.* Nurse practitioners (NPs) serve as autonomous primary or acute health care providers. NPs diagnose and treat patients with undifferentiated symptoms, as well as those with established diagnoses, and provide initial, ongoing, and comprehensive care. NPs may order, perform, supervise, and interpret laboratory and imaging studies; prescribe medication and durable medical equipment; and make appropriate referrals for patients and families. As of January 2008, licensed nurse practitioners in California must possess a master's degree in nursing.

*Source: California Board of Registered Nursing; "Final Report of the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee," July 2008.

Registered Nurse. Registered nurses treat patients, provide support to families of patients, and educate both patients and the public about medical conditions. RNs are responsible for tracking patient histories, conducting diagnostic tests and analyzing results, operating medical technologies, administering medication, and generally assisting in the care and rehabilitation of patients. Other specific responsibilities will depend on the work setting and whether or not the RN has received training in a specialty area.

Source: Bureau of Labor Statistics, Occupational Outlook Handbook, 2010–11 edition.

Pre-Licensure Registered Nursing Education

Note: Pre-license RN education refers to the initial RN education; i.e., graduates have not yet been licensed as RNs. This is distinct from post-license education, which describes individuals who have been licensed as RNs and return to school for a higher degree in nursing or for advanced training in a specialty area (e.g., programs that train clinical nurse specialists, nurse anesthetists, nurse-midwives, and nurse practitioners).

Associate Degree in Nursing (ADN). Programs are offered mostly at community colleges and prepare entry-level RNs to provide general care across numerous settings. Completion time is 2 to 3 years.

Bachelor of Science in Nursing (BSN). Programs are offered at many California State Universities and some private colleges and prepare RNs to provide care across numerous settings, as well as to move into administrative and leadership positions. Completion time is 4 years (sometimes referred to as Baccalaureate degree).

Master's Entry Level Program in Nursing (ELM). Designed for adults who have a baccalaureate degree in another field and wish to become registered nurses. Completion time is 1 to 2 years depending on how many nursing course prerequisites already completed. Graduates receive a master's degree.

Source: California Board of Registered Nursing.

Licensed Vocational Nursing Education

LVN training programs typically take 12 to 14 months to complete on a full-time basis, or 18 to 20 months on a part-time basis. Many graduates of LVN training programs receive an associate's degree upon completion, but the degree is not required for licensure. Graduates of an LVN training program may receive a certificate of program completion.

Source: California Board of Vocational Nursing and Psychiatric Technicians.

Description of the California Board of Registered Nursing Survey of Registered Nurses

The Survey of California Registered Nurses is an ongoing series of surveys designed to describe licensed nurses in California and to examine changes over time. The first study was conducted in 1990, and other studies were completed in 1993, 1997, 2004, 2006 and 2008. The analysis presented in this report focused exclusively on RNs with active licenses (and primarily on those residing in California and currently employed in nursing).

The sample size of actively licensed RNs in the 2008 survey was 10,000 with a response rate of 54.4 percent, yielding information about 5,439 RNs (4,889 RNs living in California and 550 RNs residing out-of-state). Registered nurses in the Bay Area were oversampled at the request of the Gordon and Betty Moore Foundation.

The following table breaks down the set of survey respondents according to the regional geography used in this report.

NUMBER OF SAMPLE OBSERVATIONS OF RNs RESIDING IN CALIFORNIA, BY REGION

California	4,889
Central Coast	489
Greater Bay Area	1,174
Inland Empire	407
Los Angeles County	442
Northern and Sierra counties	518
Orange County	170
Sacramento Area	876
San Diego	418
San Joaquin Valley	395

Note: **Central Coast** is Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura; **Greater Bay Area** is Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma; **Inland Empire** is Riverside and San Bernardino; **Northern and Sierra counties** are Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba; **Sacramento Area** is El Dorado, Placer, Sacramento, Yolo; **San Diego Area** is Imperial and San Diego; **San Joaquin Valley** is Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Appendix B: Registered Nurse Workforce, by Location of Initial RN Education and Region, California, 2008

REGION	T R A I N E D I N		
	CALIFORNIA	OTHER U.S. STATE	FOREIGN COUNTRY
Northern and Sierra counties	71.1%	25.5%	3.5%
San Joaquin Valley	66.3%	13.6%	20.1%
Central Coast	62.4%	23.5%	14.2%
Sacramento Area	60.0%	23.6%	16.4%
Orange County	58.6%	18.6%	22.9%
Inland Empire	55.6%	21.4%	23.0%
Greater Bay Area	50.0%	28.9%	21.1%
Los Angeles County	49.4%	17.1%	33.5%
San Diego	47.3%	36.4%	16.2%
California	54.7%	23.1%	22.3%

Appendix C: Registered Nurse Workforce, by Race/Ethnicity and Region, California, 2008

REGION	WHITE	FILIPINO	LATINO	ASIAN	MIXED	AFRICAN AMERICAN	OTHER
Northern and Sierra counties	89.5%	1.5%	3.0%	1.5%	2.8%	0.3%	1.4%
Central Coast	73.0%	12.6%	9.5%	1.8%	2.5%	0.3%	0.3%
Sacramento Area	70.2%	14.2%	3.1%	4.9%	2.0%	3.6%	2.1%
San Diego	62.5%	21.4%	7.5%	2.7%	2.6%	2.0%	1.2%
Greater Bay Area	59.7%	17.7%	3.6%	11.5%	2.4%	3.5%	1.6%
San Joaquin Valley	58.0%	16.9%	11.1%	8.9%	1.8%	1.5%	1.7%
Orange County	57.1%	22.3%	7.8%	9.5%	1.6%	0.8%	0.8%
Inland Empire	48.4%	20.6%	15.1%	6.7%	1.2%	7.7%	0.2%
Los Angeles County	35.0%	27.6%	11.2%	14.7%	1.8%	7.8%	1.8%

Notes: Asian includes Asian Indian and excludes Filipino. Other includes Native Hawaiian/Pacific Islander, American Indian and Alaska native, and other.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Appendix D: Registered Nurses, by Select Employment Characteristics, California, 2004 to 2008

	2004	2006	2008
Working full-time	67.2%	71.4%	69.4%
Working part-time	32.8%	28.6%	26.8%
Working as RN but unknown full-time/part-time status	n/a*	n/a*	3.8%
Estimated size of RN workforce	216,852	225,013	243,761
RNs working more than 1 position	21.9%	17.2%	17.9%

*Data was not reported in 2004 and 2006.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.