collected data provides limited understanding. Sharing data sets with proper security and governance can highlight important insights.

In this instance, we're talking about APRN nurse data sets. Currently, 32 boards of nursing use Nursys to share data. This data set tells us that about 10.5% of RNs are also APRNs. To know this for sure, we would need all boards to share their APRN data sets with Nursys.

Extracting APRN data from your systems could be challenging and NCSBN is ready to help and fund the initiative. National APRN certifiers have APRN certification data sets. Some certifiers are collaborating and exchanging data with the boards of nursing via Nursys. Both parties are able to get the needed data for their operational and important public protection work.

NCSBN is asking all national APRN certifiers to share and exchange their certification data sets. We have built stringent data security protocols and followed data privacy governance. With agreements in place, you can be rest assured that you are in control of your data.

Sharing and exchanging similar data sets increases public good as we can get better insights and benefit all involved parties. Next, we'll talk about the unique nurse identifier, which is also known as UNI. The Nursys NCSBN ID. UNI is an eight-digit identifier, which uniquely identifies a U.S. nurse. It's a way to

And if there's no record at all in Nursys, then they must complete the Nursys e-Notify enrollment prior to renewing. Again, all this is done seamlessly to the user. Looking at our outcomes prior to this process, we had 273 employers that had institution accounts that accounted for 21,755 nurses enrolled under those employers.

Today, we are at 1437 institutions that account for almost 132,000 nurses. And on the Nursys self-enroll

knows about HRSA if you're all interested in the workforce because they always every few years do the National Sample Survey of Registered Nurses.

Once they did the National Sample Survey of Nurse Practitioners. But again, the key it's a sample survey. And there might only be a handful of nurses in your state that have answered that. In fact, a colleague of mine recently was putting a grant together to look at midwifery in the state of Georgia, and she wanted some preliminary data to include in the application.

And when she went into one of these databases, I think it was the ACS, but I could be wrong, she said, "There's nobody there." She said, "Don't we have any midwives in Georgia?" And, you know, she was, well, guess what? If they weren't among that handful of nurses to answer that survey, then we know nothing about them and midwifery.

And there were a few comments about midwives today. That's, you know, it's a small cohort of advanced practice providers and we need data on them. There are, of course, organizational surveys also, the American Association of Nurse Practitioners. They do surveys every couple of years.

The National Forum of State Nursing Workforce Centers collect ongoing data through their surveys. But again, this is all voluntary and not all states belong to the forum. And, of course, NCSBN does a survey also. But again, they're sample surveys.

And to be honest, it's financially a burden at a minimum to try to survey everybody in the country amd then get a response rate from everybody. Because even though there's waiting procedures, we have to always consider that there is some potential bias.

And that's what happens with sample surveys. You have bias, and, of course, we statistically account for those potential bias, but you do. And the reason is that these sample surveys, the responses are so poor. I mean, the last time I did a large, I was involved with a large survey of nurses, oof, probably at least 10 years ago or so.

We found dramatic differences in race and ethnicity. Hispanics were in Georgia, from the board of nursing data, we saw less than 1% of nurses reporting that they were Hispanic. And yet, I think it was HRSA said that there was 6%.

So that's a dramatic difference to have one day the source saying 6% and another says less than 1%, especially in a population that we're really trying to attract into the profession as we are Hispanics or our Latino colleagues.

And which is most disturbing, and you can look up this publication in nursing outlook, we had no data in Georgia to report race and ethnicity. The numbers were so small that we couldn't report anything. So how are we going to increase the diversity of the workforce when we don't have the data?

And you can go look that up. Yin Lee is the first author in that nursing research and it's on the Georgia workforce. Look at that table of evidence that's in there. And if

So I think I could probably close with that saying, you know, I'm passionate about data, we need the data, we need to repair the healthcare system so that we know that we have nurses available 24/7 and, you know, that we would protect our nurses and protect our patients.

And at the end of the day, that's what data should provide us. It should provide us not only on the demographic and workplace characteristics of our nurses, all nurses, but we need to know about nurse and patient outcomes. They're burnout.

Nurse burnout. Their intent is to leave. Because if the system, if the healthcare workforce continues to bleed at the rate that it is, I'm fearful that it could be decades before its incomplete repair. Thank you.