1988

Nursing Shortage Lombardy Hearing; Series I; File 149

Juanita Hunter

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THE SENATE
STATE OF NEW YORK
ALBANY
12247

March 21, 1988

Dr. Juanita Hunter, Pres.
NYS Nurses Association
2113 Western Ave.
Guilderland, NY 12084

Dear Juanita:

Thank you for your participation at our March 16 workshop on the nursing shortage in New York State. We were especially impressed with the great array of talent gathered at this workshop and feel that the time spent was most worthwhile.

This was a particularly informative session which provided a great base of information on the causes of the shortage and recommendations to alleviate it.

The seriousness of this problem requires commitment at all levels and it is important that we all work together to develop solutions. We would like to keep in contact with you and think that your idea of forming regional groups to get together periodically is great.

We have enclosed a copy of the names and addresses of the workshop participants for your use.

We sincerely appreciate your contributions at the workshop and welcome any additional thoughts or information you may have.

Kindest personal regards.

Sincerely,

Tarky Lombardi, Jr.
Chairman
Health Committee

Kenneth P. LaValle
Chairman
Higher Education Committee

rh
Enclosure
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grace Chickadonz, D.</td>
<td>Dean College of Nursing</td>
<td>426 Ostern Ave., Syracuse, NY 13204-3240</td>
</tr>
<tr>
<td>Jerold Cohen, R.N.</td>
<td>Director, Patient Services</td>
<td>Brookhaven Memorial Hospital, Med. Ctr. Home Health Agency, 4 Phyllis Dr., Patchogue, NY 11772</td>
</tr>
<tr>
<td>Ann Senisi, Coordinator</td>
<td>Nursing Health Occupations Massau Tech.</td>
<td>1196 Prospect St., Westbury, NY 11590</td>
</tr>
<tr>
<td>Mary J. Brown</td>
<td>NYS Veteran's Home</td>
<td>Oxford, NY 13830</td>
</tr>
<tr>
<td>Dr. Juanita Hunter, Pres.</td>
<td>NYS Nurses Association</td>
<td>2113 Western Ave., Guilderland, NY 12084</td>
</tr>
<tr>
<td>Jacqueline Rose Hott, Ph.D, R.N.</td>
<td>Dean, School of Nursing Adelphi University</td>
<td>Garden City, NY 11530</td>
</tr>
<tr>
<td>Dr. Lenora McClean, Director</td>
<td>School of Nursing SUNY Stony Brook -- Health Sciences Center</td>
<td>Stony Brook, NY 11794</td>
</tr>
<tr>
<td>Yvonne Conrad</td>
<td>Assistant Administrator</td>
<td>St. John's Episcopal Hospital, Route 25A, Smithtown, NY 11787</td>
</tr>
<tr>
<td>Wendy Lefkowich</td>
<td>Senior Director of Continuing Health Care Ser. Hospital Association of NYS 74 North Pearl St., Albany, NY 12207</td>
<td></td>
</tr>
<tr>
<td>Ann Maxwell</td>
<td>Assistant Dir. of Professional and Regulatory Services Hospital Association of NY 74 North Pearl St., Albany, NY 12207</td>
<td></td>
</tr>
<tr>
<td>Sandra Scudder, R.N.</td>
<td>Director, School of Nursing Albany Medical Center</td>
<td>New Scotland Ave., Albany, NY 12208</td>
</tr>
<tr>
<td>Alison Van Putte</td>
<td>Interim Associate Dean for Nursing Practice</td>
<td>University of Rochester, 601 Elmwood Ave., Rochester, NY 14642</td>
</tr>
</tbody>
</table>
#149 NURSING SHORTAGE LOMBARDY HEARING

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AGENDA
NURSING SHORTAGE DISCUSSION WORKSHOP

11:00 A.M. - May 10, 1988
Room 711A, Legislative Office Building
Albany, New York

Introductions and Welcome

Summary of the New York State Labor-Health Industry Task Force on Health Personnel Report
Lorna McBarnette
Deputy Commissioner of the State Health Department

"New York State Legislature's Nurse of Distinction Award"

Sen. Tarky Lombardi, Jr.

Open Discussion
Workshop Participants

2:00 P.M. - Press Conference
Legislative Members
Workshop Participants
INTRODUCTION

One of the most critical issues facing the health care delivery system is the availability of personnel in our hospitals, nursing homes and home health agencies. The manpower crisis is so severe that the entire health care system is struggling to recruit and retain sufficient staff needed to provide quality care. But rather than risk jeopardizing that care, some providers faced with a critical staff shortage have reduced services, delayed admissions or closed units.

The focus of this paper is the nursing shortage, with particular emphasis on salary trends across the State in hospitals, nursing homes and home health agencies. The effect of these trends on the nursing shortage, the efforts of providers to cope with this crisis and the sensitivity of our payment system to adjust will also be examined to the extent possible.

BACKGROUND

The reasons for the nursing shortage are varied and complex, and include, but are not limited to, the following factors:

- New career opportunities for women;
- Decreased enrollments in nursing schools;
- Changing demographics which affect both the potential supply of and demand for nurses; as well as
- Financial compensation.

These factors have been noted extensively by numerous sources, including the preliminary report to the Commissioner of Health from
the New York State Labor-Health Industry Task Force on Health Personnel. This report also indicated that the Task Force conducted a survey of health facilities in the State. "Forty-three percent of 1,327 facilities in the state responded to the survey...A total of 4,800 registered nurse positions were reported unfilled by hospitals, nursing homes and home health care agencies...Nursing homes reported high vacancy rates for licensed practical nurses. Over 500 vacancies were reported in hospitals and nursing homes."

In testimony submitted in May 1987 by Gordon M. Ambach, then Commissioner of Education, at a legislative hearing on nursing issues, he reported that the U.S. Department of Health and Human Services was projecting that by 1990 New York State would have an oversupply of 18,500 nurses. He further stated, however, that a shortage of 32,210 baccalaureate and higher degree RNs was anticipated, and that nationally 965,000 such nurses would be needed by the year 2000 with a projected supply of only 500,000.

Ironically, a shortage of nurses exists "while the hospital bed supply in New York State declined 27 percent from 1975 to 1985, and the number of RNs rose 20 percent...the number of RNs for each 1,000 occupied beds increased from 428 to 742 during the same period, an increase of 58 percent." Nationally, there are about 2.1 million licensed RNs and the number of employed nurses increased 55 percent from 1977 to 1984.

From all reports, however, and despite overall increases in the number of nurses, demand within hospitals as well as within long term care and community-based settings seems to be exceeding supply. The likelihood of a widening gap between supply and demand seems probable as anticipated growth occurs in the elderly population while the potential resource from which to attract new nurses declines.

NURSING SALARIES

Serious concerns have been expressed about the impact of the nursing shortage on recruitment and retention, and the associated stress it places on both staff and patients. While the compensation package traditionally provided to nurses has long been viewed by many as insufficient, the magnitude of reported salary and benefit increases over the past year has alarmed health care providers who indicate that reimbursement has generally not kept pace with these increased labor costs.

Providers have indicated that starting salaries, in many cases, have dramatically increased. Attempts to address the problems associated with "salary compression," which has long plagued the nursing community, have also been reported. The following examples, excerpted from testimony presented at May 1987 legislative hearing on nursing issues, demonstrates this problem and the inequities which can arise between a new nurse, a more experienced bedside nurse and one with coordinating responsibilities.

A new graduate, let's call him John, applies to and is accepted by one of our institutions. His beginning salary is $30,400 calculated as follows:

$ 27,000 base salary
3,000 shift differential
400 education differential
$ 30,400

In addition, he is eligible to earn overtime...

John's colleague, Ann...has been employed in the institution for five years and is considered an
extremely competent practitioner... she is helping John gain the necessary experience to improve his skills. Ann, the more experienced practitioner, is making $31,000 or $600 more. Ann, too, can earn overtime.

The Clinical Coordinator on John's and Ann's unit is Margaret. Because the institution follows a decentralized model, Margaret is responsible for budget preparation and control; staffing schedules; selection, development, and evaluation of staff; and for the overall quality of care provided to patients on her unit... She has a Master's Degree and... earns $33,000. She is not eligible to earn overtime.

In the New York City area, some providers are pointing to the recent Lenox Hill settlement in which greater financial recognition was given to experienced nurses. Another economic issue of the Lenox Hill settlement included minimum starting salaries.

Recent increases for State-employed nurses, which emphasized geographic and shift differentials, now provide a more competitive financial package but may also have placed pressure on other health care providers to make similar adjustments. Several providers have stated that salaries offered to certain State-employed RNs are among the most competitive.

Increased prices, due to inflation, are accounted for in the Medicaid rate through application of the trend factor, a major component of which is labor. The labor component of the trend factor accounts for changes in salaries and benefits but has recently been criticized because of its apparent lack of sensitivity to the higher labor costs now being experienced by health care providers. This may be because the labor component is non-industry specific.

The salary information that follows illustrates some of the difficulties described above. Benefit packages such as child care and housing were generally reported to be highly variable, and are not included below.

**Hospitals**

In a consolidated effort, the Central New York, Rochester Region and Western New York Hospital Associations conducted RN salary surveys during the period October 1986 through August 1987. The results indicate that over this ten-month period, RN hourly wages increased by an average of 6.3 percent (Central New York), 5.8 percent (Rochester Region) and 4.7 percent (Western New York).

The following presents the hourly wages as of August 1987.

<table>
<thead>
<tr>
<th></th>
<th>Minimum Range (hourly)</th>
<th>Maximum Range (hourly)</th>
<th>Mean Rate</th>
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</thead>
<tbody>
<tr>
<td>Central Average</td>
<td>$8.46</td>
<td>$10.95</td>
<td>$9.84</td>
</tr>
<tr>
<td>Rochester Average</td>
<td>8.69</td>
<td>11.34</td>
<td>9.90</td>
</tr>
<tr>
<td>Western Average</td>
<td>8.93</td>
<td>10.97</td>
<td>10.08</td>
</tr>
<tr>
<td>Combined Average</td>
<td>8.70</td>
<td>11.06</td>
<td>9.95</td>
</tr>
</tbody>
</table>

Discussions with one Capital District hospital indicated that its base salaries for new RNs increased from $8 per hour in November 1986 to $10.02 in October 1987. This represents an increase of 25 percent.

The Northern Metropolitan Hospital Association reported general salary ranges and indicated that wages for nursing personnel varied somewhat because of the heterogeneous nature of its region. Entry level salaries ranged from $22,000 in the northern part of the region (e.g., Ulster County) to $26,000 in the southern part of the region (e.g., Westchester County).

The Nassau-Suffolk Hospital Council surveyed 19 hospitals and found that RN starting salaries, after probation, ranged from $25,174 to $31,432. With five years experience, RNs in this region could
currently expect to earn $28,000-$35,985. Lower salaries were reported to be at community hospitals. See Appendix A for more detailed information.

Discussions with three hospitals in the New York City region revealed starting salaries for staff nurses with no experience of $25,386 to $27,840. Another institution reported a starting salary of $28,300 (for a new, baccalaureate prepared RN) with potential growth to $38,000 (after about six years). This particular institution also indicated that it was not experiencing the degree of difficulty in recruitment and retention as most hospitals.

In discussions with some hospitals and associations, difficulty with salaries for experienced nurses was cited as a major problem.

Both the Hospital Association of New York State and the Greater New York Hospital Association are currently conducting a thorough analysis of the nursing shortage which is expected to be completed in the near future. The results of these efforts should provide extensive information of the effects of the nursing shortage on hospitals in New York State.

Nursing Homes

The New York Association of Homes and Services for the Aging (NYAHSA), which represents voluntary and public nursing homes, indicated that average starting salaries for RNs were $20,000-$21,000 upstate and $25,000-$26,000 downstate and increases of about 10 percent plus bonuses were being reported.

A labor affordability analysis was also conducted by NYAHSA. The analysis compared trended costs from base year 1983 to 1986 dollars per hour for RNs, LPNs and aides/orderlies, and was based on data from a nonrandom, nonstratified sample of voluntary, proprietary and public nursing homes. Based on this information, the average 1986 statewide price of nursing labor was about 3.7 percent above the price reimbursed. The Association indicated that analysis of 1987 data may demonstrate a larger gap.

The New York State Health Facilities Association, which represents proprietary nursing homes, conducted a nursing wage analysis from 1983 to 1988. Over 100 facilities responded to the survey. Results were segregated by HSA regions and, in general, indicated the following:

- In all but one HSA region, average wages for RNs and LPNs were in excess of the average hourly Medicaid reimbursement.
- In some regions, average Medicaid reimbursement for aides and orderlies exceeded average wages. In other regions, facilities averaged a loss.

More detailed information is provided in Appendix B.

Home Health Care

In early 1987, the Home Care Association (HCA) of New York State conducted a salary survey for caregiving staff, not supervisory or management. A correlation was found to exist between salaries and area population. HCA also indicated that salary variations due to agency size, type or auspice were found to be insignificant. Salaries varied tremendously across the State and, as might be expected, were generally higher in counties with a population of more than 500,000.

More detailed information is provided in Appendix C.

In the Ad Hoc Task Force Report on the Human Resource Shortage, HCA indicated that Medicaid rates have prohibited home care agencies from offering competitive salaries for nursing staff.
a result, home care agencies are also experiencing difficulty attracting nurses.

CONCLUSIONS

The available data shows that many providers are incurring labor costs beyond that recognized by the labor component of the trend factor. It also indicates that a great deal of money is flowing to new RNs and a major salary problem seems evident for more experienced nurses wanting to maintain bedside responsibilities.

At the same time, the State has recognized the need for certain salary adjustments for State-employed RNs which are reported, in some instances, to be among the most competitive available. This places pressure on other health care providers to make adjustments which may, in many cases, be in excess of the amount reimbursed through Medicaid.

What this data does not show is the sense of urgency and intense competition many have reported. This was expressed by the Greater New York Hospital Association, as follows, in its testimony at a legislative hearing on nursing issues in May 1987.

We have many quick fixes in place and I'm not convinced that will long-term answer all our questions. In some cases, we have the Wild, Wild West going on. We pay bounties to recruit nurses from one hospital to another; we provide a staff nurse with a certain amount of money if he or she can draw another nurse from another institution, another country, another place. We do a lot of foreign recruitment...we advertise constantly...and we have flexible scheduling times. We provide child care if and when we can, and we tout our proximity to cultural institutions. All of these are probably not long term solutions to the problem. As many have said before, there are several longer term solutions that need to be addressed and,

as a representative of the hospital profession, I could not leave...without discussing the reimbursement issue...as to the importance of compensating properly for the costs accrued when we recruit and retain adequately prepared nurses.
NOTES


APPENDIX A
Hospitals - Nassau/Suffolk

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>JOB RATE</th>
<th>HIGH RANGE</th>
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<tbody>
<tr>
<td>A</td>
<td>$31,432</td>
<td>$38,574</td>
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<tr>
<td>B</td>
<td>28,500</td>
<td>32,000</td>
</tr>
<tr>
<td>C</td>
<td>29,199</td>
<td>34,842</td>
</tr>
<tr>
<td>D</td>
<td>27,743</td>
<td>30,773</td>
</tr>
<tr>
<td>E</td>
<td>25,174-27,975</td>
<td>29,815</td>
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<tr>
<td>F</td>
<td>30,566</td>
<td></td>
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<tr>
<td>G</td>
<td>26,730</td>
<td>28,000</td>
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<tr>
<td>H</td>
<td>30,244</td>
<td>31,999</td>
</tr>
<tr>
<td>I</td>
<td>29,599</td>
<td>31,231</td>
</tr>
<tr>
<td>J</td>
<td>25,500</td>
<td>28,000</td>
</tr>
<tr>
<td>K</td>
<td>29,430</td>
<td>38,000</td>
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<tr>
<td>L</td>
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<tr>
<td>M</td>
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<td>32,500</td>
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<tr>
<td>N</td>
<td>26,871</td>
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<td>O</td>
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<td>P</td>
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<td></td>
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<td>Q</td>
<td>27,838</td>
<td>29,663</td>
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<tr>
<td>R</td>
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<td>28,500</td>
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<td>S</td>
<td>28,333</td>
<td>30,712</td>
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Source: Nassau-Suffolk Hospital Council, Inc.
**APPENDIX B**

Residential Health Care Facilities - Proprietary

<table>
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<tr>
<th>Medicaid Gain/Loss</th>
<th>RNs</th>
<th>LPNs</th>
<th>A &amp; O*</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(percent)</td>
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<tr>
<td>Western New York</td>
<td>- 7.0</td>
<td>- 3.7</td>
<td>+ 7.4</td>
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<tr>
<td>Fingerlakes</td>
<td>- 6.5</td>
<td>- 5.4</td>
<td>+ 6.7</td>
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<tr>
<td>Central New York</td>
<td>- 3.8</td>
<td>- 4.7</td>
<td>+ 3.7</td>
</tr>
<tr>
<td>NY Penn</td>
<td>-16.4</td>
<td>- 4.0</td>
<td>- 3.7</td>
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<tr>
<td>Northeastern</td>
<td>- 8.5</td>
<td>- 8.0</td>
<td>- 1.4</td>
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<tr>
<td>Hudson Valley</td>
<td>-11.0</td>
<td>- 9.8</td>
<td>+ 1.1</td>
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<tr>
<td>New York City</td>
<td>+ 3.4</td>
<td>+ 9.9</td>
<td>+10.7</td>
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<tr>
<td>Nassau/Suffolk</td>
<td>-14.3</td>
<td>- 4.1</td>
<td>+ 2.5</td>
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</table>

**APPENDIX C**

*Salaries of Nurses Employed by Home Care Agencies in New York State by Population of Agency Service Area*

<table>
<thead>
<tr>
<th>Annual Salaries</th>
<th>No. of Agencies</th>
<th>Low and Mean</th>
<th>Low and High</th>
<th>High and Mean</th>
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<td>Nurse: Bachelor's Entire State</td>
<td>39</td>
<td>14,000</td>
<td>23,000</td>
<td>37,000</td>
<td>26,973</td>
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<td>8</td>
<td>16,685</td>
<td>20,755</td>
<td>40,000</td>
<td>20,433</td>
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<td>100,000 - 500,000</td>
<td>10</td>
<td>16,000</td>
<td>22,933</td>
<td>37,000</td>
<td>23,912</td>
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<tr>
<td>More than 500,000</td>
<td>21</td>
<td>20,738</td>
<td>26,000</td>
<td>37,000</td>
<td>22,123</td>
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<td>Nurse: Associate's Entire State</td>
<td>86</td>
<td>14,000</td>
<td>21,230</td>
<td>36,000</td>
<td>24,334</td>
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<tr>
<td>Less than 100,000</td>
<td>25</td>
<td>10,000</td>
<td>17,355</td>
<td>36,273</td>
<td>19,880</td>
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<tr>
<td>100,000 - 500,000</td>
<td>27</td>
<td>14,000</td>
<td>20,434</td>
<td>30,000</td>
<td>23,816</td>
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<tr>
<td>More than 500,000</td>
<td>36</td>
<td>16,900</td>
<td>26,796</td>
<td>36,000</td>
<td>28,315</td>
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<td>Nurse: Diploma Entire State</td>
<td>60</td>
<td>14,000</td>
<td>19,576</td>
<td>31,534</td>
<td>22,527</td>
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<tr>
<td>Less than 100,000</td>
<td>24</td>
<td>14,500</td>
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<td>14,000</td>
<td>18,217</td>
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<td>23,678</td>
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<tr>
<td>More than 500,000</td>
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<td>15,500</td>
<td>23,088</td>
<td>31,534</td>
<td>27,024</td>
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<td>Nurse: Bachelor’s Early State</td>
<td>65</td>
<td>14,000</td>
<td>20,434</td>
<td>33,500</td>
<td>23,334</td>
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<tr>
<td>Less than 100,000</td>
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<td>14,000</td>
<td>15,857</td>
<td>28,350</td>
<td>18,277</td>
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<td>100,000 - 500,000</td>
<td>19</td>
<td>14,000</td>
<td>18,890</td>
<td>30,000</td>
<td>23,877</td>
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<tr>
<td>More than 500,000</td>
<td>26</td>
<td>16,500</td>
<td>24,363</td>
<td>33,500</td>
<td>27,165</td>
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<tr>
<td>Nurse: LPN Entire State</td>
<td>19</td>
<td>8,667</td>
<td>15,000</td>
<td>21,250</td>
<td>18,437</td>
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<td>27,433</td>
<td>20,709</td>
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<tr>
<td>More than 500,000</td>
<td>7</td>
<td>16,657</td>
<td>19,952</td>
<td>25,250</td>
<td>21,716</td>
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