

The Texas Governmental Public Health Nurse Staffing Survey (TGPHNSS) assesses nurse staffing and related issues in Texas governmental public health agencies. In the spring of 2022, the Texas Center for Nursing Workforce Studies (TCNWS) administered the TGPHNSS to public health agencies across Texas. This included local health departments, public health service regions, and Department of State Health Services (DSHS) and Health and Human Services (HHS) central offices in Austin. DSHS and HHS central office programs will be referred to as state offices. A total of 50 agencies participated for a final response rate of 56.8%.

This report presents the results of the 2022 TGPHNSS related to the effects of the COVID-19 pandemic in Texas governmental public health agencies. The findings summarize consequences experienced due to COVID-19, changes in staffing models, and COVID-19 vaccination.

## Consequences of COVID-19

Texas governmental public health agencies were asked to select consequences their facility had experienced as a result of COVID-19 (Table 1).

- The top 3 consequences were insufficient staffing (46.7%), diversion of resources from other programs and services (37.8%), and nurses leaving due to COVID illness (22.2%).
- 7 governmental public health agencies responded that they had not experienced any consequences due to COVID-19.
- Other consequences included staff burnout (2 agencies), loss of patients/clients (2 agencies), illness/exposure prevented nurses from working and there was little staff back-up (3 agencies), nurses left for remote work and larger salaries (1 agency), and RN death due to COVID (1 agency).

Nearly half of responding governmental health agencies (46.7%) used APRN or ancillary staff (community health workers, health educators, social workers, disease investigators, etc.) in nontraditional roles to support RN staff.

**Table 1. Number and percent of responding governmental public health agencies experiencing consequences due to COVID-19 (n=45)**

Consequence of COVID-19	# of agencies	% of agencies
Insufficient staffing	21	46.7%
Diversion of resources from other programs and services	17	37.8%
Nurses leaving due to COVID illness	10	22.2%
Other	9	20.0%
Nurses retiring early	9	20.0%
My facility did not experience any consequences due to COVID-19	7	15.6%
Nurses leaving for travel nurse jobs	7	15.6%
Nurses leaving the profession	6	13.3%
Financial instability	5	11.1%

## Staffing Model Changes

Responding governmental public health agencies listed changes they made to staffing models as a result of COVID-19, as well as the changes they planned to continue long-term. 40 agencies responded with staffing model changes. Some of the most common responses are shown in Table 2.

- 20.0% of responding agencies said they didn't make any changes to their staffing model because of COVID-19.
- Nearly a third of governmental public health agencies added staff positions to help with the increased workload from COVID-19.
- A quarter of agencies said they pulled resources and staff from other departments to help with COVID-19 efforts.
- While 5 agencies said they were unsure of what changes they would be keeping, agencies said they would continue utilizing telework (3 agencies) and cross training of staff (3 agencies).

**Table 2. Percent of responding governmental public health agencies reporting changes to staffing models due to COVID-19 (n=40)**

Changes to Staffing Model due to Covid-19	# of agencies	% of agencies
Added staff position to help with increased workload from COVID-19	13	32.5%
Pulled resources and staff from other departments	10	25.0%
Permanent or temporary work from home	4	10.0%
Cross training staff	4	10.0%
Maximized number of staffing working on COVID-19 vaccination	4	10.0%
Increased salary/over-time for COVID work	2	5.0%

- 5 agencies also indicated that they would keep the additional staff they have hired as long as funding is available. 2 agencies said they have already had to decrease essential staff because COVID-19 funding has become unavailable.

## COVID-19 Vaccination

All 46 responding governmental public health agencies said they did not mandate COVID-19 vaccination of staff.

- The mean vaccination rate of 36 responding agencies was 87.3%.
- 15 agencies (41.7%) said that 100% of their staff were vaccinated against COVID-19.
- The majority of public health agencies held COVID-19 vaccine clinics: 39 for the public and staff and 2 only for staff (Table 3).

**Table 3. Number and percent of responding governmental public health agencies that hosted COVID-19 vaccine clinics (n=46)**

Did Hospital Host COVID-19 Vaccine Clinics?	# of agencies	% of agencies
Yes, for the public	0	0.0%
Yes, for staff	2	4.3%
Yes, for the public and staff	39	84.8%
No	5	10.9%

## Conclusion and Recommendations

The top 3 consequences of COVID-19 for Texas governmental public health agencies were insufficient staffing (46.7%), diversion of resources from other programs and services (37.8%), and nurses leaving due to COVID illness (22.2%).

20.0% of responding agencies said they didn't make any changes to their staffing model because of COVID-19,

while nearly a third of governmental public health agencies added staff positions to help with the increased workload from COVID-19.

None of the responding governmental public health agencies mandated the COVID-19 vaccine but the mean vaccination rate among responding agencies was 87.3%.

