

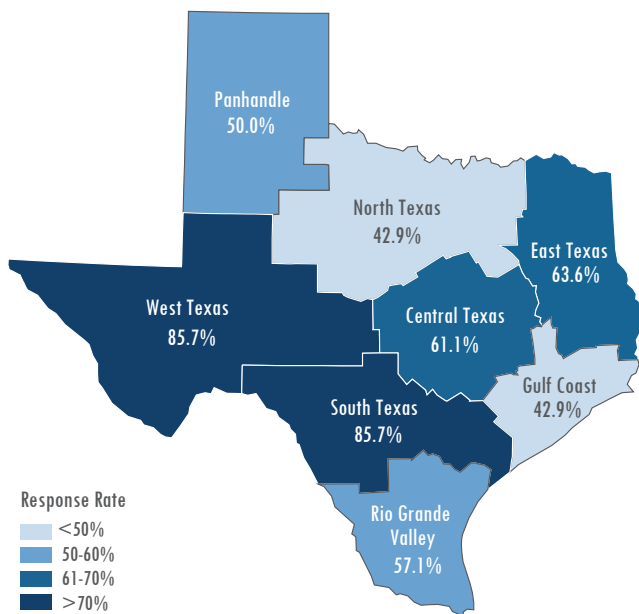


The Texas Governmental Public Health Nurse Staffing Survey (TGPHNSS) assesses nurse staffing and related issues in Texas governmental public health agencies. In the spring of 2017, the Texas Center for Nursing Workforce Studies (TCNWS) administered the TGPHNSS to 82 public health agencies in Texas. This 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 48 agencies participated for a final response rate of 58.5%.

This report provides data on agency types as well as the response rate by agency type, region, and geographic designation. Also included in the report are agency characteristics such as administration of nursing services, nurses on boards, and program areas.

Geographic Characteristics of Public Health Agencies

Figure 1. Response rate by region



The final response rate, with 48 of the 82 public health agencies responding, was 58.5%, which was a decrease from 2015 (69.9%).

Response Rate by Region

Figure 1 and Table 1 show the response rate of public health agencies by region.

- South Texas and West Texas had the highest response rates, both 85.7%
- The Gulf Coast and North Texas both had a 42.9% response rate, which were the lowest in the state.

Table 1. Response rate by region

Region	# of Respondents in Region	Total # of Public Health Agencies in Region	Response Rate
Central Texas	11	18	61.1%
East Texas	7	11	63.6%
Gulf Coast	6	14	42.9%
North Texas	6	14	42.9%
Panhandle	2	4	50.0%
Rio Grande Valley	4	7	57.1%
South Texas	6	7	85.7%
West Texas	6	7	85.7%
Texas	48	82	58.5%

- Analysis found that there was no significant difference between responding agencies and non-responding agencies by region.¹

Response Rate by Geographic Designation

Table 2 displays the response rate by metropolitan and border status (geographic designation). Please see Appendix D for the list of all Texas counties by metropolitan and border status.

- Agencies in border counties had the highest response rate. Non-metropolitan border agencies had a response rate of 100% and metropolitan border agencies had a response rate of 66.7%.
- Agencies in non-metropolitan non-border counties had a final response rate of 62.5%.

- Metropolitan non-border counties had the lowest response rate (55.9%) among geographic designations.
- Analysis found that there was no significant difference between responding agencies and non-responding agencies by geographic designation.²

Table 2. Response rate by geographic designation

Geographic Designation	# of Respondents in Designation	Total # of Agencies in Designation	Response Rate
Metro Border	4	6	66.7%
Metro Non-Border	33	59	55.9%
Non-Metro Border	1	1	100%
Non-Metro Non-Border	10	16	62.5%

Response Rate by Agency Type

Table 3 displays the response rate by agency type. City, health district and county agencies are consolidated and represented by local health departments. DSHS central offices and Health and Human Services (HHS) are consolidated into state offices.

- 6 of the 8 DSHS public health service regions responded to the survey (75.0% response rate).
- Local health departments had a response rate of 60.9%, with 39 of 64 agencies responding to the survey.
- The response rate for state offices was 30.0%.
- Analysis found that there was no significant difference between responding agencies and non-responding agencies by agency type.³

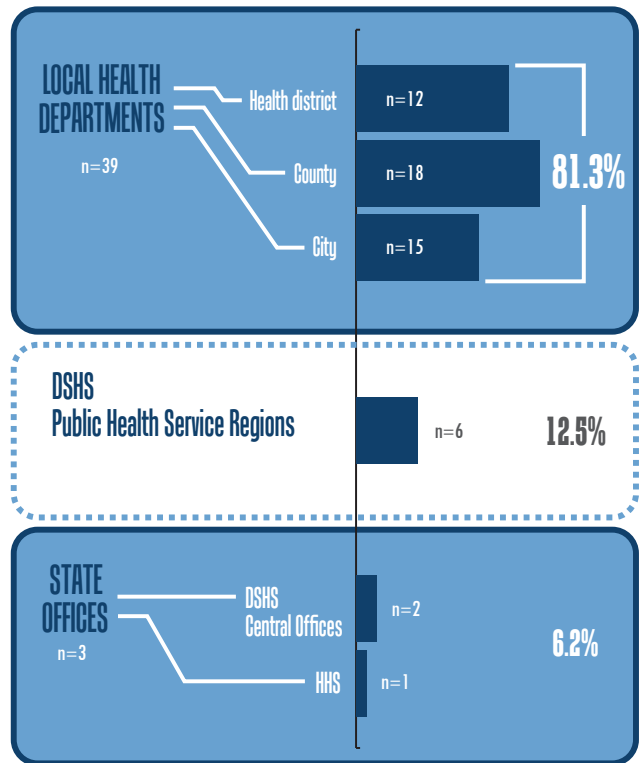
Table 3. Response rate by agency type

Agency Type	# of Responding Agencies	# of Agencies in Population	Response Rate
Public Health Service Regions	6	8	75.0%
Local Health Departments	39	64	60.9%
State Offices	3	10	30.0%

Agencies were asked to best characterize their agency; multiple selections were allowed. Figure 2 displays the frequency of agency types selected. 5 of the 48 agencies selected more than one type of local health department.

- Most agencies (81.3%, n=39) reported being characterized by at least 1 of 3 types of local health departments.
- Local health department – county was the most frequently reported agency type (n=18).

Figure 2. Agency types reported by respondents



¹(X² (df = 7, N = 48) = 3.06, p = 0.88)

²(X² (df = 3, N = 48) = 0.47, p = 0.96)

³(X² (df = 2, N = 48) = 1.83, p = 0.41)

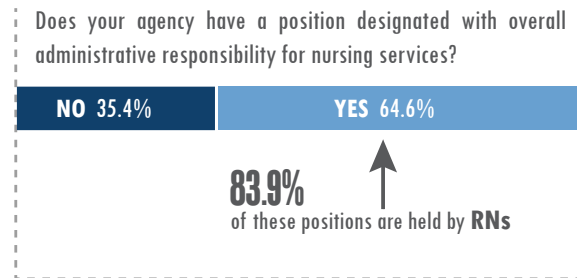


Administration of Nursing Services

Agencies were asked if they had a position designated with overall administrative responsibility for nursing services. Those agencies that did have a position designated were then asked if the position was filled by a RN. As seen in Figure 3:

- Overall, 64.6% of the agencies reported having a position designated with overall administrative responsibility for nursing services.
- Among respondents who did have a person with administrative responsibility for nursing services, 83.9% reported that the person was a RN.

Figure 3. Administration of nursing services



Nurses on Boards

The Institute of Medicine (IOM) has recommended preparing and enabling nurses to lead change to advance health, which includes having representation on boards and other key leadership positions.⁴ The 2017 TGPHNSS tracked this indicator by asking if the respondent's organizational board had any RN members. The question did not ask for any specific type of board and the broadness of the question was a limitation of the study.

- 20.8% (n=10) of the agencies that participated in the survey reported having a RN on their board.

- One half of respondents (n=24) selected “not applicable or unknown” and 29.2% (n=14) of agencies selected “no” on the question.
- 80.0% (n=8) of respondents who did have RN board members reported the RNs had voting privileges.

⁴Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). Front matter. *The future of nursing: Leading change, advancing health.*

Program Areas

Governmental public health agencies serve a variety of functions and provide a range of programs to the public. Respondents were asked to select the types of nurses they were using to staff different program areas within their agency. They could also indicate that their agency had the program area but did not staff it with nurses, or that their agency did not have the program area. Operational definitions for the program areas are available in Appendix C.

Agencies that responded to the question described in Table 4, were only included in the counts of program areas that staff each of the nurse types if they were currently employing

the respective nurse type. In calculating percentages for the numbers in Table 4, different denominators were used for each nurse type.

- At the time of the survey, 33 agencies reported currently employing LVNs in their agency. More than half of these agencies used LVNs to staff their immunizations (29/33 or 87.9%), tuberculosis control (21/33 or 63.6%), and sexually transmitted disease (20/33 or 60.6%) programs/services.

- At the time of the survey, 46 agencies reported currently employing RNs in their agency. Nearly 72% of these agencies used RNs to staff their immunizations and tuberculosis control programs. Almost two-thirds, or 65.2%, used RNs to staff their sexually transmitted disease programs. HIV and chronic disease services/prevention programs (43.5% and 41.3%, respectively) were the next most frequently selected program areas to staff RNs.

- 17 agencies reported employing APRNs at the time of the survey. 11 of these agencies, or 64.7%, used APRNs to staff their sexually transmitted disease programs. 53% used APRNs to staff their clinical family planning services.
- The three most frequently selected program areas that were not staffed by nurses were environmental health programs (32/48 or 66.7%), inspection programs (24/48 or 50%), and emergency preparedness programs (21/48 or 43.7%).

Table 4. Program areas staffed by nurse type

Program Area	Staffed by LVNs n*=33	Staffed by RNs n*=46	Staffed by APRNs n*=17	Have program area but not staffed with nurses	Agency does not have this program area
Access to Care/Health Systems	6	11	3	8	26
Ambulatory Services (Primary Care)	5	7	7	0	36
Case Management/Care Coordination (including home visits)	5	16	1	4	25
Chronic Disease Services/Prevention	8	19	5	4	20
Correctional Health	1	2	1	1	39
Emergency Preparedness	10	14	5	21	6
Environmental Health	2	3	1	32	8
Epidemiology	10	19	2	19	4
Family Planning Services (Clinical)	10	11	9	0	32
General Administration	5	16	5	18	7
Human Immunodeficiency Virus (HIV)	10	20	8	10	11
Home Health Care	2	1	1	0	43
Immunization Programs/Services	29	33	4	1	4
Inspections (Daycares, Nursing homes, etc.)	2	2	0	24	17
Maternal/Child Health Programs	4	11	5	6	27
Men's Health	6	7	5	2	33
Refugee Health	4	11	4	2	32
School Health	3	3	1	5	35
Sexually Transmitted Disease (STD)	20	30	11	5	4
Substance Abuse/Tobacco Prevention	3	3	5	13	25
Tuberculosis Control	21	33	5	0	6
Women, Infant, Children Supplemental Nutrition Program (WIC)	8	2	0	9	28
Other	1	2	0	2	17

* n=number of agencies that employed the nurse type



Conclusion and Recommendations

Conclusion

The final response rate, with 48 of the 82 public health agencies responding, was 58.5%, which was a decrease from 2015 (69.9%). Public health service regions had the highest response rate (75.0%) among agency types. West Texas (85.7%) and South Texas (85.7%) regions had the highest response rates, and the Gulf Coast and North Texas had the lowest response rates (both 42.9%).

Of the responding agencies, 64.6% reported having a position designated with overall administrative responsibility, and among those that had such a position, 83.9% staffed the position with a RN. This is in line with the IOM recommendation that public health implement formal career ladders and collaborative governance structures that provide public health nurses with greater autonomy, responsibility, and opportunities to serve in leadership roles.¹ The 2017 TGPHNSS also tracked nurses on boards and 20.8% of responding agencies had a RN board member. Of the RNs that were board members, 80% had voting privileges.

Finally, 87.9% of agencies employing LVNs reported staffing them in immunization programs/services and 71.7% reported staffing the same program area with RNs, Tuberculosis control was a frequently selected program area staffed with RNs (71.7%) and LVNs (63.6%). Of the agencies employing APRNs, 64.7% reported staffing them in sexually transmitted disease (STD) which was the most frequently selected program area for APRN staffing.

¹Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). Front matter. *The future of nursing: Leading change, advancing health*.

