Appendix A

TGPHNSS Taskforce Membership

Chair

- Cindy Zolnierek, PhD, RN - Executive Director, Texas Nurses Association

Members

- Lisa Campbell, DNP, RN, APHN-BC - Founder, Population Health Consultants
- Lisette K. Osborne, RN-BC, MSN, CHEP - Preparedness Branch Manager, Health Emergency Preparedness and Response Section, Texas Department of State Health Services
- Lou Kreidler, RN, BSN - Director of Health, Wichita County Public Health District
- Linda M. Kaufman, MSN, RN, APHN-BC - Public Health Nursing Supervisor, San Antonio Metropolitan Health District, Public Health Emergency Preparedness
- Martha Payne, APRN - Community Health Manager, Texas Department of Health Services, Health Services Region 7
- Monica Hughes, BSN, RN - Director of Public Health Nursing, Texas Department of State Health Services, Region 7

Texas Governmental Public Health Nurse Staffing Survey
(TGPHNSS)
Survey Instrument

Texas Center for Nursing Workforce Studies
Department of State Health Services

P.O. Box 149347 • Austin, TX 78714-9347 • Phone: 512-776-6561 • www.dshs.state.tx.us/chs/cnws

2015 Texas Governmental Public Health Nurse Staffing Study (TGPHNSS)
SURVEY FORM

Purpose: The primary purpose of this study is to assess the size and effects of the nursing workforce in Texas governmental public health agencies. State hospitals are not included in this study. The aggregated results of this survey will be available to you following the completion of the data collection and analysis. The aggregated survey results will serve as a guide in developing policy recommendations by the Texas Center for Nursing Workforce Studies Advisory Committee. The data you provide will also be instrumental in developing projections for the number of public health nurses needed in Texas. Your participation in this study is voluntary but highly encouraged, since a better response rate for this survey will provide for more credible information that could affect future public health legislation.

> **Complete the survey online at:**
> **https://www.dshs.state.tx.us/chs/cnws/2015 TGPHNSS**

Due Date: Your completed survey is due by **Friday, July 10, 2015**.

Confidentiality Statement: Your responses are completely confidential. We will report aggregate (statewide and regional) findings only.

See the survey instructions for information on completing and submitting the online survey. You can download a copy of the instructions and other survey materials at http://www.dshs.state.tx.us/chs/cnws/TGPHNSS/.

If you have questions at any time about the survey or procedures, you may contact Timothy Hawkins at 512-776-6561 or by email at TCNWS@dshs.state.tx.us. Thank you very much for your time and effort.

For the purpose of this survey, please include data for all health services.

1. **Please provide the following information about your division/section/agency***.

Official agency name: *

Main office city: *

Main office zip code: *

Name of person submitting survey: *

Title of person submitting survey: *

Email of person submitting survey: *

Phone # of person submitting survey (xxx-xxx-xxxx): *

2. **Which of the following best characterizes your division/section/agency? Select all that apply.***

❏   Local health department-city
❏   Local health department-county
❏   Local health department-health district
❏   DSHS-health service region
❏   DSHS-central office in Austin
❏   Other, please specify:

3. **Does your division/section/agency have a position designated with overall administrative responsibility for nursing services? ***

❏ Yes
❏ No, **skip to question 5.**

4. **If you answered yes to question 3, is the person with overall administrative responsibility for nursing services a registered nurse? ***

❏ Yes
❏ No

5. **The Institute of Medicine's (IOM) report,** *The Future of Nursing: Leading Change, Advancing Health*, **recommends preparing and enabling nurses to lead change to advance health, including representation on boards and other key leadership positions. In order to track this indicator for our state, please answer the following question(s).**

Does your organization's board have any RN members?*

❏ Yes
❏ No**, skip to question 6**

Does that RN board member have voting privileges? *

❏ Yes
❏ No

6. **For each of the following categories, how many total full-time equivalents (FTEs) are currently employed by your division/section/agency? ***

Number of FTEs (all employees)	Number of FTE positions occupied by a licensed vocational nurse (LVN), registered nurse (RN), or advanced practice registered nurse (APRN)	Number of FTE positions that require an LVN, RN, or APRN license

7. **How many total full-time equivalents (FTEs) currently employed by your division/section/agency have a public health nurse (PHN) certification?**

	Number of FTE positions occupied by a nurse with a PHN certification
RN	
APRN	

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8. **Please select the type of nurses that are currently used to staff the following program areas within your division/section/agency. See Operational Definitions for program area definitions.**

Program Area	Staffed by LVNs	Staffed by RNs	Staffed by APRNs	Have program area but not staffed with nurses	N/A - Agency does not have this program area
Access to Care/Health Systems	❏	❏	❏	❏	❏
Ambulatory Services (Primary Care)	❏	❏	❏	❏	❏
Case Management/Care Coordination (including home visits)	❏	❏	❏	❏	❏
Chronic Disease Services/Prevention	❏	❏	❏	❏	❏
Correctional Health	❏	❏	❏	❏	❏
Emergency Preparedness	❏	❏	❏	❏	❏
Environmental Health	❏	❏	❏	❏	❏
Epidemiology	❏	❏	❏	❏	❏
Family Planning Services (Clinical)	❏	❏	❏	❏	❏
General Administration	❏	❏	❏	❏	❏
Human Immunodeficiency Virus	❏	❏	❏	❏	❏
Home Health Care	❏	❏	❏	❏	❏
Immunization Programs/Services	❏	❏	❏	❏	❏
Inspections (Daycares, Nursing homes, etc.)	❏	❏	❏	❏	❏
Maternal/Child Health Programs	❏	❏	❏	❏	❏
Men's Health	❏	❏	❏	❏	❏
Refugee Health	❏	❏	❏	❏	❏
School Health	❏	❏	❏	❏	❏
Sexually Transmitted Disease	❏	❏	❏	❏	❏
Substance Abuse/Tobacco Prevention	❏	❏	❏	❏	❏
Tuberculosis Control	❏	❏	❏	❏	❏
Women, Infant, Children Supplemental Nutrition Program (WIC)	❏	❏	❏	❏	❏
Other, specify:	❏	❏	❏	❏	❏

All survey responses are STRICTLY CONFIDENTIAL.

9. **For each of the following type of nurses, please approximate how many full-time equivalents (FTEs) are currently involved in the following activities/functions as part of their main job duties. Please fill in with a "0" if there are no FTEs.**

Job Function	LVN FTEs	RN FTEs	APRN FTEs
Administration/Staff Supervision			
Community Engagement			
Clinic-based Care			
Population-level Prevention			
Quality Improvement Activities			
Workforce Development/Training			
Regulatory/Compliance Monitoring			
Outreach Activities			
Other, Specify: _____			

10. **Please provide the total number of full-time equivalent (FTE) positions in your division/section/agency as of April 30, 2015 for each type of nurse as indicated in the table below. Please enter "0" if your division/section/agency does not employ a particular type of nurse. ***

	Total number of FTE positions **occupied** on 4/30/2015	Total number of **vacant** FTE positions being recruited on 4/30/2015	Total number of vacant FTE positions on **hold/frozen** on 4/30/2015
LVNs			
RNs			
APRNs			

11. **Please provide the total number of temporary nurse full-time equivalents (FTEs) for each type of nurse used by your division/section/agency on April 30, 2015. Please enter "0" if your agency does not employ a particular type of nurse.***

	Number of temporary nurse FTEs such as contract or staffing agency nurses employed on **4/30/2015**
LVNs	
RNs	
APRNs	

12. **Please provide the total number of nurses employed by your division/section/agency on 1/1/2014 and 12/31/2014 for each type of nurse as indicated in the table below. Do not include contract or staffing agency nurses in this section. Please enter "0" if your division/section/agency does not employ a particular type of nurse. Please note that you are to report a head count in this question. ***

	Head count of **full-time** nurses employed on 1/1/2014	Head count of **full-time** nurses employed on 12/31/2014	Head count of **part-time** nurses employed on 1/1/2014	Head count of **part-time** nurses employed on 12/31/2014
LVNs				
RNs				
APRNs				

13. **Please provide the total number of separations during January 1, 2014 - December 31, 2014 for each type of nurse as indicated in the table below. Do not include contract or staffing agency nurses in this section. Please enter "0" if your division/section/agency does not employ a particular type of nurse. Please note that you are to report a head count in this question.***

	Total head count of **separations** during January 1, 2014 – December 31, 2014
LVNs	
RNs	
APRNs	

All survey responses are STRICTLY CONFIDENTIAL.

14. Once the position is posted, how many days does it typically take to fill a position that requires a nurse license?*

	1-30 days	31-60 days	61-90 days	91 days or more	Not applicable
LVN Positions	❏	❏	❏	❏	❏
RN Positions	❏	❏	❏	❏	❏
APRN Positions	❏	❏	❏	❏	❏

15. Please indicate the methods of interim staffing used by your division to fill in for vacant or absent nurse staff positions. Select all that apply. *

   ❏ We do not use these methods of interim staffing

   ❏ Voluntary overtime

   ❏ Increased workload (but not work hours) of existing staff

   ❏ Identified other providers of services in the community for client referrals

   ❏ In-house staffing pool/per diem

   ❏ Temporary nurses such as contract or staffing agency nurses

   ❏ Other interim staffing methods (please specify)

16. Please provide the number of additional full-time equivalent (FTE) positions by type of nurse your division/section/agency expects to budget for the next fiscal year.

	Additional number of FTE positions your division expects to budget next fiscal year
LVNs	
RNs	
APRNs	

17. Please indicate the type of change, if any, in the number of budgeted direct patient care FTEs on staff in the past two years, for each type of nurses. Circle one for each nurse type. *

LVNs	Increased	Decreased	No change
RNs	Increased	Decreased	No change
APRNs	Increased	Decreased	No change

18. Please indicate the reasons your division/section/agency has increased budgeted positions for each type of nurse during the past two years. Select all that apply:*

	Opening of new units/depts	Increase in funding	Changes in policy	Other
LVNs	❏	❏	❏	❏
RNs	❏	❏	❏	❏
APRNs	❏	❏	❏	❏

If other, please specify the reasons your division/section/agency has increased budgeted nurse positions.

19. Please indicate the reasons your division/section/agency has decreased budgeted positions for each type of nurse during the past two years. Select all that apply:*

	Changes in policy	Inability to fill existing nurse positions	Reduction in funding	Unit/department closures	Other
LVNs	❏	❏	❏	❏	❏
RNs	❏	❏	❏	❏	❏
APRNs	❏	❏	❏	❏	❏

If other, please specify the reasons your division/section/agency has reduced budgeted nurse positions.

20. Has your division/section/agency replaced budgeted positions for RNs with budgeted positions for LVNs? Check one below. If no, proceed to question 21. *

- ❑ Yes
- ❑ No, **skip to Question 21**

If you answered yes above, please explain why your division/section/agency replaced budgeted positions for RNs with budgeted positions for LVNs.

21. Please share with us how the recent economic climate has affected your nurse staffing and nurse hiring practices. Please indicate "no effect" if appropriate.

22. Please provide the following information regarding nurse informaticists (*registered nurses whose main job function is to process and manage data and information to support nursing practice, administration, education, research, and the expansion of nursing knowledge*) **within your division/section/agency on April 30, 2015. Enter "0" where applicable.** *

	Headcount on **04/30/2015**
Number of nurse informaticists employed	
Number of vacant nurse informaticist positions	

23. Where do you currently focus your RN recruitment efforts? Select all that apply. *

- ❑ We don't actively recruit employees **(if checked, please answer Question 25)**
- ❑ Within Texas
- ❑ In states outside of Texas **(if checked, please answer Question 24)**
- ❑ Internationally **(if checked, please answer Question 24)**

24. Why do you focus your recruitment efforts outside of Texas?

25. Which of these employment benefits are offered by your organization? Select all that apply.

- ❑ NONE (**proceed to Question 26**)
- ❑ Health insurance
- ❑ Retirement plan
- ❑ Paid vacation days
- ❑ Employee recognition programs (employee of the month, staff dinners/luncheons, etc)
- ❑ Funding to attend workshops/conferences
- ❑ Sign-on bonus
- ❑ Bonus for recruiting nursing staff to the organization
- ❑ Career ladder positions for LVNs/RNs/APRNs
- ❑ Flexible scheduling or job sharing
- ❑ Shift differential
- ❑ Merit bonus
- ❑ Sabbatical
- ❑ Tuition (reimbursement or direct payment for employees/new hires)
- ❑ Payback for unused sick/vacation time
- ❑ Other (please specify in the space below):

All survey responses are STRICTLY CONFIDENTIAL.   P a g e | **6**

26. What consequences has your organization experienced in the past year as a result of an inadequate supply of nursing personnel? Select all that apply.

❑ NONE-We had an adequate supply of nursing personnel (**proceed to Question 27**)
❑ Increased workloads
❑ Low nursing staff morale
❑ Inability to expand services
❑ Increase in voluntary overtime
❑ Wage increases
❑ Increased nursing staff turnover
❑ Increased use of temporary/agency nurses
❑ Increased patient/family complaints
❑ Increased absenteeism
❑ Increased number of incident reports
❑ Difficulty completing required documentation on time
❑ Other (please specify in the space below):

_____

27. Please indicate the number of newly licensed RNs, by degree, that were hired by your organization during the last fiscal year. Newly licensed RNs are those that have been licensed for less than 1 year.

	Number of newly licensed RN applicants hired
Diploma	
ADN	
BSN	
MSN	

28. The Institute of Medicine's (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, recommends implementing transition to practice programs for newly licensed nurses. These programs may include residencies, internships, orientations, mentoring/preceptor programs, or fellowships. The following question is intended to inform stakeholders of current trends regarding transition to practice type programs for newly licensed RNs in Texas.

Does your organization have a transition to practice program?
❑ Yes
❑ No

29. Please use this space to make any comments or suggestions regarding this survey.

[ ]

You have reached the end of the 2015 Texas Governmental Public Health Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, please contact Timothy Hawkins at (512) 776-6561 or by email at TCNWS@dshs.state.tx.us.

Texas Governmental Public Health Nurse Staffing Survey
(TGPHNSS)
Operational Definitions

2015 Texas Governmental Public Health Nurse Staffing Study

OPERATIONAL DEFINITIONS

Administrator - The person who is responsible for the day-to-day operations of the local health department.

Advanced Practice Registered Nurse (APRN) – a registered nurse approved by the Texas Board of Nursing (BON) to practice as an advanced practice nurse based on completing an advanced educational program acceptable to the BON. The term includes a nurse practitioner, nurse-midwife, nurse anesthetist, and a clinical nurse specialist. The advanced practice nurse is prepared to practice in an expanded role to provide health care to individuals, families, and/or groups in a variety of settings including but not limited to homes, hospitals, institutions, offices, industry, schools, community agencies, public and private clinics, and private practice. The advanced practice nurse acts independently and/or in collaboration with other health care professionals in the delivery of health care services (Texas BON).

Full-Time – an employee who works a full work week and full work year, as defined by the employer.

Full-Time Equivalent (FTEs) - the equivalent of one (1) full-time employee working for one year or a staff position budgeted for 2,080 hours per year. This is generally calculated as 40 hours per week for 52 weeks (or other variations such as 80 hours in a 14 day time frame), for a total of 2,080 paid hours per year. This includes both productive and non-productive (vacation, sick, holiday, education, etc.) time. Two employees each working 20 hours per week for one year would be the same as one FTE.

Health Services Regions - eight regions designated by DSHS in Texas that provide preventive, protective, regulatory, and preparedness health services in areas without local health departments. Additionally, each region carries out required state governmental functions and assists local health departments (Texas DSHS).

Licensed Vocational Nurse (LVN) - an individual who holds a current license to practice as a practical or vocational nurse in Texas or a compact state (Texas BON).

Local Health Department (LHD) – a governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a health region or state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid. (Public Health Accreditation Board. *Guide to National Public Health Department Accreditation*. Alexandria, VA. May 2011).

Nurse Informaticist – a registered nurse whose main job function is to process and manage data and information to support nursing practice, administration, education, research, and the expansion of nursing knowledge.

Part-Time – an employee who works less than full-time, as defined by the employer.

Per Diem – an arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.

Public Health Nursing (PHN) – the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health science (American Public Health Association, Public Health Nursing Section, 1996).

All survey responses are STRICTLY CONFIDENTIAL.   P a g e | **1**

Separations - the number of people (head count) who left your organization in the specified time frame. Include voluntary and involuntary terminations or separations. Do NOT count contract/temporary labor, students in training, travelers or separations due to illness or death in the termination or separation numbers. Do not include within-organization transfers.

Program Areas

Access to Care/Health Systems – promotes strategies to improve access to healthcare services. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, and availability of a regular source of care. Access to care also refers to the extent to which a public health service is readily available to the community's individuals in need. (Turnock, BJ. *Public Health: What It Is and How It Works*. Jones and Bartlett. 2009).

Ambulatory Services (Primary Care) - focuses on cost-effective ways to maximize wellness, prevent illness, and manages acute and chronic diseases to affect the most attainable positive health status over the patient's life span up to and including a peaceful death. (Laughlin, C.B. (Ed.) (2006). *AAACN Core Curriculum for Ambulatory Care Nursing*, p. 4. Pitman, NJ: American Academy of Ambulatory Care Nursing).

Case Management/Care Coordination (including home visits) – maintains primary accountability for a patient case load in order to ensure organization of the costs, use, and quality of the health care system (ICONS).

Chronic Disease Services/Prevention - provides information, education, resources, and assistance to the individual and community to ensure healthy life choices, reduce the human and economic impact of chronic poor health, reduce the incidence of premature death and disability, and promote healthy communities (Texas DSHS).

Correctional Health - provides nursing practice in prisons, jails, juvenile detention centers, and other restrictive settings.

Emergency Preparedness - plans for and responds to disasters and assist communities in recovery.   Also provides emergency response preparation education (ACHNE. (2008). *Disaster Preparedness White Paper*. p.3).

Environmental Health - develops environmental health educational tools and resources, including online webcasts, environmental health curricula, pocket guides, and websites, and implements environmental health training programs (The Agency for Toxic Substances and Disease Registry, CDC).

Epidemiology - studies the distribution and determinants of health-related states or events in specified populations, and applies

Family Planning Services (Clinical) - provides comprehensive, low-cost, and easily accessible reproductive health care to women and men. Services may include physical exams, birth control method counseling, natural family planning, emergency contraception provision, lab tests and medications for sexually transmitted diseases, pregnancy testing, pre-conception counseling, and infertility counseling, delivered in a family planning setting (Texas DSHS).

General Administration - executes administrative tasks such as policy making, scheduling, planning, and budgeting. Administration may also include staff management, hiring, and training.

Human Immunodeficiency Virus - provides education, prevention counseling, screening and testing, partner elicitation and notification, and the provision of medical and social services to prevent the spread of HIV (Texas DSHS).

Home Health Care - provides skilled nursing services in the patient's home. Examples of skilled nursing care include: giving IV drugs, injections, or tube feedings; changing dressings; and teaching about prescription drugs or diabetes care (US Dept. of Health & Human Services, Centers for Medicaid & Medicare Services, *Medicare and Home Health Care*, p.8*)*.

Immunization Programs/Services - provides immunizations to children and adults of all ages in order to prevent vaccine preventable diseases within the community.   Oversees the proper storage, handling, and administration of vaccines (Texas DSHS).

Inspections (Daycares, Nursing homes, etc.) - conducts onsite inspections to determine whether nursing homes, daycares, etc. meet the minimum funding and/or regulatory quality and performance standards (Department of Aging and Disability Services).

Maternal/Child Health Programs - conducts programming focused on improving the physical and mental health, safety, and well-being of women, infants, children, and adolescents (other than Women, Infant, and Children Supplemental Nutrition Program (WIC)) (HRSA, *Maternal and Child Health*, 2013).

Men's Health - conducts programming focused on identifying, preventing, and treating conditions that are most common or specific to men (Men's Health Network).

Refugee Health - provides refugee clients with culturally and linguistically appropriate comprehensive health assessments, including follow-up and referrals for health conditions identified in the assessment process (CDC, 2011).

School Health - oversees school health policies and programs, provides expertise and oversight for the provision of school health services and promotion of health education, provides health care to students and/or staff, performs health screenings and coordinates referrals to the medical and dental home or private healthcare provider (National Association of School Nurses, 2011).

Sexually Transmitted Disease - provides education, prevention counseling, screening and testing, partner elicitation and notification, and the provision of medical and social services to prevent the spread of STDs other than HIV (Texas DSHS)

Substance Abuse/Tobacco Prevention - provides health education and/or cessation services to prevent tobacco and substance use (Texas DSHS).

Tuberculosis Control - provides a range of services to control, prevent, and eliminate tuberculosis (Texas DSHS).

Women, Infant, Children Supplemental Nutrition Program (WIC) - provides nutrition education and counseling, nutritious foods, and help accessing health care to eligible women, infants, and children (Texas DSHS).

Texas County and TGPHNSS Designations

Texas County Designation – Metropolitan

This study designates each of the 254 Texas counties as "Metropolitan" or "Non-metropolitan."

Metropolitan statistical areas are defined by the United States Office of Management and Budget (OMB) according to published standards applied to 2000 Census Bureau data. Conceptually, a metropolitan statistical area is a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core.

Each metropolitan statistical area must have at least one urbanized area of 50,000 or more inhabitants.

The Metropolitan and Non-metropolitan Statistical Area Standards do not equate to an urban-rural classification; all counties included in Metropolitan and Non-metropolitan Statistical Areas and many other counties contain both urban and rural territory and populations.

Texas has 77 Metropolitan and 177 Non-Metropolitan counties based on this designation.

Texas County Designation – Border

This study uses the Border/Non-border designation for Texas counties defined by the "La Paz Agreement," which states that the border region is 100 kilometers north and south of the U.S. – Mexico border.
This border designation includes 32 Texas counties:

Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

The remaining 222 counties are Non-Border.

Four of the 32 border counties are designated as Metropolitan.

TGPHNSS Region Map

Panhandle

North Texas

East Texas

West Texas

Central Texas

Gulf Coast

South Texas
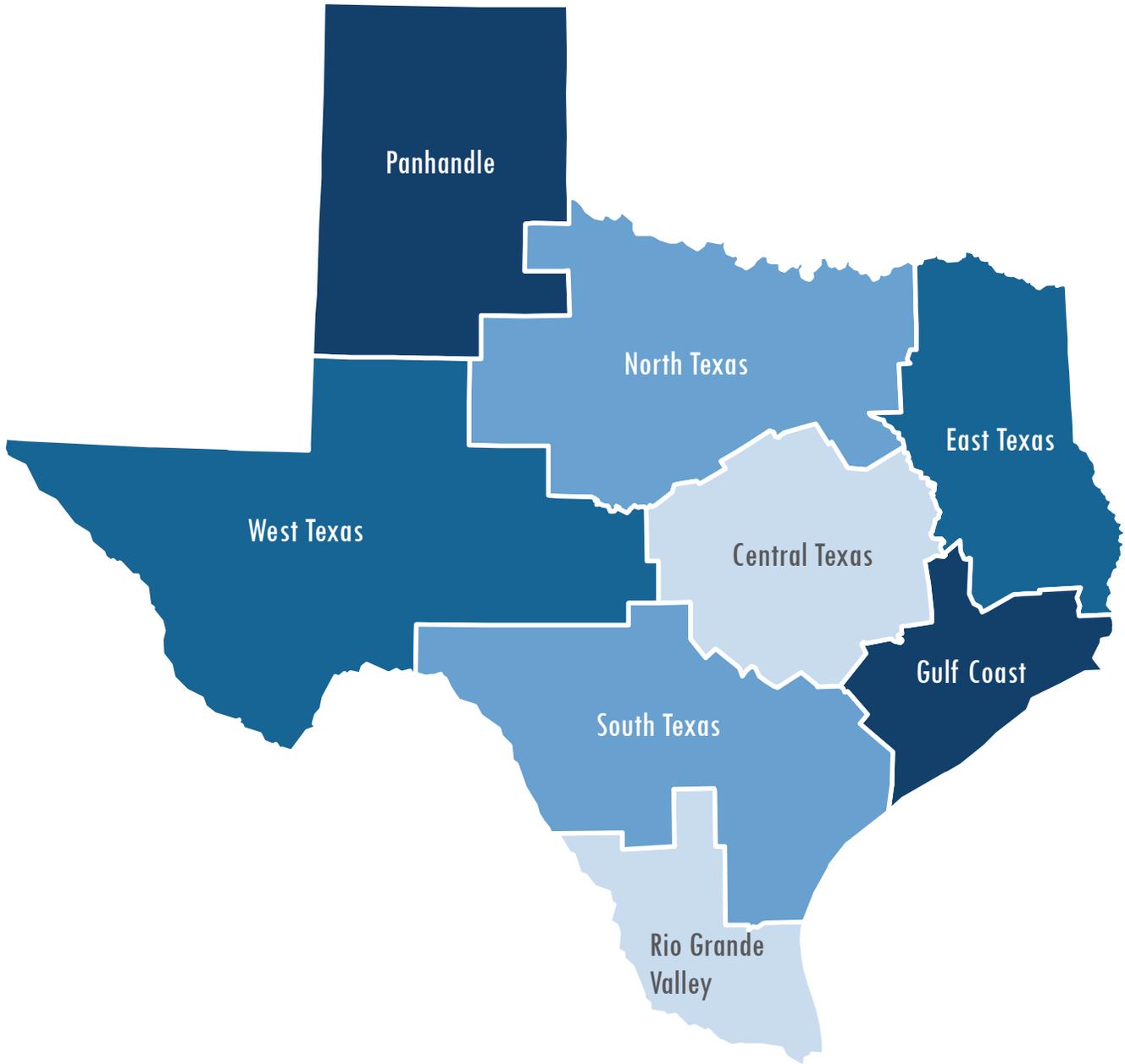
Rio Grande
Valley

2015 Texas Counties, Alphabetical Order

County Name	TGPHNSS Region	Metropolitan Status	Border Status
Anderson	East Texas	Non-Metro	Non-Border
Andrews	West Texas	Non-Metro	Non-Border
Angelina	East Texas	Non-Metro	Non-Border
Aransas	Rio Grande Valley	Metro	Non-Border
Archer	North Texas	Metro	Non-Border
Armstrong	Panhandle	Metro	Non-Border
Atascosa	South Texas	Metro	Non-Border
Austin	Gulf Coast	Metro	Non-Border
Bailey	Panhandle	Non-Metro	Non-Border
Bandera	South Texas	Metro	Non-Border
Bastrop	Central Texas	Metro	Non-Border
Baylor	North Texas	Non-Metro	Non-Border
Bee	Rio Grande Valley	Non-Metro	Non-Border
Bell	Central Texas	Metro	Non-Border
Bexar	South Texas	Metro	Non-Border
Blanco	Central Texas	Non-Metro	Non-Border
Borden	West Texas	Non-Metro	Non-Border
Bosque	Central Texas	Non-Metro	Non-Border
Bowie	East Texas	Metro	Non-Border
Brazoria	Gulf Coast	Metro	Non-Border
Brazos	Central Texas	Metro	Non-Border
Brewster	West Texas	Non-Metro	Border
Briscoe	Panhandle	Non-Metro	Non-Border
Brooks	Rio Grande Valley	Non-Metro	Border
Brown	North Texas	Non-Metro	Non-Border
Burleson	Central Texas	Metro	Non-Border
Burnet	Central Texas	Non-Metro	Non-Border
Caldwell	Central Texas	Metro	Non-Border
Calhoun	South Texas	Metro	Non-Border
Callahan	North Texas	Metro	Non-Border
Cameron	Rio Grande Valley	Metro	Border
Camp	East Texas	Non-Metro	Non-Border
Carson	Panhandle	Metro	Non-Border
Cass	East Texas	Non-Metro	Non-Border
Castro	Panhandle	Non-Metro	Non-Border
Chambers	Gulf Coast	Metro	Non-Border
Cherokee	East Texas	Non-Metro	Non-Border
Childress	Panhandle	Non-Metro	Non-Border
Clay	North Texas	Metro	Non-Border
Cochran	Panhandle	Non-Metro	Non-Border
Coke	West Texas	Non-Metro	Non-Border
Coleman	North Texas	Non-Metro	Non-Border
Collin	North Texas	Metro	Non-Border
Collingsworth	Panhandle	Non-Metro	Non-Border
Colorado	Gulf Coast	Non-Metro	Non-Border
Comal	South Texas	Metro	Non-Border
Comanche	North Texas	Non-Metro	Non-Border

County Name	TGPHNSS Region	Metropolitan Status	Border Status
Concho	West Texas	Non-Metro	Non-Border
Cooke	North Texas	Non-Metro	Non-Border
Coryell	Central Texas	Metro	Non-Border
Cottle	North Texas	Non-Metro	Non-Border
Crane	West Texas	Non-Metro	Non-Border
Crockett	West Texas	Non-Metro	Border
Crosby	Panhandle	Metro Non-	Border
Culberson	West Texas	Non-Metro	Border
Dallam	Panhandle	Non-Metro	Non-Border
Dallas	North Texas	Metro	Non-Border
Dawson	West Texas	Non-Metro	Non-Border
Deaf Smith	Panhandle	Non-Metro	Non-Border
Delta	East Texas	Metro	Non-Border
Denton	North Texas	Metro	Non-Border
DeWitt	South Texas	Non-Metro	Non-Border
Dickens	Panhandle	Non-Metro	Non-Border
Dimmit	South Texas	Non-Metro	Border
Donley	Panhandle	Non-Metro	Non-Border
Duval	Rio Grande Valley	Non-Metro	Border
Eastland	North Texas	Non-Metro	Non-Border
Ector	West Texas	Metro	Non-Border
Edwards	South Texas	Non-Metro	Border
Ellis	North Texas	Metro	Non-Border
El Paso	West Texas	Metro	Border
Erath	North Texas	Non-Metro	Non-Border
Falls	Central Texas	Non-Metro	Non-Border
Fannin	North Texas	Non-Metro	Non-Border
Fayette	Central Texas	Non-Metro	Non-Border
Fisher	North Texas	Non-Metro	Non-Border
Floyd	Panhandle	Non-Metro	Non-Border
Foard	North Texas	Non-Metro	Non-Border
Fort Bend	Gulf Coast	Metro	Non-Border
Franklin	East Texas	Non-Metro	Non-Border
Freestone	Central Texas	Non-Metro	Non-Border
Frio	South Texas	Non-Metro	Border
Gaines	West Texas	Non-Metro	Non-Border
Galveston	Gulf Coast	Metro	Non-Border
Garza	Panhandle	Non-Metro	Non-Border
Gillespie	South Texas	Non-Metro	Non-Border
Glasscock	West Texas	Non-Metro	Non-Border
Goliad	South Texas	Metro	Non-Border
Gonzales	South Texas	Non-Metro	Non-Border
Gray	Panhandle	Non-Metro	Non-Border
Grayson	North Texas	Metro	Non-Border
Gregg	East Texas	Metro	Non-Border
Grimes	Central Texas	Non-Metro	Non-Border
Guadalupe	South Texas	Metro	Non-Border

County Name	TGPHNSS Region	Metropolitan Status	Border Status	County Name	TGPHNSS Region	Metropolitan Status	Border Status
Hale	Panhandle	Non-Metro	Non-Border	Lavaca	South Texas	Non-Metro	Non-Border
Hall	Panhandle	Non-Metro	Non-Border	Lee	Central Texas	Non-Metro	Non-Border
Hamilton	Central Texas	Non-Metro	Non-Border	Leon	Central Texas	Non-Metro	Non-Border
Hansford	Panhandle	Non-Metro	Non-Border	Liberty	Gulf Coast	Metro	Non-Border
Hardeman	North Texas	Non-Metro	Non-Border	Limestone	Central Texas	Non-Metro	Non-Border
Hardin	Gulf Coast	Metro	Non-Border	Lipscomb	Panhandle	Non-Metro	Non-Border
Harris	Gulf Coast	Metro	Non-Border	Live Oak	Rio Grande Valley	Non-Metro	Non-Border
Harrison	East Texas	Non-Metro	Non-Border	Llano	Central Texas	Non-Metro	Non-Border
Hartley	Panhandle	Non-Metro	Non-Border	Loving	West Texas	Non-Metro	Non-Border
Haskell	North Texas	Non-Metro	Non-Border	Lubbock	Panhandle	Metro	Non-Border
Hays	Central Texas	Metro	Non-Border	Lynn	Panhandle	Non-Metro	Non-Border
Hemphill	Panhandle	Non-Metro	Non-Border	McCulloch	West Texas	Non-Metro	Non-Border
Henderson	East Texas	Non-Metro	Non-Border	McLennan	Central Texas	Metro	Non-Border
Hidalgo	Rio Grande Valley	Metro	Border	McMullen	Rio Grande Valley	Non-Metro	Border
Hill	Central Texas	Non-Metro	Non-Border	Madison	Central Texas	Non-Metro	Non-Border
Hockley	Panhandle	Non-Metro	Non-Border	Marion	East Texas	Non-Metro	Non-Border
Hood	North Texas	Non-Metro	Non-Border	Martin	West Texas	Non-Metro	Non-Border
Hopkins	East Texas	Non-Metro	Non-Border	Mason	West Texas	Non-Metro	Non-Border
Houston	East Texas	Non-Metro	Non-Border	Matagorda	Gulf Coast	Non-Metro	Non-Border
Howard	West Texas	Non-Metro	Non-Border	Maverick	South Texas	Non-Metro	Border
Hudspeth	West Texas	Non-Metro	Non-Metro	Medina	South Texas	Metro	Non-Border
Hunt	North Texas	Metro	Non-Border	Menard	West Texas	Non-Metro	Non-Border
Hutchinson	Panhandle	Non-Metro	Non-Border	Midland	West Texas	Metro	Non-Border
Irion	West Texas	Metro	Non-Border	Milam	Central Texas	Non-Metro	Non-Border
Jack	North Texas	Non-Metro	Non-Border	Mills	Central Texas	Non-Metro	Non-Border
Jackson	South Texas	Non-Metro	Non-Border	Mitchell	North Texas	Non-Metro	Non-Border
Jasper	East Texas	Non-Metro	Non-Border	Montague	North Texas	Non-Metro	Non-Border
Jeff Davis	West Texas	Non-Metro	Border	Montgomery	Gulf Coast	Metro	Non-Border
Jefferson	Gulf Coast	Metro	Non-Border	Moore	Panhandle	Non-Metro	Non-Border
Jim Hogg	Rio Grande Valley	Non-Metro	Border	Morris	East Texas	Non-Metro	Non-Border
Jim Wells	Rio Grande	Valley	Non-Metro	Motley	Panhandle	Non-Metro	Non-Border
Johnson	North Texas	Metro	Non-Border	Nacogdoches	East Texas	Non-Metro	Non-Border
Jones	North Texas	Metro	Non-Border	Navarro	North Texas	Non-Metro	Non-Border
Karnes	South Texas	Non-Metro	Non-Border	Newton	East Texas	Non-Metro	Non-Border
Kaufman	North Texas	Metro	Non-Border	Nolan	North Texas	Non-Metro	Non-Border
Kendall	South Texas	Metro	Non-Border	Nueces	Rio Grande Valley	Metro	Non-Border
Kenedy	Rio Grande Valley	Non-Metro	Border	Ochiltree	Panhandle	Non-Metro	Non-Border
Kent	North Texas	Non-Metro	Non-Border	Oldham	Panhandle	Non-Metro	Non-Border
Kerr	South Texas	Non-Metro	Non-Border	Orange	Gulf Coast	Metro	Non-Border
Kimble	West Texas	Non-Metro	Non-Border	Palo Pinto	North Texas	Non-Metro	Non-Border
King	Panhandle	Non-Metro	Non-Border	Panola	East Texas	Non-Metro	Non-Border
Kinney	South Texas	Non-Metro	Border	Parker	North Texas	Metro	Non-Border
Kleberg	Rio Grande Valley	Non-Metro	Non-Border	Parmer	Panhandle	Non-Metro	Non-Border
Knox	North Texas	Non-Metro	Non-Border	Pecos	West Texas	Non-Metro	Border
Lamar	East Texas	Non-Metro	Non-Border	Polk	East Texas	Non-Metro	Non-Border
Lamb	Panhandle	Non-Metro	Non-Border	Potter	Panhandle	Metro	Non-Border
Lampasas	Central Texas	Metro	Non-Border	Presidio	West Texas	Non-Metro	Border
La Salle	South Texas	Non-Metro	Border	Rains	East Texas	Non-Metro	Non-Border

County Name	TGPHNSS Region	Metropolitan Status	Border Status
Randall	Panhandle	Metro	Non-Border
Reagan	West Texas	Non-Metro	Non-Border
Real	South Texas	Non-Metro	Border
Red River	East Texas	Non-Metro	Non-Border
Reeves	West Texas	Non-Metro	Border
Refugio	Rio Grande Valley	Non-Metro	Non-Border
Roberts	Panhandle	Non-Metro	Non-Border
Robertson	Central Texas	Metro	Non-Border
Rockwall	North Texas	Metro	Non-Border
Runnels	North Texas	Non-Metro	Non-Border
Rusk	East Texas	Metro	Non-Border
Sabine	East Texas	Non-Metro	Non-Border
San Augustine	East Texas	Non-Metro	Non-Border
San Jacinto	East Texas	Metro	Non-Border
San Patricio	Rio Grande Valley	Metro	Non-Border
San Saba	Central Texas	Non-Metro	Non-Border
Schleicher	West Texas	Non-Metro	Non-Border
Scurry	North Texas	Non-Metro	Non-Border
Shackelford	North Texas	Non-Metro	Non-Border
Shelby	East Texas	Non-Metro	Non-Border
Sherman	Panhandle	Non-Metro	Non-Border
Smith	East Texas	Metro	Non-Border
Somervell	North Texas	Non-Metro	Non-Border
Starr	Rio Grande Valley	Non-Metro	Border
Stephens	North Texas	Non-Metro	Non-Border
Sterling	West Texas	Non-Metro	Non-Border
Stonewall	North Texas	Non-Metro	Non-Border
Sutton	West Texas	Non-Metro	Border
Swisher	Panhandle	Non-Metro	Non-Border
Tarrant	North Texas	Metro	Non-Border
Taylor	North Texas	Metro	Non-Border
Terrell	West Texas	Non-Metro	Border
Terry	Panhandle	Non-Metro	Non-Border
Throckmorton	North Texas	Non-Metro	Non-Border
Titus	East Texas	Non-Metro	Non-Border
Tom Green	West Texas	Metro	Non-Border
Travis	Central Texas	Metro	Non-Border
Trinity	East Texas	Non-Metro	Non-Border
Tyler	East Texas	Non-Metro	Non-Border
Upshur	East Texas	Metro	Non-Border
Upton	West Texas	Non-Metro	Non-Border
Uvalde	South Texas	Non-Metro	Border
Wilbarger	North Texas	Non-Metro	Non-Border
Willacy	Rio Grande Valley	Non-Metro	Border
Williamson	Central Texas	Metro	Non-Border
Wilson	South Texas	Metro	Non-Border
Winkler	West Texas	Non-Metro	Non-Border
Wise	North Texas	Metro	Non-Border

County Name	TGPHNSS Region	Metropolitan Status	Border Status
Wood	East Texas	Non-Metro	Non-Border
Yoakum	Panhandle	Non-Metro	Non-Border
Young	North Texas	Non-Metro	Non-Border
Zapata	Rio Grande Valley	Non-Metro	Border
Zavala	South Texas	Non-Metro	Border

Agencies were asked to select the programs administered by their agency and whether they were staffed by nurses. The table displays reported governmental public health program areas and the nurses that are staffed in each area.

Program Area	Agencies		LVNs Employed		RNs Employed		APRNs Employed	
	n	% of all agencies	n	% of all agencies	n	% of all agencies	n	% of all agencies
Immunization Programs/Services	55	94.8%	39	67.2%	42	72.4%	5	8.6%
Emergency Preparedness	52	89.7%	9	15.5%	20	34.5%	5	8.6%
Tuberculosis Control	51	87.9%	28	48.3%	41	70.7%	10	17.2%
General Administration	50	86.2%	5	8.6%	24	41.4%	6	10.3%
Sexually Transmitted Disease (STD)	48	82.8%	23	39.7%	34	58.6%	19	32.8%
Environmental Health	44	75.9%	2	3.4%	1	1.7%	1	1.7%
Epidemiology	42	72.4%	10	17.2%	11	19.0%	2	3.4%
Chronic Disease Services/Prevention	40	69.0%	13	22.4%	26	44.8%	11	19.0%
Human Immunodeficiency Virus (HIV)	40	69.0%	12	20.7%	19	32.8%	12	20.7%
Inspections (Day Cares, Nursing Homes, etc.)	33	56.9%	3	5.2%	2	3.4%	0	0%
Case Management/Care Coordination (including Home Visits)	32	55.2%	9	15.5%	19	32.8%	3	5.2%
Women, Infant, Children Supplemental Nutrition Program (WIC)	32	55.2%	14	24.1%	7	12.1%	2	3.4%
Access to Care/Health Systems	26	44.8%	11	19.0%	13	22.4%	4	6.9%
Maternal/Child Health Programs	26	44.8%	9	15.5%	17	29.3%	8	13.8%
Substance Abuse/Tobacco Prevention	26	44.8%	6	10.3%	7	12.1%	5	8.6%
Ambulatory Services (Primary Care)	23	39.7%	10	17.2%	15	25.9%	10	17.2%
Family Planning Services (Clinical)	23	39.7%	12	20.7%	13	22.4%	11	19.0%
Men's Health	17	29.3%	7	12.1%	11	19.0%	11	19.0%
Refugee Health	17	29.3%	8	13.8%	11	19.0%	3	5.2%
Correctional Health	15	25.9%	5	8.6%	4	6.9%	4	6.9%
School Health	11	19.0%	3	5.2%	4	6.9%	2	3.4%
Home Health Care	9	15.5%	1	1.7%	3	5.2%	1	1.7%
Other	21	36.2%	5	8.6%	7	12.1%	4	6.9%