

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 2024, the Texas Center for Nursing Workforce Studies (TCNWS) administered the TGPHNSS to 74 local health departments and 8 public health service regions. A total of 31 responses were collected for a response rate of 37.8%.

Department of State Health Services (DSHS) and Health and Human Services (HHS) central offices in Austin were also surveyed and a total of 13 responses were collected. These agencies and programs change year to year and the total number of programs is unknown. Therefore, no response rate is reported. It is important to note that those receiving the survey for DSHS and HHS central offices were individual programs under these agencies and, therefore, do not represent the agencies as a whole.

Please refer to the full set of reports for more details on each topic. The following are highlights and recommendations from the findings of the 2024 Texas Governmental Public Health Nurse Staffing Survey.

### 2024 TGPHNSS: Vacancy and Turnover

Nurse vacancy and turnover rates are among the key measures for assessing a nursing workforce shortage, the severity of the shortage, and changes in the nursing labor market over time. High vacancy and turnover rates can lead to negative outcomes that can affect quality of care such as losing experienced staff and increasing the workload and stress levels of existing staff.<sup>1</sup>

The position vacancy rate describes the proportion of all full-time equivalent (FTE) positions vacant across all responding facilities in an area. The median facility turnover rate describes the mid-point of responses for each facility.

#### Vacancy Rates

Statewide median agency vacancy rates were 0.0% for RNs, 0.0% LVNs, and 0.0% APRNs.

The statewide position vacancy rate was 13.4% for RNs, 10.9% for LVNs and 16.7% for APRNs. This was a decrease for RNs (15.5%) and LVNs (16.1%), and APRNs (17.4%) from 2022. However, 2024 vacancy rates for all nurse types were consistent with vacancy rates from 2015-2019.

#### RN Position Vacancy Rate

- Overall, the statewide position vacancy rate for RNs was 13.4%.
- For the 40 agencies that reported employment information for RNs, 30 (75.0%) of those agencies had a 0% vacancy rate.
- The highest position vacancy rate for RNs (23.5%) was found among DSHS and HHS central office programs.
- Central Texas again had the highest RN vacancy rate for the health regions at 21.1%.

#### APRN Position Vacancy Rate

- 11 agencies reported vacancy information for APRN positions, the vacancy rate among those agencies was 16.7%.
- Agencies that reported staffing APRNs (n=11) reported 4 FTE vacancies and 20 occupied FTEs.

#### LVN Position Vacancy Rate

- Overall, the statewide position vacancy rate was 10.9% for LVN positions.
- Of the 24 agencies who reported employing LVNs, 18 (75.0%) of those agencies had a 0% vacancy rate.
- Central Texas reported the highest LVN position vacancy rate (33.3%).

## Turnover Rates

The statewide median turnover rate was 0% for RNs, LVNs, and APRNs, indicating that at least half of responding agencies did not have any staff turnover during the reporting period.

### RN Position Median Turnover Rate

- For the 35 agencies that reported turnover information for RNs, 19 (54.3%) of those agencies had 0 separations.
- By agency type, the median turnover rate for RNs was 0.0% among the 22 responding local health departments, 14.6% among the 6 responding DSHS public health regions, and 0.0% among the 7 responding DSHS and HHS central office programs.
- The median turnover rate for RN positions was highest in North Texas (32.1%) followed by Central Texas (13.8%).

### LVN Position Median Turnover Rate

- 34 agencies reported turnover information for LVNs, and 32 (94.1%) of those agencies had 0 separations.
- The Panhandle was the only region to report turnover among LVNs (100.0%).

### APRN Position Median Turnover Rate

- 12 agencies reported turnover information for APRN positions, and 9 (75.0%) of those agencies had 0 separations.
- The Panhandle and East Texas had the highest median turnover rate among the public health regions (100.0%). All other public health regions reported 0.0% median turnover rate.

## 2024 TGPNSS: Staffing

- Nurses make up 13.6% of all full-time employees and 11.8% of all part-time employees among responding governmental public health agencies (n=41)
- Consistent with past studies, RNs made up the majority of the nursing staff mix in 2024 (62.4%).
- The proportion of LVNs increased from 22.9% in 2022 to 33.5% in 2024.
- APRNs comprised 4.1% of occupied nursing staff positions, which was a slight decrease from 2022 (4.8%).
- Most agencies reported no change in FTEs among all nurse types over the past 2 years.
- Increased workload (69.0% of agencies) was again the most frequently reported consequence of inadequate staffing, followed by inability to expand services/reduction of services (47.6% of agencies).

## 2024 TGPNSS: Agency Characteristics

- 6 of the 9 DSHS public health service regions responded to the survey (66.7% response rate).
- Local health departments had a response rate of 33.8%, with 25 of 74 agencies responding to the survey.
- 13 additional responses were received from DSHS and HHS central office programs.
- 72.7% of responding agencies reported having a position designated with overall administrative responsibility, and 78.1% of those positions were staffed with a RN.
- 16.3% (n=7) of the agencies that participated in the survey reported having a RN on their board. All of the respondents who did have RN board members reported the RNs had voting privileges.

## 2024 TGPNSS: Recruitment and Retention

- Almost all agencies said they offer paid vacation days and health insurance (95.1%), followed by agencies that offer a retirement plan (92.7%).
- Those who listed “other” strategies included reimbursement for nursing license fees, leadership rounding, and a discretionary pay increase exceeding the maximum in-hire rate.
- 71.8% of responding agencies marked pay increase as the most impactful recruitment and retention strategy.

## TCNWS Advisory Committee Recommendations

### Recommendation 1

Texas Department of State Health Services (DSHS) should evaluate the impact of public health nurse staffing (including staffing levels, entry-level educational requirements, and years’ experience) and public health nurse staff turnover on the public’s health at the community and state level (outcomes, social determinants of health, health equity, structural racism).

Other areas for evaluation should include the:

- Effect of public health nursing staff turnover on economic (e.g. costs of turnover, loss of human capital, cost of unrealized community/public health outcomes, social and economic determinants of health) and non-economic (e.g. quality and continuity of care) issues.
- Effect of increasing workload as an interim staffing method and how this affects governmental public health nursing safety/quality of work and recruitment and retention.
- Analysis of changes in public health nurse staffing needs to assess trends in position availability, turnover, and sufficiency in meeting demand.

### Recommendation 2

Texas DSHS should create an executive-level position focused on nursing and led by a public health nurse within RLHO to foster collaboration among different health care professions and promote the health of communities through public health nursing.

- Currently, the Director of Nursing (DON) does not have authority over nurses in the field. Giving the DON authority over nurses in the field would help with planning, funding, and optimal nurse staffing roles and responsibilities in public health agencies.
- Other state’s agencies have established an executive-level position and can be used as a reference. For example, the Georgia Department of Public Health Office of Nursing have published their own goals and responsibilities and made accessible to the public, stakeholders, and policy makers (<https://dph.georgia.gov/about-dph/clinical-services/office-nursing>).

### Recommendation 3

With a focus on continuous quality improvement, Texas DSHS should pursue accreditation through the Public Health Accreditation Board (PHAB) to become a high-reliability governmental public health agency, increase transparency, improve overall quality, foster multi-sector collaboration, modernize information technology infrastructure to provide timely, relevant, actionable data, coordinate across departments, blend and braid funding, and develop and maintain a competent workforce to improve the public’s health. Important measures of focus should include:

- Documenting the distribution of information to the public about the role and value of public health
- Developing partnerships with education programs to promote public health as a career
- Developing a health department specific workforce development plan

## Recommendation 4

Texas DSHS should evaluate the effect of public health nursing compensation and promotion opportunities (including pay parity, supplemental benefits, workforce development and continued education offerings, funding for certifications and professional nursing organization memberships, etc.) on recruitment and retention.

- Public health agencies should implement formal career ladders and collaborative governance structures that provide experienced public health nurses with greater autonomy and responsibility and opportunities to serve in leadership roles.
- In conjunction with formal career ladders, DSHS should include nurse leaders on executive level management teams and in other key leadership positions, both centrally and regionally.
- DSHS should implement and maintain distinct and defined classifications among public health nurses. Proper classification is important in affirming public health nurses' positions within the agency.
- Public health agencies should support professional development, leadership training, and opportunities for nurses to further their formal education so that nurses may achieve upward career mobility within public health agencies and broaden the impact of a well-prepared nursing workforce on population health outcomes.
- Public health agencies should implement standardized pay scale for all individuals holding a nursing license to ensure equitable pay raises.

## Recommendation 5

Governmental public health agencies should include education on what public health is as a requirement for the onboarding orientation and training process for nurses new to public health. The CDC has a free online Public Health 101 series that can be used to ensure that nurses new to public health understand the differences between public health nursing and nursing in other settings (<https://www.cdc.gov/training/publichealth101/index.html>). They should also develop standardized onboarding and nursing protocols for public health nurses.

## Recommendation 6

Public health agencies should seek new, sustainable funding sources to create a long-term mechanism to hire and retain nurses in governmental public health nursing. They should also support grant writers pursuing funding for public health nursing activities by:

- Developing a process to strengthen grant applications and expand funding opportunities related to the public health nursing workforce.
- Establishing a framework to support grant writing.