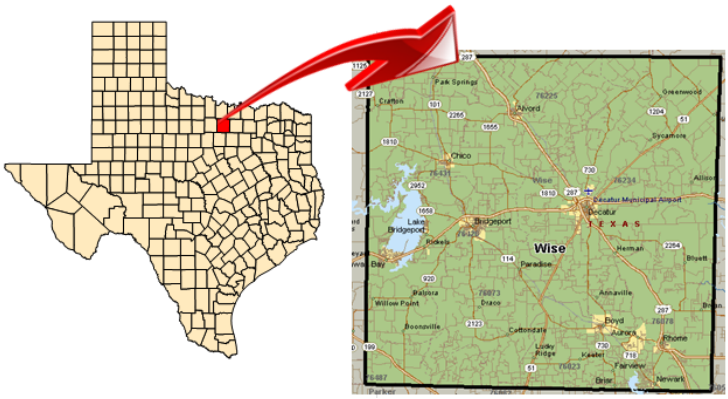
Wise County Health Assessment 2010:

Public Health Services - Opportunities for Wise County



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Wise County Health Assessment 2010
Public Health Services Opportunities for Wise County

Introduction

In addition to the Wise County Health Assessment a review was done of public health department services offered in rural counties to address both public health issues and medical services for low income residents. In most cases the studies indicated that medical services for low income residents and many population-based community health needs were addressed by the federally qualified health centers (FQHCs) located across the state. In fact when the state conducted a survey of community health workers they surveyed these facilities. One of the major initiatives in the new health care reform is to improve public health through the development of a strong primary care program through FQHCs. These organizations are also moving more and more toward public health initiatives through population based medicine and the Medical Home model to improve patient care.

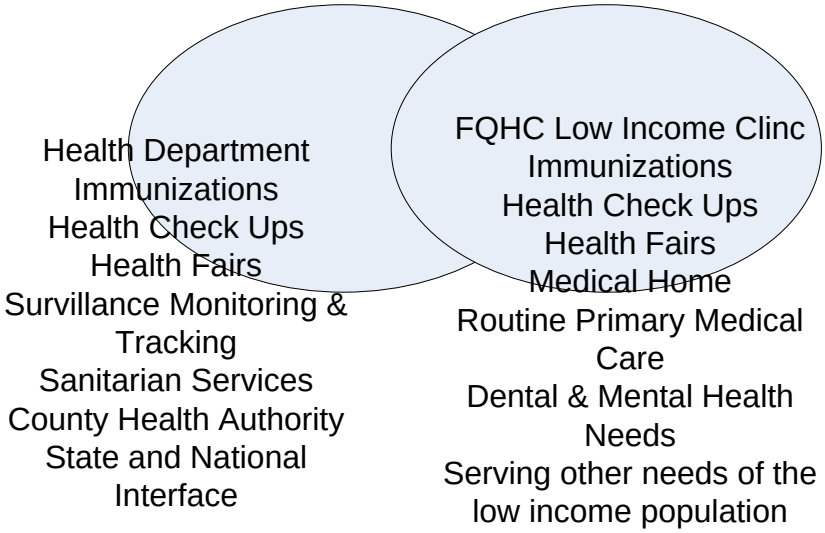
The community health center as FQHCs are known can address many of these issues, but the complex nature of public health goes well beyond medical care. As recognized in the recent health department studies done by the TDSHS, there is no consensus on what public health is and in many cases the priorities vary from community to community.[i] Public health encompasses care of the population, animal control and spread of disease, public health inspections of facilities such as restaurants and food facilities, laboratory services and other scientific investigations using such disciplines as epidemiology. Many of these services are difficult to address in a clinic environment and require specialists that go beyond clinical expertise.

Probably one of the most difficult areas to be addressed from a clinic perspective is the inspection and code enforcement aspects of food establishment regulation. These activities require the police powers of government to establish and enforce regulations that are commonly assigned to state and county governments. In discussions with the county government the county anticipated contracting out to address these issues and did not see these aspects of public health as a responsibility of the community health center.

Other responsibilities of public health include the identification of a county health authority. Currently this position is being filled by one of the emergency room physicians at the local hospital. Coordination between the county on public health issues, the hospital and the emergency department works very well with this arrangement for communication and surveillance activities. No change is anticipated and the community health clinics will work to support this individual and structure.

Exhibit 1:

The Complementary Relationship between Community Health Centers (FQHCs) and Public Health Department Activities



The Executive Summary provides more information on Health Care Reform and the transition taking place in health care moving to a greater understanding of the behavioral causes of illness. The remainder of this report focuses on the work done by the Texas Department of State Health Services (DSHS), Health Professions Resource Center (HPRC) to identify and define the public health workforce and services available in rural areas of the state.

Public Health Workforce

http://www.dshs.state.tx.us/chs/hprc/pubhealth/phealth.shtm

Texas Department of State Health Services (DSHS), Health Professions Resource Center (HPRC) wanted to develop information on the public health workforce in Texas. They did a study of Local Health Departments (LHDs) and Federally Qualified Community Health Centers/Community Health Centers (FQHCs). As indicated in the study, there is no clear agreement on what is public health and public health departments offer a wide range of services depending on needs and community preferences.

The Project

The Health Professions Resource Center (HPRC) is often asked for information on the public health workforce, but this information isn't available from the databases received from the licensing boards - the source of most of our data. Furthermore, few studies of the public health workforce in Texas have been prepared by any organization, leaving a void in an important area of healthcare workforce information. Therefore, HPRC decided to conduct surveys of various agencies and facilities that provide public health services, to determine how many public health workers were employed, as well as how many additional public health workers were needed, both in terms of vacancies that needed to be filled, and additional workers that were needed but that the facilities could not hire due to budget or other constraints.

HPRC reviewed numerous public health reports and studies from other institutions, and learned that there are many more professions that can be considered public health professions than could be covered by this project. In fact, the very definition of public health is often in dispute, as well as the types of organizations that are considered to be providers of public health. Therefore, HPRC has limited the survey to just 39 professional categories: primarily those that were determined to be the most consistent with the types of professions for which HPRC routinely collect data. Furthermore, HPRC has chosen not to define specific agencies, institutions, or facility types as being public health facilities; rather, HPRC chose to survey certain types of organizations separately, and to report the findings individually, and to leave it to the discretion of the reader as to whether they want to consider the employees of a specific type of organization as public health employees.

HPRC began by surveying the 63 Local Health Departments (LHDs) that contract with the Texas Department of State Health Services (DSHS) to provide public health services. Then, HPRC surveyed the LHDs that do not contract with DSHS. HPRC then collected information on the public health workforce employed by the Texas Health and Human Services agencies. Finally, HPRC surveyed the Federally Qualified Community Health Centers/Community Health Centers. The resulting information still does not paint a complete picture of the public health workforce in Texas, as there are so many people and organizations that contribute to public health; but, it is our hope that the results provide useful information on major aspects of the public health workforce.

List and Definitions of Types of Health Providers Included in the Surveys (.pdf document - 33 kb)

Public Health Reports:

- **Local Health Departments that contract with DSHS to provide public health services**

- **Local Health Departments that do not contract with DSHS to provide public health services**

- **Texas Health and Human Services Enterprise Agencies**

- **Federally Qualified Health Centers**

- **Summary of All Surveys**

Federally Qualified Health Centers

Note: These reports are the results of research and analyses conducted by the Center for Health Statistics on data collected by surveying 60 Federally Qualified Health Centers. The results do not necessarily reflect the policy or views of the Department of State Health Services.

The information contained in these reports pertain to only those 58 Federally Qualified Health Centers (FQHCs) that responded to the survey and does not include other FQHCs, clinics, or other public health entities or providers in private practice.

- Copy of survey sent to Federally Qualified Health Centers: PDF document (49 kb)

- List of survey respondents: PDF document (21 kb)

Report:

- Public Health in Texas: The Public Health Workforce - Federally Qualified Health Centers
  PDF document (672 kb)

Fact Sheets:

- Public Health - Brief 1: Public Health Functions in Federally Qualified Health Centers
  PDF document (28 kb)
- Public Health - Brief 2: Public Health Providers in Federally Qualified Health Centers
  PDF document (23 kb)
- Public Health - Brief 3: Public Health Staffing Levels in Federally Qualified Health Centers
  PDF document (41 kb)
- Public Health - Brief 4: Public Health Staff Vacancies in Federally Qualified Health Centers
  PDF document (24 kb)
- Public Health - Brief 5: Public Health Additional Budgeted Workers Needed in Federally Qualified Health Centers
  PDF document (23 kb)
- Public Health - Brief 6: Public Health Spotlight on Workers by Public Health Regions in Federally Qualified Health Centers
  PDF document (49 kb)

*The information contained in these reports pertain to only those 58 Federally Qualified Health Centers (FQHCs) that responded to the survey and does not include other FQHCs, clinics, or other public health entities or providers in private practice.

[i] Department of State Health Services, Study on the Public Health Workforce in Texas
http://www.dshs.state.tx.us/chs/hprc/pubhealth/phealth.shtm

DEFINITIONS OF HEALTH PROFESSIONALS
USED FOR PUBLIC HEALTH SURVEYS

Public/Community Health Physicians: Family/General Practice – A public/community health physician with a primary specialty of family practice (or family medicine) or general practice who identifies persons or groups at risk of illness or disability, and develops, implements and evaluates programs or interventions designed to prevent, treat or ameliorate such risks; may provide direct medical services within the context of such programs.

Public/Community Health Physicians: Pediatricians – A public/community health physician with a primary specialty of pediatrics who identifies persons or groups at risk of illness or disability, and develops, implements and evaluates programs or interventions designed to prevent, treat or ameliorate such risks; may provide direct medical services within the context of such programs.

Public/Community Health Physicians: Ob/Gyn – A public/community health physician with a primary specialty of obstetrics and/or gynecology who identifies persons or groups at risk of illness or disability, and develops, implements and evaluates programs or interventions designed to prevent, treat or ameliorate such risks; may provide direct medical services within the context of such programs.

Public/Community Health Physicians: Preventive Medicine - A public/community health physician with a primary specialty of preventive medicine who identifies persons or groups at risk of illness or disability, and develops, implements and evaluates programs or interventions designed to prevent, treat or ameliorate such risks; may provide direct medical services within the context of such programs.

Public/Community Health Physicians: Infectious Diseases - A public/community health physician with a primary specialty of infectious diseases who identifies persons or groups at risk of illness or disability, and develops, implements and evaluates programs or interventions designed to prevent, treat or ameliorate such risks; may provide direct medical services within the context of such programs.

Public/Community Health Physicians: Psychiatry - A public/community health physician with a primary specialty of psychiatry or child psychiatry who identifies persons or groups at risk of illness or disability, and develops, implements and evaluates programs or interventions designed to prevent, treat or ameliorate such risks; may provide direct medical services within the context of such programs.

Public/Community Health Physicians: Other - A public/community health physician with a primary specialty **other than** those listed above who identifies persons or groups at risk of illness or disability, and develops, implements and evaluates programs or interventions designed to prevent, treat or ameliorate such risks; may provide direct medical services within the context of such programs.

Local Health Authority - A health authority is a physician appointed under the provisions of the Texas Health and Safety Code to administer state and local laws relating to public health within the appointing body's jurisdiction. (Texas Health and Safety Code 121.021) (If a physician is counted in this category, please do not count him/her in any of the physician categories above.)

Physician Assistant - A trained individual who performs tasks that might otherwise be performed by physicians or under the direction of a supervising physician and who is licensed by the Texas Medical Board to practice as a Physician Assistant in Texas.

Registered Nurse: APN - A nurse who has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program) and is licensed to practice as a registered nurse in Texas by the Texas Board of Nursing. Must be an Advanced Practice Nurse: Nurse Practitioner, Certified Nurse Midwife, Clinical Nurse Specialist, or Nurse Anesthetist.

Registered Nurse: non-APN - A nurse who has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program) and is licensed to practice as a registered nurse in Texas by the Texas Board of Nursing. Must not be an Advanced Practice Nurse (Nurse Practitioner, Certified Nurse Midwife, Clinical Nurse Specialist, or Nurse Anesthetist).

Licensed Vocational Nurse - A person currently licensed by the Texas Board of Nursing who works under the supervision of a registered nurse (RN) or a physician.

Home Health Aide - A person who assists elderly, ill or disabled persons with household chores, bathing, personal care, and other daily living needs. The aide may or may not be under the supervision of a home health or social service agency.

Certified Nurse Aide – a nurse aide who is certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services.

Patient Care Assistant – Unlicensed aide that assists nurses.

Registered Dietitian (RD) - A person who plans, develops, implements, and evaluates programs, services &/or research studies to promote and maintain optimum health through improved nutrition; collaborates with programs that have nutrition components (community nutrition, dietary services, food science and technology research, etc.), but is an expert in food and nutrition as evidenced by education and training and is a Registered Dietitian.

Nutritionist (non-RD) – A person who plans, develops, implements, and evaluates programs, services &/or research studies to promote and maintain optimum health through improved nutrition; collaborates with programs that have nutrition components

(community nutrition, dietary services, food science and technology research, etc.). Is not a Registered Dietitian.

Public/Community Health Dentist – A dentist who plans, develops, implements, and evaluates dental health programs to promote and maintain optimum oral health of the public; public health dentists may provide comprehensive dental care.

Public/Community Health Dental Hygienist - A dental hygienist who plans, develops, implements, and evaluates dental health programs to promote and maintain optimum oral health of the public; public health dental hygienists may provide limited dental services under professional supervision.

Promotor(as)/Community Health Worker – A person certified in Texas to practice as a Community Health Worker and who, with or without compensation, provides a liaison between health care providers and patients through activities that may include activities such as assisting in case conferences, providing patient education, making referrals to health and social services, conducting needs assessments, distributing surveys to identify barriers to health care delivery, making home visits, and providing bilingual language services.

Social Worker, Licensed - A person licensed as a social worker (Licensed Social Worker [LSW], Licensed Master Social Worker [LMSW], or Licensed Certified Social Worker [LCSW]) in Texas who identifies, plans, develops, implements, and evaluates social work interventions on the basis of social and interpersonal needs of total populations or populations-at-risk in order to improve the health of a community and promote and protect the health of individuals and families. Professional tasks may include data gathering, assessment, planning and contracting, various generalist interventive methodologies, and evaluation of own practice. May provide diagnostic, preventive and treatment services of a psycho social nature pertaining to personality adjustment, behavior problems, interpersonal functioning or deinstitutionalization.

Social Worker, Unlicensed - A person in the occupation/job title of social worker but who is not licensed as a social worker. May identify, plan, develop, implement, or evaluate social work interventions on the basis of social and interpersonal needs of total populations or populations-at-risk in order to improve the health of a community and promote and protect the health of individuals and families. Professional tasks may include data gathering, assessment, planning and contracting, various generalist interventive methodologies, and evaluation of own practice. May provide diagnostic, preventive and treatment services of a psycho social nature pertaining to personality adjustment, behavior problems, interpersonal functioning or deinstitutionalization.

Psychologist – a person licensed in Texas to practice as a psychologist; Psychologists have a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school.

Other Mental Health Worker – any mental health worker other than a social worker, psychiatrist, or psychologist.

Veterinarian – A person that is skilled in diseases and care of animals and who is licensed to practice as a veterinarian in Texas.

Epidemiologists <u>with no</u> preparedness responsibilities – A person who describes and analyzes the distribution and determinants of disease and disability, and of the efficiency of programs and interventions.

Epidemiologists <u>with</u> preparedness responsibilities - A person who describes and analyzes the distribution and determinants of disease and disability, and of the efficiency of programs and interventions, <u>and</u> who has responsibilities in the planning process for the conduct of a hazard vulnerability analysis to identify potential emergencies that could affect the need for the organizations services, or its ability to provide those services.

Environmental Health Workers/Engineers – An environmental health worker plans, implements, and evaluates standards and systems to improve the quality of the physical environment as it affects health; manages environmental health programs; does research on environmental health problems; and promotes public awareness of the need to prevent and eliminate environmental health hazards (environmentalists, environmental scientists, radiation control specialists, air pollution control specialists, vector control specialists, etc.). An environmental engineer applies engineering principles to the control, elimination, and prevention of environmental health hazards (sanitary engineers, air pollution engineers, chemical engineers, etc.). Also includes Sanitarians (A person who is registered as a sanitarian in Texas and who is trained and experienced in the field of sanitary science and technology and who is authorized to carry out the educational, inspectional and enforcement duties in the field of environmental health services).

Public Health Planner/Policy Analyst – a person who analyzes needs and plans for the development of health programs, facilities, and resources; analyzes and evaluates the implications of alternative policies relating to health care.

Health Educator – a person who plans, organizes, implements, communicates, advises on, and evaluates the effects of educational programs and strategies designed to support and modify health-related behaviors (public health educators, community health educators, school health educators, etc.)

Medical Technician – a person who performs less complex tests and laboratory procedures than technologists perform; may prepare specimens and operate automated analyzers, for example, or may perform manual tests in accordance with detailed instructions. Usually works under the supervision of medical and clinical laboratory technologists or laboratory managers. Also referred to as clinical laboratory technicians.

Medical Technologist – a person who performs routine and complex tests that analyze blood, urine, tissue or other body specimens; may work in several different areas of the

laboratory including clinical chemistry, blood bank/immunohematology, microbiology, hematology, immunology, and molecular diagnostics. Also referred to as clinical laboratory scientist.

Microbiologist – a person who plans, designs, and implements laboratory tests and procedures to identify biological agents believed to be involved in the etiology of disease in animals or humans, such as bacteria, viruses and parasites. May be involved in the research and development or production of anti-microbial agents (virologists, etc.).

Biochemists/Chemist – a person who plans, designs, and implements laboratory procedures to identify and quantify physiochemical agents in the environment which may be hazardous to human health. A chemist or biochemist may also perform many of the tests described for the Medical Technologist.

Toxicologist – a person who studies the nature, effects, and detection of poisons and the treatment of poisoning.

Pharmacist - One who prepares and dispenses drugs and compounds and is knowledgeable concerning their properties, and is licensed as a pharmacist by the State Board of Pharmacy or other governing body having jurisdiction.

Public Health Technicians – Confers with local health agencies, private physicians, individuals, and community action groups on the treatment, control, or prevention of communicable and chronic diseases; serves as a public resource in creating awareness of health problems and programs; disseminates information on public health and health education programs; participates in planning and conducting health training courses; evaluates training and education needs to promote the acceptance of public health programs; conducts inspections, surveys, and licensing functions; assists in evaluating the effectiveness of educational programs; assists in formulating definitions, standards, and policies for the effective and efficient rendering of public health services and the enforcement of public health laws and regulations.

Public Information Officer – One who prepares public information for the media, represents the department as a spokesperson and maintains a risk communication plan.

Animal Care and Control Officer - animal control officers are responsible for enforcement of the counties animal control ordinance.

Public Health in Texas:
The Public Health Workforce – Local Health Departments
Part One

A Report Produced By The

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in collaboration with the

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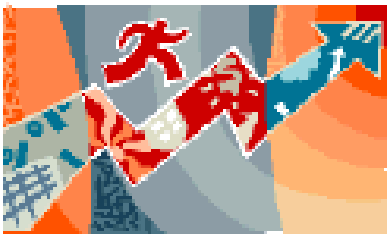

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Executive Summary

The Health Professions Resource Center conducted a survey of the 63 Local Health Departments (LHDs) that contract with DSHS to provide Public Health Services from November 28, 2007 to January 18, 2008. All 63 LHDs responded to the survey. The purpose of the survey was to determine staffing levels, vacancies, and shortages of public health providers in Texas. Other types of public health agencies and facilities will be surveyed in the future for health workforce information.

Table 1. Summary Of Texas Public Health Professional Staffing Levels in Local Health Departments

Profession	Currently Staffed Full-Time Positions	Currently Staffed Part-Time Positions	Total Currently Staffed FTEs*	Current Vacant Positions	Vacancies In FTEs*	Vacancy Rate (%)	Additional FTEs Desired
Physicians: Family/General Practice	27	18	37.0	1	1	2.6	10
Physicians: Pediatrics	5	5	7.5	0	0	0.0	3
Physicians: Ob/Gyn	4	13	12.0	0	0	0.0	4
Physicians: Preventive Medicine	5	1	5.5	0	0	0.0	3
Physicians: Infectious Diseases	3	1	3.5	0	0	0.0	5
Physicians: Psychiatry	0	0	0.0	0	0	0.0	3
Physicians: Other Specialties	0	2	1.0	0	0	0.0	2
Local Health Authorities	23	19	32.0	3	1	3.0	4
Physician Assistants	5	3	6.5	1	1	13.3	7
Registered Nurses, APN	175	17	183.5	13	11	5.7	17
Registered Nurses, non-APN	292	23	305.0	34	35	10.3	34
License Vocational Nurses	306	18	315.0	28	24	7.1	30
Home Health Aides	76	1	76.5	0	0	0.0	0
Certified Nurse Aides	30	3	31.5	0	0	0.0	12
Patient Care Assistants	74	3	75.5	8	8	9.6	0
Registered Dietitians (RD)	90	9	94.5	14	10	9.6	11
Nutritionists, non-RD	127	3	129.5	27	28	17.8	14
Dentists	16	12	22.0	2	2	8.3	8
Dental Hygienists	8	2	9.0	1	1	10.0	9
Promotor(as)/Community Health Workers	68	0	68.0	4	4	5.6	27
Social Workers, Licensed	34	1	34.5	2	2	5.5	13
Social Workers, Unlicensed	37	0	37.0	0	0	0.0	1
Psychologists	0	0	0.0	0	0	0.0	6
Other Mental Health Workers	3	0	3.0	0	0	0.0	2
Veterinarians	11	3	12.5	0	0	0.0	8
Epidemiologists with no Preparedness Responsibilities	11	0	11.0	0	0	0.0	7
Epidemiologists with Preparedness Responsibilities	93	1	93.5	5	5	5.1	11
Environmental Health Workers/Engineers	342	5	344.5	12	11	3.1	41
Public Health Planners / Policy Analysts	29	0	29.0	1	1	3.3	8
Health Educators	84	1	84.5	9	9	9.6	23
Medical Technicians	12	0	12.0	0	0	0.0	6
Medical Technologists	16	2	17.0	0	0	0.0	2
Microbiologists	68	1	68.5	0	0	0.0	4
Biochemists/Chemists	20	1	20.5	0	0	0.0	1
Toxicologists	1	0	1.0	1	0	0.0	1
Pharmacists	4	9	8.5	0	0	0.0	4
Public Health Technicians	55	0	55.0	3	4	6.8	21
Information Officers	18	1	18.5	0	0	0.0	5
Animal Control Officers	247	3	248.5	13	8	3.1	46
TOTAL	**2,419**	**181**	**2,514.0**	**182**	**166**	**6.2**	**413**

*FTE = Full Time Equivalency

Note: The "Vacancy Rate" is equal to the "Vacancies in FTEs" divided by the sum of the "Vacancies in FTEs" and the "Total Currently Staffed FTEs" (x100). The "Additional FTEs Desired" are those that the LHDs indicated that they would like to have if their budgets allowed; these do not include Current Vacancies.

Summary of Findings:

- 71% of the 63 LHDs were in Urban Counties; 92% were in Non-Border Counties.

- The five professions with the highest Currently Staffed FTEs were:
    - Environmental Health Workers/Engineers (344.5)
    - Licensed Vocational Nurses (315.0)
    - Registered Nurses, non-APN (305.0)
    - Animal Care and Control Officers (248.5)
    - Registered Nurses, APN (183.5)

- The five professions with the highest number of vacant positions (in FTEs) were:
    - Registered Nurses, non-APN (35)
    - Nutritionists* (28)
    - Licensed Vocational Nurses (24)
    - Environmental Health Workers/Engineers (11)
    - Registered Nurses, APN (11)

*Note: Nutritionists are those who are not also Registered Dietitians; Registered Dietitians are included in a separate category.

- The top five professionals the LHDs would like to hire more of if budgets allowed (not including Current Vacancies) were:
    - Animal Care and Control Officers (46)
    - Environmental Health Workers/Engineers (41)
    - Registered Nurses, non-APN (34)
    - Licensed Vocational Nurses (30)
    - Promotor(as)/Community Health Workers (27)

- Of the 2,514 Currently Staffed FTEs, 95.9% were in urban counties; 86.3% were in Non-Border counties.

- Of the 166 Total Vacancies in FTEs, 96.4% were in urban counties; 88.6% were in Non-Border Counties.

- The Rural areas and the Border areas had fewer vacancies as a percentage of their overall workforce.

- The LHDs in Non-Border areas were the least likely to feel that they were lacking budgeted positions, while those in Border areas felt that they needed the largest staff increases. The difference between the Rural and Urban areas was less pronounced.

- In general, the greatest shortages were for non-APN Registered Nurses; however, the Border LHDs had different priorities with their greatest need being more Animal Care and Control Officers, which also rank highly Statewide and in Urban areas. Licensed Vocational Nurses also ranked highly in terms of shortages, making the Nursing profession in general having the greatest shortages.

- Percentage of LHDs performing the Ten Essential Public Health Functions
  - Monitor health status to identify community health problems - 85.7%
  - Diagnose and investigate health problems and health hazards in the community - 92.1%
  - Inform, educate, and empower people about health issues - 96.8%
  - Mobilize community partnerships to identify and solve health problems - 87.3%
  - Develop policies and plans that support individual and community health efforts - 85.7%
  - Enforce laws and regulations that protect health and ensure safety - 88.9%
  - Link people to needed personal health services and assure the provision of health care when otherwise unavailable - 90.5%
  - Assure a competent public health and personal health care workforce - 85.7%
  - Evaluate effectiveness, accessibility, and quality of personal and population-based services - 73.0%
  - Research for new insights and innovative solutions to health problems - 50.8%

Table 2. Summary by Public Health Regions

Region	% of Total Staffed PH Workers (FTEs)	% of Total Current Vacancies (FTEs)	% of Additional Workers Needed	Number of LHDs in Region	% of Texas Population (2007)	Primary Care Physician FTEs	Dentist FTEs	% of Workforce that is Part-time
1	3.9	1.2	5.3	4	3.5	1.0	0.0	13.5
2	3.2	1.2	0.7	5	2.3	0.5	0.0	16.1
3	18.2	14.5	4.8	9	27.2	13.5	1.0	3.2
4	2.2	4.2	3.9	6	4.6	9.0	1.0	24.2
5	3.0	0.6	1.2	6	3.2	1.5	0.0	13.8
6	27.2	48.8	10.9	7	23.7	20.5	11.0	3.7
7	11.9	12.7	8.7	7	11.2	6.0	0.0	7.4
8	10.7	0.0	1.5	8	10.1	8.0	5.0	8.9
9	2.1	2.4	2.4	4	2.3	0.0	0.0	10.5
10	4.3	7.8	17.9	1	3.3	0.0	3.0	8.0
11	13.4	6.6	42.6	6	8.6	5.5	1.0	6.6

"Additional Workers" are those that the LHDs indicated that they would like to hire if budgets allowed and do not include Current Vacancies.
Maps of Public Health Regions can be found in the Appendix.

- Regions 2, 8, and 10 had no Mental Health Workers (of the types included in the survey).

Several questions were asked about Preventive Medicine Physicians. Below is a summary of that data:

- The LHDs indicated there were 119 physicians who were either LHD employees or consulting physicians who were trained on public health issues.
- Only 25.2% of these physicians had a Master's in Public Health.
- Only 22.7% had a board certification in General Public Health/Preventive Medicine.
- 54.7% of the 53 LHDs that responded to the question indicated a preference for hiring physicians trained in General Public Health/Preventive Medicine, and 64.2% said they had difficulty finding physicians trained in Preventive Medicine to apply for positions in their agency.
- Only 45.8% of the 59 LHDs that responded to the question indicated that their organization routinely supports residents, medical students, or graduate public health students. The LHDs in the larger public health regions were more likely to provide this support.

Introduction

The Health Professions Resource Center (HPRC) collects licensing data for about 40 health professions in Texas, and uses that data to prepare reports and maintain a website on the supply of those health professionals. HPRC is often asked for information on the public health workforce, but this information isn't available from the databases received from the licensing boards. Furthermore, few studies – and no recent studies – of the public health workforce in Texas have been prepared by any organization, leaving a void in an important area of healthcare workforce information. Therefore, HPRC decided to conduct surveys of various agencies and facilities that provide public health services, to determine how many public health workers were employed, as well as how many additional public health workers were needed, both in terms of vacancies that needed to be filled, and additional workers that were needed but that the facilities could not hire due to budget or other constraints.

HPRC reviewed numerous public health reports and studies from other institutions, and learned that there are many more professions that can be considered public health professions than could be covered by this project. In fact, the very definition of public health is often in dispute, as well as the types of organizations that are considered to be providers of public health. Therefore, HPRC has limited the survey to just 39 professional categories: primarily those that were determined to be the most consistent with the types of professions for which HPRC routinely collect data. Furthermore, HPRC has chosen not to define specific agencies, institutions, or facility types as being public health facilities; rather, HPRC chose to survey certain types of organizations separately, and to report the findings individually, and to leave it to the discretion of the reader as to whether they want to consider the employees of a specific type of organization as public health employees.

HPRC began by surveying the 63 Local Health Departments (LHDs) that contract with the Texas Department of State Health Services (DSHS) to provide public health services. The survey was conducted from November 28, 2007 to January 18, 2008, and had a 100% response rate. Next, HPRC intends to survey the 81 LHDs that do not contract with DSHS, and prepare Part Two of this report. This is to be followed by surveys of Federally Qualified Community Health Centers/Community Health Centers and other entities to be determined. Even when all surveys are complete, the resulting information will still not paint a complete picture of the public health workforce, as there are so many people and organizations that contribute to public health in Texas; but, it is our hope that this report and any that follow will provide useful information on major aspects of the public health workforce.

The following report contains the information gathered from the survey of the 63 LHDs that contract with DSHS to provide public health services, and, unless otherwise noted, all of the following information and data are specific to those 39 Public Health (PH) professions included in the survey of those 63 LHDs.

Definition of Public Health

There is no consensus on a single definition of public health. Many associate public health with providing free or low-cost health care to lower income people, and while that can be a part of public

health, that is not an accurate or complete definition. The simplest and broadest definition may be "*All public, private, and voluntary organizations that contribute to the public's health and well being in Texas*."[1] Another definition states that "*Public Health is the science and art of protection and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention*."[2] More detailed definitions state that while public health employees may work in both the public and private sector, the focus is on population groups rather than individuals.[3] By any definition, it is generally agreed that the 63 LHDs that contract with DSHS to provide public health services - as well as DSHS as a whole - contribute to public health in Texas.

Ten Essential Public Health Services

The Core Functions of public health agencies have been defined as assessment (community diagnosis); policy development and leadership; and assurance of access to environmental, educational, and personal health services. In 1994, the Core Public Health Functions Steering Committee, comprised of representatives from U.S. Public Health Service agencies and other major public health organizations, developed the Essential Public Health Services, which "provide a working definition of public health and a guiding framework for the responsibilities of local public health systems."[4] The word "essential" may imply to some that an organization must engage in all ten services to be considered public health. HPRC does not take a position on this; however, only 30 of the 63 LHDs surveyed indicated they provide all ten of the essential public health services, and no single one of the ten services were provided by all 63 LHDs. The Ten Essential Public Health Services, and the percentage of the 63 LHDs that indicated they provided them, are:

- Monitor health status to identify community health problems - 85.7%
- Diagnose and investigate health problems and health hazards in the community - 92.1%
- Inform, educate, and empower people about health issues - 96.8%
- Mobilize community partnerships to identify and solve health problems - 87.3%
- Develop policies and plans that support individual and community health efforts - 85.7%
- Enforce laws and regulations that protect health and ensure safety - 88.9%
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable - 90.5%
- Assure a competent public health and personal health care workforce - 85.7%
- Evaluate effectiveness, accessibility, and quality of personal and population-based services - 73.0%
- Research for new insights and innovative solutions to health problems - 50.8%

Demography of the Local Health Departments

Texas is a large and diverse state, with dense urban population centers surrounded by large rural areas. Additionally, the border area – defined as the 32 counties within 100 kilometers of the U.S.-Mexico border (primarily in South and West Texas) – which is predominately Hispanic, has unique circumstances and needs compared to other parts of Texas. Any study of health care in Texas must consider the differences in geography and racial diversity. Of the 63 LHDs that were surveyed:

- 71% were in Urban Counties
- 92% were in Non-Border Counties
- Only 59 counties had LHDs (that contract with DSHS), as four counties contained two each (Dallas, Harris, Jefferson, and Tarrant Counties)

Some LHDs operate multiple clinics; nine of the 63 LHDs indicated they had facilities located in counties other than those in which the primary LHD office is located; most of those additional facilities were in Rural Non-border Counties. Therefore, a total of 74 counties contained LHDs or clinics operated by the LHDs. These 74 counties contained 82.4% of the Texas population (2007). This was not necessarily the entire service area of those LHDs, as residents of surrounding counties that do not contain an LHD may travel to the LHD for healthcare services.

Only 50 of the 63 LHDs actually identified themselves as a Local Health Department. The rest identified themselves as either a Local Health District, a City/Municipal Health Department, a Local Health Unit, or an Environmental Health Department. And, only 53 identified themselves as a government organization; eight identified themselves as a non-profit organization, and one each identified itself as City Government or a Political Subdivision.

Public Health Providers

For 39 professional types, the LHDs were asked to provide the number of currently staffed full-time employees, the number of currently staffed part-time employees, the total Full Time Equivalency (FTE) of the currently staffed employees, the number of vacant positions (including full and part time), the total FTEs of those vacant positions, and the number of additional employees the LHDs felt were needed and would like to hire. The "vacant positions" are those that are budgeted but unfilled positions, while the "additional employees needed" are those that the LHDs felt they needed but did not have the budgets to add to their staff. The results of the survey showed that there were a total of 2,419 Full Time employees and 181 Part Time employees (of the 39 profession types), for a total of 2,514 FTEs. There were a total of 182 vacant positions, accounting for 166 vacant FTEs, and there were a total of 413 additional FTEs the LHDs wanted to staff if budgets allowed. Table 1 shows a breakdown for each profession.

To summarize some of the information contained in Table 1:

- The five professions with the highest Currently Staffed FTEs were Environmental Health Workers/Engineers, Licensed Vocational Nurses, Registered Nurses-non-APN, Animal Care and Control Officers, and Registered Nurses-APN.
- The five professions with the lowest Currently Staffed FTEs were Psychologists, Psychiatrists, Physicians-Other Specialties, Toxicologists, and Other Mental Health Workers.
- The five professions with the highest number of vacant positions (in FTEs) were Registered Nurses-non-APN, Nutritionists*, Licensed Vocational Nurses, Environmental Health Workers/Engineers, and Registered Nurses-APN.

*Note: For this report, Nutritionists are those who are not also Registered Dietitians; Registered Dietitians are included in a separate category.

- The top five professions that the LHDs wanted to hire more of if budgets allowed (not including current vacancies) were Animal Care and Control Officers, Environmental Health Workers/Engineers, Registered Nurses-non-APN, Licensed Vocational Nurses, and Promotor(as)/Community Health Workers.

Table 1. Summary Of Texas Public Health Professional Staffing Levels

Profession	Currently Staffed Full-Time Positions	Currently Staffed Part-Time Positions	Total Currently Staffed FTEs	Current Vacant Positions	Vacancies In FTEs	Vacancy Rate (%)	Additional FTEs Desired
Physicians: Family/General Practice	27	18	37.0	1	1	2.6	10
Physicians: Pediatrics	5	5	7.5	0	0	0.0	3
Physicians: Ob/Gyn	4	13	12.0	0	0	0.0	4
Physicians: Preventive Medicine	5	1	5.5	0	0	0.0	3
Physicians: Infectious Diseases	3	1	3.5	0	0	0.0	5
Physicians: Psychiatry	0	0	0.0	0	0	0.0	3
Physicians: Other Specialties	0	2	1.0	0	0	0.0	2
Local Health Authorities	23	19	32.0	3	1	3.0	4
Physician Assistants	5	3	6.5	1	1	13.3	7
Registered Nurses, APN	175	17	183.5	13	11	5.7	17
Registered Nurses, non-APN	292	23	305.0	34	35	10.3	34
License Vocational Nurses	306	18	315.0	28	24	7.1	30
Home Health Aides	76	1	76.5	0	0	0.0	0
Certified Nurse Aides	30	3	31.5	0	0	0.0	12
Patient Care Assistants	74	3	75.5	8	8	9.6	0
Registered Dietitians (RD)	90	9	94.5	14	10	9.6	11
Nutritionists, non-RD	127	3	129.5	27	28	17.8	14
Dentists	16	12	22.0	2	2	8.3	8
Dental Hygienists	8	2	9.0	1	1	10.0	9
Promotor(as)/Community Health Workers	68	0	68.0	4	4	5.6	27
Social Workers, Licensed	34	1	34.5	2	2	5.5	13
Social Workers, Unlicensed	37	0	37.0	0	0	0.0	1
Psychologists	0	0	0.0	0	0	0.0	6
Other Mental Health Workers	3	0	3.0	0	0	0.0	2
Veterinarians	11	3	12.5	0	0	0.0	8
Epidemiologists with no Preparedness Responsibilities	11	0	11.0	0	0	0.0	7
Epidemiologists with Preparedness Responsibilities	93	1	93.5	5	5	5.1	11
Environmental Health Workers/Engineers	342	5	344.5	12	11	3.1	41
Public Health Planners / Policy Analysts	29	0	29.0	1	1	3.3	8
Health Educators	84	1	84.5	9	9	9.6	23
Medical Technicians	12	0	12.0	0	0	0.0	6
Medical Technologists	16	2	17.0	0	0	0.0	2
Microbiologists	68	1	68.5	0	0	0.0	4
Biochemists/Chemists	20	1	20.5	0	0	0.0	1
Toxicologists	1	0	1.0	1	0	0.0	1
Pharmacists	4	9	8.5	0	0	0.0	4
Public Health Technicians	55	0	55.0	3	4	6.8	21
Information Officers	18	1	18.5	0	0	0.0	5
Animal Control Officers	247	3	248.5	13	8	3.1	46
TOTAL	**2,419**	**181**	**2,514.0**	**182**	**166**	**6.2**	**413**

Note: The "Vacancy Rate" is equal to the "Vacancies in FTEs" divided by the sum of the "Vacancies in FTEs" and the "Total Currently Staffed FTEs" (x100). The "Additional FTEs Desired" are those that the LHDs indicated they would like to have if their budgets allowed; these do not include Current Vacancies.

- The five professions that the LHDs were least likely to want to hire more of if budgets allowed (not including current vacancies) were Home Health Aides, Patient Care Assistants, Toxicologists, Biochemists/Chemists, and Social Workers-Unlicensed.

Of the 2,514 Currently Staffed FTEs in the Public Health workforce:

- 95.9% were in Urban counties and 86.3% were in Non-Border counties
- All of the Physician categories combined accounted for 2.6%
- All of the Mental Health professions combined accounted for 3.0%
- Animal Care and Control Officers accounted for 9.9%
- Environmental Health Workers/Engineers accounted for 13.7%
- All Epidemiologists (with and without preparedness responsibilities) accounted for 4.2%; 89.5% of the Epidemiologists had preparedness responsibilities
- Dentists accounted for 0.9%; Dental Hygienists accounted for 0.4%
- Licensed Vocational Nurses accounted for 12.5%
- Registered Nurses (APN and non-APN) accounted for 19.4%; 62.4% of the Registered Nurse FTEs were non-APNs
- Nutritionists accounted for 5.2%; Registered Dietitians accounted for 3.8%.

Of the 166 total vacancies in FTEs, 96.4% were in Urban counties, and 88.6% were in Non-Border counties. HPRC compared the vacancies in FTEs to the currently staffed FTEs, to determine how many vacancies there were relative to the number of employees currently staffed. As a percentage of the overall workforce, the Rural areas had fewer vacancies than the Urban areas and the Border areas had fewer vacancies than the Non-Border areas. HPRC also compared the number of additional FTEs that the LHDs indicated that they would like to hire if budgets allowed with the total budgeted staff (currently staffed positions and vacancies). The results suggested that the LHDs in the Non-Border counties were the least likely to feel that they were lacking budgeted positions, while those in the Border counties felt that they needed the largest staff increases. The differences between the Rural and Urban counties were less pronounced.

HPRC combined the number of vacant position FTEs and the additional FTEs desired if budgets allowed to get an idea of which professions the LHDs felt had the greatest shortages. In general, the greatest shortages were for non-APN Registered Nurses; however, the Border LHDs had different priorities, with their greatest need being more Animal Care and Control Officers, which also ranked highly statewide and in the Urban areas. Licensed Vocational Nurses also ranked highly, making the Nursing profession in general the one with the greatest shortages, even as they were also one of the highest staffed professions. Other professions that were highly indicated as having shortages were Nutritionists and Environmental Health Workers/Engineers.

The levels of staffing and vacancies varied among the eleven Public Health Regions, as shown in Table 2.

Table 2. Regional Summary Of Texas Public Health Professional Staffing Levels

Public Health Region	Location (City) of Regional Offices	% of Total Staffed PH Workers (FTEs)	% of Total Vacancies (FTEs)	% of Additional Workers Needed	Number of LHDs in Region	% of Texas Population (2007)
1	Canyon, Lubbock	3.9	1.2	5.3	4	3.5
2	Abilene, Wichita Falls	3.2	1.2	0.7	5	2.3
3	Arlington	18.2	14.5	4.8	9	27.2
4	Sulphur Springs, Tyler	2.2	4.2	3.9	6	4.6
5	Nacogdoches, Beaumont	3.0	0.6	1.2	6	3.2
6	Houston	27.2	48.8	10.9	7	23.7
7	Temple	11.9	12.7	8.7	7	11.2
8	San Antonio, Uvalde	10.7	0.0	1.5	8	10.1
9	Midland, San Angelo,	2.1	2.4	2.4	4	2.3
10	El Paso	4.3	7.8	17.9	1	3.3
11	Harlingen, Corpus Christi	13.4	6.6	42.6	6	8.6

"Additional Workers" are those that the LHDs indicated that they would like to hire if budgets allowed and do not include Current Vacancies.

Preventive Medicine

Several questions were asked about Preventive Medicine Physicians. The LHDs indicated there were 119 physicians who were either LHD employees or consulting physicians who were trained on public health issues. Of these:

- 89.1% were in the Urban counties
- 85.7% were in the Non-Border counties
- Only 25.2% had a Master's in Public Health
- Only 22.7% had a board certification in General Public Health/Preventive Medicine

When asked if the LHDs had a preference for hiring physicians trained in General Public Health/Preventive Medicine, only 53 of the 63 LHDs responded. Of these, 54.7% indicated a preference. Likewise, only 53 LHDs responded when asked if they have difficulty finding physicians trained in Preventive Medicine to apply for positions in their agency; 64.2% indicated they do have difficulty. Fifty-nine of the LHDs responded when asked if their organization routinely supports residents, medical students, or graduate public health students; of these, 45.8% responded yes, with the LHDs in the larger public health regions (those with populations over one million) being more likely to provide this support than the smaller regions, 52.5% to 31.6% respectively. The LHDs also indicated that 60.6% of the physicians who were either LHD employees or consulting physicians who were trained on public health issues were trained in Texas; however, 15 of the 63 LHDs did not answer the question.

Conclusion

More study is necessary to determine the full nature of the supply of and demand for public health workers in Texas, and HPRC intends to continue to conduct surveys of other institutions in order to acquire data to add to this report. What has been determined thus far is that there are a significant number of positions that are vacant, and perhaps more importantly, an apparent shortage of providers due to insufficient budgets or other constraints. This does not suggest that public health needs are going unmet, but rather that the LHDs would be better equipped to handle the needs of the public if more health care providers were available.

For more information, please contact the Health Professions Resource Center at 512-458-7261 or visit their website at http://www.dshs.state.tx.us/CHS/hprc/.

Endnotes

[1] *Texas State Public Health System Assessment*, State Public Health System Assessment Steering Committee, 9/29/2006, www.dshs.state.tx.us/sphsa.

[2,3] What is Public Health, http://www.whatispublichealth.org/what/index.html.

[4] Centers for Disease Control and Prevention, http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm

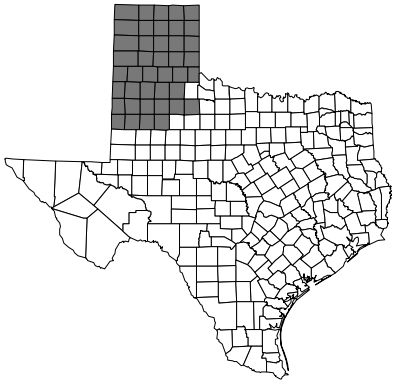
APPENDIX 1

Fact Sheets

for

Public Health Regions

Region 1



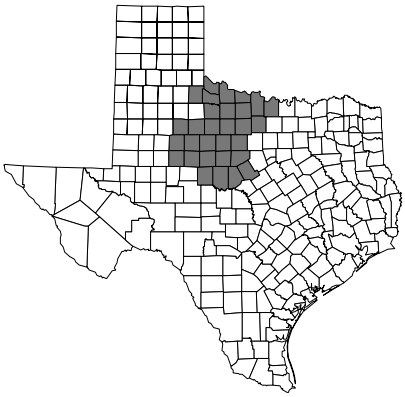
Region 1 is comprised of 35 Rural counties and 6 Urban counties, all Non-Border, and had a 2007 population of 822,750, making it the 7th largest Region.

- 13.5% of the Public Health employees worked part time, the 4th highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - 1 Physician (of all types), but no Ob/Gyn Physicians (nor did they have Ob/Gyn vacancies or wish for any additional FTEs)
  - 17.5 Registered Nurses and 12.5 Licensed Vocational Nurses
  - No Dentists or Dental Hygienists (nor did they have vacancies or wish for any additional FTEs)
  - No Dietitians or Nutritionists (nor did they have vacancies or wish for any additional FTEs)
  - 1.5 Epidemiologists with Preparedness Responsibilities.

- The Mental Health workforce of Region 1 was comprised of 2 Unlicensed Social Worker FTEs.
- Region 1 was the only region to indicate that they wished to have more Unlicensed Social Workers.
- Region 1 was one of 4 regions indicating that they needed a Local Health Authority position that was not in their budget.
- Region 1 ranked 5th in the number of Animal Care Control Officer FTEs (24).

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 2



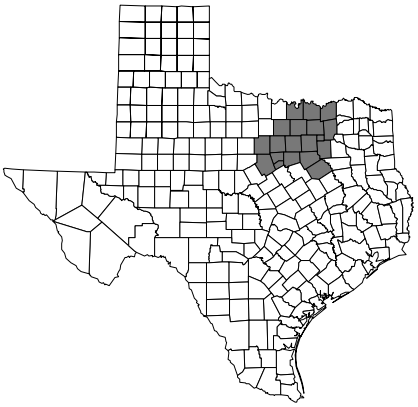
Region 2 is comprised of 24 Rural counties and 6 Urban counties, all Non-Border, and had a 2007 population of 555,720, making it the 10th largest Region.

- 16.1% of the Public Health employees worked part time, the 2nd highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
    - 0.5 Physicians (of all types), but no Ob/Gyn Physicians (nor did they have any Ob/Gyn vacancies or wish for any additional FTEs)
    - 22 Registered Nurses and 14.5 Licensed Vocational Nurses
    - No Dentists or Dental Hygienists (nor did they have vacancies or wish for any additional FTEs)
    - 2 Dietitians but no Nutritionists (nor did they have vacancies for Nutritionists or wish for any additional FTEs)
    - 1 Epidemiologist with Preparedness Responsibilities.

- Region 2 had no Mental Health Workers.
- Region 2 ranked 6th in the number of Animal Care Control Officer FTEs (8).
- Region 2 had highest number of Medical Technologist FTEs (4.5) of any region.

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 3



Region 3 is comprised of 7 Rural counties and 12 Urban counties, all Non-Border, and had a 2007 population of 6,455,536, making it the largest Region.

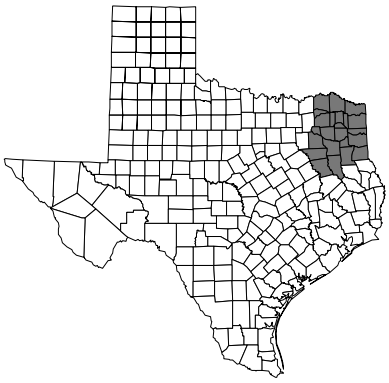
- 3.2% of the Public Health employees worked part time, the lowest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - 13.5 Physicians (of all types), no Ob/Gyn Physicians (nor did they have any Ob/Gyn vacancies or wish for any additional FTEs)
  - 140.5 Registered Nurses and 69.5 Licensed Vocational Nurses
  - 1 Dentist and 1 Dental Hygienist
  - 31 Dietitians and 9 Nutritionists
  - 19 Epidemiologists with Preparedness Responsibilities and 5 Epidemiologists with No Preparedness Responsibilities.

- The Mental Health workforce of Region 3 was comprised of 7 Licensed Social Worker FTEs, 10 Unlicensed Social Worker FTEs, and 3 FTEs for Other Mental Health Workers.
- Region 3 ranked 4th in the number of Animal Care Control Officer FTEs.
- Of all the regions, Region 3 had the highest numbers of FTEs for:
  - Physician Assistants (3 – 46.2% of statewide total)
  - Registered Nurses, APN (56.5 – 45.8% of statewide total)
  - Licensed Vocational Nurses (69.5 – 22.1% of statewide total)
  - Unlicensed Social Workers (10 – 27% of statewide total)
  - Epidemiologists with No Preparedness Training (5 – 45.5% of statewide total)
  - Health Educators (19.5 – 23.1% of statewide total).

- Of all the regions, Region 3 had the highest number of Vacant FTEs for Registered Nurses, non-APN (13), and Promotor(as)/Community Health Workers (3).

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 4



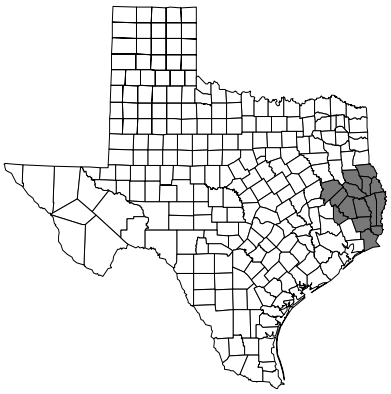
Region 4 is comprised of 17 Rural counties and 6 Urban counties, all Non-Border, and had a 2007 population of 1,082,500, making it the 6th largest Region.

- 24.2% of the Public Health employees worked part time, the highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
    - 9 Physicians (of all types), including 4.5 Ob/Gyn Physicians (the highest of any region and 37.5% of the statewide total); they would also like to have 1 additional Ob/Gyn Physician FTE if budgets allowed
    - 8.5 Registered Nurses and 12 Licensed Vocational Nurses
    - 1 Dentist and 2 Dental Hygienists
    - 0.5 Dietitians but no Nutritionists (nor did they have vacancies for Nutritionists or wish for any additional FTEs)
    - 1 Epidemiologist with Preparedness Responsibilities.

- The Mental Health workforce of Region 4 was comprised of 1 Licensed Social Worker FTE.
- Region 4 had the fewest number of Animal Care Control Officer FTEs (5), along with Regions 5 and 9.
- Region 4 was the only region to have a vacancy for a Family/General Practice Physician.
- Region 4 had the highest number of Environmental Health Worker/Engineer Vacancies (3 – 27.3% of statewide total) of any region.
- Region 4 was one of only two regions to indicate that they would like to have more Physician Assistant FTEs (2) if budgets allowed.

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 5



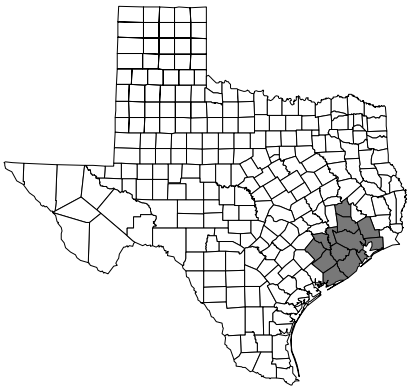
Region 5 is comprised of 11 Rural counties and 4 Urban counties, all Non-Border, and had a 2007 population of 767,321, making it the 9th largest Region.

- 13.8% of the Public Health employees worked part time, the 3rd highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - 1.5 Physicians (of all types), but no Ob/Gyn Physicians (nor did they have and Ob/Gyn vacancies or wish for any additional FTEs)
  - 8 Registered Nurses and 17 Licensed Vocational Nurses
  - No Dentists or Dental Hygienists (nor did they have vacancies or wish for any additional FTEs)
  - 3.5 Dietitians and 6 Nutritionists
  - 3 Epidemiologists with Preparedness Responsibilities.

- The Mental Health workforce of Region 5 was comprised of 1.5 Licensed Social Worker FTEs.
- Region 5 had the fewest number of Animal Care Control Officer FTEs (5), along with Regions 4 and 9.
- Region 5 had the 2nd highest number of Physician Assistant FTEs (2 – 30.8% of the statewide total).
- Region 5 was the only region to indicate that they had a vacant Physician Assistant FTE.

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 6



Region 6 is comprised of 4 Rural counties and 9 Urban counties, all Non-Border, and had a 2007 population of 5,618,027, making it the 2nd largest Region.

- 3.7% of the Public Health employees worked part time, ranking 10th of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
    - 20.5 Physicians (of all types), including 4 Ob/Gyn Physicians (the 2nd highest of any region and 33.3% of the statewide total)
    - 83 Registered Nurses and 58.5 Licensed Vocational Nurses
    - 11 Dentists and 2 Dental Hygienists
    - 49 Epidemiologists with Preparedness Responsibilities and 2 Epidemiologists with No Preparedness Responsibilities.

- The Mental Health workforce of Region 6 was comprised of 3 Licensed Social Worker FTEs and 6 Unlicensed Social Worker FTEs.
- Although only the second largest region, Region 6 had the highest number of currently staffed provider FTEs for more types of professions than any other region; sometimes more than all of the other regions combined:
    - Family/General Practice Physicians (13.5 – 36.5% of statewide total)
    - Preventive Medicine Physicians (2 – 36.4% of statewide total)
    - Local Health Authorities (8 – 25% of statewide total)
    - Patient Care Assistants (51 – 67.5% of statewide total)
    - Dietitians (32 – 33.9% of statewide total)
    - Nutritionists (47 – 36.3% of statewide total)
    - Dentists (11 – 50% of statewide total)
    - Veterinarians (6 – 48% of statewide total)
    - Epidemiologists with Preparedness Responsibilities (49 –52.4% of statewide total)
    - Environmental Health Workers/Engineers (137 – 39.8% of statewide total)
    - Medical Technicians (9 –75% of statewide total)
    - Microbiologists (35 – 51.1% of statewide total)
    - Biochemists (20.5 – 100% of statewide total)
    - Pharmacists (4 – 47.1% of statewide total)

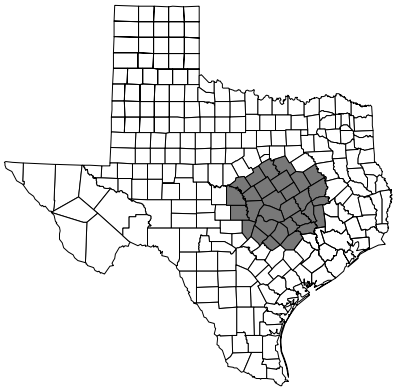
- Public Information Officers (7 – 37.8% of statewide total)
- Animal Control Officers (52 – 20.9% of statewide total).

- Region 6 also led the other regions in the number of Vacancies in FTEs for many professions:
  - Registered Nurses, APN (8 – 72.7% of statewide total)
  - Licensed Vocational Nurses (17 – 70.8% of statewide total)
  - Patient Care Assistants (6 – 75% of statewide total)
  - Dietitians (4 – 40% of statewide total)
  - Nutritionists (20 – 71.4% of statewide total)
  - Dentists (2 – 100% of statewide total)
  - Dental Hygienists (1 – 100% of statewide total)
  - Epidemiologists with Preparedness Training (4 – 80% of statewide total)
  - Public Health Planner/Policy Analyst (1 – 100% of statewide total)
  - Health Educators (4 – 44.4% of statewide total)
  - Animal Control Officers (3 – 37.5% of statewide total).

- 48.8% of the Total Vacancies (in FTEs) statewide were in Region 6 (81).
- Region 6 had the 3rd highest number of Additional Workers Needed (if budgets allowed) of all the regions: 45 (10.9% of the statewide total).

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 7



Region 7 is comprised of 18 Rural counties and 12 Urban counties, all Non-Border, and had a 2007 population of 2,668,198, making it the 3rd largest Region.

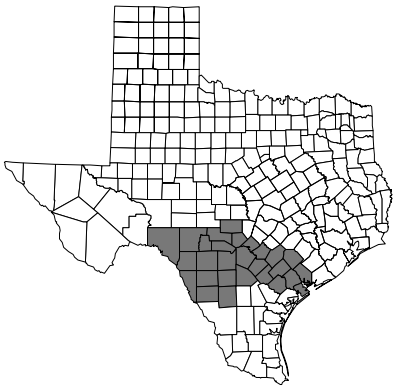
- 7.4% of the Public Health employees worked part time, the 8th highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - 6 Physicians (of all types), including 1.5 Ob/Gyn Physicians
  - 54.5 Registered Nurses and 22.5 Licensed Vocational Nurses
  - No Dentists or Dental Hygienists (nor did they have vacancies or wish for any additional FTEs)
  - 7 Dietitians and 33 Nutritionists
  - 5 Epidemiologists with Preparedness Responsibilities.

- The Mental Health workforce of Region 7 was comprised of 15 Licensed Social Worker FTEs and 5 Unlicensed Social Worker FTEs.
- Region 7 ranked 3rd (along with Region 10) in the number of Animal Care Control Officer FTEs (37).
- Of all the regions, Region 7 had the highest number of:
  - Infectious Disease Physician FTEs (1.5 – 42.9% of the statewide total)
  - Licensed Social Worker FTEs (15 – 43.5% of the statewide total)
  - Public Health Planner/Policy Analyst FTEs (11 – 37.9% of the statewide total)
  - Public Health Technician FTEs (23 – 41.8% of the statewide total).

- Region 7 was one of only two regions (along with Region 11) to indicate that they would like to hire additional Psychiatrists if budgets allowed; they had none currently staffed, nor did any other regions.
- Region 7 was the only region to have a Vacancy for a Local Health Authority, and had the highest number of Vacant Public Health Technician FTEs (2 – 50% of the statewide total).
- Along with Region 11, Region 7 led the state in the number of additional Epidemiologists with Preparedness Responsibilities that they would like to hire if budgets allowed (3).
- The only Toxicologist was in Region 7.

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 8



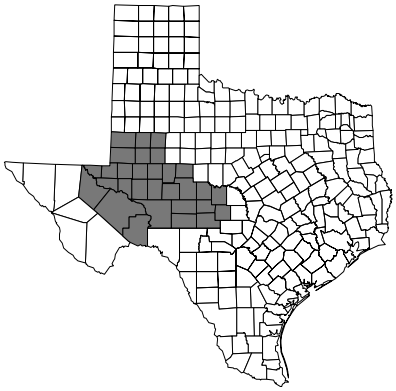
Region 8 is comprised of 17 Rural counties and 11 Urban counties. All of the Urban counties were Non-Border counties, but 10 of the Rural counties were Border counties. The 2007 population was 2,398,618, making it the 4th largest Region.

- 8.9% of the Public Health employees worked part time, the 6th highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - 8 Physicians (of all types), including 1 Ob/Gyn Physician
  - 68 Registered Nurses and 42.5 Licensed Vocational Nurses
  - 5 Dentists and 3 Dental Hygienists
  - 4 Dietitians and 9 Nutritionists
  - 4 Epidemiologists with Preparedness Responsibilities and 2 Epidemiologists without Preparedness Responsibilities.

- Region 8 had no Mental Health Workers.
- Region 8 ranked next to last in the number of Animal Care Control Officer FTEs (7).
- Of all the regions, Region 8 had the highest number of
  - Pediatric Physician FTEs (3 – 40% of statewide total)
  - Dental Hygienist FTEs (3 – 33.3% of the statewide total).
  - Home Health Aide FTEs (54 - all of them were employed by the San Antonio Metropolitan Health District and accounted for 70.6% of the statewide total).

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 9



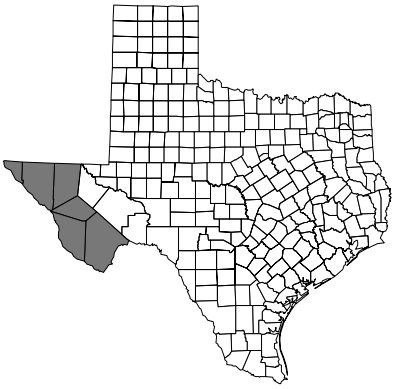
Region 9 is comprised of 26 Rural counties and 4 Urban counties. All of the Urban counties were Non-Border counties, but 5 of the Rural Counties were Border Counties. The 2007 population was 545,912, making it the smallest Region.

- 10.5% of the Public Health employees worked part time, the 5th highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - No Physicians (nor did they have vacancies or wish for any additional FTEs)
  - 12.5 Registered Nurses and 4.5 Licensed Vocational Nurses
  - No Dentists or Dental Hygienists (nor did they have vacancies or wish for any additional FTEs)
  - 0.5 Dietitians and 2 Nutritionists
  - 2 Epidemiologists with Preparedness Responsibilities.

- The Mental Health workforce of Region 9 was comprised of 6 Unlicensed Social Worker FTEs.
- Region 9 was one of 4 regions indicating that they needed a Local Health Authority position that was not in their budget.
- Region 9 had the fewest number (along with Regions 4 and 5) of Animal Care Control Officer FTEs (5).

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 10



Region 10 is comprised of 5 Rural counties and 1 Urban county, all Border counties, and had a 2007 population of 772,930, making it the 8th largest Region.

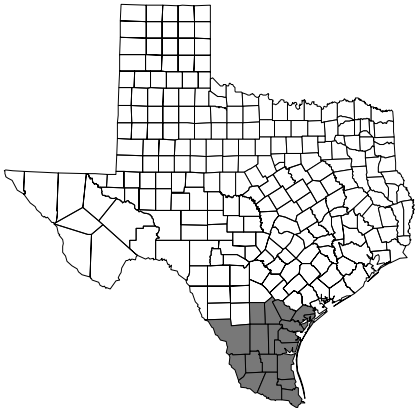
- 8.0% of the Public Health employees worked part time, the 7th highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - No Physicians (nor did they have vacancies or wish for any additional FTEs)
  - 20 Registered Nurses and 6 Licensed Vocational Nurses
  - 3 Dentists and 1 Dental Hygienist
  - 2 Dietitians and 5 Nutritionists
  - 2 Epidemiologists with Preparedness Responsibilities.

- There were no Mental Health Workers in Region 10, although they would like to add 2 Licensed Social Worker FTEs if budgets allowed.
- Region 10 ranked 3rd (along with Region 7) in the number of Animal Care Control Officer FTEs (37).
- For some professions, Region 10 led the other regions in the number of additional FTEs they would like to hire if budgets allowed:
  - Registered Nurses, non-APN (8 – 29.4% of statewide total)
  - Dietitians (8 – 72.7% of statewide total)
  - Nutritionists (7 – 50% of statewide total)
  - Dental Hygienists (4 – same as Region 11 and 44.4% of statewide total)
  - Promotor(as)/Community Health Workers (10 – 37% of the statewide total).

- Along with Region 11, Region 10 was the only other region that wanted to hire additional Microbiologists (2) if budgets allowed.
- Region 10 was one of 4 regions indicating that they needed a Local Health Authority position that was not in their budget.

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

Region 11



Region 11 is comprised of 13 Rural counties (7 of them Border counties) and 6 Urban counties (3 of them Border counties), and had a 2007 population of 2,040,997, making it the 5th largest Region.

- 6.6% of the Public Health employees worked part time, the 9th highest percentage of the 11 regions.
- Current Staffing Levels of Selected Professions (in FTEs):
  - 5.5 Physicians (of all types), including 1 Ob/Gyn Physician
  - 54 Registered Nurses and 55.5 Licensed Vocational Nurses
  - 1 Dentist but no Dental Hygienists
  - 12 Dietitians and 12.5 Nutritionists
  - 6 Epidemiologists with Preparedness Responsibilities and 2 Epidemiologists with no Preparedness Responsibilities.

- The Mental Health workforce in Region 11 was comprised of 7 Licensed Social Worker FTEs and 8 Unlicensed Social Worker FTEs.
- Region 11 ranked 2nd in the number of Animal Care Control Officer FTEs (42.5).
- Region 11 led the other regions in the number of additional FTEs that they would like to hire if budgets allowed, 176 - 42.6% of the statewide total:
  - Family Practice Physicians (6 – 60% of statewide total)
  - Ob/Gyn Physicians (3 – 75% of statewide total)
  - Preventive Medicine Physicians (2 – 66.7% of statewide total)
  - Physician Assistants (5 – 71.4% of statewide total)
  - Registered Nurses, APN (5 – 29.4% of statewide total)
  - Licensed Vocational Nurses (14 – 30% of statewide total)
  - Certified Nurse Aides (12 – 100% of the statewide total)
  - Dentists (4 – 50% of the statewide total)
  - Licensed Social Workers (7 – 53.8% of the statewide total)
  - Psychologists (4 – 66.7% of the statewide total)

- Veterinarians (3 – 37.5% of the statewide total)
- Epidemiologists with No Preparedness Responsibilities (5 – 71.4% of the statewide total)
- Environmental Health Workers/Engineers (21 – 51.2% of the statewide total)
- Public Health Planner/Policy Analysts (4 – 50% of the statewide total)
- Health Educators (8 – 34.8% of the statewide total)
- Medical Technicians (5 – 83.3% of the statewide total)
- Medical Technologists (2 – 100% of the statewide total)
- Biochemists (1 – 100% of the statewide total)
- Toxicologists (1 – 100% of the statewide total)
- Pharmacists (3 – 75% of the statewide total)
- Public Health Technicians (12 – 57.1% of the statewide total)
- Public Information Officers (3 – 60% of the statewide total).

- Of all the regions, Region 11 had the highest number of Certified Nurse Aide FTEs (21 - 66.7% of the statewide total) and the highest number of Promotor(a)/Community Health Worker FTEs (22 – 32.4% of the statewide total).
- Along with Region 10, Region 11 was the only other region to want to hire additional Microbiologists (2) if budgets allowed.
- Region 11 was one of 4 regions – and the largest one - indicating that they needed a Local Health Authority position that was not in their budget.

The data above include only those health professionals who are employed by the 63 Local Health Departments that contract with the Texas Department of State Health Services to provide public health services.

APPENDIX 2

List of Local Health Departments Surveyed

(the 63 LHDs that contract with DSHS to provide Public Health services)

Local Health Department	Public Health Region(s) Served	Location (County)
Abilene-Taylor County Health Department	2/3	Taylor
Amarillo (City of) Department of Health	1	Potter
Andrews City-County Health Department	9/10	Andrews
Angelina County & Cities Health District	5	Angelina
Austin HHS Division (City of)	7	Travis
Beaumont Public Health Department	6/5	Jefferson
Bell County Public Health District	7	Bell
Brazoria County Health Department	6/5	Brazoria
Brazos County Health District	7	Brazos
Brownwood-Brown County Health Department	2/3	Brown
Calhoun County Health Department	8	Calhoun
Cameron County Health Department	11	Cameron
Chambers County Health Department	6/5	Chambers
Cherokee County Health Department	4	Cherokee
Collin County Health Care Services	2/3	Collin
Corpus Christi-Nueces County Public Health District	11	Nueces
Corsicana-Navarro Public Health District	2/3	Navarro
Cuero-DeWitt County Health Department	8	DeWitt
Dallas County Health & Human Services	2/3	Dallas
Dallas Environmental & Health Services Department (City of)	2/3	Dallas
Denton County Health Department	2/3	Denton
Ector County Health Department	9/10	Ector
El Paso City- County Health & Environmental District	9/10	El Paso
Fort Bend County Health Department (HHS)	6/5	Fort Bend
Fort Worth (City of) Public Health Department	2/3	Tarrant
Galveston County Health District	6/5	Galveston
Grayson County Health Department	2/3	Grayson
Greenville-Hunt County Health Department	2/3	Hunt
Hardin County Health Department	6/5	Hardin
Harris County Public Health & Environmental Services	6/5	Harris
Hays County Health Department	7	Hays
Hidalgo County Health Department	11	Hidalgo
Houston Department of HHS	6/5	Harris
Jackson County Health Department	8	Jackson
Jasper-Newton County Public Health District	5	Jasper
Laredo (City of) Health Department	11	Webb
Live Oak County Health Department	11	Live Oak
Lubbock City Health Department	1	Lubbock
Marshall-Harrison Health Department	4	Harrison
Medina County Health Department	8	Medina
Midland Health Department	9/10	Midland
Milam County Health Department	7	Milam
Montgomery County Health Department	6/5	Montgomery
Northeast Texas Public Health District*	4	Smith

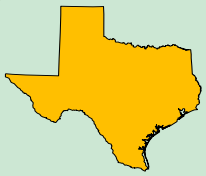
* Also known as Smith County Public Health District

List of Local Health Departments Surveyed
(continued)

Local Health Department	Public Health Region(s) Served	Location (County)
Orange County Health Department	6/5	Orange
Paris-Lamar County Health Department	4	Lamar
Plainview-Hale County Health District	1	Hale
Port Arthur City Health Department	6/5	Jefferson
San Angelo-Tom Green County Health Department	9/10	Tom Green
San Antonio Metropolitan Health District	8	Bexar
San Patricio County Department of Health	11	San Patricio
Scurry County Health Unit	2/3	Scurry
South Plains Public Health District	1	Terry
Sweetwater-Nolan County Health Department	9/10	Nolan
Tarrant County Public Health Department	2/3	Tarrant
Texarkana-Bowie County Family Health Center	4	Bowie
Uvalde County Health Department	8	Uvalde
Victoria City- County Health Department	8	Victoria
Waco-McLennan County Public Health District	7	McLennan
Wichita Falls-Wichita County Public Health District	2/3	Wichita
Williamson County & Cities Public Health District	7	Williamson
Wilson County Health Department	8	Wilson
Wood County Health Department	4	Wood

Public Health - Brief 1

Functions in Local Health Departments* - Part 1



There is no consensus on a definition of public health. Many associate public health with providing free or low-cost health care to lower income people, and while that can be a part of public health, that is not an accurate or complete definition. The simplest and broadest definition may be "*All public, private, and voluntary organizations that contribute to the public's health and well being in Texas*."[1] Another definition states that "*Public Health is the science and art of protection and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention*."[2] More detailed definitions state that while public health employees may work in both the public and private sector, their focus is on population groups rather than individuals.[3] By any definition, it is generally agreed that the 63 LHDs that contract with DSHS to provide public health services - as well as DSHS as a whole - contribute to public health in Texas.

In 1994, the Core Public Health Functions Steering Committee, comprised of representatives from U.S. Public Health Service agencies and other major public health organizations, developed the Ten Essential Public Health Services, which "provide a working definition of public health and a guiding framework for the responsibilities of local public health systems."[4] The word "essential" may imply to some that an organization must engage in all ten services to be considered public health. HPRC does not take a position on this; however, only 30 of the 63 LHDs surveyed indicated they provide all ten of the essential public health services, and no single one of the ten services was provided by all 63 LHDs.

The Ten Essential Public Health Services, and the percentage of the 63 LHDs that indicated they provided them, are:

- Monitor health status to identify community health problems…… 85.7%
- Diagnose and investigate health problems and health hazards in the community…… 92.1%
- Inform, educate, and empower people about health issues…… 96.8%
- Mobilize community partnerships to identify and solve health problems…… 87.3%
- Develop policies and plans that support individual and community health efforts…… 85.7%
- Enforce laws and regulations that protect health and ensure safety …… 88.9%
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable…… 90.5%
- Assure a competent public health and personal health care workforce…… 85.7%
- Evaluate effectiveness, accessibility, and quality of personal and population-based services…… 73.0%
- Research for new insights and innovative solutions to health problems…… 50.8%

[1] *Texas State Public Health System Assessment*, State Public Health System Assessment Steering Committee, 9/29/2006, www.dshs.state.tx.us/sphsa.

[2,3] What is Public Health, http://www.whatispublichealth.org/what/index.html.

[4] Centers for Disease Control and Prevention, http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm

* The Health Professions Resource Center conducted a survey of the 63 Local Health Departments (LHDs) that contract with the Texas Department of State Health Services to provide Public Health Services. The survey was conducted from November 28, 2007 to January 18, 2008. There are an additional 81 local health departments that do not contract with DSHS to provide public health services; those will be surveyed separately.

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Public Health - Brief 2

Providers in Local Health Departments* - Part 1

The Health Professions Resource Center conducted a survey of the 63 Local Health Departments (LHDs) that contract with the Texas Department of State Health Services to provide Public Health Services. The purpose of the survey was to determine staffing levels, vacancies, and shortages of public health providers in Texas. The survey showed that the public health workforce in Texas is suffering from a shortage of public health workers in local health departments (LHDs), not only due to vacant positions but mostly due to budget constraints which prevent the LHDs from being able to hire all of the workers they feel are needed. Below is a summary of the data collected from the 63 LHDs.

2,419 full-time employees
181 part-time employees
Total of 2,514 Full Time Equivalent employees (FTEs)
(of the profession types asked about)

Vacancy Rates

6.2% vacancy rate in Texas

182 vacant positions (166 vacant FTEs)

Professions with the highest vacancy rates: Nutritionists (17.8%), Physician Assistants (13.3%), non-APN Registered Nurses (10.3%), and Dental Hygienists (10.0%).

8% vacancy rate for all nurse types (APN and non-APN RNs, LVNs).

The nursing professions had the highest number of vacant FTEs (70).

Additional Workers Needed

413 additional FTEs were needed if budgets allowed (well above the number of current vacancies). The top five professions for which the LHDs would like to hire additional FTEs were:

Animal Control Officers (46)
Environmental Health Workers/Engineers (41)
Non-APN Registered Nurses (34)
Licensed Vocational Nurses (30)
Promotor(as)/Community Health Workers (27)

Mental Health

Few mental health workers.

No Psychiatrists or Psychologists or budgeted positions for them.

Dental Care

There were only 22 Dentist FTEs and 9 Dental Hygienist FTEs; the vacancy rates were 8.3% and 10% respectively.

Rural and Border Counties

Rural counties:
13.1% of the state's population but only 4.3% of the public health FTEs.

The 32 Border counties:
10.5% of the state's population and 13.7% of the public health FTEs. The five LHDs in the border counties accounted for 54.7% of the additional workers the 63 LHDs would like to hire.

* The survey was conducted from November 28, 2007 to January 18, 2008. There are an additional 81 local health departments that do not contract with DSHS to provide public health services; those will be surveyed separately.

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Public Health – Brief 3

Staffing Levels in Local Health Departments* - Part 1

The Health Professions Resource Center conducted a survey of the 63 Local Health Departments (LHDs) that contract with DSHS to provide Public Health Services from November 28, 2007 to January 18, 2008. All 63 LHDs responded to the survey. The purpose of the survey was to determine staffing levels, vacancies, and shortages of public health providers in Texas. Other types of public health agencies and facilities will be surveyed in the future for health workforce information.

Summary Of Texas Public Health Professional Staffing Levels in Local Health Departments

Profession	Currently Staffed Full-Time Positions	Currently Staffed Part-Time Positions	Total Currently Staffed FTEs^	Current Vacant Positions	Vacancies In FTEs*	Vacancy Rate (%)	Additional FTEs Desired
Physicians: Family/General Practice	27	18	37.0	1	1	2.6	10
Physicians: Pediatrics	5	5	7.5	0	0	0.0	3
Physicians: Ob/Gyn	4	13	12.0	0	0	0.0	4
Physicians: Preventive Medicine	5	1	5.5	0	0	0.0	3
Physicians: Infectious Diseases	3	1	3.5	0	0	0.0	5
Physicians: Psychiatry	0	0	0.0	0	0	0.0	3
Physicians: Other Specialties	0	2	1.0	0	0	0.0	2
Local Health Authorities	23	19	32.0	3	1	3.0	4
Physician Assistants	5	3	6.5	1	1	13.3	7
Registered Nurses, APN	175	17	183.5	13	11	5.7	17
Registered Nurses, non-APN	292	23	305.0	34	35	10.3	34
License Vocational Nurses	306	18	315.0	28	24	7.1	30
Home Health Aides	76	1	76.5	0	0	0.0	0
Certified Nurse Aides	30	3	31.5	0	0	0.0	12
Patient Care Assistants	74	3	75.5	8	8	9.6	0
Registered Dietitians (RD)	90	9	94.5	14	10	9.6	11
Nutritionists, non-RD	127	3	129.5	27	28	17.8	14
Dentists	16	12	22.0	2	2	8.3	8
Dental Hygienists	8	2	9.0	1	1	10.0	9
Promotor(as)/Community Health Workers	68	0	68.0	4	4	5.6	27
Social Workers, Licensed	34	1	34.5	2	2	5.5	13
Social Workers, Unlicensed	37	0	37.0	0	0	0.0	1
Psychologists	0	0	0.0	0	0	0.0	6
Other Mental Health Workers	3	0	3.0	0	0	0.0	2
Veterinarians	11	3	12.5	0	0	0.0	8
Epidemiologists; no Preparedness Responsibilities	11	0	11.0	0	0	0.0	7
Epidemiologists; Preparedness Responsibilities	93	1	93.5	5	5	5.1	11
Environmental Health Workers/Engineers	342	5	344.5	12	11	3.1	41
Public Health Planners / Policy Analysts	29	0	29.0	1	1	3.3	8
Health Educators	84	1	84.5	9	9	9.6	23
Medical Technicians	12	0	12.0	0	0	0.0	6
Medical Technologists	16	2	17.0	0	0	0.0	2
Microbiologists	68	1	68.5	0	0	0.0	4
Biochemists/Chemists	20	1	20.5	0	0	0.0	1
Toxicologists	1	0	1.0	1	0	0.0	1
Pharmacists	4	9	8.5	0	0	0.0	4
Public Health Technicians	55	0	55.0	3	4	6.8	21
Information Officers	18	1	18.5	0	0	0.0	5
Animal Control Officers	247	3	248.5	13	8	3.1	46
TOTAL	**2,419**	**181**	**2,514.0**	**182**	**166**	**6.2**	**413**

^FTE = Full Time Equivalency

Note: The "Vacancy Rate" is equal to the "Vacancies in FTEs" divided by the sum of the "Vacancies in FTEs" and the "Total Currently Staffed FTEs" (x100). The "Additional FTEs Desired" are those that the LHDs indicated that they would like to have if their budgets allowed; these do not include Current Vacancies.

*There are an additional 81 local health departments that do not contract with DSHS to provide public health services; those will be surveyed separately.

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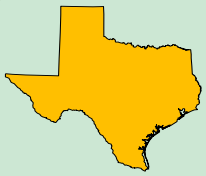
Public Health - Brief 4

Vacancies

in Local Health Departments* - Part 1



A survey conducted by the Health Professions Resource Center showed that the public health workforce in Texas is suffering from a shortage of workers in local health departments (LHDs). The shortages are due to both budget constraints which prevent the LHDs from being able to hire all of the workers they feel are needed, and vacant positions going unfilled.

Public Health Worker Vacancy Rate - 6.2%

2,419 full-time employees + 181 part-time employees = 2,514 Full Time Equivalent (FTE) employees

182 vacant positions (166 vacant FTEs)

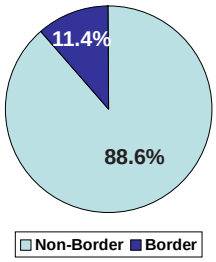
Professions with the highest vacancy rates:

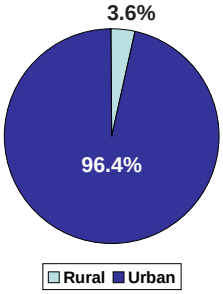
Nutritionists (17.8%)
Physician Assistants (13.3%)
Non-APN Registered Nurses (10.3%)
Dental Hygienists (10.0%)

Professions with the highest number of vacant positions:

Non-APN Registered Nurses
Nutritionists
Licensed Vocational Nurses
Environmental Health Workers/Engineers
Registered Nurses/APN

Distribution of 166 vacant FTEs





Rural areas had fewer vacancies than the Urban areas

Border areas had fewer vacancies than the Non-Border areas.

Vacancy rates:
Dentists (8.3%)
Dental Hygienists (10%)

Few mental health workers

No Psychiatrists or Psychologists (no budgeted positions)

71.5 Licensed and Unlicensed Social Worker FTEs (2.7% vacancy rate)

* The Health Professions Resource Center conducted a survey of the 63 Local Health Departments (LHDs) that contract with the Texas Department of State Health Services to provide Public Health Services. The survey was conducted from November 28, 2007 to January 18, 2008. There are an additional 81 local health departments that do not contract with DSHS to provide public health services; those will be surveyed separately.

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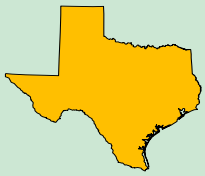
Public Health - Brief 5

Additional Budgeted Workers Needed in Local Health Departments* - Part 1



A survey conducted by the Health Professions Resource Center (HPRC) showed that the public health workforce in Texas is suffering from a shortage of public health workers in local health departments (LHDs). This is due to the inability of LHDs to hire qualified workers to fill vacant positions and budget constraints which prevent the LHDs from hiring all of the workers they feel are needed.

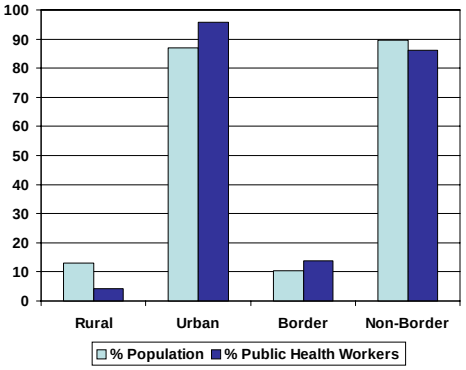
There were 2,419 full-time employees and 181 part-time employees among 39 profession types (2,514 Full Time Equivalent [FTE] employees); 182 vacant positions (166 vacant FTEs). Overall vacancy rate for Texas was 6.2%. The LHDs were also asked to indicate if there were additional staff they need and would hire if budgets allowed. The LHDs would like to add 413 additional FTEs if budgets allowed, well above the number of current vacancies.

The top five professionals the LHDs would like to hire more of if budgets were adequate:

- Animal Care and Control Officers
- Environmental Health Workers/Engineers
- Registered Nurses/non-APN
- Licensed Vocational Nurses
- Promotor(as)/Community Health Workers.

The nursing professions (all Registered Nurses and Licensed Vocational Nurses) had the highest numbers of both vacant FTEs (70) and additional FTEs the LHDs would like to add to their budgets (81).

Border county LHDs felt that they needed the largest staff increases - the five LHDs in the border counties accounted for 54.7% of the additional workers all 63 LHDs indicated that they would like to hire.



- The number of vacant position FTEs and the additional FTEs desired were combined to determine which professions the LHDs felt had the greatest shortages. The greatest shortages were for non-APN Registered Nurses.
- Border LHDs had different priorities, with their greatest need being more Animal Care and Control Officers, which also ranked highly statewide and in the Urban areas.
- Licensed Vocational Nurses also ranked highly, making the Nursing profession in general the one with the greatest shortages.
- Other professions experiencing the highest shortages were Nutritionists and Environmental Health Workers/Engineers.

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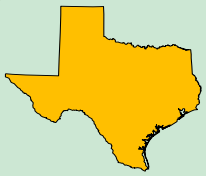
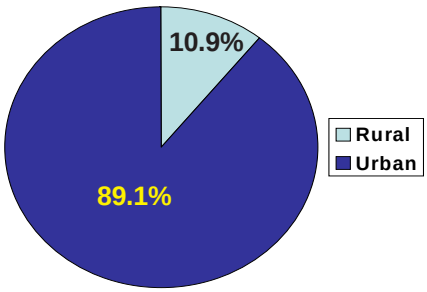
Public Health - Brief 6

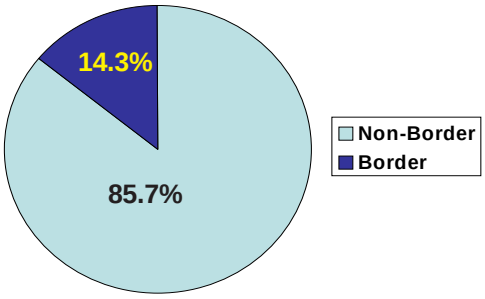
Preventive Medicine Physicians in Local Health Departments* - Part 1



Preventive Medicine Physicians are considered by some to be a key component of the public health workforce. The Health Professions Resource Center surveyed local health departments (LHDs) to learn more about the preventive medicine physician workforce. The LHDs indicated there were 119 physicians who were either LHD employees or consulting physicians who were trained on public health issues.

Distribution of Preventive Medicine Physicians





25.2% had a Master's in Public Health

22.7% had a board certification in General Public Health/Preventive Medicine

54.7% of the 53 LHDs that responded indicated that they had a preference for hiring physicians trained in Preventive Medicine.

64.2% of the 53 LHDs that responded indicated that they have had difficulty finding physicians trained in Preventive Medicine to apply for positions in their agency.

45.8% of the 59 LHDs that responded routinely support residents, medical students, or graduate public health students. LHDs in the larger public health regions (those with populations over one million) were more likely to provide this support than the smaller regions, 52.5% to 31.6% respectively.

60.6% of the physicians (LHD employees or consulting physicians) who were trained on public health issues (in the 48 LHDs that responded) completed medical school in Texas.

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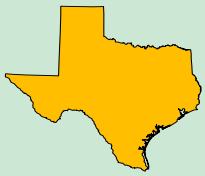
Public Health - Brief 7

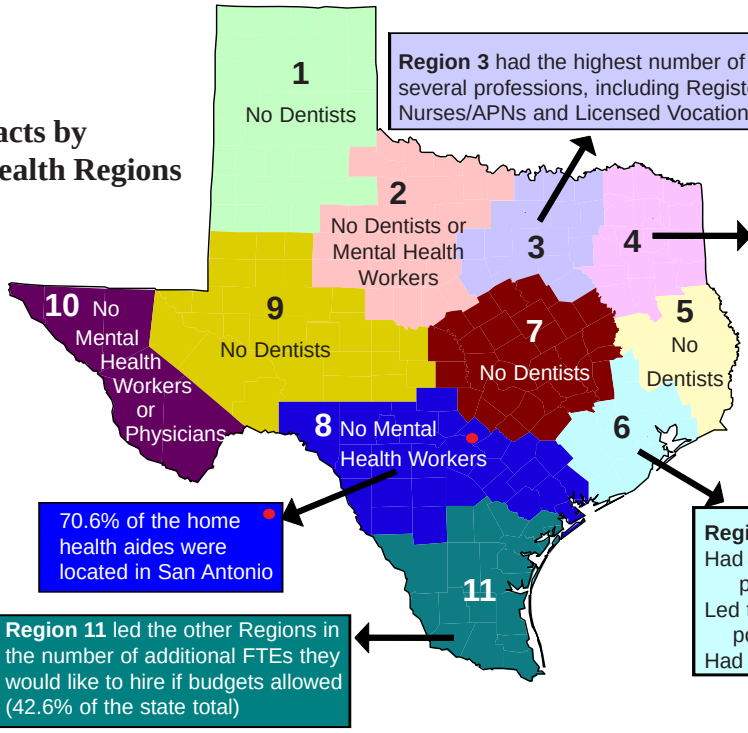
Spotlight on Workers by Public Health Regions in Local Health Departments* - Part 1



The Health Professions Resource Center conducted surveys of 63 Local Health Departments (LHDs). There were differences in the public health worker needs and staffing levels among the eleven Public Health Regions. The table below summarizes the state of the public health workforce employed in the LHDs in each region.

Public Health Region	Location of Regional Offices	% of Total Staffed PH Workers (FTEs)	% of Total Vacancies (FTEs)	% ofAdditional Workers Needed	Number of LHDs in Region	% of Texas Population (2007)
1	Canyon, Lubbock	3.9	1.2	5.3	4	3.5
2	Abilene, Wichita Falls	3.2	1.2	0.7	5	2.3
3	Arlington	18.2	14.5	4.8	9	27.2
4	Sulphur Springs, Tyler	2.2	4.2	3.9	6	4.6
5	Nacogdoches, Beaumont	3.0	0.6	1.2	6	3.2
6	Houston	27.2	48.8	10.9	7	23.7
7	Temple	11.9	12.7	8.7	7	11.2
8	San Antonio, Uvalde	10.7	0.0	1.5	8	10.1
9	Midland,San Angelo,	2.1	2.4	2.4	4	2.3
10	El Paso	4.3	7.8	17.9	1	3.3
11	Harlingen, Corpus Christi	13.4	6.6	42.6	6	8.6
Texas Total		100.0	100.0	100.0		100.0

Facts by Public Health Regions



Region 3 had the highest number of FTEs for several professions, including Registered Nurses/APNs and Licensed Vocational Nurses

Region 4 had the highest percentage of public health workers who worked only part-time (24.2%)

70.6% of the home health aides were located in San Antonio

Region 6:
Had the highest number of FTEs for more professions (16) than any other Region.
Led the Regions in the number of vacant positions for eleven professions.
Had 48.8% of the vacancies statewide.

Region 11 led the other Regions in the number of additional FTEs they would like to hire if budgets allowed (42.6% of the state total)

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List of Local Health Departments Surveyed

(the 63 LHDs that contract with DSHS to provide Public Health services)

Local Health Department	Public Health Region(s) Served	Location (County)
Abilene-Taylor County Health Department	2/3	Taylor
Amarillo (City of) Department of Health	1	Potter
Andrews City-County Health Department	9/10	Andrews
Angelina County & Cities Health District	5	Angelina
Austin HHS Division (City of)	7	Travis
Beaumont Public Health Department	6/5	Jefferson
Bell County Public Health District	7	Bell
Brazoria County Health Department	6/5	Brazoria
Brazos County Health District	7	Brazos
Brownwood-Brown County Health Department	2/3	Brown
Calhoun County Health Department	8	Calhoun
Cameron County Health Department	11	Cameron
Chambers County Health Department	6/5	Chambers
Cherokee County Health Department	4	Cherokee
Collin County Health Care Services	2/3	Collin
Corpus Christi-Nueces County Public Health District	11	Nueces
Corsicana-Navarro Public Health District	2/3	Navarro
Cuero-DeWitt County Health Department	8	DeWitt
Dallas County Health & Human Services	2/3	Dallas
Dallas Environmental & Health Services Department (City of)	2/3	Dallas
Denton County Health Department	2/3	Denton
Ector County Health Department	9/10	Ector
El Paso City- County Health & Environmental District	9/10	El Paso
Fort Bend County Health Department (HHS)	6/5	Fort Bend
Fort Worth (City of) Public Health Department	2/3	Tarrant
Galveston County Health District	6/5	Galveston
Grayson County Health Department	2/3	Grayson
Greenville-Hunt County Health Department	2/3	Hunt
Hardin County Health Department	6/5	Hardin
Harris County Public Health & Environmental Services	6/5	Harris
Hays County Health Department	7	Hays
Hidalgo County Health Department	11	Hidalgo
Houston Department of HHS	6/5	Harris
Jackson County Health Department	8	Jackson
Jasper-Newton County Public Health District	5	Jasper
Laredo (City of) Health Department	11	Webb
Live Oak County Health Department	11	Live Oak
Lubbock City Health Department	1	Lubbock
Marshall-Harrison Health Department	4	Harrison
Medina County Health Department	8	Medina
Midland Health Department	9/10	Midland
Milam County Health Department	7	Milam
Montgomery County Health Department	6/5	Montgomery
Northeast Texas Public Health District*	4	Smith
Orange County Health Department	6/5	Orange
Paris-Lamar County Health Department	4	Lamar
Plainview-Hale County Health District	1	Hale

* Also known as Smith County Public Health District

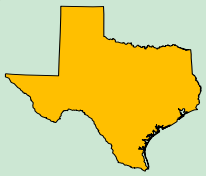
List of Local Health Departments Surveyed
(continued)

Local Health Department	Public Health Region(s) Served	Location (County)
Port Arthur City Health Department	6/5	Jefferson
San Angelo-Tom Green County Health Department	9/10	Tom Green
San Antonio Metropolitan Health District	8	Bexar
San Patricio County Department of Health	11	San Patricio
Scurry County Health Unit	2/3	Scurry
South Plains Public Health District	1	Floyd
Sweetwater-Nolan County Health Department	9/10	Nolan
Tarrant County Public Health Department	2/3	Tarrant
Texarkana-Bowie County Family Health Center	4	Bowie
Uvalde County Health Department	8	Uvalde
Victoria City- County Health Department	8	Victoria
Waco-McLennan County Public Health District	7	McLennan
Wichita Falls-Wichita County Public Health District	2/3	Wichita
Williamson County & Cities Public Health District	7	Williamson
Wilson County Health Department	8	Wilson
Wood County Health Department	4	Wood

5/30/2008

Public Health - Brief 1

Functions in Federally Qualified Health Centers



There is no consensus on a definition of public health. Many associate public health with providing free or low-cost health care to lower income people, and while that can be a part of public health, that is not an accurate or complete definition. The simplest and broadest definition may be "*All public, private, and voluntary organizations that contribute to the public's health and well being in Texas*."[1] Another definition states that "*Public Health is the science and art of protection and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention*."[2] More detailed definitions state that while public health employees may work in both the public and private sector, their focus is on population groups rather than individuals.[3]

In 1994, the Core Public Health Functions Steering Committee, comprised of representatives from U.S. Public Health Service agencies and other major public health organizations, developed the Ten Essential Public Health Services, which "provide a working definition of public health and a guiding framework for the responsibilities of local public health systems."[4] Some people feel that the FQHCs should not be considered part of the public health workforce. HPRC does not take a position on this; however, the information below may be used to form an opinion on the contribution FQHCs make to public health. Of the 58 FQHCs that responded to the survey, only 54 provided information related to the Ten Essential Public Health Services.

The Ten Essential Public Health Services, and the percentage of the 54 FQHCs that indicated they provided them, are:

·Monitor health status to identify community health problems	77.8%
·Diagnose and investigate health problems and health hazards in the community	37.0%
·Inform, educate, and empower people about health issues	94.4%
·Mobilize community partnerships to identify and solve health problems	68.5%
·Develop policies and plans that support individual and community health efforts	70.4%
·Enforce laws and regulations that protect health and ensure safety	37.0%
·Link people to needed personal health services and assure the provision of health care when otherwise unavailable	88.9%
·Assure a competent public health and personal health care workforce	57.4%
·Evaluate effectiveness, accessibility, and quality of personal and population-based services	57.4%
·Research for new insights and innovative solutions to health problems	25.9%

[1] *Texas State Public Health System Assessment*, State Public Health System Assessment Steering Committee, 9/29/2006, www.dshs.state.tx.us/sphsa.
[2,3] What is Public Health, http://www.whatispublichealth.org/what/index.html.
[4] Centers for Disease Control and Prevention, http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm

The Health Professions Resource Center conducted the survey of 60 Federally Qualfied Health Centers (FQHCs) from June 5, 2009 through July 9, 2009. This fact sheet contains information provided by the 58 FQHCs that responded to the survey .

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Public Health - Brief 2

Providers in Federally Qualified Health Centers

The Health Professions Resource Center conducted a survey of the 60 Federally Qualified Health Centers (FQHCs) that are members of the Texas Association of Community Health Centers. The purpose of the survey was to determine staffing levels, vacancies, and shortages of public health providers in Texas. The survey showed that the public health workforce in Texas is suffering from a shortage of public health workers in FQHCs, not only due to vacant positions but mostly due to budget constraints which prevent the FQHCs from being able to hire all of the workers they feel are needed. Below is a summary of the data collected from the 58 FQHCs that responded to the survey.

2,135 full-time employees
301 part-time employees
Total of 2,285.5 Full Time Equivalent employees (FTEs)
(of the professional types asked about)

Vacancy Rates

12.3% vacancy rate in Texas

328 vacant positions (320.8 vacant FTEs)

Top Five Professions with the highest vacancy rates:
- Pediatric Physicians (25.3%)
- Physicians: Other Specialties (21.0%)
- Dentists (20.8%)
- Dental Hygienists (19.6%)
- Family/General Practice Physicians (19.2%)

10.8% vacancy rate for all nurse types (APN and non-APN RNs, LVNs).

Additional Workers Needed

408 additional FTEs were needed if budgets allowed (well above the number of current vacancies). The top five professions for which the LHDs would like to hire additional FTEs were:

Certified Nurse Aides/Certified Medical Assistants/ Patient Care Assistants (61)
Physicians: Family/General Practice (49)
Licensed Vocational Nurses (45)
Dentists (27)
Physicians: Pediatricians (26)

Mental Health FTEs

12.5 Psychiatrists
56.5 Licensed Social Workers
21.0 Unlicensed Social Workers
9.0 Psychologists
34.0 Other Mental Health Workers

Dental Care

There were 120 Dentist FTEs and 68 Dental Hygienist FTEs

Rural and Border Counties

Rural counties:
12.9% of the state's population

19.9% of the FQHC public health FTEs

25% of the FQHC's Additional Workers needed.

The 32 Border counties:
10.5% of the state's population

29.5% of the FQHC public health FTEs

21.8% of the FQHC's Additional Workers needed.

The Health Professions Resource Center conducted the survey of 60 Federally Qualfied Health Centers (FQHCs) from June 5, 2009 through July 9, 2009. This fact sheet contains information provided by the 58 FQHCs that responded to the survey .

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Public Health – Brief 3

Staffing Levels in Federally Qualified Health Centers

The Health Professions Resource Center conducted a survey of 60 Federally Qualified Health Centers (FQHCs) from June 5, 2009 through July 9, 2009. These 60 FQHCs have a total of 319 clinics, or delivery sites. Fifty-eight FQHCs responded to the survey, covering 295 delivery sites. The purpose of the survey was to determine staffing levels, vacancies, and shortages of public health providers in Texas. Other types of public health agencies and facilities will be surveyed in the future for health workforce information.

Summary of Texas Public Health Professional Staffing Levels in FQHCs

Profession	Currently Staffed Full-Time Positions	Currently Staffed Part-Time Positions	Total Currently Staffed FTEs	Current Vacant Positions	Vacancies In FTEs	Vacancy Rate (%)	Additional FTEs Desired
Physicians: Family/General Practice	171	41	191.5	47	45.6	19.2	49
Physicians: Pediatrics	60	16	68.0	23	23.0	25.3	26
Physicians: Ob/Gyn	35	21	45.5	6	6.2	12.0	10
Physicians: Infectious Diseases	5	2	6.0	0	0.0	0.0	1
Physicians: Psychiatry	8	9	12.5	2	2.0	13.8	8
Physicians: Other Specialties	35	13	41.5	11	11.0	21.0	7
Physician Assistants	81	12	87.0	14	14.0	13.9	14
Registered Nurses, APN	134	22	145.0	20	19.8	12.0	19
Registered Nurses, non-APN	121	19	130.5	13	12.5	8.7	15
License Vocational Nurses	397	10	402.0	50	49.4	10.9	45
Certified Nurse Aides / Certified Medical Assistants / Patient Care Assistants	532	9	536.5	38	38.0	6.6	61
Registered Dietitians (RD)	18	10	23.0	2	2.0	8.0	9
Nutritionists, non-RD	20	1	20.5	2	2.0	8.9	6
Dentists	105	30	120.0	32	31.5	20.8	27
Dental Hygienists	60	16	68.0	19	16.6	19.6	16
Promotor(as) / Community Health Workers	69	16	77.0	13	13.0	14.4	25
Social Workers, Licensed	55	3	56.5	7	6.5	10.3	21
Social Workers, Unlicensed	21	0	21.0	1	1.0	4.5	5
Psychologists	7	4	9.0	1	1.0	10.0	5
Other Mental Health Workers	29	10	34.0	3	3.0	8.1	9
Public Health Planners / Policy Analysts	3	0	3.0	0	0.0	0.0	0
Health Educators	26	7	29.5	4	4.0	11.9	15
Medical Technicians	43	2	44.0	3	3.0	6.4	2
Medical Technologists	54	1	54.5	6	5.5	9.2	5
Pharmacists	43	27	56.5	11	10.2	15.3	6
Information Officers	3	0	3.0	0	0.0	0.0	2
TOTAL	**2,135**	**301**	**2,285.5**	**328**	**320.8**	**12.3**	**408**

^FTE = Full Time Equivalency

Note: The "Vacancy Rate" is equal to the "Vacancies in FTEs" divided by the sum of the "Vacancies in FTEs" and the "Total Currently Staffed FTEs" (x100). The "Additional FTEs Desired" are those that the FQHCs indicated that they would like to have if their budgets allowed; these do not include Current Vacancies.

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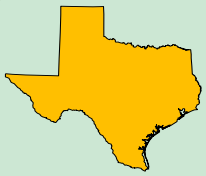
Public Health - Brief 4

Vacancies

in Federally Qualified Health Centers



A survey conducted by the Health Professions Resource Center showed that the public health workforce in Texas is suffering from a shortage of workers in Federally Qualifed Health Centers (FQHCs). The shortages are due to both budget constraints, which prevent the FQHCs from being able to hire all of the workers they feel are needed, and vacant positions going unfilled.

Public Health Worker Vacancy Rate - 12.3%

2,135 full-time employees + 301 part-time employees = 2,285.5 Full Time Equivalent (FTE) employees

328 vacant positions (320.8 vacant FTEs)

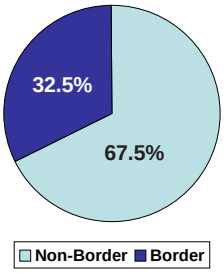
Professions with the highest vacancy rates:

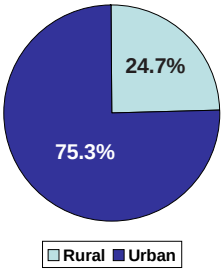
Pediatric Physicians (25.3%)
Physicians: Other Specialties (21.0%)
Dentists (20.8%)
Dental Hygienists (19.6%)
Family/General Practice Physicians (19.2%)

Professions with the highest number of vacant positions:

Licensed Vocational Nurses (50)
Family/General Practice Physicians (47)
Certified Nurse Aides/Certified Medical Assistants/Patient Care Assistants (38)
Dentists (32)
Pediatric Physicians (23)

Distribution of 320.8 vacant FTEs





Vacancy Rates:

Rural - 14.8%
Urban - 11.7%

Border - 13.4%
Nonborder - 11.9%

Registered Nurse (RN) Vacancy Rates:

RN: APN - 12.0%
RN: non-APN - 8.7%
Total RN - 10.5%

APN=Advanced Practice Nurse

Mental Health Worker Vacancy Rates:

Psychiatrists - 13.8%
Licensed Social Workers - 10.3%
Unlicensed Social Workers - 4.5%
Psychologists - 10.0%
Other Mental Health Workers - 8.1%

The Health Professions Resource Center conducted the survey of 60 Federally Qualfied Health Centers (FQHCs) from June 5, 2009 through July 9, 2009. This fact sheet contains information provided by the 58 FQHCs that responded to the survey .

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List of Federally Qualified Health Centers that Responded to the Survey

Note: A number of FQHCs have service areas that include counties where there is not actually an FQHC delivery site; patients may travel from neighboring counties to the county in which a delivery site is located. The counties and regions below represent only those that actually include delivery sites, as reported by the FQHCs. Some FQHCs have mobile units that travel to multiple counties. These were included here in the county in which the home office of the FQHC was located.

FQHC Name	Counties with Delivery Sites	Number of Delivery Sites	Region(s)
Amistad Community Health Center	Nueces	1	11
Atascosa Health Center, Inc.	Atascosa, Karnes, Wilson	3	8
Austin/Travis County Community Health Centers*	Travis	22	7
Brazos Valley Community Health Centers	Brazos, Grimes, Robertson, Madison, Leon	6	7
Brownsville Community Health Center	Cameron	5	11
Cactus Health Services, Inc.	Terrell, Pecos	2	9
Centro San Vicente	El Paso	3	10
CentroMed Clinics	Bexar	23	8
Chambers Community Health Center**	Chambers	1	6
Communicare Health Centers	Bexar, Hays	5	7, 8
Community Action Corporation of South Texas*	Jim Wells, Brooks, Duval, San Patricio, Bee, Kleberg	8	11
Community Health Center of Lubbock*	Lubbock	13	1
Community Health Centers of South Central Texas***	*Gonzales*, Caldwell, Lavaca, Guadalupe,	8	7, 8
Community Health Clinics of Northeast Texas	Smith	3	4
Community Health Development, Inc.	Uvalde, Real	4	8
Community Health Service Agency***	*Hunt*, Delta, Fannin, Kaufman, Collin	8	3, 4
Cross Timbers Health Clinic	Comanche, Brown, Eastland	4	2
East Texas Border Health Clinic	Harrison, Marion	2	4
East Texas Community Health Services, Inc.	Nacogdoches, Sabine	3	5
El Centro de Corazon	Harris	3	6
Ellis County Coalition for Health Options	Ellis	1	3
Fort Bend Family Health Center, Inc.*	Fort Bend, Wharton, Waller	6	6
Fort Worth Northside Community Health Center, Inc	Tarrant	1	3
Frontera Healthcare Network	Concho, Menard, Mason	3	9
Galveston County Coordinated Community Clinics	Galveston	2	6
Gateway Community Health Center, Inc.*	Webb, Zapata, Jim Hogg	7	11
Good Neighbor Healthcare Center	Harris	1	6
Greater Texoma Health Clinic	Grayson	1	3
Gulf Coast Health Center, Inc.	Jefferson, Newton, Hardin, Orange	4	5
Health Center of Southeast Texas	Liberty, San Jacinto	2	5, 6
Heart of Texas Community Health Center	McLennan	12	7
Houston Area Community Services	Harris	3	6
Houston Community Health Centers, Inc.	Harris	2	6
La Esperanza Clinic, Inc.	Tom Green	3	9
Legacy Community Health Services	Harris	3	6
Lone Star Circle of Care	Williamson	9	7
Lone Star Family Health Center	Montgomery	2	6
Longview Wellness Center	Gregg, Upshur	2	4
Los Barrios Unidos Community Clinic, Inc.	Dallas	4	3
Martin Luther King, Jr. Family Clinic*	Dallas	3	3
Matagorda Episcopal Health Outreach Program*	Matagorda	2	6
Midland Community Healthcare Services	Midland	4	9
MotherLand Health Clinique	Harris	1	6
Mt. Enterprise Community Health Clinic, Inc.**	Rusk	1	4
North Central Texas Community Health Care Center*	Wichita	2	2
Nuestra Clinica Del Valle, Inc.	Hidalgo	11	11
Pasadena Health Center, Inc.	Harris	1	6
Presidio County Health Services, Inc.	Presidio	2	10
Project Vida Health Center	El Paso	3	11
Regence Health Network	Hale, Castro, Floyd, Parmer, Deaf Smith, Lamb, Bailey, Crosby, Swisher, Potter	21	1
Shackelford County Community Resource Center	Shackelford, Stephens, Callahan	4	2

FQHC Name	Counties with Delivery Sites	Number of Delivery Sites	Region(s)
South Central Houston Community Health Center	Harris	2	6
South Plains Rural Health Services, Inc.	Hockley, Dawson	4	1, 9
South Texas Rural Health Services, Inc.	La Salle, Frio, Dimmit, Medina	12	8
Su Clinica Familiar	Cameron, Willacy	7	11
The HOPE Project, Tenaha Clinic**	Shelby	1	5
United Medical Centers	Maverick, Kinney, Val Verde	12	8
Vida Y Salud-Health Systems, Inc.	Zavala, Dimmit, La Salle, Uvalde	7	8

*Includes mobile units

**Number of delivery sites could not be determined; was counted as “1”

***Did not provide a breakdown of the number of providers per county; all were included in the county in which the home office was located (home county in italics)