



Public Health Funding and Policy Committee 2016 Report

**As Required By
Texas Health and Safety Code Section 117.103**



**Department of State Health Services
December 2016**

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Table of Contents

Executive Summary	1
Introduction	3
Background	3
Accomplishments	4
Defining Core Public Health Service Categories	4
Current Activities	5
Public Health System Inventory and Action Plan	5
Statewide Syndromic Surveillance.....	5
Developing Funding Formulas	5
Recommendations	5
Recommendation 1	5
Recommendation 2.....	6
Recommendation 3.....	6
Future Considerations	6
Completion of Initial Charge of the Committee.....	6
Conclusion	7

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Executive Summary

The Public Health Funding and Policy Committee (PHFPC) 2016 Report is in response to [Texas Health and Safety Code, Section 117.103](#), which requires the PHFPC to submit a report to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives on the implementation of Texas Health and Safety Code, Chapter 117.¹

Chapter 117, Subchapter C of the Texas Health and Safety Code states that the PHFPC shall, at least annually, make formal recommendations to the Department of State Health Services (DSHS) regarding:

- The use and allocation of funds available exclusively to local health departments (LHDs) to perform core public health functions
- Ways to improve the overall public health of citizens in this state
- Methods for transitioning from a contractual relationship between DSHS and the LHDs to a cooperative-agreement relationship between DSHS and the LHDs
- Methods for fostering a continuous collaborative relationship between DSHS and the LHDs

Recommendations made must be in accordance with:

- Prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served
- State and federal law
- Federal funding requirements

Not every Texan has the same level of local public health protection. The Texas public health system is fragmented, complex, and in some instances, non-existent. Texas delivers public health services through a system of state and LHDs. As detailed in the 2012 PHFPC Annual Report, the presence, scope, and quality of public health services vary greatly among Texas counties and cities.² Among the 254 counties in Texas, 58 operate under a local public health services contract with DSHS. Many other entities provide a small subset of environmental permitting and/or clinical services. DSHS health service regions (HSRs) provide local public health services to counties without a local public health entity. On a routine basis, HSRs support LHDs in provision of services when the local health entity does not have the resources available. Health service regions also assist with response to disease outbreaks and natural disasters.

State funding of local public health services is also complex and not well understood. Local public health entities may receive city, county, state, federal, or other sources of funding. Historically, local public health entities' funding does not align with known public health risks, vulnerabilities, threats, and/or disease statistics. Local health departments, 8 HSRs, and the DSHS central office compete for state funding to support local public health services.

¹This report is submitted by the Public Health Funding and Policy Committee and has not been substantially edited by the Texas Department of State Health Services.

²Texas Department of State Health Services. 2012 PHFPC Annual Report. *Public Health Funding and Policy Committee*. <http://www.dshs.state.tx.us/phfpcommittee/default.aspx>. Published February 2013. Accessed March 7, 2016.

The PHFPC's priorities for 2016 included defining core public health services for local entities and identifying public health funding sources. The PHFPC is engaged with DSHS Division for Regional and Local Health Services to conduct an assessment of current public health services across the state, define core public health services, and determine a methodology to assess public health funding in Texas. The PHFPC's goal is to identify and recommend system level changes to improve public health for Texans.

The PHFPC's recommendations focus on the need for continued funding for public health programs and initiatives to meet community needs and to improve efficiencies. With the consolidation of the Health and Human Services Commission (HHSC), the PHFPC is concerned public health funding will be diverted to other areas in HHSC to cover underfunded programs or to divert crises. During 2016, the PHFPC made recommendations to DSHS. Listed below is a summary of the recommendations.

- Consider health equity and incorporate social determinants of health in the development of the Public Health Action Plan.
- Involve other state agencies (education, housing, transportation) in the Public Health Action Plan development to efficiently use resources to address social determinants of health.
- Improve processes and decrease barriers for LHDs to access data collected by DSHS or LHDs and reported to DSHS.

The PHFPC made significant progress over the last two years. During 2017, PHFPC will analyze, deliberate, and use the public health system inventory and Public Health Action Plan data to define the core public health services a local health entity should provide. The activities will include working with all interested parties to improve the statewide public health system and determine a standard menu of public health services available to every resident in the state.

Introduction

[Texas Health and Safety Code, Section 117.103](#) requires the Public Health Funding and Policy Committee (PHFPC) to submit a report to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives on the implementation of Texas Health and Safety Code, Chapter 117.

Background

In 1997, the 75th Texas Legislature passed H.C.R. 44 which required an interim study to evaluate the role of local governments in providing public health services. As a result, a steering committee and working group submitted recommendations to the 76th Texas Legislature. With the passage of H.B. 1444, 77th Texas Legislature, Regular Session, 1999, Texas established itself as one of the first states to codify the essential services of public health into statute. However, the effort to fund these essential services remains “subject to the availability of funds.” In addition, local service delivery remains problematic because the majority of funds are tied to categorical streams. What is needed is transformative change in state and federal funding of services.

Although H.B. 1444 provided a foundation, it did not define what constitutes a health department in Texas, establish standards, scope of services, or establish a mechanism for funding. Since 1999, when H.B. 1444 was passed, persistent programmatic funding cuts have resulted in decreased public health capacity. This includes a decrease in the number of staff in state and local health departments (LHDs). Many local governments voiced concerns about their inability to absorb state funding cuts without additional county or city dollars. The PHFPC emphasized the need for a stable source of state funding to ensure equitable distribution of local public health services across the state.

In March 2010, discussions began on how the Department of State Health Services (DSHS) could benefit from the creation of an advisory committee aimed at reviewing policy development and funding allocations to LHDs. In 2011, the 82nd Texas Legislature passed S.B. 969, which established the PHFPC. The bill, which went into effect September 1, 2011, requires the Commissioner of DSHS to appoint nine members to the PHFPC, as well as provide staff and material support to the PHFPC and meetings. The committee meetings are subject to Chapter 331 of the Government Code, Open Meetings Act.

The PHFPC's general duties are outlined in Section 117.101 of the Texas Health and Safety Code. The PHFPC shall:

- Define the core public health services a local health entity should provide in a county or municipality.
- Evaluate public health in this state and identify initiatives for areas that need improvement.
- Identify all funding sources available for use by LHDs to perform core public health functions.
- Establish public health policy priorities for this state.
- At least annually, make formal recommendations to DSHS regarding:

- The use and allocation of funds available exclusively to LHDs to perform core public health functions
- Ways to improve the overall public health of citizens in this state
- Methods for transitioning from a contractual relationship between DSHS and the LHDs to a cooperative-agreement relationship between DSHS and the LHDs
- Methods for fostering a continuous collaborative relationship between DSHS and the LHDs

The statute further specifies that recommendations must be in accordance with the following:

- Prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served
- State and federal law
- Federal funding requirements

Accomplishments

Defining Core Public Health Service Categories

One of the duties of the PHFPC as outlined in the [Texas Health and Safety Code, , Chapter 117](#) is to define the core public health services a local health entity should provide in a county or municipality. The PHFPC along with DSHS has made progress in accomplishing this duty. In June 2015, DSHS initially convened a core services workgroup consisting of public health stakeholders throughout the state and included members of the PHFPC. After several meetings, the workgroup formulated a list of core service categories, which DSHS presented to the PHFPC. The PHFPC reviewed and ultimately came to consensus on the list of categories. The core services categories were identified as the following:

- Chronic disease prevention and control
- Communicable disease prevention and control
- Environmental
- Maternal and child health
- Safety and injury prevention and control
- Population health
- Laboratory
- Access and linkage to care
- Surveillance and epidemiology
- Public health emergency preparedness, response and recovery

The PHFPC worked in collaboration with DSHS to develop and conduct a comprehensive inventory of public health services provided by DSHS and LHDs. This information will help inform the next step of the process, which is to define core public health services a local health entity should provide in a county or municipality. More information regarding this effort can be found in the next section of the report.

Current Activities

Public Health System Inventory and Action Plan

The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, DSHS, Rider 81) requires DSHS to collaborate with the PHFPC and other stakeholders to develop a comprehensive inventory of the roles, responsibilities, and capacity related to public health services delivered by DSHS and LHDs. DSHS is to use this information to establish statewide priorities for improving the state's public health system and to create a public health action plan, with regional goals and strategies, to effectively use state funds to achieve these priorities. The action plan must be submitted to the Legislative Budget Board, the Governor and the health and human services committees of the House and the Senate by November 30, 2016.

The PHFPC has been engaged with DSHS to complete these tasks. DSHS disseminated a survey in January 2016 to collect information from LHDs and DSHS health service regions to develop and conduct the inventory. The PHFPC assisted in the development of the survey and DSHS continues to report the results of the survey to the PHFPC as DSHS continues to receive survey responses. DSHS also continues to provide updates on the progress of the development of the action plan to the PHFPC. The PHFPC is looking forward to the completion of the plan, because that will bring the state another step closer to the development of a statewide public health system.

Statewide Syndromic Surveillance

The establishment of a statewide syndromic surveillance system (the system) is an ongoing project in which a great deal of progress has occurred since the previous report. The system is in the implementation phase. A governance structure has been established to assist with the facilitation of the project that includes a council that receives feedback from eight regional advisory committees. DSHS has managed this project and provides regular updates to the PHFPC. The PHFPC anticipates that the system will be fully operational by the release of its 2017 annual report.

Developing Funding Formulas

As required by the [Texas Health and Safety Code, Chapter 1001](#) the PHFPC is involved in ongoing efforts in collaboration with DSHS to develop funding formulas for federal and state funds appropriated to DSHS to be allocated to LHDs. Considerations in the development of funding formulas must include population, population density, disease burden, social determinants of health, local efforts to prevent disease, and other relevant factors. The PHFPC is engaged in the process of working on a funding formula for the discretionary Public Health Emergency Preparedness funds.

Recommendations

Recommendation 1

The Committee recommends to DSHS that with regard to the development of the Public Health Action Plan (PHAP), a health equity lens, which incorporates social determinants of health, be

considered as part of the workgroup deliberation and in final consideration of recommendations for priorities.

Progress to Date: Pending

Discussion: The PHFPC recognizes the importance of incorporating social determinants into any priority, goal and strategy planning, because they are the conditions in which people are born, grow, live, work and age. They are mostly responsible for health inequities among Texas residents.

Recommendation 2

The Committee recommends to DSHS that with regard to the development of the PHAP, involvement by other state agencies outside of health (i.e. education, housing, transportation) be engaged in workgroup deliberation in an effort to efficiently use resources to address social determinants of health.

Progress to Date: Pending

Discussion: The PHFPC believes the inclusion of additional agencies, such as educational, housing and transportation, in the action plan workgroup would result in a more comprehensive plan to address social determinants of health from a broader perspective.

Recommendation 3

The committee recommends that DSHS identify the processes for LHD access to data given barriers (i.e. being required to go through IRB for activities that are considered public health practice, difficulties accessing data, ownership of data) and that LHDs are seen as part of the local public health system and, as such, have rights to access data through their public health status.

Progress to Date: Pending

Discussion: Public health data is generated and collected by LHDs (or other entities within the state) and given to DSHS who compiles the data statewide. Once the data is submitted to DSHS, LHDs have a difficult time obtaining it from the DSHS. The PHFPC believes the state should recognize LHDs as partners in the statewide public health system and, as such, enable and support access of public health data to LHDs by implementing systems and processes that allow for the instant exchange of data between the state and LHDs.

Future Considerations

Completion of Initial Charge of the Committee

A large body of data has been generated through the completion of the public health system inventory and the public health action plan (PHAP). The PHFPC must now deliberate over its findings and organize them in a manner that is responsive to the charge to define what core public health services a local health entity should provide. The next year will be dedicated to

thoroughly reviewing all the information that has been compiled and focusing on how it can be used to assist is in meeting the charge of the PHFPC.

Conclusion

The PHFPC will continue to fulfill its duties, as outlined by state statute, and appreciates the opportunity to contribute to the development of a statewide public health system. Through collaboration with HHSC, DSHS, LHDs, and other public health stakeholders, the PHFPC has made a great deal of progress toward this effort. The PHFPC will persist in its efforts to work with all interested parties to complete the development of a statewide public health system with a standard menu of public health services available to every resident in the state.