



Public Health Service Delivery in Texas: A System for Categorizing Local Health Entities

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Executive Summary

In the [Staff Report with Final Results, July 2015](#), Management Issue 5.3, the Sunset Advisory Commission directed the Department of State Health Services (DSHS) to create a categorization system by which to classify all local health departments in the state based on the services that they provide.

To respond to this directive, DSHS initiated the process of developing a categorization system, working with the Public Health Funding and Policy Committee (PHFPC) and other relevant stakeholders to identify essential components for inclusion in the system. Using stakeholder input and other considerations related to population impact, threat, and complexity, critical public health services in 14 functional areas have been identified as either “core” or “enhanced”. A summary of the functional areas and how they are defined within the system is included in the table below.

	Functional Area
Core	Food Safety
	Water and Septic Systems
	Environmental Health Hazards
	Vector-borne and Zoonotic Disease Prevention
	Communicable Disease Prevention and Control
	Surveillance and Epidemiology
	Preparedness, Response, and Recovery
	Chronic Disease Prevention and Control
Enhanced	Access and Linkage to Care
	Maternal and Child Health
	Mental Health and Substance Abuse
	Public Health Infrastructure Improvement
	Injury Prevention and Control
	Laboratory

Using these 14 functional areas, a tiered system that includes 3 categories is proposed in this report as a foundation upon which a more comprehensive inventory and comparison of public health capabilities and capacities across the state could be compiled. The three levels of categorization, which build upon each other, are:

- Targeted Services Category
- Core Services Category
- Enhanced Services Category

Based on service delivery, local health entities would fall into one of these three major categories. For the purposes of the system described in this report, local health entities would have to provide services within all eight of the specified functional areas to qualify for inclusion in the "Core Services Category". For inclusion in the "Enhanced Services Category", local health entities would have to provide services within all 14 functional areas. All local health entities providing services within one or more functional areas, but not meeting the requirements to be defined as "Core" or "Enhanced", fall into the "Targeted Services Category".

Full details on the development of this categorization system and definitions for the three categories are outlined in the following report.

This report is a key next step in enabling a full inventory and operationally meaningful categorization of the wide range of services provided by local health entities. This information will enable local health entities, DSHS and state leadership to have the fullest possible picture of the matrix of public health capabilities across the state. That knowledge will enable optimal policy development and goal setting by leadership.

Introduction

In the [Staff Report with Final Results, July 2015](#), Management Issue 5.3, the Sunset Advisory Commission directed the Department of State Health Services (DSHS) to create a categorization system by which to classify all local health departments in the state based on the services that they provide. The recommendation came from concerns related to DSHS leadership in the management of the state's public health system. The expressed intent of the Sunset Advisory Commission recommendation is to ultimately demonstrate "how the responsibility for providing these public health services is currently shared between the state and local jurisdictions and inform what improvements may be needed."¹

Defining standard categories for local health entities will help provide a basis to better understand the range of services available in a given area of the state, and identify regions where there may be a need to augment local public health efforts with state support.

In response to the Sunset Advisory Commission Management Action 5.3, DSHS staff has worked with key stakeholders to outline the proposed system of categorization described in this report. This is a preliminary effort to create a better understanding of the public health infrastructure in Texas, and further refining of components included here may be necessary to better represent the nuances that exist within our system when this methodology is practically applied.

Background

The public health infrastructure in Texas is complex, consisting of 8 Health Service Regions (HSR) in which 159 local health entities function to provide a wide array of services to protect and improve the health of their community members. For the purposes of this report, "local health entities" include local health units, local health departments (LHD), and public health districts in Texas that operate to deliver public health services in their communities. Local health entities vary in size, resources, capabilities (scope of services provided) and service capacity. Chapter 121 of the Texas Health and Safety Code loosely defines parameters related to the establishment and general duties of these entities; however, there is no defined set of services they are required to provide. Statutory language grants authority to the governing body of a municipality to determine what services local health entities in their jurisdiction provide.

¹ Texas Sunset Advisory Commission, [Department of State Health Services Staff Report with Final Results, July 2015](#), pg. 69.

It is also outlined in statute that DSHS is to assume responsibility in areas of the state where basic public health services are not available. In the absence of a local public health presence, DSHS HSRs are expected to supplement local efforts based on need and availability of funding. Because the services being provided by local health entities are not always clear and can change over time for a variety of reasons, it can be challenging to determine where involvement from DSHS HSRs is necessary, and to what degree. Additionally, unlike DSHS HSRs, even local health entities that receive funding and guidelines from DSHS are organizationally and politically autonomous from DSHS.

The established decentralized public health structure allows local jurisdictions to prioritize needs and provide the public health services they have identified as most needed and feasible for the communities they serve. While there are benefits to providing local health entities the flexibility to respond to unique regional needs, this structure also creates a challenge in defining distinct roles and responsibilities within the statewide public health system to ensure the primary needs of all Texans are being identified and addressed. Because the system lacks consistency, it can be difficult to understand from the state's perspective how to appropriately target resources to respond to public health concerns.

The categorization system in this report is based upon the service capabilities self-reported by each responding local health entity in the inventory survey that was developed as required by the 2016-17 General Appropriations Act, House Bill 1, 84th Texas Legislature, Regular Session, 2015 (Article II, DSHS, Rider 81). Data regarding capacity and service metrics for each capability were not included in the request made to the local health entities.

Development of Categorization System

To satisfy the requirements of Management Action Issue 5.3, DSHS engaged in the process of outlining necessary components of a categorization system. Sunset Management Action 5.3 directed DSHS to work with stakeholders to create a comprehensive and meaningful system that is representative of the full array of public health services available as well as responsive to the complexities existing in our current system. The directive specifically referenced using the Public Health Funding and Policy Committee (PHFPC) to assist in the development of LHD categorization.

Legislatively created in 2011, the role of the PHFPC is to make formal recommendations to DSHS on public health funding, policy priorities, and statewide system improvements. This committee is also charged with

defining “a core set of public health services a local health entity should provide in a county or municipality”. Because of their advisory role to DSHS and stated objective to define core public health services for local health entities, the PHFPC is uniquely situated to provide valuable insight on the categorization system. DSHS also solicited feedback from LHD representatives, regional staff, and other critical stakeholders to finalize the proposed system of categorization.

To define a comprehensive list of services related to public health to include in the categorization, DSHS used elements of an inventory survey that was developed as required by the 2016-17 General Appropriations Act, House Bill 1, 84th Texas Legislature, Regular Session, 2015 (Article II, DSHS, Rider 81).

The Public Health System Inventory survey, developed with input from the PHFPC and other stakeholders in early 2016, included questions related to services in the following 12 functional areas:

- Access and Linkage to Care
- Chronic Disease Prevention and Control
- Clinical Preventive and Primary Care
- Communicable Disease Prevention and Control
- Environmental
- Laboratory
- Maternal and Child Health
- Mental Health and Substance Abuse
- Population Health
- Preparedness, Response, and Recovery
- Safety and Injury Prevention and Control
- Surveillance and Epidemiology

DSHS worked with internal program subject matter experts to draft questions for all 12 survey sections, incorporating input from local health entities, health-related organizations, and professional associations.

To help identify the services for inclusion in each category of the proposed system, DSHS organized work groups comprised of representative stakeholders to evaluate all inventory survey questions and assess their function within the public health system. From the hundreds of questions included in the inventory survey, the work groups identified services that represented a “core” public health function. In December 2016, PHFPC was consulted on the public health services analysis conducted by the work groups, and organized public health services into broad groupings, which have been used to create the 14 functional areas included in this

categorization system. These 14 functional areas, which encompass the range of possible services that are appropriately addressed within the public health delivery system, are included in the table below along with a comparison of how they correspond to the 12 areas assessed in the inventory survey.

12 Functional Areas from Inventory Survey	Newly Defined 14 Functional Areas for Categorization
Environmental	Food Safety
	Water and Septic Systems
	Environmental Health Hazards
	Vector-borne and Zoonotic Disease Prevention
Communicable Disease Prevention and Control	Communicable Disease Prevention and Control
Surveillance and Epidemiology	Surveillance and Epidemiology
Preparedness, Response, and Recovery	Preparedness, Response, and Recovery
Chronic Disease Prevention and Control	Chronic Disease Prevention and Control
Access and Linkage to Care	Access and Linkage to Care
Maternal and Child Health	Maternal and Child Health
Mental Health and Substance Abuse	Mental Health and Substance Abuse
Population Health	Public Health Infrastructure Improvement
Safety and Injury Prevention and Control	Injury Prevention and Control
Laboratory	Laboratory
Clinical Preventive and Primary Care	

To respect the autonomy of each local health entity in determining the services they choose to provide, the 14 functional areas and associated services have been organized in a tiered structure of 3 broad categories. This tiered approach is not intended to assign value to the functional areas or services provided by public health entities. The categorization system simply outlines groupings of services at three levels in an effort to standardize functional definitions.

In addition to stakeholder feedback, other considerations when determining which functional areas and related services to include within each category included:

- The possible number of individuals impacted by a specific service,

- The potential health threat to the population at large if health concerns associated with certain services were not controlled or appropriately managed, and
- The level of complexity involved in providing certain services.

The following categorization system captures the primary functional areas and services central to the operation of the public health system. The proposed three levels of categorization, which build upon each other, include:

- **Targeted Services Category**
- **Core Services Category**
- **Enhanced Services Category**

It is important to recognize that the categories as outlined were created to reflect the full spectrum of ideal public health services, but may not be an exhaustive list of all services being offered by local health entities. It may be challenging to assign existing entities to one of the proposed categories due to local decision making about services provided and the organic development of local health entities to meet emerging and specific community needs². However, the effort to categorize local health entities will be valuable in identifying areas where DSHS may need to focus additional resources, funding, or activities to appropriately respond to public health needs.

Category Definitions and Components

The scope of the public health delivery system has been divided into 14 functional areas and associated services. A local health entity may provide services in one or more of the functional areas. To be included in the “Core Services Category”, local health entities would have to provide services within eight specific functional areas. To be included in the “Enhanced Services Category”, local health entities would have to provide services within all 14 functional areas. All local health entities providing services within one or more functional areas, but not meeting the requirements to be

² To adequately characterize the way in which comprehensive public health needs are addressed at the local level, the application of this categorization system for current local health entities will need to take into account relationships and service agreements that may exist between entities within a region. The goal in applying this categorization system is to establish where services are fully handled by local health entities as opposed to areas where local health entities and the DSHS Health Service Region share responsibility for providing essential public health services. This analysis will also help determine areas where no local presence exists, and DSHS is solely responsible for the provision of public health services.

defined as “Core” or “Enhanced”, would be listed in the “Targeted Services Category”.

The tables below include the functional areas within each category, as well as the key public health services within those areas. Though these are broad and include critical services, it is not a complete list of all services that might be necessary or provided within each functional area.

This report proposes the following definitions for categories that are useful in understanding the scope of service capabilities provided by the array of local health entities across the state:

Targeted Services Category: Local health entities that provide services in 1 or more of the 14 defined public health functional areas, but do not provide services in all 8 functional areas included in the Core Services Category or all 14 functional areas included in the Enhanced Services Category. While local health entities in this category provide one or more services critical to supporting the public health infrastructure, their efforts are often focused on addressing specific critical public health needs that have emerged within their communities. Entities in this category do not function independently to meet all regional public health needs. Because these local health entities provide a limited set of services, they work in tandem with other entities and their local DSHS Health Service Region to support the provision of services necessary to meet core public health needs.

Core Services Category: Local health entities that provide services in the eight “core” functional areas necessary to meet essential community needs related to public health. This includes providing environmental and consumer safety compliance services within their jurisdiction. These services are outlined in the table below.

Core Functional Areas	Services
Food Safety	<ul style="list-style-type: none"> • Inspection of retail food establishments and staff • Collection of samples for investigation purposes • Licensing and enforcement of food establishments
Water and Septic Systems	<ul style="list-style-type: none"> • Inspection of water treatment and distribution systems, septic systems, and public pool and water features • Enforcement of laws/codes related to these systems

Core Functional Areas (cont.)	Services (cont.)
Environmental Health Hazards	<ul style="list-style-type: none"> • Response to complaints related to basic environmental health hazards such as waste management practices, lead, mold, asbestos, air quality, etc.
Vector-borne and Zoonotic Disease Prevention	<ul style="list-style-type: none"> • Provision of prevention and control services related to vector-borne/zoonotic communicable diseases
Communicable Disease Prevention and Control	<ul style="list-style-type: none"> • Response to all infectious disease notifiable conditions • Provision of vaccine services for children • Provision of vaccine services for adults
Surveillance and Epidemiology	<ul style="list-style-type: none"> • Provision of surveillance and reporting related to all notifiable conditions (both infectious disease and non-infectious disease)
Preparedness, Response, and Recovery	<ul style="list-style-type: none"> • Leading community preparedness/mitigation efforts • Coordinating community response in emergency situations • Facilitating community recovery efforts
Chronic Disease Prevention and Control	<ul style="list-style-type: none"> • Implementation of prevention activities and interventions targeting: <ul style="list-style-type: none"> ○ Cardiovascular disease ○ Diabetes ○ Nutrition/Obesity • Tobacco/Nicotine prevention and cessation

Enhanced Services Category: Local health entities that provide services in all eight functional areas outlined in the Core Services Category, and also provide services in all six additional functional areas defined below to address comprehensive public health needs. These six additional functional areas and associated services are outlined in the table below.

Enhanced Functional Areas	Services
Access and Linkage to Care	<ul style="list-style-type: none"> • Provision of care coordination or case management to link individuals to necessary services • Provision of referral to needed physical and mental health services not provided by the local health entity • Distribution of information on the importance of preventive health care and resources related to specific health concerns • Provision of benefit application assistance or referral to connect individuals to necessary services/programs (medical, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families)
Maternal and Child Health	<ul style="list-style-type: none"> • Provision of services designed to improve maternal and child health • Participation as needed in infant mortality review • Connection to local WIC services
Mental Health and Substance Abuse	<ul style="list-style-type: none"> • Provision of screening and referral for mental health and substance abuse
Public Health Infrastructure Improvement	<ul style="list-style-type: none"> • Participation in activities designed to develop public health system capacity • Accreditation activities
Injury Prevention and Control	<ul style="list-style-type: none"> • Provision of information and resources designed to prevent both intentional and unintentional injury
Laboratory	<ul style="list-style-type: none"> • Testing on specimens and samples

Conclusion

The creation of a categorization system for local health entities serves as a starting point from which to begin to better understand public health services provided in Texas. A logical next step toward those ends will be to gather and collate data regarding the capacity and quantity of services provided by each local health entity within a given functional area.

As a result of the effort to define a categorization system, several next steps have emerged to operationalize this classification in a meaningful way, including:

- Use the inventory survey results and further discussion with the 159 local health entities to apply the categorization system to all those currently operating as public health service providers.
- Use the public health services inventory survey to assess the DSHS regional offices operating in each Health Service Region to determine services they provide as well as their capacity.
- Map the categorized local health entities to create a better understanding of regional coverage.
- Share this categorization system with the PHFPC to solicit additional feedback or recommendations related to the necessary services within functional areas to better delineate those considered “core”.

The categories proposed in this report are a necessary next step toward a broader goal of enabling state leadership to optimize the effectiveness of public health services in Texas. That optimization requires accurate information to enable diligent goal-setting and strategic policy development for allocation of public resources.