Public Health Funding and Policy Committee Meeting

August 11, 2021

Minutes

Committee Members Attending

Stephen Williams, MEd, MPA - Houston Health Department – Chair

Phil Huang, MD, MPH – Dallas County Health and Human Services – Vice Chair

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

Jennifer Griffith, DrPH, MPH – Texas A&M University

Julie St. John, DrPH – Texas Tech University

Lisa Dick, RDN, LD - Brownwood-Brown County Health Department

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

Sharon Melville, MD, MPH – DSHS, Public Health Region 7

Attendees:

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| Whitney Ajie | Ricky Garcia | Carlos Plasencia |
| Rafael Alberti | Carmin Gideon | Stephen Pont |
| Angel Angco-Barrera | Mike Gilliam | Saroj Rai |
| Michele Austin | Mattimoe Gordon | Shannon Richter |
| Roberto Beaty | Moriah Hernandez | Lillian Ringsdorf |
| Dana Birnberg | Seth Henderson | Jennifer Romaszewski |
| Lesley Brannan | Jeff Hoogheem | Jennifer Shuford |
| April Brantley | Erika Hurst | Lisa Schultz |
| Samantha Casey | Barbara Klein | Antonio Smith |
| Albert Cheng | Robert Kirkpatrick | Jennifer Smith |
| DeLawnia ComerHagans | Lindsay Lanagan | Mackenzie Spahn |
| Colin Crocker | Hil Lassberg | Lisa Steffek |
| Alma De’Alejandro | Sebastien LaRoche | Shelle Tarbox |
| Michael DeLeon | Glenna Laughlin | Brianna Weber |
| Becky Earlie-Royer | Christina Ly | Rachel Whitaker |
| Josh Ediger | Joel Massey | Craig Whitney |
| Steve Eichner | Shelva Mays | Tom Valentine |
| Nancy Ejuma | Scott Merchant | Julia VonAlexander |
| Cristina Garcia | Sejal Patel |  |

Chair, Stephen Williams, called the meeting to order at 9:02 am and the committee members introduced themselves.

**June 9th Meeting Minutes:**

Dr. Sharon Melville requested two changes to the minutes. Mr. Rafael Alberti inputted the changes. Dr. Philip Huang moved to approve the minutes. Ms. Lou Kreidler seconded. Motion carried. Minutes approved.

**Update on Vaccine Allocation Distribution Planning:**

Dr. Saroj Rai updated the committee on vaccine development. There is a lot of discussion regarding the necessity of a booster dose and its possible usage alone with a third standalone dose, for the immunocompromised. Moderna announced that after 6 months the vaccine shows a strong efficacy against the other COVID-19 variants. Pfizer filed for full licensure of the vaccine in May. Pfizer also has an ongoing study for pediatric vaccines as early as 6 months. They are working on releasing the vaccine for the next age group of 5 – 11 years old and are seeking expansion of the emergency use authorization with the FDA. The FDA should respond sometime in September/October. Moderna has also filed for full licensure with the FDA in June on a rolling submission, which means they collect and compile the data and submit it to the FDA in parts. Moderna has also filed to expand their emergency use authorization to include the 12-17 age group and has similar studies to that of Pfizer.

Dr. Rai ended her update by sharing a presentation with the committee on the vaccination of Texans by age group.

Dr. Melville asked how the progress to get pediatric providers signed up to administer the COVID-19 vaccines was going? Dr. Rai responded that she will get with the immunization program and get back to Dr. Melville with a response.

**Update on COVID-19 Trends:**

Dr. Jennifer Shuford updated the committee on the epidemiological trends being seen in Texas regarding COVID-19. She presented data on the new cases being seen per day as well as a rolling seven-day average. Dr. Shufford’s presentation included hospitalization rates, Intensive Care Unit (ICU) surges, and finally the large increase in fatality reports that lag behind the case and hospitalization rates. The Center for Disease Control and Prevention (CDC) website has a variant proportion page that shows the forecasting method and numbers of each variant.

**Update on Public Health Workforce Grant Opportunity:**

Ms. Dana Birnberg updated the committee on the Public Health Workforce Grant (PHWG). The performance period for this grant is 2 years. The CDC has communicated that the reporting style would be semi-annually on financial and other metrics. Ms. Birnberg shared a quick overview of CDC’s guidance on allowable expenditures. The CDC allocated $157 million to Texas. Twenty-five percent of that money will go to schools and of the remaining 75%, 40% will go to the local health entities (LHEs) that are not getting a direct allocation. In the overview was a breakdown of how DSHS used the Social Vulnerability Index (SVI) to allocate the funds to the 53 LHE applicants.

Mr. Williams asked what geographical area was used for SVI, and if they used the total jurisdiction or a more granular level? Ms. Birnberg replied they used the county level for the SVI broken out using the census track data.

**Update on DSHS’ COVID-19 Health Disparities Grant Funded Activities:**

Dr. Stephen Pont updated the committee on the COVID-19 Health Disparities Grant Funded Activities. Dr. Pont discussed the areas disproportionately impacted due to COVID-19, from longstanding cardiac disease to accessing health care. The seven largest jurisdictions in Texas are getting direct funding for the health disparity grant.

Dr Pont shared that the general goal for this initiative is to work towards documenting the current challenges and finding a pathway forward. Dr. Pont presented the six impact statements being used to achieve this goal. Through the broad goals of the initiative, we plan to enhance our community engagement and build sustainable relationships.

Mr. Williams asked if the required training has been identified He added that Houston Health Department is looking at something like this and are interested in partnering on at least the training aspect rather than recreating something internally. Dr. Pont said he would be happy to share all elements of the training with them and added there may be opportunities to engage in activities with DSHS fellows.

Mr. Williams asked if AgriLife will get specific training? Dr. Pont responded that they are hoping to hire two people per DSHS Region to work with the AgriLife extension agent, becoming a triad of working together to provide training in Austin.

**Update on Public Health Information Systems and Interoperability with Local Health Departments:**

Mr. Steve Eichner updated the committee on the Public Health Information Systems initiative. There has been a lot of activity on the federal level. The Centers for Medicare and Medicare services finalized their inpatient prospective payment system rule for 2022. It will continue to require reporting by hospitals to public health agencies, but there are significant changes in what is reported and when. Before, hospitals could pick two of the four areas for reporting, now they will be required to participate in all four. He presented a slide comparing the changes to Medicare’s promoting interoperability program, formally known as “Meaningful Use” which becomes effective October 1, 2021.

On a state level, Texas continues to work on the Situation Awareness for Novel Epidemic Response (SANER), Data Exchange for Newborn Screening, Gateway Services, and other projects.

Mr. Williams asked if he would be sending out the presentation? Mr. Eichner responded yes.

Mr. Williams asked about case reporting as he missed the last couple of meetings held with Dallas. Mr. Eichner responded that the overall goal is to enable electronic health record systems, used by hospitals and providers, to automatically submit required data reports to public health. This would be more efficient than having to get providers/hospitals to manually submit data. The Association of Public Health Laboratories (APHL) Informatics Messaging System (AIMS) is a platform for forwarding messages between hospital providers and routing them to the correct LHE. A patient discharge will query if the patient has reported information to any of the jurisdictions. If the response is yes, it will then automatically put together the information packet and send it to the central server that will then route it to the correct jurisdiction.

Dr. Prot asked if this was following the AIMS bundle or if this is something completely different? Mr. Eichner responded that this is not a new effort, just digitalizing the global conditions list.

Dr. Huang asked how it has been impacted with Texas Health Trace going away? Mr. Eichner said he would find out and get back to Dr. Huang with an answer.

Mr. Williams asked if there was a timeline to get people on board? Mr. Eichner responded that they are working with the program and recently got new information from the CDC they are integrating.

Mr. Williams asked how do they clean up the direct feed data? Mr. Eichner responded that the data usually comes from two different sources, the laboratory or the provider. If the provider does not forward all the information to the laboratory, then they cannot send complete data. We are potentially looking at how the information is submitted and rerouting it back through the provider to get the missing information.

Dr. Huang asked if Mr. Eichner could elaborate more on the new data received from the CDC to ensure they are not doing anything that conflicts with the new information? Mr. Eichner responded that it is looking at reporting small-scale diseases or incidence counts and provides a new tool for rectifying the submissions.

**Discussion of the 2021 PHFPC Annual Report:**

Mr. Alberti shared a draft copy of the annual report for the committee to review. The committee reviewed the edits and comments in the report. After reviewing the three recommendations for editing and commenting, Dr. Huang made a motion to accept the recommendations to be included in the annual report. Dr. St. John seconded the motion. The motion was carried, and the recommendations will be included with the annual report.

Ms. Laughlin commented that the annual report is due to the Governor’s office by November 30th. RLHO would like to receive a good draft by the end of August so that it can go through our internal process before submitting.

**Public Comment:**

No Public Comment

**Timelines, Next steps, Announcements, and Future Meeting Dates**

The next meeting is set for Wednesday, October 13, 2021. Mr. Alberti announced that Dr. Scott Milton has resigned from his position. A call for nominations has been sent out to fill the vacant position of one local health representative that serves a municipality or county as a health authority with the final date for those submissions on Friday.

Mr. Scott Merchant, the Interim General Counsel for DSHS, joined the meeting to announce that the state-issued waiver, the governor made back in March, allowing committees not to meet in person has been withdrawn effective September 1st. HHSC, by policy, has made it subject to the Open Meeting Act, therefore, it can be done online if the chair or the majority of members are at a physical location that is available to the public.

Mr. Williams asked Mr. Alberti to repeat the same agenda for the next meeting and add items if they are requested.

**Adjourn**

Dr. St. John made a motion to adjourn the meeting. Dr. Melville seconded the motion. Motion carried.

Approved:

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Stephen L. Williams, Committee Chair Date