

**Statewide Local Health Authority Summit**  
**September 21, 2001**  
**Austin, Texas**

**Welcome and Opening Remarks**

The meeting began with a welcome from Dr. Steve Harris, Local Health Authority (LHA) for Austin/Travis County. Dr. Harris began by identifying the various groups represented at the meeting that included LHAs, Texas Medical Association, Local Health Department Directors, TDH Regional Directors, Texas Agricultural Extension Service, Statewide Health Coordinating Council, Commissioner's Council on Local Public Health, Texas Association of Local Health Officials and the Texas Department of Health.

Dr. Harris then thanked the Texas Medical Association, the Statewide Health Coordinating Council, and the Commissioner's Council on Local Public Health for co-sponsoring the meeting. He then reviewed the purpose of the LHA Summit, which was to assess LHA and stakeholder interest in clarifying and enhancing LHA policy in Texas.

Meeting participants were asked to review the list of Texas LHAs, and provide corrections on the form provided in the meeting packets. In addition, they were asked for comments/suggestions regarding modifications to the LHA Texas State Statute or TDH policy on LHAs, and to volunteer if interested in serving on a work group to suggest modifications for the LHA state statute or to TDH policy.

**Texas LHA Initiative**

Dr. James Morgan, TDH Regional Director, then provided an overview of the Texas LHA Initiative, stating that the purpose of the initiative was to clarify the roles and responsibilities of LHAs in Texas, and to develop a training curriculum to support their activities. The three major components of the initiative included: 1) a review of current Texas statute regarding LHAs, 2) a statewide survey, and 3) regional forums conducted via conference calls. Dr. Morgan stressed the importance of TDH working more closely with LHAs, especially in light of the recent national tragedy and stated that local physicians were critical to communities' response to natural or manmade disasters.

**LHA Statute Review**

Monty Waters, TDH Office of General Counsel, provided an overview of the statute review regarding LHAs. Although many statutes mention LHAs, the two main statutes that outline LHA roles and responsibilities are the Local Public Health Reorganization Act, and the Communicable Disease Act. Mr. Waters shared with the group the key areas of concern that were raised during the recently conducted regional LHA conference calls. These concerns included:

- Liability coverage/protection for LHAs as a State Officer, or city/county employee
- The need to address overlapping jurisdictional protocols
- The inflexibility of the state statute – one-size fits all roles/responsibilities regardless of training, community resources, or community needs

## **Findings of the Texas LHA Survey**

Mark Gregg, TDH Public Health Professionals Education Program, provided the findings of the statewide LHA survey. The findings included:

- 100 of the approximately 160 LHAs responded to the survey
- The three major categories of LHAs – part time LHA with no local health department, part time LHA with a local health department, and full time LHA.
- The most frequent duties of the three categories of LHAs

## **Overview of Regional Forums**

Dr. Mark Guidry, TDH Regional Director, provided a summary of the regional forums.

During these forums, LHAs in each region identified the following:

- The major obstacles to performing their duties were poor communication, lack of training/education, and lack of knowledge regarding LHAs authority and protection.
- Resources that would assist them in their roles included an improved communication network such as a LHA hotline or Website, additional training, and liability/protection while performing their LHA duties
- Instead of developing a common job description for all LHAs, a list of core functions and other additional duties should be developed that would allow the flexibility to select the duties that best meet the needs of the community.
- TDH should develop a system for notifying and reminding LHAs when their term of office is about to expire for reappointment and completion of the required forms
- The key issues that should be addressed at the statewide summit should include clarifying the role of the LHA, developing training and clarifying the authority and protection of LHAs by amending state statute to support the LHA role

## **Identification of High Priority Issues**

Dr. Eduardo Sanchez, former LHA for Austin/Travis County, member of the TMA Public Health Committee, and new Commissioner of the Texas Department of Health, led the discussion regarding the priority LHA issues. Dr. Sanchez thanked participants for attending, especially with the difficulties due to increased security across the state. In addition, he stated he was thrilled and excited to see so much interest in strengthening the LHA role in Texas. He then opened the floor for discussion. Issues that were raised included:

- Local and State policies, ordinances and laws must address multiple jurisdiction issues.
- LHAs should form an association to continue to address LHA issues
- LHAs should look at a credentialing process. This will take a lot of ground building. The first step is to get folks interested in serving as a LHA.
- The term “Part-time” should not be used to address LHAs. They serve whenever they are called or needed.
- Commissioner’s Courts are key stakeholders because they appoint LHAs. They would welcome additional information/education to assist them in supporting/working with LHAs.
- LHAs should be covered by local/state government code when performing their duties
- LHAs should work cooperatively/regionally in disaster planning.
- In many forums, discussions around public health are based on research instead of actual practice. This does not help clarify the community’s public health issues.

- Concern about LHAs wearing too many hats, i.e., LHA, TMA representative, etc. with regard to CMEs. TDH should look at other venues such as TPHA to support LHA training activities.
- LHAs are the key link within communities between public health and the medical community
- LHAs should have a handbook or manual containing guidelines/protocols for various public health situations.
- The need to close minority health gaps
- The Texas Public Health Training Center would like to help support LHA functions through training
- The need to develop a communication system for bioterrorism prevention and surveillance that puts LHAs at the forefront

Additional suggestions received through the feedback cards included:

- I would like to see the Website with a “members only” bulletin board where LHAs could post messages or ask questions of each other.
- Expand on suggestions that came from forums. Priorities will vary by population. Teenage drinking much greater public health problem for me than HIV for example.
- I agree with Mr. Water’s recommendations on needed revisions. It is very important to identify “required” functions. I would also like to see something in statute regarding local government responsibility to fund the LHA position. Perhaps defining the LHA as part of the requirement to be designated as a Local Health Department (LHD)
- When resources and education are established for LHAs please do not forget LHD Directors. Especially in areas where there is a very part-time LHA, many of the functions are delegated and LHD employees need education and support too.
- It would be great if all the statutes that Mr. Waters’ mentioned would be hot-linked to his summary to make it real easy for LHAs and LHDs to find the information.
- I would also recommend that all “manual” type materials be available on the Website so that the most current information is readily available. It is so hard to keep people updated when papers fly through the mail.
- Training for LHAs must be available at the local level to reduce the cost to individual cities/counties. This could be done through video-conferencing, video streaming or other electronic means. Provision of equipment/support or resources to cities/counties would facilitate this process. The problem of access to training is especially important in rural areas.
- Credentialing, though laudable, must be approached carefully. In rural areas, requiring credentials and establishing mandatory training/education etc. may make the LHA positions unattractive to otherwise interested physicians.
- Clarifying and modifying to meet needs of LHAs in Texas in the 21<sup>st</sup> century.
- TMA Public Health Committee can continue to facilitate TMA involvement overall more specifically through the work group.
- TDH collaboration with TMA and organized medicine at the county and state level.
- Legislative protection regarding liability while performing these duties.
- Clarifying LHA role/duties
- Orientation packet for new LHA
- CME for LHA

- Require local governments to fund a LHA and require LHA to demonstrate basic knowledge of public health practices and core functions of public health
- Increase public health visibility at groups, meetings, conferences where mayors and county judges and other elected officials are present
- Impress on local elected officials the importance of local community participating in core functions of public health.

In response, Dr. Sanchez made the following comments:

- TDH and all public health officials should look for every funding opportunity to support public health in Texas
- LHAs should seriously consider developing a credentialing process in Texas, and seek partners to from key stakeholder groups
- It is critical that we clean up the LHA statutory language to provide the necessary guidance and support for LHAs
- We should develop an information document to explain how public health is conducted in communities. We should work with Mr. Gilmartin at the Texas Agricultural Extension Service to make sure it is readable and understood by local elected officials
- September 11<sup>th</sup> should change the way we think about planning and protecting our communities
- The LHA work group should address the issue of networking with community organizations and leaders.
- The Office of Public Health Practice (OPHP) has recently been created at TDH to work with LHAs and other public health professionals in providing training and improving communications.
- The LHA Website address is [www.tdh.state.tx.us/phpep/lha](http://www.tdh.state.tx.us/phpep/lha)
- The phone number for the TDH OPHP is (512) 458-7770. The TDH Public Health Professional Education Program phone number is (512) 458-7677
- TDH would like to create and support a LHA work group to research and draft changes to the LHA state statute.
- Key stakeholders that are interested in working with LHAs include:
  - Texas Agricultural Extension Service
  - TMA
  - TDH
  - Schools of Public Health -- Texas Public Health Training Center
  - TPHA
  - TAFP
  - TALHO

Dr. Sanchez concluded the meeting by again thanking the participants for attending the meeting, TMA for providing the lunch, and work group members responsible for conducting the LHA initiatives discussed during this meeting: Dr. Mark Guidry, Dr. Steve Harris, Dr. Rush Pierce, Dr. James Morgan, Monty Waters, Brian Rutherford, Mary Soto, Mark Gregg, and Suzanne Sparks.

**Members volunteering for LHA work Group included:**

J. Rush Pierce, Jr., MD

Barker Stigler, MD

Steve Harris, MD

Karen Wilson

Jenny Young

Carl K. McKenney, DO

Ardys Boostrom, MD

Paul McGaha, DO

Eunice F. Stanfield, MD

Chip Riggins, MD

Monty Waters

Suzanne Sparks