Presentation to the Senate Health and Human Services Committee

Public Health Services in Texas

Department of State Health Services

David Lakey, M.D., Commissioner

March 20, 2012
Public Health

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services
Medical Care
• focuses on individual patients
• vital to all of us some of the time
• saves lives one at a time
• disease treatment

Public Health
• focuses on entire populations
• vital to all of us all of the time
• saves lives thousands at a time
• prevention, protection and promotion
Increased Life Expectancy Driven by Public Health Improvements

Source: Ten Great Public Health Achievements -- United States, 1900-1999  MMWR, April 02, 1999
Public Health

Public Health Saves Healthcare Dollars

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Savings for Every $1 Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease Management</td>
<td>$5.60</td>
</tr>
<tr>
<td>Immunizations</td>
<td>$16.00</td>
</tr>
<tr>
<td>Smoking Cessation for Pregnant Women</td>
<td>$6.00</td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC)</td>
<td>$1.92 - $4.21</td>
</tr>
</tbody>
</table>

ASTHO analysis of national data
References on www.astho.org
Current Role of Public Health

Examples of State and Local Health Department Functions:

- Regulatory (licensing, food & drug regulation, radiation control, general sanitation)
- Public health laboratory
- Immunizations (including tracking and promotion)
- Disaster response
- Disease outbreak control
- Infectious disease surveillance and follow up
- Chronic disease prevention (in some states this may include behavioral health)
- Health statistics
- Food safety
- Health care safety net programs
Health Services Regions

PHR 01 813,211
PHR 02 534,809
PHR 03 6,806,568
PHR 04 1,092,136
PHR 05 748,148
PHR 06 6,005,334
PHR 07 2,886,321
PHR 08 2,526,814
PHR 09 552,914
PHR 10 775,920
PHR 11 2,040,127

South Dakota
Wyoming
Washington
Rhode Island

Alaska
North Dakota
Arkansas
Missouri

Vermont
Nevada
New Mexico
State and Local Health Jurisdictions

Local and Regional Public Health Coverage

El Paso
Lubbock
Arlington
San Antonio
Houston
Temple
4/5N
5/5S

Legend:
- Local Health Department(s) Provides Services
- Regional Headquarters Provides Services
- Health Service Region
- Regional Headquarters

Source: Regional & Local Health Services, September 2006
State

- Subject to the availability of funds, the department may provide essential public health services.
- The department may serve as the local health authority if there is none.

Local Health Authorities

- A physician appointed to carry out the laws.
- Where a jurisdiction does not choose to provide a local health authority, the state provides that function.

Options for Local Jurisdictions

- The governing body of a municipality or the commissioners court may establish a local health department.
- A local health department may perform all public health functions that the municipality or county that establishes the local health department may perform, but is not required to do so.
Essential Public Health Services

- Monitor health status of individuals to identify community health problems.
- Diagnose and investigate community health problems and health hazards in the community.
- Inform, educate and empower the community with respect to health issues.
- Mobilize community partnerships in identifying and solving community health problems.
- Develop policies and plans that support individual and community efforts to improve health.
- Enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules.
- Link individuals who have a health need for community and personal health services to appropriate community and private providers.
- Ensure a competent workforce for the provision of essential public health services.
- Research new insights and innovative solutions to community health problems.
- Evaluate the effectiveness, accessibility and quality of personal and population-based health services in a community.
DSHS Health Services Regions

Role

• Provide essential public health services that promote and protect the health of all Texans, including activities to prevent diseases, protect against environmental hazards, prevent injuries, promote health behavior, respond to disasters and ensure access to health services.

• Provide essential public health services in counties and jurisdictions where there is no local public health entity.

• Support as needed local health departments or local public health districts that may not provide all necessary essential public health services.

• Carry out statutorily defined Local Health Authority duties in areas without a locally appointed health authority.

• Conduct regional disaster planning and preparedness activities to mitigate natural or manmade chemical, biological, radiological, nuclear, or explosive events, including pandemic influenza.
Examples of services located in regions that are centrally directed:

- Health Registries such as the Cancer Registry
- EMS Licensing and Examinations
- Health Facility Licensing and Compliance
- Manufactured Foods
Regionally-Based Services & Programs

- Birth Defects Epidemiology and Surveillance
- Border Health
- Cancer Epidemiology and Surveillance
- Case management for children with special health care needs and pregnant women and children on Medicaid with a health risk*
- Chronic Disease Prevention*
- Emergency Medical Services Compliance
- Environmental Health (Mold, Lead, Asbestos)
- Epidemiology (Infectious and chronic disease)*
- Family Health Services*
- HIV/STD*
- Immunizations*
- Meat Safety Assurance
- Oral Health*
- Public Health Sanitation*
- Public Health Emergency Preparedness and Response*
- Radiation Control
- Refugee Health*
- Spinal Screening
- Texas Health Steps
- Tobacco Prevention and Control*
- Tuberculosis Control*
- Vision and Hearing Screening
- WIC*
- Zoonosis Control*

* Services with asterisks are also funded at local health departments by DSHS. **Bolded** services are funded by DSHS in Regional Offices only.
# Regional Office Budgets

<table>
<thead>
<tr>
<th>Region</th>
<th>2012 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>$4,455,552</td>
</tr>
<tr>
<td>Region 2/3</td>
<td>$7,298,708</td>
</tr>
<tr>
<td>Region 4/5N</td>
<td>$8,291,007</td>
</tr>
<tr>
<td>Region 6/5S</td>
<td>$8,124,416</td>
</tr>
<tr>
<td>Region 7</td>
<td>$5,742,911</td>
</tr>
<tr>
<td>Region 8</td>
<td>$6,026,187</td>
</tr>
<tr>
<td>Region 9/10</td>
<td>$5,887,850</td>
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<tr>
<td>Region 11</td>
<td>$8,723,451</td>
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<tr>
<td>Regional Travel</td>
<td>$1,197,436</td>
</tr>
<tr>
<td>Central Office</td>
<td>$1,623,282</td>
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</tbody>
</table>
Funding to local entities is provided by three primary methodologies:

- Formula-driven
- Allocations
- Historical
Regional and Local Health Services
Funded by DSHS

<table>
<thead>
<tr>
<th>Strategy Name</th>
<th>Regional AY2012 Budget</th>
<th>FY 11 Contracts - Local Health Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1.1 - Coordinated Public Health Services</td>
<td>$11,310,462</td>
<td>$27,880,110</td>
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<tr>
<td>A.2.1 - Immunize Children &amp; Adults</td>
<td>$7,343,004</td>
<td>$21,212,815</td>
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<tr>
<td>A.2.2 – HIV/STD Prevention</td>
<td>$2,785,407</td>
<td>$21,175,766</td>
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<tr>
<td>A.2.3 – Infectious Disease Epi &amp; Surveillance</td>
<td>$7,940,729</td>
<td>$16,082,355</td>
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<tr>
<td>A.3.1 - Chronic Disease</td>
<td>$66,306</td>
<td>$824,901</td>
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<tr>
<td>A.3.4 - Children w/Spec. Hlth Care Needs</td>
<td>$2,827,083</td>
<td>$241,325</td>
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<tr>
<td>B.1.1 – WIC Nutrition Services</td>
<td>$5,067,433</td>
<td>$96,132,128</td>
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<tr>
<td>B.1.2 – Women &amp; Children's Services</td>
<td>$15,606,002</td>
<td>$2,658,300</td>
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<tr>
<td>B.1.3 - Family Planning Services</td>
<td>$29,851</td>
<td>$1,461,912</td>
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<td>B.1.4 - Community Primary Care</td>
<td>$329,694</td>
<td>$1,231,981</td>
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<tr>
<td>B.2.6 - Reduce Use of Tobacco Products</td>
<td>$522,049</td>
<td>$3,134,739</td>
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<tr>
<td>D.1.1- Food &amp; Drug - Regulatory</td>
<td>$1,764,097</td>
<td>$602,900</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$55,592,117</strong></td>
<td><strong>$192,639,232</strong></td>
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<tr>
<td></td>
<td>22.4%</td>
<td>77.6%</td>
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</tbody>
</table>
Comparison of Top Strategies Funded for Regions and Locals

- All Other
- HIV/STD
- WIC
- Immunizations
- Infectious Disease Epi and Surveillance
- Public Health Services incl. Preparedness
- Women & Children Services

Regions

Locals
SB 969
Public Health Funding & Policy Committee

Membership composed of:
- Local Health Departments of different sizes
- Schools of public health
- DSHS Regional Medical Directors

Members:
- Craig Blakely, PhD, MPH, Texas A&M Health Science Center
- Sandra Guerra, MD, MPH, DSHS Health Services Region 8
- Mark Guidry, MD, MPH (Vice-Chair), Galveston County Health District
- Richard Kurz, PhD, University of North Texas Health Science Center
- Deb McCullough, FNP, Andrews City-County Health Department
- Paul McGaha, DO, MPH, DSHS Health Service Region 4/5N
- William S. Riggins, MD, MPH, Williamson County & Cities Health District
- Stephen Williams (Chair), Houston Health & Human Services Department
- Victoria Yeatts, MSN, RN, City of Garland Health Department
Duties of the Committee

- Define core public health services that a local health department should provide.
- Evaluate public health in Texas and identify initiatives for areas that need improvement.
- Identify all funding sources available for local public health.
- Establish public health priorities.
- At least semi-annually, provide opportunities for the general public and for stakeholders to provide testimony.
- At least annually, make formal recommendations to DSHS regarding:
  - The use and allocation of funds available exclusively to local health entities to perform core public health functions,
  - Ways to improve the overall health of Texans, and
  - Methods for transitioning from a contractual relationship between DSHS and the local health entities to a cooperative-agreement.
Activities to date

• Started discussion on shaping the transition to a cooperative agreement
• Established a funding subcommittee
• Planned a survey for local health departments
• Began planning for first semi-annual stakeholder meeting
• Structured agendas to accept public testimony at each meeting of full or subcommittee
Duties of the Department

• Beginning in 2012, DSHS shall submit an annual report detailing the implementation of the committee’s recommendations

• By June 30, 2012, DSHS shall develop a plan to transition from contractual agreements to cooperative agreements with local health entities

• For FY 2013, DSHS will execute single, contracts with local health departments for services that are exclusive to local health departments