



November 29, 2018

The Honorable Greg Abbott
Governor of Texas
State Capitol Building
Room 2S.1
Austin, TX 78701

The Honorable Dan Patrick
Lt. Governor of Texas
State Capitol Building
Room 2E.13
Austin, TX 78701

The Honorable Joe Straus
Speaker
Texas House of Representatives
State Capitol Building
Room 2W.13
Austin, TX 78701

Dear Governor Abbott, Governor Patrick and Speaker Straus:

The Texas Health and Safety Code, [Chapter 117](#), established the Public Health Funding and Policy Committee (PHFPC) to meet and advise the Department of State Health Services (DSHS) on matters impacting public health from the perspective of local health departments (LHDs) as fellow partners with DSHS in the public health system of Texas. Texas Health and Safety Code, [Section 117.103](#) requires PHFPC to submit a report on the implementation of Texas Health and Safety Code, Chapter 117, and [Section 117.151](#) requires DSHS to submit a report on the status of implementation of PHFPC's recommendations as included in their annual report to DSHS.

As required by Section 117.151, DSHS is committed to considering viable solutions and actions in response to PHFPC's recommendations, and only reserves the decision not to implement a recommendation based on the following:

- A lack of available funding
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs,

best practices, or evidence-based interventions related to the populations to be served

- Evidence that implementing the recommendation would violate state or federal law
- Evidence that the recommendation would violate federal funding requirements

Members of the PHFPC committee include:

- Three LHD directors
- Two health authorities
- Two representatives from schools of public health
- Two DSHS public health regional medical directors

PHFPC developed recommendations based on conversations during meetings throughout fiscal year 2017, and included them in their annual Public Health Funding and Policy Committee 2017 Recommendations Report. DSHS reviewed the recommendations and developed responses, which were included in the Response to the Public Health Funding and Policy Committee 2017 Report Recommendations¹. This letter provides a status update of ongoing efforts to address those recommendations. No new recommendations were made in 2018 as ongoing efforts and progress are continuing by DSHS to address the 15 recommendations submitted in 2017 in the following topic areas:

- Core Functions
- Local and Regional Health Services Departments Roles
- Data Sharing
- Insurance Category for Public Health
- Infectious Disease
- Workforce Development
- Technology

¹ Texas Department of State Health Services. Response to the Public Health Funding and Policy Committee 2017 Report Recommendations. <http://dshs.texas.gov/legislative/2017-Reports/2017-PHFPC-report.pdf>. Published December 2017. Accessed September 2018

Core Services and Roles and Responsibilities

Core public health services to be provided by LHDs and roles and responsibilities of LHDs and DSHS PHRs go hand in hand. DSHS will continue to work with PHFPC to carry out its duty to define a standard set of core public health services a LHD should provide within their jurisdiction and to understand how these services would be operationalized within the current public health system. Core public health services should reflect those services that at a minimum, a resident of Texas would reasonably expect to be provided or available; however, clarification of the term “core” as a minimum set of services versus an ideal set of services needs further discussion.

DSHS is currently developing a report called Texas Public Health System: 2018. The report will serve as a foundation to better understand and improve the Texas public health system, and will include at a high level, the capacities and capabilities of LHDs and the DSHS PHRs. In order to collect the information included in the report, DSHS staff conducted 86 interviews and discussions across the state with 455 key employees from 64 LHDs and in each of the eight public health regions (PHRs) in the summer of 2018. Staff interviews allowed DSHS to collect information on five categories of public health services available within the region, location of those services, and unmet service needs. A major finding from the assessment is that there is tremendous variability in the services provided among LHDs and PHRs. The regional discussions provided an opportunity for employees of LHDs and PHRs to collectively discuss and identify factors impacting capacity and capability to provide those services as well as solutions and partnership opportunities between DSHS and LHDs. This information will help inform and clarify roles and responsibilities among LHDs and PHRs. Feedback from the effort has been positive, and these meetings have enhanced communication among LHDs and DSHS. DSHS staff will compile the data and present the report to PHFPC in 2019.

Data Sharing

DSHS understands the LHDs’ need for certain public health data. Many data sets are governed by specific statutory requirements while others have more flexibility. DSHS is committed to continue addressing specific issues impacting public health data access by LHDs. DSHS assembled agency data subject matter experts and local health officials to address local health official concerns; to resolve outstanding data requests; and change systems to improve ongoing access. Examples of accomplishments include:

- Eliminating fees for LHDs to receive a copy of inpatient and outpatient discharge data
- Improving utilization of exemptions from IRB review due to the data being used for public health practices.

The team also addressed outstanding data request issues identified by local health officials and reported their progress regularly at PHFPC meetings. As the issues were researched, it was discovered that there was variation among DSHS programs' practices and data set-specific statutes and policies. While the team reviewed options to streamline data sharing with LHDs, it became clear that data sharing is very complex with multiple interrelated factors (thus no one easy solution exists) and that a more systematic and analytic approach to understanding the actual barriers to sharing data was needed. DSHS launched an internal policy analysis workgroup to examine the legal and policy issues impacting data sharing, and identify administrative and technological issues to be addressed. The initial policy analyses (prioritized by request frequency and local health official preference) are of death, birth, inpatient and outpatient, cancer registry and HIV/STD data sets; decisions will result in agency policies and associated procedures. A prioritized list of additional data sets has been established for subsequent analyses. Additionally, a data suppression policy (to protect privacy when case counts are small) is being explored. Further, DSHS is improving policies and processes that govern how its Institutional Review Board and other entities for human subjects research and privacy assurance to minimize administrative burden on practitioners and researchers, and time to obtain approval and data.

Insurance Category for Public Health

Improving and simplifying billing by LHDs has been an ongoing area of interest for PHFPC, and LHDs. DSHS arranged a meeting between PHFPC and Health and Human Services Commission's Medicaid/CHIP Policy and Program Development staff to create a better understanding of the need and issues related to billing through Medicaid. As a first step, a survey was created by HHSC for LHDs to complete to capture the current status of billing Medicaid by LHDs; what barriers LHDs are experiencing; and other services LHDs are providing for which they would like to receive Medicaid reimbursement. Sixty-two percent of LHDs responded to the survey. The next steps are for the Medicaid/CHIP program to analyze the data collected and form a working group to discuss the issues identified and determine, what, if any changes would be helpful.

Workforce Development

DSHS convened a workgroup of Texas academic and practice partners to address local health official-identified persistent and significant public health workforce education and training needs. A basic understanding of public health is integral to the efficiency and effectiveness of frontline public health workers. Since many local health department personnel have minimal and no formal public health education, this workgroup will develop a curriculum and deliver the trainings at local health departments across the state.

This series of trainings will provide local health department personnel with a foundation of public health, including: history, basic principles, social determinants of health, evidence-based approaches to public health, systems thinking, and the public health system in Texas. The trainings will be administered and offered in-person by schools of public health faculty members and doctoral students.

The group continues to meet bi-weekly to develop curricula and plan. The PHFPC will be updated regularly on progress and consulted for feedback regarding this training initiative.

Infectious Disease and Technology

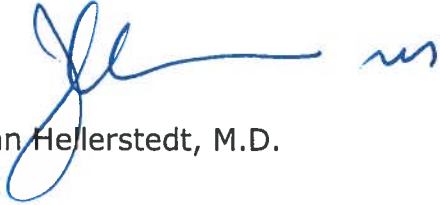
Based on the process and timeline agreed upon by the PHFPC and DSHS, the infectious disease and technology recommendations from the 2017 report have not been addressed to date. PHFPC and DSHS will discuss these recommendations further in 2019.

Conclusion

In conclusion, DSHS made progress toward implementing a number of the 2017 PHFPC recommendations in fiscal year 2018. Some of the recommendations require further analysis and consideration. Combined effort by PHFPC, LHDs, and DSHS to maintain productive working relationships will create a stronger public health system to better meet the public health needs of Texas. DSHS will continue to work with the PHFPC to address the 2017 recommendations.

The reports are available on the DSHS website at www.dshs.texas.gov/Legislative/Reports-2018. The point of contact for this report is David Gruber, Associate Commissioner for the Division for Regional and Local Health Operations who can be reached at David.Gruber@dshs.texas.gov or at 512-776-7770.

Sincerely,

A handwritten signature in blue ink, appearing to read 'JH', followed by a horizontal line and a small flourish.

John Hellerstedt, M.D.