



**Presentation to the
Senate Health and Human Services Committee**

Public Health Services in Texas

Department of State Health Services

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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

Public Health

Medical Care

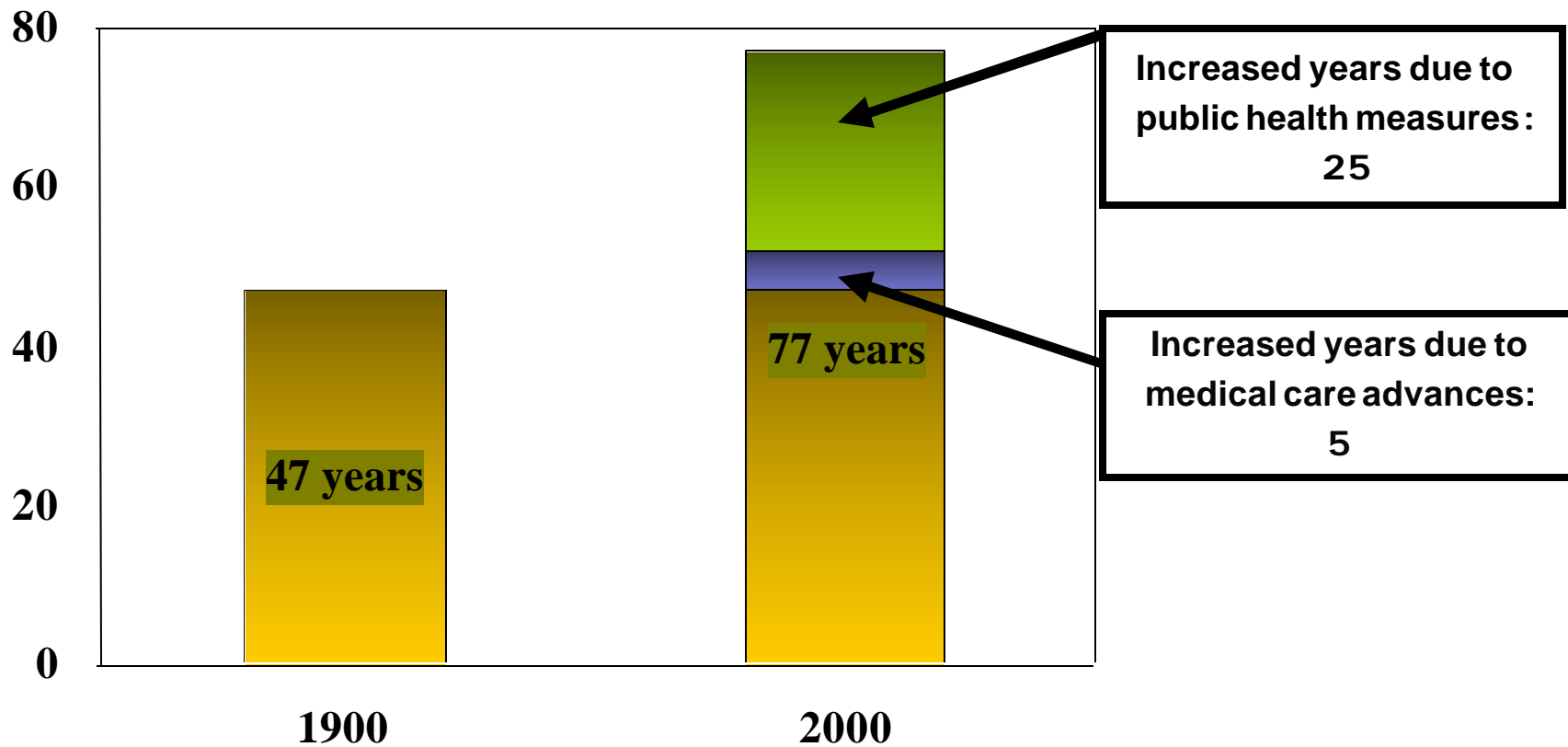
- focuses on individual patients
- vital to all of us some of the time
- saves lives one at a time
- disease treatment

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

Public Health

Increased Life Expectancy Driven by Public Health Improvements



Public Health

Public Health Saves Healthcare Dollars

<u>Initiative</u>	<u>Savings for Every \$1 Spent</u>
Chronic Disease Management	\$ 5.60
Immunizations	\$16.00
Smoking Cessation for Pregnant Women	\$6.00
Women, Infants, and Children (WIC)	\$1.92 - \$4.21

ASTHO analysis of national data
References on www.astho.org

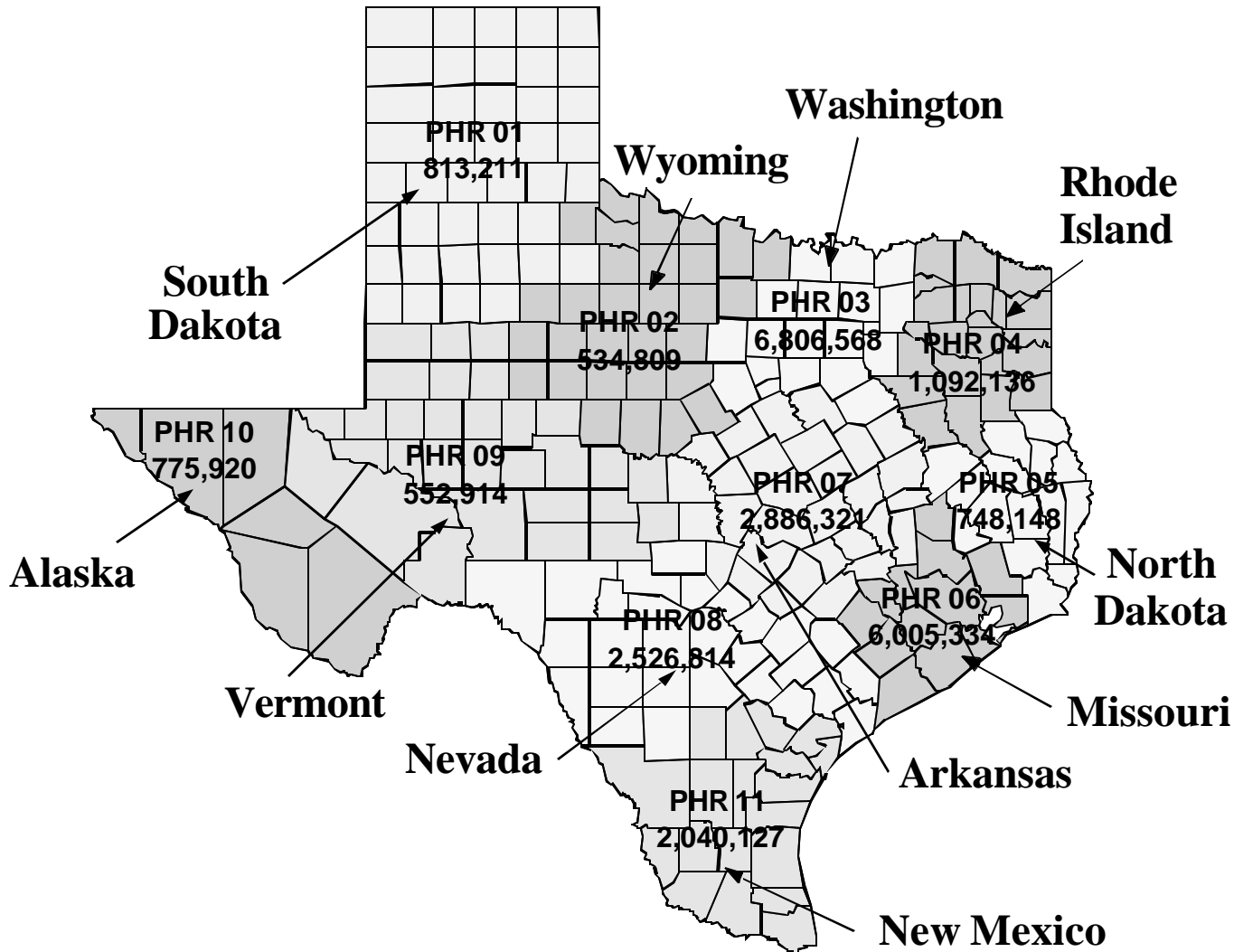


Current Role of Public Health

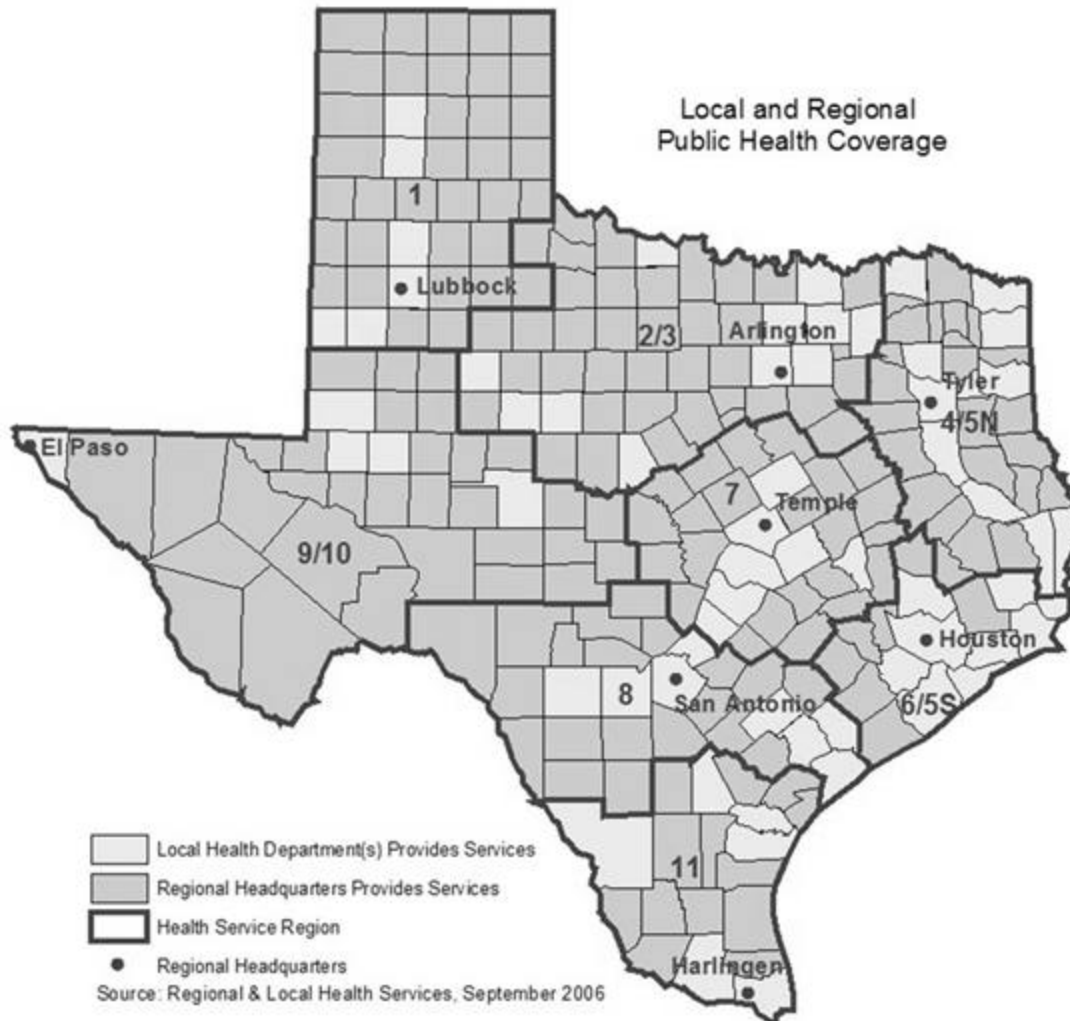
Examples of State and Local Health Department Functions:

- 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



State and Local Health Jurisdictions





Local Public Health Reorganization Act

Health & Safety Code Chapter 121

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.



Local Public Health Reorganization Act Health & Safety Code Chapter 121

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.



Centrally Directed Services & Program in DSHS Regional Offices

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

<u>Region</u>	<u>2012 Budget</u>
Region 1	\$4,455,552
Region 2/3	\$7,298,708
Region 4/5N	\$8,291,007
Region 6/5S	\$8,124,416
Region 7	\$5,742,911
Region 8	\$6,026,187
Region 9/10	\$5,887,850
Region 11	\$8,723,451
Regional Travel	\$1,197,436
Central Office	\$1,623,282

Funding to Local Health Entities

Funding to local entities is provided by three primary methodologies:

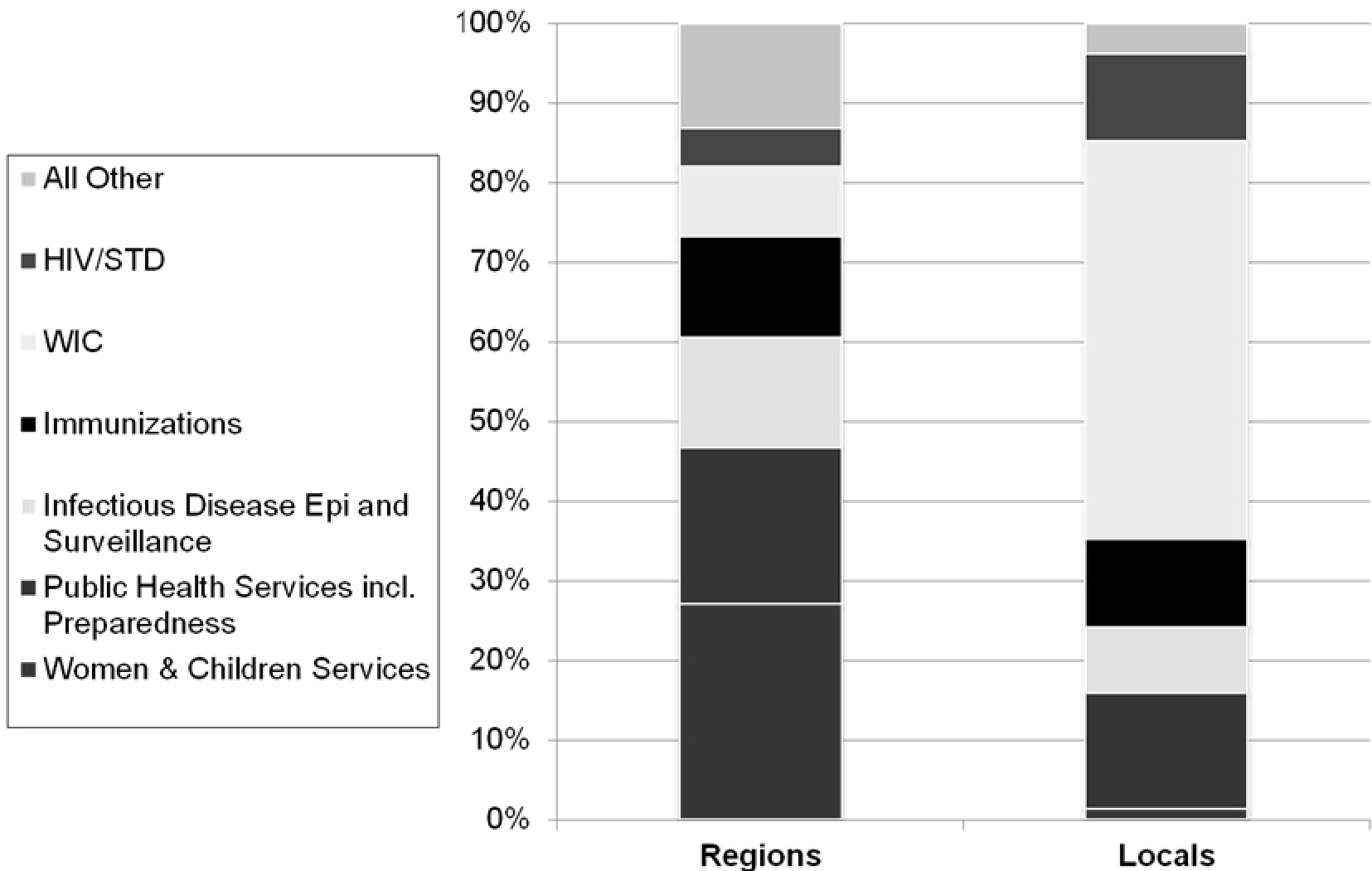
- **Formula-driven**
- **Allocations**
- **Historical**



Regional and Local Health Services Funded by DSHS

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

Comparison of Top Strategies Funded for Regions and 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