

Improving the Public Health System in Texas

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Texas Senate Committee on Health and Human
Services

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Lt. Governor's Interim Charges for the Committee

- “Examine the delivery and financing of public health services in our state, including how federal funds are distributed by the state to local health departments and whether the work done by Regional Health Departments operated by the Department of State Health Services overlap unnecessarily with local health departments.”

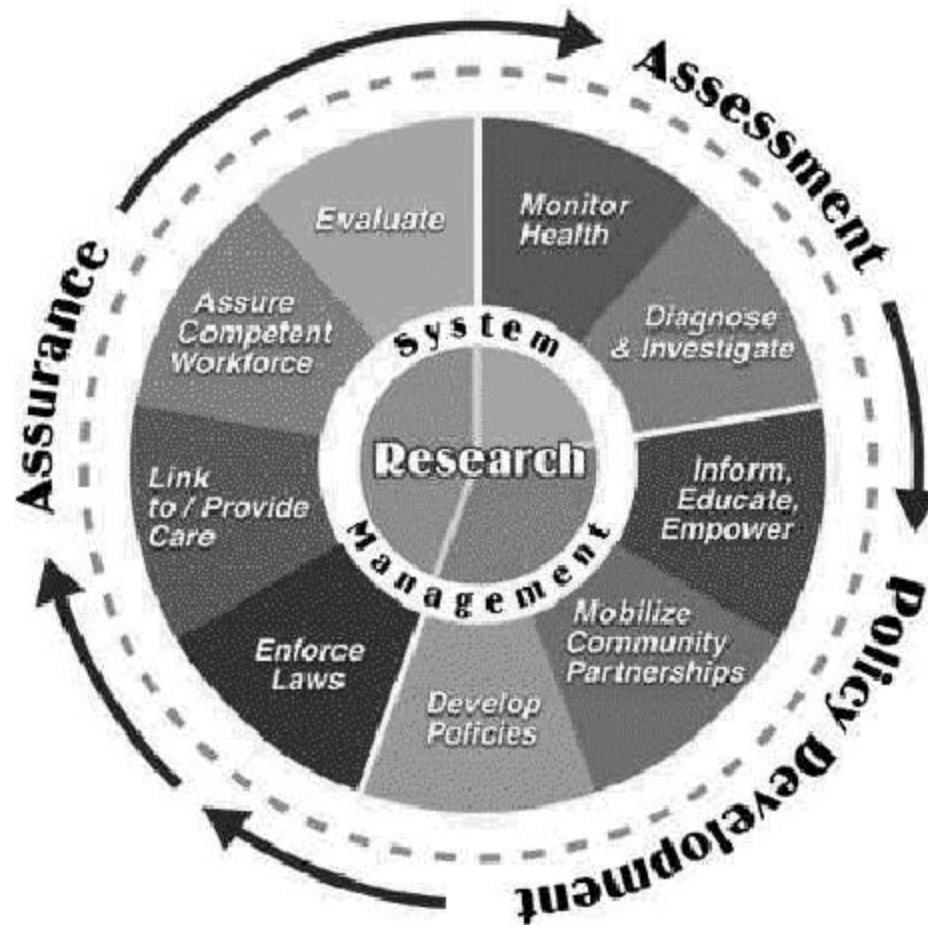


Purpose of Testimony

- Describe the current *Public Health System* in Texas: who does what?
- Discuss intent for SB 969, the Committee it formed, and the Lt. Governor's Interim Charges
- Describe how Local Health Department Accreditation could be a key component of change
- Discuss recommendations moving forward for efficient and effective change

What does Public Health do?

Assurance, Assessment and Policy Development



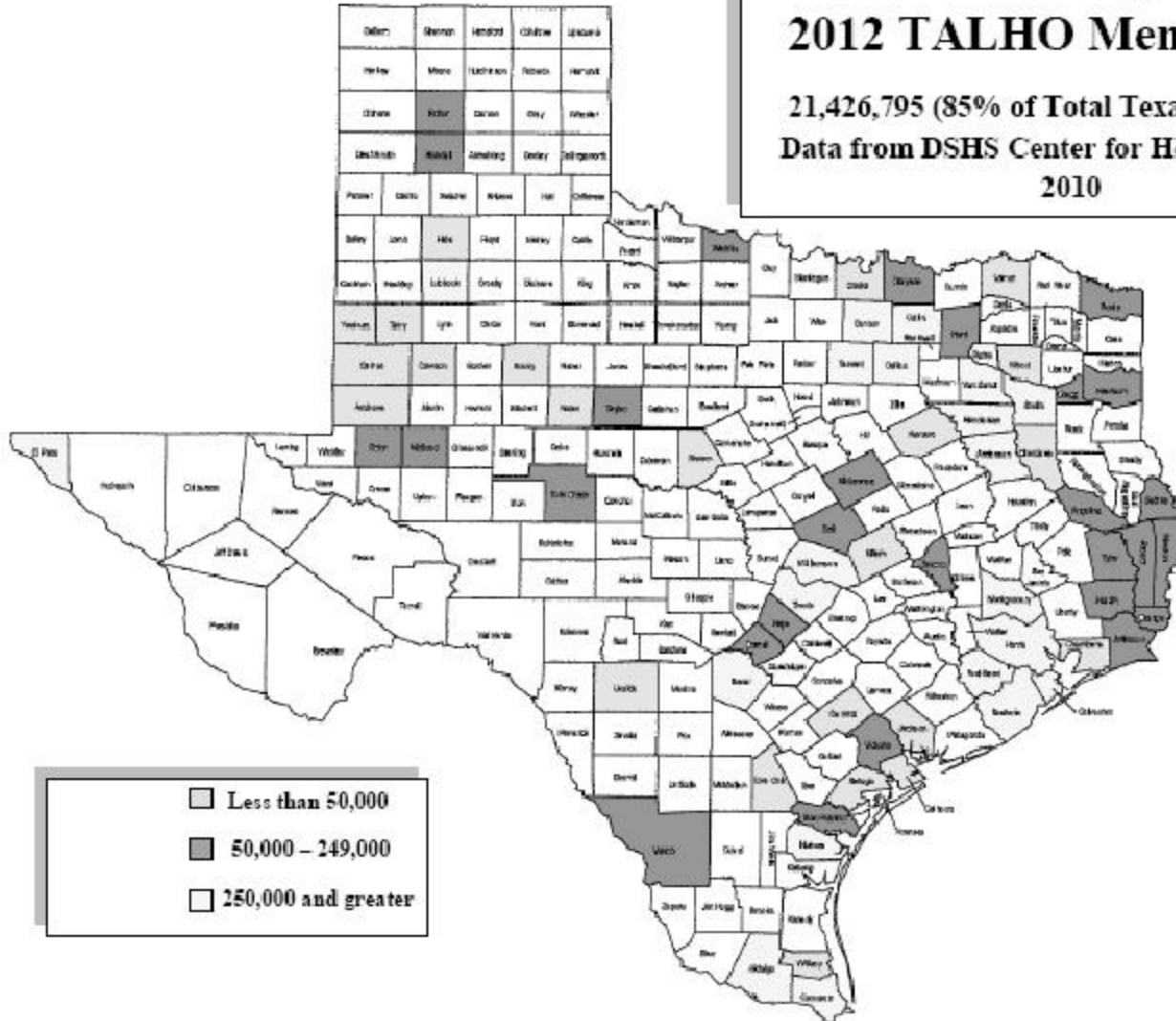
Who provides these services in the Texas public health system?

- Local jurisdictions take responsibility for public health services in the form of city/county/district departments
- Texas Department of State Health Services (DSHS) provides services in counties without local public health agencies
- These Health Service Regions have a challenge: provide local public health services while performing some of the assurance, coordination and program audit functions of DSHS

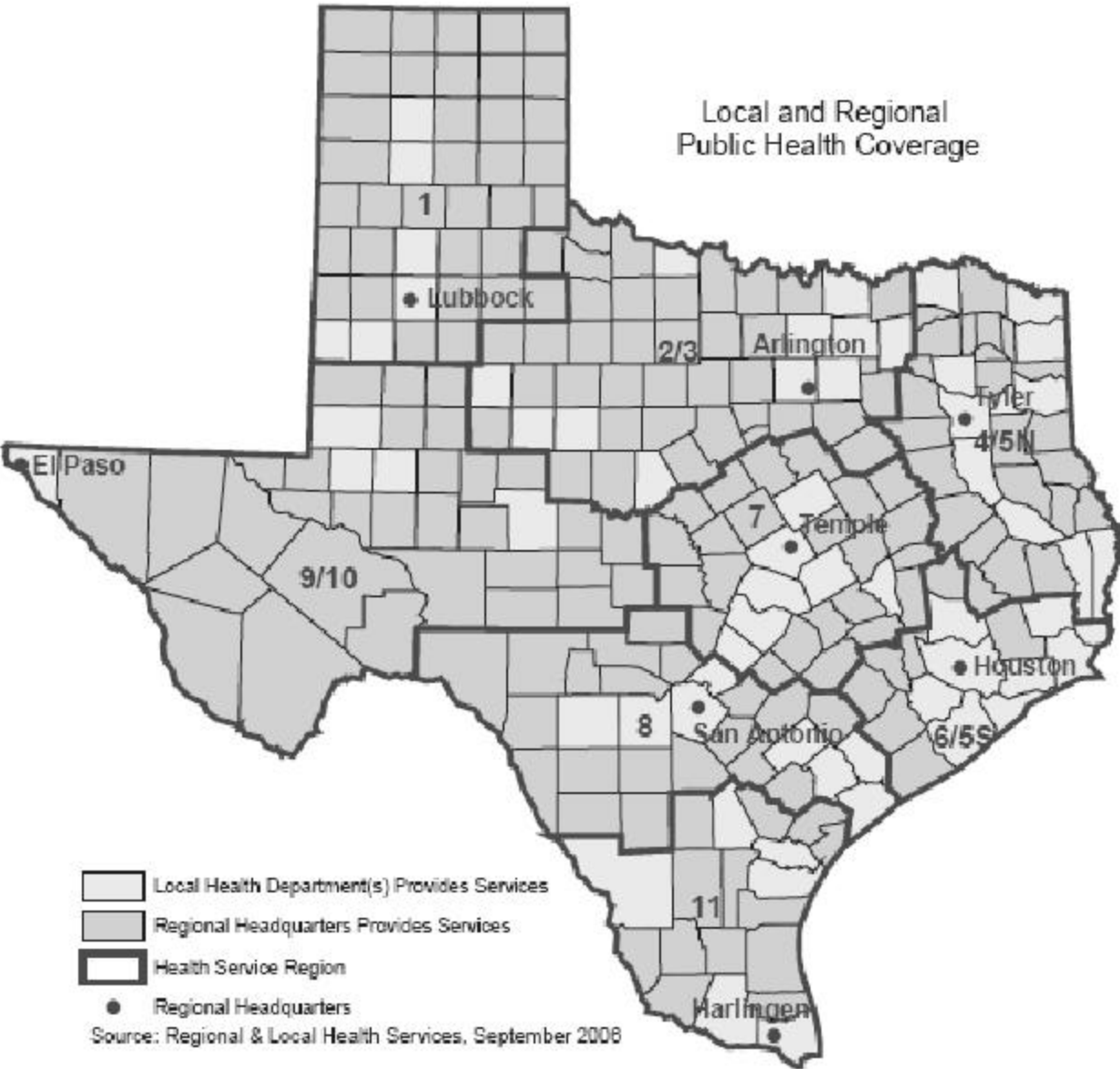
LHD Coverage: 85% of Texans

Jurisdictional Population of 2012 TALHO Membership

21,426,795 (85% of Total Texas Population)
Data from DSHS Center for Health Statistics
2010



Texas Local and Regional Public Health Jurisdictions



Proportionality

- 85% of Texans are covered by a Local Health Department
 - Do dollars spent in local public health agencies mirror local disease burden and appropriate funding?
 - Amarillo: 30% of Region 1 TB disease burden, 15% of the funding
 - Preparedness dollars: 51% go to LHDs—with the contrast of 85% population coverage
- Can we consider a different funding principle in the future?

DSHS Public Health Funding and Policy Committee

- Created by SB 969 to construct a formal committee with responsibilities of identifying funding and prioritizing programs to accomplish Essential Public Health Services
- Needed because local health departments (LHDs) had limited input in funding formulas, priorities for types of activities funded, and increased contractual barriers to providing services

What will the Committee consider?

Public Health Funding & Policy Committee

General Duties of the Committee

(a) the Committee shall:

- (1) define the core public health services a local health entity should provide in a county or municipality;
- (2) evaluate public health in this state and identify initiatives for areas that need improvement;
- (3) identify all funding sources available for use by local health entities to perform core public health functions;
- (4) establish public health policy priorities for this state; and
- (5) at least annually, make formal recommendations to the department regarding:
 - (A) the use and allocation of funds available exclusively to local health entities to perform core public health functions;
 - (B) ways to improve the overall public health of citizens in this state;
 - (C) methods for transitioning from a contractual relationship between the department and the local health entities to a cooperative-agreement relationship between the department and the local health entities; and
 - (D) methods for fostering a continuous collaborative relationship between the department and the local health entities.

(b) Recommendations made under Subsection (a)(5)(A) must be in accordance with:

- (1) prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served;
- (2) state and federal law; and
- (3) federal funding requirements.

Examples of what the Committee could address...

- Tuberculosis funding, provided by Centers for Disease Control and Prevention (CDC) as well as general revenue from DSHS needs to be reallocated based on need with a new formula for getting needed dollars to 21 million Texans covered by a LHD
- Changes in Immunization programming and limited dollars for the Adult Safety Net program (previously used for underinsured adults for immunizations like the meningitis vaccine)
- Grant contracts limit LHDs in their flexibility—Cooperative Agreements, like the CDC/DSHS relationship, provide greater freedom to adjust funding to what is happening locally (e.g. TB outbreaks, meningitis vaccines, focused STD services, etc.)

Other questions for the Public Health Funding and Policy Committee

- How can LHDs be included at the beginning of negotiations for new CDC initiatives to Texas? (e.g. Community Transformation Grants, Public Health Service Block grants, Public Health Preparedness contracts, etc.)
- How can LHDs be included in the DSHS prioritization of programs in the state budget process?
- How can funding formulas, particularly for federal “pass-through” dollars be negotiated for equity and effectiveness?
- How can Essential Public Health Services be delivered with low “administrative costs” associated at the state and local level?

What if we made these changes? How would we track improvement?

Accreditation might be an answer

- What is Accreditation?
- Local health department accreditation is defined as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.



Texas Efforts in Accreditation: PHACT

- Partnership of many organizations to promote the exploration and eventual adoption of accredited public health programs in Texas
- Schools of Public Health
- Local Health Departments
- Texas Department of State Health Services
- Texas Public Health Association
- Texas Health Institute
- At-large Members
- Others



What will this mean for Texas?

- Increased scrutiny on Local Health Departments in many areas—mostly derived from the Ten Essential Public Health Services
- Federal dollars are likely to require accredited LHD participation in the future
- State health departments are likely to be included in accreditation requirements in the future
- Opportunity to streamline and focus on service efficiency for both local and state agencies

Recommendations for Health and Human Services Committee Consideration

- Task the Public Health Funding and Policy Committee to formally explore:
 - Proportion of Health Service Region responsibilities/resources and duplication of services at the DSHS Central Office in Austin—require that HSRs focus on services delivered to Texans not covered by a local health department
 - Consider and cap the administrative costs, to both DSHS and local health departments, of each existing federally-supported program compared with dollars dedicated to services delivered
 - Require a timeline for determination of grant contracting vs. cooperative agreements for existing dollars to local public health agencies



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City of Amarillo

Questions?

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