Response to the Public Health Funding and Policy Committee 2016 Report Recommendations

As Required By
Texas Health and Safety Code, Section 117.151

Department of State Health Services
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Introduction

Texas Health and Safety Code, Section 117.151 requires the Department of State Health Services (DSHS) to file a report with the Governor, Lieutenant Governor, and the Speaker of the House of Representatives detailing the implementation of Public Health Funding and Policy Committee (PHFPC) recommendations with an explanation for any recommendation DSHS did not implement. A decision by DSHS not to implement a recommendation of the PHFPC must be based on:

- 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

Background

In accordance with S.B. 969, 82nd Texas Legislature, Regular Session, 2011, DSHS assembled the PHFPC. The PHFPC is an independent committee, which consists of nine public health professionals appointed by the DSHS Commissioner:

- Three local health entity directors
- Two local health authorities
- Two deans from schools of public health
- Two DSHS health service regional medical directors

Texas Health and Safety Code Section 117.103 requires the PHFPC to submit a report that details its activities and recommendations. The PHFPC previously submitted three reports, , which may be found online at: http://www.dshs.state.tx.us/phfpcommittee/. This report includes the recommendations made in fiscal year 2016.

The PHFPC 2016 Report provides information and recommendations aimed at assisting DSHS in its understanding of the needs and interests of local public health entities. The input from this independent committee is useful because their experience at the local level is distinct from that of DSHS and their feedback offers a unique perspective.

Response to Recommendations in the 2016 PHFPC Report

Within the Executive Summary of the PHFPC report, the Committee commented that the public health system is “fragmented, complex, and in some instances, non-existent.” Additionally, PHFPC commented that “State funding of local public health services is also complex and not well understood,” and that “…local public health entities’ funding does not align with known public health risks, vulnerabilities, threats, and/or disease statistics.” DSHS strongly differs with this characterization of the Texas public health system and the state’s funding mechanism. Absent PHFPC recommendations regarding these comments, DSHS will not respond further.

Recommendation 1

The Committee recommends to DSHS that, with regard to the development of the Public Health Action Plan (PHAP), a health equity lens, which incorporates social determinants of health, be considered as part of the workgroup deliberation and in final consideration of recommendations for priorities.

Response: The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, DSHS, Rider 81) charges DSHS to collaborate with the PHFPC and other stakeholders to develop a comprehensive inventory of the roles, responsibilities, and capacity relating to public health services delivered by DSHS, local health entities, and authorities. Rider 81 further requires DSHS to use the inventory information gathered to establish statewide priorities for improving the state's public health system and create a public health action plan with regional goals and strategies to effectively use state funds to accomplish these priorities. In order to meet this charge, DSHS convened seven subject matter expert workgroups to develop statewide priorities for the PHAP; an additional workgroup to develop goals and strategies to achieve the priorities; and a statewide steering committee to oversee the entire process. PHFPC was involved in the process of developing workgroups and was briefed on the timeline associated with the plan development throughout the process.

Currently, the PHAP is being reviewed by DSHS executive leadership and pending finalization. The recommendation of incorporating the concept of social determinants of health was timely and was considered during the development and is noted in the PHAP.

Recommendation 2

The Committee recommends to DSHS that, with regard to the development of the Public Health Action Plan, involvement by other state agencies outside of health (i.e. education, housing, transportation) be engaged in workgroup deliberation in an effort to efficiently use resources to address social determinants of health.

Response: The PHAP was developed over a period of several months, beginning in March, 2016, through the steering committee and workgroup structure described in the response to Recommendation 1. Steering committee and workgroup members represented local health entities, health-related organizations, professional associations, academia, DSHS Health Service Regions, and DSHS Central Office. The seven workgroups used state and national data sources to develop statewide priorities for the PHAP, relative to the following specific functional public health categories.

- Chronic Disease
- Tobacco, & Injury
- Communicable Disease
- Environmental Health
- Maternal Health & Substance Abuse
- Clinical Preventive & Primary Care

The following general categories were assumed to be categories crossing each of the other functional categories.

- Population Health
- Surveillance & Epidemiology
- Access & Linkage to Care
- Preparedness, Response, & Recovery

PHFPC's recommendation was made in August 2016, after the workgroups and steering committee had completed their work. DSHS will consider how partnering with agencies outside of public health to address evidence-based public health approaches and/or interventions will benefit future phases of the action plan, such as the implementation phase.

Recommendation 3

The committee recommends that DSHS identify the processes for LHD access to data given barriers (i.e. being required to go through the Institutional Review Board for activities that are considered public health practice, difficulties accessing data, ownership of data) and that LHDs are seen as part of the local public health system and, as such, have rights to access data through their public health status.

Response: DSHS has been working with a variety of partners and stakeholders including LHDs regarding the limitations around releasing data and the requirements that must be fulfilled in order to comply with current statutes and policies. Ultimately, the goal for DSHS is to continue working with LHDs and other public health partners to help meet their data needs. As part of this process, DSHS has hired a data coordinator to work with public health partners, including LHDs on data requests to streamline the process for obtaining data.

Conclusion

DSHS continues to be responsive to recommendations made by the PHFPC throughout the year. Efforts are put forth by LHDs, HSRs, and DSHS central office to maintain good working relationships in order to leverage resources to better serve public health clients and stakeholders.