Public Health Funding and Policy Committee Meeting

April 9, 2025

Minutes

Committee Members Attending

Stephen Williams, MEd, MPA - Houston Health Department – Chair

Philip Huang, MD, MPH – Dallas County Health and Human Services – Vice Chair

Jennifer Griffith, DrPH, MPH – Texas A&M University

Lisa Dick, Brownwood – Brown County Health Department

Sharon Melville, MD, MPH – DSHS, Public Health Region 7

Sharon Whitley – Hardin County Health Department

Todd Bell, MD – City of Amarillo Health Department

Attendees:

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| Lara Anton | Dr. Catherine Wells | Terri Langford |
| Emilio Arriola | Christine Murphy | Rachel Samsel |
| Crystal Biggs-Pope | Dr. Lilian Peake | Dr. Saroj Rai |
| Skala Carson | James Rivera | Dr. Varun Shetty |
| Noah Chornyak | Dr. Aurelia Schmalstieg | Brianna Homerstad |
| Cliffton Karnes | Claire Cronin | Sergio Flores |
| Michael Comfort | Rashika Gangwal | Casie Stoughton |
| Michael DeLeon | Christina Garcia | Monica Rodriguez |
| Kirk Cole | Jeff Hoogheem |  |
| Henry Presas | John (Unverified) |  |
| Cynthia Hernandez | Art Rodriguez |  |
| Zena Hooper | Christina Kubenka |  |
| Jessica Hyde | Dr. Stephen Pont |  |
| Jacqueline Hodges | Shannon Richter |  |
| Jorge Saenz | Lesley Brannan |  |
| Glenna Laughlin | Courtney Dezendorf |  |
| Letasha Jones | Christopher Webb |  |
| Mary Beth Bess | Alma AllenJohnson |  |

Vice Chair, Dr. Philip Huang called the meeting to order at 9:03 am and the committee members introduced themselves.

**April 9, 2025, Meeting Minutes**

Ms. Lisa Dick motioned to approve the minutes. Dr. Todd Bell seconded. Minutes approved.

**Emerging and Infectious Diseases Update:**

Dr. Varun Shetty, DSHS Chief State Epidemiologist, provided the committee with an update on the state of infectious diseases, highlighting significant trends observed across Texas.

The recent outbreak of measles in Texas has been marked by a noticeable increase, as indicated on the shared map. As of April 7th, the state has reported a total of 505 confirmed cases, with the majority concentrated in the High Plains region. This outbreak has primarily affected school-aged children between the ages of 5 and 17. Notably, among the confirmed cases, 495 individuals are either unvaccinated or have an unknown vaccination status. The outbreak has necessitated hospitalization for 57 cases, with 12 of those requiring admission to intensive care units. The Texas Department of State Health Services (DSHS) is actively assessing the areas defined within the outbreak zone and will continue to monitor the situation for any emerging needs.

Dr. Shetty advised on the CDC recommendations by age for prevention and the use of immunoglobulin (IG) for post-exposure prophylaxis (PEP). For populations that are unable to receive MMR vaccine, IG remains the sole option for PEP. Additionally, individuals who are severely immunocompromised should receive IG PEP, regardless of their previous measles vaccination status, due to their heightened risk of severe disease.

The communications and media relations team are committed to keeping the public informed by updating their webpage at least twice a week, specifically on Tuesdays and Fridays. In response to the recent measles outbreak, they have created a dedicated page at [www.DSHS.Texas.gov/measles](http://www.DSHS.Texas.gov/measles). This resource provides crucial information, including symptoms to watch for, emergency care guidelines, a vaccine provider finder, frequently asked questions about the vaccine, and a comprehensive Measles Communication Tool Kit.

Dr. Todd Bell mentioned that the epidemiological curve indicates a potential leveling off of cases. He asked if this trend is primarily due to a genuine decrease in infections or if it is influenced by reporting delays. Dr. Varun Shetty replied, this is likely that the observed plateau is significantly impacted by lag times in reporting and suggests that the outbreak may persist for an extended period.

Mr. Jorge Saenz asked if DSHS has an ongoing effort to support the development of management software designed to enhance reporting and data analysis. Dr. Philip Huang stated questions regarding the evaluation of software effectiveness may be addressed in the forthcoming section of the meeting.

**Data Modernization/Public Health Data Sharing Updates:**

Mr. Norris Harrell, the Interim Director of Public Health Data Strategy and Modernization, provided an update to the committee regarding data sharing, training initiatives, and feedback mechanisms. The Snowflake data program has successfully been implemented across 30 Local Health Entities (LHEs) in Texas, with an additional two LHEs expected to join by the end of April. Several more entities are in the process of finalizing Memoranda of Understanding (MOU) and are awaiting training and credentials. In terms of the Texas Health Care Information Collection (THCIC), there have been no new dashboards created recently; instead, users are directed to Texas Health Data (THD) for their needs. Currently, a total of 40 LHEs are actively participating in this program, with expectations for further additions in the near future.

Immunization data sharing is facilitated through either Snowflake or dashboards via Tableau. Currently, between six and nine LHEs are utilizing this immunization program, which commenced on January 31, 2025. The National Electronic Disease Surveillance System (NEDSS) has also been instrumental in provisional data sharing, utilizing both Snowflake and Tableau for information dissemination. To support users, two live webinar training sessions were held in February, along with three "Office Hours" sessions conducted in February and March 2025. The data group has distributed a survey to gather feedback on the program, which will be utilized to refine training and enhance communication strategies. The LHE Enablement Project aims to cultivate robust partnerships and improve collaboration among LHEs concerning public health data sharing throughout Texas. However, it is important to note that this project is currently on pause.

Ms. Lisa Dick asked whether the initial survey indicated had only six LHEs, including Brownwood County, had responded. Mr. Norris Harrell replied that his team would follow up to determine who had submitted responses and planned to send reminders to the LHEs.

Dr. Philip Huang noted there was a limited number of surveys received. He asked if this was because the survey had only been sent to individuals who had completed the trainings. Mr. Norris Harrell confirmed that the training had indeed been conducted, and that the survey was distributed to participants once the data sets were rolled out.

Ms. Lisa Dick inquired about how the LHEs could reestablish communication given that the project is currently on pause. In response, Mr. Norris Harrell shared that the Data Governance group is actively working on a survey.

Dr. Todd Bell inquired if the reasons for the pause on the LHE Enabling project are due to methodological issues or challenges related to funding. In reply, Mr. Norris Harrell clarified that it is a funding issue.

Mr. Kirk Cole indicated that several projects were being funded by the Epidemiology and Laboratory Capacity (ELC) grant that was terminated by CDC. However, with the withdrawal of these funds, efforts are now underway to identify alternative funding sources. This funding disruption affects not only multiple ongoing projects but also contractors and additional initiatives that will be temporarily placed on hold.

**Federal Funding Freeze Potential Impacts to Local Health Departments:**

Mr. Stephen Williams inquired about the implications of federal budget cuts and funding freezes on LHEs throughout Texas and asked for clarification on the communications to health departments, as well as the potential for bridge funding to support them during this challenging period.

In response, Mr. Kirk Cole provided insights into the significant reductions related to COVID-19 funded grants totaling over $700 million in funds distributed across various programs. He noted that the effective date for these reductions was set for March 24, 2025. Initially, these funds were earmarked for preparation and prevention efforts, with a projected end date in 2026. However, the recent changes have led to the cancellation of 159 contracts, which have had a direct impact on LHEs: 39 LHEs affected by the ELC grants, 37 by immunization grants, and 35 by health disparities grants. Mr. Kirk Cole mentioned that communications were sent to LHEs indicating that invoices could include expenses incurred up to March 24, 2025, with a submission deadline of April 9, 2025. He confirmed that bridge funding would not be available to assist during this transition. Additionally, it was noted that the temporary restraining order concerning the funding did not apply to Texas.

Dr. Philip Huang inquired whether, due to the cut in IT funding, the team would be transitioning back to the THESIS program or if they would continue with the NEDSS. Mr. Norris Harrell explained that the impact of the funding would push back the timeline for the NEDSS project.

Ms. Sharon Whitley inquired about the deadline for submitting invoices. Mr. Kirk Cole replied that the final day for submitting invoices is April 9, 2025.

Ms. Sharon Whitley asked why the email address designated for their questions hasn’t been responded to. She also mentioned that the LHEs have additional questions that need to be submitted. Mr. Kirk Cole mentioned that he would reach out to the email group to follow up. He recognized that they might be overwhelmed by the influx of questions coming their way.

Ms. Lisa Dick highlighted the challenges faced by smaller health departments in effectively sharing vital data with their communities. Given their current circumstances, she acknowledged that disseminating this information would require significantly more time and effort, particularly due to the steep learning curve they are encountering as they lose key experts in the data management field. Ms. Lisa Dick expressed that the community's perception of their capabilities, especially in light of recent funding impacts that have left her department appearing less competent to local stakeholders. The department has faced considerable staffing challenges, having lost 25% of its personnel, which has strained their ability to maintain the strong relationships built with local officials over time. Mr. Kirk Cole acknowledged that several ongoing projects would need to be temporarily paused due to the current funding constraints.

Dr. Philip Huang inquired about the exceptional item funding request submitted to the legislature aimed at enhancing financial support for LHEs specifically for immunization, tuberculosis (TB), and sexually transmitted infection (STI) initiatives. Mr. Kirk Cole informed the group that the legislature is actively engaged in this process and noted that the House budget bill is scheduled for discussion on Thursday, however, he cautioned that no definitive decisions have been made at this time.

Dr. Philip Huang inquired whether there were noticeable effects on DSHS operations due to the closing of several federal offices. Mr. Kirk Cole noted that there are some challenges with communication. He explained that much like some of the financial issues they are facing, there are unknowns regarding timing.

Mr. Stephen Williams mentioned that in their local policy, it clearly states that they need to pay the contractors/employees for 60 days after providing notice of the grant funding's end. He asked whether they could still charge these fees to the grant, even though it is past the end date. Mr. Kirk Cole mentioned that, unfortunately, the costs after March 24th cannot be covered by the grant.

Dr. Philip Huang inquired about the number of DSHS contractors/employees who had been impacted. Mr. Kirk Cole mentioned that DSHS had eliminated those contracts, but he did not have the exact number on hand and would need to look into it further.

**Public Comment**:

Mr. Jorge Saenz expressed his concern over the vendor selection process by DSHS. He suggested DSHS ensure appropriate software is developed that incorporates tracking tools for transparency and documentation and to comply with government policies.

**2025 PHFPC Annual Report Preparation:**

Ms. Glenna Laughlin advised the committee that the time has come to begin preparations for the 2025 PHFPC Annual Report. She noted that the committee should start contemplating recommendations for DSHS, if applicable. The report is scheduled for submission to the Governor’s office annually by November 30th, and Ms. Glenna Laughlin requested that the committee aim to have a draft ready by mid-June. This timeline is critical due to the overlap with numerous advisory committees and other legislative reports that are also due around that time. Typically, discussions regarding the report commence during the April meeting, with a formal vote taking place in June, during which current projects and accomplishments are reviewed.

To facilitate the drafting process, Dr. Philip Huang and Ms. Lisa Dick volunteered to draft a recommendation to DSHS regarding federal funding cuts and the impact to LHEs

Ms. Glenna Laughlin committed to sending the committee the final recommendations along with the 2024 Annual Report to serve as a foundational reference. She reminded the members that any content included in the Annual Report would be recommendations to the DSHS Commissioner and would be subject to the limitations of the department’s control.

**Public Health Threats Workgroup Update:**

Mr. Stephen Williams reported that a meeting was convened with the facilitation of Texas Association of City & County Health Officials (TACCHO), during which participants discussed the development of a draft outlining suggested practices for responding to public threats in Texas. A preliminary version of this draft is expected to be available by the end of next week. Following this, a formal meeting of the workgroup will be scheduled to review the draft. Dr. Todd Bell has volunteered to creating this draft

**Public Comment:** No additional public comment.

**Timelines, Next steps, Announcements, and Future Meeting Dates:**

During the June meeting, the committee will consider and vote on any recommendations pertaining to the annual report.

The agenda for the June meeting will include several significant topics: the annual report, a legislative update, an overview of the impact of federal funding changes, an update on the measles outbreak, and a discussion on data modernization.

The next meeting is scheduled for June 11, 2025.

**Adjourn:**

Ms. Sharon Whitley made a motion to adjourn the meeting. Dr. Todd Bell seconded the motion. Motion carried. Meeting adjourned.

Approved:

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Stephen L. Williams, Committee Chair Date