

Public Health Funding and Policy Committee October 12, 2021



[Public Health Funding and Policy Committee](#) defines core public health services a local health entity should provide in a county or municipality; evaluates public health in the state and identifies initiatives for areas that need improvement; identifies funding sources available to local health entities; and establishes public health policy priorities. Members include:

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Many hand outs were not made available to the public. Texas Insight tried to incorporate screen shots from the presentations. As such, man handouts are not clear and are difficult to see.

1. Call to Order/Welcome. The meeting was convened by Stephen Williams, Chair and a quorum was present.

2. August 11, 2021, Meeting Minutes. The minutes were approved as written.

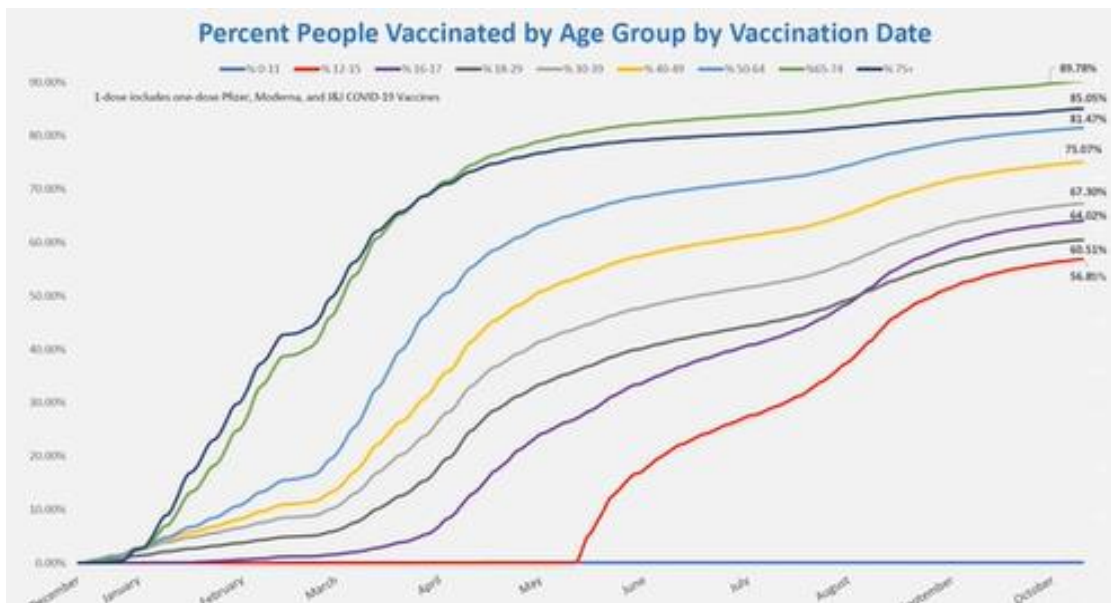
3. Update on COVID-19 Vaccine Administration. The focus is moving to the younger generation.

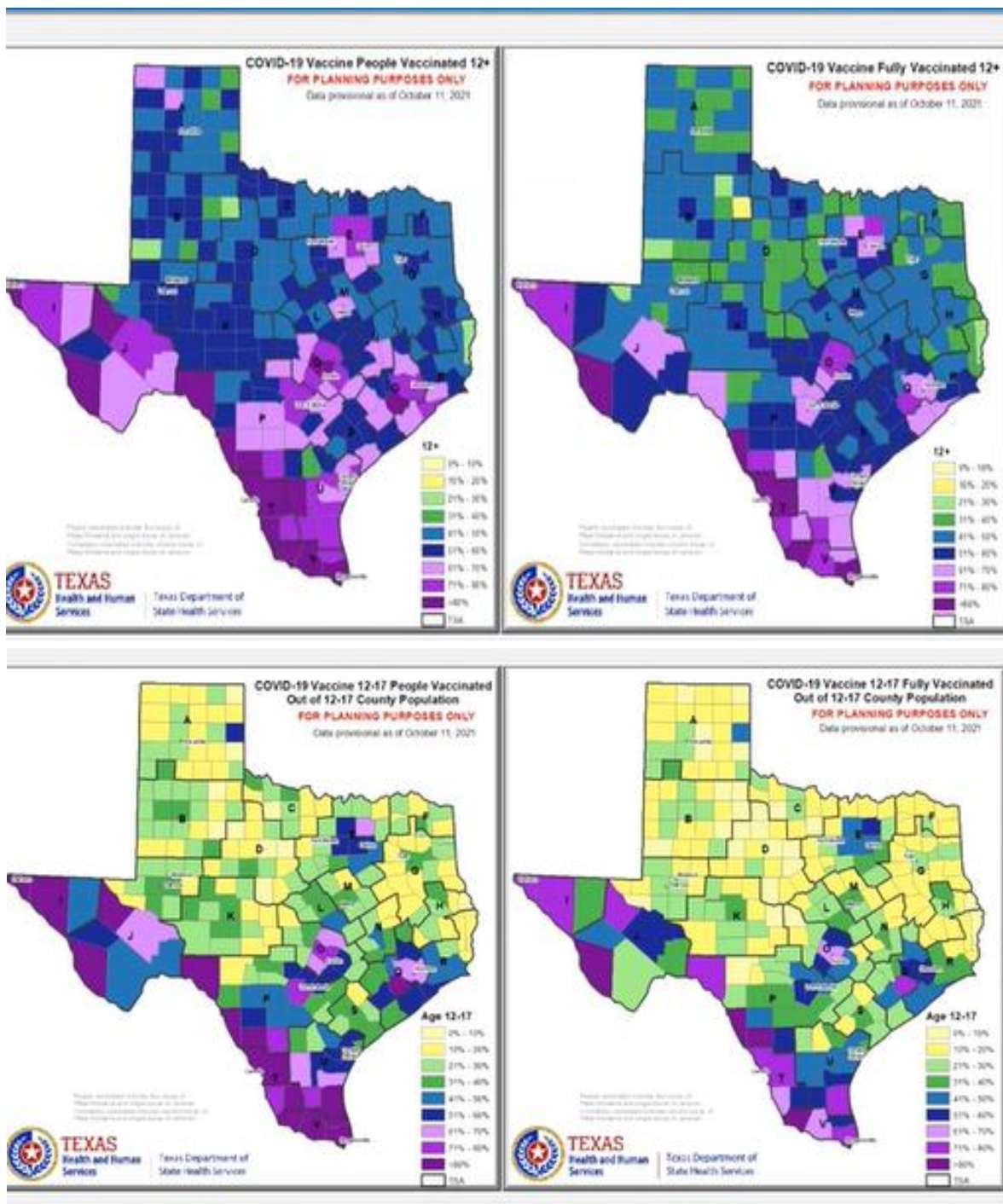
COVID-19 Vaccine Updates

- The US Food and Drug Administration has scheduled the following meeting with its Vaccines and Related Biological Products advisory committee:
 - October 14, 2021: Moderna COVID-19 Vaccine Boosters
 - Moderna COVID-19 vaccine has submitted 50 mcg as a booster dose (versus 100 mcg dose for the primary series)
 - October 15, 2021: Janssen COVID-19 Vaccine Boosters
 - October 26, 2021: Pfizer COVID-19 vaccine for 5-11 years of age
 - Pfizer COVID-19 vaccine dose for 5-11 years of age is 10 mcg (versus 30 mcg for ≥12 yrs), two-doses given 21 days apart
- The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices has scheduled the following meeting:
 - October 20-21, 2021
 - November 2-3, 2021
 - Agendas not yet posted

	Population Estimates	People Vaccinated	Fully Vaccinated
Texas Total	28,995,881	17,460,226	15,097,347
		60%	52%
12 years and older	24,101,113	17,454,384	15,095,415
		72%	63%
18 years and older	21,596,071	15,970,343	13,900,633
		74%	64%
65 years and older	3,734,229	3,292,606	2,976,791
		88%	80%

People Vaccinated includes first doses of Moderna and Pfizer and single doses of Janssen.
Fully Vaccinated includes second doses of Moderna and Pfizer and single doses of Janssen.



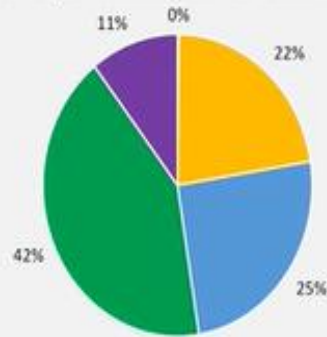


People Vaccinated with an Additional Dose

August 13th-October 11th, 2021

Age of People Vaccinated with an Additional Dose

Age Group	People Vaccinated with an Additional Dose
12-15 years	1,357
16-49 years	174,942
50-64 years	195,827
65-79 years	329,272
80+ years	82,918
Unknown	1
Total	784,317

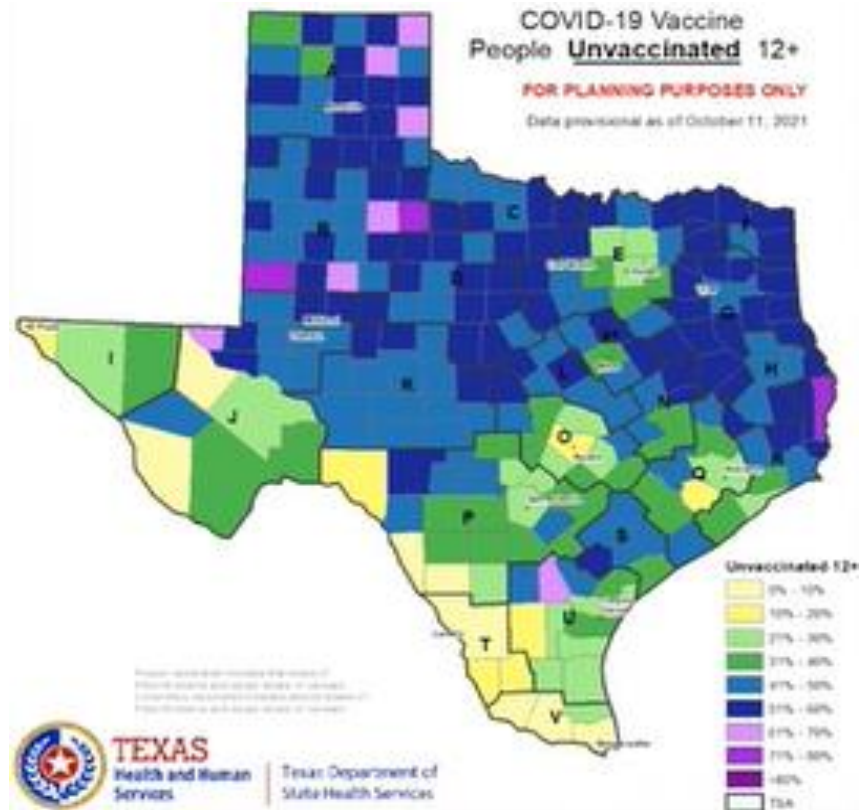
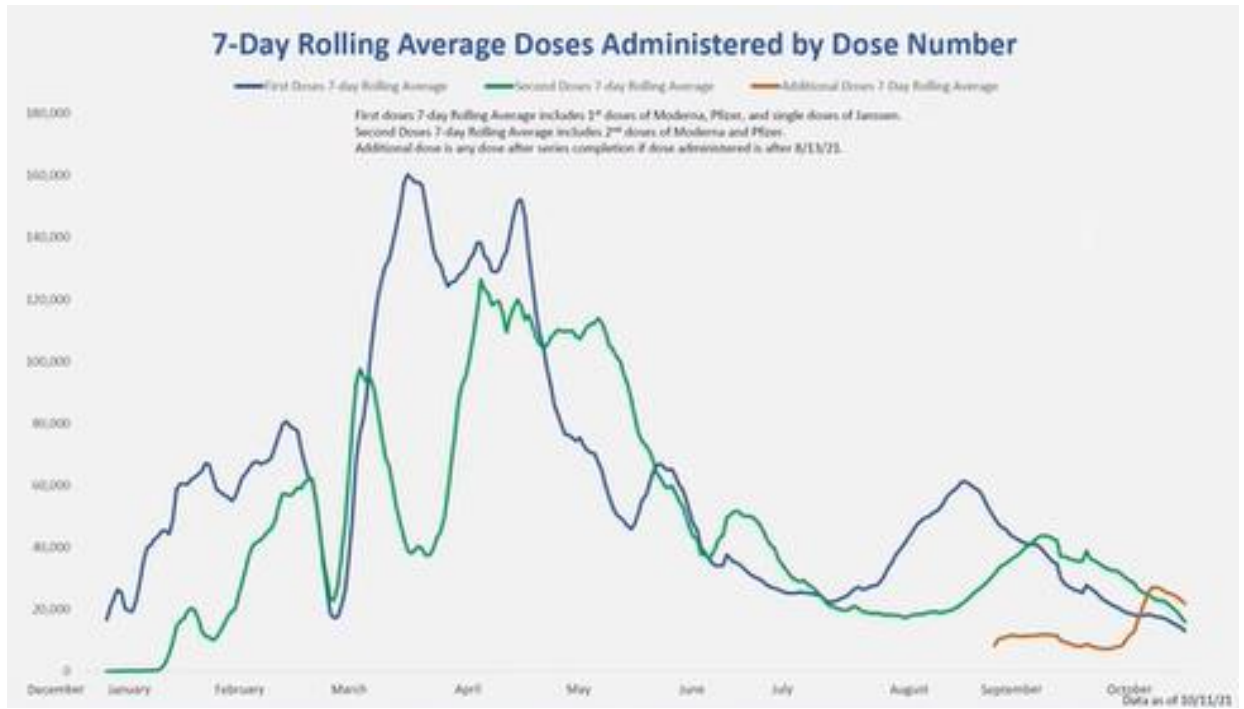


12-15 years 16-49 years 50-64 years 65-79 years 80+ years Unknown

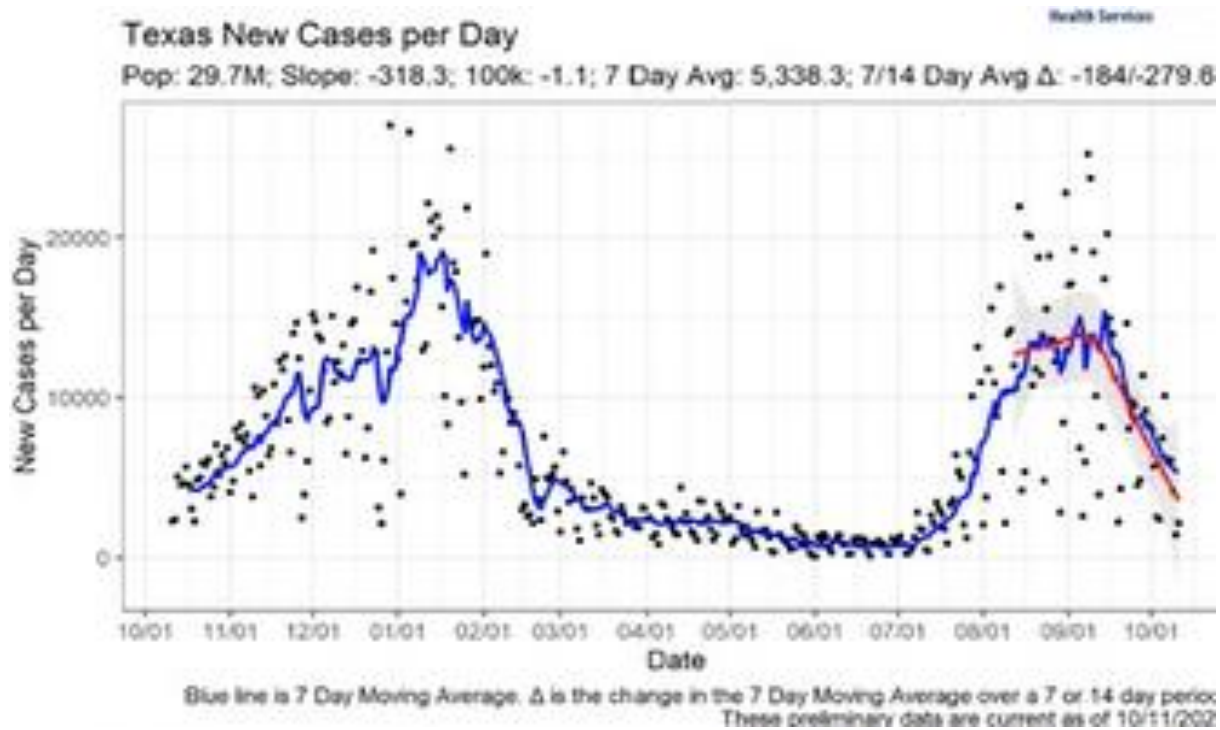
COVID-19 Vaccination by Race/Ethnicity

COVID-19 Vaccine Eligible Texans (Age 12 Years and Older)						
Race/Ethnicity	12+ Population	12+ First Dose Administered	% 12+ First Dose Administered	12+ Unvaccinated	% of the Sub-population Vaccinated	% of the Sub-population Unvaccinated
Asian	1,221,267	961,341	6%	259,926	79%	21%
Black	2,868,864	1,385,333	8%	1,483,531	48%	52%
Hispanic	9,015,937	5,819,952	33%	3,195,985	65%	35%
White	10,531,405	5,807,889	33%	4,723,516	55%	45%
Other	458,416	2,416,725	14%	0	100%+	0%
Unknown		1,068,986	6%	--	--	--
Total	24,095,889	17,460,226	100%	6,635,663	72%	28%

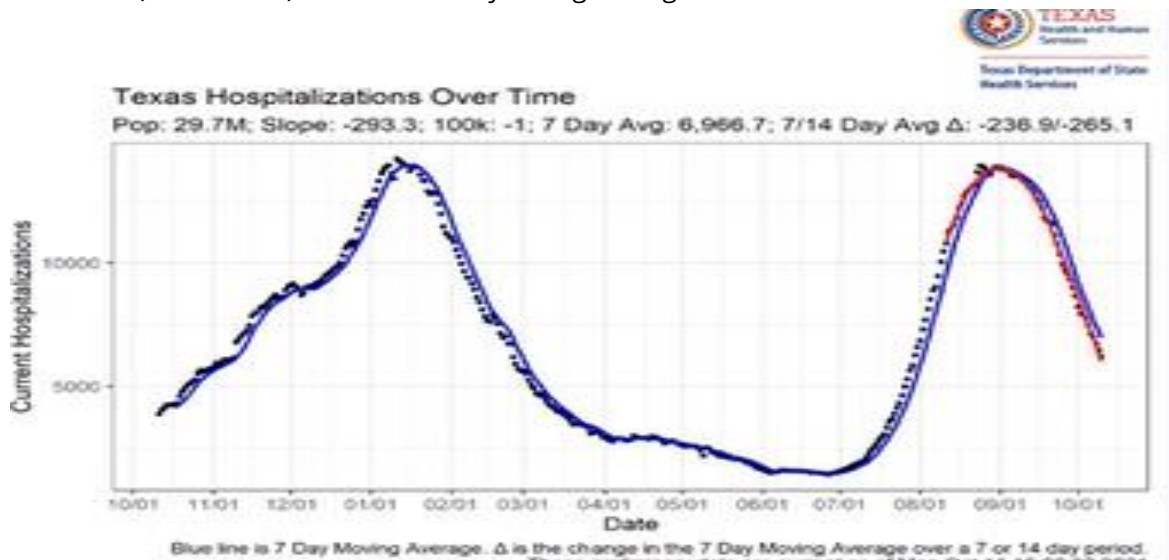
Other race includes anyone who identifies as American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, Multiracial, or another racial group not specified.



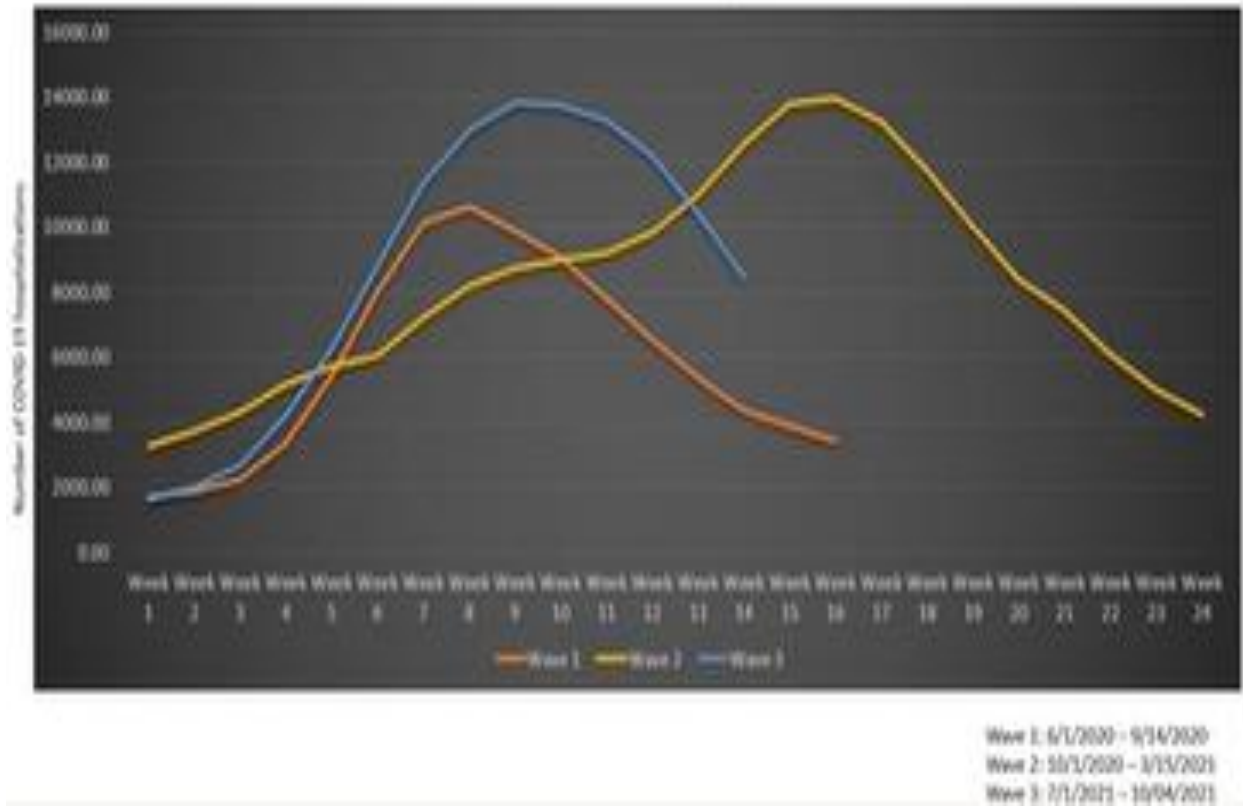
4. Update on COVID-19 Epidemiology Trends. Because of the lack of readability of the copied handouts, charts and tables can be found by following this link: [Coronavirus Disease 2019 \(COVID-19\) \(texas.gov\)](https://www.texas.gov/coronavirus-disease-2019-covid-19)



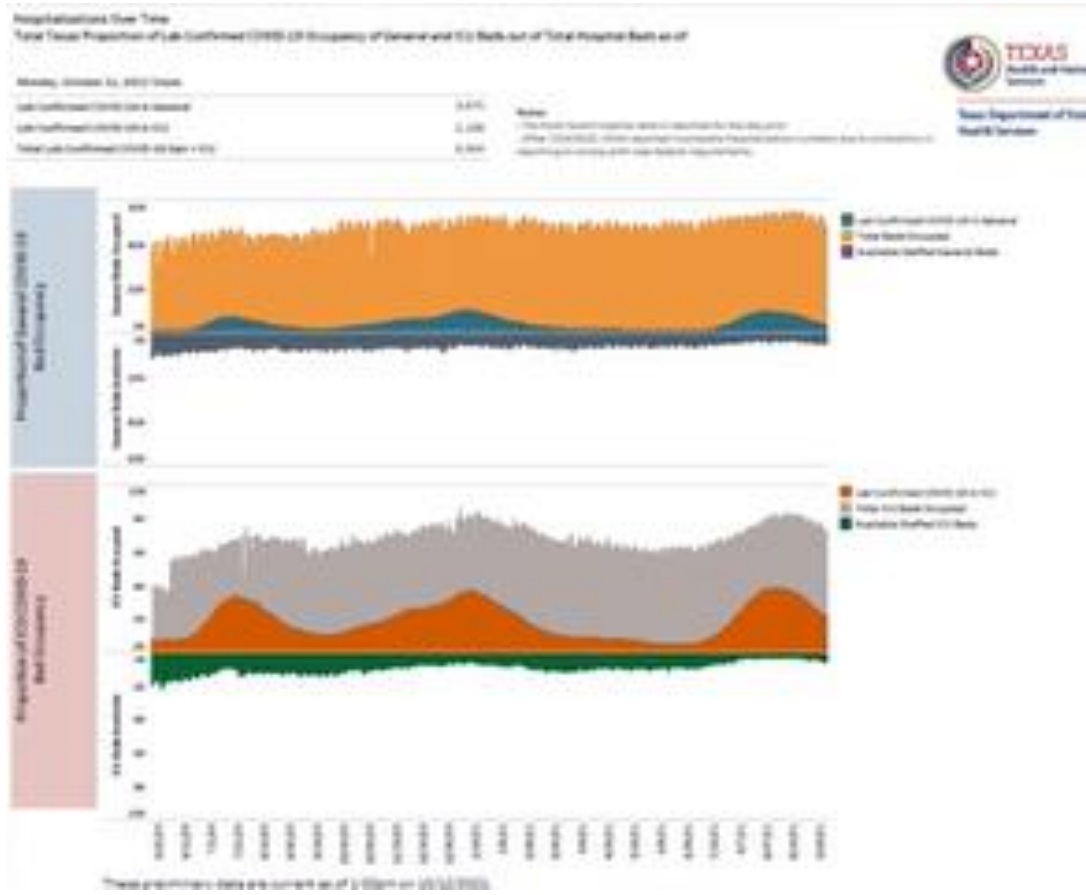
The blue line (in all charts) is the seven-day rolling average.

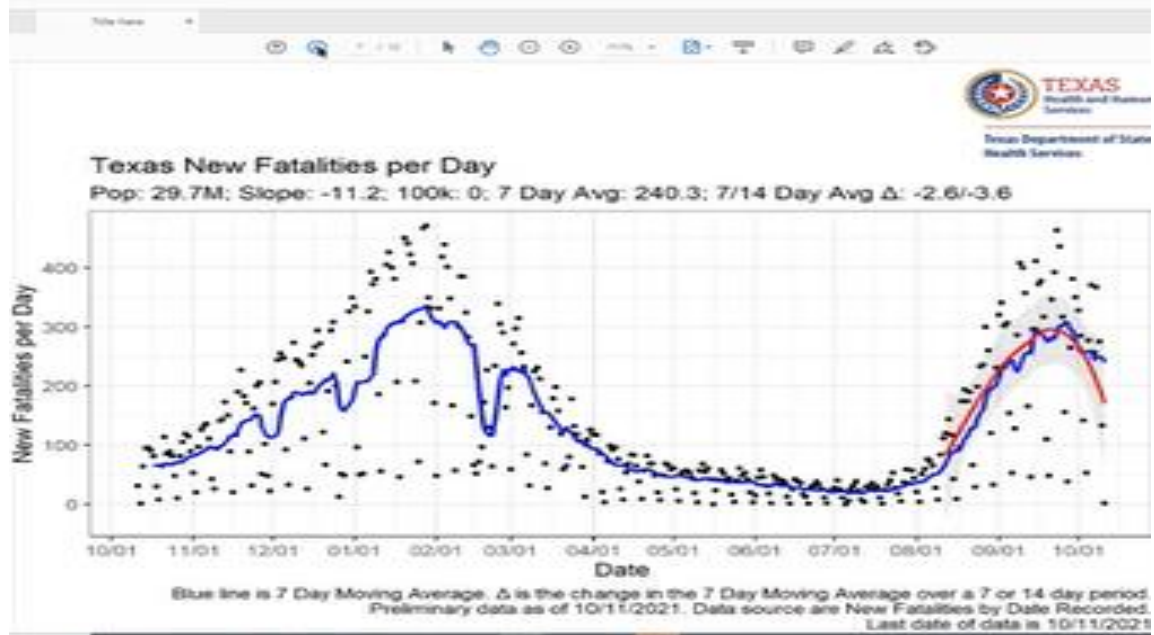


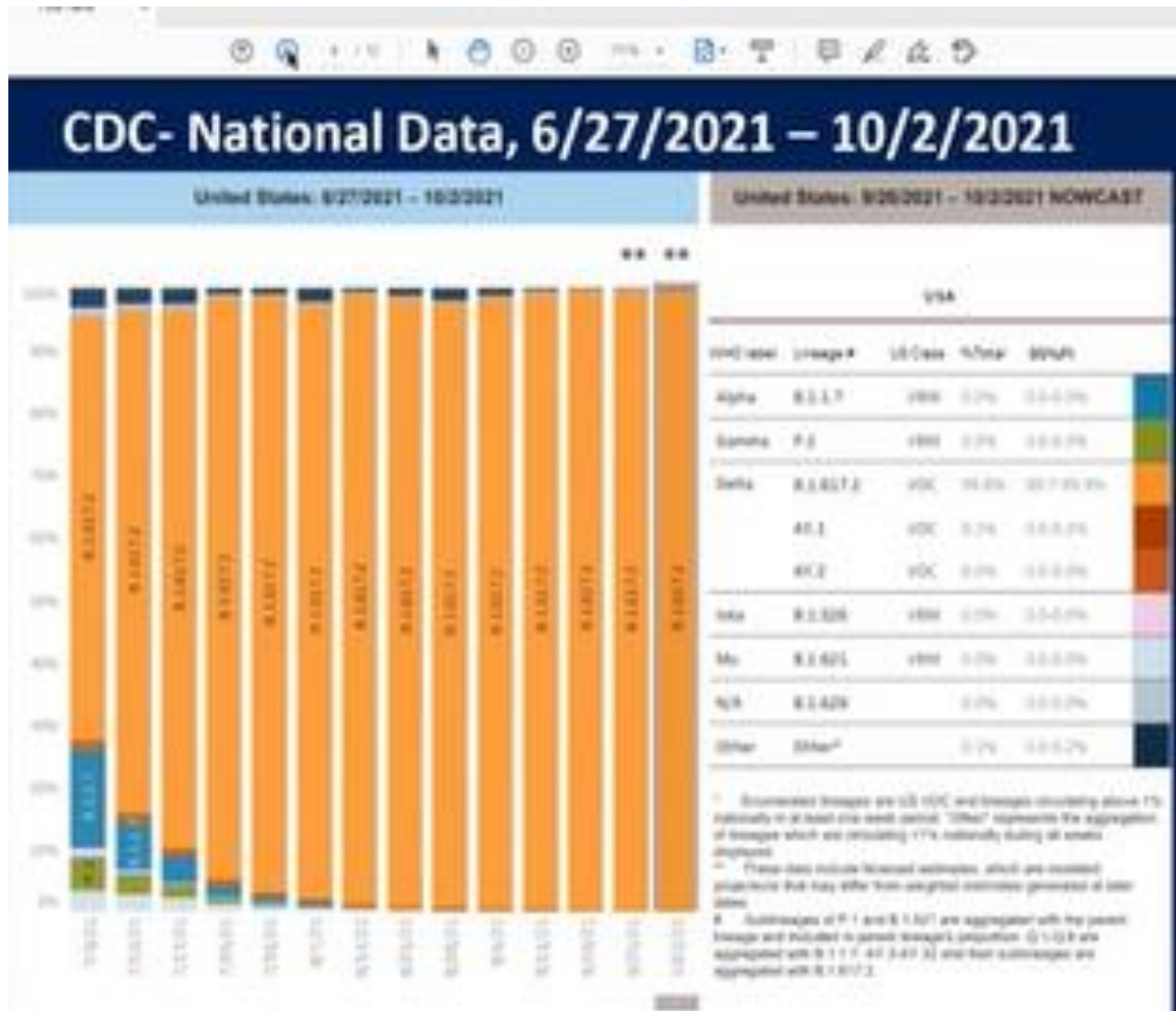
COVID-19 Hospitalizations: Plot of 7-day rolling averages



The blue line is the surge we are presently in.







DSHS and COVID-19 Therapeutics

Weekly Allocation of Therapeutics to Texas through ASPR

Date	Number of Patient Courses			
	REGEN-COV	BAM/ETE	Sotrovimab	Total
10/11/21	5,928	7,110	3,890	16,928
10/4/21	12,060	6,480		18,540
9/27/21	14,040	6,020		20,060
9/21/21	14,316	6,144		20,460
9/14/21	21,270	2,370		23,640

- Therapeutics that may be available soon
 - Molnupiravir
 - Long-acting monoclonal antibodies
 - Others?
- Questions about ordering: therapeutics@dshs.texas.gov

Questions/Answers/Comments

There may be a delay in one of the labs and reports. Is that incorporated in those numbers of cases? DSHS stated that there are several cases that have not been relayed to DSHS according to many of the labs across the state.

The variants caused uncertainty in some of the antibody treatment. Now that Delta is the overwhelming variant, that uncertainty has disappeared.

5. Update on DSHS' COVID-19 Health Disparities Funded Activities. A presentation was made from the following document:

DSHS will administer **\$45.2M** in CDC funds to **engage** targeted communities disproportionately impacted by COVID-19 and **build sustainable relationships** in those targeted communities leading to improved health among vulnerable populations.

Of the \$45.2M, \$38.9M is from CDC's, National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103) and \$6.3M is from CDC's Epidemiology and Laboratory Capacity (ELC) funds.

The project period is 06/01/21 – 05/31/23.

Any entity requesting funding must demonstrate how they plan to do **community engagement** and **build sustainable partnerships**.

In addition, any entity requesting funding must identify how they plan to contribute to each of the following six items:

1. **Infrastructure...**Describe the infrastructure in place (e.g., staff) or to be developed, to engage targeted communities disproportionately impacted by COVID-19 and build sustainable relationships in those communities.
2. **Community Engagement...**Identify communities most impacted by COVID-19. Engage those communities to explore and document, using the voices of community members, the reasons why their community was so impacted.
3. **COVID Vaccinations...**Identify steps to maximize COVID vaccination rates in those same impacted communities.
4. **Partnership Directory...** Identify and document community partners engaged to address health disparities. Build sustainable partnerships among public health, healthcare, and social services.
5. **Health Disparities Improvement Initiative...**Design an intervention aimed at addressing one of the factors that made the community so vulnerable to the impact of COVID-19 (e.g., diabetes, obesity, food security, housing, etc.).
6. **Information Sharing and Learning...**Describe efforts to share and learn information on addressing COVID-19 health disparities among populations at high-risk and underserved.

To achieve impact, DSHS will contract with:

- 46 **LHDs** to address health disparities in communities disproportionately impacted by COVID-19 (The 7 LHDs receiving funding directly from CDC are not eligible.);

- Up to 16 **LHDs** to host Texas Public Health Fellows focusing on health disparities in communities disproportionately impacted by COVID-19 (The 7 LHDs receiving funding directly from CDC are not eligible.);

- 4 **Area Health Education Centers** to focus on CHW and workforce health disparities issues in

counties/jurisdictions not covered by the 7 LHDs receiving funding directly from CDC;

•**Texas A&M System/Texas AgriLife** to focus on rural communities disproportionately impacted by COVID-19;

•**State Office of Rural Health**/Texas Department of Agriculture to focus on expansion of community paramedic pilot program in communities disproportionately impacted by COVID-19;

•**Texas Parks and Wildlife Department** to advance healthy outdoor living health interventions and to increase diversity of individuals who use state parks; and

•**Communication Entity(ies)** to focus on addressing health disparities in communities disproportionately impacted by COVID-19.

To achieve impact, DSHS will also:

•Provide our **PHRs** with funding to address health disparities in communities disproportionately impacted by COVID-19; and

•Establish an **infrastructure** at the state and regional level to address health disparities in communities disproportionately impacted by COVID-19. This infrastructure will include 8 Community Engagement Specialists and 8 Evaluation and Performance Specialists located in the PHRs.

LHDs

DSHS plans to contract with the following 46 LHDs in all 8 of the Public Health Regions (PHRs):

- Abilene – Taylor County Health Department (PHR 2/3)
- Amarillo Department of Public Health (PHR 1)
- Andrews City – County Health Department (PHR 9/10)
- Angelina County and Cities Health District (PHR 4/5N)
- Bell County Health Department (PHR 7)
- Brazoria County Health Department (PHR 6/5S)
- Brazos County Health Department (PHR 7)
- Brown County – City of Brownwood Health Department (PHR 2/3)
- Cameron County Health Department (PHR 11)
- Chambers County Health Department (PHR 6/5S)
- Cherokee County Health Department (PHR 4/5N)

- Collin County Health Care (PHR 2/3)
- Comal County Health Department (PHR 8)
- Corpus Christi – Nueces County Public Health District (PHR 11)
- Corsicana – Navarro County Public Health District (PHR 2/3)
- Denton County Health Department (PHR 2/3)
- Ector County Health Department (PHR 9/10)
- Fort Bend County Health Department (PHR 6/5S)
- Galveston County Health District (PHR 6/5S)
- Garland (City of) Health Department (PHR 2/3)
- Gregg County Health Department (PHR 4/5N)
- Hardin County Health Department (PHR 6/5S)
- Hays County Health Department (PHR 7)
- Hidalgo County Health Department (PHR 11)
- Jasper – Newton County Public Health District (PHR 4/5N)
- Jefferson County Public Health Department (PHR 6/5S)
- Laredo (City of) Health Department (PHR 11)
- Live Oak County Health Department (PHR 11)
- Lubbock (City of) Health Department (PHR 1)
- Marshall – Harrison County Health District (PHR 4/5N)
- Medina County Health Unit (PHR 8)
- Milam County Health Department (PHR 7)
- Montgomery County Public Health District (PHR 6/5S)
- Northeast Texas Public Health District (PHR 4/5N)
- Orange County Health Department (PHR 6/5S)
- Paris – Lamar County Health Department (PHR 4/5N)
- Port Arthur City Health Department (PHR 6/5S)
- San Patricio County Health Department (PHR 11)
- South Plains Public Health District (PHR 1)
- Sweetwater – Nolan County Health Department (PHR 2/3)
- Texarkana – Bowie County Health Department (PHR 4/5N)
- Uvalde County Health Department (PHR 8)
- Victoria County Public Health Department (PHR 8)
- Waco – McLennan County Health Department (PHR 7)
- Wichita Falls – Wichita County Health Department (PHR 2/3)
- Williamson County and Cities Health District (PHR 7)

Each LHD will identify and target at least two communities disproportionately impacted by COVID-19.

For each of the targeted communities, the LHD will:

1. Identify and document the community's ideas/needs on how to increase COVID-19

vaccination rates.

2. Attend and/or facilitate community events to document community feedback.
3. Identify and engage individuals and organizations in the community interested in addressing health disparities.
4. Implement learning and information sharing opportunities on addressing the ideas/needs of the community.
5. Implement activities aimed at addressing an idea/need, identified by the community, to increase COVID-19 vaccination rates.
6. Design an intervention to reduce the disproportionate impact of possible future pandemics/disasters on the community.
7. Develop a sustainability plan to stay engaged with the community after funding ends.

The following 7 LHDs were not eligible to contract with DSHS, regarding DSHS' COVID-19 Health Disparities funding, because they are also an awardee through CDC-RFA-OT21-2103:

- Dallas County Health and Human Services (PHR 2/3)
- Harris County Public Health (PHR 6/5S)
- Houston Health Department (PHR 6/5S)
- San Antonio Metropolitan Health District (PHR 8)
- Tarrant County Public Health (PHR 2/3)
- Austin Public Health (PHR 7)
- City of El Paso Department of Public Health (PHR 9/10)

PHRs

DSHS plans to provide funding to the following 7 PHRs:

1. PHR 1 (Headquarters – Lubbock)
2. PHR 2/3 (Headquarters – Arlington)
3. PHR 4/5N (Headquarters – Tyler)
4. PHR 6/5S (Headquarters – Houston)
5. PHR 7 (Headquarters – Temple)
6. PHR 8 (Headquarters – San Antonio)
7. PHR 11 (Headquarters – Harlingen)

Note: PHR 9/10 (Headquarters – El Paso) is not included in the above list.

Each funded PHR and/or their contractor(s) will identify and target at least two communities, in a county without a local health department, disproportionately impacted by COVID-19.

For each of the targeted communities, the PHR and/or their contractor(s) will:

1. Identify and document the community's ideas/needs on how to increase COVID-19 vaccination rates.
2. Attend and/or facilitate community events to document community feedback.

3. Identify and engage individuals and organizations in the community interested in addressing health disparities.
4. Implement learning and information sharing opportunities on addressing the ideas/needs of the community.
5. Implement activities aimed at addressing an idea/need, identified by the community, to increase COVID-19 vaccination rates.
6. Design an intervention to reduce the disproportionate impact of possible future pandemics/disasters on the community.
7. Develop a sustainability plan to stay engaged with the community after funding ends.

Regional Community Engagement Specialists and Regional Evaluation and Performance Specialists

Are you ready to work closely with communities in Texas disproportionately impacted by COVID-19?

The Texas Department of State Health Services (DSHS) is looking for people to join a team who will work with communities to develop and implement efforts aimed at reducing the impact of COVID-19 on their community. The staff will work on-site at least 50% of the time in communities disproportionately impacted by COVID-19. The team will include 16 full-time temporary positions which includes 8 Regional Community Engagement Specialists and 8 Regional Evaluation and Performance Specialists. These positions will be based in our DSHS Public Health Regional (PHR) headquarters/offices (Amarillo, Arlington, El Paso, Harlingen, Houston, San Antonio, Temple, and Tyler).

The Regional Community Engagement Specialists will lead community engagement and partnership efforts and the Regional Evaluation and Performance Specialists will lead evaluation and performance efforts.

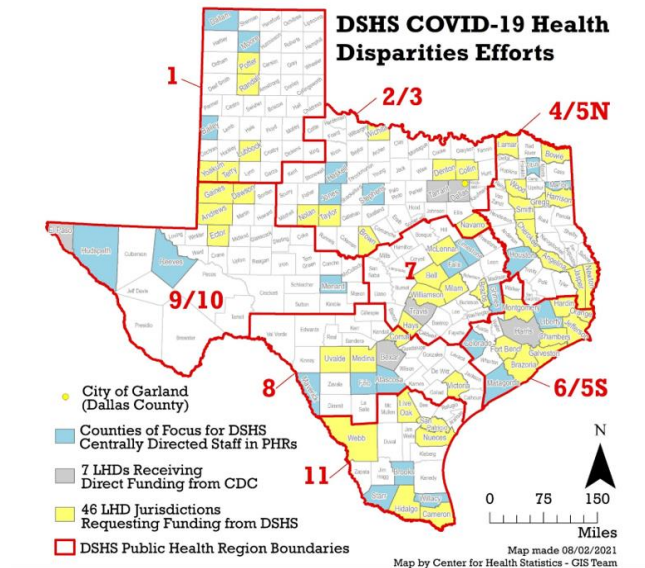
The monthly salary range for these positions is \$5,258 - \$6,941.

Currently, these positions are funded through 05/31/23.

Please click on the following link to learn more about these positions -

<https://jobshrpportal.hhsc.state.tx.us/ENG/careerportal/default.cfm>.

Once on the Texas Health and Human Services Jobs Center website, select the applicable City and Agency (Dept. of State Health Services).



6. Update on Public Health Workforce Grant Opportunity

COVID19 Workforce Expansion Dana Birnberg, MS Dana.Birnberg@dshs.Texas.gov

Two-Year Performance Period

July 1, 2021 – June 30, 2023

Goal of funds

To establish, expand, train, and sustain the public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives

Available Funds

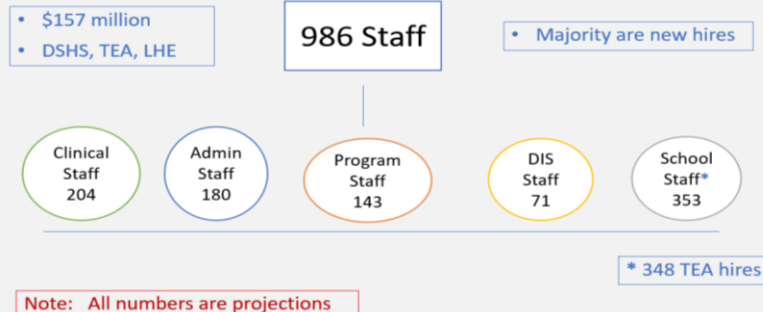
Allocation Groups	CDC Guidance		Final Alloc*	
Schools	\$	39.3 M	\$	39.3 M
Local Health Entities	\$	47.1 M	\$	54.4 M
DSHS (includes PHRs)	\$	70.6 M	\$	63.3 M
Grand Total	\$	157 M	\$	157 M

*Final Allocation includes State of Texas indirect cost amount

Public Health Workforce Reporting Requirements

Milestones	Date Due
Formal Committee Description & Roster	September 2021
Training Plan	October 2021
1st Staffing/Programmatic Report	January 2022
2nd Staffing/Programmatic Report	July 2022
3rd Staffing/Programmatic Report	January 2023
4th Staffing/Programmatic Report	July 2023

Public Health Work Force CoAg Staff



LHE Work Plan (53 LHEs)

- \$54.4 million
- 47/53 contracts executed

329 Staff

- 90% new hires
- 10% existing staff

Clinical
Staff
167

Admin
Staff
75

Program
Staff
43

DIS
Staff
35

School
Staff
5

TEA Work Plan (329 Staff)

TEA

- Fund 20 regional Texas Education Service Centers (ESCs)

ESC

- Allocate funds across Local Education Agencies (LEAs)

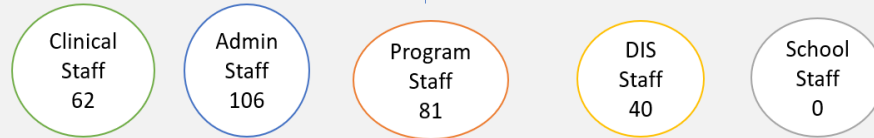
LEA
348
Staff

- Use CDC Social Vulnerability Index_data
- Prioritize districts:
 - Without a nurse on every campus and/or a low nurse to campus ratios
 - High % of Title 1 Campuses and/or migrant students

DSHS Work Plan (CO/PHRs)

- Nearly all staff
NEW FTEs

284 Staff



- Currently working through Agency Admin Process

Total Staffing

Job Categories	Recipient Level	Local HD	CBO	TEA	Total
Admin Support Staff	106	75.50	0	1	179.95
Clinical Staff	62	167.01	0	0	203.61
Disease Investigation Staff	40	34.75	0	0	70.75
School Health Staff	0	8.6	0	348	352.5
Program Mgmt Staff	81	43.0	0	19	143
Total Hired	289	328.86	0	368	985.86

7. Update on COVID-19 School Testing Grant The state received \$803 million, and Houston got \$69 million. Before this grant schools were testing sporadically through test kits that were distributed by TDEM. This program went away and then the state had to go back to square one to establish a new program through the grant. Five vendors were identified for group purchasing. The services range from providing test kits to providing antigen and providing testing

services based on the school need. There is no contract between the entities and the schools but the entities contract with the state. Schools now have a variety of testing resources available to them. Of the \$840 million, \$221 million can go to other than testing procurement. TEA is now managing that portion of the grant. Schools are required to still report positives to DSHS. This is a one-year grant and we do not know if there will be a grant extension.

8. Update on Public Health Information Systems and Interoperability with

Local Health Departments. The new projects expand on NEDS. Various aspects of NEDS are being reviewed and improved upon. They have 22 months to make this operational.

DSHS has been working with the Texas Health Services Authority on emergency response using HER and provide information through HIEs. Two hospitals have been identified as pilot entities to test the concept. If proven feasible it will be available to hospitals by late 2022.

DSHS has been working on immunizations with hospitals. Hospitals will be required to participate in surveillance and other activities as required by CMS.

Questions/Answers/Comments

What is the focus of the two hospital pilots? DSHS stated it is Situational Awareness Data and the hospitals involved are Parkland and King Hospitals.

9. Update on Medicaid Local Health Department Managed Care Organization Contract. Involvement includes several initiatives.

Local Health Department – Medicaid Managed Care		
October 2021 Update:		
Topic	Bill	Key HHSC Action Items
LHD-Medicaid participation	SB 73	<ul style="list-style-type: none"> Legislative update: SB 73 (2001) Policy update and contract amendments: HHSC is working on contract changes to prohibit MCOs from requiring governmental entities from carrying professional liability insurance or agree to an indemnification clause. HHSC plans to schedule an MCO- LHD open meeting to discuss contracting challenges.

HHSC had received an open letter from local health departments. Based on the letter there is a constant review of the issues and ensuring they are not in conflict with state and federal law. The definition of public health entities was strengthened. They are now in a new contracting cycle, and this is being made explicit in the contracts to avoid confusion between MCOs and public health entities.

HHSC is trying to schedule an open meeting to discuss some of the contracting challenges. Contracting entities and health plans will participate.

Questions/Answers/Comments

There are some issues that have surfaced related to the 1115 transfer. How can we get input on this or come to some compromise? HHSC stated they will take the question back to DSRIP staff.

10. Discussion of the 2021 PHFPC Annual Report Preparation. The report is going through internal review with suggestions from members being incorporated.

11. Public Comment. No public comment was offered.

12. Timelines, Next Steps, Announcements, and Future Meetings. Next meeting is December 8.

13. Adjourn. There being no further business, the meeting was adjourned.

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