Public Health Funding and Policy Committee Meeting

June 09, 2021

Minutes

Committee Members Attending

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

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

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

Julie St. John, DrPH – Texas Tech University

Lisa Dick, Brownwood-Brown County Health Department

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

Phil Huang, MD, MPH – Dallas County Health and Human Services

Scott Milton, MD, Amarillo – City of Amarillo Health Department

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

Attendees:

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| Albert Cheng | Glenna Laughlin | Nancy Ejuma |
| Amber Haig | Hil Lasserg | Nicholas Ours |
| Angel Angco-Barrera | Holly Jacques-Turner | Paul Hurlburt |
| Angela Mora | Jennifer Romaszewski | Peter Hajmasy |
| April Brantley | Jennifer Sims | Rafael Alberti |
| Becky Earlie-Royer | Jennifer Smith | Ricky Garcia |
| Carlos Plasencia | Jordan Hill | Roberto Beaty |
| Carmin Gideon | Julia VonAlexander | Saroj Rai |
| Catherine Sembajwe-Reeves | Katherine Wells | Scott Merchant |
| Charlotte Dickson-McCarty | Kevin Veal | Sebastien Laroche |
| Christine Riley | Kori Leach | Shannon Brown |
| Christy Bright | Lesley Brannan | Shannon Hitt |
| Cliffton Karnes | Lindsay Lanagan | Shannon Richter |
| Colin Crocker | Lisa Steffek | Shelle Tarbox |
| Courtney Dezendorf | Mackenzie Spahn | Shelva Mays |
| Dana Birnberg | Mark Wade | Steve Eichner |
| David Gruber | Michael DeLeon | Tommy Camden |
| Deanna Cureton | Michelle Austin | Yolanda Cantu |
| Erie Wynn | Moriah Hernandez |  |

Chair, Mr. Stephen Williams, called the meeting to order at 9:03 am and the committee members introduced themselves.

**February 10th Meeting Minutes**

Dr. Philip Huang moved to approve the minutes; Ms. Lou Kriedler seconded. Motion carried. Minutes approved.

**Update on Vaccine Allocation Distribution Planning:**

Dr. Saroj Rai gave an update on both the Pfizer and Moderna vaccine. Pfizer has filed for Food and Drug Administration (FDA) approval for full licensure, requesting a priority review. Pfizer has been approved to vaccinate adolescents as young as age 12. Pfizer vaccine can now be stored for 2 weeks in a regular freezer and up to 1 month in a refrigerator allowing for greater flexibility. Minimum ordering amounts have also been lowered from 1170 doses to 450 doses.

Moderna has turned in their adolescent study to the FDA but has not filed for approval to vaccinate adolescents. Moderna has also filed for full licensure requesting a priority review. The FDA has not responded to either filing. The

National Institutes of Health (NIH) is studying the effect of a different vaccine booster than what the original vaccine administered was. There will be 150 participants who will receive a Moderna booster shot 12 to 20 weeks after the date they became fully vaccinated. Dr. Rai also presented vaccination data from across the state.

Dr. Emilie Prot asked if Dr. Rai could provide information about authorization to vaccinate children less than 12 years of age. Dr. Rai responded that both Moderna and Pfizer have been conducting Pediatric studies from 6 months to 12 years of age. Pfizer is slightly ahead in their study and has mentioned they are looking to file for approval in ages 5 to 11 years of age closer to September. The FDA Advisory Committee is planning to hold a meeting specifically to discuss and give guidance to the industry on what they are looking for about vaccinating the pediatric population.

**Update on Public Health Workforce Grant Opportunity:**

Mr. David Gruber presented an overview for the Public Health Workforce Grant. The expectation of this grant is that it will assist things such as training and the modernizing of the public health work force. It is important to note this grant does not guarantee funding after its stated 2 years. The strategic guidelines will be to look at the Social Vulnerability Index (SVI), Underfunded areas and programs, Diversity, Social Determinants of Health, and Survey responses to ascertain the intent from Local Health Entities (LHEs).

Mr. Gruber asked Mr. Williams how PHFPC thinks The Department of State Health Services (DSHS) might assess the prioritization of grants coming in?

Mr. Albert Cheng asked if the grant pays to hire someone from an SVI area or to hire someone that can help assist in an SVI area? Mr. Gruber responded that it can be used for either one.

Mr. Williams asked if the money set aside for nursing will include recruiting nurses from these areas or maybe training them to assist. Mr. Gruber responded that the grant is very flexible for recruiting activities, to include training, providing raises, providing bonuses, recruitment and retention activities, and much more. If there is no additional funding after the grant period is over, another way may be needed to sustain these increases. As far as school nurses, the Texas Education Agency (TEA) has been looking at underserved areas, schools without nurses, or districts having trouble hiring nurses in an attempt to remedy these situations.

Mr. Williams asked if the PHFPC committee will be able to have any influence on the funding that goes to the schools. Mr. Gruber replied that while you can provide input, enforcement will come through the TEA.

Mr. Williams asked how the recommendations the committee makes are going to be considered for funding LHEs? Mr. Gruber responded the list of criteria would be used for both funding and prioritization. As an example, if 2 LHEs apply but DSHS does not have enough funds to support all of the asks from both, the criteria should be used to prioritize where the funding is allocated. DSHS is not going to prioritize based on population but rather on the criteria of the grant and would appreciate the committee's input. Mr. Williams suggested looking at the summit notes to look for guidance. The information contained in them came from both Regional and LHE Directors regarding needs relative to their jurisdictions.

Mr. Williams asked Ms. Kriedler, Dr. Huang, and Ms. Lisa Dick for three items they would focus on if they had to prioritize. Ms. Kriedler responded she would focus on community outreach activities Ms. Dick responded she would focus on outreach and education activities, the importance of medical care, both emergency and preventive, and economic related issues that result in early death. Dr. Huang responded that his focus would be on developing communication resources, monitoring, surveillance, eisease investigation, and expanding the public health workforce.

Mr. Williams suggested having a sub-committee meeting to collect feedback and input for specific criteria. Mr. Gruber responded that he would appreciate the sub committee's input. He also suggested that instead of raising salaries as there is no guarantee of future funds, you could look at offering recruitment bonuses, sign-on bonuses, or even look to see if the grant allows for moving expenses.

Mr. Gruber also mentioned that DSHS is looking to put one person in each region to manage their social media site and be specifically focused on community engagement. Dr. Prot added that adding even one person in some areas will make a huge difference. She also recommends looking at other places to focus on prevention, rather than just where the money always goes. Mr. Williams will connect with Mr. Gruber after the meeting regarding this topic before moving forward.

**Update on Centers for Disease Control and Prevention’s Public Health – Health Equity Grant:**

Ms. Courtney Dezendorf, Director of the Office of Practice and Learning, presented two updates.

The COVID-19 Health Equity Funding goal is to authentically engage targeted communities disproportionately impacted by COVID-19 and to build sustaining relationships with those communities for the improvement of health among vulnerable populations. There are six impact statements with which partners our partners should align their activities. These impact statement include:

* Infrastructure (not necessarily brick and mortar but workforce capital);
* Community Engagement;
* COVID-19 Vaccinations;
* Health Equity Improvement Initiatives; and
* Information Sharing and Learning.

There are a total of seven major health departments receiving funds directly from the Centers for Disease Control and Prevention (CDC) which will not be eligible for these funds from DSHS.

**Update on Public Health Workforce Training:**

Ms. Dezendorf continued with the Public Health Workforce Training Initiative, focusing her presentation on the improvement of training, support, and resources for the Texas Public Health Workforce. The goal is to create a space where public health staff can access relevant training and provide feedback on their training needs. An inventory of existing training resources has been established followed by the creation of one central resource site. A 10-minute survey will go out on Tuesday, June 15, 2021, with an ask to distribute the survey to as many staff as possible. The survey will be open for about two weeks, after which responses will be compiled to assist with the development and enhancement of new and existing training.

**Update on Outcomes of the 87th Legislature, Regular Session, 2021:**

Ms. Jordan Hill, Director of Government Affairs, gave a presentation on the outcomes of the Legislative Session. Senate Bill 968 was signed into law on Monday. Effective immediately, public health disasters issued by the DSHS ommissioner will require legislative oversight. If the legislature is not in session, the commissioner will go to the oversight committee to renew the public health disaster.

There is also some codifying of the laboratory and hospital reporting pieces that are already functioning under the Governor’s orders. There is a component that requires DSHS to do some compliance reporting on the website about the level and quality of the reporting received regardless if it is a hospital or lab reporting. Senate Bill 984 addresses non-pandemic, non-disaster hospital reporting. DSHS will work through the requirements as it will impact operations outside of the

pandemic.

Senate Bill 969 states DSHS is to evaluate the current scope, size, function, and public health response capabilities of DSHS and its regional offices. An assessment to determine if there is a need for geographical realignment will take place in the hopes it will give insight on ways to improve how we support LHEs and the areas where DSHS serves as the LHE. We will be working with the committee to evaluate the LHEs and the regional offices that serve them. It also contains a study about data collection and standardization looking at current reporting across the board.

The legislative session also updated our definitions on Public Health Emergencies versus Public Health Disasters. For emergencies, they are determined by the commissioner and the existence of an immediate threat on a smaller, more limited scale. A Public Health Disaster is declared by the governor when the emergency increases to a larger, broader scale.

Mr. Steve Eichner asked if Ms. Hill could reclarify the difference between an emergency disaster and reports coming out of SB 969? Will the reports be focused on disaster, emergency responses, or both? Ms. Hill responded that this will be determined based on how the emergency or disaster fits with the new definitions.

**Update from Electronic Laboratory Reporting Workgroup on Solutions to Committee Recommendations and Related Activities:**

Mr. Eichner updated the committee on the progress of the technology workgroup. DSHS has been working with Texas Health Services Authority on the Situation Awareness for Novel Epidemic Response (SANER) Project. SANER is a situational awareness reporting tool that helps hospitals automate the reporting of capacity resources. Work is under way for improving the tool to facilitate the speedy extraction of data. They are also working on incorporating GIS tools to improve the visibility of said data. DSHS is working on improving its GIS technology platform with a vendor that provides GIS resources across the country. In partnership with our LHEs, DSHS is looking at how to move forward and develop statewide GIS resources and shared maps.

Federally, the advisory committee on Health Improvement Information Technology has been focused on public health improvements and will be releasing a report in July about changes that need to be made at the federal regulatory level to improve public health’s ability to access data. The task force is also looking to revise the core data standards that are incorporated in all Electronic Health Records (EHRs). They will hold a forum to discuss how to prioritize public health needs on June 22nd. There is an updated rule that is up for comment through June 28th pertaining to a change that providers only have to report two of about six measures to meet requirements to promote interoperability. This provides a significant incentive for providers to submit data which will otherwise incur a three percent penalty by Medicare. As of the beginning of next year, they will need to submit data for electronic case reporting, electronic lab reporting, syndromic surveillance, and immunizations for every jurisdiction that is capable of receiving data in a standardized format. This will help improve public health’s ability to get data in an automated fashion.

**Discussion of the Public Health Provider – Charity Care Program (PHP-CCP) and its relationship with the 1115 Waiver Delivery System Reform Incentive Payment (DSRIP) Transition:**

Ms. Lisa Steffek of the Office of Health Equity Policy and Performance presented a brief history of the 1115 Waiver. She updated the committee on the current demonstration of the Uncompensated Care (UC) Pool and the Delivery System Reform Incentive Payment Pool (DSRIP). The Center for Medicaid and Medicare Services approved the Texas Health and Human Services Commission’s (HHSC) request to extend the waiver which provides Texas a 10-year demonstration extension beginning October 1, 2021, through September 30, 2030. The new pool created by the waiver is the Public Health Provider – Charity Care Program (PHP-CCP). The language and eligibility were kept the same as what was in the original waiver. An amendment will be required to change language or eligibility. Mr. Williams commented that workforce development is an area that needs to be highlighted as there may be an issue of staffing and knowledge in certain areas. Ms. Steffek responded she would relay the feedback to HHSC.

**Discussion and Election of Committee Vice-Chair:**

Ms. Kriedler nominated Dr. Huang for Vice-Chair. Dr. Jennifer Griffith seconded. Nomination carried. Ms. Kriedler moved for the nominations to be closed and to vote that Dr. Phil Huang be Vice-Chair. Ms. Dick seconded the motion. Motion carried. Dr. Huang was made Vice-Chair of the PHFPC.

**Public Comment:**

No Public Comment was recorded at this time.

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

The next meeting is on August 11, 2021.

**Adjourn**

Dr. Jennifer Griffith made a motion to adjourn the meeting. Dr. Huang seconded the motion. Motion carried.

Approved:

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Stephen L. Williams, Committee Chair Date