

R U R A L H E A L T H F O C U S

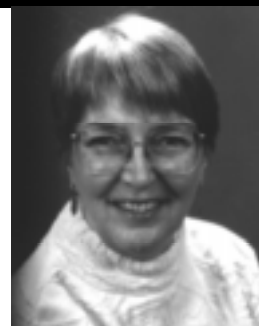
NEWSLETTER OF THE TEXAS RURAL HEALTH ASSOCIATION

Winter 1999

Volume 10, Number 1

President's Message

Roberta Caffrey, MSN, MPS, RN



TRHA: Making a healthy difference for rural Texans

This year we celebrate the 15th anniversary of TRHA's founding. Our organization has accomplished much and remains committed to *Making a Healthy Difference for Rural Texans!* Throughout this year we will celebrate this milestone by retelling our-TRHA's-story in the pages of *Rural Health FOCUS* and end the year with a big anniversary party during our Annual Fall Conference in Austin.

Active at the Capitol

TRHA is pursuing an active role in monitoring the current legislative session, giving careful attention to legislation that will affect rural health care consumers and providers. During the 1997 Legislature, TRHA was successful in educating legislators about the concerns of consumers and providers of health care in Texas' rural counties to promote the provision of accessible, affordable and professional services for each and every rural citizen. Our Governmental Affairs Committee (GAC) has identified rural health care legislative issues and is utilizing the services of our legislative consultant, Craig Walker. This active committee will work closely with the legislative process, identify issues being discussed within the legislative body that affect the provision of rural health care, and relay those concerns to TRHA members. Members will, in turn, speak individually with their respective legislators, drawing attention to issues that will affect individual communities. The GAC represents TRHA also by working with other rural health care organizations involved with the legislative process related to rural health issues.

Planning for 2000

In 1999, TRHA will complete a strategic plan that addresses the issues and objectives identified during the past year by the members of the board of directors. A completed strategic plan will provide direction for the board and to the overall organization as we enter the year 2000. This planning process will continue through the next quarterly meeting.

Open Board Meetings

Our Board of Directors meetings are open to all members of TRHA. In fact, members are welcome to participate in each and every one of these meetings. The dates of the meetings, with time and place, are published in each issue of the *FOCUS*. If you are unable to attend, you are encouraged to contact any board member who will be pleased to share your concerns at the next quarterly meeting. Board members' phone numbers

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NEW & CORRECT
TRHA E-mail Address is:
TxRHA@aol.com
It is not: TxTRHA@aol.com

Executive Director's message: 'Our goal is to assist each member...effectively'

Your new management team is excited about being involved with the remarkable undertakings of the Texas Rural Health Association in its 15th year. We look forward to working with the Board and members to assure prompt and effective action on issues related to rural health services.

We have taken over management at a time when the TRHA new officers assume duties and new committees are being formed, AND the Legislature has just fired up. That is keeping us busy and focused.

Your management team includes John "J.L." Brown, CAE, an experienced and talented association professional who was on the Texas Nurses Association staff for almost 25 years. J.L. is responsible for convention, mem-

bership, and publications. Amy Beaird, our office manager, keeps the books and membership files, produces many mailing labels, and answers many phone calls. I will provide the overall management guidance and coordination.

Our goal is to assist each member to participate effectively in TRHA by facilitating the activities of your Board and committees and providing timely and pertinent information to you, the members. Your suggestions and comments are always welcome!

Lolly Lockhart, PhD, RN
Executive Director

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Statements of fact and opinion made are the responsibility of the authors alone and do not imply an opinion on the part of the officers or the membership of TRHA.

NEXT MEETING

TRHA Board of Directors

March 5, 1999 • 10am - 3pm

Location: TRHA Headquarters, 401 West 15th St, Suite 875 (TMA's building)

Members welcome to attend, but requested to notify TRHA staff (512/476-6527) a minimum of 24-hours before the meeting so that arrangements for seating can be made.

President's Message

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and e-mail addresses are printed on the back cover of this issue. Please know your input is valued and most welcome.

Let's Get Active

We need to become aware, as members of rural communities, that providing health care is a matter that affects each and every person in the community and is not directed primarily toward health care providers. We each one of us, need to be concerned with the availability of and access to health care services at a reasonable cost in our own communities. To achieve that end, we all must take an active interest in the legislative process that is presently ongoing in Austin. Our organization represents your community with your concerns about rural health. Your voice, as a member, is welcomed as part of the Texas Rural Health Association which continues to work toward maintaining and securing health care services for those living in our rural communities.

Make 1999 a year of your personal, very active, participation within TRHA... **Making a Healthy Difference for Rural Texans!**

Roberta Caffey, MSN, MPS, RN
President, TRHA

1999 Calendar of Events

1999

TRHA LEGISLATIVE DAY AT THE CAPITOL*

March 4 • Austin, TX

RURAL HEALTH SUMMIT* (CRHI)

March 4 • Austin, TX

Southwest Conference of Rural & Community Hospitals

Mar. 17-19 • Dallas Inter-Continental Hotel

AMA National Leadership Conference

March 21-23 • Phoenix

TexMed '99

May 6-9 • Dallas Anatole

NRHA NATIONAL CONFERENCE**

May 27-30 • San Diego, Calif.

TRHA ANNUAL FALL CONFERENCE

September 19-21 • Austin, TX

Austin Marriott at the Capitol

* For Details see back cover of this issue

**For Info 816-756-3140; www.NRHArural.org

TRHA committees forming to take action

Beginning in January and continuing into February, two of TRHA's ongoing committees—Conference Planning, Membership—have met to outline 1999 plans and activities. Chairs either are chair by virtue of elected office or are appointed by the President and Board of Directors.

Membership of a committee is gathered by the chair from among members who checked "interested in serving" on their membership application or renewal form. **If you are interested in serving**, contact the appropriate committee chair (phone number listed after chair's name).

Here are 1999 committee listings:

Governmental Affairs

Chair: Marvin Cole, Austin 512/324-1673

Finance

Chair: Ramsey Longbotham, Victoria 361/576-2940

Membership

Chair: Mary Wainwright, Galveston 409/772-7884

Annual Conference Planning

Chair: Ernie Parisi, Llano 915/247-7824

Education & Community Relations

Chair: Jim Hastings, El Paso 915/545-6550

Publicity

Chair: Jim Shannon, Waco 254/753-4392

1998 Education and Community Relations Committee reports

EDITOR'S NOTE: This report was presented to the TRHA Board of Directors at its December 11, 1998 meeting.

The TRHA Rural Nursing Series project continues to be the primary focus for the Education Committee. In 1998, there were 5 regional sites: Decatur (attendance: 36), Lufkin (50), Littlefield (32), Ft. Stockton (30), Comanche (41). Approximately 30 people total attended the three sessions (from the Rural Nursing Series) presented at the September 1998 TRHA Conference. Total attendance for the 1998 TRHA Rural Nursing Series was 219.

An *ad hoc* task force from the Education Committee worked on the TRHA Rural Nursing Series '99 project. Coordinators for the regional sites offering workshops participated in the task force. The group felt that the kit was very good and needed no revision. They decided to reduce the number of topics from 6 to 5 in order to give more time to each topic. The following topics were selected for the 1999 Series: Hepatitis, Child Abuse/Legal,

Geriatric Assessment, Spinal Cord/Sports Injuries, Sexually Transmitted Disease in OB.

Sylvia Rawlings of the UT Arlington Rural Outreach Program will complete the

new template for kit distribution early in 1999. We created a flyer to recruit new sites and are looking to the Texas Organization of Rural & Community Hospitals, Texas Hospital Association, and our T R H A members to

help us identify new sites. We have tentative approval for further funding from CRHI and HEIC, contingent on the number and location of the actual new sites recruited.

Here is a summary of the 1996, 1997, and 1998 Nursing Series' offerings:

- 10 Different sites
- 16 Workshops
- 743 Participants.

Submitted by Mary Wainwright, 1998 Chair Education and Community Relations Committee

Special issue on rural managed care published

The National Rural Health Association recently published a special issue of *The Journal of Rural Health* (JRH) entitled "The Growing Presence of Managed Care in Rural Areas," that focuses specifically on managed care issues in rural America.

"Articles in this issue describe the structure of managed care plans as they have developed in a cross-section of rural communities," JRH editor Tom Ricketts, PhD, said. "Managed care can be applied in the rural context."

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CORRECTION

In listing members of the Nominating Committee in "Election Results" (*FOCUS*, Fall 1998, page 2) Matt Maxfield was omitted. Apologies to Past (1996) President Maxfield for the error. —*Managing Editor*

TRHA RURAL NURSING CE SERIES '99



Topics:

- Hepatitis
- Child Abuse/Legal
- Geriatric Assessment
- Spinal Cord/Sports Injuries
- Sexually Transmitted Disease in OB

Interested in Sponsoring a Rural Nursing Workshop? Request a free TRHA CE kit. Some site localities are eligible for seed money grants. Type 1 CNE available for qualified programs.

For Information & Kit, Contact:

TRHA 512/476-6527 or
Jim Hastings 915/545-6550

Deadline is March 30 for THSCP funding

Time is running out to take advantage of the state-funded Texas Health Service Corps Program. Applications for a free \$15,000 resident physician stipend are due from com-

munities and residents no later than March 30, 1999. The program, administered by the Center for Rural Health Initiatives (CRHI—the Texas State Office of Rural Health) provides the stipend to primary care resident physicians who make a commitment to practice

in a federally-designated whole county Medically Underserved Area and Health Professional Shortage Area in Texas.

No matching funds are required from the eligible communities, making the program a very worthwhile recruitment opportunity. Communities and residents alike are encouraged to apply for the funds through the Center, which will determine the eligibility of each registrant. After the March 30 deadline, the Center will exchange appropriate information between eligible communities and residents. If a "match" between a community and a physician was not made prior to registration, eligible registrants may contact each other to determine if a match is possible. Joint applications are due by June 30.

The \$100,000 per year program, a result of House Bill 2192 sponsored by State Representative Inna Rangel (D-Kingsville) in 1997, was designed to make medically underserved areas in Texas more attractive practice sites for primary care physicians.

For information or an application, call Janet Leubner, Program Administrator, toll-free at 877/TEX-CRHI or in Austin 479-8891.

CRHI developing advisory committees

CRHI is creating advisory committees to advise Center leadership on needs, issues, and service.

These advisory committees include:

- Rural Health Research: This committee is being organized and facilitated by Gail Bellamy, PhD, of Scott & White Hospital,

Temple. Bellamy is the current president of the National Rural Health Association.

- Rural Health Education of Professionals: Myrna Pickard, EdD, RN, FAAN, of Arlington and a member of the Center's Executive Committee, is organizing and facilitating this group.

- Rural Health Care Delivery: members of the Rural Health Care Consortium, organized and facilitated by the Texas Rural Health Association, will compose this advisory committee.

- Rural Communities: This committee composed of representatives from rural communities, will advise on the HealthFind/ProFind Exchange recruitment fair that has become a standard bearer for the Center. Dita Malaer of the Center staff will facilitate.

Advisory committee membership is open to any group or individual. Call CRHI toll-free at 877/TEX-CRHI, in Austin 479-8891.

Biennial Report Issued

CRHI released its biennial report, *Rural Health in Texas 1999: A Report to the Governor and The 76th Texas Legislature*, just as legislators begin to assess health care issues statewide. The report focuses attention on both rural Texas communities and rural providers.

Rural Texas communities are being forced to make critical adjustments to changing health care needs and delivery methods, while rural providers continue to be faced with continuous and complex reimbursement, regulation, and technological changes in health care. In response to these issues, *Rural Health in Texas* addresses provider access to resources and information regarding regulations mandated on the state and federal levels, public accessibility to care, health professional staffing shortages, finance and reimbursement problems, and rural community education and economic development concerns.

"This report reflects the issues and concerns raised by a cross-section of individuals and professionals in Texas," said Sam Tessen, Executive Director of the Center. "It reflects the reality and demands of all-encompassing changes that all health care patients and providers face at this time." Tessen also noted that the report makes recommendations to realistically address these needs to the leaders of the State.

A review of the Center's services and program are included in the report.

For a report copy, call 877/TEX-CRHI or in Austin 479-8891.

www.crho.state.tx.us

The Center for Rural Health Initiatives has launched its new web site. Since information is one of the Center's key responsibilities, CRHI hopes the web site will become a complete resource for rural health across Texas.

Rio Grande Empowerment Zone was awarded a \$141,000 Telehealth grant by the US Department of Agriculture. The Sebastian Telehealth Model Project will improve the delivery of health services to the community, including medical and dental screening for K-12 students (*Chronicle/Willacy Co. News, Raymondville, 10/21/98*).

...**Jasper, TX** is down to one hospital for the first time in 30 years. Last October, the Lakes Regional Medical Center, nee Mary Dickerson Memorial Hospital, closed its doors. Other ways to utilize the facility are being explored. (*Jasper News-Boy, 10/21/98*)

...**Medina Community Hospital** was awarded a partnership for Health: Rural Health Initiative grant. The announcement was made by New York MultiPlan Inc. and the National Rural Health Association. Twelve hospitals representing nine states, shared in a total of \$55,000 in grants. (*Hondo Arvil Herald, 10/15/98*)

...**South Randall County Hospital District** will receive \$295,310, Randall County \$118,823, and the Amarillo Hospital District about \$1.17 million from the Texas tobacco companies lawsuit settlement. Randall County Judge Ted Wood explained that the money would go into the county's general fund and be used for any county expense. (*Canyon News, 11/22/98*)

...**Willacy County Hospital District** will receive \$300,000 in 1999 and smaller payments in 2000 and 2001 from the tobacco lawsuit settlement. County Judge Simon Salinas said the county is not eligible to receive tobacco settlement money and that the hospital district is the only county agency that qualifies. The money will be used for indigent health care, Salinas said. The hospital district administrator said the tobacco settlement money may be used for any lawful purpose. (*Chronicle/Willacy Co. News, Raymondville*)

...**Medical Arts Hospital-Lamesa's** birth certificate processing procedures rank among the top three hospitals in the state with the best overall birth records performance as recognized by the Texas Department of Health. Also noted were **McKenna Memorial Hospital** in New Braunfels and Midland's **Westwood Medical Center**. (*Lamesa Press Reporter, 12/20/98*)

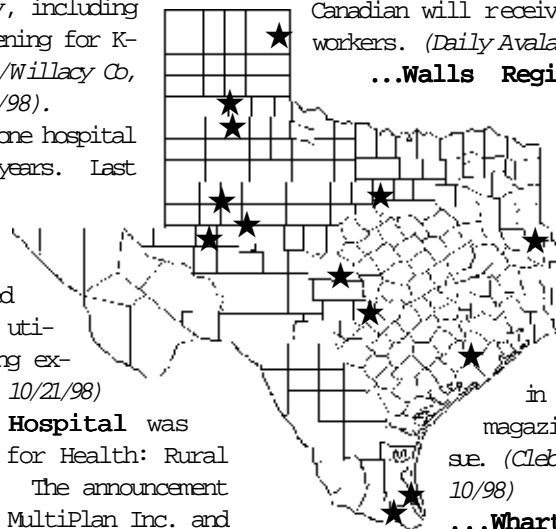
...**Two public hospitals** in the Panhandle will receive a share of a \$44,590 Texas Department

of Economic Development Smart Jobs Fund grant allowing them to provide training for employees. **Swisher Memorial Hospital District** of Tulia will receive \$27,097 to train 79 employees. **Hemphill County Hospital** of Canadian will receive \$17,493 to train 51 workers. (*Daily Avalanche Journal, 12/15/98*)

...**Walls Regional Hospital** of Cleburne was named one of the nation's 100 Top Hospitals in 1998 by HCIA Inc. and William M. Mercer, Inc. The annual list from this independent study was published in *Modern Health Care* magazine, December 7 issue. (*Cleburne Times-Review, 12/10/98*)

...**Wharton County and Wharton County Hospital District** are cooperating on a contract for indigent health care in the county with the University of Texas Medical Branch at Galveston. Under the contract, UTMB will provide tertiary care of anyone who falls under 26 percent of the poverty level in Wharton County. If accepted by the Commissioners Court and authorized by the hospital district board, the contract becomes effective Jan. 1, 1999. (*El Campo Leader, 12/12/98*)

...**Texas Tech Health Sciences Center's Stanton Clinic** received a 1998 Immunize Texasize AFIX/CASA Assessment Award for achieving national and statewide immunization goals. To qualify, clinics must have a 90% vaccination level for four DIP, three Polio and one MMR by 24 months of age. The Stanton Clinic, with a 98% vaccination level, surpassed the national and state goals. (*Martin County Messenger, Stanton, 12/17/98*)



FUTURE ISSUES • DEADLINES • WRITERS NEEDED

We welcome and encourage articles by TRHA members and others. Please call the Editor to discuss any contribution you would like to make. Encourage rural health advocates to contribute articles.

DEADLINES:

1999: SPRING: April 15 • SUMMER: June 15 • FALL: October 15
2000: WINTER: January 15

Note: The Editor needs manuscripts prior to deadline to edit. Thanks.

J. L. Brown, Managing Editor: 512-476-6527; Fax 512-469-7407
 E-mail: TxRHA@aol.com

What's happening at the 76th Session

Key rural issues & committee appointments

The 76th Regular Session of the Texas Legislature is going to be very intense. A myriad of issues is already flooding in with the mix of "pre-filed" bills and those filed since the beginning of the session on January 12.

The Texas Rural Health Association (TRHA) stands to gain pivotal ground this session on matters related to rural health in Texas. However, the dynamics of the Senate and House make it incumbent upon its members to solicit support from each TRHA member's state representative and senator on those matters affecting rural health.

Key House members include:

- Rep. Patricia Gray (D-Galveston), Chair of the Public Health Committee



Key Senators are

- Sen. Jane Nelson, Chair of the Health Services Committee (new committee created this session)
- Sen. Florence Shapiro, Chair of the State Affairs Committee and
- Sen. Rodney Ellis (D-Houston), Health.

The Sunset Commission is overhauling some of the largest agencies in the state. For example, the Commission has recommended creating a single, long-term care agency in an effort to streamline certification and licensing. Of the agencies up for consideration, the following are important and affect TRHA:

- Sunset Legislation includes both the **Health & Human Services Commission** (Department of Aging, Department of Human Services, Center for Rural Health Initiatives, Texas Rehabilitation Commission) and the **Texas Department of Health** (Mental Health & Retardation, Correctional Managed Health Care, Committee on People w/ Disabilities)
- Key issues for the Texas Department of Health portray intense scrutiny by the Sunset Commission; yet, new hopes are gained by the recent "new" leadership of Commissioner Reyn Archer.

Of the plethora of health issues which would affect rural Texans, several are extremely complex, like money from the Tobacco Settlement (perceptions

that money will flood through the doors of hospitals across the state). Equally as important are funding due to the state's efficient operation and our state leader glancing northeast and contemplating the presidency of the United States.

No matter what the debate, TRHA has plenty to review beginning with indigent health care funding the Rural Community Health System, more telemedicine pilots and reimbursement, rural health facility capital improvement loans, increasing the funding for the **Children's Health Insurance Program** (CHIP) up to 200% of poverty level, population-based grants for essential public health services, funding for public health schools in the Rio Grande Valley, and many more.

This legislative session we will need to unite in our efforts to ensure funding goes to the right programs—those for all Texans, especially rural Texans. The economics cut both ways affecting urban areas and rural areas.

If rural providers leave a community as a result of closure of a health facility, rural residents may have to travel out-of-county and longer distances in order to obtain health care services. The distance may cause the person to postpone receiving treatment due to the inconvenience of the travel. This could result in increased complications and, perhaps, non-reimbursable expenses.

The economic theory is clear! Support maintaining and enhancing current health care infrastructure and services, and support NO UNFUNDED MANDATES! Write your State representative and senator and urge that they consider your views. Please educate your public today!
Craig A. Walker, TRHA Legislative Consultant, prepared this report.

The Texas Rural Health Association

Legislative Newsletter

TRHA launches Legislative Newsletter

On February 5, TRHA mailed members the first issue of a new legislative letter. This new member benefit and service will provide, in a timely manner, critical information about rural health-related legislation for your notification, review, and action.

- Rep. Garnet Coleman (D-Houston), Vice Chair of the Public Health Committee
- Rep. Diane White Delisi (R-Temple), House author to HCR 44 and
- Rep. Brian McCall (R-Plano), influential House member and sponsor of major sunset legislation.

Summary: Children's Health Insurance Program Insuring Texas Children Today for a Healthier Tomorrow

by Therese Ruffing, Consultant & Attorney

Despite a continuing economic boom and rising prosperity, many families throughout the US and Texas still cannot afford to purchase health insurance coverage for their children. Census Bureau data confirms this finding: from 1995 to 1996, more than 750,000 children were added to the list of uninsured.

To address this important issue, last year the Congress enacted landmark legislation, the Children's Health Insurance Program (CHIP). The bill, passed with overwhelming bipartisan support, gives states not only significant new monies to fund local initiatives but also enormous discretion in designing them.

A recent Scripps Howard Texas Poll shows that an overwhelming majority of 86% of Texans support using state funds to help families buy modestly priced children's health insurance. These results were found across political parties: 79% of Republicans, 88% of Democrats, and 84% of independents favor offering children's health insurance at a reasonable cost.

What does CHIP do?

- Allocates \$40 billion over 10 years to states that implement a children's health insurance program. Of these monies, Texas stands to gain almost \$2.5 billion over the next five years alone, or an average of \$423 million annually.
- Requires states to contribute matching dollars to receive the new federal funds, but at a reduced rate. Texas' CHIP matching rate equals approximately 26% of costs as compared to about 38% for traditional Medicaid. In other words, for approximately every \$1 invested by Texas, the federal government will contribute an additional \$3.
- Maximizes states' flexibility to insure low-income kids. Texas

may build a non-entitled, state-run health insurance model, expand Medicaid, or both. The bill outlines minimum federal safeguards to ensure that states use the new monies for their dedicated purpose.

Who is eligible for CHIP?

- CHIP will benefit working families who earn too much for Medicaid but not enough to purchase private health insurance for their children. To qualify, the child must be under age 19, live with a family earning less than 200 % of federal poverty level (\$32,900 for a family four in 1998), and not be currently eligible for Medicaid or private health insurance. In Texas, nearly 50 % of households earn less than 200 percent of poverty.

- Uninsured children who meet the state's Medicaid eligibility rules as of June 1997 must be enrolled in Medicaid.

What will CHIP cover?

- CHIP's benefit package covers the services most needed by children, including well-child exams, immunizations, physician of five visits, hospital care, rehabilitative services, prescription drugs, mental health services, and ancillary services such as lab and x-ray.
- To encourage responsible use of health care services, families will be required to share in the program's costs by paying small copays, premiums, and/or deductibles. However, preventive health care services, such as well-child exams and immunizations, are exempt from cost sharing.

What is CHIP status in Texas?

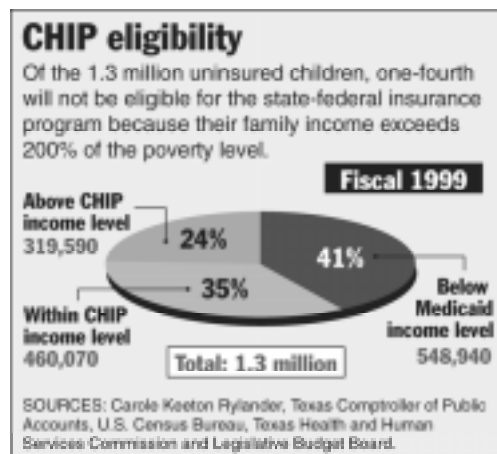
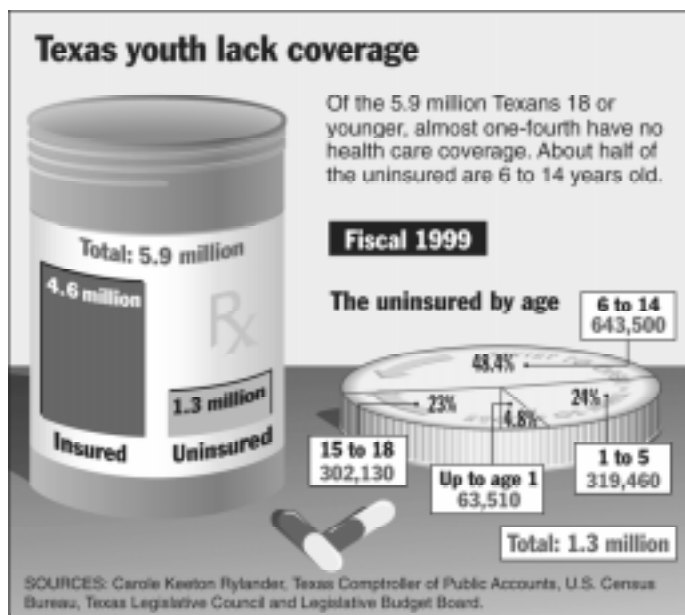
Texas was recently approved by the federal Health Care Financing Administration for "phase I" of CHIP. This phase will cover teenagers through Medicaid below

100 % of poverty. This approval also holds Texas' allotment of CHIP money for "phase II." Any funds for "phase II" of CHIP must be appropriated by the Texas Legislature during the January-May 1999 legislative session.

Where's More Information?

More information on CHIP is available at <www.main.org/txchip/>.

Resources: Adapted from materials prepared by the Texas Medical Association and the CHIP Coalition.



Graphics reprinted with permission from Fiscal Notes, January 1999, Texas Comptroller of Public Accounts publication.

10 Recommendations Included

Executive Summary of the HCR 44 Workgroup's Final Report

In the summer of 1998, TRHA members received a survey that had been mandated in House Concurrent Resolution 44 by the 1997 Texas Legislature

HCR 44 named several state agencies and state academic institutions to conduct a study on "the current role of local governments in providing public health services." The resolution also required the agencies to submit a full report of their findings and recommendations to the 76th Legislature when it convened in January 1999.

Rural Health FOCUS is reprinting here the Executive Summary of the HCR 44 Workgroup's Final Report to the current Legislature. The complete Final Report is available for reading or downloading from the web site: < www.tdh.state.tx.us/hcr44/ > or by contacting Gyl Kovalik at 512/458-7111, ext. 6567 or gyl.kovalik@tdh.state.tx.us.

House Concurrent Resolution 44 gave many interested organizations the opportunity to meet and discuss what is working and what is not working with the public health system in Texas. We found that some aspects of the system are satisfactory while others may not be ideal but may be very difficult to change at this time. There are some modifications that could be made immediately, however, that would steer the public health system back on the right path and help to reverse some recent disturbing trends.

There are many places in Texas where it is not clear who to call if you think a restaurant is unsanitary, think your dog may have been bitten by a rabid fox, or think you may have been exposed to a disease such as tuberculosis. Many cities and counties in Texas have a limited or no public health presence. In the past several years, Texans have been exposed to rabies, dengue fever, cyclospora, hantavirus, and other communicable diseases. Some have become ill and some have died from these diseases. Tuberculosis, hepatitis A, and some other diseases affect Texans at a higher rate than most other Americans.

The threat of new or unusually virulent diseases is always on the horizon. A recent example is the illnesses and deaths caused by invasive group A streptococcus. From December 1, 1997, to March 31, 1998, 170 strep A cases resulted in 36 deaths statewide, many of them children. It is not known exactly why some people are susceptible to group A strep and others are not or why many more cases than usual occurred in certain areas of the state. Chicken pox is believed to be a risk factor for strep A infection because it weakens the immune system and causes sores that can become infected; the chicken pox vaccine may therefore be an effective preventive measure. Public health officials at all

levels coordinated with each other during this time to monitor and investigate the outbreaks and to educate the public and health professionals about this disease and preventive measures.

Environmental problems also have the potential to threaten public health. For example, in July 1997 the Texas Department of Health lifted a consumption advisory against eating fish taken from the lower Brazos River that had been in effect since 1990. Fish in this part of the river along the coast in Brazoria County had been found to contain elevated levels of dioxin, which are suspected of causing cancer, liver abnormalities, and reproductive problems when consumed regularly over a period of time. A Dow Chemical plant in Freeport was identified as a source of the dioxin compounds in the fish, and the company cooperated with officials to correct the dioxin release and reimburse TDH for retesting fish. In April 1996, fishing was banned from Mountain Creek Lake in Dallas County until further notice due to polychlorinated biphenyls (PCBs) found in fish from the lake that were tested by the Navy. The use of PCBs has been banned due to possible effects such as cancer, skin irritations, and reproductive disorders, but the compounds are very long-lasting and continue to contaminate the environment. At the time that this warning was issued, it was one of 14 active advisories or closures to fishing in Texas waters, most of which were in urban and industrial areas.

In 1998, oyster harvesting in Galveston Bay was banned from June to October due to the linking of oysters from the bay to an illness caused by the bacteria *Vibrio parahaemolyticus*. The Texas Department of Health counted 416 cases of the illness from 13 states, including 296 cases in Texas. Cooking destroys the bacteria, and cooler temperatures and water are expected to help control the bacteria, which are more abundant in warm weather in coastal waters worldwide. Another periodic health threat concerning shellfish is "red tide," an algae that releases toxins that kill fish and contaminate shellfish such as oysters. Consumption of the shellfish can cause neurotoxic shellfish poisoning, and cooking does not destroy the toxin. Harvesting of oysters, clams, and mussels from Matagorda Bay to the Rio Grande was banned in fall 1996 and again in fall 1997 extending into the first few months of 1998.

There are several important lessons to

be drawn from these examples. Public health, or the lack of it, has the potential to affect every person in Texas. Prevention activities, including environmental monitoring and public health education, are crucial in communities to reduce the incidence of preventable disease and death. These activities must be ongoing, not initiated only during times of crisis. When there is a crisis, time is critical in addressing public health threats. The faster resources can be targeted to isolating the threat and educating the public, the more lives can be saved and suffering can be prevented. When there is a severely underfunded local public health presence or none at all in a community, there is not a functional infrastructure in place, and valuable time is lost in recognizing the threat and mobilizing already stretched state resources.

Public health is commonly confused with publicly funded health care, or indigent care, but these are actually distinct and different activities. Health care, both public and private, can be thought of as direct medical care provided to individuals, while public health is population-based services that are geared toward protecting the health of the public as a whole. Public health and medical care are on opposite ends of a health care continuum that overlaps in the middle, with treatment of individuals for the good of the public (such as giving immunizations or tracking sexually transmitted diseases). Public health efforts are not health services for the needy or other select groups of people—they serve everyone. Most public health activities do not and cannot differentiate as to poverty level or citizenship status. Population-based efforts such as controlling pollution or contagious diseases by definition benefit the whole population.

A productive society relies on a safe and healthy population. Public health is the first-line defense in maintaining and improving the public's health status. The success of public health efforts depends on foresight, planning, and the cooperation of health professionals and government officials at all levels. The responsibility for carrying out public health functions falls mostly on the state health department, the state-supported public health regions, and local health departments. The public health regions function as a stopgap when localities do not have a local health department or cannot provide the full range of services needed, but regional offices do not always have the resources or local expertise to provide the level of public health assurance that is needed in communities and that most Texans have come to expect.

Local health departments and their sources of funding are changing, and these changes inevitably affect the provision of public health services. Funding for direct medical services, such as Medicaid and maternal and child health grants, has been helping to cover the overhead for many local health departments and their population-based public health activities, but as these services are contracted out due to new rules, funding problems are often an unintended result. Local, state, and federal funds for public health are becoming more categorical and restrictive or are being cut. Yet, contagious diseases, exposure to toxins, and food borne illnesses continue to occur and are becoming more prevalent in some places, while new diseases and problems are also emerging. These types of occurrences need the monitoring and control that a local public health presence can provide most effectively.

One reason local public health suffers from underfunding is a lack of clear assignment of responsibilities for public health in Texas. Texas law does not require local governments to provide or assure the provision of public health activities and does not define essential public health functions. The law only lists functions that an entity must do to be called a "local health department" instead of a "local health unit." The vagueness in the current law results in a fragmented and

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Recommendations

unstandardized system in which some local health departments receive a large majority of their funding from state grants and others receive no direct help from the state, and some localities make an effort to protect the health of their residents while the state public health regions try to provide local public health services in others.

Dramatic gains have been made in public health in the past century, but taking these for granted and letting the public health infrastructure deteriorate is asking for disaster. The problems of the past such as widespread contagious diseases and contami-

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HCR 44 *continued from page 9*

nated food and water have not disappeared; they are waiting to reemerge wherever cracks form in the public health system. When public health in some areas suffers, the health of the state as a whole suffers. The health of all Texans depends on taking proactive measures to preserve, coordinate, and strengthen the public health system in Texas.

The following is a list of our recommendations; these recommendations along with some additional explanation and comments are found in Chapter 5 of the full Final Report.

RECOMMENDATION 1: The Texas Legislature should make it public policy that every resident of Texas is entitled to the protection of a local essential public health services.

Essential Public Health Services are defined as follows:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research new insights and innovative solutions to health problems.

RECOMMENDATION 2: The Texas Legislature should provide support, on a recurring per capita basis, from state funds in amounts sufficient to ensure that a system of local public health entities can effectively perform essential public health services. The following sources (and combinations thereof) are some suggested funding options:

- general revenue
- tobacco settlement
- alcohol tax
- tobacco tax
- lottery
- money penalties for civil/criminal convictions for environmental infractions
- federal money
- user fees
- redistribute state funds
- Medicaid Managed Care profit-sharing rebate funds
- fee on the conversion of non-profit health-related entities to for-profit status.

RECOMMENDATION 3: The Texas Legislature should provide counties and/or incorporated municipalities with the option of receiving from the state, on a noncompetitive basis, funding for the provision of the essential public health services to residents within their respective jurisdictions. The Texas Department of Health, through its regions, will receive the per capita funding for the counties and/or incorporated municipalities who do not opt to receive these funds and the TDH regions will provide the services. The intent is to augment funds already expended by counties and/or incorporated municipalities to provide essential public health services.

RECOMMENDATION 4: The Texas Legislature should allow counties and/or incorporated municipalities to utilize funds provided to them by the state for the purpose of providing essential public health services to contract with each other, the Texas Department of Health, or other entities to perform these services.

RECOMMENDATION 5: The Texas Legislature should encourage counties and/or incorporated municipalities to form public health districts, for the purpose of providing essential public health services, that may consist of multiple cities, multiple counties, or a combination of cities and/or counties.

RECOMMENDATION 6: The Texas Legislature should require that the governing bodies of counties and incorporated municipalities who receive state funding for essential public health services appoint a local health authority. Local health authorities should be allowed to serve more than one county or incorporated municipality at a time. In counties and/or incorporated municipi-

palities who do not receive these funds and who do not appoint a local health authority, the Texas Department of Health's regional director will serve as the local health authority.

RECOMMENDATION 7: The Texas Legislature should require counties and incorporated municipalities who receive state funds for essential public health services to appoint a local board of health. The commissioners court or city council of these counties and incorporated municipalities may elect to serve as the local board of health; however, they are encouraged to appoint advisory boards of health to advise them on public health matters.

RECOMMENDATION 8: The Texas Legislature should require the Texas Department of Health to work with state institutions of higher education and local health departments to develop ways to increase the competency and capacity of the state's local public health workforce.

RECOMMENDATION 9: The Texas Legislature should require that the Texas Department of Health and local governments receiving state funds for essential public health services, together with other appropriate institutions, to develop local strategic plans which incorporate performance measures and outcome measurements to serve as a basis for evaluation.

RECOMMENDATION 10: The Texas Legislature should require that the Texas Department of Health, in cooperation with county and city health departments and districts, conduct periodic assessments of the provision of and level of funding for essential public health services and make recommendations to the Legislature and the Governor.

Managed Care *continued from page 3*

The authors present a framework about the potential effects managed care organizations could have on rural communities. Additionally, an extensive review of the literature about managed care in rural communities is included.

Single copies of "The Growing Presence of Managed Care in Rural Areas" (Vol.14, No.3) are available for \$15. To order or subscribe, visit NRHA's web site: www.NRHAural.org or call the NRHA at 816/756-3140.



The Texas Rural Health Association is a non-profit organization whose primary goal is to improve the health of rural Texans. TRHA is composed of individuals and organizations dedicated to providing strong leadership on rural health care issues through advocacy, communications, and education.

TRHA was founded in 1984 to:

- Promote rural health as a distinct concern in Texas
- Serve as a strong and unifying voice for concerned citizens, community leaders, public officials, and health care providers and organizations working to improve rural health in Texas
- Advocate for rural health and promote an enhanced status and improved health system for rural Texans
- Provide a forum for exchange and distribution of information and ideas related to improvement of rural health
- Encourage the development of appropriate health resources for all rural areas of Texas

With TRHA membership, you:

- Receive *FOCUS*, a quarterly newsletter reporting on current rural health issues and activities, particularly within Texas
- Are invited to attend the annual fall conference at a discounted fee; education programs and workshops address issues and challenges in rural health
- Have access to and answers through a centralized network of fellow members and resources
- Can impact rural health decision-making by serving in leadership roles or on TRHA committees
- Participate in TRHA's *Legislative Network* "alerts"
- Receive the *Legislative Newsletter* during sessions of the Texas Legislature

You & TRHA: Making a Healthy Difference for Rural Texans!

TRHA MEMBERSHIP APPLICATION

MAIL with payment to: TRHA, 401 West 15th St. Suite 875, Austin TX 78701
QUESTIONS? Call 512/476-6527 • Fax: 512/469-7407 • E-mail: TxRHA@aol.com

YES, I'm joining & have checked my membership category:

- Individual Member (\$60) Group Membership (\$50 per member, min. of 3 members)
 Voting Student Member (\$25; must have a minimum of 6 Hrs.) Month/Year Graduating ____/____

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Check preferred communications mode for receiving *Legislative Network* alerts:

- Mail E-mail _____

Check your work setting:

- Rural Health Clinic University Hospital Nursing Home/Extended Care
 Private Practice Community Agency Home Health Other _____

Check office/committee(s) on which you may be interested in serving:

- Board of Directors Governmental Affairs Finance Membership
 Newsletter Annual Conference Planning Education & Communications

Check other associations (rural/health-related) to which you belong:

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All Past Presidents

Texas Rural Health Week

March 1-6, 1999

*TRHA, along with other rural health organizations,
will have exhibits in the State Capitol Extension.*

* * * * *

TRHA Rural Health Day at the Capitol

March 4, 1999 • 12:30 - 1:30pm

Austin • 401 W. 15th St. • TMA Bldg, Thompson Auditorium

Immediately following the Rural Health Summit (see below) both TRHA Governmental Affairs Committee Chair, Marvin Cole, and TRHA Legislative Consultant, Craig Walker, will (over lunch) brief and prepare members to head off to the Capitol to "lobby" their legislators.

RSVP REQUIRED for Lunch & Materials

Call 512/476-6527; Fax 512/469-7407; E-mail TxRHA@aol.com

* * * * *

Rural Health Summit

March 4, 1999 • 8:30 am - 12:30 pm

Austin • 401 W. 15th St. • TMA Bldg, Thompson Auditorium

Sponsored by the Center for Rural Health Initiatives (State Office of Rural Health) and numerous associations, including TRHA. The Summit targets key state leaders, state health regulators, policy experts, and rural health professionals. GOAL: Lay the groundwork for the development of a comprehensive statewide rural health plan. CONCEPT: In a "town hall" format, key state and health care leaders have been asked to present perspectives on the status, current issues and needs of rural health in Texas. Members of the audience will be invited to pose questions and comments.

Registration Required • No Fee • Limited Space

Contact: Nora Cox Taylor at CRHI, 512/479-8891

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