

AUSTIN TRAVIS COUNTY PUBLIC HEALTH COMISSION **REGULAR MEETING MINUTES**

Wednesday, March 6, 2024

The Austin Travis County Public Health Commission convened in a regular meeting on Wednesday, March 6, 2024, at 301 West 2nd Street in Austin, Texas.

Chair Wallace called the Austin Travis County Public Health Commission Meeting to order at 2:38 p.m.

Board Members/Commissioners in Attendance: Larry Wallace, Jr., Chair Natalie Poindexter

Jacob Whitty

Board Members/Commissioners in Attendance Remotely: Enrique Lin Shiao Chris Crookham

Board Members/Commissioners Absent:

William Rice, Vice Chair

Martha Lujan

Ex-Officio and Staff in Attendance:

Adrienne Sturrup, Director, Austin Public Health

Austin/Travis County Public Health Authority

Dr. Desmar Walkes.

Cara Dahlhausen

Paul K. Emerson. Government Relations Manager, Central Health Juanita Jackson, Austin Public Health Pilar Sanchez, County Executive, Travis County Health and Human Services

Daniela Romero. Austin Public Health

Laura Elmore. Chief Executive Officer, The Sobering Center

Ex-Officio and Staff in Attendance Remotely: NONE Ex-Officio and Staff Absent Megan Cermak Perla Cavazos

Ana Almaguel

PUBLIC COMMUNICATION: GENERAL

Larry Franklin, Founder of Black Lives Veggies, Commissioner on Austin Travis County Food Policy Board and Joint Sustainability Committee, and Co-Chair of Austin-Travis County Food Plan – Gave brief communication on pro-climate/pro-food recommendation. Speaker would like to return to commission to provide more information on proposed recommendation and possible support from the commission.

APPROVAL OF MINUTES

1. Approve the minutes of the Austin Travis County Public Health Commission regular meeting on March 6, 2024.

The minutes for the regular meeting held on February 7, 2024, were approved on the motion by Commissioner Jacob Whitty with a second from Commissioner Natalie Poindexter. The motion passed on a 5-0 vote. (Absent: Vice Chair William Rice, Commissioner Cara Dahlhausen, Commissioner Jaseudia Killion and Commissioner Martha Lujan)

2. Approve the minutes of the Austin Travis County Public Health Commission special call meeting on March 6, 2024.

The minutes for the special call meeting held on February 26, 2024, were approved on the motion by Commissioner Jacob Whitty with a second from Commissioner Natalie Poindexter. The motion passed on a 5-0 vote. (Absent: Vice Chair William Rice, Commissioner Cara Dahlhausen, Commissioner Jaseudia Killion and Commissioner Martha Lujan)

DISCUSSION ITEMS

3. Presentation by Laura Elmore, Chief Executive Officer of the Sobering Center on organizations structure, programs and services provided.

DISCUSSION AND ACTION ITEMS

4. Discuss and take action to create budget work group for Fiscal Year 2025. Chair Larry Wallace, Commissioner Chris Crookham and Commissioner Enrique Lin Shiao volunteered to be part of the budget work group. The motion to create of the budget work group was approved on Commissioner Jacob Whitty's motion, Commissioner Natalie Poindexter second with Commissioners Wallace, Crookham and Lin Shiao serving on the work group. The motion passed on a 5-0 vote. (Absent: Vice Chair William Rice, Commissioner Cara Dahlhausen, Commissioner Jaseudia Killion and Commissioner Martha Lujan)

FUTURE AGENDA ITEMS

5. Action item for officer election during the April regular meeting

ADJOURNMENT

Chair Wallace adjourned the meeting at 3:34 p.m. without objection.



PREVENT. PROMOTE. PROTECT

Public Health Accreditation & The 10 Essential Public Health Services

PUBLIC HEALTH COMMITTEE

LAUREN M. MARSH MARCH 9, 2023





WE ACHIEVED REACCREDITATION!



Public Health Accreditation

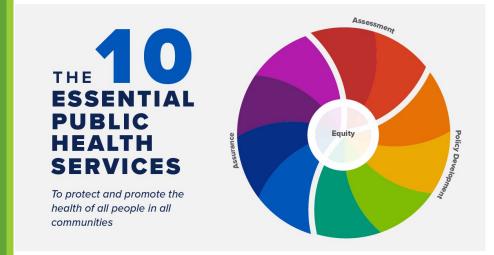
- •Austin Public Health (APH) has been Accredited since 2016, achieving Reaccreditation in 2023
- •Meets and Exceeds Rigorous Standards Outlined by PHAB
 - Promotes a culture of quality and performance improvement
 - Increases capacity to respond to public health emergencies
 - Encourages the use of equity as a lens to identify health priorities
 - Strengthens APH to better serve communities

Accreditation Frameworks

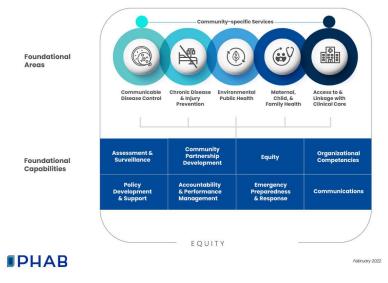
Accreditation assesses APH's capacity to carry out the 10 Essential Public Health Services and the Foundational Capabilities.

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in their communities.

The Foundational Public Health Services outline the minimum public health capabilities and programs that no jurisdiction can be without.



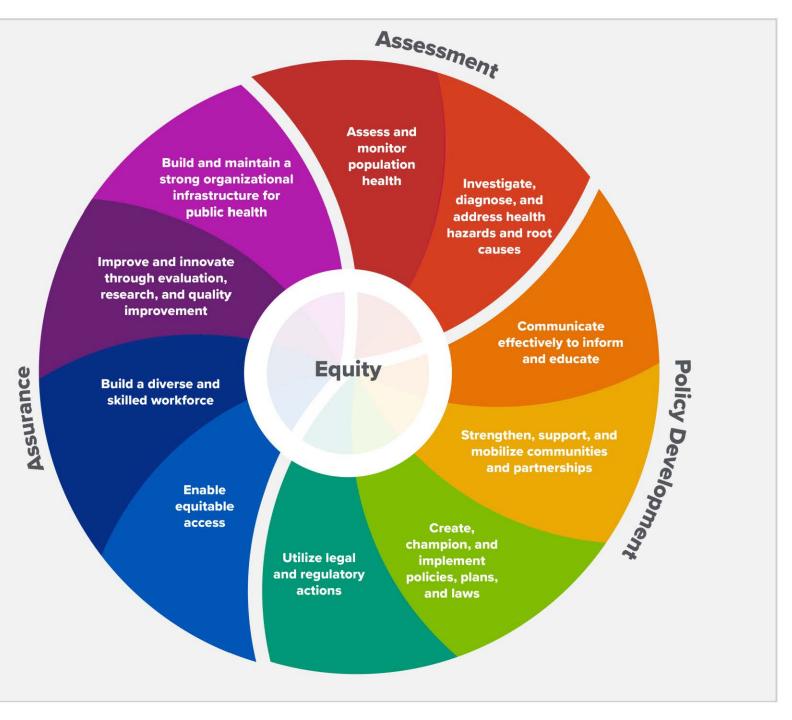
Foundational Public Health Services



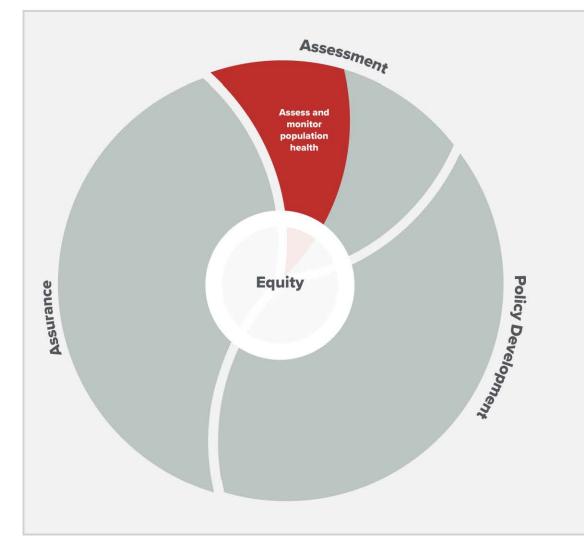
THE 10 ESSENTIAL PUBLIC HEALTH Services

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the **Essential Public Health Services actively** promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



Assess and monitor population health status, factors that influence health, and community needs and assets



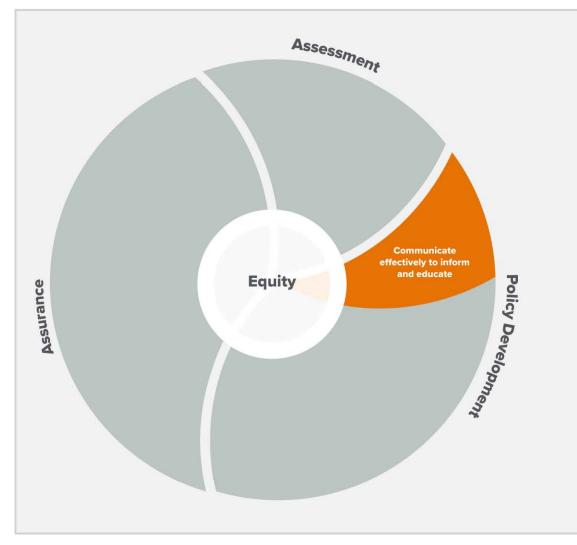
- Maintaining an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
- Using data and information to determine the root causes of health disparities and inequities
- Working with the community to understand health status, needs, assets, key influences, and narrative
- Collaborating and facilitating data sharing with partners, including multi-sector partners
- Using innovative technologies, data collection methods, and data sets
- Utilizing various methods and technology to interpret and communicate data to diverse audiences
- Analyzing and using disaggregated data (e.g., by race) to track issues and inform equitable action
- Engaging community members as experts and key partners

Investigate, diagnose, and address health problems and hazards affecting the population



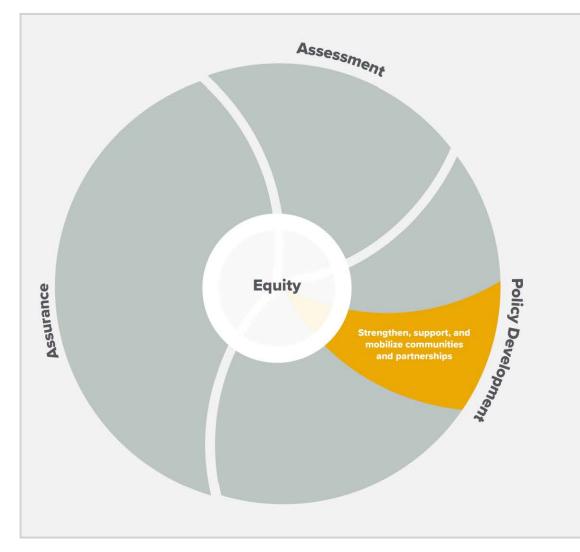
- Anticipating, preventing, and mitigating emerging health threats through epidemiologic identification
- Monitoring real-time health status and identifying patterns to develop strategies to address chronic diseases and injuries
- Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards
- Using public health laboratory capabilities and modern technology to conduct rapid screening and high-volume testing
- Analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root causes of health status
- Identifying, analyzing, and distributing information from new, big, and real-time data sources

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it



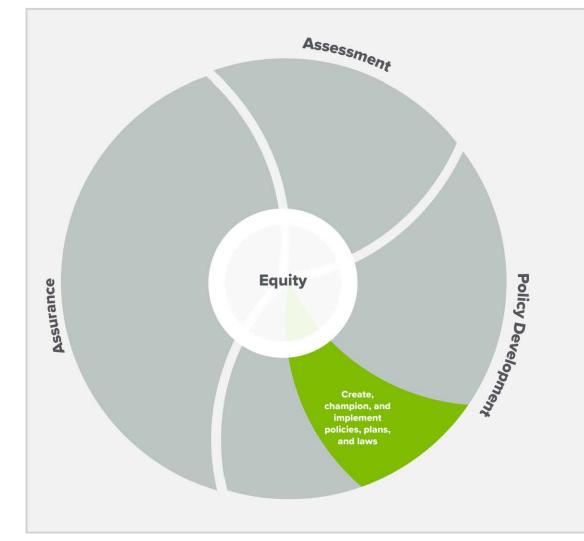
- Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners
- Communicating with accuracy and necessary speed
- Using appropriate communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations
- Developing and deploying culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials
- Employing the principles of risk communication, health literacy, and health education to inform the public, when appropriate
- Actively engaging in two-way communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies
- Ensuring public health communications and education efforts are asset-based when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations

Strengthen, support, and mobilize communities and partnerships to improve health



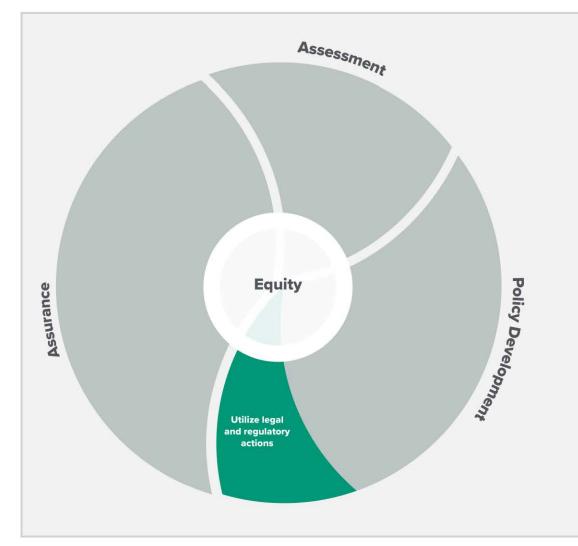
- Convening and facilitating multi-sector partnerships and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.)
- Fostering and building genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population
- Authentically engaging with community members and organizations to develop public health solutions
- Learning from, and supporting, existing community partnerships and contributing public health expertise

Create, champion, and implement policies, plans, and laws that impact health



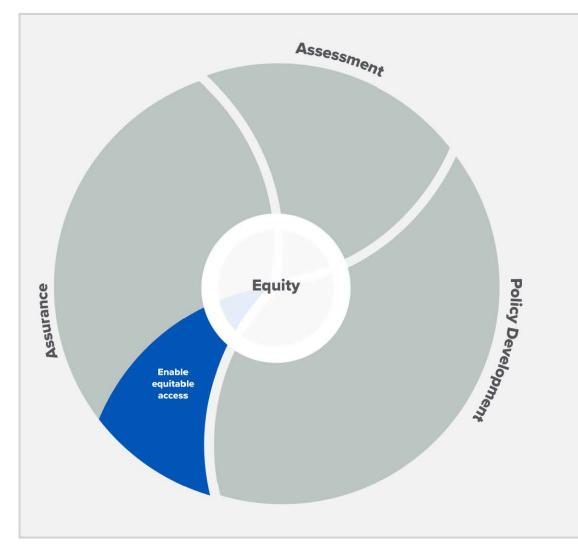
- Developing and championing policies, plans, and laws that guide the practice of public health
- Examining and improving existing policies, plans, and laws to correct historical injustices
- Ensuring that policies, plans, and laws provide a fair and just opportunity for all to achieve optimal health
- Providing input into policies, plans, and laws to ensure that health impact is considered
- Continuously monitoring and developing policies, plans, and laws that improve public health and preparedness and strengthen community resilience
- Collaborating with all partners, including multi-sector partners, to develop and support policies, plans, and laws
- Working across partners and with the community to systematically and continuously develop and implement health improvement strategies and plans, , and evaluate and improve those plans

Utilize legal and regulatory actions designed to improve and protect the public's health



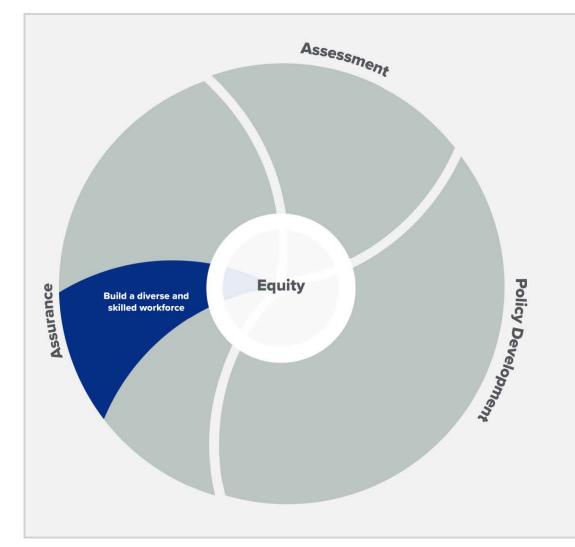
- Ensuring that applicable laws are equitably applied to protect the public's health
- Conducting enforcement activities that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposurerelated diseases identified in occupational and community settings
- Licensing and monitoring the quality of healthcare services (e.g., laboratory, nursing homes, and home healthcare)
- Reviewing new drug, biologic, and medical device applications
- Licensing and credentialing the healthcare workforce
- Including health considerations in laws from other sectors (e.g., zoning)

Assure an effective system that enables equitable access to the individual services and care needed to be healthy



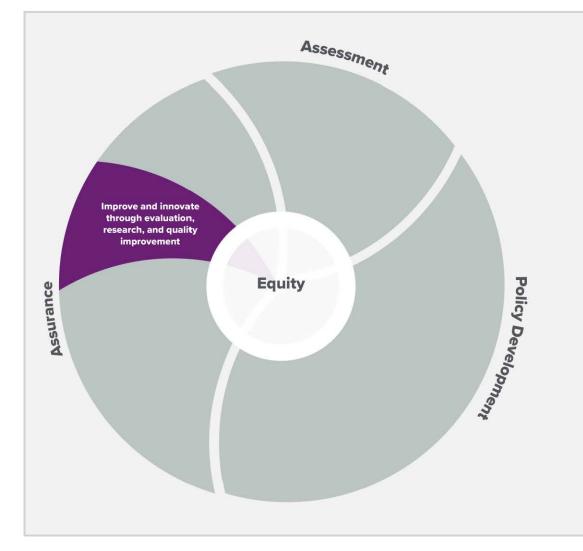
- Connecting the population to needed health and social services that support the whole person, including preventive services
- Ensuring access to high-quality and cost-effective healthcare and social services, including behavioral and mental health services, that are culturally and linguistically appropriate
- Engaging health delivery systems to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health
- Addressing and removing barriers to care
- Building relationships with payers and healthcare providers, including the sharing of data across partners to foster health and well-being
- Contributing to the development of a competent healthcare workforce

Build and support a diverse and skilled public health workforce



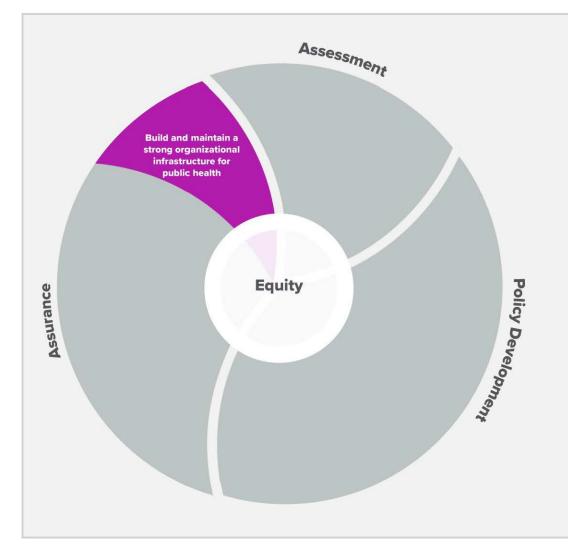
- Providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills
- Ensuring that the public health workforce is the appropriate size to meet the public's needs
- Building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility
- Incorporating public health principles in non-public health curricula
- Cultivating and building active partnerships with academia and other professional training programs and schools to assure community-relevant learning experiences for all learners
- Promoting a culture of lifelong learning in public health
- Building a pipeline of future public health practitioners
- Fostering leadership skills at all levels

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement



- Building and fostering a culture of quality in public health organizations and activities
- Linking public health research with public health practice
- Using research, evidence, practice-based insights, and other forms of information to inform decision-making
- Contributing to the evidence base of effective public health practice
- Evaluating services, policies, plans, and laws continuously to ensure they are contributing to health and not creating undue harm
- Establishing and using engagement and decision-making structures to work with the community in all stages of research
- Valuing and using qualitative, quantitative, and lived experience as data and information to inform decision-making

Build and maintain a strong organizational infrastructure for public health



- Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)
- Ensuring that appropriate, needed resources are allocated equitably for the public's health
- Exhibiting effective and ethical leadership, decision-making, and governance
- Managing financial and human resources effectively
- Employing communications and strategic planning capacities and skills
- Having robust information technology services that are current and meet privacy and security standards
- Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice



Questions and Discussion

Acknowledgements & References

Graphics and Icons Utilized in this Presentation were Developed by the Following:

Public Health Accreditation Board: The Foundational Public Health Services. <u>https://phaboard.org/wp-content/uploads/FPHS-Factsheet-2022.pdf</u>

Framework: 10 Essential Public Health Services Futures Initiative Task Force. 10 Essential Public Health Services. September 9, 2020. <u>https://phaboard.org/wp-content/uploads/EPHS-Graphic-Image.png</u>

Toolkit: Public Health National Center for Innovations. 10 Essential Public Health Services Toolkit. September 9, 2020. <u>https://express.adobe.com/page/Qy1veOhGWyeu5/</u>

Health disparities in Travis County: Mortality Rates

Mortality rates for cancer, heart disease and accidents were higher for Blacks than for Whites, Hispanics and Asians. Mortality rates for COVID-19 were highest for Hispanics.

250 200 Rate per 100,000 150 100 50 0 Heart disease Accidents Diabetes COVID-19 Cancer Cause of Death Black Hispanic ■ White Asian Data source: Centers for Disease Control and Prevention, Wide-ranging Online data for Epidemiologic Research

Figure 3.6. Age-adjusted Mortality Rate per 100,000 Population by Race/Ethnicity for Selected Causes of Death, Travis County, 2018-2020



Health disparities in Travis County: Maternal and child health indicators

Maternal and child health indicators, such as teen birth rates, late or no prenatal care, preterm and low birth weight births, reflect longstanding community health disparities.

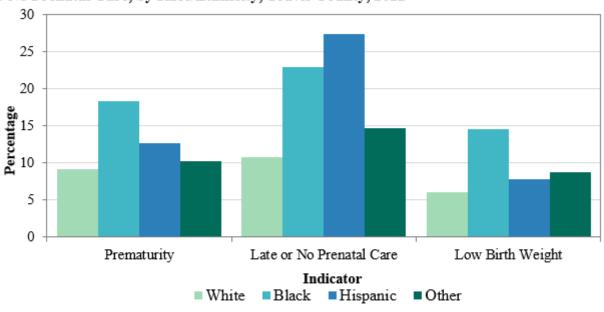


Figure 7.1. Percentage of Premature and Low Birth Weight Babies and Mothers with Late or No Prenatal Care, by Race/Ethnicity, Travis County, 2022

Data source: Center for Health Statistics, Texas Department of State Health Service

[†]Non-Hispanic Other race/ethnicity category also includes cases with unknown race/ethnicity and includes multiple race responses



Health disparities in Travis County: Human immunodeficiency virus (HIV)

Incidence rates for HIV are decreasing over time, but still disproportionately affect certain populations. HIV incidence rates are 5 times higher for Blacks and 3 times higher for Hispanics, as compared to Whites.

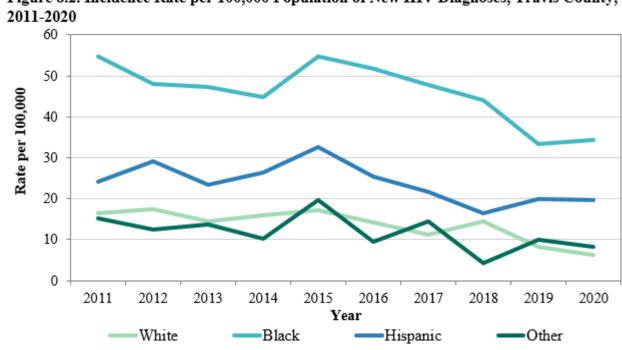


Figure 8.2. Incidence Rate per 100,000 Population of New HIV Diagnoses, Travis County,

Data source: TB/HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

