Appendix F

TDH Stakeholder Development

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Part 1 – Explanation of Charge, Background and Scope

Statement of Charge

HB 2085, passed in the 76th session of the Texas Legislature, mandated the Texas Department of Health (TDH) to develop a Comprehensive Strategic and Operational Plan (Service Blueprint). One charge outlined in the blueprint legislation was for the TDH to develop a method for soliciting input from outside the department. The legislation specifically defined this input as:

> A method for soliciting the advice and opinions of local health department, hospital districts, and other public health entities, of recipients and providers of services that are related to the department's missions, and of advocates for recipients or providers for the purpose of identifying and assessing:
>
> - the health-related needs of the state;
> - ways in which the department's programs and information services can be better integrated and coordinated; and
> - factors that the department should consider before adopting rules that affect recipients or providers of services that are related to the department's missions (Section 11.0045 (c)(7)).

The Texas Health and Safety Code, Chapter 12, Sec. 12.004 of the Health and Safety code goes on to state:

> The board shall require the department to establish a checklist of methods that, to the extent appropriate, the department will flow to obtain early in the rule development process the advice and opinions of the public and of persons who will be most affected by a proposed rule. The checklist must include methods for identifying persons who will be most affected and for soliciting at a minimum the advice and opinions of affected local health departments, of recipients and providers of affected services, and of advocates for affected recipients or providers.
>
> The checklist may include negotiated rule making, informal conferences, advisory committees, and any other appropriate method.

Scope of Stakeholder Charge

Three important aspects of stakeholder input are rolled into this charge:

1. *Health needs assessment* is an evaluative study that answers questions about health conditions and can be used for decision-making on the importance of competing community health issues and to determine the need for interventions. A health needs assessment begins with data on health events (e.g. What's the infant mortality rate in this community?);
2. *Prioritization of health issues,* allows for an assessment and weighing of factual information on public health threats and value judgments by stakeholders. The prioritization of health issues is an opportunity for the development of a community development philosophy for public health. (e.g. Are community resources better used for teen pregnancy or HIV interventions, or both?); and
3. *Customer satisfaction* measures the quality of the encounters customers have with the department (e.g. Does TDH have and provide the information on the Children's Health Insurance Program that this community wants? or, Is the WIC clinic user-friendly?).

HB 2085 challenges TDH to determine how the organization can best work with stakeholders to:

- Provide opportunities to engage the people who truly have a stake in public health issues in their community;
- Provide timely and accurate health information about health at the community level;
- Provide for an airing of opinions and perceptions by stakeholders; and
- Promote inclusive decision-making, and action based on those decisions.

This charge requires focused attention on long-term capacity development that will engage stakeholders in meaningful local, regional, and statewide public health decision making.

Public Health Stakeholders

Stakeholders are defined as any individual, group or institution who has an interest, or stake in the decisions and actions of an organization. Texas Department of Health stakeholders include, but are not limited to:

- Business
- Community based organizations (social, spiritual, political and health related)
- Consumers or end users of public health services (recipients of services)
- Consumer advocacy groups
- Contactors/grantees
- Education institutions
- Federal funders and oversight agencies
- Health care providers
- Licenses, permitees, registrants, certificants
- Public health entities
- Profession/trade associations
- State legislators, Governor's office, Legislative Budget Board
- State agencies impacted by TDH
- Local planning groups
- Media
- Special interests
- Tax payers

A Historical Look at TDH Stakeholder Involvement

Historically, the interests of stakeholders have been protected primarily through public hearings or public meetings. Public hearings are required by law after publication of proposed rules, but usually only if they are requested. TDH attempts to anticipate whether a hearing may be desired and schedules them before requests are received. Public hearings only provide an opportunity for persons to give their comments on the proposed rules. TDH more frequently uses a public meeting before it develops a set of proposed rules. It is through this process of public meetings and hearings that a valuable venue is created for the public to air opinions, recommendations and ideas. They provide an opportunity to witness contrasting and sometimes differing opinions. The public process also creates an environment for building consensus on public health issues.

In 1909, the first formal public health committee was created: the Board of Health. The Board of Health is the governing body of the Texas Department of Health, responsible for planning and delivering health services to the people of Texas. Legal authority over most public health issues rests with the six-member board, who also adopt goals and rules to govern the department's activities. Since the Board of Health was established, the department has utilized many advisory committees to provide technical expertise and consumer input on a wide variety of public health topics. The participation of citizens and health professionals alike on these committees ensures representation of the consumer opinion. Currently the following 24 advisory committees are mandated by state law and membership is appointed by the Board of Health. These advisory committees advise the Board of Health and staff on policy:

- Children with Special Health Care Needs Advisory Committee,
- Family Planning Advisory Council,
- Oral Health Services Advisory Committee,
- Kidney Health Care Advisory Committee,
- Scientific Advisory Committee on Birth Defects in Texas,
- Texas HIV Medication Advisory Committee,
- Emergency Health Care Advisory Committee,
- Hospital Data Advisory Committee,
- School Health Advisory Committee,
- Home and Community Support Services Advisory Council,
- Indigent Health Care Advisory Committee,
- Texas Department of Health/Board of Nurse Examiners,
- Memorandum of Understanding Advisory Committee,
- Asbestos Advisory Committee,
- Device Distributors and Manufacturers Advisory Committee,
- Sanitarian/Code Enforcement Officers' Advisory Committee,
- Texas Radiation Advisory Board,
- Wholesale Drug Distributors Advisory Committee,
- Medical Radiologic Technologist Advisory Committee,
- Opticians' Registry Advisory Committee,
- Poison Control Coordinating Committee,
- Respiratory Care Practitioners Advisory Committee,
- Osteoporosis Advisory Committee,
- Animal Friendly Advisory Committee, and
- Prostate Cancer Advisory Committee.

In addition to the 24 legislatively mandated advisory committees that report to the Board of Health, there are numerous committees/groups that advise TDH staff and other health and legislative entities on specific health policy and implementation of health programs. Membership for these committees is not approved by the Board of Health. Among these committees are:

- Advisory Board on Athletic Trainers,
- Breast and Cervical Cancer Control Program Advisory Committee,
- Cardiovascular Disease and Stroke Advisory Committee,
- Children with Special Health Care Needs Advisory Committee,
- Texas State Board of Examiners of Professional Counselors,
- Council on Sex Offender Treatment Program,
- Texas State Board of Examiners of Dieticians,
- Texas Medicaid Drug Use Review Board,
- HIV/AIDS Interagency Coordinating Council,
- Health Professions Council,
- State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments,
- Interagency Council for Genetic Services,
- Medical Advisory Board,
- Texas State Board of Examiners of Marriage and Family Therapists,
- Texas Medical Disclosure Panel,
- Texas Board of Licensure for Professional Medical Physicists,
- Texas Midwifery Board,
- Texas Board of Nursing Facility Administrators,
- Texas State Board of Examiners of Perfusionists,
- Statewide Health Coordinating Council,
- Texas State Board of Social Work Examiners,
- State Board of Examiners for Speech-Language Pathology and Audiology,
- State Preventive Health Advisory Council,
- Texas Board of Orthotics and Prosthetics,
- Texas Genetic Network Advisory Committee (TEXGENE),
- Texas Health Information Council,
- Texas Council on Alzheimer's Disease and Related Disorders, and
- Texas Diabetes Council.

In 1993, Senate Bill 383 was passed, requiring that the Board periodically evaluate advisory committees to ensure their efficiency and effectiveness. Board review of committees begins approximately six months prior to their expiration date. Review includes items such as consideration of committee accomplishments, contributions to the agency, duplication of responsibility with other state entities, and needed changes in committee duties and composition. Any changes proposed by the Board are reflected in each committee's rules and appear in the Texas Register for public comment early in the six-month review period.

In addition to advisory groups, TDH has sought the input and guidance of professional association such as the Texas Association of Local Health Officials, the Texas Public Health Association, Texas Rural Health Association, education institutions, consumer advocacy groups, and community based organizations in development and evaluation of public health programs.

Over the past 15 years, as the practice of public health has evolved to more of a community based model, some TDH programs have begun to utilize strategies to elicit stakeholder input and to use that input to improve program design and service delivery. Strategies used by these exemplary programs include the use of focus groups, surveys, coalition building, and participatory planning.

For the past seven years, the TDH Continuous Quality Improvement (CQI) Program has included the concept of customers in their CQI process. Initially, the CQI program trained selected staff on how to identify primary and secondary customers. Staff participating in CQI activities were trained on how to identify the needs of customers and stakeholders.

Importance of Stakeholder Development to the Practice of Public Health

Health improvement of a population is what public health strives to achieve. To reach this goal, we must devote our efforts to evaluating the effects of public health actions. As the targets of public health actions have expanded beyond infectious disease to include chronic diseases, violence, emerging pathogens, threats of bioterrorism, and the social contexts that influence health disparities, the task of developing and evaluating the effectiveness of public health strategies becomes more complex. The effective planning and practice of public health depends on stakeholder involvement to help guide assessment, development of interventions and evaluation.

Any assessment of a public health program requires considering the value systems of the community and its stakeholders. Stakeholders must be engaged in the inquiry to ensure their perspectives are understood. In addition to engaging advocates and supporters of public health programs, TDH is actively working to involve individuals who are openly skeptical or antagonistic toward public health interventions. This opposition might stem from differing values regarding what change is needed or how to achieve it. Openly evaluating opposing perspectives and enlisting the help of program opponents is prudent in strengthening public health credibility and viability.

Stakeholder involvement helps public health professionals to accurately assess the community environment. More specifically, stakeholder involvement can:

- draw out the interests of stakeholders in relation to specific public health issues and identify conflicts of interests between stakeholders;
- help to identify relations between stakeholders which can be built upon, and may enable "coalitions" of project sponsorship, ownership, and cooperation; and
- help to assess the appropriate type of participation by different stakeholders, at successive stages of the project cycle.

Part 2 – Process for Studying TDH Stakeholder Issues

The study of the stakeholder issues at the Texas Department of Health involved the following:

1. Rules Development Work Group. A Rules Development Work Group was appointed to establish uniform methods to solicit input during the development of rules at TDH. TDH executive management assigned the charge of studying rules development to Susan K. Steeg, General Counsel. Dr. Mark Guidry was designated as the Regional Director participant. A ten-person work group was organized to study the issue and make recommendation to improve the process. Recommendations made by the group are included in Attachment F-1.
2. TDH Stakeholder Focus Groups. Two stakeholder focus groups were conducted to elicit information on the quality of TDH's relationship with its stakeholders and ways the department can improve its strategies to

involve stakeholders. The Center for Public Policy Priorities (CPPP); Texas Conservative Coalition; and the Texas Association of Local Health Officials (TALHO) were asked to suggest focus group participants. Focus groups were held on May 9 and May 24, 2000. Focus group participants included representatives from the following organizations:

- Austin Right to Life,
- Blackland Neighborhood Center,
- Center for Public Policy Priorities,
- Consumers Union,
- Dallas County Hospital District,
- Disability Policy Consortium,
- Eagle Forum,
- East Texas Area Health Education Center,
- Heidi Group,
- McLennan County Collaborative Abstinence Project,
- Parkland Health & Hospital System,
- San Antonio Independent School District,
- TDH Contractors,
- Texas Advocates Supporting Kids with Disabilities (TASK),
- Texas Association of Local Health Officials,
- Texas Association of Municipal Health Officers,
- Texas Board of Social Workers,
- Texas Conservative Coalition,
- Texas Family Research Council,
- Texas Justice Foundation,
- United Way of Texas, and
- University of Texas Medical Branch.

Major Themes Emerging from These Focus Groups Include:

- Stakeholders are sometimes denied access to the decision-making table;
- Changes in agency priorities can be frustrating and costly;
- TDH struggles with how to assume its leadership role and empower its employees;

- The role and responsibilities of advisory concil members are unclear;
- Business processes are inconsistent and sometimes cumbersome;
- Funding policy can be complex and convoluted;
- TDH talks community but doesn't always support the concept in business practices;
- Stakeholders and TDH need to create an open communication system;
- Stakeholders have difficulty getting timely information/data; and
- Staff is often helpful and well-intentioned.

Summary of Stakeholder Recommendations

- Include stakeholder early in planning processes; make stakeholders a critical factor in public health decision-making;
- Clarify and clearly communicate agency priorities; assume appropriate leadership role;
- Empower staff to make decisions according to clearly stated priorities and to carry out those decisions;
- Clarify the role and responsibilities of advisory council members;
- Simplify and standardize business (funding requirements, grant reporting, quality assurance, management practices, etc) processes;
- Support the TDH priority of communities and community based solutions in agency business practices;
- Improve agency responsiveness and communication; and
- Develop a management process to facilitate needed transitions within the agency.

A complete report on the stakeholder focus groups can be found in Attachment F-2.

3. Review of Best Practices A review of best practices was conducted to learn more about effective stakeholder strategies. Interviews were conducted to identify the strengths and challenges of stakeholder strategies used at TDH, other state agencies and nationally.

4. TDH Initiatives with a Focus on Stakeholders Fact finding was conducted with existing TDH initiatives that have a similar focus on stakeholder input, customer service and client satisfaction including:
   - SB 1563 Agency Customer Service Standards,
   - HB 2641 HHSC Public Comment & Agency Operations,

- TDH Regulatory Review,
- Services Delivery Integration (SDI), and
- TDH Data Management Workgroup (DMWG).

A short description of each of these projects can be found in Attachment F-3.

Part 3 – Challenges to TDH

Topics related to public health are often controversial — politically, socially and economically. Issues related to appropriate levels of Medicaid coverage, government regulation of business, provision of family planning services to minors, and protection of the confidentiality of medical/health information are all highly controversial. These and other issues elicit a wide variety of opinions and often these opinions are conflicting. As a result, soliciting stakeholder input is often a difficult task requiring a specific set of tools and skills. Feedback and experience from past stakeholder involvement processes reveal key issues that need to be addressed to improve such processes in the future. These issues are described below:

- The Texas Department of Health lacks a consistent process for soliciting stakeholder input in identifying community needs, health priorities, program/service development and the rule making process. Although it is recognized that TDH is a complex agency with many diverse programs interacting with diverse stakeholders, a "one-size-fits-all" approach may not be effective, but consistent philosophy and approach is needed.

- Some stakeholder involvement activities appear to be conducted because they are considered a good thing, but it is not clear how or if the activities contribute to actual department decisions. TDH has not maximized input from stakeholders and other experts during the development and evaluation of programs. This leads to frustration when department actions do not coincide with participant expectations.

- Staff does not always have an understanding of the type of stakeholder involvement that is most appropriate or if an approach they selected will produce the desired results. Planning and managing effective,

ongoing stakeholder involvement activities requires skills that many TDH staff members have not developed as highly as their scientific or technical skills. Continuing education opportunities should be made available to staff to learn about stakeholder tools and techniques including:

- Public hearings,
- Advisory groups,
- Surveys,
- Stakeholder analysis,
- Forums,
- Coalitions,
- Focus groups,
- Fact-finding,
- Mediation,
- Arbitration,
- Participatory planning, and
- Strategic alliances.

- The organization should establish an open communications policy as the foundation to build trust with stakeholders.

- The organization should establish a process for audit and disclosure of how well it is working with its stakeholders.

Part 4 – An Optimal System for Stakeholder Involvement

An effective system ensures that policies and practices are in place for stakeholders to easily access involvement opportunities, freely share their opinions and ideas, and their input, along with the contributions of other stakeholders, is given careful consideration before department acts. Such a system is based on the principles of democracy, civil society and community development. An effective system ensures that the rights of stakeholders are respected and retained.

An optimal stakeholder system is based on three practices:

1. Building the skills and capacity of TDH staff to involve stakeholders in a meaningful way;
2. Develop the capacity of stakeholders to participate in agency planning and decision making; and
3. Develop systems and policies to evaluate and ensure meaningful and ongoing involvement of stakeholders.

Part 5 – Goals and Objectives for Improving Stakeholder Involvement

Goal: To improve health status in Texas by engaging stakeholders in the determination of health needs and priorities at the local, regional and state levels and by offering meaningful involvement in public health program planning and decision-making.

Objective 1:

To enhance the development of TDH's policies, capacity and skills to involve stakeholders in agency planning and decision-making.

Strategy 1.1: Require that a stakeholder plan (Attachment F-1A) be developed by programs prior to rule making which:

- Justifies the need for the rule,
- Analyzes workload and fiscal impact of proposed rules,
- Identifies external and internal stakeholders and the methods of communication for soliciting stakeholder input,
- Evaluates the use of negotiated rule making,
- Discusses the role of an advisory, ad hoc, or steering committee/ council,
- Establishes a stakeholder friendly time line,
- Receives senior management approval, and
- Displays on the TDH web site.

Strategy 1.2: Create a position within the agency that would be responsible for overseeing and facilitating the customer service, advisory council and general stakeholder involvement functions and

provide technical assistance to programs in developing their stakeholder plans for rulemaking and working with stakeholders.

Strategy 1.3: Train TDH staff in the tools and techniques for effectively involving stakeholders. Develop a toolbox to include a statement of TDH's general stakeholder principles, and guidance on how to effectively use stakeholder involvement tools. Provide training on the toolbox for staff.

Strategy 1.4: Develop and maintain a stakeholder information system at the program level with capability to generate electronic and regular mail to inform stakeholder of opportunities.

Strategy 1.5: The Board of Health and senior staff should clarify the roles and responsibilities of advisory committee/group members. TDH staff should brief/train advisory committee/group members on their role(s) and responsibilities.

Strategy 1.6: Continue to provide targeted communication about department activities and products to key stakeholder groups. Facilitate state and regional communication about TDH products designed for key constituents. Develop a communication network among the local, regional and state levels to solicit, share, analyze and apply stakeholder input.

Objective 2:

To enhance the development of stakeholder capacity to participate in agency planning and decision-making.

Strategy 2.1: Create opportunities at the local, regional levels for stakeholders to assess and identify health needs and priorities through the development of a community health profile.

- Adopt the components of essential service #4 of the Centers for Disease Control and Prevention State and Local National

Performance Standards - Mobilize Partnerships to Identify and Solve Health Problems. The components of this essential service will help to develop systems for stakeholder input at the state and local levels (Attachment F-4).

Strategy 2.2: Create an internet page to encourage stakeholder involvement (stakeholder opportunities, listing of technical assistance available to stakeholders, reports on stakeholder activities).

Objective 3:

To evaluate TDH's effectiveness in using stakeholder input.

Strategy 3.1: Establish an oversight committee comprised of diverse external stakeholders to annually review agency effectiveness in stakeholder development and management.

Attachment F-1

Public Input on Rules
Report of the Rules Development Work Group

Background

In 1998, the staff of the Sunset Advisory Commission recommended that TDH improve its methods for soliciting public input on rules. The staff's findings were as follows:

- TDH has enormous rule making responsibilities that affect a diverse group of stakeholders. As a result, soliciting appropriate rule making input is difficult;
- TDH has not maximized input from stakeholders and other experts during the development and evaluation of the rules; and
- Other state agencies have a formal way to more actively solicit input from stakeholders during the rule making process.

The staff recommended a change in statute to require TDH to establish a system **for soliciting stakeholder input** when developing rules. The staff also recommended as a management action that TDH should **establish uniform methods to solicit input** during the development of rules, such as creating lists of stakeholders by interest area, and use these lists to mail notices regarding the development of rules.

In House Bill 2085, the TDH Sunset Bill, the staff recommendation was enacted in law. The pertinent sections are in Texas Health and Safety Code, Chapter 12, Sec. 12.004:

> (b) The board shall require the department to establish a checklist of methods that, to the extent appropriate, the department will follow to obtain early in the rule development process the advice and opinions of the public and of persons who will be most affected by a proposed rule. The checklist must include methods for identifying persons who will be most affected and for soliciting at a minimum the advice and opinions of affected local health departments, of recipients and providers of affected services, and of advocates for affected recipients or providers.
>
> (c) The checklist may include negotiated rule making, informal conferences, advisory committees, and any other appropriate method.

Rules Development Work Group

TDH executive management designated this legislative initiative a "Category 2" and assigned the implementation to Susan K. Steeg, General Counsel. Dr. Mark Guidry was designated as the Regional Director participant. A work group was organized from nominations received from the Associate Commissioners whose areas are involved in rule making. Members of the work group and where they work in the agency are listed below:

Deputy Commissioner for Health Care Financing

Becky Brownlee
Rodger D. Love

Deputy Commissioner for Public Health Sciences and Quality

Susan E. Tennyson
Rebecca Waak
Geraldine R. Harris

Deputy Commissioner for Community Health and Prevention

Marilyn Calhoun
Linda S. Linville

Public Health Regions

Mark Guidry, M.D.

Office of General Counsel

Susan K. Steeg
Linda S. Wiegman

The work group met on October 6th and October 27th. Members of the work group solicited information from their areas on processes for rule making which were used to benchmark. Kathleen Hamilton is to be acknowledged for submitting her suggestions based upon her experiences in policy development at other state agencies.

Assumptions

- TDH lacks a consistent process for soliciting stakeholder input in the rule making process.
- Many TDH programs have exceptional methods for soliciting stakeholder input.
- Bench marking of TDH programs should provide guidance on developing an agency-wide policy.
- TDH is a complex agency with many diverse programs participating in the rule making process. A "one-size-fits-all" approach is not appropriate.

Recommendations

1. Require that a **plan** be developed prior to rule making which:
    - Justifies the need for the rule
    - Analyzes workload and fiscal impact of proposed rules
    - Identifies external and internal stakeholders and the methods of communication for soliciting stakeholder input
    - Evaluates the use of negotiated rule making
    - Discusses the role of an advisory, ad hoc, or steering committee/council
    - Establishes a time line
    - Receives senior management approval
    - Displays on the TDH web site
2. Develop and maintain a **stakeholder information system** at the program level with capability to generate email and snail mail addressing.

Attachment F-1A

Proposed Rules Planning Tool		See XO-0104 for rule making procedures and instructions on completing this form.
Proposed rule concerning		
Program:		Contact Name:
		Phone/E-mail:
1. Statutory Authority List State/Federal Laws that Authorize this rule		
2. Justification. Explain the reasons why this proposed rule is necessary at this time		

3. Rule History			
__ TAC §___	Date Last Action	Scheduled Review Date	Proposed Action Type Amendment or Repeal

Attachment F-1A continued

4. Impact Evaluation	
4A. List the types of persons and entities who could be impacted by this rule, or organizations that represent them, and the nature of the impact.	
Person, Entity, or Organization	Nature of Impact
4B. In addition to persons/entities listed in 4A. List other persons/entities who have an interest in this.	
Person/Entity	
4C. List the non-fiscal impact of this rule on TDH.	
Program	Nature of Impact
4D. What is the non-fiscal impact on local health departments?	
4E. What is the fiscal impact to:	
	a) TDH

Attachment F-1A continued

	b) State government [§2001.024, Govt. Code]
	c) Local government, including impact on local employment [§§2001.022 and 2001.024, Govt. Code]
	d) Micro-business (<20 employees) [§2006.002, Govt. Code]
	e) Small business (20<X<100 employees) [§2006.002, Govt. Code]

5. Methods for Soliciting Input (check all that apply)

- ☐ Board of Health Advisory Committee
- ☐ Ad Hoc Advisory Committee
- ☐ Health and Human Service Advisory Committee (MCAC, HPAC, etc)
- ☐ Interagency Council on Genetics Services
- ☐ Verbal communication with stakeholders
- ☐ Publications
- ☐ Coordination with professional/trade associations
- ☐ Solicitation for input on TDH Web site
- ☐ Solicitation for input using email/list servers
- ☐ Correspondence
- ☐ Telephone solicitation
- ☐ Other _____

6. Use of negotiated rule making

This proposed rulemaking has been evaluated under Chapter 2008, Government Code concerning negotiated rule making.

Choose One:

- ☐ Formal negotiated rule making will be used.
- ☐ Formal negotiated rule making is inappropriate for the following reasons:

Attachment F-1A continued

7. Timeline.

7A. Stage 1: Development
Please describe in narrative form the timeline for development of the rule. Include each step of stakeholder participation.

Step	Date

7B. Stage 2. Formal Public Comment

Task	Target Dates
Complete OGC and Budget Office review (5 weeks prior to BOH meeting)	
Submission of agenda item request to BOH office (4 weeks prior to BOH meeting)	
Post on TDH Web site (1 week prior to BOH meeting)	
Board of Health approves publication (BOH meeting)	
Anticipated Texas Register publication (Friday, 3 weeks after BOH meeting)	
End of ____ day comment period (minimum of 30 days)	
Public hearing(s) [if applicable] (during public comment period)	
Submission of agenda item request to BOH office (4 weeks prior to BOH meeting)	
Board of Health approves rule (BOH meeting)	

7C. Effective Date. Choose one:
☐ 20 days after filing
☐ Other (Specify date) _____

	NAME	INITIALS	DATE
PREPARED BY			
BUDGET OFFICE			
OFFICE OF GENERAL COUNSEL			
DIVISION DIRECTOR			
BUREAU CHIEF			
ASSOCIATE COMMISSIONER			

Attachment F-2
Stakeholder Involvement:

A Qualitative Study of Texas Department of Health Stakeholder Involvement Practices
August 2000

Project Staff:
Mary C. Soto, M.S.Ed., Office of Policy and Planning (Project Lead)
Jacquie Shillis, M.Ed. (Focus Group Leader & Project Advisor)
Suzanne Sparks, Bureau of Regional and Local Health Operations
Rick Danko. Dr.P.H., Office of Policy and Planning
Jose Tabares (co-facilitator)

I. Project Overview

Background

HB 2085, passed in the 76th session of the Texas Legislature, mandated that the Texas Department of Health develop a Comprehensive Strategic and Operational Plan (Service Blueprint). One charge outlined in the blueprint legislation is for TDH to develop a method for soliciting input from outside the department. The legislation goes on to specifically define this as:

A method for soliciting the advice and opinions of local health department, hospital districts, and other public health entities, of recipients and providers of services that are related to the department's missions, and of advocates for recipients or providers for the purpose of identifying and assessing:

- the health-related needs of the state; and
- ways in which the department's programs and information services can be better integrated and coordinated.

The purpose of this project was to gather information on how well the Texas Department of Health is doing in working with our stakeholders and look at ways we can improve our stakeholder practices. Focus group questions were drafted to specifically elicit the experiences of stakeholders in working with TDH and their suggestions for improving our stakeholder interactions. Information and recommendations gathered in the focus group process will be incorporated into the TDH Operational Blueprint.

II. Methodology

Two stakeholder focus groups were conducted to elicit information on the quality of TDH's relationship with its stakeholders and ways the department can improve its strategies to involve stakeholders. The Center for Public Policy Priorities (CPPP); the Texas Conservative Coalition; and the Texas Association of Local Health Officials (TALHO) were asked to suggest focus group participants. Focus groups were held on May 9 and May 24, 2000. Focus group participants included representatives from the following organizations:

Austin Right to Life,
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Dallas County Hospital District,
Disability Policy Consortium,
Eagle Forum,
East Texas Area Health Education Center,
Heidi Group,
McLennan County Collaborative Abstinence Project,
Parkland Health & Hospital System,
San Antonio Independent School District,
TDH Contractors,
Texas Advocates Supporting Kids with Disabilities (TASK),
Texas Association of Local Health Officials,
Texas Association of Municipal Health Officers,
Texas Board of Social Workers,
Texas Conservative Coalition,

Texas Family Research Council,
Texas Justice Foundation,
United Way of Texas, and
University of Texas Medical Branch.

Jacquie Shillis asked questions and facilitated the discussions. Jose Tabares co-facilitated the May 9 focus group. Suzanne Sparks, Mary Soto and Rick Danko took notes on content and group dynamics. Both focus groups were recorded per the consent of the participants. Mary Soto conducted a theme analysis on the information gathered and prepared this report on the findings.

III. Report Format

This report consists primarily of statements made by focus group participants and themes that emerged during the focus groups. By allowing the stakeholders to "speak for themselves" within a framework that organizes their comments, overgeneralization can be avoided while retaining the richness of their insights.

IV. Constraints

Caution should be exercised in generalizing the findings of this study. Information gleaned in this process may not be indicative of the opinions of all stakeholders. Opinions undoubtedly vary based on personal experience.

V. Focus Group Script/Questions

1. When you think of your experiences with the Texas Department of Health, what comes to mind? I'm interested in hearing about the peaks, the pits and the norms – whatever comes to mind first.

2. In our interactions with stakeholders, what does TDH do well?

   Probe: Has anyone had a different experience in that area?

3. In our interactions with stakeholders, where is there room for improvement?

   Probe: Has anyone had a different experience in that area?

4. How can TDH improve its style and substance in working with stakeholders?

5. What elements would you want to see in a plan to include stakeholders?

6. How could TDH measure and evaluate such a plan?

VI. Themes and Supporting Quotes

Theme: Stakeholders are sometimes denied access to the decision-making table

"I have an overall concern that cuts across a lot of agencies about so much policy not being subject to any kind of public process. Unless something is literally in a rule making process there is never an opportunity to be involved. I think that's a problem."

"[TDH staff from one program] continuously deny us access to the table. Major decisions are made concerning our funding allocations. New programs are implemented because someone went into a meeting, said that's a great idea, let's take some money and put it into that. So they take it from a program that doesn't show up as an unmet need. There's a huge riff being generated between the local and central office level for lack of communication from that particular shop."

"Stakeholders don't have a chance to get involved in the development of ideas. We don't have a chance to comment until the decisions have already been made."

"I think it's very important to get stakeholders from a consumer perspective. They're usually left out, but what I also see is a belief that the only stakeholders are the providers

and quite frequently consumer advocates like us have to really work to insert ourselves into this process. Talk to the people who are directly affected because they're going to give you, whether it be providers or consumers, they're going to give you straight-forward information."

"If you don't solicit that input from all of the stakeholders the ones that have the most passionate feelings about [an issue] are the only ones who you'll hear from."

"Even if the health department worked perfectly [with its contractors], if everyone's interface was efficient and courteous and if the health department functioned perfect internally, even with all of this, there still is the stakeholder of the society at large and the health department doesn't have its aim carefully drawn on that stakeholder."

"But the whole [rulemaking] process operates with the Helinsky method of soliciting comments, but nobody knows who is making what comments and then there is an outcome that comes out that you don't know what it really, what relationship it really bears to the input that was given. It could have already been drafted ahead of time."

"You know, having been in public policy for seven years, I work on the philosophy that even paranoid people have enemies so I try to remember, 'are you out to get me or you know am I just paranoid about this?' And sometimes the answer is yes (LAUGHTER) on both counts. So I have tried to give up assuming that you have a set agenda in place beforehand. I try to work from the assumption that you do not and surely if we enlighten you you'll understand our point of view and that is much more possible to do now than it was probably five or six years ago."

"And the response from someone from TDH…I said you know you need more representation and they said, 'well, you are that representation.' And I was the only person in the room that was not either a school employee, a nurse, a doctor, something involved in the medical, I was the only non-industry person there. And I said well 25 to 1 I guess it balances, but … if you want me to feel like you really care what my opinion is you probably won't put me as the only one in the room."

"But the other thing is I believe that when we sit down and look at all of the issues we really all have the same goal in mind which is solving a particular problem. What we may not agree on is how to get there. And as you sit and talk out what is

it that you really want to solve, I think there's been a lot of give and take on both sides. I know I understand now that you don't necessarily want to do things the wrong way."

Theme: Changes in agency priorities can be frustrating and costly

"There is a real lack of focus in the health department as to what are we trying to do on any given day and what we're trying to accomplish changes on a whim. For us [at the community level] to turn around our programs based on what someone [who] went to a meeting and only understood half of what was said, and rewrote a whole set of policies over is very frustrating."

"[We've seen that problem of changing priorities] in primary health care. How many names has the primary health care program had in the last six years? And despite the fact that it's written in state law what the health department is supposed to do with that program, we get new leaders in and they go off on their own tangent and we literally had to go to the legislature to get the legislature to clarify one more time what it is the money is to be used for. So I think there's a real lack of focus and clarity in the health department right now as to what we're supposed to be doing."

"The Texas Department of Health is now emphasizing the essential public health services. Those of us at the local level are still very actively involved in direct health care in our clinics with immunizations, tuberculosis, sexually transmitted diseases, family planning and maternity being the top five. We're still there, we're still struggling with the provision of those services and the big concern we have now is that if TDH is taking a direction of de-emphasizing the provision of health care, how actively are funds going to be pursued both at the state level and at the federal level for the continuation of those services through local health entities?"

"… the mission has changed somewhat from the delivery of health care services to looking at causes of public health I mean, what affects the health of the public as a society. You would get into more of those data things that you're talking about. You would get into more lifestyle things and what have you and the actual delivery of health care services needs to be a local community based thing rather than state based. You're not just one big hospital district. And that has been a

philosophical kind of like turning the ship and going a totally different direction in my opinion and it's one that I think is a more legitimate role than the expansion of indigent health care services."

"The other thing that comes to mind about [changing priorities] is that there are three documents that are probably important to the whole system, the department vision, mission statement and guiding principles. I doubt that most employees here could really explain what those are. There has been so much waffling in the organizational design over at least the past two tenures of leadership. Part of it has to do with fads, and part of it has to do with such a burdensome organizational structure. With so many different responsibilities to undertake, it's not clear what the core mission is."

"This agency is notorious for changing policy. TDH changes policy that severely affects the services families receive through that Medicaid waiver, but they don't run that policy change by a parent, an advocate, or anybody to see how is this policy change is going to effect the services families are receiving."

"If there are new things to do, then [make those changes] in a way that doesn't penalize or diminish the success of what has been achieved. Build on the existing program on a pilot basis so we can determine whether it really is going to be effective given the mission of the agency."

Theme: TDH struggles with how to assume its leadership role and empower its employees

"The greatest success I've had is actually going to the Board of Health with my concerns, but that took a while for me to figure that out. I have experienced a great sense of powerlessness even among some fairly high level TDH managers over decisions that are made."

"I was astounded last year during the legislative session when I hear an immunization bill would place a philosophical exemption to the school immunization law and told that the Texas Department of Health would not oppose it. I wouldn't have believed in a million years that could be the case. I thought I knew the immunization program, I thought I knew the people in that program, I

thought I knew the leaders at the Texas Department of Health and I would have said that there is no way that could happen. The Texas Department of Health is not one to sit back and watch that happen, but they did. For the department to take that position and not touch base with local providers and say here's what's being proposed, we're not going to oppose it, and here's the reason why, boy I just felt deserted. I thought holy cow, this was the one program I thought we were solid on and the department has a position that I don't understand."

"And so how do you go about narrowing that focus I think is important. And what is the legitimate role for the department of health and public health? And how you go about defining what that is…we probably could have ten different opinions of what that should be here, so I'm not telling you what the answer is I'm just telling you that problem."

"There's a sense of general powerless several levels up in terms of the TDH hierarchy. The sense of powerlessness over decisions goes very high. I've said several times that power at TDH is either very, very centralized or it's very, very diffused. It's almost impossible to find out find where it lives. Where are the decisions actually made?"

"The department has a reputation for taking lot longer for new policies to get generated and embedded. The processes for getting things through the chain here are much slower and more complicated than other agencies, even other great big unwieldy agencies, so it's not just the size of TDH."

"TDH funnels a lot of money from Washington and in that role parts of TDH can get hijacked by people with an agenda and get innocently used to push forward issues that perhaps not even TDH knows the full importance of. For instance, a few years ago there was a reconfiguration organizationally. That structure was perfect to implement the national health care plan that was supposedly about to happen, but which didn't."

"It's irresponsible for TDH to assume leadership just by the mere fact that it's big and broad. I think the assumption of leadership has not been resolved."

"TDH, like any organization, can try to force an agenda without allowing people to have a voice. Considering the number of different public health agendas, and

the diversity of our population, it's critical that TDH proposes acceptable choices so people can work together."

"Some of the policy debates that may be promoted by the department are within the authority that has been granted to TDH by the legislature. I'm not as quick to point to some of these situations, as I am ones where you have been given direct legislative authority and TDH exceeds that authority. That's a bigger issue. There's a lot of things that we are frustrated from our point of view in public policy that the department may do that you have legitimate authority to do and some you do not."

Theme: The role and responsibilities of advisory council members are unclear

"What is the purpose of advisory boards? We are so totally confused. We come down
[to Austin], we leave our jobs, we meet in an official capacity. If we go to the board then we've circumvented the staff and we make the staff look bad. If we speak to the staff sometimes they respond if it's convenient to respond and if it's not convenient or politically correct for their careers to respond they just ignore what we're saying. So the whole role of the 26 or 28 advisory boards to the state board of health needs to be explained. The whole way it's supposed to communicate is a mystery to me and I've been involved in it for ten years. "

"There are several nurses across the state who sit on advisory boards with the health department and they too have expressed a great deal of frustration with regard to the clarity of their role. [There're frustrated] at and the amount of time they are being asked to take away from their jobs to and then not to see any progress. They don't see any real movement towards what was originally laid out as the purpose of the advisory board."

Theme: Business processes are inconsistent and sometimes cumbersome

"Most of my experiences deal with legislative rule publication. Generally we get involved after legislation has been passed when the rules are promulgated by TDH. I appreciate the good efforts on the part of the TDH. There has been a significant change since I've been in public policy for the last seven years and there has been

a significant change in the TDH response, whether that's from developing relationships over time or whether that's a change in policy on your part, I don't care what it is, I just appreciate it. One of my biggest complaints is probably that the rules that come out sometimes do not reflect the legislation that was passed. Now to your credit, when that's brought to your attention, it's not difficult to get it changed, but it's an on-going battle to make sure that TDH follows the intent of the legislation."

"Texas Department of Health is without a doubt my best partner and yet I struggle with them everyday over some issue. I love this term partner and I wish I thought that's what we were because we don't treat each other like partners. This notion of grants, actually they're not grants there're contracts, and so you send people out to measure me and see if I'm accountable for this money and we don't treat each other like partners. It's not a 'we' sort of thing, it's us against you and boy we could do better than that."

"The very positive aspect is what actions Grants Management has taken regarding a question that we had in the delay of getting our contracts to us at the beginning of a fiscal year or prior to that. We've had numerous meetings with Grants Management, with staff to bring local health officials to the table, to get input, to get a better perspective of what those issues are and what those problems are."

"Generally, we just assume you'll do the right thing. [Too often] we say, 'gosh we knew better than that,' and TDH gets rules published that we can't even recognize. We don't remember [some of that information] being in the legislation. Locals get involved in the comment period after you've already developed the rules. Now we did get involved in the school based health clinic funding rules prior to creation of the rules and that didn't seem to help at all."

"Our community group is attempting to compose a mural in the East Austin neighborhood that would increase the awareness of tobacco being harmful. We're trying to get TDH funds for the project. You wouldn't believe all the hoops I had to jump through. And then after jumping through all of them, there was one little small hoop that dealt with the incentives that we were giving to students. It looks like we're at an impasse with TDH on this issue. What a waste of time and effort!"

"In terms of TDH, it just seems like it's a big quagmire of very complex and confusing policies and procedures. That's how it looks to parents on the Medicaid waiver programs. They're trying to figure out why their needs aren't being met."

"... and they're listening to me. I mean they're being very respectful and actually some comments that I had made regarding sibling support and cultural competence being involved in some of the community activities they try to get out of these grants was actually added into the RFP language."

"I think the principal that the government ought to be neutral is critical. If you have Planned Parenthood on the TDH website then to be fair and to be neutral you probably ought to have the Heidi Group or another conservative group."

Theme: Funding policy can be complex and convoluted

"I feel that with Medicaid attached to TDH every other program at TDH is sort of like a 'Little Shop of Horrors'. Have you ever seen the show 'Little Shop of Horrors' where the plant needs to eat more and more? [Medicaid is like that plant in the movie], TDH keeps feeding it more and more, and it demands more and more. Funds are being looked for in every nook and cranny [to feed Medicaid]."

"Somebody has decided that essential public health services is where we need to go. I don't necessarily disagree with it, but the bottom line is HB 1444 might have gotten passed, but the whole last page, that related to funding for it, was ripped out and not passed. Therefore they're looking for all of our dedicated funds and we're not the ones that dedicated them. Sometimes it's the federal government that dedicates, so whenever you get staff going off on a tangent trying to take dedicated direct services dollars that's very discouraging."

"I understand that the new initiative for public health is to focus on those essential services, but I don't believe that there was sufficient planning to ensure a smooth transition. You know, with 57 percent of our 1,046 school districts having less than 1000 kids, many of those districts rely very heavily or solely on the health department for assistance in meeting our public health initiatives."

"I know some of our pharmaceutics we work with have significant funding from TDH on a contract basis to do community based activities. I have recently heard more than one say that they will no longer seek that funding because it's too hard to deal with the contract administration. It's a great program, it's meeting a need, it's substantial funding and they're not going to provide the service because it's too burdensome."

Theme: TDH talks community but doesn't always support the concept in business practices

"A year ago or so the Board of Health adopted one of their priority strategies that looked at community based solutions. I feel like I'm being encouraged to invite the community to put all the resources that I have on the table and then say let's us figure out what's the best way to utilize those resources that we have. I have to confess that I don't always trust the community enough to do that. But I don't see that sort of community behavior modeled by Texas Department of Health. I don't see the department inviting us in and saying here are the resources, why don't we figure the best way to address these issues. Instead, what I see is a 'Here's the strategy we're going to use!' attitude. I don't think the department trusts that we're on the same page and that we're pursuing the same public health priorities or goals."

"Those of us that deal with TDH understand that TDH does not do grants anymore. They give contracts with performance measures attached and they're cost reimbursement contracts, they're not grants. But all the PR that comes out of TDH is you want grass roots community groups, you want community based organizations, which my organization is one, but yet your funding mechanism is based on a corporation with a line of credit and a staff of accountants that can jump through all the hoops related to the accounting. Now this is a perfect example of the warm fuzziness going off in one direction and the grants management people getting more strict over on the other hand."

"I've heard from other non-profit, grass roots groups that there is not very much room for creativity in grants received from TDH. You have a reputation for the obstacles you put in place. It might be good especially in where there are so many local participants and people with good ideas [for TDH to develop] special rules for smaller groups or grass roots groups."

" In my local project we have a little phrase that we've now coined. If we come back from a meeting out in the community and say, 'we found a fence post or even a fence hole' [that means] in that little sector of the county we have a teacher, pastor, parent or someone who is a fence post [for our ideas] where we can now add a little concrete, we can help secure them. So that's a philosophical thing, we go there first and then once you get people to the table and have shared vision the how-to is a no-brainer. In the two years that I've been working with the state it's very obvious there is no shared vision. [TDH needs to develop fence posts out in communities]."

"We don't need the state to tell us at the local level how to spend state money and call it a community-based solution."

"And I think that when we talk about community based solutions what (focus group participant) thinks is a community based solution and what the Department of Health thinks is a community based solution might be two different things. Your community- based solution might work in Houston, but it's not going to fly in Waco…so I hope that you're defining community-based solution as a solution that actually comes up from the bottom up and not a community based solution that comes from the top down."

"This has been on ongoing theme for years. Is that we're told we have input into the process and not just with TDH, but with other State agencies is that they call meetings together and you're told that you are going to have a grass roots input and then you turn in your paper and it's supposed to be typed up and you get back something else. It undermines any kind of trust."

Theme: Stakeholders and TDH need to create an open communication system

"When we talk about communicating with stakeholders, there has to be something within this hierarchy to ensure the flow of communication. We're talking about extremely complex programs that are difficult for us to understand and all of these issues need to be brought to the table."

"There's a problem at TDH in that the 4th floor doesn't talk to the 5th floor, the 5th floor doesn't talk to the 1st floor. Programs and staff are isolated."

"Once policy has been developed everybody knows what the policy is. I find that sometimes people don't even know that the change has occurred. TDH needs to establish firm regular linkages with key stakeholders. I think it's critical that we who take the time to provide input get some results. We need to see the impact of our input."

"I think that we all need to be better educated about the environment that policy is created. Right now the way we find out about that is unofficially through the grapevine and not through any type of official publication. I can't emphasize enough how much I agree that it needs to be on the Internet. For instance if you have a letter from Washington saying the Title V block grant must be reworked to include these 14 items, put that information on the TDH website and include links so we can see [the federal version]."

"[The] assumption that local people will open doors for the government without having trust built is naïve. While money is wonderful and programs are wonderful there is nothing more wonderful than your credibility in your own local town. If you stick your neck out in town to open the door to invite a government agency in and they violate that trust the agency leaves, but you have to go to the grocery store with these people the rest of your life."

"Unless you have a shared vision, and you must have that first, and you communicate that vision, you can't have partnership. It is also naïve to think that we as Americans will all have the same vision, but as I develop partnerships in my local community I'm looking for people that we have a shared and common goal and then we build from there."

"It is so hard to get connected to the right program at TDH. The operator doesn't know, she does her very best to put you through, but often time I have to go through eight or more people to find one that can answer my questions. When I walk around my office with a headset my staff knows that I'm talking to TDH."

"Every time we say something, TDH reframes it in neutral language. If that neutral language were to get printed up it would not reflect the opinion or perspective that we're coming from. What the neutral language says is accurate in a mechanical way, but that's all."

"… the question might be what are the policies of TDH as far as putting information and links on the web page. And what can be done to assure that stakeholders with different perspectives when they get there feel like they are represented or feel like that if there are links to one perspective there are links to another perspective?"

"And the lack of trust built up over lots of things. I mean from the federal government on down there has been a complete loss of trust in government. You can't believe things anymore, but we perceive that that's where the initiative and the momentum is in the bureaucracies in the health departments generally so that's why we're talking about these things [sexual activity in minors, family planning, abortion, things like that]. If you were going to take all our doggies away and say you can't have pets anymore we'd be here, or you know whatever. Garbage control, remains disposal, there would be lots of ideas on that."

"Why don't when they initiate whatever program it is, do the listening first rather than the talking?"

Theme: Stakeholders have difficulty getting timely information/data

"I find the people to be very helpful in many ways, but I find that it's often extremely difficult to get information and data out of the department … I'm not talking about people responding to a direct question, but a lot of times we want to get data that's collected. For example, all the information that's collected about hospitals, and it's legally public information. [There's a perception] that the information is not public and that's the exact opposite of the intent of the Public Information Act."

"There's a lot of concern about sensitivity of medical information. We never want to get people's names, but there's a lot of information that's collected at the health department that in our opinion is a big waste of time unless you make it really easily available for other people to analyze it to see what's going on in our health care system."

"I think a big issue that has been coming up…and will continue to do so in the future is a major issue for the Department of Health is how you collect and track information on people's health."

"I want to say some very positive things for I've been so excited about the information that we've been able to get lately and the way that several different departments seem to cooperate and really give, it seems to me, more up-to-date information than ever before. So I've had some very positive experiences working on the abortion clinic taskforce. … TDH could not have been better, they did a wonderful job."

"I'm actually looking for how to formulate my open records request … but I'm told that it's hard to get supporting documents for that kind of thing.... if you've had an audit and there's not supporting documentation that might be a little problem.

"Right, so a generality you could draw from that is that open records requests are not always…satisfying."

Theme: Staff is often helpful and well intentioned

"[When I think about my experience with the Texas Department of Health] I think of helpful people. For the most, I would say probably 90 percent of the people that I've communicated with in the department here in Austin, have been interested and responsive to my request for information. And that's at the program level. I can't speak to administrative, contract management, legal affairs, and those area, but folks at the program level I have found very interested and willing to engage in discussion."

"I would say some of the nicest people I've ever worked with in my life are here at the health department."

"School districts across the state are extremely grateful that the health department does have an office of school health, that we do have resources we can contact and that those folks that staff that office have been very responsive especially with regard to … epidemiology needs that school districts have when they have outbreaks … So we're real grateful to have that staff, we're real grateful that TDH does support, in part, regional school health specialists that also provide even more direct support to local school districts."

"I have a huge list of really positive connections to different parts of the department, really competent dedicated people who are helpful, very accessible."

"There are a lot of good people at TDH who want to do good, who are public servants and do their jobs well."

Elements of a stakeholder plan – or how do we measure our success?

"I'm liking the idea of as much communication as possible through the Internet, but what do we do about those little communities that don't have Internet access?" (another participant responded) "Automated fax lists. You hit one button and you send a fax to numbers and numbers of people."

"When TDH starts a new program or asking for comments, don't just use your normal communication channels. If you do, you will only reach those people who you normally deal with. You need to use the newspapers; you need to use normal channels of communication to get what Bill Cosby calls regular people. Those real people are where your stakeholders are. Those are the sources for new ideas, energy, motivation or even volunteers."

"I would like to see the department of health invest in infrastructure money to allow locals to do video conferencing, at the regional offices. Speaking as somebody that every time I get on an airplane it's $250-300 out of the service delivery contract, I believe that you could have more interface with me if I could drive to Lubbock, to region one and sit there in a conference room in region one and let us conference from all over the state or do this presentation on the context and the proposed change of direction by video conference and let us all hear the same thing at the same time, but not have to get on an airplane to do it. Or get a hotel room now that the airport has moved so far away. And that should not be that high tech."

"Well one of the things that I would say is be flexible. You don't have to set up a bunch of formal statewide advisory committees necessarily. Sometimes you do, sometimes you don't … there's a million different ways you can get input. Just try lots of things."

"… but the bottom line is one of the best ways to hold yourself accountable, is to ask people with opposing views how you're doing … ask somebody who doesn't have a vested interest in the outcome financially… Or career wise or whatever."

VII. Summary of Stakeholder Recommendations

- **Include stakeholders early in planning processes; make stakeholders a critical factor in public health decision-making;**
- **Clarify and clearly communicate agency priorities; assume appropriate leadership role;**
- **Empower staff to make decisions according to clearly stated priorities and to carry out those decisions;**
- **Clarify the role and responsibilities of advisory groups;**
- **Simplify and standardize business (funding requirements, grant reporting, quality assurance, rulemaking, management practices, etc) processes;**
- **Support the TDH priority of communities and community based solutions in agency business practices; and**
- **Strengthen agency responsiveness and communication.**

Attachment F-3

Texas Department of Health
Initiatives with a Focus on Stakeholders

The following is a list and description of current TDH projects that are studying the role of stakeholders in the planning, delivering and evaluating public health services.

SB 1563 Agency Customer Service Standards

In recent legislative sessions, growing attention is being given to customer service in state agencies. In the 76th session of the Texas Legislature SB 1563 was passed. This bill requires agencies to appoint a customer service representative; to create an inventory of external customers for each budget strategy; to survey customers for quality of service delivered by the agency; and develop customer service performance measures. TDH has responded to SB 1563 by developing a "Compact with Texans" serving as a guideline for how employees are to interact with the public on a regular basis. In addition, the agency has inventoried its customers and the processes the agencies uses to assess their level of customer satisfaction. Specifically, in the 2000 Strategic Plan, TDH highlighted the 1998 Bureau of Vital Statistics, customer service survey. The highlights include the following LBB-approved outcome performance measures:

- Percentage of surveyed customers responding who expressed overall satisfaction with services received (currently at 95.2 percent) and
- Percentage of surveyed customers responding who identify ways to improve service delivery (currently at 7.9 percent).

HB 2641 HHSC Public Comment & Agency Operations

In the 76th Legislative Session, the Health & Human Services Commission (HHSC) came under Sunset review. One aspect of the reauthorizing legislation focused on public comment and agency operations. The Commission created six interagency workgroups to review and make recommendations related to their areas of functional authority. One of those workgroups recommended that the H&HSC Strategic Planning Program be responsible for organizing public input. The Commission is currently working to enhance strategies to solicit input.

TDH Regulatory Review

House Bill 2085, requires that TDH, with the assistance of the State Auditor's Office, conduct a comprehensive evaluation of the department's regulatory functions. The Sunset Commission recommended that the department closely examine the effectiveness of TDH's regulatory programs in order to strengthen TDH regulatory process. TDH is examining and analyzing all its regulatory policies and practices, including stakeholder practices to identify problem areas and recommend solutions to the problems to the Board of Health and the Legislature. The recommended solutions may encompass management actions or statutory changes.

Services Delivery Integration (SDI)

HB 2085 also directs the department to integrate the functions of its different health care delivery programs to the maximum extent possible, including integrating the functions of health care delivery programs that are part of the state Medicaid program with functions of health care delivery programs that are not part of the state Medicaid program. This proposed project for the integration of service delivery programs relates to Section 12.0115 and Section 1.22(d) only. The project is focusing on:

- Ways in which the department intends to integrate its programs which best promotes the goals of program integration and gives maximum benefit to recipients and providers with regard to administrative savings; and

- Plans for implementing a uniform contracting process; coordination of contract performance monitoring; consolidation of claims processing; improving the process by which providers are reimbursed; and recommendations for changes to state law needed to remove impediments to an integrated health care delivery system.

The SDI team has initiated development of an internal and external stakeholders survey to develop baseline data on current health care delivery services.

TDH Data Management Workgroup (DMWG)

In mid 1998, TDH senior management appointed a Data Management Steering Committee (DMSC). The DMSC's mission was to develop a long-range plan to move TDH toward an integrated health data system which meets customer needs, supports departmental operations, and evaluates community health status.

In April 2000, the DMWG gathered preliminary stakeholder input regarding the usefulness and applicability of department data. A brief questionnaire was completed by three stakeholder groups:

- External stakeholders including advocates for consumer, community based organizations, professional associations, institutions of higher education and government agencies;
- Members of the Texas Association of Local Health Officials (TALHO) Technology Committee; and
- Selected Texas Department of Health Regional Staff.

Stakeholders rated TDH as average in making data available and accessible. Common uses of TDH data included grant proposals, presentations, justifications for program funding at the local state and federal level, strategic planning and business management decisions, and evaluating public health impact at the community level. Some respondents perceived TDH as "dragging its feet" in making data available, especially in as it relates to the Behavioral Risk Factor Surveillance System data and Healthy People 2010. External (non-TDH and non-local health department) stakeholders rely almost exclusively on their personal contact within TDH to retrieve needed data and documents. They also report that there is great variation between TDH programs in making data available.

Stakeholders are generally calling for TDH to develop a user-friendly interactive query system for data on the TDH web site. However, local health departments indicated that they still rely heavily on printed materials such as annual reports. Both regional and local health departments requested technical assistance and continuing education opportunities in the use of data and statistics. They also expressed a growing need for subcounty level data and geo-coded data. A number of the respondents were interested in participating in an ongoing TDH data users group.

Attachment F-4

Centers for Disease Control and Prevention
State and Local National Performance Standards

Essential Service #4: Mobilize Partnerships to Identify and Solve Health Problems

Background

The National Public Health Performance Standards Program (NPHPSP) is a partnership effort to:

1) develop performance standards for public health practice as defined by the Essential Services of Public Health,
2) collect and analyze performance data, and
3) improve system-wide performance.

Comprehensive performance measurement tools for the assessment of public health practice at both the state and local levels are being designed in partnership with other national public health organizations. These tools will measure performance on the 10 essential services:

Texas Essential Public Health Services

Essential Service 1: Monitor the health status of individuals in the community to identify community health problems.

Essential Service 2: Diagnose and investigate community health problems and community health hazards.

Essential Service 3: Inform, educate, and empower the community with respect to health issues.

Essential Service 4: Mobilize community partnerships in identifying and solving community health problems.

Essential Service 5: Develop policies and plans that support individual and community efforts to improve health.

Essential Service 6: Enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules.

Essential Service 7: Link individuals who have a need for community and personal health services to appropriate community and private providers.

Essential Service 8: Ensure a competent workforce for the provision of essential public health services.

Essential Service 9: Research new insights and innovative solutions to community health problems.

Essential Service 10: Evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.

Essential Service 4
"Mobilize community partnerships in identifying and solving community health problems."
As of July 2000

This service looks at the role of the state health department in convening, facilitating, and collaborating with statewide partners (including those not typically considered to be health-related) to identify and refine state public health essential services priorities and to develop creative solutions for state and local health problems. It also addresses building a statewide coalition to oversee the essential public health functions and services and to utilize the full range of available human and material resources to improve the state's health status. Finally, it looks at the role of the state health department in providing assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

The following are CDC proposed indicators to measure state performance in accomplishing these tasks:

Indicator 4.1	**Planning and Implementation**
State Model Standards:	
• The SPHS conducts community engagement and constituency development by identifying partners and communities, establishing and communicating the purpose for seeking dialogue and action from partners or communities, maintaining linkages to facilitate communication and resource sharing, and mobilizing for collaborative decision-making and agreed upon action.	
• The SPHS builds constituencies on a wide variety of health issues, by identifying, convening, and collaborating with partners who contribute to or benefit from the delivery of public health services, including establishing relationships that foster sharing of resources, responsibilities, and accountability for delivering essential public health services at the state and local levels.	
• The SPHS regularly communicates with partners, including state and local policy leaders, on priority health issues and engage in efforts to strengthen public health resources at the state and community levels.	

4.1.1 Does the SPHS conduct community engagement and constituency development activities?

If so, do these activities include:

4.1.1.1 Identifying public health system partners and communities served by the system?

4.1.1.2 Establishing and communicating the purpose for seeking dialogue and action from partners or communities?

4.1.1.3 Maintaining linkages to facilitate communication and resource sharing?

4.1.1.4 Mobilizing for collaborative decision-making and agreed upon action?

4.1.2 Does the SPHS build constituencies on a wide variety of health issues?

If so, does the SPHS:

4.1.2.1 Identify partners who contribute to or benefit from the delivery of public health services?

If so, does this include:

4.1.2.1.1 Convening those partners to address a specific issue related to delivery of public health services?

4.1.2.1.2 Collaborating with those partners to address a specific issue related to delivery of public health services?

4.1.2.2 Establish relationships that foster sharing?

If so, does this include:

4.1.2.2.1 Sharing resources to deliver essential public health services?

4.1.2.2.2 Sharing responsibilities to deliver essential public health services?

4.1.2.2.3 Sharing accountability for delivery of essential public health services?

4.1.2.3 Enlist broad representation among its partners?
If so, does this representation include:

- 4.1.2.3.1 Government agencies outside the SPHS?
- 4.1.2.3.2 Hospitals?
- 4.1.2.3.3 Foundations or philanthropic organizations?
- 4.1.2.3.4 Managed care organizations?
- 4.1.2.3.5 Physicians?
- 4.1.2.3.6 Social service providers?
- 4.1.2.3.7 Civic organizations?
- 4.1.2.3.8 Professional public health and health care associations?
- 4.1.2.3.9 Business and industry?
- 4.1.2.3.10 Faith institutions?
- 4.1.2.3.11 Transportation providers?
- 4.1.2.3.12 Schools?
- 4.1.2.3.13 Institutions of higher education?
- 4.1.2.3.14 Public safety and emergency response organizations?
- 4.1.2.3.15 Environmental or environmental-health organizations?
- 4.1.2.3.16 Community members or consumers (including those at increased risk of negative health outcomes)?
- 4.1.2.3.17 Legislators and other state and local policymakers?
- 4.1.2.3.18 Other community-based organizations?

4.1.3 Does the SPHS regularly schedule interactions with partners?
If so,

4.1.3.1 Are there established processes and times to brief state and local policy leaders on priority health issues?
If so,

4.1.3.1.1 Are these partners expected to provide input on state health issues during these convening sessions?

4.1.3.1.2 Do the partners provide regular communications to SPHS members?

4.1.3.2 Do SPHS members engage state and local policy leaders in efforts to strengthen public health resources at the state and community levels?

4.1.3.3 Do SPHS members regularly communicate with the public regarding partnership actions taken to improve community health?

L4.1.1 To what extent does the state public health agency meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L4.1.2 To what extent does the SPHS (including the state public health agency) meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 4.2 Technical Assistance and Support

State Model Standards:

• The SPHS provides local public health systems training and technical assistance for constituency-building and partnership facilitation based on current research, effective community mobilization models, and group facilitation processes including community development and organization, coalition building and maintenance, advocacy development and media relations, team management, negotiation, and conflict resolution.

• The SPHS provides local public health systems support for infrastructure development needed for long-term maintenance of community health improvement partnerships.

4.2.1 Does the SPHS provide local public health systems training to build partnerships for community health improvement?

If so, is training provided in:

4.2.1.1 Community development approaches?
4.2.1.2 Community organization approaches?
4.2.1.3 Coalition building and maintenance?
4.2.1.4 Advocacy development approaches?
4.2.1.5 Media relations and advocacy?
4.2.1.6 Processes for effective team management?
4.2.1.7 Processes for effective negotiation and conflict resolution?

4.2.2 Does the SPHS provide local public health systems consultation to build partnerships for community health improvement?

If so, is consultation provided in:

4.2.2.1 Community development approaches?
4.2.2.2 Community organization approaches?
4.2.2.3 Coalition building and maintenance?
4.2.2.4 Advocacy development approaches?
4.2.2.5 Media relations and advocacy?
4.2.2.6 Processes for effective team management?
4.2.2.7 Processes for effective negotiation and conflict resolution?

4.2.3 Does the SPHS assist local health systems develop the infrastructure needed for long-term maintenance of community health partnerships?

L4.2.1 To what extent does the state public health agency meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L4.2.2 To what extent does the SPHS (including the state public health agency) meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 4.3 Evaluation and Quality Improvement

State Model Standard:

• The SPHS assesses its expertise, capacity, and effectiveness in constituency-building and partnership facilitation processes, and institutes improvements based on assessment findings in order to continually enhance partnerships and constituent relationships.

4.3.1 Does the SPHS have a systematic process for assessing its practice of engaging in constituency-building and partnership facilitation activities?

If so,

4.3.1.1 Are methods identified to assess the effectiveness of partnership participation in solving health problems?

4.3.1.2 Does the SPHS have a process for obtaining information on

satisfaction of constituent with SPHS efforts?

4.3.1.3 Does the SPHS assess the expertise and system capacity needed to conduct constituency-building activities?

4.3.1.4 Are actions, if needed, taken to modify the SPHS constituency-building processes and capacity based on the recommendations of the most recent review?

L4.3.1 To what extent does the state public health agency meet the model standard within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L4.3.2 To what extent does the SPHS (including the state public health agency) meet the model standard within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 4.4 Professional and Technical Expertise

State Model Standards:

• The SPHS has access to staff with skills in community organization, building and maintaining coalitions, developing positions and strategies for generating dialogue and action, implementing advocacy agendas, negotiation and conflict management, and event planning and coordination.

• The SPHS has access to staff knowledgeable of factors influencing community and partner participation and principles of community engagement.

• The SPHS has access to expertise in collaborative group processes necessary to assist community members to organize and act in the self-interest of their community.

4.4.1 Are there SPHS staff who have responsibility for constituency development activities?

If so, are the staff skilled in:

4.4.1.1 Community organizing?

4.4.1.2 Building and maintaining coalitions?

4.4.1.3 Developing positions and strategies for generating dialogue and

action?

4.4.1.4 Implementing advocacy agendas?

4.4.1.5 Negotiation and conflict management?

4.4.1.6 Planning and coordinating events?

4.4.2 Does the SPHS have access to staff knowledgeable of community mobilization?

If so, do staff understand:

4.4.2.1 Factors influencing community and partner participation?

4.4.2.2 Principles of community engagement?

4.4.3 Does the SPHS have access to expertise in collaborative group processes necessary to assist community members to organize and act in the self-interest of their community?

L4.4.1 To what extent does the state public health agency meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L4.4.2 To what extent does the SPHS (including the state public health agency) meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

Indicator 4.5 Resources

State Model Standards:

• The SPHS maintains an accessible information system that includes a directory of current or potential partners in public health initiatives including the organization's mission and leadership focus, organizational structure, and assets controlled or influenced.

• The SPHS commits resources to sustain linkages and support partnership actions, constituents and partners from across the state have agreed to address.

4.5.1 Does the SPHS maintain information on organizations that are current or potential partners?

If so, is information available on:

4.5.1.1 The organization's mission?
4.5.1.2 The organization's leadership focus?
4.5.1.3 The organization's operating structure?
4.5.1.4 The assets control or influenced by the organization?

4.5.2 Does the SPHS commit resources to sustain partnership?
If so, are resources committed for:

4.5.2.1 Staff to initiate and maintain partnerships?

4.5.2.2 Maintaining communications through meetings, newsletters, or electronic systems like a list serve?

4.5.2.3 Organizational infrastructure to support partnership actions?

4.5.2.4 A grant mechanism allowing state governmental agencies to provide local partnership organizations financial support?

L4.5.1 To what extent does the state public health agency meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4

L4.5.2 To what extent does the SPHS (including the state public health agency) meet the model standards within this indicator?

Not at all or minimally	Partially	Substantially	Fully or almost fully
1	2	3	4