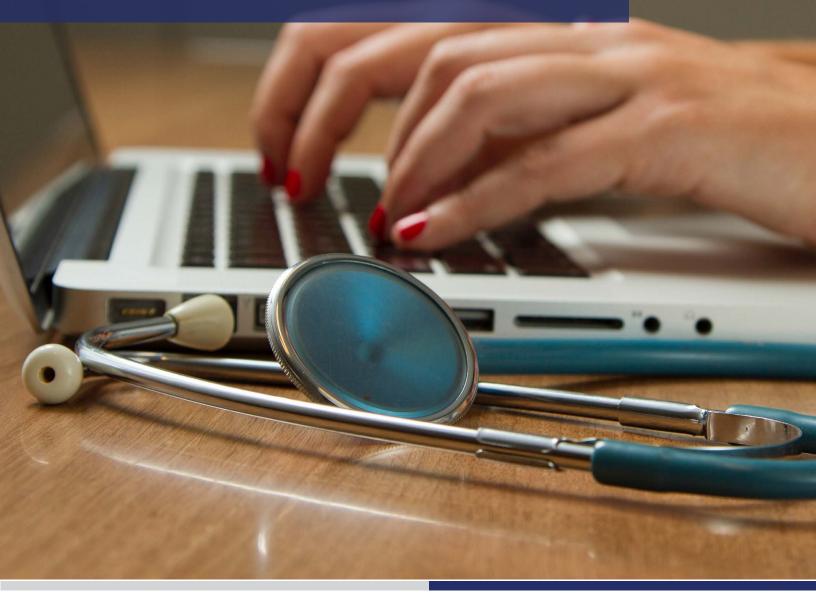
A Tale of Two Departments: Public Health in Harris County and the City of Houston







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Executive summary

With the rise in extreme events affecting public health—mostly recently Hurricane Harvey in 2017 and the COVID-19 crisis in 2020—the question of how public health services are delivered in Houston and Harris County has been given new currency.

Most large Texas cities are served by one public health agency. Sometimes that agency functions at the county level (as with Dallas County Health and Human Services) or at the city level (as with the San Antonio Metropolitan Health District, which provides services countywide but functions essentially as a city department). But in Houston, the Harris County Department of Public Health and the City of Houston Department of Health and Human Services both provide public health services, albeit mostly within different geographies.

The purpose of this report is to take a fresh look at possible service overlaps between the Harris County Department of Public Health and the City of Houston Department of Health and Human Services and identify options to reduce those overlaps and increase the efficiency and effectiveness of the public health delivery system.

Areas of overlap

There appear to be a dozen or more areas of "overlap." In many cases, overlap does not mean providing the same public health services to the same population, but, rather, providing the same public health services to adjacent populations—the City of Houston and Harris County outside the City of Houston—sometimes drawing on the same funding source. Note that the categories below represent the function in question, not the unit within the department where that function is performed.

	Harris County	Houston
Disease Control and Prevention		
Epidemiology and surveillance	 Traces and investigates the spread of disease Budget: \$1.8 million, including \$800,000 in general fund revenues and \$1 million in grants 	 Same function Budget: \$1.3 million, including \$400,000 in general fund revenues and \$900,000 in grants
Tuberculosis	Provides both clinical (patient treatment) and non- clinical (prevention) services	Provides both clinical (patient treatment) and non- clinical (prevention) services
HIV/STD	Provides both clinical (treatment) and non-clinical (testing, education, counseling, and treatment) services; provides treatment and care for six-county area because of funding requirements	 Provides only non-clinical services (testing, education, counseling, and treatment); provides some services (HIV testing results for example) for the entire county because of CDC funding
Infectious Disease Control	 Provides both clinical (actual immunizations) and non- clinical (education and outreach) services. Provides COVID-19 immunizations. Total budget: \$1.1 million, all from grants 	 Same services as county Program moved to a different section of the Department because of COVID. Total budget: \$28 million, including \$1 million in general fund revenue and \$27 million in grants
Clinics	 Clinical, preventive, and family planning. Title X, DSHS, and Title V (Healthy Texas Women); dental services described below Budget: \$4.5 million, including almost \$1 million in general funds and \$3.5 million in grants 	 Same services as county (Title X, Title V), including dental, described below Budget: \$14.5 million, including \$11.8 million in genera fund revenue and \$2.7 million in grants

(chart continues on Page 3)

	Harris County	Houston
Dental Servic	es	
	Diagnostics, preventive care, restorative procedures, and education	Diagnostics, preventive care, restorative procedures, and education
Environment	al Public Health	I
Lead poisoning and lead abatement	 Assists lower-income households identify, remove, or stabilize lead-based paint hazards; provides education and prevention programs on childhood poisoning Budget: \$1.2 million in CDC grants 	 Same services as county Budget: \$5.2 million, including \$300,000 in general fund revenue and \$4.9 million in CDC grants
Food safety	 Receives plan reviews from food establishments; provides approvals, food certification, inspections and monitoring for food establishments Budget: \$4.8 million, including \$900,000 in general fund revenue, \$3.7 million in fees, and \$200,000 in grants 	 Same services Budget: \$9.2 million, including \$2 million in general fund revenue and \$7.2 million in fees
Food manager and handler certification	Provides food handler and food manager training and certification as well as food permits	Same services; accepts county certification for a fee
Pool and water inspections	Tests drinking water, ensures proper chlorine levels, investigates water- or pool-related complaints, conducts compliance testing, and evaluates water wells.	Same services
Food donations	Take Out Hunger Program encourages food donation among food establishments, provides safety education and conducts inspections to ensure the food establishment follows protocols for food safety before donating	 Works directly with volunteers who prepare food for distribution during outdoor events coordinated by the Charitable Feeding Program
Women's and	Children's Health	
	 Offers a Women, Infants, and Children (WIC) program funded by the federal government and administered through Texas Department of State Health Services; provides nutrition education, breastfeeding support and resources, meetings with a WIC dietitian, and referrals to health and social service programs (These programs have the same eligibility requirements and serve the same demographic.) Budget: \$9.5 million, including \$1.8 million in general 	 Same services as county Budget: \$11.8 million in federal WIC grants
	fund revenue and \$7.7 million in federal WIC grants	
Nutrition and	Chronic Disease Program	
Diabetes		Same services, but focuses on those already diagnosed as prediabetic or at risk
Nutrition and Diabetes prevention Physical activity and healthy nutrition	Offers education and behavioral interventions for	

(chart begins on Page 2; continues on Page 4)

	Harris County	Houston		
Public Health	Public Health Awareness			
	Office of Public Health Preparedness Response prepares the county to respond to and recover from public health emergencies	Public Health Prevention Bureau has a virtually identical charge inside the City of Houston		
Policy and Pla	anning			
	Office of Policy and Innovation coordinates evaluations and assessments to identify what is working well within the departments, collecting and reporting statistics and information relevant to their health departments and public health issues, and facilitating strategic planning to promote the community's health	Planning department performs similar duties		
Finance and Administration				
	Office of Financial Support Services provides payroll and HR	Administrative Services Division performs similar duties		

(chart begins on Page 2)

The inefficiencies in this dual system should be apparent. In particular, infectious diseases such as COVID-19 do not respect jurisdictional boundaries. Yet the two public health departments are obligated to do so. When investigating a case of an infectious disease, a Harris County epidemiologist must first verify that the case is occurring in Harris County but outside the City of Houston. If the case is occurring in unincorporated Harris County or a smaller city in the county, the case is investigated. If the case is occurring inside the City of Houston, the case must be referred to the Houston Health Department. Multiple cases and contacts, of course, could be spread across any number of jurisdictions within Harris County.

Quite apart from epidemiology and health surveillance, the fact that the two health departments provide identical service in adjacent jurisdictions can occasionally cause confusion. This confusion can be made worse by the fact that many people who live in Harris County outside the City of Houston have Houston postal addresses and therefore often think they live inside the city. Business owners might also deal with overlaps, for example, restaurateurs who have multiple food outlets in different jurisdictions must engage in different inspection processes. Nevertheless, there are good examples of having one department provide services for the entire county, including the city. In some instances, this consolidated service extends beyond county boundaries. For example:

- Mosquito control is performed by the Harris County Public Health Department for the entire county, including the City of Houston.
- The Harris County Public Health Department provides Ryan White Grant Administration for a six-county area.
- The Houston Health Department provides lab services for a 16-county area.
- Food handlers and managers can have their county certification accepted by the city, though for a fee.

These examples prove that the two departments can work collaboratively in an effective way, at least regarding specific services, and that at least some services can be consolidated effectively countywide.

Alternatives

The Kinder-Hobby research team examined four other populous areas in Texas in order to compare public health governance to Houston-Harris County: Dallas, Austin-Travis County, San Antonio-Bexar County, and Williamson County in suburban Austin. All four have structures that are different from Houston-Harris County-and, indeed, different from each other. But all four have more formal coordination between the city and county than Houston-Harris County does.

Conclusion and recommendations

It is clear that although the Harris County Public Health

Department and the City of Houston Health Department do not literally provide the same services to the same population, they do sometimes provide services that overlap in some ways and historically there has been a lack of overarching interjurisdictional cooperation.

Although they don't serve the same population, the two departments often have parallel skills, functions, and capacity. Frequently, personnel with the same skills perform the same functions (in different geographical areas) with money from the same funding source (most often the federal government), though often at different per-capita funding levels. Furthermore, the presence of two departments without formal coordination can be confusing and inefficient, causing delays or other problems in service delivery.

Based on these initial findings, the city and the county should undertake more detailed feasibility analysis of:

- Pursuing an MOU arrangement or, alternatively,
- Creating a **health district**

Region	City	County
Austin-Travis County	Provides most public, environmental, and animal health services for the entire county	Conducts most public health research and planning. Provides considerable funding to the city.
Dallas-Dallas County	Served by county department	Dallas County Department of Health and Human Services provides all public health services.
Houston-Harris County	City of Houston Health Department provides services inside Houston city limits	Harris County Public Health Department provides services outside Houston city limits.
San Antonio-Bexar County	Served by the Metropolitan Health District, which provides all health services for Bexar County, but operates as a San Antonio city department	Served by the district, provides minimal funding to city (\$193,000/year)
Williamson County	Williamson County and Cities Health District provides all public health services and indigent care. Both Williamson County and cities are represented on the board.	

Consolidation of all public health services into either the city or the county government will create governance and financing challenges that will be hard to overcome. By contrast, either the MOU or the Health District arrangement will allow each entity to retain considerable control over governance, while at the same time providing the opportunity for greater efficiency in service delivery. Either option can be adopted without state legislation. An MOU is simply an agreement between the city and the county, while a health district can be created by a majority vote of both the Houston City Council and the Harris County Commissioners Court. While a health district might serve as the most comprehensive solution in the long run, an MOU might be a viable first step toward greater coordination and efficiency of public health services in Harris County.

1. Introduction and overview

With the rise in extreme events affecting public health—mostly recently Hurricane Harvey in 2017 and the COVID-19 crisis in 2020—the question of how public health services are delivered in Houston and Harris County has been given new currency.

In most large Texas cities, one public health agency provides public health services. Sometimes that agency functions at the county level (as with Dallas County Health and Human Services) or at the city level (as with the San Antonio Metropolitan Health District, which provides services countywide but functions essentially as a city department). But in Houston, the Harris County Department of Public Health and the City of Houston Department of Health and Human Services both provide public health services, albeit mostly within different geographies.

The fact that the City of Houston and Harris County have separate public health departments has been the subject of considerable discussion over the years, most significantly in 2004, when a Public Health Task Force analyzed the operation not just of the two public health departments but also related health delivery systems, especially for low-income and uninsured residents.

The purpose of this report is to take a fresh look at possible service overlaps between the Harris County Department of Public Health and the City of Houston Department of Health and Human Services and identify options to reduce those overlaps and increase the efficiency and effectiveness of the public health delivery system.

This report includes the following:

- Explanation of public health
- Texas context for public health departments
- Overview of the two departments
- Comparison of their functions and services
- Discussion of possible alternatives
- Recommendations for reform

This report has three supporting documents:

• Document A is a detailed analysis, to the extent the research team was able to document it, of the two agencies' functions and their overlapping services.

- Document B is a detailed analysis of the two departments' budgets, focusing on overlapping services.
- Document C is a description of legal options available to Harris County and the City of Houston to structure public health delivery in different ways and focuses on how public health is structured in four other major areas of Texas.

COVID-19 highlighted the need to revisit the question of public health delivery in Houston and Harris County—not just because public health crises have appeared more frequently in recent years, but also because COVID-19 (like Hurricane Harvey before it) revealed the cracks in the social, economic, educational, and economic structures that are necessary for the health of the population.

At the same time, the pandemic presented the Kinder/ Hobby team with challenges in gathering information. Public health officials were not as readily available as they would have been under normal circumstances and gathering the necessary information proved difficult.

Both departments provided a significant amount of information, but partly owing to COVID-19, this information was incomplete in some cases. Both departments have recently engaged in reorganization—again, partly because of the pandemic—meaning that some information about the organization of these departments may be outdated.

Both departments provide considerable information for this report, though information-gathering was difficult because of COVID. The study team invited both departments to comment on a draft of the report. The Harris County Public Health Department submitted comments in response to the draft, but the Houston Health Department did not. Among other things, HCPH expressed surprise and concern that this report was conducted during the pandemic response and at a time of leadership transition.

2. What is public health?

Public health is different from health care or medical care because it is focused on the health of the population as a whole rather than the health and medical care of individuals. The response to COVID-19 is a good example of public health in action: During the crisis, public health officials at all levels monitored the spread of the disease, conducted research on the disease itself, and provided the public with guidance on how to minimize transmission.

Public health is an important governmental function at all levels, from the Centers for Disease Control at the federal level to state agencies and local governments all over the country. Despite its importance in conditions such as the recent pandemic, its practitioners widely believe that public health is underfunded, especially in comparison to individual medical care.

According to the Centers for Disease Control, the federal government's public health agency, public health involves 10 essential services:

- 1. Assess and monitor population health status, factors that influence health, and community needs and assets
- 2. Investigate, diagnose, and address health problems and hazards affecting the population
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- 4. Strengthen, support, and mobilize communities and partnerships to improve health
- 5. Create, champion, and implement policies, plans, and laws that impact health
- 6. Utilize legal and regulatory actions designed to improve and protect the public's health
- 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- 8. Build and support a diverse and skilled public health workforce

- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- 10. Build and maintain a strong organizational infrastructure for public health

Some public health agencies, including the Harris County Public Health Department, collapse these 10 services into three overarching themes: *assessment* (covering items 1 and 2), *policy development* (covering items 3-6), and *assurance* (covering items 7-10).

At the heart of public health lies the discipline of epidemiology and in particular the practice of what public health experts call health and disease "surveillance."

Epidemiologists study overall population health and disease prevention-how health-related events are distributed across populations (both demographically and geographically), what the determinants of those health events are, and how to manage those determinants to improve health outcomes of different populations. Public health and disease surveillance, according to the Centers for Disease Control, is "the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice." In other words, epidemiologists and others in the public health field collect data at the population level, rather than the individual level, and use that knowledge to control and prevent disease across different populations. Originally, epidemiology was focused in infectious diseases such as influenza and COVID-19, but now it is used across all diseases and risk factors, which is part of the reason why (as shown below) epidemiologists are scattered across many programs in both departments.

3. Texas public health context

The Texas Health and Safety Code¹ permits localities to provide public health services using three models:

- 1. A local health department for the county, city, or joint county/city jurisdiction
- 2. A public health district, which can consist of two or more counties; two or more municipalities; a county and one or more municipalities in the county; two or more counties and one or more municipalities in those counties. A written cooperative agreement is usually required for a public health district to function.
- 3. A local health unit, a division of municipal or county government that provides public health services but not to the level of a local health department or district. This structure is used mostly in smaller jurisdictions that can afford to provide only a few health services and rely on the state to provide others.

Understanding the difference between cities and counties is important to understand how public health services are delivered both in the Houston area and in other populous Texas localities.

In Texas, as in other states, cities are entities formed by local residents to provide local services, and as such, they have considerable power, including the ability to write and enforce ordinances. Cities typically provide a wide range of services such as police and fire, parks and recreation, planning and development, libraries, public works, and solid waste management. Cities are heavily reliant on property tax for local revenue, but they also have other sources of revenue, such as sales tax. In most large cities in Texas, the mayor's job is mostly ceremonial, and the appointed city manager serves as the city's CEO. In Houston, however, the mayor serves as the CEO. Houston is by far the largest city in Texas; with 2.3 million people, it has 800,000 more people than the No. 2 city, San Antonio.

By contrast, counties in Texas, as in other states, are administrative subdivisions of the state, which exist primarily to provide state-required services at the local level. Counties do not have ordinance-making power and tend to provide a narrower range of services than cities. Counties are much more dependent on property tax than cities are.

Most of the county's responsibilities fall into the category of justice administration, including the courts and the elected sheriff, though medical care (as opposed to public health) is also a large expense for most counties. About 2 million people live in unincorporated Harris County—the highest number in the nation by far—while about another 500,000 people live in smaller cities in Harris County.

Nationwide, 60% of all local public health departments are county-level departments, while only 10% are municipal-level departments. Texas is one of only a few states that gives local governments a range of options on how to organize their public health function.

Other public health agencies in populous Texas localities provide public health in various ways. In Dallas, the county Department of Health and Human Services performs all public health services. In San Antonio, the Metropolitan Health District performs most public health services for the entire county but is a department in the City of San Antonio government. The City of Austin's Public Health Department performs most public health functions, but closely coordinates with the Travis County Health and Human Services Department, which provides some services and reimburses the City of Austin for others.

¹Title 2, Subtitle F "Local Regulation of Public Health", Chapter 121 "Local Public Health Reorganization Act". Source: https://statutes. capitol.texas.gov/Docs/HS/htm/HS.121.htm

4. Overview of the two departments

The Harris County Department of Public Health and the City of Houston Department of Health and Human Services perform similar and sometimes overlapping functions, but they each operate in a different organizational environment. For the most part, they provide public health services in different geographies—the City of Houston on the one hand and the area of Harris County outside the city on the other. Though the two departments coordinate on some issues—and, in particular, work closely together during a crisis such as COVID-19 they do not have an overarching memorandum of understanding delineating the duties each will perform.

Harris County Public Health describes its mission as Promoting a Healthy and Safe Community, Preventing Illness and Injury, and Protecting You. In describing its function, it uses the assessment/policy development/assurance framework. The department has a budget of approximately \$103 million and close to 700 employees. About \$29 million comes from the county's general fund, while \$74 million comes from grants. (It should be noted that a large portion of the grant money, \$24 million in all, is from the Ryan White HIV Grant program, which Harris County administers for six counties in the Houston region.) The director of the public health department reports to the Commissioners' Court, which consists of four commissioners, elected by precinct, and the county judge, who is elected countywide. (It should be noted that while all property owners in the county pay property taxes to the county government, the Harris County Public Health Department provides services only outside the boundaries of the City of Houston-in unincorporated Harris County and inside the city limits of 32 other cities in Harris County.)

The City of Houston Health Department describes its mission as to work in partnership with the community to promote and protect the health and social well-being of Houstonians and the environment in which they live. The department has a budget of about \$92 million and 1,300 employees. About \$58 million comes from the city's general fund, while \$33 million comes from grants. The director of the Houston Health Department reports directly to the mayor. In short, the city is a bigger department than the county.

Combined, the two departments operate with about \$87 million in general fund revenue and employ about 2,000 people. Together they generate about \$100 million in grants, much of which comes from the federal government. The general fund revenue devoted to public health by the two agencies is less than 2% of the \$5 billion or so in general fund revenue raised and expended each year by the city and county combined. By contrast, the City of Houston alone spends almost \$1 billion per year on its police department, while the Harris County Sheriff's Department spends more than \$500 million per year, including both detention and patrol services.

As this report will delineate, the two health departments do not constitute an apples-to-apples comparison. Each department undertakes some functions that are undertaken by a different department at the other entity. (The cost of these other functions is not included in the figures above, but the functions will be delineated below.) In addition, both departments also undertake some activities that could best be described as care rather than public health. For example, both provide dental care to certain populations, though the departments also handle the public health aspects of dental issues as well. The structure of the two departments is different, but as the report will show, they perform many of the same functions across different geographies.

OVERVIEW OF THE TWO DEPARTMENTS

In addition to the functions below, both the city and county have a designated "local health authority"—a position identified under state law who must be a medical doctor. As neither the city nor the county public health director is a physician, the local health authority role is held by other individuals: Dr. David Persse for the Houston Health Department and Dr. Janeana White for the Harris County Public Health Department. (Dr. White is the interim authority while the county conducts a national search for a new authority.) In addition, several smaller cities in the county have their own local health authorities, though most public health functions for those cities are performed by Harris County Public Health Department.

As of 2021, the Harris County Public Health Department consisted of the following divisions, which are listed below along with a description of their critical functions. These divisions represent changes that have occurred as a result of COVID-19 and new leadership.

- 1. Disease Control and Clinical Prevention Division, which includes such activities as epidemiological surveillance, tuberculosis elimination, and HIV/STD prevention
- 2. Environmental Public Health Division, which includes such activities as food safety, neighborhood nuisances, and lead poisoning prevention
- **3. Mosquito and Vector Control Division**, which focuses on preventing and controlling mosquito-borne diseases
- 4. Nutrition and Chronic Disease Prevention Division, which focuses on such activities as the Women, Infants, and Children program (WIC), tobacco cessation, and nutrition and physical activity
- **5. Veterinary Public Health Division**, which focuses on animal control
- 6. Office of Communications, Education and Engagement, which focuses on outward-facing communications and partnerships with other entities in the community, as well as legislative and regulatory affairs
- **7. Office of Planning and Innovation**, which conducts assessment, planning, evaluation, and also focuses on innovation, equity, and technology

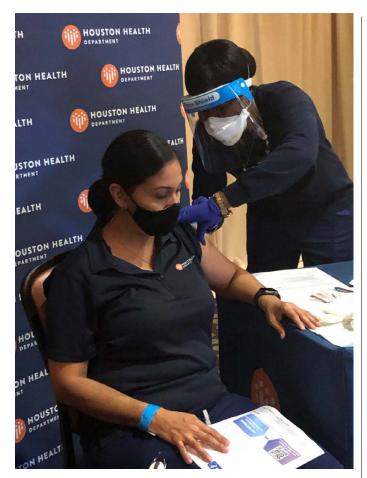


8. Office of Public Health Preparedness and Response, which focuses on planning for and responding to public health emergencies such as the COVID-19 pandemic

HELP CHILDREN MAINTAIN A HEALTHY WEIGHT

Harris County
Public Health

- 9. Office of Epidemiology Surveillance and Evaluation, which conducts epidemiological surveillance and research and also focuses on data analytics, evaluation, and science
- **10. Community Health and Violence Prevention (CHVP) Division**, which focuses on Holistic Assistance Resolves Teams and the Community Violence Prevention Program
- 11. COVID-19 Division
- **12. Office of Financial and Support Services**



Houston Health Department/Twitter

The City of Houston Health Department has a slightly different organizational structure. The department's bureaus are listed below, though many parts of the department have been temporarily reorganized to respond to the COVID-19 pandemic. This list differs slightly from the list in Document A, owing largely to the fact that the department has engaged in an ongoing reorganization during COVID-19.

- 1. Public Health Preparedness, Disease Prevention and Control, which includes such activities as the lab, epidemiology, tuberculosis elimination, HIV/STD prevention, and preparing for public health emergencies
- **2.** Environmental Health, which oversees such functions as lead poisoning, food inspections, and pollution control and prevention
- **3. Maternal and Child Health**, which includes such programs as Women, Infants, and Children (WIC), and Nurse Family Partnership

- **4. Human Services**, which includes such programs as the Community Garden Program and the Harris County Area Agency on Aging
- **5. Health Centers and Multiservice Centers**, which oversees the city's health centers as well as dental programs provided by the department
- 6. Strategic Planning and Special Projects, which includes the Office of Health Planning, Evaluation, and Research for Effectiveness, which conducts epidemiology, statistical analysis, and mapping on public health issues in the city
- 7. Youth and Adolescent Health, which focuses on a wide range of issues related to adolescents, including physical, mental, and behavioral health, and violence prevention

In addition, during the recent pandemic, the department has stood up a **COVID-19 response bureau**, which is temporarily overseeing many other functions.

5. Comparison and overlap

There appear to be a dozen or more areas of overlap. In many cases, overlap does not mean providing the same public health services to the same population, but, rather, providing the same public health services to adjacent populations—the City of Houston and Harris County outside the City of Houston—sometimes drawing on the same funding source.

These areas of overlap are further detailed in Document A, and budgetary consequences of these overlap areas are detailed in Document B. Budget information is provided below as appropriate. But not all budget figures are "apples to apples," and in some cases, the research team was not able to break out budget information for every overlapping service. Budget figures are for fiscal year 2020-21 and could include one-time grants that are not typical for every year. Per-capita expenditure figures are included in Document B. Note that the categories below represent the function in question, not the unit within the department where that function is performed.

	Harris County	Houston	
Disease Control and Prevention			
Epidemiology and surveillance	 Traces and investigates the spread of disease Budget: \$1.8 million, including \$800,000 in general fund revenues and \$1 million in grants 	 Same function Budget: \$1.3 million, including \$400,000 in general fund revenues and \$900,000 in grants 	
Tuberculosis	Provides both clinical (patient treatment) and non- clinical (prevention) services	Provides both clinical (patient treatment) and non- clinical (prevention) services	
HIV/STD	 Provides both clinical (treatment) and non-clinical (testing, education, counseling, and treatment) services; provides treatment and care for six-county area because of funding requirements 	 Provides only non-clinical services (testing, education, counseling, and treatment); provides some services (HIV testing results for example) for the entire county because of CDC funding 	
Infectious Disease Control	 Provides both clinical (actual immunizations) and non- clinical (education and outreach) services. Provides COVID-19 immunizations. Total budget: \$1.1 million, all from grants 	 Same services as county Program moved to a different section of the Department because of COVID. Total budget: \$28 million, including \$1 million in general fund revenue and \$27 million in grants 	
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Dental Services			
	Diagnostics, preventive care, restorative procedures, and education	Diagnostics, preventive care, restorative procedures, and education	

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(chart begins on Page 12; continues on Page 14)

5. COMPARISON AND OVERLAP

	Harris County	Houston	
Policy and Planning			
	Office of Policy and Innovation coordinates evaluations and assessments to identify what is working well within the departments, collecting and reporting statistics and information relevant to their health departments and public health issues, and facilitating strategic planning to promote the community's health	Planning department performs similar duties	
Finance and	Administration		
	Office of Financial Support Services provides payroll and HR	Administrative Services Division performs similar duties	
Services Offe	ered by One Health Department But Not The	Other	
Vital statistics	Performed by state	Bureau of Vital Statistics manages and issues birth and death certificates	
Pollution control	 Performed by Harris County Pollution Control Services Department (though this function was previously housed in the Department of Public Health) Budget: \$5.5 million in general fund revenue 	 Performed by Bureau of Pollution Control and Prevention Budget: \$4.4 million, including \$2.5 million in general fund revenue, \$1.1 million in special revenue funds (presumably permit fees), and \$800,000 in grants 	
Animal/ veterinary services	 Veterinary Public Health Division provides microchipping, pet adoptions, spay/neuter, rehoming pets, animal medical services, pet licensing, immunizations, and rabies exposure assessments Budget: \$6 million, including \$4.4 million in general fund revenue and \$1.6 million in special revenue funds 	 Provided by city's Administrative and Regulatory Affairs Department Budget: \$13.5 million, including a general fund transfer of \$9.5 million 	
Nuisance abatement	 Neighborhood Nuisance and Abatement Program addresses high weeds, abandoned swimming pools, and dilapidated structures 	Handled by Department of Neighborhoods	
Ryan White Grant Program	Provides primary medical care to those who are low- income and HIV-positive across six counties, including Harris and also including the City of Houston	Served by Harris County	
Mosquito control	 Provides surveillance, control, education, research, and technology that prevent and control mosquito- borne diseases across the entire county, including City of Houston 	Served by Harris County, except for Zika CDC grants administered by the city	
Laboratory services	Provided by City of Houston	Laboratory Service Bureau tests public health-related specimens for 16 counties, including Harris	

(chart begins on Page 12)

Implicit in the table above is the fact that there are *crosscutting areas of overlap*, most specifically *epidemiology*. Because epidemiology and surveillance are so critical to public health, how the two departments handle these activities is of particular interest. However, it was difficult in the research to identify precisely where all the epidemiology work takes place and how many epidemiologists there are—especially as the departments were ramping up to deal with the pandemic. At Harris County Public Health, most epidemiologists are located in the surveillance and epidemiology unit in the Disease Control and Clinical Prevention Division. At the beginning of COVID-19, this unit had 13 epidemiologists and a total staff of 30 people. However, the county also has epidemiologists in other units, including HIV prevention and mosquito control. Currently, because of COVID-19, the surveillance and epidemiology unit has more than 300 tracers and investigators as well. Similarly, at the beginning of the COVID-19 pandemic, the Houston Health Department's epidemiologists were concentrated in the Disease Prevention and Control Bureau. At the beginning of COVID in early 2020, this unit had 44 staff members, including epidemiologists, surveillance investigators, and others. As with the county, Houston Health expanded these functions to include more than 300 employees during the COVID-19 pandemic, including contract tracers, though these functions were temporarily reorganized under the COVID-19 unit.

The inefficiencies in this dual system should be apparent. In particular, infectious diseases such as COVID-19 do not respect jurisdictional boundaries. Yet the two public health departments are obligated to do so. When investigating a case of an infectious disease, a Harris County epidemiologist must first verify that the case is occurring in Harris County but outside the City of Houston. If the case is occurring in unincorporated Harris County or a smaller city in the county, the case is investigated. If the case is occurring inside the City of Houston, the case must be referred to the Houston Health Department. Multiple cases and contacts, of course, could be spread across any number of jurisdictions within Harris County.

Quite apart from epidemiology and surveillance, the fact that the two health departments provide identical service in adjacent jurisdictions can occasionally cause confusion. This confusion can be made worse by the fact that many people who live in Harris County outside the City of Houston have Houston postal addresses and therefore often think they live inside the city. Meanwhile, restaurateurs who have multiple food outlets in different jurisdictions must engage in different inspection processes with the two different jurisdictions.

Nevertheless, there are good examples of one department providing services for the entire county, including the city. In some instances, this consolidated service extends beyond county boundaries. For example:

- Mosquito control, which is performed by the Harris County Public Health Department for the entire county, including the City of Houston.
- The Harris County Public Health Department provides Ryan White Grant Administration for a six-county area.
- The Houston Health Department provides lab services for a 16-county area.
- Food handlers and managers can have their county certification accepted by the city, though for a fee.

These examples prove that the two departments can work collaboratively in an effective way, at least regarding specific services; and that at least some services can be consolidated effectively countywide.

6. Alternatives

The Kinder-Hobby research team examined four other populous areas in Texas in order to compare public health governance to Houston-Harris County: Dallas, Austin-Travis County, San Antonio-Bexar County, and Williamson County in suburban Austin.

All four have structures that are different from Houston-Harris County—and, indeed, different from each other. But all four have more formal coordination between the city and county than Houston-Harris County does.

As the table below shows, of the five areas examined, only Houston-Harris County does not have some overarching agreement or structure that covers the entire county and its major cities. Dallas County oversees all public health services in the county and all is cities, including the City of Dallas. San Antonio-Bexar County and Williamson County are served by health districts, though they are administered differently. In Bexar County, the City of San Antonio administers a countywide health district on behalf of the county. In Williamson County, the countywide health district is a separate governmental entity overseen by a Board of Health that includes two representatives from the county and one from each member city. In Austin, the city and the county have an overarching agreement that coordinates effort.

It is true, however, that the scale of the public health effort Harris County is much greater than the scale in any of these other locations. All are much smaller in population size than Harris County; indeed, all are smaller than the City of Houston except for Dallas County (which has 2.6 million people total to the City of Houston's 2.3 million.) Still, it is striking that of the large jurisdictions in Texas, only Houston and Harris County have an uncoordinated system of public health delivery.

Region	City	County
Austin-Travis County	Provides most public, environmental, and animal health services for the entire county	Conducts most public health research and planning. Provides considerable funding to the city.
Dallas-Dallas County	Served by county department	Dallas County Department of Health and Human Services provides all public health services.
Houston-Harris County	City of Houston Health Department provides services inside Houston city limits	Harris County Public Health Department provides services outside Houston city limits.
San Antonio-Bexar County	Served by the Metropolitan Health District, which provides all health services for Bexar County, but operates as a San Antonio city department	Served by the district, provides minimal funding to city (\$193,000/year)
Williamson County	Williamson County and Cities Health District provides all public health services and indigent care. Both Williamson County and cities are represented on the board	

Of the regions we examined, the most analogous to the current Houston-Harris County situation is Austin-Travis County. As in Houston-Harris County, both have departments charged with public health (City of Austin Public Health Department and Travis County Department of Health and Human Services). By contrast, however, the city and the county have an overarching agreement that delineates the division of activities. Travis County engages in more research and planning but essentially contracts with the City of Austin for other services.

In the overarching agreement, Austin and Travis County affirmed that "the protection of public health is best served by a collaborative approach in monitoring and combating community health problems and hazards that occur without regard to jurisdictional boundaries. The provision of essential public health services by the City and the provision of the same or similar services under agreement with the County for the provision of County services, in combination with County resources made available, is intended to result in a service delivery that is effective, efficient, and accessible."

Travis County's financial contribution to the city's public health department is determined primarily by the percentage of population living in Travis County and Austin respectively. For environmental health, and for health and safety code compliance (food safety, for example), the cost is allocated in part by demand—for example, the number of food establishments in unincorporated areas of Travis County.

Additionally, Travis County retains the right to audit the city's services and monitor those services onsite.

7. Options and conclusion

It is clear from the research that although the Harris County Public Health Department and the City of Houston Health Department do not provide the same services to the same population, they do sometimes provide services that overlap in some ways, and historically there has been a lack of overarching interjurisdictional cooperation.

Although they don't serve the same population, the two departments often have parallel skills, functions, and capacity. Frequently, personnel with the same skills perform the same functions (in different geographical areas) with money from the same funding source (most often the federal government), though often at different per-capita funding levels. Furthermore, the presence of two departments without formal coordination can be confusing and inefficient. As stated above, examples include food inspections, WIC services, and investigating infectious disease cases.

Here are the options available for consolidation and coordination:

Full consolidation at the county level

There is some evidence from other locations that consolidating local health departments— by merging the two departments at the county level or by creating a health district—can result in a saving of expenditures. One statistical analysis from Ohio² found that consolidating local health departments resulted in an annual decrease in expenditures of more than 13%, though it is not clear whether this study was limited only to public health functions or also included medical care. The authors reported that most consolidations came about as a result of voluntary agreements between cities and counties. At the same time, merging the two departments into one at the county level would present significant logistical and financial challenges, especially in transitioning employees from one jurisdictional personnel system to another. Most likely, if the departments were consolidated at the county level, the new department would be controlled by the Harris County Commissioners' Court. Under this scenario, city employees would be transitioned to county employees, working under a new compensation and retirement system. Although a detailed financial analysis of the consequences of such a transition is beyond the scope of this study, it is possible that the city would have to financially compensate the county for assuming obligations for pensions and other post-employment benefits.

Consolidation under the Commissioners Court would likely also raise concerns by the City of Houston about control and responsiveness, as the city would have no longer have governance power over public health services inside city limits.

In addition, such an arrangement would also raise questions about how to provide funding to the new county department. The simplest way for this transition to occur would be for the city and the county to agree on an annual payment from the city to the county for public health services, though this may be difficult and time-consuming to negotiate. Alternatively, the city could simply shed public health general fund expenditures while the county takes on responsibility for such expenditures. However, this might make it more difficult for the county to balance its budget under the local revenue cap required under state law, so state legislation to resolve this issue might be required.

² Hornbeek, John, Michael Morris, Matthew Stefanek, Joshua Filla, Rohit Prodhan, and Sharla Smith, "The Impact of Local Health Department Consolidation on Public Health Expenditures: Evidence From Ohio," American Journal of Public Health Government, Law and, Public Health Practice, Supplement 2, 2015, S174-S280.

Health district

The creation of a countywide health district might be an attractive alternative, especially in resolving the governance question. The likely governance structure would include board members from the city and the county and perhaps smaller cities in the county, similar to the Metropolitan Transit Authority of Harris County. Again, the city and the county would have to agree on a formula for funding the new health district—likely involving contributions from each, as is the case in Williamson County. (Unlike a hospital district, a health district does not have explicit taxing authority under state law.) The problem of transitioning employees to a new compensation and retirement system would remain an issue.

An alternative would be to adopt the San Antonio-Bexar County model, which establishes a district but designates the Houston Health Department as the public health entity for all of Harris County. This would be a much more significant transition because of the large population living in unincorporated Harris County and in smaller cities—a big contrast to Bexar. (Whereas San Antonio contains 85% of Bexar's residents, Houston contains only 50% of Harris's residents.) Under this scenario, the county would give up control, a financial agreement would still have to be reached (presumably with the county providing more funding than is the case in the Bexar-San Antonio arrangement), and the employee transition issues would remain.

Memorandum of understanding

The other alternative would be to follow the Travis County model and create an overarching memorandum of understanding between the two departments for coordination. An MOU arrangement in Harris County would be more complicated than in Travis County. In Travis County, the City of Austin provides most services, whereas in Harris County, service provision is evenly split. Nevertheless, an MOU arrangement might permit countywide services such as epidemiology/surveillance, public communication, WIC, and possibly food inspections to be consolidated in one department or the other, while each department continues to provide some services to clients within each jurisdiction's boundaries.

Conclusion

Based on these initial findings, the city and the county should undertake more detailed feasibility analysis of:

- Pursuing an MOU arrangement, or
- Creating a health district

Consolidation of all public health services into either the city or the county government will create governance and financing challenges that will be hard to overcome. By contrast, either the MOU or the health district arrangement will allow each entity to retain considerable control over governance, while at the same time providing the opportunity for greater efficiency in service delivery.

Either option can be adopted without state legislation. An MOU is simply an agreement between the city and the county, while a health district can be created by a majority vote of both the Houston City Council and the Harris County Commissioners Court. While a health district might serve as the most comprehensive solution in the long run, an MOU might be a viable first step toward greater coordination and efficiency of public health services in Harris County.

Supporting documents

Document A: Assessment of City and County Functions and Overlaps

Document B: Analysis of City and County Public Health Department Budgets

Document C: Case Studies of Other Public Health Delivery Models in Texas

Mission

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