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THE TEXAS DEPARTMENT OF HEALTH

ANNUAL REPORT 1988

Frank Bryant, Jr., F.A.A.F.P.
Chairman, Texas Board of Health

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Commissioner of Health

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FOREWORD

We believe that the annual report of an agency the size of TDH should be more meaningful than a categorical list of our every action. To do so would risk sacrificing reader interest.

Therefore, in the first section of this report, we have chosen to include only a few of the items which we feel should be of immediate interest to all Texans.

Some of these subjects, such as the department's continuing struggle to control the spread of AIDS, already capture public concern. Others, such as the department's creation of a council to help Alzheimer's disease victims and their families, have received less publicity. But the common thread uniting each of the highlights summarized here is that each event was uniquely characteristic of a fiscal year requiring resourcefulness and creativity in fulfilling the department's mandate to protect the health of Texans.

The second section of this report focuses more tightly upon an interrelated group of programs and services assembled to satisfy in Texas one of society's oldest purposes – the protection of childbearing women and their children. The department's Bureau of Maternal and Child Health is dedicated to the premise that preventive and corrective health care of mothers and the children they bear are vital to ensuring a healthier future for the state as a whole.

The third part of this report recounts one of the department's greatest triumphs of FY '88.

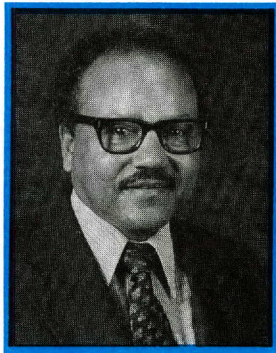
The department's Special Supplemental Food Program for Women, Infants and Children (WIC) entered the year facing rising costs and growing caseloads. But within months, with shrewd management and bold innovation, it had found unique solutions to its problems.

As a result, at the end of the year the program had dramatically reduced the cost of providing infant formula to its participants— a reduction that allowed the program to add thousands of eligible clients to the WIC roles, without additional cost to the taxpayer.

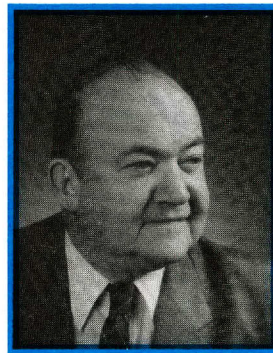
The WIC success story was more than a highlight, more than a summary of established service. It was a demonstration of governmental adaptability to meet the changing needs of the public it serves.

On that note, we thank you for your interest in the Texas Department of Health.

Also, we invite you to contact the appropriate TDH personnel for more detail on the contents of this annual report, or about other programs not included here.



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INTRODUCTION

From the outset of Fiscal Year 1988, circumstances dictated that the Texas Department of Health would have to rely heavily upon its staff's creativity to meet the state's growing public health needs.

With its resources hampered by deep budget and staff cuts begun the previous year, TDH entered the new year facing formidable hurdles.



I. Highlights of Fiscal Year 1988

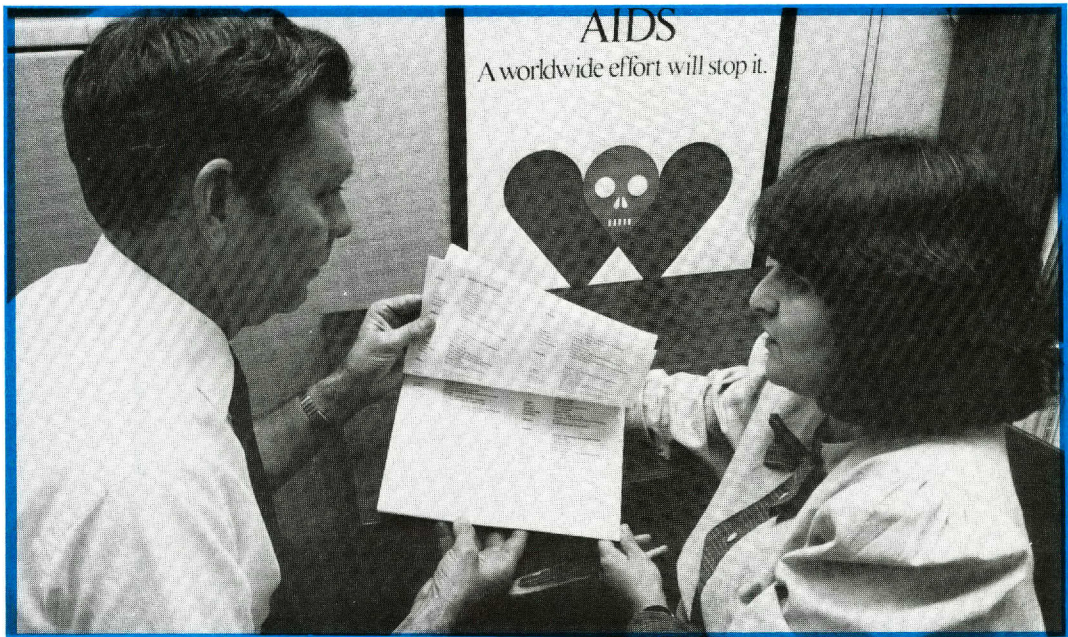
CONTINUING THE FIGHT AGAINST AIDS

Among the more urgent challenges the department faced was how best to devote scarce money and personnel in the battle against acquired immune deficiency syndrome (AIDS) and the human immunodeficiency virus (HIV), which causes the disease.

In the four years before FY 1988 began, Texas had recorded 2,779 cases of AIDS, with increasingly more frequent reports of new cases. Previously, personnel from both the bureaus of Epidemiology and Communicable Disease Control had performed separate, but interrelated, AIDS control tasks. But on Sept. 1, selected members of these staffs were consolidated into the all-new Bureau of AIDS and Sexually Transmitted Disease (STD) Control.

The bureau was subdivided into the AIDS Division and the STD Control Division. The AIDS Division continued to oversee existing programs to: track the spread of AIDS; educate the public about AIDS and its prevention; test blood samples for HIV infection; and provide counseling for persons being tested.

It also began in September to plan the distribution of AIDS assistance grants for community education and AIDS service organizations at the local level.



The money for the grants, \$1.5 million appropriated by the 70th Texas Legislature, although modest, was significant because it was the first state money set aside specifically to fight the AIDS epidemic. By December, TDH had selected 33 local organizations from 73 applicants to receive grants ranging from \$14,000 to \$110,000. About 40 percent of the money was distributed for local AIDS education programs, and the remaining 60 percent awarded to programs offering direct services, such as hospice care and social services for AIDS patients.

In addition to the state funding, TDH also secured federal funding for educating minorities and high-risk groups about AIDS. Some \$474,258 was awarded in varying amounts to city and county-based programs and two statewide programs to educate minorities about AIDS prevention. And \$100,000 was distributed to groups for intensive education of people in high-risk groups.

During the same first half of the fiscal year, TDH began helping low-income AIDS patients to pay for AZT (azidothymidine), the only approved drug for treating AIDS symptoms, using a \$1.8 million special federal grant.

By December, the agency had opened a statewide, toll-free information line to provide up-to-date AIDS facts for health professionals. Later in the year, the line was opened to the general public.

Despite these refinements in TDH's efforts to stop the spread of HIV, by the year's end the agency had recorded 2,151 new AIDS cases, in a single fiscal year. (See Appendices A and B.)

CANCER REGISTRY JEOPARDIZED

While some funding for specific uses was being added to the department's struggle against the AIDS epidemic, other parts of the agency's budget suffered reductions.

For example, the Cancer Registry lost its \$1.8 million appropriation as a result of an unforeseen governor's veto, just days before the fiscal year began.

The Cancer Registry, a mandated program since 1979, compiles millions of details characterizing cancer in Texas. By analyzing hospital and doctors' reports, death certificates, demographic studies, and other sources of raw data, the registry has created a massive information base from which to trace patterns in the incidence of cancer, the second leading killer of Texans.

As an example of the registry's value, only through its analysis did the department discover that the Hispanic population of Texas has a higher-than-average incidence of stomach, liver, and gallbladder cancer. Since the incidence of other types of cancer is notably lower among Hispanics than in the general population, the discovery has led to a search for possible dietary causes of these cancers among Hispanics.

Without funding, the registry was forced to suspend operations in October. Fortunately, the Texas Cancer Council by January agreed to pay part of the registry's operating costs. And in February, the registry resumed operation.

VITAL STATISTICS ADJUSTS TO HEAVY WORKLOAD

Still another serious problem arose when the 70th Legislature could approve only half the requested budget for the department's Bureau of Vital Statistics.

The bureau keeps the state's records of all births, deaths, marriages and other information. In a normal year, it conducts more than a million records transactions. But FY '88 was not to be a normal year.

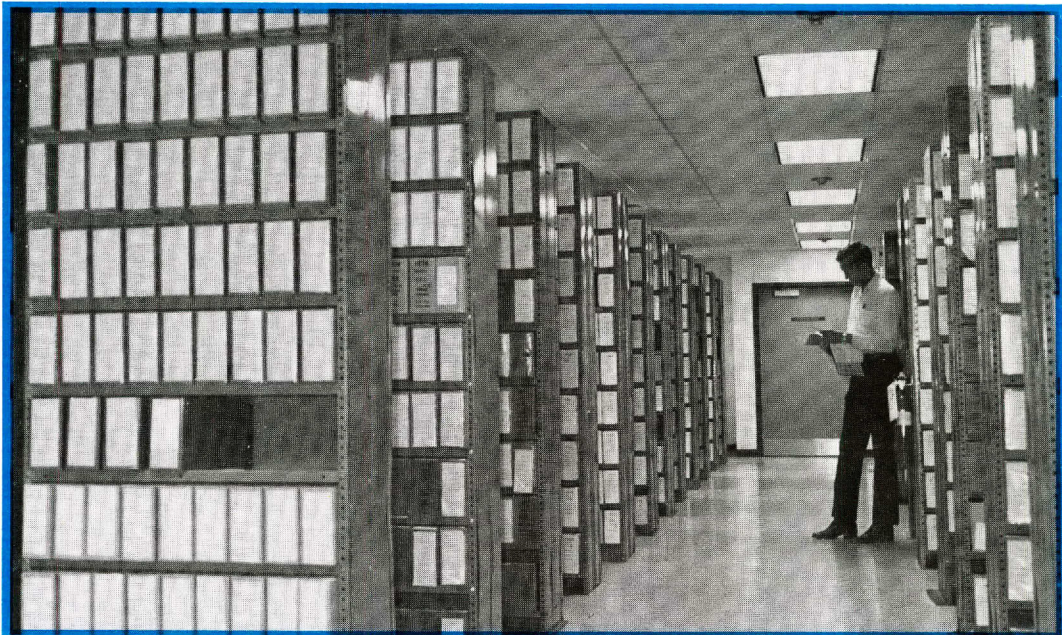
Besides the obvious crisis posed by the cut in operational funding for the bureau, other factors combined to almost double the bureau's workload.

The federal Immigration and Naturalization Service began requiring that all new U.S. employees show their employers proof of citizenship. The demand for birth certificates for adults surged as a result.

Requests for children's birth certificates also increased. By law, all children entering Texas schools for the first time must show proof of citizenship. The number of requests for school children's birth certificates rose by as much as 10 percent in some areas of the state during the first weeks of the fiscal year. In addition, there was similar increased demand by applicants for Social Security, Aid to Families with Dependent Children, passports, retirement benefits— even by enrollees for Little League baseball.

To meet the workload demands and pay for the rising costs of operation, the bureau was forced to raise the fees charged for its records searches, and for both birth and death certificates, from \$5 to \$7.50.

The fee increase helped offset some of the bureau's lost funding. By the end of the year, the bureau had completed more records transactions (1.5 million) than in any previous year.



FIELD SANITATION RULES CREATE CONTROVERSY

Early in FY '88, an existing problem regarding TDH enforcement of sanitation rules for farm workers gained momentum.

By both state and federal law, farm workers are entitled to protection from unsanitary and unsafe working conditions, much the same as workers in other industries.

In Texas, the minimum standards for field sanitation, established by TDH in 1983, are among the most stringent in the U.S. Also, new federal standards, issued by the Occupational Safety and Health Administration (OSHA), were patterned largely after the Texas guidelines. But although the laws were in effect, enforcing them remained difficult.

Farm workers, citing non-compliance with the law by employers during FY '88, increased their demands for more effective enforcement, while their employers saw variations between the state and federal laws as the cause of misunderstanding. At the same time, TDH, with only six on-site inspectors for the state, was not able to conduct random field inspections of farm operations.

To help resolve some of these problems, and to define for farm workers and employers alike the federal and state responsibilities for enforcement, TDH held a meeting in McAllen of all concerned parties in February, 1988. Representation from OSHA, TDH, the United Farm Workers' Union, local health departments, and others met for the first time to clarify the issues.

As a result of that meeting, all participants better understood that the new federal standards would apply to farm operations employing 11 or more workers. The state standards would apply on farms with 10 or fewer employees.

While enforcement of the federal standards remained an OSHA responsibility, TDH responded to all worker complaints, first to determine jurisdiction, and second to enforce state standards for the smaller farms.

Although the TDH General Sanitation Division remained unable to inspect all farm sanitation facilities under its jurisdiction, it still was able to respond to 511 worker complaints about specific sites during FY '88.

ALZHEIMER'S COUNCIL ESTABLISHED

The 70th Legislature could not authorize funding for new health care for the aged. However, it did pass important legislation to help alleviate one growing crisis in the care of older Texans.

Four resolutions and three bills were the first legislation directly aimed at relieving the hardships and uncertainty that afflict not only the victims of Alzheimer's disease, but also their families.

Two of the bills concerned certification and specialized training for the staffs of facilities offering services to patients of Alzheimer's disease and similar dementing illnesses. And a third bill, perhaps the most important, created the Texas Council on Alzheimer's Disease and Related Disorders.

The council's purpose was to consolidate under one authority all the related information needed by families of victims with dementing illnesses. It began coordinating expertise in: availability of treatment and care; medical research findings; insurance alternatives; long-term and respite care; training and behavior management of patients; family financial and legal guidance; transportation of patients; and other diversely related subjects.

In effect, when the 17-member council first met in January, it was a milestone in the department's efforts, spanning almost a decade, to provide comprehensive resources for the families of perhaps 160,000 afflicted Texans.



COMMITTEE FORMED TO CONTROL TOXIC AGENTS

In January of 1988 TDH administrators met with leaders of six other state authorities to establish an all-new group to coordinate the control and disposition of toxic substances in the state.

Based upon TDH's assessment of the health risks to the public posed by toxic substances, the 70th Legislature had created the Toxic Substances Coordinating Committee.

The committee membership included TDH, the Department of Agriculture, the Water Commission, the Parks and Wildlife Department, the Department of Public Safety, the Railroad Commission, and the Air Control Board.

Until this group's formation, each of the seven agencies had operated its own programs regulating toxic and harmful agents in the environment. Operating independently, these programs had sometimes appeared redundant. But in its first meetings, the committee more clearly identified each agency's unique responsibilities, and established guidelines for close coordination.

Significantly, TDH was for the first time formally named the lead agency concerned with the human health aspects of toxic substance exposures within the state.

Representing the Commissioner of Health on the committee is the TDH Deputy Commissioner for Professional Services, with scientific and technical support from the TDH Environmental Epidemiology Program and the Bureau of Environmental Health.



II. Maternal and Child Health (M&CH)

MATERNITY SERVICES

The Maternity Services of the TDH Bureau of Maternal and Child Health (M&CH) comprise an array of medical procedures and counseling designed to manage the best health care for unborn babies and their low-income mothers throughout each stage of their pregnancies.

Beginning as early as their testing for pregnancy, women are encouraged to seek M&CH services. Prenatal care, offered primarily through maternity clinics, includes recording the family health history, physical examinations, laboratory testing, counseling, and prenatal classes. Treatment or management of individual health conditions is available both for minor emergencies and through referrals to more specialized facilities as needed.

Throughout the woman's pregnancy, she is assured of appropriate treatment or guidance in maintaining her own and her baby's health. And after delivery, she has access to postpartum and family planning services, either through the clinic or by referral in the community.

Because increasingly more women have recognized the importance and availability of prenatal care, 70,000 women of childbearing age received help in managing their pregnancies from TDH Maternity Services in FY '88.



MIHIA

Another program, more specialized than Maternity Services, offers help to pregnant women whose medical and financial conditions define them as "high-risk" patients. The MIHIA program was developed in response to the Maternal and Infant Health Improvement Act, passed by the 69th Texas Legislature.

The program's goals are to decrease: maternal, fetal, and infant deaths; unplanned adolescent pregnancies; and unsafe deliveries.

The services available to MIHIA enrollees are designed to meet the full range of medical services called for during high-risk pregnancies. These include: prenatal care, referrals for medical consultations, delivery, neonatal intensive care, follow-up services for infants at risk, diagnostic and laboratory tests, emergency transportation, and other services as required.

The services are available through local health departments with assistance from medical schools, hospitals, health centers, and other agencies. MIHIA staffs include physicians, nurses, midwives, social workers, nutritionists, and others able to provide appropriate, timely aid.

During its second full year of operation, the MIHIA program enrolled some 10,000 patients. Included among these women were patients 16 years old or younger (one out of four enrollees).

About half of all enrollees relied upon the MIHIA program for delivering their infants during FY '88.

FAMILY PLANNING

M&CH also oversees programs to help women and men plan when and whether they want children. Family Planning Services help low-income clients avoid the medical, economic, and social hardships of unintended or mistimed pregnancies.

Among the services offered through Family Planning are physical examinations, laboratory tests, counseling and education, and contraceptive supplies. A main concern is helping adolescent and teen mothers and their infants, who are especially vulnerable to medical and social consequences of early, unwanted pregnancy.

The physicians, nurses, social workers, and community service aides at local health departments, hospitals, Planned Parenthood clinics, and other local facilities helped some 320,000 Family Planning patients during FY '88.

Near the end of the fiscal year, the central office Family Planning staff was exploring ways to simplify service delivery. For years, family planning programs at both TDH and the Texas Department of Human Services (DHS) had been operated with guidance from five, separate advisory groups. The results were costly inefficiency and duplicated effort.

But discussions begun in FY '88 between the two agencies administering the federally funded services led, in the months following the fiscal year, to the creation of a joint council responsible for setting uniform service policy. The Family Planning Interagency Advisory Council, consisting of five members appointed by TDH and five by DHS, now recommends family planning initiatives, program policies, and any rule changes in planned parenthood administration. To support the new council, existing committees of regional providers remained intact.



CHILD HEALTH SERVICES

The TDH Child Health Services are meant to reduce deaths and illness among children, and to help children younger than 21 to attain their best physical, mental, and emotional development during their formative years. Children age 3 and younger are given priority.

The services include comprehensive health histories, physical examinations, continuing assessments of their physical conditions, laboratory tests, screenings for dental, vision, or hearing problems, treatment or referrals to specialists, and guidance for parents in helping children to overcome abnormalities.

These services are offered locally, using physicians, nurses, dentists, nutritionists, social workers and others as appropriate. In the 1988 fiscal year, some 155,000 children received at least some of these services.

HEALTH SERVICES THROUGH THE SCHOOLS:

Vision and Hearing Screening

TDH trains and certifies teachers and other professionals to screen children in Texas schools and day care centers for any vision or hearing problems which could impede the youngsters' development.

The goal of the screenings is to identify the types of sensory problems the children may have, and to begin remediation before the problems grow worse.

The programs also locate or establish local resources accessible to the children with problems. TDH trainers conduct workshops offering standardized courses for local screeners and for screeners who wish also to be certified as trainers in vision and hearing screening.

In FY '88, some 2,330,673 Texas day care and school children were screened for vision problems using TDH's standardized techniques. Of those, 158,625 were referred to medical professionals for further testing. Similarly, 2,168,591 children were screened for hearing anomalies, 34,676 of whom were referred for more testing.

The M&CH trainers conducted 244 vision workshops, certifying 3,140 screeners and four new trainers. They also held 205 hearing workshops, certifying 2,485 hearing screeners to use audiometric instruments.

Some children who were found to have hearing problems were eligible for the Children's Hearing Aid Loan Program (CHALP). This M&CH program offers the use of hearing aids to children less than age 21 who live at or below the poverty level and who are found to have impaired hearing. CHALP also repairs hearing aids for its clients, and coordinates services with the Texas Education Agency's Services for the Deaf.

In addition to these direct services to eligible children with hearing problems, TDH also is responsible for inspecting all audiometers and other hearing diagnostic equipment, according to state standards. The TDH Audiometrics Laboratory personnel inspected for compliance some 330 school-owned audiometers used to screen 117,799 children, and 289 other audiometers owned by clinics, physicians, and other agencies. The lab also lent 356 audiometers to 258 facilities with registered screeners who provided free screening to 42,772 children.

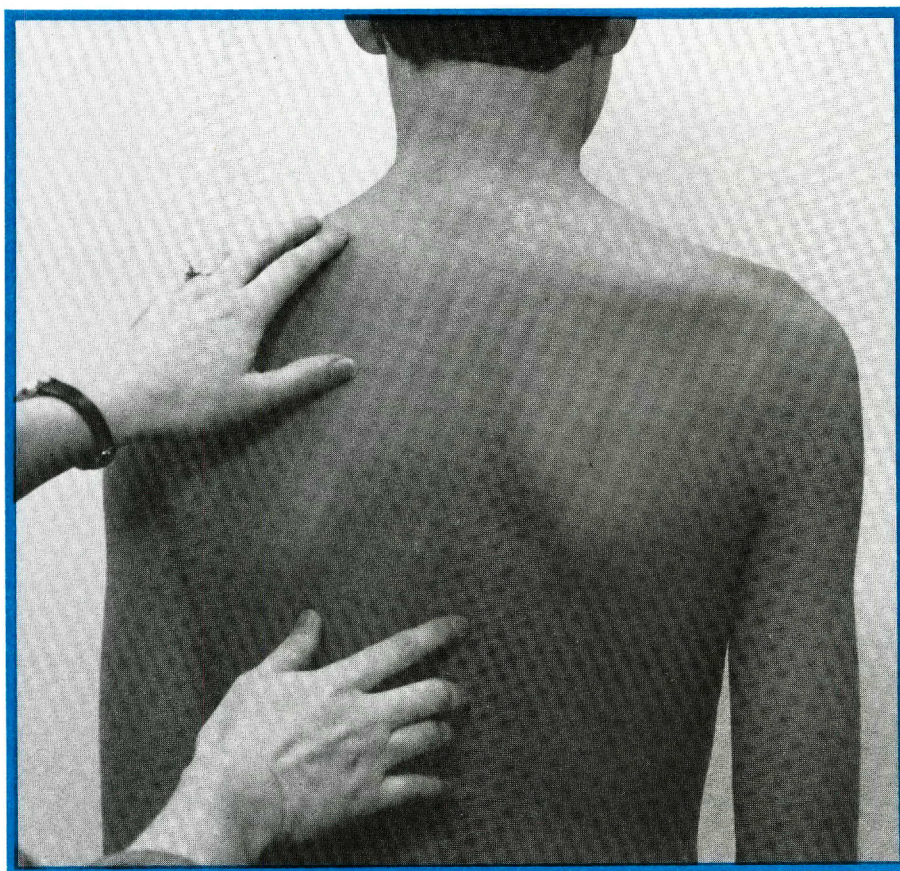
Spinal Screening Program

Early detection and treatment of a child's abnormal spinal curvature are important in preventing severe deformities, pain, and disability in later life. Therefore, Texas law requires that school children in certain grades be screened for spinal curvature. Depending upon the preference of the school, all children in public or private school must be examined during one of the following combinations of grades: grades 5 and 8, grades 6 and 8, or grades 6 and 9.

The youngsters are examined by screeners and school nurses certified by the M&CH Spinal Screening Program. The screening detects scoliosis (curve to the side) and kyphosis (forward curve, or "round back") which most typically develop during a child's growth spurt in early adolescence.

Children who are found to have potentially serious curvatures are referred to doctors for further evaluation.

During the 1988 fiscal year, screeners and school nurses checked about 860,000 children, referring some 20,000 for further evaluation. Also during the year, TDH trained 259 screeners and screening instructors.



BEHIND-THE-SCENES SERVICES

Some other services performed through the Bureau of Maternal and Child Health, though vital, are lesser known to the general public.

Among these are the Newborn Screening Program, Genetic Services, and Speech and Language Services.

Under the Newborn Screening Program, blood samples from all babies born in Texas (more than 300,000 each year) are tested for four rare disorders. The disorders, phenylketonuria (PKU), galactosemia, congenital hypothyroidism, and sickle hemoglobin disease, must be treated early to prevent death, mental retardation, or growth disorders.

Physicians, hospitals and others delivering babies in the state must submit two blood samples from each newborn to the TDH Bureau of Laboratories for testing. If the laboratory finds any abnormality, TDH notifies the newborn's physician with instruction for re-testing and for follow-up if a disorder is confirmed. M&CH also authorizes dietary supplements in treating the disorders, and provides counseling for the newborn's parents.

In FY '88, the program identified 106 babies who might otherwise have become mentally retarded without early detection of their hypothyroidism, PKU, or galactosemia. Another 150 babies were confirmed as having sickle hemoglobin disease.

Although not part of the Newborn Screening Program, an important research project in the TDH Bureau of Laboratories also tested blood samples from newborns. From April through July 1988, anonymous samples submitted to the TDH labs were tested for antibodies of the human immunodeficiency virus (HIV), which causes AIDS.

These tests were conducted to ascertain the prevalence of HIV infection passed from mothers to their babies. Among more than 86,000 of these nameless samples, about .94 per 1,000 tested positive for the antibodies. Applying the .94 per 1,000 rate to the estimated 300,000 births each year in Texas, there could have been as many as 282 HIV-infected mothers who gave birth in Texas in FY '88.

Genetic Services offered by TDH are part of the department's cooperative effort with other agencies to lessen both the incidence and the impact of congenital abnormalities in newborns. Currently, birth defects occur in about 3 percent of all newborns, and are the cause of about 20 percent of infant deaths.

Through contracts with genetics specialists, TDH provides screening, testing, and counseling to prospective parents who are believed to have, or who may be carriers of, genetic disorders.

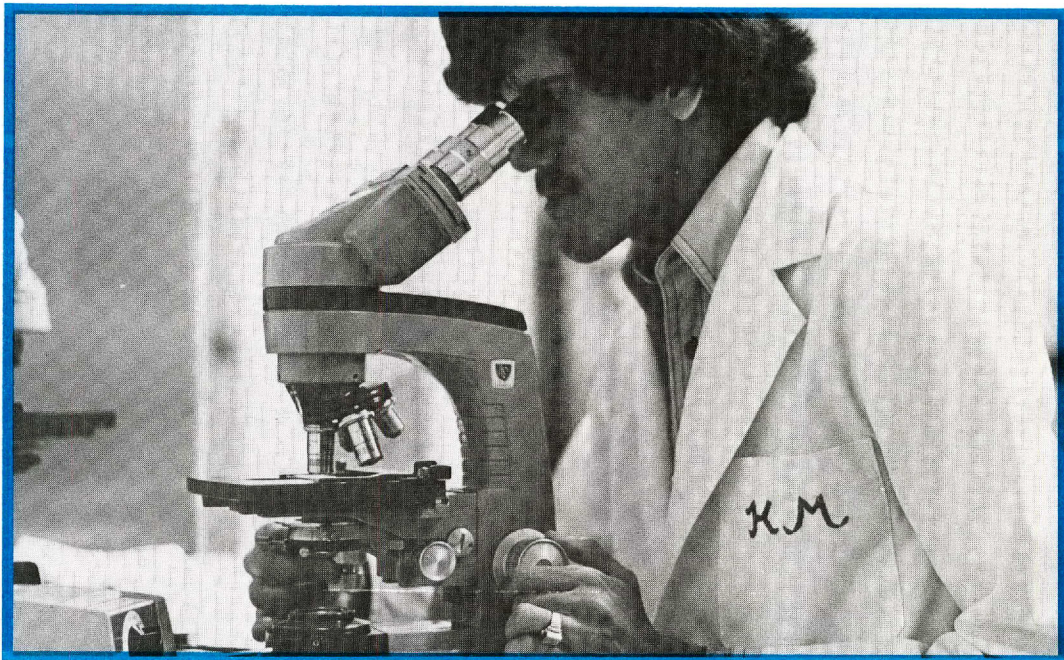
In FY '88, about 5,100 individuals received prenatal genetic counseling, more than 8,760 received genetic health services, and 14,605 were screened for sickle cell disease through this program.

Speech and Language Services, similar to vision and hearing screening, are meant to identify young children with developing problems. Early treatment and remediation therapy before speech or language problems fully develop can avert educational and social difficulties for children. Consequently, screeners test children between ages 3 and 6.

A test called the Texas-Acevedo Screening of Speech and Language (TASSL) method determines the nature of each child's problem. Based upon the TASSL evaluation, screeners make referrals to appropriate specialists.

The program also conducts workshops to train and certify screeners and instructors in the TASSL techniques.

In the fiscal year, 2,381 children were screened using the TASSL method. Of those, 338 were referred for further evaluation. During the same fiscal year, TDH conducted 18 workshops and certified 222 screeners.



III. IN THE SPOTLIGHT

THE WIC SUCCESS STORY

One TDH program benefiting women and children began the fiscal year as a component of the Bureau of Maternal and Child Health, but because of dramatic changes in both the way the program is delivered and in the numbers of clients it serves, by the end of the year the program had earned its own bureau status.

The story of the transition of WIC from an important, but under-funded, service to an innovative, model program was one of the department's proudest achievements in FY '88.

WIC, which is the acronym for the Special Supplemental Food Program for Women, Infants, and Children, assures pregnant or lactating mothers, their infants, and children less than 5 years old of sound nutrition during their greatest need for healthful food.

Almost totally federally funded (See Appendix C.), WIC is meant to spare mothers and their children the hardship of nutrition-related health problems.

The program includes: issuing vouchers for healthful foods to eligible mothers; nutrition education; and medical referrals for problems affecting their babies' growth and development.

One study showed that every \$1 spent on providing WIC foods to pregnant women saved \$3 in hospital intensive care for low birthweight babies.

Despite the known health benefits for babies and their mothers, and health care costs saved, it was doubtful that the WIC program in Texas could expand as needed during FY '88.

Changes in federal rules for allocating WIC funding to the states, coupled with sharply rising costs of infant formula bought with WIC vouchers, jeopardized TDH's ability to serve its growing caseload of WIC participants.

Although the department was only able to serve some 17 percent of the eligible WIC population at the end of FY '87, its restricted funding and growing caseload all but guaranteed that the program would serve an even smaller proportion of needy mothers and children in FY '88.

Throughout the first quarter of the fiscal year, TDH management and the WIC staff sought solutions. And by January, they supplied the Texas Board of Health with the basis for new rules on how the WIC program not only could contain costs, but also might expand its services.

At its Jan. 23, 1988 meeting, the Board of Health authorized the WIC personnel to open competitive bidding among the major manufacturers of infant formula. The company offering the state the highest rebate per can on its products paid for with WIC vouchers would be awarded a 29-month contract as "sole source" supplier to the program.

The TDH administrators later authorized creation of the Bureau of WIC Nutrition, separate from the Bureau of Maternal and Child Health.

The bidding and selection process continued until March, when the WIC Bureau staff named Mead Johnson Nutritionals as the company offering the highest per-can rebate (99.6 cents).

The unexpectedly high amount of rebate guaranteed by the winning bidder allowed the bureau to forecast a saving of \$85 million in WIC costs over the life of the 29-month contract.

Not only had the skyrocketing expense of infant formula been contained, but the funding saved could be applied to expanding services to areas of the state where WIC services had never before been available.

By the end of the fiscal year, nearly 280,000 additional women, infants, and children, including participants in 33 previously unserved counties (See Appendix D.) were receiving monthly WIC nutrition services. WIC's continued expansion into the 1989 fiscal year was projected to add about 70,000 more participants in 252 counties by September, 1989.

The importance of the service expansion ultimately will be reflected in improved health for these new participants, but it also is significant that the expansion was made possible at no additional taxpayer expense.



Appendix A



How AIDS Spreads In Texas

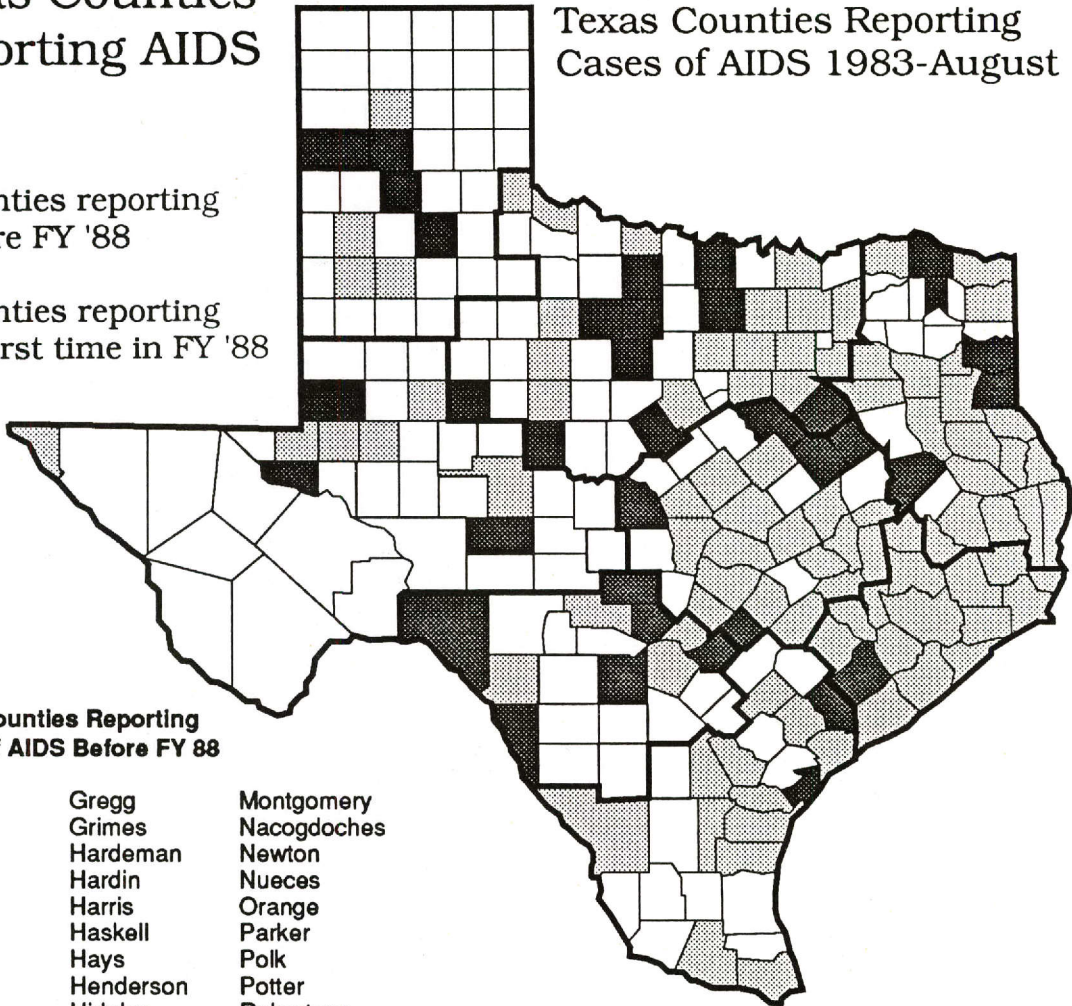
Mode of Transmission	From 1983 to Aug. 31,1987	From Sept. 1, 1987 to Aug.31, 1988
Male to male sex contact	2203	1661
Intravenous drug user	80	124
Male/male sex/IV drug user	318	198
Hemophiliac	20	15
Heterosexual contact	19	30
Transfusion with blood/products	57	79
None of the above/other	80	44
Total	2779	2151

Appendix B

Texas Counties Reporting AIDS

Texas Counties Reporting Cases of AIDS 1983-August 1988

-  Counties reporting before FY '88
-  Counties reporting for first time in FY '88



Texas Counties Reporting Cases of AIDS Before FY 88

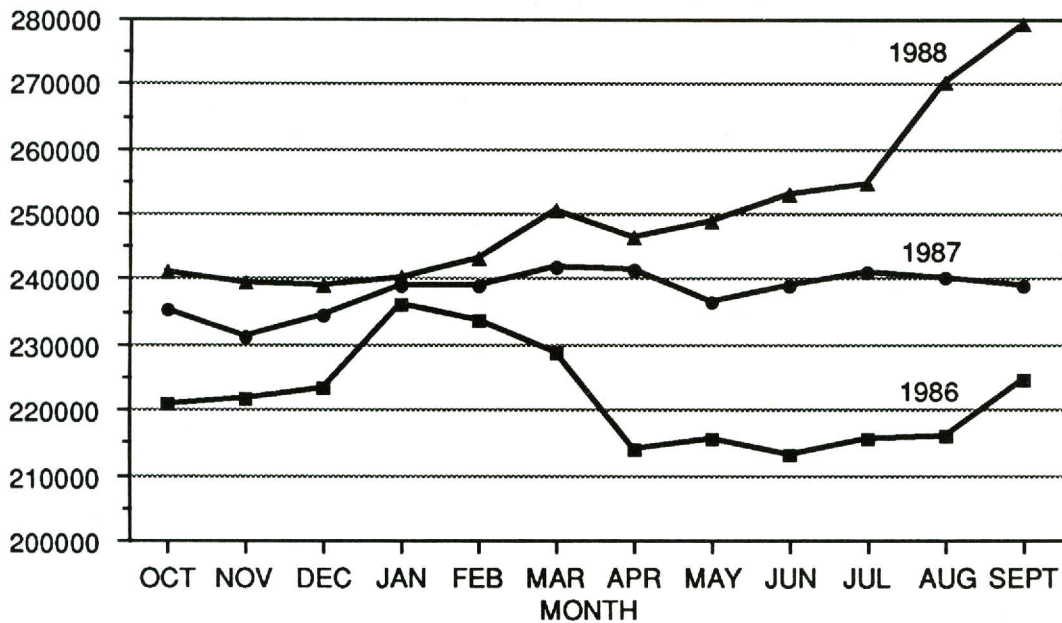
- | | | |
|-----------|-----------|---------------|
| Angelina | Gregg | Montgomery |
| Austin | Grimes | Nacogdoches |
| Bastrop | Hardeman | Newton |
| Bee | Hardin | Nueces |
| Bell | Harris | Orange |
| Bexar | Haskell | Parker |
| Bowie | Hays | Polk |
| Brazoria | Henderson | Potter |
| Brazos | Hidalgo | Robertson |
| Burleson | Hockley | Rusk |
| Burnet | Howard | Sabine |
| Calhoun | Hunt | San Augustine |
| Cameron | Jasper | San Jacinto |
| Cass | Jefferson | San Patricio |
| Chambers | Jim Wells | Shelby |
| Cherokee | Johnson | Smith |
| Childress | Jones | Tarrant |
| Collin | Kaufman | Taylor |
| Colorado | Kerr | Tom Green |
| Comal | Kinney | Travis |
| Coryell | Kleberg | Tyler |
| Dallas | Lamar | Van Zant |
| Denton | Lamb | Victoria |
| De Witt | Lampasas | Walker |
| Ector | Liberty | Waller |
| El Paso | Live Oak | Washington |
| Ellis | Lubbock | Webb |
| Erath | Madison | Wichita |
| Fayette | Matagorda | Williamson |
| Fort Bend | McLennan | Winkler |
| Galveston | Midland | |
| Grayson | Milam | |

Texas Counties Reporting AIDS Cases During FY 88 (First Time of Report)

- | | |
|------------|--------------|
| Andrews | Mitchell |
| Aransas | Montague |
| Archer | Navarro |
| Caldwell | Panola |
| Comanche | Randall |
| Deaf Smith | Red River |
| Floyd | Runnels |
| Freestone | San Saba |
| Gillespie | Schleicher |
| Guadalupe | Stephens |
| Harrison | Swisher |
| Hill | Throckmorton |
| Houston | Titus |
| Jackson | Val Verde |
| Kendall | Wharton |
| Limestone | Wise |
| Maverick | Young |
| Medina | |

Appendix C

WIC PARTICIPATION FOR FY 86/87/88 BY MONTH



WIC Expenditures-1988 Fiscal Year

State Funds

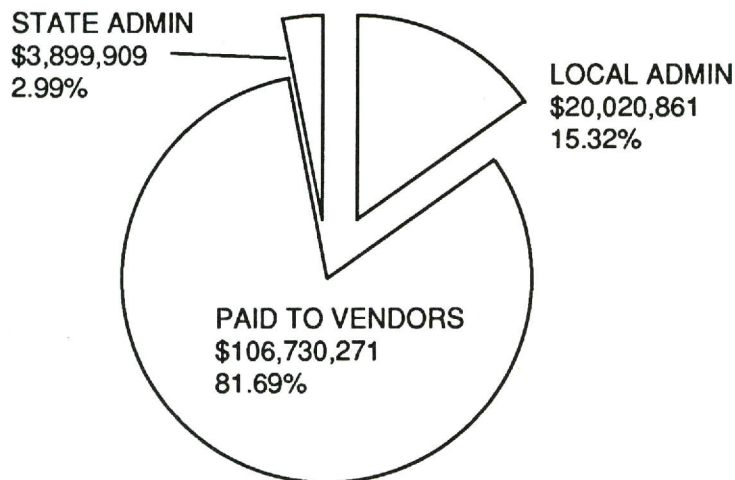
Food	\$3,274,148
Administration	<u>1,249,556</u>
Total	\$4,973,704

Federal Funds

Food	\$103,006,123
Administration	<u>22,671,214</u>
Total	\$125,677,337

Combined State and Federal expenditures were \$130,651,041

FY 88 EXPENDITURES FOOD AND ADMINISTRATION



Appendix D

Counties:



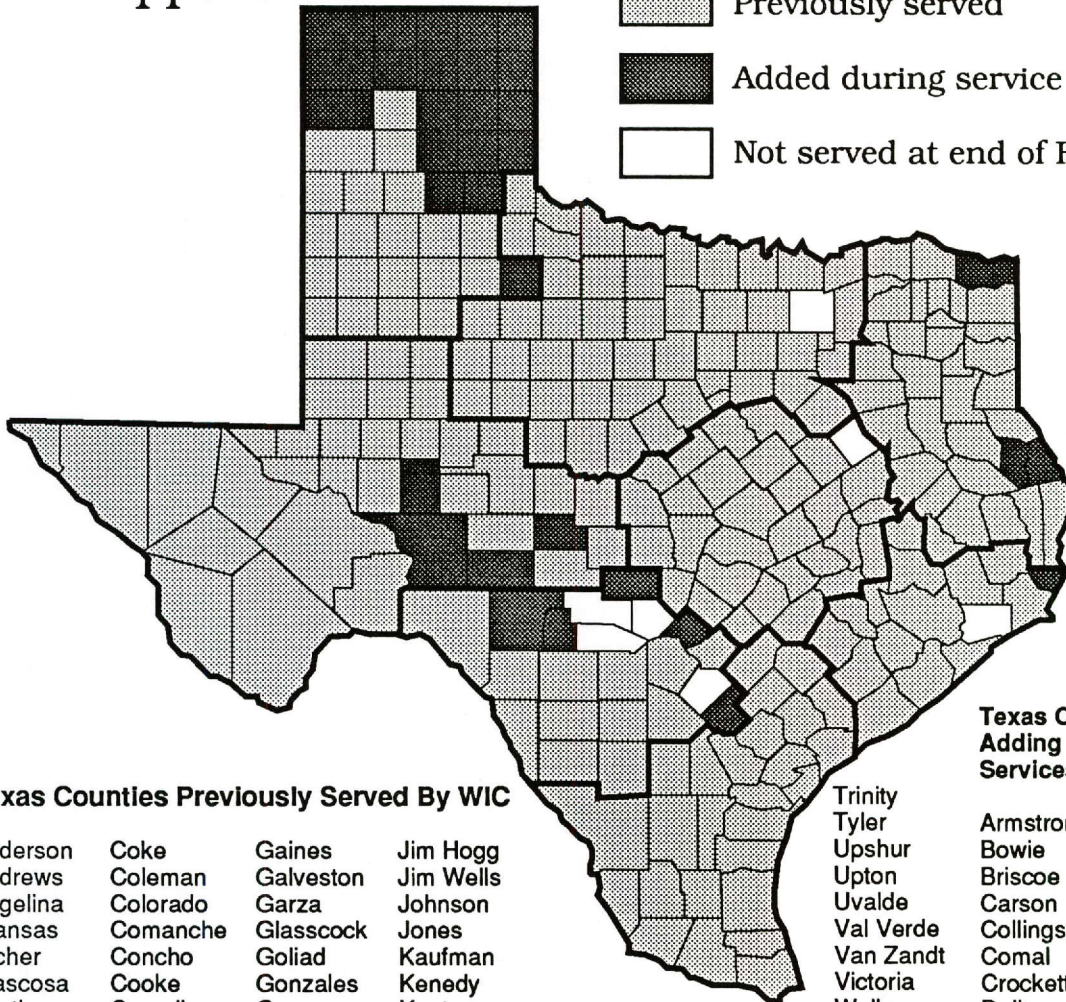
Previously served



Added during service expansion



Not served at end of FY '88



Texas Counties Adding WIC Services FY 88

Texas Counties Previously Served By WIC

- Anderson
- Andrews
- Angelina
- Aransas
- Archer
- Atascosa
- Austin
- Bailey
- Bastrop
- Baylor
- Bee
- Bell
- Bexar
- Blanco
- Borden
- Bosque
- Brazoria
- Brazos
- Brewster
- Brooks
- Brown
- Burleson
- Burnet
- Caldwell
- Calhoun
- Callahan
- Cameron
- Camp
- Cass
- Castro
- Cherokee
- Childress
- Clay
- Cochran
- Coke
- Coleman
- Colorado
- Comanche
- Concho
- Cooke
- Coryell
- Cottle
- Crane
- Crosby
- Culberson
- Dallas
- Dawson
- Deaf Smith
- Delta
- Denton
- De Witt
- Dickens
- Dimmitt
- Duval
- Eastland
- Ector
- Ellis
- El Paso
- Erath
- Falls
- Fannin
- Fayette
- Fisher
- Floyd
- Foard
- Fort Bend
- Franklin
- Frio
- Gaines
- Galveston
- Garza
- Glasscock
- Goliad
- Gonzales
- Grayson
- Gregg
- Grimes
- Guadalupe
- Hale
- Hamilton
- Hardeman
- Hardin
- Harris
- Harrison
- Haskell
- Hays
- Henderson
- Hidalgo
- Hill
- Hockley
- Hood
- Hopkins
- Houston
- Howard
- Hudspeth
- Hunt
- Irion
- Jack
- Jackson
- Jasper
- Jeff Davis
- Jefferson
- Jim Hogg
- Jim Wells
- Johnson
- Jones
- Kaufman
- Kenedy
- Kent
- Kimble
- Kinney
- Kleberg
- Knox
- Lamar
- Lamb
- Lampasas
- La Salle
- Lavaca
- Lee
- Leon
- Liberty
- Limestone
- Live Oak
- Llano
- Loving
- Lubbock
- Lynn
- McCulloch
- McLennan
- McMullen
- Madison
- Marion
- Martin
- Mason
- Matagorda
- Maverick
- Medina
- Midland
- Milam
- Mills
- Mitchell
- Montague
- Montgomery
- Morris
- Motley
- Nacogdoches
- Navarro
- Newton
- Nolan
- Nueces
- Palo Pinto
- Panola
- Parker
- Parmer
- Pecos
- Polk
- Potter
- Presidio
- Rains
- Randall
- Red River
- Reeves
- Refugio

- Trinity
- Tyler
- Upshur
- Upton
- Uvalde
- Val Verde
- Van Zandt
- Victoria
- Walker
- Waller
- Ward
- Washington
- Webb
- Wharton
- Wichita
- Wilbarger
- Willacy
- Williamson
- Winkler
- Wise
- Wood
- Yoakum
- Young
- Zapata
- Zavala
- Armstrong
- Bowie
- Briscoe
- Carson
- Collingsworth
- Comal
- Crockett
- Dallam
- Donley
- Edwards
- Gillespie
- Gray
- Hall
- Hansford
- Hartley
- Hemphill
- Hutchinson
- Karnes
- King
- Lipscomb
- Menard
- Moore
- Ochiltree
- Oldham
- Orange
- Reagan
- Real
- Roberts
- Sabine
- San Augustine
- Sherman
- Sutton
- Wheeler

Texas Counties Unserved by WIC in FY 88

- Bandera
- Chambers
- Collin
- Freestone
- Kendall
- Kerr
- Wilson

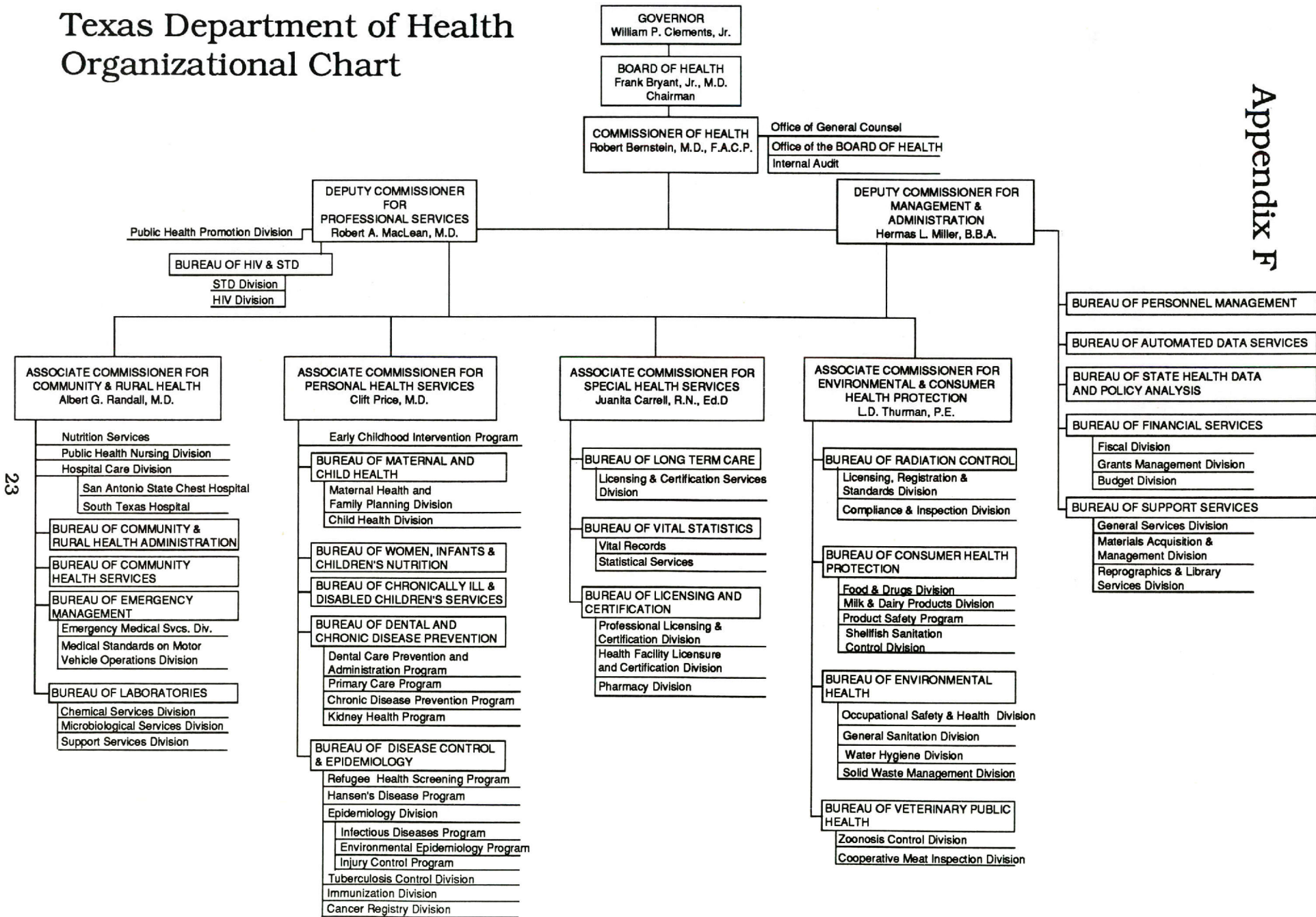
Appendix E

Expenditures

Texas Department of Health Funding of FY 1988 Expended for Major Programs (In Millions)

	State	Federal	Other	Total
Community & Rural Health				
Public Health Regions	\$ 6.5	\$	\$.1	\$ 6.6
Community Health Services	5.5	1.7		7.2
Emergency Management	1.9	1.1	.2	3.2
Laboratories	4.4	.8	1.4	6.6
Other	<u>.8</u>	<u>.7</u>	<u>.1</u>	<u>1.6</u>
	19.1	4.3	1.8	25.2
Personal Health Services				
Maternal & Child Health	21.5	23.6	.1	45.2
Women, Infants & Children	4.9	122.1	.2	127.2
Chron. Ill & Disabled Child.	27.0	5.1	.1	32.2
Kidney Health Care	9.7			9.7
Primary Care	7.7		.2	7.9
Other	<u>3.2</u>	<u>1.5</u>		<u>4.7</u>
	74.0	152.3	.6	226.9
Preventable Diseases				
AIDS & STD Control	3.1	6.2	.1	9.4
Immunization	10.5	.1		10.6
Tuberculosis Services	7.7	.6	.1	8.4
Other	<u>.9</u>	<u>.3</u>		<u>1.2</u>
	22.2	7.2	.2	29.6
Special Health Services				
Long Term Care	4.1	.4	6.4	10.9
Licensing & Certification	.4	2.1	1.3	3.8
Other	<u>.7</u>	<u>.2</u>	<u>1.9</u>	<u>2.8</u>
	5.2	2.7	9.6	17.5
Envir. & Cons. Hlth. Protection				
Consumer Health	3.4			3.4
Water Hygiene	.9	1.2	.5	2.6
Radiation Control	.7	.1	2.8	3.6
Cooperative Meat Inspection	2.7	2.7		5.4
Other	<u>3.2</u>	<u>1.1</u>	<u>.1</u>	<u>4.4</u>
	10.9	5.1	3.4	19.4
Departmental Administration	<u>7.0</u>	<u>1.2</u>	<u>5.8</u>	<u>14.0</u>
Utilities, State-owned Bldgs.	<u>.6</u>		<u>.3</u>	<u>.9</u>
Grand Total	\$ <u>139.0</u>	\$ <u>172.8</u>	\$ <u>21.7</u>	\$ <u>333.5</u>

Texas Department of Health Organizational Chart

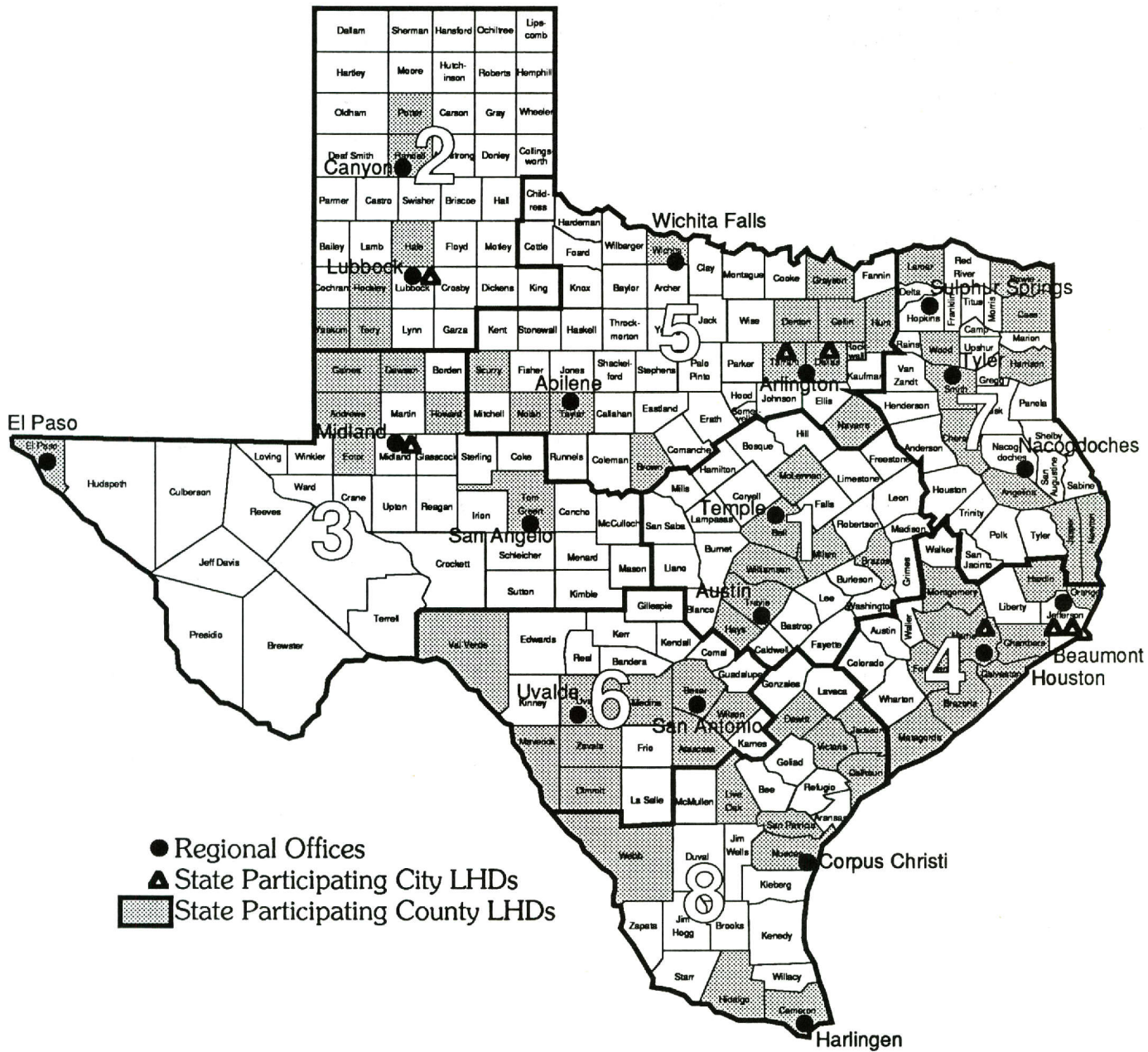


Appendix F

Appendix G

Texas Department of Health

Public Health Regions



Appendix H

Texas Board of Health

Joan Wood Biggerstaff
Plano, Texas

Robert E. Bonham, M.D.
Dallas, Texas

Don L. Brewer
Dallas, Texas

Frank Bryant, Jr., M.D.
(Chairman)
San Antonio, Texas

Bennett L. G. Harber, D.D.S.
Boerne, Texas

Larry D. Krupala
Cuero, Texas

Donald M. Peterson, D.O.
Dallas, Texas

William D. Poteet III
Lubbock, Texas

Joe N. Pyle, P.E.
San Antonio, Texas

Milton L. Risinger, D.V.M.
Terrell, Texas

Robert O. Robinson, M.D.
Beaumont, Texas

Jose Roman, Jr., M.D.
El Paso, Texas

Isadore Roosth
Tyler, Texas

Barbara T. Slover, R.Ph.
Fort Worth, Texas

Oliver R. Smith, Jr., D.C.
El Paso, Texas

Sr. Marian Strohmeier, R.N., M.P.H.
(Secretary)
Edinburg, Texas

Raleigh R. White IV, M.D.
(Vice-Chairman)
Temple, Texas

Edward H. Zunker, O.D.
Seguin, Texas



Stock No. 4-121 12/89