

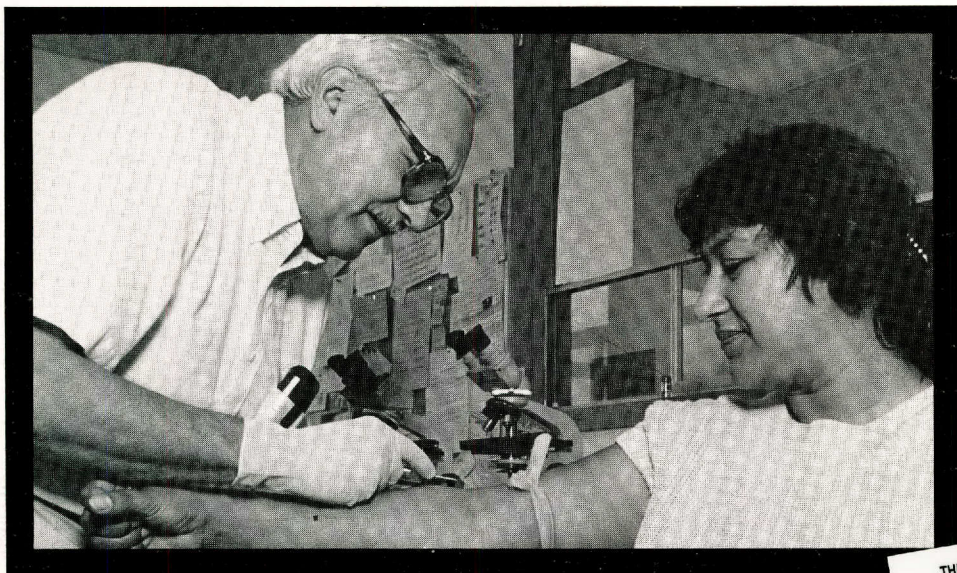
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THE TEXAS DEPARTMENT OF HEALTH

ANNUAL REPORT 1987

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

Robert Bernstein, M.D., F.A.C.P.
Commissioner of Health

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Foreword:

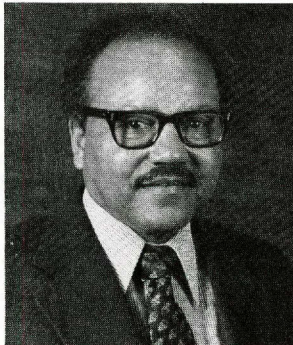
This annual report is published to give taxpayers an overview of the myriad services provided by the Texas Department of Health for improving their lives and environment. We have not itemized our every effort. Instead, we have used part of this publication to carry forth an item of unfinished business of the previous year.

The business of fighting the spread of AIDS, in some ways the most dread disease of our time, commands a special place in this report, much as it dominated other public health issues during Fiscal Year 1987 — not only at TDH, but in the public eye.

We have afforded so much attention to the AIDS issue for this simple reason: No opportunity to stress the realities of the disease and its prevention must go unused.

Therefore, in the first section of this report, we have summarized some highlights of department activities and attached appropriate appendices to add clarity.

In the second section, we have condensed information all Texans need to understand about the AIDS epidemic in this state, as well as the health department's continuing role in fighting its spread.



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Section I:

Highlights of FY '87— A Year of Determination

Throughout Fiscal Year 1987, the Texas Department of Health (TDH) continued to uphold the state's standards of disease control, environmental safety, and responsiveness to emergencies. Also, in its person-to-person services, it served thousands of individuals and families through state, regional, and local health units. To an outside observer, the agency may have appeared to perform routinely for still another year. The reality was that shortfalls in state revenue placed almost unprecedented stress on TDH's ability to fulfill its commitments.



Budget Cuts

The year was the second half of a biennium for which the 69th Legislature and its special session had cut \$12.5 million from the agency's budget. And while the state's economic slump persisted, the number of qualified people in need of public health assistance steadily climbed.

Faced with a dilemma of either restricting public services or cutting staff costs, the department adopted some of the most austere measures in its history. With some exceptions, employees who retired or resigned were not replaced. Rather, their duties were distributed among remaining staff. For much of the year, pay raises and promotions were "frozen," and travel reimbursements were tightly controlled.

In another effort to trim expenses, the department realigned its regional boundaries, reducing the number of regional offices from 12 to eight (See Appendix D, p. 21). Elements of the agency's central office also were consolidated or reassigned to cut costs (See Appendix B, p.19).

As expected, because of the bleak Texas economy, the 70th Legislature called for even deeper funding cuts. When the lawmakers adjourned, they had approved funding for \$313.7 million in state revenue for the 1988-89 biennium. Although those appropriations amounted to a welcome increase over funding for the '86-'87 biennium, their net benefits had limits. The increases were earmarked for only four, specific departmental operations.

The funding increases were for: Crippled Children's Services (recently renamed the Bureau of Chronically Ill and Disabled Children's Services); prevention of Acquired Immune Deficiency Syndrome (AIDS); the Immunization Division; and clean-up of radioactive mill tailings at the abandoned uranium mine in Falls City. Except for more funding in these four programs, TDH lost \$6 million across-the-board as the legislature sought to balance the state's budget in FY '87. The net losses in TDH's state funding since 1985 reached 14 percent.

The legislature made significant cuts in the funding for Community and Rural Health and the Public Health Regions. More than \$1.8 million, or about 10 percent of their budgets, were withheld, prompting a proportionate reduction in services to the public at the local (county and city) level.

Except for the funds earmarked for the Falls City clean-up, TDH's funding for ensuring a healthy environment was reduced by \$1.2 million for the 1988-89 biennium. Consequently, FY '87 ended with the department planning cut-backs in routine inspections and enforcement, including those of public drinking water systems and solid waste disposal sites.

The TDH Long Term Care program, which regulates nursing homes in Texas, suffered a serious loss when the legislature trimmed \$375,000 from its appropriation. Since the money was to be matched three to one by federal funds, the program's combined loss totaled almost \$1.2 million.

The lawmakers made some of their deepest cuts in the department's administration. Since those cuts, totaling \$1.8 million for 1988 and \$1.4 million for 1989, threaten the agency's ability to pay its basic bills, some of these losses inevitably must be felt at the program level.



Direct Services To Needy Texans

While the administration struggled with budgets and organizational changes, the diminished staffs at the program level faced having to find ways to deliver necessary services to growing caseloads. In spite of program adversities in FY '87, the persons most in need of public health care throughout the state were provided the help they needed.

Here are only a few of those direct services:

Some 70,000 needy women received prenatal care — a major factor in healthy pregnancy outcomes. About 335,000 patients received TDH-sponsored family planning services.

An average 238,000 monthly participants in the Supplemental Food Program for Women, Infants, and Children (WIC) received dietary counseling and vouchers for nutritious foods. (This preventive program is for low-income women, who are pregnant or lactating, and for infants and children under five years old). By the end of the year, the department was considering new initiatives to reduce costs in the WIC program, while serving far more clients.

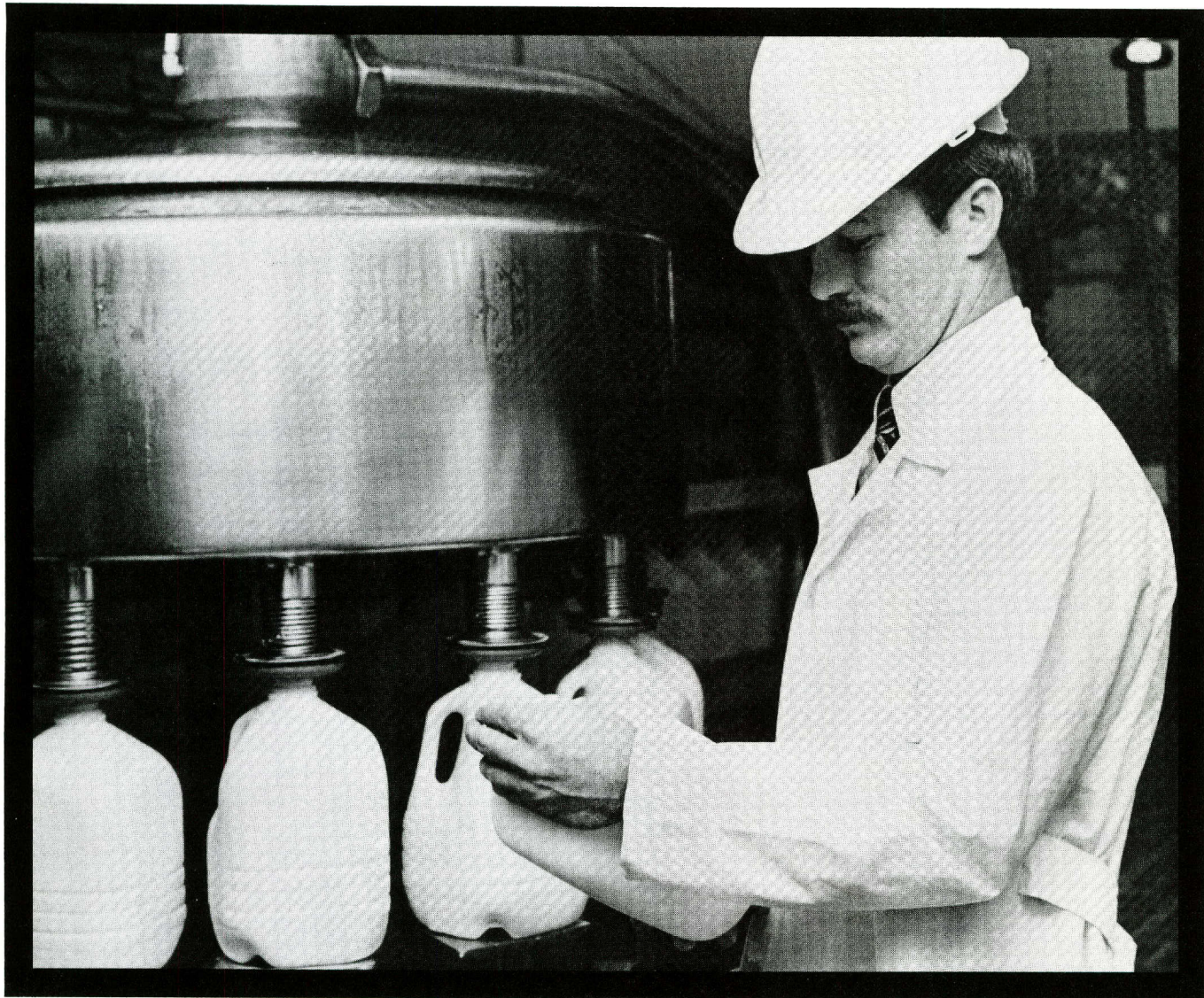
The Kidney Health Program served more than 7,000 Texans in FY '87. The program provides life-sustaining treatments for end-stage renal dialysis.

The Bureau of Chronically Ill and Disabled Children's Services funded care for nearly 15,000 young, seriously ill Texans. The children include those with cancer, cystic fibrosis, cardiovascular disease, hemophilia, and other crippling disorders.

In FY '87, the Dental Health Program served 17,109 eligible residents in need of preventive and restorative dental care.

During the year, TDH provided 1,894,904 doses of vaccine for immunizations against vaccine-preventable diseases including diphtheria, pertussis, and tetanus (DTP), during a time when costs for the vaccine almost quadrupled.

In addition, two new programs funded by the 69th Legislature provided direct services to the state's medically indigent during the first full year of operation. The Primary Care Program provided basic ambulatory health care services for 144,346 low-income, uninsured patients in 58 counties where access to such services is limited. Another program, authorized by the Maternal and Infant Health Improvement Act (MIHIA), provided prenatal, delivery, and postpartum care to more than 10,000 high-risk, low-income Texas women and their infants who had no other means of medical care.



Indirect Services for All Texans

Other TDH services, while less direct, affected the lives of all Texans.

For example, the TDH Bureau of Vital Statistics annually records every birth, death, marriage, and divorce in the state, a total of 718,822 such records in 1987.

The bureau staff also compiles such information as the leading causes of death, by county. These data are important in tailoring services to populations at highest risk and in identifying possible environmental links to disease.

Also behind the scenes at the Texas Department of Health, a team of epidemiologists—the “disease detectives”—continued their mission to pinpoint the sources of disease outbreaks throughout the state to prevent the diseases’ spread. In FY ’87, for example, the number of reports of workers found to have silicosis, asbestosis, elevated lead levels in the blood, and pesticide poisoning increased, prompting more worksite inspections.

The TDH Bureau of Laboratories is another example of quiet, efficient service, handling more than a million specimens in FY ’87. Water and food samples were tested for impurities, bacteria, and chemicals. Blood samples of every infant born in Texas were tested for inherited diseases. In addition, the laboratory tested thousands of blood samples from individuals to detect the antibodies of AIDS.

Despite budget cuts, the agency continued its regulation of the state’s nursing homes, serving about 87,000 residents. TDH also licensed and certified more than 500 hospitals that care for about 35,000 patients daily, certified 38,660 people in emergency medical services (EMS), and licensed 2,540 ambulances to ensure the best possible emergency care.

During the fiscal year, TDH inspected 9,544 food manufacturers, wholesale establishments, and retail stores. It also monitored 7,670 public water supply systems, and with local health departments, inspected the state’s 46,000 restaurants. In addition, the agency regulated 994 active solid waste disposal sites throughout the state.

Determination

For the Texas Department of Health, the 1987 fiscal year was one of extraordinary circumstances. In previous years, severe budget restraint had always been the byword, and the department’s “worst case” contingencies had annually grown more stark. But in FY ’87, the agency tapped every last ounce of its reserve talent and resources (See Appendix C, p.20) in a determined effort to give Texans the best possible public health services.

Section II:

Of Unique Concern— The Battle Against AIDS

The Texas Department of Health is the agency in charge of Texas' programs to control the spread of acquired immune deficiency syndrome (AIDS).

A relatively new and fatal disease, AIDS has induced near panic at times among the populace, not only in Texas, but around the world.

While the epidemic in the U.S. first appeared among men with male sex partners and drug abusers sharing needles, the disease has now been found among Texans of both sexes, regardless of age or use of drugs, including unborn babies. Texas ranks fourth among the states reporting the most AIDS cases.



What Is AIDS?

AIDS is a disease caused by the human immunodeficiency virus (HIV), which attacks the body's ability to resist a wide variety of infections and cancers.

HIV can be transmitted to others in blood and semen, through shared drug needles and syringes and sexual contact. It may be passed from an infected, pregnant woman to her unborn child. Anyone can contract AIDS, but men with male sex partners and intravenous drug abusers are considered to be at highest risk (See Appendix F, p.23).

AIDS' symptoms can take a variety of forms. But characteristically, patients contract certain respiratory infections and pneumonia, suffer rapid weight loss, and may develop skin lesions.

Even without showing AIDS symptoms, an HIV-infected person can transmit the virus to others. In fact, infected persons may show no symptoms for years, and while they are able to infect others, may not develop AIDS themselves.

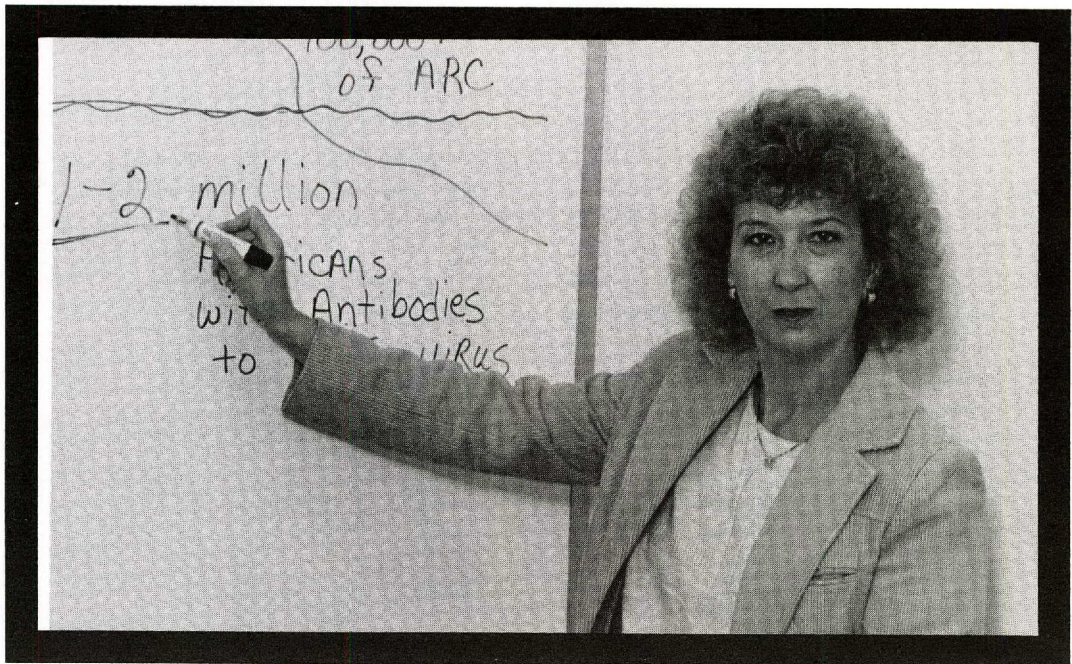
While no cure for AIDS has been found, some drugs, such as azidothymidine (AZT) have proven effective in slowing its symptoms. At the end of FY '87, TDH was preparing to launch a federally funded program to distribute AZT to as many as 300 financially eligible Texans with AIDS or AIDS-related complex.

Efforts to Control AIDS

In the 1987 fiscal year, TDH intensified four, main efforts to slow the spread of AIDS in Texas.

First, it stepped up its public information and education programs to assure that all Texans could learn how the disease could be prevented, and to avert hysteria stemming from misinformation. Second, it continued surveillance of the disease's spread, gathering information about the virus' distribution and apparent means of transmission. Third, it conducted blood tests for use in diagnosing the infection for individuals at public clinics and alternate test sites. And fourth, it provided counseling for all persons requesting the blood tests.

In addition to these direct services to the public, by the end of the year, the department consolidated all of its personnel working exclusively against AIDS, under the authority of a single, new bureau. For most of the year, elements of the TDH bureaus of Epidemiology and Sexually Transmitted Disease Control (STD), operated separate, but closely coordinated activities. But at year's end they were reassigned to the all-new Bureau of AIDS and Sexually Transmitted Disease Control. As such, one of their first tasks was to plan the distribution of AIDS assistance grants for community education and AIDS service organizations at the local level.



Education

Public information and education about AIDS during FY '87 constituted perhaps the largest-scale effort of its kind in the department's history. By year's end, the department had distributed more than three-quarters of a million pamphlets and brochures to specific audiences. Prominent among these were copies of the special "Surgeon General's Report on AIDS" which condensed known facts about the disease, its spread, its prevention, and efforts to control it.

In addition to distributing literature, the department's Public Health Promotion Division produced numerous news releases and features for use by 750 newspapers, television stations, and other media. The division also became home for a toll-free AIDS hotline, providing AIDS information to health professionals on TDH policies and health-related issues.

Departmental officials, including Commissioner of Health Dr. Robert Bernstein, repeatedly addressed the media, community leaders, and professional groups — often about departmental programs protecting the public against the disease, but most frequently about the known basics associated with the disease and its prevention. By mid-year, the commissioner estimated that, as urgent as his other duties (such as securing a sound budget) were, his involvement in the fight against AIDS was commanding as much as 40 percent of his time.

Tracking

Surveillance by staff epidemiologists drew a portrait of the AIDS epidemic in Texas in FY '87.

The 70th Legislature designated HIV infection a "reportable disease" during the fiscal year, requiring all confirmed infections to be reported to TDH. By Board of Health rule, diagnosed cases of AIDS became reportable in March 1983, making Texas the first state to require such reporting. In these reports, individuals' names remain confidential. But TDH collects other information, such as each case's locale, sex, ethnic origin, suspected mode of infection, and social data. TDH staff analyzed 1,243 such reports in FY '87 and published an updated count weekly.

As part of the analysis, TDH determined which segments of the population most needed help in controlling the disease. During the fiscal year, they found that while the majority of cases were still confined to the more concentrated, metropolitan areas of Houston, Dallas, Fort Worth, Austin, and San Antonio, even rural counties (See Appendix E, p.22) had begun to report the local presence of the virus. (Note: In 1983, only 16 counties had reported at least one case of AIDS, but by June 1988, that number had risen to 125 counties.)

While the surveillance reports help guide TDH in planning public education and prevention programs where they are most needed, they also are forwarded to the federal Centers for Disease Control in Atlanta, for application on the national level.



Counseling and Testing

Blood testing continued to be one of TDH's important weapons against the spread of AIDS in the fiscal year. In FY '87, at 67 sites throughout Texas, anonymous, inexpensive tests were available to anyone requesting the services. Most of the sites were public health clinics or TDH-funded testing and counseling centers which forwarded samples to the TDH laboratories for analysis.

Laboratory screening for the human immunodeficiency virus (HIV) antibodies is done with two tests: ELISA and Western Blot.

Every sample submitted to the laboratory was first tested by an enzyme screening test known as the ELISA method. If the first ELISA test was found "reactive" (positive) for the HIV antibody, the sample underwent a second ELISA test. If the second ELISA also proved reactive, the sample was subjected to the more accurate, but also more expensive, Western Blot test to confirm the presence of infection in the patient.

The TDH-operated laboratories in Austin and Houston tested 23,414 blood samples in FY '87.

It is noteworthy that nearly twice as many Texans were tested for HIV infection in FY '87 as in the previous year. This was primarily due to an increase in requests for testing by worried individuals who were at low risk of infection.

Person-to-person counseling plays an indispensable role in slowing the transmission of HIV.

TDH requires that each person tested at a public health clinic for HIV infection be counseled both before and after the blood sample is taken. When the test results are complete (in about two weeks), the individual is required to obtain the outcome in person, so that further counseling is assured.

Counseling consists primarily of a conference in which a specially trained health technician discusses how to avoid exposure to, or transmission of, HIV.

Since HIV transmission usually occurs during sex or needle-sharing, counselors are trained to be both factual and candid. And confidentiality is guaranteed.



Planning for the Next Year

As the 1987 fiscal year ended, TDH was preparing guidelines by which organizations could apply for portions of the \$1.5 million in special state funds appropriated for local AIDS education and service projects. Also, it was seeking additional federal funding for similar grants.

In addition, the new Bureau of AIDS and STD Control was drafting the rules by which persons with AIDS or AIDS-related complex could qualify for help in buying AZT, the only approved drug for slowing AIDS symptoms, through a one time only federally funded program.

By August, the AIDS staff was receiving as many as 1,000 telephone calls each month concerning AIDS and the issues surrounding the epidemic. Callers included private citizens, public officials, health professionals, and others from all regions of the state.

Once again, demonstrating a determination to tap every possible resource, TDH executives were planning special training for all staff about AIDS, its methods of transmission, and its prevention. Commissioner Bernstein asked all TDH employees to participate, so that not only their own questions about the epidemic could be answered, but also so that each employee would then be equipped with factual information to be passed on to the public.

Appendices

Appendix A

TEXAS BOARD OF HEALTH

Ron J. Anderson, M.D.
Dallas, Texas

R. Jack Ayres, Jr.
Dallas, Texas

Don L. Brewer
Dallas, Texas

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

Barry D. Cunningham, D.D.S.
Austin, Texas

Larry D. Krupala
Cuero, Texas

Dennis K. McIntosh, D.V.M., M.P.H.
San Antonio, Texas

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

Arthur L. Raines, M.D.
Cleburne, 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

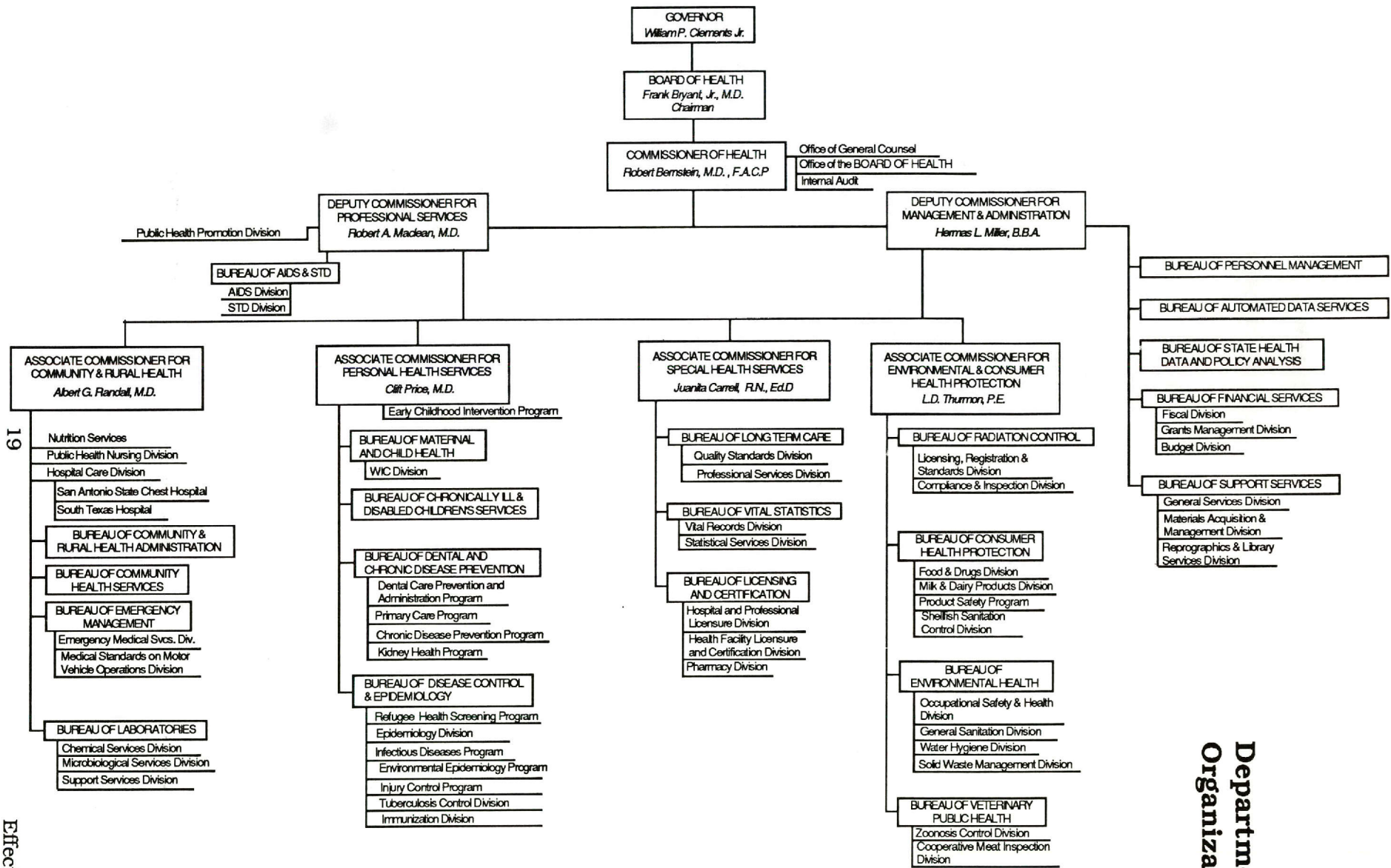
Oliver R. Smith, Jr., D.C.
El Paso, Texas

Max M. Stettner, D.O.
Lubbock, Texas

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

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

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



**Department
Organizational Chart
Appendix B**

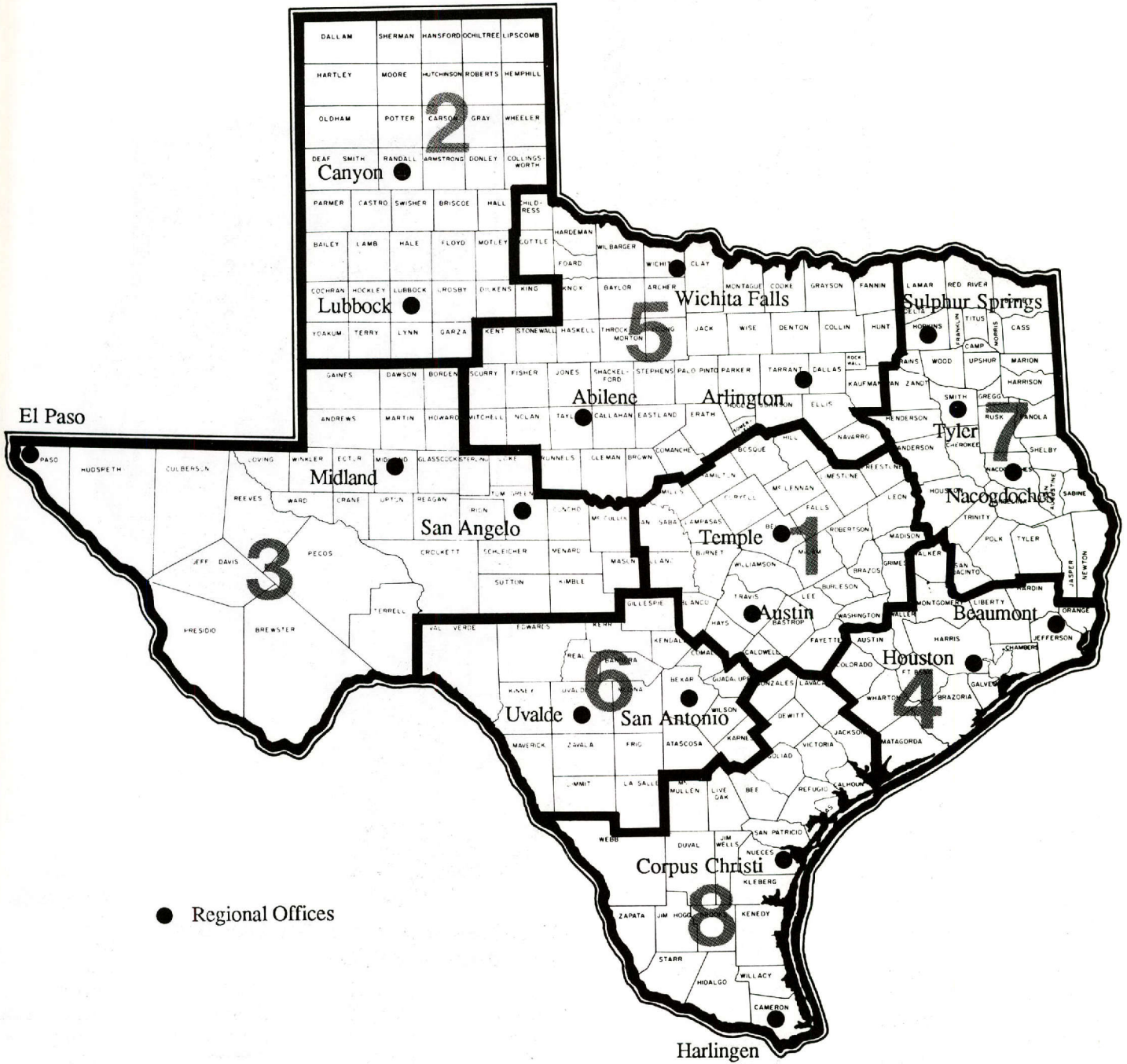
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ppendix C

**Texas Department of Health
Funding of FY 1987
Expended for Major Programs (In Millions)**

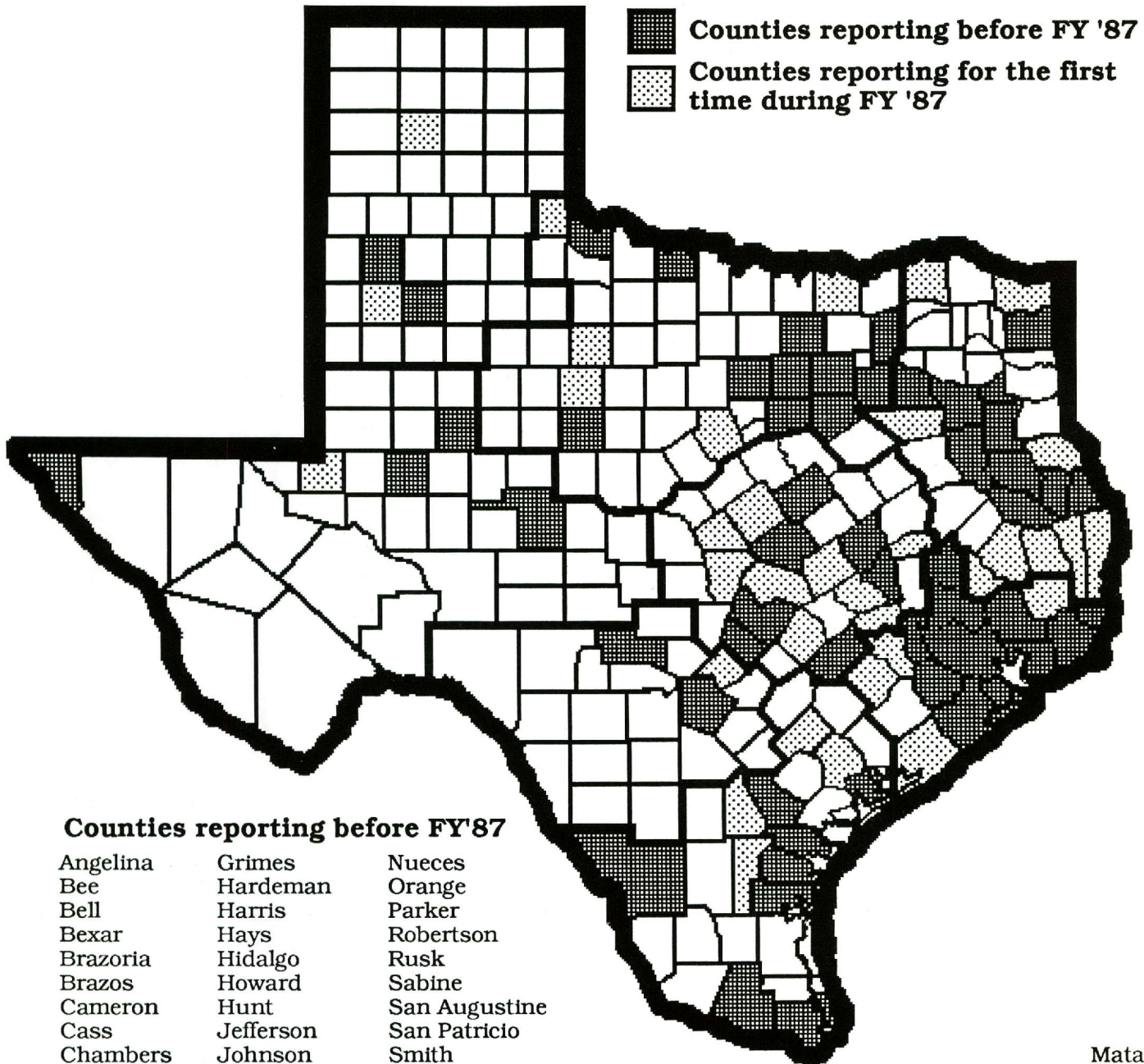
	State	Federal	Other	Total
Community & Rural Health				
Public Health Regions	\$ 6.9	\$	\$.1	\$ 7.0
Community Health Services	5.8	1.4		7.2
Emergency Management	1.8	1.3	.3	3.4
Laboratories	4.4	.5	1.4	6.3
Other	<u>.8</u>	<u>.6</u>	<u>.1</u>	<u>1.5</u>
	19.7	3.8	1.9	25.4
Personal Health Services				
Maternal & Child Health	21.9	21.6		43.5
Women, Infants & Children	6.4	109.2	.2	115.8
Chron. Ill & Disabled Child.	25.2	4.7		29.9
Kidney Health Care	9.0			9.0
Primary Care	7.8	.2		8.0
Other	<u>3.1</u>	<u>1.0</u>	<u>.4</u>	<u>4.5</u>
	73.4	136.7	.6	210.7
Preventable Diseases				
AIDS & STD Control	1.3	2.7		4.0
Immunization	5.4		.6	6.0
Tuberculosis Services	7.6	.6		8.2
Other	<u>1.5</u>	<u>.3</u>	<u>.5</u>	<u>2.3</u>
	15.8	3.6	1.1	20.5
Special Health Services				
Long Term Care	3.9	.3	6.8	11.0
Licensing & Certification	.4	1.7	1.0	3.1
Other	<u>.7</u>	<u>.1</u>	<u>1.7</u>	<u>2.5</u>
	5.0	2.1	9.5	16.6
Envir. & Cons. Hlth. Protection				
Consumer Health	3.4			3.4
Water Hygiene	.8	1.4	.5	2.7
Radiation Control	.6		3.1	3.7
Cooperative Meat Inspection	3.0	2.8		5.8
Other	<u>3.2</u>	<u>1.0</u>	<u>.1</u>	<u>4.3</u>
	11.0	5.2	3.7	19.9
Departmental Administration				
	<u>7.5</u>	<u>1.2</u>	<u>4.0</u>	<u>12.7</u>
Utilities, State-owned Bldgs.				
	<u>.4</u>	<u>—</u>	<u>.4</u>	<u>.8</u>
Grand Total	\$ <u>132.8</u>	\$ <u>152.6</u>	\$ <u>21.2</u>	\$ <u>306.6</u>

Public Health Regional Offices



Appendix E

Texas Counties Reporting Cases of AIDS 1983-August 1987



Counties reporting before FY'87

- | | | |
|-----------|-------------|---------------|
| Angelina | Grimes | Nueces |
| Bee | Hardeman | Orange |
| Bell | Harris | Parker |
| Bexar | Hays | Robertson |
| Brazoria | Hidalgo | Rusk |
| Brazos | Howard | Sabine |
| Cameron | Hunt | San Augustine |
| Cass | Jefferson | San Patricio |
| Chambers | Johnson | Smith |
| Cherokee | Kaufman | Tarrant |
| Collin | Kerr | Taylor |
| Dallas | Kinney | Tom Green |
| Denton | Kleberg | Travis |
| Ector | Lamb | Van Zant |
| El Paso | Liberty | Walker |
| Ellis | Lubbock | Waller |
| Fayette | McLennan | Webb |
| Fort Bend | Midland | Wichita |
| Galveston | Montgomery | |
| Gregg | Nacogdoches | |

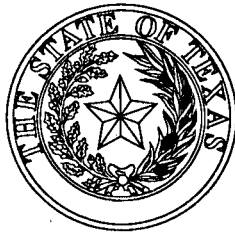
Counties reporting for the first time during FY '87

- | | | | |
|-----------|-----------|-----------|-------------|
| Austin | Comal | Hockley | Matagorda |
| Bastrop | Coryell | Jasper | Milam |
| Bowie | De Witt | Jim Wells | Newton |
| Burleson | Erath | Jones | Polk |
| Burnet | Grayson | Lamar | Potter |
| Calhoun | Hardin | Lampasas | San Jacinto |
| Childress | Haskell | Live Oak | Shelby |
| Colorado | Henderson | Madison | Tyler |
| | | | Victoria |
| | | | Washington |
| | | | Williamson |
| | | | Winkler |

How AIDS Spreads In Texas

Mode of Transmission	1987*
Male to male sex contact	2203
Intravenous drug user	80
Male/male sex/IV drug user	318
Hemophiliac	20
Heterosexual contact	19
Transfusion with blood/products	57
None of the above/other	80
Total	2779

*Cumulative from 1983 to Aug. 31, 1987



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