## Contents

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution #1 Public Health Emergency Preparedness and Response</td>
<td>2-3</td>
</tr>
<tr>
<td>Resolution #2 Public Health System</td>
<td>4-5</td>
</tr>
<tr>
<td>Resolution #3 Preventing Gun Violence</td>
<td>6-7</td>
</tr>
<tr>
<td>Resolution #4 Routine Vaccination Against Human Papillomavirus (HPV)</td>
<td>8-9</td>
</tr>
<tr>
<td>Resolution #5 Expansion of Medicaid in Texas</td>
<td>10</td>
</tr>
<tr>
<td>Resolution #6 Public Health Workforce</td>
<td>11-12</td>
</tr>
<tr>
<td>Resolution #7 Sexual Violence and Human Trafficking</td>
<td>13</td>
</tr>
<tr>
<td>Resolution #8 Opioid Abuse Surveillance and Prevention</td>
<td>14</td>
</tr>
<tr>
<td>Resolution #9 Texas Health Literacy</td>
<td>15-16</td>
</tr>
<tr>
<td>Resolution #10 Chronic Disease</td>
<td>17-18</td>
</tr>
</tbody>
</table>
Resolution #1 PUBLIC HEALTH EMERGENCY PREPAREDNESS and RESPONSE

WHEREAS, public health emergencies and response cost the United States and the State of Texas millions of dollars annually, the Texas Department of State Health Services and local health departments must be ready to handle different types of emergencies that threaten the health and safety of communities, families, and individuals; and

WHEREAS, the Public Health Emergency Preparedness (PHEP) Cooperative Agreement has enabled state and local health departments to build and strengthen their capacity to effectively respond to and recover from a range of public health threats, including infectious diseases, natural and man-made disasters, and biological, chemical, nuclear, and radiological events, preparedness activities funded by the PHEP cooperative agreement have aided in the development of emergency-ready public health departments that are accessible, scalable, flexible and adaptable; and

WHEREAS, a public health emergency occurs when the health consequences of an event have the potential to overwhelm routine community capabilities and capacities. Public health emergencies may require priority setting, rationing, and triage—which may involve emergency measures. Planning should include those individuals with access and functional needs and those disproportionately impacted in a disaster; and

WHEREAS, public health emergency preparedness encompasses more than equipment, deployment of public health professionals, training, and supplies, it also involves educational outreach and community engagement in pre-emergency planning; and

WHEREAS, it is critical for local public health departments to have a written plan in place, and for all staff to understand their role within the plan and how the plan intersects with local emergency management, disaster plans should be revisited regularly to ensure complete understanding within the organization; and

WHEREAS, comprehensive emergency planning needs to include development of a well-crafted business continuity plan to help ensure limited disruption of services, pre-scripted disaster web-content for common or predictable events and development of a plan for public health volunteers; and

WHEREAS, public health emergency preparedness efforts should support Community Resilience, Incident Management, Emergency Operations Coordination, Information Management, Countermeasures and Mitigation, Surge Management, and Bio-surveillance; and

BE IT THEREFORE RESOLVED, that the Texas Public Health Association supports public health community response plans that ensure the above-mentioned goals are addressed and recommends that the Texas Department of State Health Services and local health departments continue to draft, review and revise their plans regularly; and
BE IT FURTHER RESOLVED, that all state plans be integrated into a comprehensive national emergency response plan and that this nationwide preparedness and response plan include public health funding for each state to support development and maintenance of such a plan indefinitely.

References:


Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health (Full Document) – October 2018; Updated January 2019
Texas Public Health Association Resolutions 2020

Resolution #2 PUBLIC HEALTH SYSTEM

WHEREAS, Public Health is the science of preventing illness, protecting and improving the health of people and their communities and is concerned with protecting the health of entire populations¹; and

WHEREAS, the current mission of public health is to ensure the conditions in which everyone has an opportunity to be healthy²; and

WHEREAS, a new model of public health, called Public Health 3.0., uses a framework that also focuses on addressing social determinants of health³; and

WHEREAS, Public health professionals routinely participate in community advocacy, implementing educational programs, recommending policies, administering services and conducting research, they need access to county, state, nationwide and global data and the resources to analyze it, to best utilize the activities listed above to focus on continued prevention in identified problem areas¹; and

WHEREAS, public health professionals are a part of a Public Health System, defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction,²; and

WHEREAS, there are 10 Essential Public Health Services that describe the public health activities that all communities should undertake²; and

WHEREAS, nationwide spending for public health by states has been declining (Public Health: $81B-2.5%; Medical Services: $3.3T-97.5%) with only 19 states and Washington, D.C. maintaining or increasing their budgets, while 31 states made cuts to their public health budgets from FY 2015-2016 to FY 2016-2017, making it difficult for those states to compensate for reduced federal funding⁴; and

WHEREAS, nationwide, since 2008, local health departments (LHDs) have lost 55,590 staff due to layoffs or attrition. In addition, approximately 25 percent of LHDs reported a lower FY 2016 budget than the previous year, with fewer LHDs reporting an increase in their budget for the current year as compared to the previous⁴; and

WHEREAS, the Texas Department of State Health Services (DSHS) is the lead state public health agency in Texas with a mission to improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions,⁵ in addition to “coordinating programs and services within the public health system” as part of its 2019-2023 DSHS Strategic Plan⁶; and

WHEREAS, public health can be provided in Texas through state regional public health offices and/or LHDs established by counties or municipalities⁷; and

WHEREAS, recommendations for the support of funding at the national, state and local level include⁴:

- Increasing Funding for Public Health – at the Federal, State and Local Levels,
- Preserving the Prevention and Public Health Fund, Preparing, for Public Health Emergencies and Pandemics,
- Establishing a Standing Public Health Emergency Response Fund,
- Building a National Resilience Strategy to Combat Deaths of Despair,
- Preventing and Reduce Chronic Disease,
Texas Public Health Association Resolutions 2020

- Supporting Better Health and Top Local Priorities in Every Community, and
- Expanding the Use of Evidence-Based, High-Impact Strategies to Improve Health in Every Community

BE IT THEREFORE RESOLVED, that the Texas Public Health Association recommends that these key recommendations be strongly considered and acted upon by national, state and local policy makers to maintain, enhance and strengthen the public health system and its efforts to promote health and protect and prevent against disease and disasters.

1https://www.cdcfoundation.org/what-public-health
2https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
5https://dshs.texas.gov/about-DSHS.shtm
7https://statutes.capitol.texas.gov/Docs/HS/htm/HS.121.htm#121.003, Texas Health and Safety Code, Title 2, Subtitle F, Chapter 121
Resolution #3 PREVENTING GUN VIOLENCE

WHEREAS, incidents involving guns injure more than 100,000 people a year and kill more than 30,000 a year including through homicides, suicides, and accidental deaths; and

WHEREAS, far more Americans have been killed with guns in the U.S. than have died in all our wars combined (1775-2017); Since 1968, more than 1.5 million Americans have died in gun-related incidents; and

WHEREAS, over five decades, the US had 90 public mass shootings, defined as shootings that killed four or more victims (the FBI defines a "mass shooting" as "four or more murdered during an event with no "cooling-off period" between the murders.") over the past 30 years; and

WHEREAS, Texas Mortality Data (2017) documents that Firearm Deaths in Texas total 3,513 for an overall rate of 12.4 % compared to US Deaths at 39,773 for a National rate of 12.0 %; and

WHEREAS, American schools and colleges have experienced mass shootings since Columbine High School in 1999. Since then, educational institutions continue to be vulnerable without increased focus on enhanced school safety; and

WHEREAS, numerous studies have indicated that many individuals involved in gun violence in schools claim that they had been bullied, and the bullying played a role in their decision to attack; and

WHEREAS, only federally licensed gun dealers are required by law to run background checks yet 40 percent of gun sales – six million guns a year – are sold on the secondary market through unlicensed dealers and are not subject to background checks, enabling the acquisition of guns by criminals, perpetrators of domestic violence, minors, substance abusers, and those with severe mental illnesses; and

WHEREAS, the increase of gun sales in US has come at a time of a nationwide decline in mental health services with $1.6 billion in state cuts from mental health programs between 2009 and 2011; and

WHEREAS, the large majority of Americans support that all gun purchases, private or retail, require a comprehensive background check; and

WHEREAS, US continues to severely underfund the National Instant Criminal Background Check System and the Bureau of Alcohol, Tobacco, Firearms and Explosives – resulting in an incomplete background database that has not expanded to all fifty states and a severe lack of resources that prevent the Bureau from conducting yearly inspections, as mandated by federal law, of all federally licensed gun dealers; and

BE IT THEREFORE RESOLVED, that the Texas Public Health Association acknowledges that there is a need for community coalitions and networks to impact safe gun policies adopted by public and private organizations; advocacy for youth violence prevention to be addressed at the community level; supporting the availability, access to and funding for mental health and substance abuse treatment and support enhanced mental health services; recommends all gun buyers be required to pass a comprehensive background check, regardless of how a weapon is purchased; and CDC funding needs to be restored to conduct research on gun violence and implement safety requirements that effectively prevent the violent use of guns in America.

References

Resolution #4 ROUTINE VACCINATION AGAINST HUMAN PAPILLOMAVIRUS (HPV)

WHEREAS, Human Papillomavirus (HPV) infection is estimated to be the most common sexually transmitted infection, with estimated 6.2 million persons being newly infected every year in the United States; and

WHEREAS, total estimated HPV related cancer deaths in Texas in 2015 were 1,273; and

WHEREAS, strong epidemiological evidence confirms that HPV types 16 and HPV 18 are carcinogenic to humans, particularly in the burden of cervical cancer and other cancers; and

WHEREAS, on October 16, 2009 the FDA approved the use of an HPV vaccine for the prevention of genital warts (condyloma acuminate) 10 types are due to HPV types 6 and 11 in males 9 – 26 years of age; and

WHEREAS, on June 8, 2006 the FDA approved the use of an HPV vaccine for the prevention of cervical cancer in females 9-26 years of age, with precancerous genital lesions and genital warts due to HPV types 6, 11, 16, and 18; and

WHEREAS, in a protocol data analysis of phase III trials of the HPV vaccine in women at 48 months showed the vaccine efficacy to be 100% for prevention of HPV type 16 and 18 related CIN2/3 and 98.9% effective against HPV 6-, 11-, 16-, and 18-related genital warts; and

WHEREAS, there is higher effectiveness with early vaccination before exposure to any HPV; and

BE IT THEREFORE RESOLVED, that the Texas Public Health Association (TPHA) recommends and supports routine vaccination of boys and girls starting at age 11 with the complete vaccine series and that all males and females ages 11-26 that have not completed the vaccine series receive the recommended number of doses to be brought up to date; and

BE IT FURTHER RESOLVED, that TPHA uses its communication tools to members to convey to the physicians of Texas the importance of the HPV vaccine for both males and females.

References:


6. Centers for Disease Control and Prevention. Quadrivalent Human Papillomavirus Vaccine Recommendations of the Advisory Committee on Immunization Practices. MMWR, 2007;56

Resolution #5 EXPANSION OF MEDICAID IN TEXAS

WHEREAS, access to healthcare is important for overall physical, social, and mental health status, disease prevention, detection, diagnosis and treatment of illness, quality of life, preventable death and increased life expectancy\(^1\), and

WHEREAS, Texas continues to have the largest number and proportion of adults and children without health insurance in the United States\(^2,2\), and

WHEREAS, the number and proportion of uninsured Texans has continued to grow\(^3,4\) during a period of strong economic growth and historic low unemployment rates in Texas\(^5\), and

WHEREAS, there is a consistent, positive relationship between health insurance coverage and health-related outcomes for adults and children across a body of studies\(^6,7\), and

WHEREAS, there is robust evidence that health insurance coverage and health status in childhood is linked to educational attainment, employment, and earnings in adulthood\(^8\), and

WHEREAS, the high number of uninsured persons in Texas creates healthcare crisis for Texas citizens in need of care and those providing healthcare to them, and

WHEREAS, recommendations to increase access to healthcare for Texans without insurance includes expanding access to the Medicaid,

BE IT THEREFORE RESOLVED that the Texas Public Health Association will support the expansion of Medicaid in Texas, and

BE IT FURTHER RESOLVED that TPHA will develop an advocacy strategy to educate and inform state and local policy makers on the benefits of Medicaid expansion to increasing access to healthcare for uninsured Texans.

References:

1. [https://www.healthypeople.gov/](https://www.healthypeople.gov/)
2. [https://www.reformaustin.org/2019/05/20/texas-fails-to-expand-medicaid-address-health-insurance-crisis/](https://www.reformaustin.org/2019/05/20/texas-fails-to-expand-medicaid-address-health-insurance-crisis/)
3. [https://kidshealthcarereport.ccf.georgetown.edu](https://kidshealthcarereport.ccf.georgetown.edu)
8. [https://www.nber.org/papers/w23017.pdf](https://www.nber.org/papers/w23017.pdf)
Resolution #6 PUBLIC HEALTH WORKFORCE

WHEREAS, Public Health is the science of preventing illness, protecting and improving the health of people and their communities and is concerned with protecting the health of entire populations; and

WHEREAS, the current mission of public health is to ensure the conditions in which everyone has an opportunity to be healthy; and

WHEREAS, a new model of public health, called Public Health 3.0, uses a framework that also focuses on addressing social determinants of health, which includes creating a Public Health 3.0 workforce; and

WHEREAS, contemporary research literature indicate that the necessary skills and aptitudes of a public health worker now extends beyond the traditional competencies (e.g., epidemiology) to focus on strategic and systems thinking, communication, and translating science to policy, along with the public health practitioner's role as a primary health strategist; and

WHEREAS, the findings of the 2017 Public Health Workforce Interest and Needs Survey (PH WINS), of particular relevance to the transition to Public Health 3.0, reported limited avenues for advanced training in public health departments (with only 14% of respondents reporting a public health degree at any level), and the majority of respondents (including those with public health degrees) identifying a need for advanced training in systems and strategic thinking, developing a vision for a healthy community and corresponding financial management is critical to the success of Public Health 3.0; and

WHEREAS, Public health professionals, using county, state, nationwide and global data, try to prevent problems from happening and/or recurring through community advocacy, implementing educational programs, recommending policies, administering services and conducting research; and

WHEREAS, public health professionals are a part of a Public Health System, defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction; and

WHEREAS, nationwide, since 2008, local health departments (LHDs) have lost 55,590 staff due to layoffs or attrition. In addition, approximately 25 percent of LHDs reported a lower FY 2016 budget than the previous year, with fewer LHDs reporting an increase in their budget for the current year as compared to the previous; and

WHEREAS, the Texas Department of State Health Services (DSHS) is the lead state public health agency in Texas with a mission to improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions, in addition to “Goal 5: Improve recognition and support for a highly skilled and dedicated workforce” as part of its 2019-2023 DSHS Strategic Plan, and with a workforce consisting of around 3200 full time employees; and

WHEREAS, public health can be provided in Texas through state regional public health offices and/or LHDs established by counties or municipalities, which employ public health workers to deliver public health services at the most local level; and
WHEREAS, the Centers for Disease Control and Prevention created 5 priority actions within a Public Health Workforce Development Plan as a unified approach for strengthening the public health workforce, which includes11:

1. Data for Decisions: Collect needed data on workforce gaps and training needs to inform decisions about public health workforce development.
2. Crosscutting Competencies: Promote essential crosscutting skills to complement public health workers’ discipline-specific skills.
3. Quality Standards for Training: Use accepted education and training standards to guide investments towards high quality products.
4. Training Decision Tools and Access: Provide tools for public health workers to define their training needs and locate high-quality trainings that address these needs.
5. Funding Integration: Integrate workforce development into funding requirements to build workforce capacity and improve program outcomes.

BE IT THEREFORE RESOLVED, that the Texas Public Health Association recommends that these priority actions be strongly considered and acted upon by national, state and local policy makers to maintain, enhance and strengthen the public health workforce and their efforts to promote health and protect and prevent against disease and disasters.

1https://www.cdcfoundation.org/what-public-health
2https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
5https://journals.lww.com/jphmp/Fulltext/2019/03001/PH_WINS_and_the_Future_of_Public_Health_Education.aspx
7https://dshs.texas.gov/about-DSHS.shtm
10https://statutes.capitol.texas.gov/Docs/HS/htm/HS.121.html#121.003_Texas Health and Safety Code, Title 2, Subtitle F, Chapter 121
Resolution #7 SEXUAL VIOLENCE AND HUMAN TRAFFICKING

WHEREAS, sexual violence is a crime that can have lasting, harmful effects on victims and their family, friends, and communities\(^1\) and;

WHEREAS, the goal of sexual violence prevention is to stop it from happening in the first place, development of preventive strategies will require comprehensive, multidisciplinary collaboration\(^1\); and

WHEREAS, preventing sexual violence requires addressing factors at all levels of the social ecology—the individual, relational, community, and societal levels\(^1\); and

WHEREAS, in addition to being a violent crime, human trafficking is a public health concern that impacts individuals, families, and entire communities\(^2\); and

WHEREAS, victims of trafficking and sexual violence will require the involvement of entire communities, social service providers, health care providers and other first responders\(^2\); and

WHEREAS, CDC’s STOP SV: A Technical Package to Prevent Sexual Violence highlights strategies based on the best available evidence to help communities and states prevent and reduce sexual violence by providing strategies that focus on reducing the likelihood that a person will engage in sexual violence\(^1\); and

WHEREAS, the Centers for Disease Control and Prevention recommends the following strategies to prevent sexual violence\(^1\):

- Promote social norms that protect against violence
- Teach skills to prevent sexual violence
- Provide opportunities to empower and support girls and women
- Create protective environments
- Support victims/survivors to lessen harms

BE IT THEREFORE RESOLVED, that the Texas Public Health Association supports the CDC’s strategic recommendations and encourages national, state and local policy makers to enact the CDC strategies to address sexual violence, including human trafficking.

\(^1\)https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html

\(^2\)https://www.acf.hhs.gov/otip/about/what-is-human-trafficking
Resolution #8 OPIOID ABUSE SURVEILLANCE AND PREVENTION

WHEREAS, the Centers for Disease Control and Prevention (CDC) estimates that from 1999 to 2017, more than 700,000 people have died from a drug overdose, two-thirds of which involved opioids.[1] In Texas, from 1999 - 2016, there were over 35,000 deaths associated with substance overdoses, of which approximately half were associated with opioids[2];

BE IT THEREFORE RESOLVED, that the Texas Public Health Association supports drafting, reviewing, and revising public health community surveillance and prevention plans to ensure that a robust surveillance system exists, and that data from such systems is being actively used to support and implement prevention activities. Characteristics of this system should include improved coordination amongst the Pharmacy Board, which oversees the Prescription Monitoring Program (PMP), public safety, public health, and healthcare; funding from the Texas legislature should be lobbied for to allow those activities to be implemented and to allow communities to respond to any spikes in mortality attributable to opioids to prevent further escalation.

TPHA Resolution #9 TEXAS HEALTH LITERACY

WHEREAS, the American Medical Association (2007) estimates that 90 million Americans lack sufficient health literacy to effectively undertake and execute needed medical treatments and preventive healthcare. Inadequate health literacy affects all segments of the population, but it is more common in certain demographic groups, such as the elderly, the poor, members of minority groups, and non-native English speakers; and

WHEREAS, the economic consequences of limited health literacy for the U.S. healthcare system reaches up to $238 billion a year; and

WHEREAS, low health literacy has been associated with: 1) Reduced ability to understand labels and health messages; 2) Limited ability to follow medication instructions; 3) Lower likelihood of accessing or receiving preventive care; 4) More hospitalizations; 5) Greater use of emergency departments; 6) Worse overall health status; 7) Higher mortality in the elderly; 8) Shorter life expectancy; 9) Worse physical and mental health; and

WHEREAS, based on the National Quartiles 21-64% of Texans have basic to below basic health literacy skills (UNC, 2014). Addressing overwhelming health literacy needs can help improve the accessibility, quality, and safety of healthcare; reduce costs; and improve the health and quality of life for millions of Texans; and

WHEREAS, Maryland (HB 1404), Massachusetts (HB 1957), New York (SB 3211), Minnesota (SF 1798) and Louisiana (Davis, 2010) have all adopted or proposed legislation to incorporate a percentage of health literacy training into required CE, system-wide education programs, or state-funded prevention programs targeting vulnerable and disparate populations; and

WHEREAS, Louisiana focused on health literacy as a cost-reduction strategy by articulating and integrating health literacy into health promotion, disease prevention, and disease management efforts that will ultimately reduce healthcare costs; and

WHEREAS, Texas has adopted the Cultural and Linguistic Appropriate Services (CLAS) Standards to help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services; and

WHEREAS, policies and systems are needed to support health literacy strategy implementation allowing Texas healthcare providers to adequately provide health literate and culturally appropriate care to their patients; and

BE IT THEREFORE RESOLVED, that health literacy legislation in the state of Texas could help lay the foundation on which healthcare entities and providers can provide culturally competent, health literate care, save Texas billions in annual healthcare expenditures and improve the overall health of Texans, and; that legislation should:

- require 5% to 10% of the total required continuing education credits of all providers in the areas of health care disparities, cultural and linguistic competency, and health literacy;
- require university medical and health science centers, healthcare facilities, pharmacies and health centers implement health literacy and cultural competency programs for both patients and providers to help meet these requirements; require health literacy concepts be embedded into medical education, workshops, community outreach and trainings regarding patient safety and patient communication ultimately serving to reduce health disparities and improve access to high-quality health care, patient compliance and patient outcomes; and
• require integration of health literacy and cultural competency into early child development programs, and K through grade 12 to improve overall population health of future generations; and that state funding as well as healthcare system funding should be set aside to achieve the program and educational requirements needed to achieve a health literate, culturally competent healthcare system and subsequently improve public health.

References:


Resolution #10 Chronic Disease

WHEREAS, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) defines chronic disease as “conditions that last one year or more and require ongoing medical attention or limit the activities of daily living or both” \(^1\); and

WHEREAS, the NCCDPHP identifies heart disease, stroke, cancer and diabetes among the list of chronic diseases.\(^1\); and

WHEREAS, chronic diseases are the leading cause of death, disability and high health care costs in the United States\(^1\); and

WHEREAS, six in ten Americans live with at least one chronic disease and four in ten adults have two or more chronic diseases \(^1\); and

WHEREAS, chronic conditions are caused by risk behaviors such as tobacco use, poor nutrition, lack of physical activity and excessive alcohol use \(^1\); and

WHEREAS, chronic diseases can be reduced and prevented by making healthy choices \(^1\); and

WHEREAS, reducing chronic diseases can improve individual quality of life \(^1\); and

WHEREAS, individuals with chronic disease become an active participant and partner with their healthcare provider in the care and self-management of the chronic condition\(^2\); and

WHEREAS, mental health is equal to physical health in the eradication of chronic diseases\(^3\); and

WHEREAS, chronic disease management requires a holistic approach to engage individuals around habits, attitudes, and patterns; while honoring their cultural foundations\(^4\); and

WHEREAS, rural community health is an important segment for renewed support and attention regarding chronic diseases\(^5\);

BE IT THEREFORE RESOLVED, that the Texas Public Health Association recommends and supports community education and outreach efforts for chronic diseases.

References:

1 Chronic Disease (n.d.) Retrieved from National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). [https://www.cdc.gov/chronicdisease/about/index.htm](https://www.cdc.gov/chronicdisease/about/index.htm)


Roy, R., (January 2010). Integrative medicine to tackle the problem of chronic diseases. *Journal of Ayurveda and Integrative Medicine, 1, 1.*

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