

March 12, 2020

Deputy Director for Operations/Chief of Staff and people I have in mind are younger and quite experienced in Public Health and emergencies/outbreaks in this region. They can provide depth in situations as we are experiencing right now in addition to providing the essential Health Department administrative functions for a County of this size. We are ignoring the needs of the other departments, which is not in the best interests of the community. This makes the virus have a larger impact than it should. Also, their experience with other revenue streams in both public and private NGOs will help position us to better financially support the essential services we are currently lacking.

Communications is critical all year around...right now, we are struggling without it. Our County could use an entire Health Communications department – not just one. However, we will be so grateful for one. Yaneth has also been out ill during this event and the area jurisdictions are looking to her for leadership and guidance right now. She is doing a wonderful job, but does not have the capacity to provide the communications leadership our County needs without additional training. She is not funded to do the scope of work she is being asked to do. We will be able to apply better for grants and outside revenue to support the department once we have a communications person in place to help us develop the program. With such a severely limited staff we cannot produce the calm and consistent messages that counter the rumor and fear based messaging from media. I have already reached out to a bilingual physician with a background in health literacy and communications and she has agreed to produce a series a videos in English and Spanish, plus assist Yaneth in the short term

Epidemiologist - Kaye absence at this critical time, made it clear that this is not a position that can be delayed. I thought I could wait for the lead epidemiologist, but I really want that position so I can start looking prior to hurricane season. Without it, we could end up as we are today again this summer or fall. We now have three unmanaged epidemiologists and me providing guidance in investigations...not where the County wants to be for sure! We have made a request from the State and will have assistance for two weeks from a lead epidemiologist. We will also have students from the school of public health at some point in the future. The Council for State and local Epidemiologists recommends 1 epi staff per 100,000 population. We currently have 3 epidemiologists for 750,000 people. All of these are grant funded positions. So to be clear, **Fort Bend County has spent \$0 on epidemiology support.** Although I may not be able to hire an epidemiologist today, we will need one before October. More will be available when they graduate in May/June.

Performance and Innovation – The person I have in mind has worked in public and private health care. She has been activated in Emergency response and large scale community quite experienced in Public Health and emergencies/outbreaks in this region, which provides depth and breadth and succession. She developed and implemented a DOC – resource tracking tool that was customized to be integrated with Harris County ICS Command system which they are currently using in response to COVID 19. She has developed IAPs for Harvey and workflow COOP plans and would integrate seamlessly into our team when Emergency response is needed. Her experience with other revenue streams in both public and private NGOs will help position us to better financially support the essential services we are currently lacking. Accreditation activities will take a specialist, but will pay dividends long after it is completed.

Administrative Assistant – Redundancy is necessary. We currently have a full time clerk, full time admin and a part time admin. The clerk and part-time admin cannot provide back up for the administrative assistant or do any other needed tasks that are functions of the admin assistant. Our Admin Assistant was on FMLA and all administrative duties were halted at a very critical time. This should not happen. I propose that the part-time position be made a full time position. We need someone ASAP who is familiar with Public Health Emergency Preparedness and State Health Department investigations. It takes time to become familiar with critical interactions with these agencies. As our current Admin Assistance has made me aware of significant and ongoing health challenges, it is necessary that HHS has administrative back up in place now and in the future.

Health Data Analyst – this is an entry level position critical to reporting and requesting for assistance and supporting public health emergency activities as we are having now. In addition, this is a critical role to support every other department within HHS with respect to needs assessments, grant applications, and seeking revenue streams.

We need an additional **Public Health Emergency Planner** (we have one grant funded now). We have to borrow from OEM which is a great partnership, but their focus is not public health and as such there is a learning curve and they can't function as independently. We will always be able to utilize this partnership for surge, but we need to have planners all year round. They are key positions with incident command center during disasters and outbreaks

A **full time administrative person** for public health preparedness. Right now, one grant funded person runs (literally from the back of the Rosenberg Annex to the front) between offices working as an admin for Emergency preparedness and a data entry clerk for epidemiology which is suboptimal under normal circumstances, but crippling during a crisis. If we get funding for a full time position, we will split those funds to support the part-time grant funded positions.

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