BASTROP COUNTY PUBLIC HEALTH IMPROVEMENT PROJECT

EXECUTIVE SUMMARY

2023

TEXAS A&M UNIVERSITY
School of Public Health

Bastrop County Public Health Improvement Project

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This report was prepared for:
Bastrop County Commissioners' Court
June 12, 2023

A special thanks goes to the more than 70 community members in Bastrop County who contributed their voices to this report and to those local health department administrators in Texas who shared best practices with the project advisory team.

ISSUE

Everyone has a stake in the health of their community. And health is everyone's business; that is, all sectors of a community - organizations, agencies, businesses, and populations, should contribute to and benefit from a thriving, healthy, and safe place to live, work, play, pray, and go to school.[1] It is incumbent upon cities and county governments to promote health and prevent disease and disability by taking measures that protect its residents. As such, public health is a public service.

To be fiscally responsible, investments in public health infrastructure must reflect the benefits produced. Increases in public health spending are linked to declines in mortality and reductions in low birth weight, foodborne illnesses, and rates of sexually transmitted diseases, to name a few.[1] Investing in public health also saves money in the long term: Every $1 invested in public health yields improved health outcomes equivalent to as much as $88 in expenditures saved by county public health departments.[2]

So, what can a modest investment of $10 of public health spending buy?[3]

- A decrease of 7.4 percent in infectious disease morbidity and a 1.5 percent decrease in premature mortality at the county level.
- An increase of 0.6 percent in the proportion of the population in very good or excellent health.
- A decrease of 0.4 cases of salmonella per 10,000 person years.
- A decrease of 3-6 percent of county-level STD rates.

Equally important for Bastrop County, there is no central, governmental infrastructure that is recognized as or serves as the county's authoritative public health voice. Without such a designation, Bastrop County is unable to receive or cost share state and federal funds for local public health. Without such an infrastructure, the county is unable to communicate health messages in a time of crisis effectively, nor will it be able to prevent and ameliorate death, disease, and human suffering. To change this downward trajectory, Bastrop County, will need to

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[1] A description of public health and its essential services can be found in the Appendix (A1 and A2)

[2] American Public Health Association. (n.d.). *Public Health and Chronic Disease Cost Savings and Return on Investment Leaving No One Behind Get the Facts*. www.apha.org

[3] McCullough, J. (2018). The Return on Investment of Public Health System Spending. https://academyhealth.org/sites/default/files/roi_public_health_spending_june2018.pdf

build a public health system with identified infrastructure that focuses on critical population health issues and prevention approaches.[4] These approaches will need to engage networks of health and medical care professionals, and skillfully generate, coordinate, and deploy the necessary financial and human resources required to develop and sustain a healthy county.

Given the known return on investment in public health, the number of natural disasters and public health crises experienced by the county, and the ever-growing and diverse population can we afford to prolong the wait to invest in the health and safety of our county residents?

"Every politician and community member need to know that public health is the kitchen table." – Dr. Desmar Walkes, Former Bastrop County Health Authority

BACKGROUND

Imagine living in a county that has been touched by more natural disasters than any of Texas' 254 counties, including those located on the Gulf Coast! The number of natural disasters in Bastrop County has increased by 171% over the past 4 decades. Between 1980 and 1999, the county recorded 7 federally declared disasters — 3 of which were fire-related. Between 2000 and 2017, the county recorded 19 federally declared disasters, with 10 being fire related. And the list goes on from there including a pandemic, more floods and fires and a tornado! Bastrop County has successfully overcome the immediate wrath of these events with exceptional volunteer efforts. Yet, there remains no recognized government infrastructure or public health plan to prepare the county for a response that is coordinated, transparent, and accountable to the population it serves.

Compounding this issue is the ever-increasing influx of new residents and new businesses coming to Bastrop County. This background leads us to ask, "What can we do to better prepare for times of crises yet support and improve the health and safety of all residents during times of tranquility?" Neglecting to invest in public health infrastructure will mean Bastrop County will continue to shoulder public health emergencies that it is not prepared for, and which could ultimately mean life or death for its residents, especially the most vulnerable.

[4] A public health fact sheet can be found in the Appendix (A2) as Figure 2

Leading the way, Texas A&M University's Center for Community Health and Aging (CCHA) worked with the Department of State Health Services (DSHS), specifically with the Public Health Region 7 (PHR7), to identify communities most disproportionately impacted by public health emergencies such as COVID-19 and natural disasters. Bastrop County became an obvious choice for selection. Based on these factors the county was ideally positioned to determine its readiness for change and its leaderships' interest in participating in a public health improvement process. The team assembled to conduct this project consisted of CCHA staff and a Bastrop County Core Advisory Team that included key community members.[5]

"Increased and sustained investment in public health infrastructure, emergency preparedness, and health equity will save lives." - J. Nadine Garcia, M.D., MSCE, President and CEO of Trust for America's Health

METHODS

The team's first step was to learn from Bastrop County leaders who had first-hand experience in mitigating fires, floods, pandemics, and other disasters. To accomplish this, the project staff and the advisory team formulated a qualitative data collection strategy to gather testimonies from key front-line leaders who responded to these disasters. These interviews were led by the advisory team to gauge the impact of these disasters in the county and to provide key leaders with opportunities to address challenges, successes, and lessons learned from their response to COVID-19 and other recent disasters. Interviews were hosted in two formats: personal interviews and roundtable group discussions.

Individual interviews were designed to collect perspectives on existing emergency preparedness infrastructure, challenges with responding to COVID-19 and other disasters, and lessons learned that would help inform a coordinated, future public health response in the county. These interviews were conducted to encourage honest and thoughtful conversation and to ask for recommendations for public health improvement. The interviews included key formal and informal leaders from three groups: leadership from local healthcare, non-profit organizations, and social service providers.[6,7]

[5] A description of the project staff and advisory team can be found in the Appendix (A3)

[6] Individual interview preamble and question structure can be found in the Appendix (A4)

[7] Individual interview participants can be found in the Appendix (A5b)

Roundtable group discussions were the next step in the data collection process. Discussion groups were cultivated from the shortlist compiled from individual interview respondents who recommended others to be interviewed. Roundtable participants were selected for each of the 3 groups: healthcare providers, first responders, and social/human service organizations.[8] Questions were generated similarly to the individual interviews, and many were co-led by the Bastrop County Core Advisory Team. The roundtable interviews were invaluable to the process of this project because they allowed key leaders in the county the chance to collaborate and work through their experiences, specifically to the COVID-19 response given a formal debrief never took place.[9] It also encouraged memory recall of details that may have been lost without the proper prompting from the advisory team. These interviews provided various themes shared between individual and group settings that illuminated the successes and challenges these leaders faced.

FINDINGS

Project themes were found consistently across various topics, including, but not limited to, communication, accountability, transparency, collaboration, and infrastructure. These themes are interwoven and are critical to the foundational capabilities of public health.

Communication

Communication was a constant theme across the interviews. Communication is essential and underpins all efforts associated with health threats and natural disasters to keep all residents safe, informed, and engaged in mitigation efforts. Mitigation efforts are more effective with strong, consistent, and coordinated messaging. Communication systems that engage critical partners need to be in place and well-practiced before any health threat or natural disaster ensues.

"There is a need for consistent, unified messages during the time of crisis and recognized public health authority through which all credible information is distributed." - Interviewees from county chambers, schools, churches, and nonprofits

[8] A list of roundtable participants can be found in the Appendix (A5c)

[9] Roundtable meeting minutes can be found in the Appendix (A6)

Accountability and Authority

Another common theme throughout the interviews and roundtable discussions was accountability and authority. Community members ran into problems with knowing who the authority for the county was; that is, was it the governor, state health agency official, county judge, or someone else? It is paramount that all providers, community health organizations, and county leaders know who is in charge, accountable, and accessible during any emergency, public health crisis, or natural disaster. School personnel recognized the value of weekly/monthly superintendent calls to enable the public education system to have a coordinated response.

"We can do this; we need a mobilized, county-wide network of health and medical care providers, a public health agency with the recognized authority to act during crisis as well as during blue sky days, and the political will to meet the future needs of Bastrop County head-on." – Janice Bruno, Executive Director of the Smithville Free Clinic

The private school (Calvary Episcopal School) was proactive by assessing the needs of teachers, parents, and students. This school system looked to CDC as the single credible authority. The headmistress relied on health professionals in the congregation to create a leadership plan with best practice guidelines and shared it with TPS, Texas Private Schools. At the least, the county should provide all access to tests, vaccines, and a streamlined interpretation of data and guidance, and construction funds for ventilation systems.

"The ability to access and analyze data in real time gives leadership the capacity to focus on resources is essential to taking credible action." – Connie Schroeder, Mayor of Bastrop City

"Knowing who is accountable and in charge of any broad scale public health efforts would reduce anxiety among all providers and community members." - Maureen Stanek, Bastrop Christian Outreach Center

Collaboration

Some elements of a public health system already exist in Bastrop County, but collaboration is needed across different offices such as WIC, indigent health, veterans' independent offices, this allows for shared infrastructure, lessons learned, effective strategies, and collaboration on grants. There is a need for

mutual agreements between nonprofit organizations and governmental public health agencies to strengthen all sectors. This will further opportunities for foundational support with improved infrastructure. First responders who were interviewed stated that there is a need for cooperative agreements to be made in advance of public health emergencies as it is the first step towards being prepared.

"There needs to be an ongoing relationship between the Office of Emergency Management and the County Health Authority. This type of collaboration is all about relationships BEFORE there is a natural disaster or health threat." – Chris Files, Former Emergency Management Coordinator

Sustainability

Volunteers are critically important to help mitigate public health emergencies and natural disasters; however, from an accountability and practical point of view the county cannot continue to expect these massive public health efforts to be run solely by volunteers. Having a county health infrastructure with a sustainable presence is paramount and needs to interface with all county offices to assure the health and safety of its residents. This is an over-riding theme throughout all conversations.

"There is a need for dedicated public health staff and funding in order to sustain existing efforts and act on public health issues over the long term." – James Altgelt, Emergency Management Coordinator for Bastrop County

Mental Health Support

Bastrop County needs strong mental health support which can be deployed and sustained during a major emergency. Even without a disaster or emergency Bastrop County is in a mental health crisis given its lack of mental health providers and advocates. Addressing the mental health aspects of any disaster or emergency needs to be a top priority of any effort to protect and improve the health of the public.

Recommendations

The Texas Local Public Health Reorganization Act, (identified within the Texas Health and Safety Code, Title 2. Health, Subtitle F. Local Regulation of Public Health, Chapter 121) authorizes the establishment of public health districts, local health departments or local health units by a majority vote of the governing bodies of a county for the purpose of providing and furnishing public health programs that

focus on the essential services of public health as codified in Chapter 121 of the Act.[10]

As recommended by a strong majority (95%) of the Bastrop County community leaders interviewed from July 2022 thru March 2023 with significant input from Bastrop City and County officials, Philanthropic Program Officers, and Texas Local Health Department and District Officials, the **Bastrop County Commissioners' Court should establish a governmental public health agency in its jurisdiction; that is, a local health department.**

A. As noted by community leaders, this decision would specifically **require a government funded and supported infrastructure including a long-range action plan and strategy** which would advocate on behalf of the needs of the county and its residents. This infrastructure would be recognized as the central authority and trusted source for public health information and data-driven resources and as a central convener during times of public health crises and during times of routine public health activity aimed at promoting and protecting the health and safety of all residents of Bastrop County. A Bastrop County local health department would provide accountability and transparency to local, state, and federal governments in addition to county residents. And of major importance, a local governmental public health agency would open a pathway for acquiring state and federal funds which have been unattainable to date. State and federal funds typically comprise up to two thirds of the funding for local health department services and functions.
B. To assist with initial funding issues and/or gain infrastructure efficiencies, Bastrop County Commissioners' Court should consider how **to engage with or consolidate services and programs currently present in and/or funded by the county or state.** These programs and services are typically considered a function of public health. They are Women's, Infants and Children's Program (WIC), the Indigent Healthcare Program, Environmental Health Services including food establishment permits and inspections, and the Texas Department of State Health Services, PHR 7 programs including STD investigations and vaccination programs.[11]
C. Furthermore, as Bastrop County grows beyond one hundred thousand in population, it is recommended that Bastrop County officials in the next 3 to 5 years commission a study to determine how best **to re-designate as a**

[10] A description of Chapter 121. Local Public Health Reorganization Act can be found in the Appendix (A7)
[11] Information about funding scenarios can be found in the Appendix (A8)

public health district. A public health district would include two or more jurisdictions such as surrounding counties or cities within Bastrop County. This type of public health entity would enable and share administrative expenses of a public health district while providing the benefit of significant public health services to specific cities or surrounding counties. Of importance in this type of study is determining the best governance structure for this type of public health entity.[12]

At the very least, the Bastrop County Commissioners' Court (until which time a local health department is authorized by the county), must **assure mutual aid or cooperative agreements are developed and fully executed** among healthcare and medical professionals, first responders, community organizations including for profit and nonprofit health-related agencies, churches and schools, and data and communication providers to mitigate future threats to public health and safety.

While cost is always a consideration in creating new offices and programs in the county, many of our community leaders have said: ***"It is not about whether we can afford a public health department in this county, but whether can we afford NOT to create a public health department given out ever increasing population, health and environmental concerns, and the multitude of health and natural disasters that have already occurred and probably still will occur in Bastrop County."*** Public health is a public service that requires the attention of our decision makers in Bastrop County.

[12] A description of current Texas public health systems can be found in the Appendix (A9)

Appendix

A1. What is Public Health?[13]

"Public Health promotes and protects the health of people and the communities where they live, learn, work, and play." Public Health can be used to promote healthcare equity, quality, and accessibility. Public Health professionals try to prevent problems from happening or recurring through the implementation of educational programs, recommending policies, administering services, and conducting research.

A2. Essential Services of Public Health[14]

The 10 essential public health services provide a framework for public health to protect and promote the health of all people in all communities (**See Figure 1**). These services help to promote policies, systems, and services that promote health and remove systemic and structural barriers (poverty, racism, gender discrimination, and other forms of oppression) that result in health inequalities.

Local Health Departments (LHD) at the city and county levels are on the front lines in ensuring the health of the public. The public may not always see the work they do, but communities are safer and healthier because of it. LHD provide a variety of services that impact people's lives every day, such as immunization, food safety, infectious disease, chronic disease, injury and violence prevention, environmental health, maternal and child health, emergency preparedness, and tobacco control. The tables below will list one of the essential services and an example of how this service could be utilized within a local health department (**See Figure 2**).

[13] American Public Health Association. (2022). What is Public Health? Https://www.Apha.Org/What-Is-Public-Health

[14] American Public Health Association. (2020). 10 Essential Services of Public Health. https://www.apha.org/What-is-Public-Health/10-Essential-Public-Health-Services

Figure 1. The 10 Essential Public Health Services

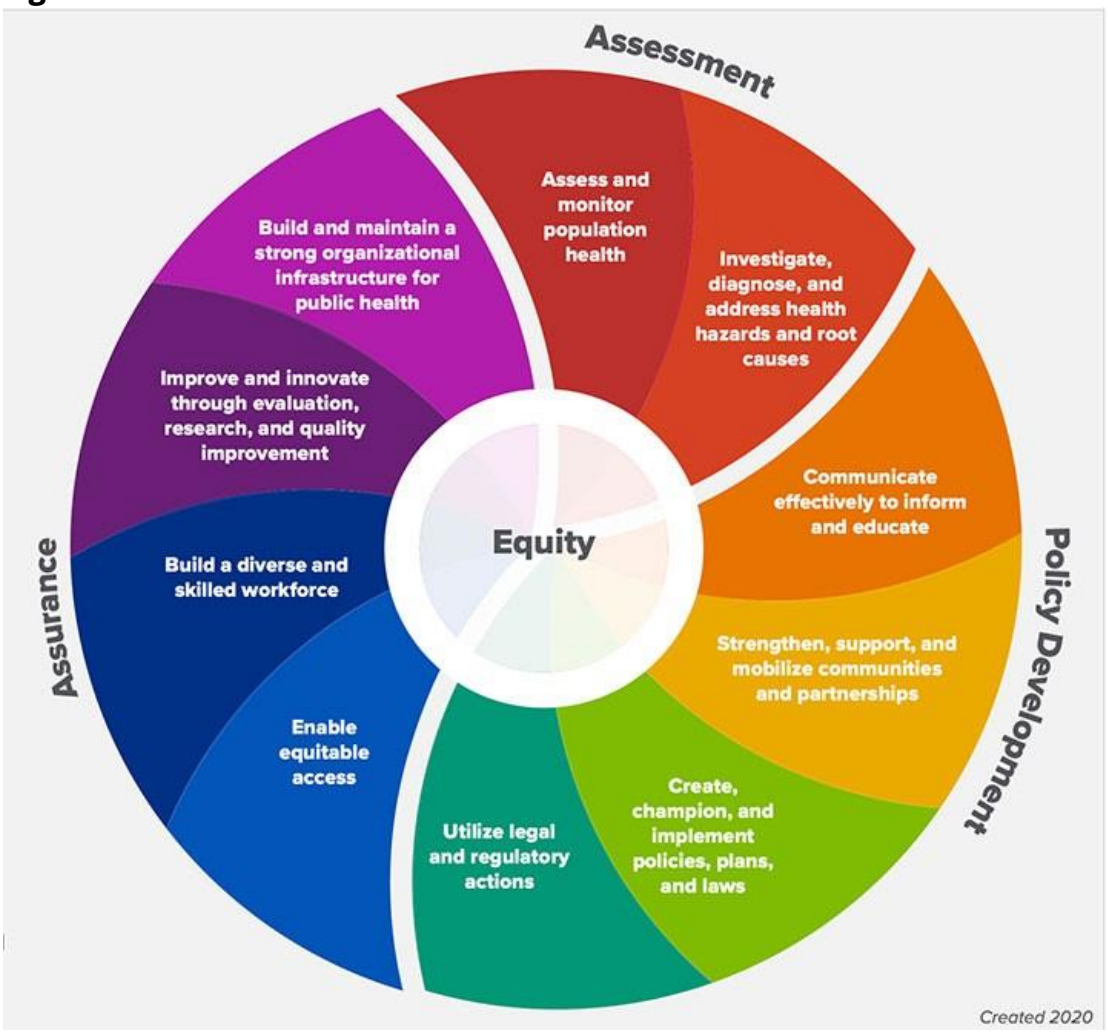

Figure 2. Foundational Public Health Services Fact Sheet[15]

Foundational Public Health Services

Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

The infrastructure needed to fulfill these responsibilities works to provide fair and just opportunities for all to be healthy and includes eight capabilities: 1) Assessment & Surveillance, 2) Community Partnership Development, 3) Equity, 4) Organizational Competencies, 5) Policy Development & Support, 6) Accountability & Performance Management, 7) Emergency Preparedness & Response, and 8) Communications. Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community.

Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community.. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

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[15] Public Health National Center for Innovations. (2022). Foundational Public Health Services. https://phnci.org/uploads/resource-files/FPHS-Factsheet-2022.pdf

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant federal, Tribal, state, and local government agencies; elected and non-elected officials.
- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.
- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Policy Development & Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness & Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, & Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

A3. Project Description

With funding from the Department of State Health Services (DSHS), The Texas A&M University, Center for Community Health, and Aging (CCHA) worked to identify communities most disproportionately impacted by public health disasters, such as COVID-19, and various natural disasters. Bastrop County was one of the two counties selected (the second was Robertson County). The CCHA team consisted of Dr. James Burdine, Adam Bradley, Hannah Bartosh, and Jacob Stukenberg. A Bastrop County advisory team was created to help coordinate within the county to set up interviews and roundtable discussions. This advisory team included Donna Nichols, Dr. Linda Wilson, and Dr. Pompeyo Chavez.

A4. Individual Interview Preamble and Question Structure

Bastrop County Public Health Improvement Project
Interview Preamble and Questions
7/1/2022

PREAMBLE

Note: *This document is to be used AFTER the interview has been scheduled. To provide consistency with the approach, it is recommended that an approved fact sheet be provided as background to the interviewee in advance of the scheduled interview.*

Introduction

Thank you for agreeing to be interviewed by fellow colleagues, consultants or (TAMU, SPH students) who are supporting the Bastrop County Public Health Improvement Project.
Note: *Add personal introductory information here such as my name is…and I am a…with the Bastrop County Public Health Improvement Project.* This interview is being recorded over zoom (or notes are being taken if the interview is in person) and will conclude in an hour.

Interview Purpose

It is important that we gather information from county leaders (members) like you about how we can mitigate future risks to our county residents in advance of natural disasters and threats to our health and well-being. We are interested in your perspective about how to do this by reflecting first on the threats experienced in Bastrop County from recent fires, floods and freezes and COVID-19. It is important to think about upstream efforts such as prevention in addition to downstream efforts such as treatment and recovery actions. There are no right or wrong answers to the questions we will ask. We are concerned with how we can improve public health and disaster preparedness in the future for Bastrop County.

Use of Interview Data
The information you personally provide will not be disclosed but will be used in aggregate form when the final report is created. We are happy to share this report with you at the conclusion of the Bastrop County Public Health Improvement Project. Should there be any sensitive information which should not be disclosed in a final report, please let us know.

Contact Information
If you have questions about this interview or the information you have provided and its use, feel free to contact the Principal Investigator, Dr. Jim Burdine at the TX A&M, School of Public Health.

QUESTIONS

Open
Given COVID-19 has been the most recent threat in our memory to the health of Bastrop County residents, let's start our questions using it as an example.

Start
Note: *Questions do not need to follow this sequence, but all questions need to be asked. The interviewee may answer the question before it is asked but make sure you confirm or summarize the answer to make sure you accurately heard what was said.*

- What was your role or in what capacity did you serve during the COVID vaccination response in BC (this can be substituted with the Bastrop Complex Fire, as another example)? How long did you serve in that capacity?
- From your perspective, what were the greatest challenges and accomplishments made during that time? Are there any after-action reports available that document those challenges and accomplishments?
- How did you go about ensuring that high risk individuals were identified and included in the vaccination response (this can be substituted with rebuilding homes from the fires)?
- If individuals were hesitant about getting vaccinated, what did you do or say to influence their participation? If so, how did you let folks know about these events? What worked best?
- What partners were most essential in communicating with the public?
- Thinking about the challenges that presented themselves during the Covid vaccination response, what would you have done differently?
- What would have made this work easier for Bastrop County?
- What recommendations do you have for the future to assure Bastrop County is prepared for a major disease outbreak or natural disaster?
- Do you see any impediments that may get in the way of future public health improvement efforts for the county?
- Who else should we speak with about these questions?

Close
Conclude with thanking the interviewee for their time and allowing them to make any additional comments they feel are important to this effort.

A5. List of Interviewees

A5a. Individual Interviewees and Round Table Participants*

The Texas A&M University, School of Public Health, Center for Community Health Development and Aging, and the Bastrop County Core Advisory Team thank the following individuals and organizations for their participation in the Bastrop County Public Health Improvement Project. Your recommendations and perspectives were insightful, hopeful, and articulate. Your wisdom will provide the impetus for improving the future health and safety of all county residents.

A5b. Individual Interview Participants

Table 1. Community Leaders, City and County Officials, Texas Local Health Department Officials, and Foundation Program Officers

Interviewee Name	Organization	Title
Paul Pape	Bastrop County Government	Former County Judge
Jace Jones	Ascension Seton Hospitals (Bastrop and Smithville)	Administrator
Jim Wither	Smithville Hospital Authority Board	President
Donna Snowden	Bastrop County Commissioners' Court	Former County Commissioner, Precinct 4
Clara Beckett	Bastrop County Commissioners' Court	County Commissioner, Precinct 2
Mark Meuth	Bastrop County Commissioners' Court	County Commissioner, Precinct 3
Mel Hamner	Bastrop County Commissioners' Court	County Commissioner, Precinct 1
Debbie Bresette	Bastrop County Cares	Executive Director
Madi Eden	COVAC	Executive Director
Janice Bruno	Smithville Free Clinic	Executive Director
Andrew Levack	St. David's Foundation	Senior Program Officer
Abena Asante	St. David's Foundation	Senior Program Officer
James Altgelt	Bastrop County Emergency Management Office	Emergency Management Coordinator
Chris Files	Bastrop County Emergency Management Office	Former, Emergency Management Coordinator
Connie Schroeder	Bastrop City Council	Mayor

Maria Campos	CommUnity Care, Bastrop	Administrator
Jackie May	Bastrop Pharmacy	Former Pharmacist
Norma Mercado	Bastrop ISD	Family and Social Services Coordinator
Jennifer Smith	Texas Association of City County Health Officials	Executive Director
David Gonzales	Victoria Health Department	Executive Director
Caroline Hilbert	Williamson County and Cities Health District	Executive Director
Katherine Wells	Lubbock City/County Health District	Executive Director
Ken Kesselus	Bastrop City Council	Former Mayor
Yvonne Camarena	CommUnity Care	Chief Nursing Officer
Megan Duffy Sherlin	CommUnity Care	Nurse Manager
Sandra Sigala	CommUnity Care	Associate Director, Nursing Operations
Becki Womble	Bastrop City Chamber of Commerce	Executive Director
Andrea Richardson	Bluebonnet Trails Community Services	Executive Director
Penne Liefer	Bastrop ISD	Human Resources Director
Joanna Morgan	Smithville City Council	Former Mayor
April Daniels	Smithville Chamber of Commerce	Executive Director
Veronica Seever	Elgin Chamber of Commerce	Executive Director
Catherine Bohot	Calvary Episcopal Church School	Head Mistress
Cheryl Burns	Smithville ISD	Superintendent
Desmar Walkes	Austin Public Health	Former Bastrop County Health Authority
Greg Klaus	Bastrop County Commissioners' Court	County Judge
David Glass	Bastrop County Commissioners' Court	County Commissioner, Precinct 4
Nancy Ejuma	Williamson County and Cities Health District	Deputy Director
Amanda Norwood	Williamson County and Cities Health District	Medical Director and Health Authority
Cindy Botts	Williamson County and Cities Health District	Executive Assistant

A5c. Round Table Participants

Table 2. Medical and Healthcare Professionals

Name	Organization	Title
David Johnson	UT MD Anderson Cancer Center	Professor, Epigenetics and Molecular Carcinogenesis
Diana Yens	Ascension Seton-Smithville	Rheumatologist
Robb Schriener	Smithville Hospital Authority	Former PA, Smithville Free Clinic and Current SHA Board Member
Connie Behrhorst	St. David's Healthcare Bastrop	Director of Outreach and Development
Raphael De La Garza	Community Health Centers of South Central Texas	Chief Executive Officer
Sharlene Sherer	Methodist Healthcare Ministries	Wesley Nurse
Linda Wilson	Bastrop County Cares	Board Member and Covid Medical Volunteer
Jessica Cardwell	Ascension Seton	VP, Women's Health Services
Kristi Powell	Bastrop County Indigent Health Care	Director

Table 3. Community Organizations

Name	Organization	Title
Maureen Stanek	Bastrop Christian Outreach Center	Minister
Sue Iha	Bastrop County Cares	Covid Clinic Organizer and Volunteer
Cheryl Reese	Bastrop County Democratic Party	Community Organizer
Linda Speer	Speer Healthcare Consulting Firm	President
Janet Jewell	Smithville Free Clinic	Family Medicine Physician
Tresha Silva	Bastrop Food Pantry	Executive Director
Catherine Pressler	Bastrop County Cares	Board Chair

Table 4. First Responders

Name	Organization	Title
Zachary Atkinson	Texas Department of Public Safety	Texas Highway Patrol Sergeant, Bastrop County
Brandon Bancroft Bastrop County Emergency Service District 1	Bastrop County Emergency Service District 1	Fire Chief
Maurice Cook	Bastrop County Police Department	Sheriff
Josh Gill Bastrop County Emergency Service District 2 Fire	Bastrop County Emergency Service District 2	Fire Chief
Martin Gonzales	Austin Disaster Relief Network	Regional Coordinator
Kari Hines	Texas A&M Forest Service	Program Coordinator
Hillary Long	Bastrop County Emergency Management Office	Assistant Coordinator
Sheila Lowe	Bastrop Long Term Recovery Team	Executive Director
Marco Martinez	Bastrop/Travis County Emergency Service District 1	Fire Chief
Clint Nagy	City of Bastrop Police	Chief and Assistant Emergency Management Coordinator
Chris Noble	City of Elgin Police	Chief of Police and Emergency Management Coordinator
Jack Page	City of Smithville Public Works	Director and Emergency Management Coordinator and Fire Marshall
David Repka	City of Smithville Police	Police Chief and Assistant Emergency Management Coordinator
Andres Rosales	City of Bastrop	Fire Chief and Emergency Management Coordinator

*For every individual interviewed, three additional names were provided. Over time, the data received from these qualitative interviews produced similar themes and insights. While many more individuals were invited to participate than are represented here, the Bastrop County Core Advisory Team felt that we had more adequately addressed all questions and could move forward confidently with our findings.

A6. Roundtable Meeting Minutes

A6a. Bastrop County Medical and Healthcare Providers Round Table Meeting Minutes

Date: September 14, 2022

Topic 1: Response to Emergencies

1. Bastrop County's medical professionals and healthcare leaders have demonstrated resiliency and collaboration when responding to disasters of all shapes and sizes, including the COVID-19 pandemic.
2. When faced with uncertainty, disorganization, and a lack of clarity on the next steps, citizens across the county established a response.
    a. Organizations and businesses helped staff and run vaccine clinics and testing clinics
    b. Distribution of supplies such as PPE, sanitizer, and masks were organized by the county's emergency management department
3. Roundtable participants agreed that opportunities for growth in disaster response included creating a better system to recruit and track volunteers including identifying medical and health care professionals, prioritizing outreach to the most vulnerable populations in the county and improving communication lines with organization staff during emergencies.

Topic 2: Communication Systems

1. The county's response to the recent pandemic relied heavily on interpersonal connections, which led to some organizations and citizens being unaware of quickly developing response plans.
2. When physicians and other medical personnel were in short supply, medical personnel from Austin/Travis County came in to assist in medical response.
    a. Miscommunication of who was coming in to assist in the county's vaccination sites led to disorganization and medical personnel being turned away from helping by those who were not in an authoritative position.
3. The influence of the media on the vaccine response was stark. When vaccines were first made available, everyone was eager to get them; once media began sharing coverage of hesitancy and outright denial to get the vaccine, many county residents began to discourage their peers from receiving it, leading to citizens being unprotected against new strains of the virus.
    a. Roundtable participants had residents reaching out to them asking for vaccines to be administered in their home to uphold discretion among their peers.

Topic 3: Stakeholder Engagement

1. Participants agreed that information about the emergency response was not properly shared with all stakeholders that could've provided added value to the response such as
    a. Churches
    b. Pantries
    c. Other social service organizations
2. Engagement with county-level departments was unclear at times, leaving healthcare and medical professionals to respond and gather resources without much direction.
3. One participant made a note of recognizing that home visits to those too poor to leave their homes would've been vital for testing and vaccination endeavors. Organizations that work with vulnerable populations should be prioritized to receive information about disaster responses and vital resources

Topic 4: Vaccine Hesitancy

1. Participants stated that many people were rushing to get the vaccines when they were first available, but the number of people getting the full series or even an initial dose trailed off with the influence of the media discrediting the efficacy of the vaccine
2. Some volunteers and organizers were frustrated with the low turnout of people wanting vaccines as the numbers dwindled and resources became slim
3. One participant suggested mobile clinics for vaccines would have been helpful to reach individuals unable to make it to the vaccine clinics throughout the county

Topic 5: How to Adapt and Next Steps

1. Participants highlighted improved lines of communication, transparency and accountability, public health infrastructure for volunteers and healthcare/medical professionals, and accessibility of services were the most important aspects of responding to future disasters.
2. Suggestions toward the creation of a local health department for the county to operate in the instance of future disasters would be helpful not only as a single organizing entity, but also as a place people can go to for reliable, accurate and current information about community health.
        a. Important note from Dr. Chavez: "If this (health department) were to be created, it would not threaten the missions of the organizations and programs already doing great work in our county."
3. Garnering support from county leadership will be pivotal for the success of a proposal such as this.

A6b. Bastrop County Community Organizations Round Table Meeting Minutes

Date: September 21, 2022

Topic 1: Introduction

1. DSHS received funding from the CDC through the Public Health Region 7 (PHR-7) to look at how we might prepare and mitigate risks such as floods, fires, pandemics, etc.
2. We are having different round tables to see what we learned, what went well, recommendations, and challenges to improve the public health in Bastrop County ultimately (and Robertson County as well)
3. This is the 2nd round table; we will most likely have a couple more with the goal of combining the notes to see if there are overall themes across the board.
4. Some questions we look forward to addressing are: How do we move forward together, mitigate risks, and what should the County look like in the future?

Topic 2: Response to County Emergencies

1. Better support from our local elected officials
2. Coordination & Outreach
    a. People who are "boots on the ground" need to be a part of the formative and coordination processes
    b. Top-down isn't always right...
    c. For example: during COVID, all the decisions were "top-down," and so people who were volunteering, coordinating, and planning things were not aware of the "why" about decisions as well as not able to get input
    d. People who were also making decisions about health care who are not familiar with health care
3. Communication
    a. Better communication is needed.
    b. "Multiple layers" of communication are needed.
    c. When there is a lack of communication, it puts a burden on the organizations trying to help.
    d. There needs to be a single voice from the County – sharing the plan (which a plan is needed)
        i. Example: a local boy got lost in the forest; local law enforcement and officials were contacted but had not started a grid search because there were political arguments about which drug dog should be used... which caused the boy to be in the forest for hours (eventually he had found his way out on his own...). Still, local officials were arguing about who should get the photo opportunity/praise/credit for finding the boy.

            1. This shows how politics, and a lack of communication/organization/ clear hierarchy structure can influence the community's health, success, and effectiveness.
        e. For example, during COVID-19, there was a lack of communication/coordination/ outreach from officials about the vaccines' time and location, which confused citizens and volunteers.
        f. Example: Some communication was used via the internet, but a lot of people within the County have barriers to access/using the internet

Topic 3: Communication Systems

1. A plan
    a. That is distributed to everyone (organizations, citizens, etc.)
    b. This will keep everyone on the same page.
    c. The plan needs to be flexible to adapt to all types of disasters.
2. Be aware of resources
    a. We need to know who can do what
    b. Know your resource bandwidth
3. Lack of funding
    a. Some people were getting paid / while others were not.
    b. Organizations did not see funding until the "end" of COVID.
    c. Red tape trying to get help, and answers, connected to the office of emergency management (OEM)
4. Someone needs to be holding people accountable/"in charge."
5. We are accountable to our community to serve others.
6. The volunteers, services, organizations, and County are not held accountable.
7. Infrastructure
8. No one knows who is supposed to be in charge.
9. There needs to be a structure, a single voice, and an overseer to prepare, execute, and deliver the plan and be held accountable.
10. There is a need for a clear structural connection / a system-level structure.

Topic 4: How to Adapt and Next Steps

1. Walk back through history to see what we did/ what went right/wrong to learn.
2. More funding
3. Without a county infrastructure (Such as a health department), the County cannot access federal or state funding.
4. There needs to be a development of a structure in which we understand who is in charge and who is over what (organizational structure). This needs to be a funded position to have sustainability.
5. This is too much of a burden for one person; there is a clear need for an institution or structure.

6. There is a need for a hub for all organizations to coordinate these efforts, "to funnel the masses," help with funding, be held accountable, a sustainable institution, with structural organization, and communicate a plan.
7. COVID has shown where the most significant pitfalls were within the County, and we can now see retrospectively what needs to be done to prepare the County for future disasters better
8. A change is needed

A6c. Bastrop County First Responders/Emergency Management Round Table Meeting Minutes

Date: October 26, 2022

Topic 1: Response to County Emergencies

1. Historically, Bastrop County and the local communities that inhabit it responded well to disasters. Whether it be fires, floods, or other natural disasters, all plans were in place and chains of commands were in order. However, when the COVID-19 pandemic set in, the County and cities did not have the plans nor the infrastructure to handle such a widespread health event.
2. A step the County took to mitigate future disasters was creating a disaster hotline after the 2016 flooding, which helps field calls directly about disaster response that do not get missed over dispatch or take up phone lines from other 911 calls
3. From a first responder perspective it was difficult to manage all the calls coming in about COVID and how to access people in need when they were operating under short staffing due to illness, quarantine and distancing guidelines, and tight budgets limiting the purchasing of materials such as PPE to stay safe.

Topic 2: Communication Systems

1. Through the early days of the pandemic, the County had two dispatches fielding calls from people in their service areas. The first responders of the county relied heavily on the dispatches to prioritize which calls needed action first amidst all other calls for emergency response.
2. Chains of command and communication were not set up properly to handle public health emergencies such as COVID, and the Office of Emergency Management in the County was responsible for setting this up in real-time.
3. Many decisions about responding to the pandemic were made in Bastrop County even before the State had addressed plans of action to respond, which gave an advantage to the County. However, with the ever-changing guidelines of how to respond and what protocol to follow, these plans were easily clouded with new information. This made the decision of who and how to respond difficult for County and city officials.

Topic 3: Stakeholder Engagement

1. Many of the participants of the roundtable stated that pre-established relationships with all agencies and organizations in the County and cities would've assisted response and action in the County during COVID. Creations of memorandums of understanding and cooperative agreements would've created a unified goal of how to plan for events such as pandemics and other widespread disasters.
2. With the incoming growth of the county in mind, many participants suggested that the needs of communication and mitigation plans should be addressed sooner rather than later. If OEM, first responders, county agencies, and local government work together to create disaster plans for events like this in the future, it would ease the burden of one agency or group from taking on the full responsibility of command.
3. The City of Bastrop has an emergency plan, but not all vital stakeholder lists are kept up with. Keeping this list current and abiding by the plan will foster easier stakeholder engagement and compliance with the plan.

Topic 4: Highlights of Pandemic Response

1. Many local community groups like churches were involved in the response and provided access to goods that community members needed most. Another organization that was established was the Joint Information Center formed by the ISD's, PIO's (Public Information Officers), and Chambers of Commerce across the County that tasked themselves with disseminating ever-changing information about the pandemic to keep residents safe and informed.
2. Vaccine access in the County happened much faster than other counties across the State, and Bastrop County remains of the most vaccinated counties in Texas. This is due to the quality response of volunteers to create vaccine clinics and first responder staff helped administer vaccines.

Topic 5: How to Adapt and Next Steps

1. Support for a local health entity to house the services most desired by the participants was highly favored. Participants stated that this would help authorize a single entity for the purpose of planning for the next disaster more efficiently, creating clearer lines of communication when responding to disasters, and providing other vital services to the county that citizens normally leave the County to find affordably.
2. Creating a local health department would also create better structure to handle the influx of questions and concerns citizens had during the pandemic that OEM or other entities couldn't confidently answer, which alleviates a burden of being a spokesperson from those who should focus on responding to disasters.
3. Involving the private EMS Company, Acadian Ambulance, in future conversations would be useful, as they also are a valuable stakeholder in the County and could provide input on how to make this plan come to fruition.

A7. Chapter 121. Local Public Health Reorganization Act (Texas Health and Safety Code)[16]

A7a. Texas Health Authorities

The Texas Local Public Health Reorganization Act stipulates that Texas jurisdiction has the right to appoint a health authority (physician) to administer state and local laws relating to public health within the appointing body's jurisdiction. A health authority serves for a term of two years and may be appointed to successive terms. The duties of a health authority include:

1. Establishing, maintaining, and enforcing quarantine in the health authority's jurisdiction;
2. Aiding the department in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the health authority's jurisdiction;
3. Reporting the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction to the department in the manner and at the times prescribed by the department;
4. Reporting to the department on any subject on which it is proper for the department to direct that a report be made; and
5. Aiding DSHS in the enforcement of the following in the health authority's jurisdiction: proper rules, requirements, and ordinances; sanitation laws; quarantine rules; and vital statistics collections.

In Texas, there are 195 local health authorities who are appointed at the city and/or county levels. In every jurisdiction where there is no appointed health authority, the DSHS Regional Medical Directors (the individuals overseeing the DSHS Public Health Regions) serve as health authority. If there is a large city that appoints a health authority for just their city limits, the RMD serves as health authority for every other city in that county.

A7b. Part-Time Health Authorities

If a physician appointed to serve as health authority for a county serves in that office part-time, the physician may coordinate with the director of the local health department for the county in the performance of their duties. Part-time health authorities are required to notify DSHS of their part-time status. If DSHS provides information to a physician who serves part-time as health authority for a county,

[16] Health and Safety Code. Chapter 121. Local Public Health Reorganization Act. https://statutes.capitol.texas.gov/Docs/HS/htm/HS.121.htm

the department shall also provide the information to the director of the local health department for the county.

A7c. Public Health Districts

- A public health district may perform any public health function that any of its members may perform unless otherwise restricted by law.
- A public health district shall be identified by its program of public health services and shall, at a minimum, provide the following services:
    1. personal health promotion and maintenance services;
    2. infectious disease control and prevention services;
    3. environmental and consumer health programs;
    4. public health education and information services;
    5. laboratory services; and
    6. Administrative services.
- By a majority vote of each governing body, a public health district may be established by:
    1. two or more counties;
    2. two or more municipalities;
    3. a county and one or more municipalities in the county; or
    4. Two or more counties and one or more municipalities in those counties.
- Any governmental entity, including a school district, may apply to become a member of a public health district.
- The members of a public health district shall prepare a written cooperative agreement that sets out fully the terms of operation of the district.
- The members of a public health district shall appoint the director of the district.
- A director of a public health district who is not a physician shall appoint a physician as the health authority for the district, subject to the approval of the members and the department.
- The members of a public health district shall pay the costs necessary to operate the district, including costs for:
    1. staff salaries;
    2. supplies;
    3. suitable offices;
    4. health and clinic centers;
    5. health services and facilities; and
    6. maintenance

A7d. Local Health Departments (LHD)

- A local health department may perform all public health functions that the municipality or county that establishes the local health department may perform.
- The governing body of a municipality or the commissioner's court of a county shall appoint the director of the municipality's or county's local health department.
- The director is the chief administrative officer of the local health department, and if the director is a physician, the director is the health authority in the local health department's jurisdiction.
- A director of a local health department who is not a physician shall appoint a physician as the health authority in the local health department's jurisdiction, subject to the approval of the governing body or the commissioner's court, as appropriate, and the department.
- The governing body of a municipality that establishes a local health department may provide for the creation of an administrative or advisory public health board and the appointment of representatives to that board.
- The commissioner's court of a county that establishes a local health department may provide for the creation of an **advisory public health board** and the appointment of representatives to that board.
- The director of the local health department is an ex officio, nonvoting member of any public health board established for the local health department.

A7e. Local Health Units

A local health unit is a division of municipal or county government that provides public health services but does not provide all the following:

- personal health promotion and maintenance services;
- infectious disease control and prevention services;
- environmental and consumer health programs;
- public health education and information services;
- laboratory services; and
- Administrative services.

A8. Funding[17]

A8a. Public Health Systems Funding Overview

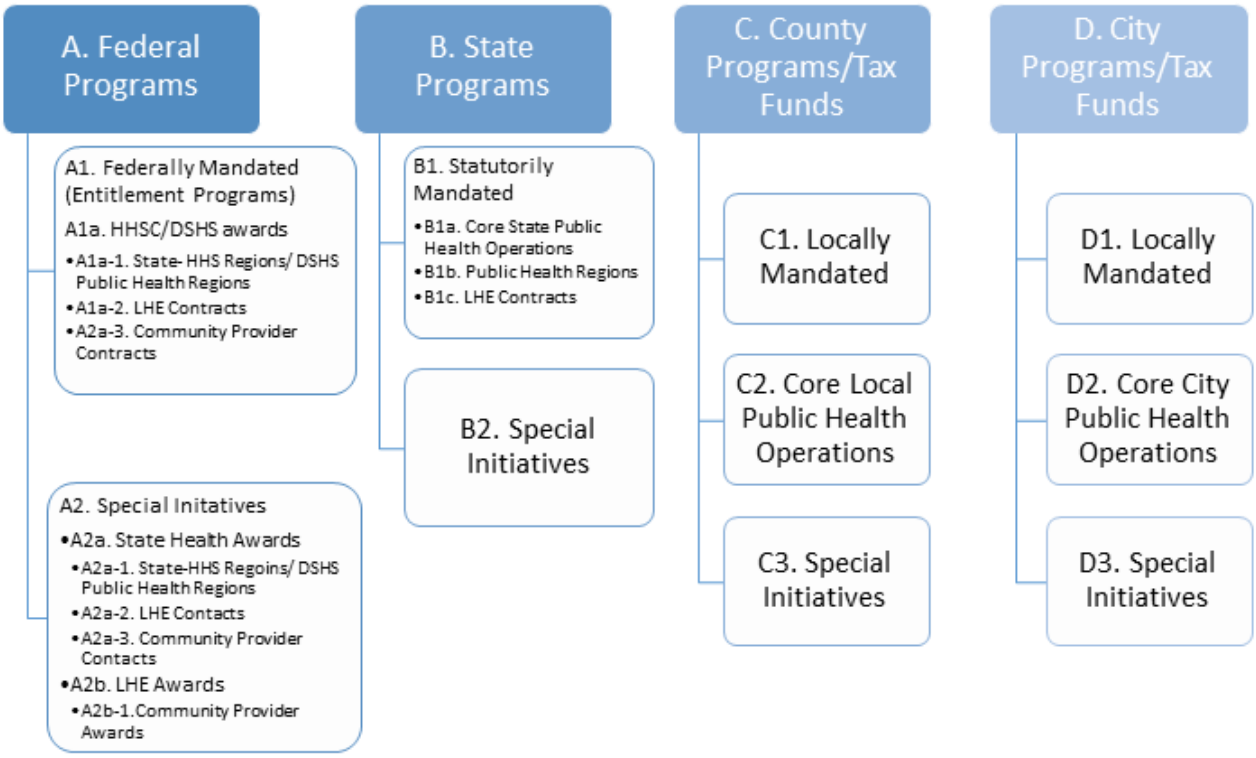
Public health is a public service that Americans invest in at the federal, state, county, municipal, and city levels. The public health system across Texas is supported by funds allocated at the federal and state levels. In densely populated Texas jurisdictions, public health investments are also made at the county and city levels.

The Texas Local Public Health Reorganization Act stipulates that DSHS shall administer a program under which appropriated money may be granted to counties, municipalities, public health districts, and other political subdivisions for use by the counties, municipalities, public health districts, and other political subdivisions to provide or pay for essential public health services. **Figure 3** shows a diagram with a possible funding scenario.

- The grants shall be distributed equally between urban and rural areas of the state.
- The executive commissioner shall adopt rules governing funding formulas for grants, the application process for each grant, the procedures for awarding the grants, and the minimum essential public health services to be provided under the grant and other standards applicable to the services to be provided under the grant.
- A municipality, county, public health district, or other political subdivision that receives a grant shall develop a plan to evaluate the effectiveness, accessibility, and quality of the essential public health services that are provided under the grant.

[17] WCCHD Governance Structure Assessment. (2022). https://drive.google.com/file/d/1MoqzPIWZpG3_EJZDbalxMzJcLV2H9LL0/view

Figure 3. Funding Scenarios



A8a. Federal Investment in Public Health

Public funds sourced from federal income taxes and other funding streams are allocated by the US Congress to the US Department of Health and Human Services to fund a variety of public health programs (**See Table 5**).

Within the Department of Health and Human Services, eight agencies are designated components of the U.S. Public Health Service (PHS). The PHS agencies are funded primarily with annual discretionary appropriations. They also receive significant amounts of funding from other sources, including mandatory funds from the Patient Protection and Affordable Care Act, user fees, and third-party reimbursements (collections).

Table 5. Public Health Agencies

Agency Name	Focus
Centers for Disease Control and Prevention (CDC)	CDC is the federal government's lead public health agency. CDC obtains its funding from multiple sources besides discretionary appropriations.
Agency for Healthcare Research and Quality (AHRQ)	AHRQ funds research on improving the quality and delivery of health care.

Agency for Toxic Substances and Disease Registry (ATSDR)	ATSDR investigates the public health impact of exposure to hazardous substances. ATSDR is headed by the CDC director.
Food and Drug Administration (FDA)	FDA regulates drugs, medical devices, food, and tobacco products, among other consumer products. The agency is funded with annual discretionary appropriations and industry user fees.
Health Resources and Services Administration (HRSA)	HRSA funds programs and systems that provide health care services to the uninsured and medically underserved. HRSA, like CDC, relies on funding from multiple funding streams. Indian Health Service (IHS) IHS supports a health care delivery system for Native Americans. IHS funding includes discretionary appropriations and collections from third-party payers of health care.
National Institutes of Health (NIH)	NIH funds basic, clinical, and translational biomedical and behavioral research.
Substance Abuse and Mental Health Services Administration (SAMHSA)	SAMHSA funds mental health and substance abuse prevention and treatment services.

Additionally, in support of their mission, the following agencies are routine funders of organizations within the public health system:

Agency Name	Focus
Administration for Children and Families (ACF)	The Administration for Children & Families promotes the economic and social well-being of families, children, individuals, and communities through a range of educational and supportive programs in partnership with states, tribes, and community organizations.
Administration for Strategic Preparedness and Response (ASPR)	ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies.
Centers for Medicare & Medicaid Services (CMS)	The Centers for Disease Control and Prevention, part of the Public Health Service, protects the public health of the nation by providing leadership and direction in the prevention and control of diseases and other preventable conditions and responding to public health emergencies.
United States Department of Agriculture (USDA)	USDA is the federal executive department responsible for developing and executing federal laws related to farming, forestry, rural economic development, and food. USDA administers the

	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

A8b. Texas 2020 CDC Grant Funding Profile

Federal HHS agencies fund the public health system in Texas through grants and cooperative agreements provided to the Texas Department of State Health Services (DSHS) and the Texas Health and Human Services Commission (HHSC), local health entities, universities, and other public and private agencies (**See Table 6, Figure 4, and Table 7**.

2020 Population Estimate: 29,360,759

Timeframe: 10/01/19 - 09/30/20

Table 6. Texas CDC Grant Funding

Category	Obligated Amount	Percentage
Cross-Cutting Activities and Program Support	$687,641,308	53.9%
Vaccines for Children	$414,927,890	32.5%
HIV/AIDS, Viral Hepatitis, STI, and TB Prevention	$62,413,563	4.9%
Public Health Preparedness and Response	$40,511,313	3.2%
Immunization and Respiratory Diseases	$26,118,307	2.0%
Chronic Disease Prevention and Health Promotion	$21,292,725	1.7%
Injury Prevention and Control	$7,313,894	0.6%
Emerging and Zoonotic Infectious Diseases	$5,379,449	0.4%
Occupational Safety and Health	$4,397,663	0.3%
Environmental Health	$3,766,475	0.3%
Public Health Scientific Services (PHSS)	$1,132,923	0.1%
Birth Defects, Developmental Disabilities, Disability and Health	$761,182	0.1%
Agency for Toxic Substances and Disease Registry (ATSDR)	$542,938	0.0%
GRAND TOTAL	**$1,276,199,630**	**100.0%**

Figure 4. Texas 2020 CDC Funding Profile by Category

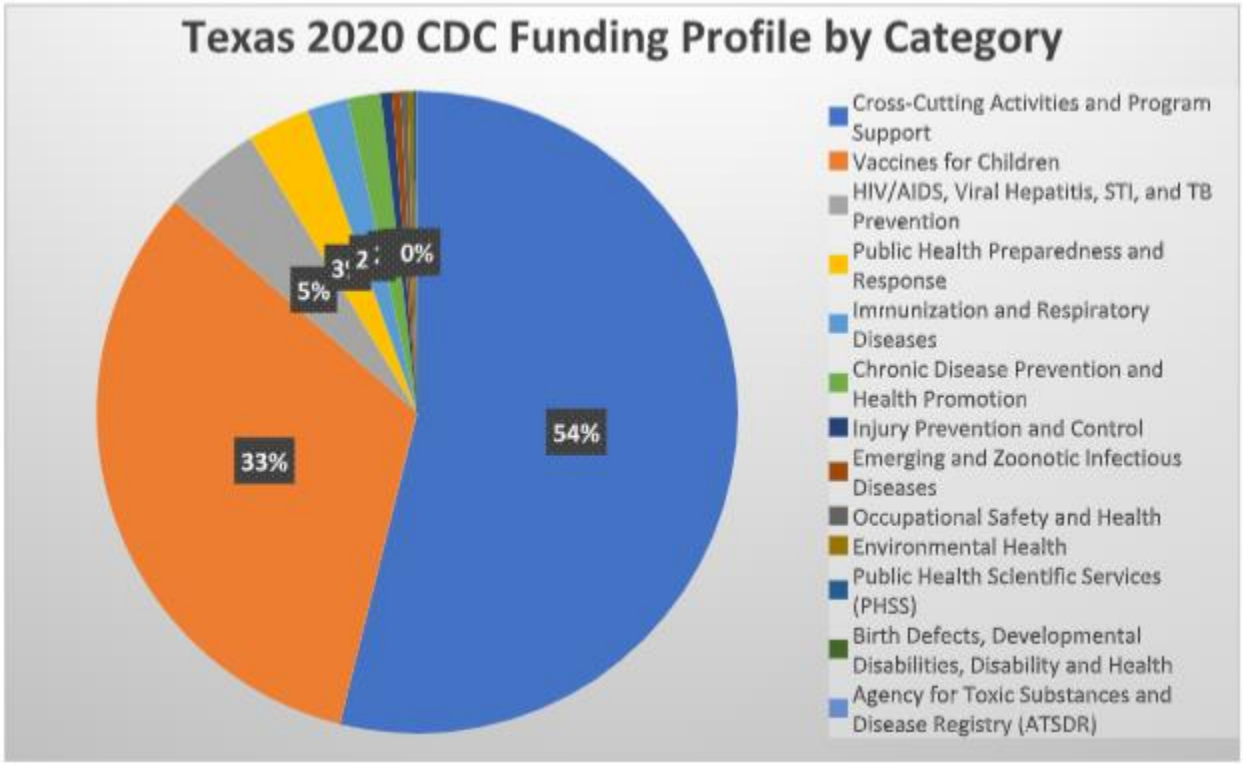


Table 7. Texas 2020 CDC Funding Profile Category and Sub-Category

Category & Sub-Category	Obligated Amount	% of Total
Cross-Cutting Activities and Program Support	**$687,641,308**	**53.88%**
Acute Flaccid Myelitis (AFM) - PPHF	$44,286	0.00%
Coronavirus Aid, Relief, and Economic Security Act	$75,480,998	5.91%
Coronavirus Preparedness and Response Supplemental	$69,115,573	5.42%
Disaster Relief Supplemental	$177,976	0.01%
Hurricane Supplemental	$581,222	0.05%
Paycheck Protection Program and Health Care Enhancement Act – PHSSEF transfer for COVID	$535,836,804	41.99%
Preventive Health and Health Services Block Grant - PPHF (No- Year)	$6,404,449	0.50%
Vaccines for Children	**$414,927,890**	**32.51%**
Grant Awards	$8,426,429	0.66%
Vaccine Purchases	$406,501,461	31.85%
HIV/AIDS, Viral Hepatitis, STI and TB Prevention	**$62,413,563**	**4.89%**
Domestic HIV/AIDS Prevention and Research	$46,325,419	3.63%
Infectious Disease and Opioids Epidemic	$17,780	0.00%
Sexually Transmitted Infections (STIs)	$6,698,735	0.52%

Tuberculosis (TB)	$9,243,390	0.72%
Viral Hepatitis	$128,239	0.01%
Public Health Preparedness and Response	**$40,511,313**	**3.17%**
CDC Preparedness and Response Capability	$1,381,610	0.11%
Public Health Emergency Preparedness Cooperative Agreement	$39,129,703	3.07%
Immunization and Respiratory Diseases	**$26,118,307**	**2.05%**
Immunization Program	$2,189,982	0.17%
Immunization Program - PPHF (No-Year)	$21,202,023	1.66%
Influenza/Influenza Planning and Response	$2,726,302	0.21%
Chronic Disease Prevention and Health Promotion	**$21,292,725**	**1.67%**
Cancer Prevention and Control	$8,686,298	0.68%
Diabetes - PPHF (No-Year)	$1,406,967	0.11%
Heart Disease and Stroke	$950,000	0.07%
Heart Disease and Stroke - PPHF (No-Year)	$1,406,967	0.11%
Nutrition, Physical Activity and Obesity	$2,048,188	0.16%
Prevention Research Centers	$747,306	0.06%
Racial and Ethnic Approach to Community Health (REACH)	$2,084,000	0.16%
Safe Motherhood/Infant Health	$694,584	0.05%
Tobacco	$274,054	0.02%
Tobacco - PPHF (No-Year)	$2,994,361	0.23%
Injury Prevention and Control	**$7,313,894**	**0.57%**
Drug-Free Communities Support	$875,000	0.07%
Firearm Injury and Mortality Prevention Research	$342,190	0.03%
Intentional Injury	$3,065,277	0.24%
NVDRS	$761,508	0.06%
Opioid Overdose Prevention and Surveillance	$2,269,919	0.18%
Emerging and Zoonotic Infectious Diseases	**$5,379,449**	**0.42%**
Advanced Molecular Detection (AMD)	$92,827	0.01%
Antibiotic Resistance Initiative	$2,267,364	0.18%
Emerging and Zoonotic Infectious Diseases Set-Asides	$224,757	0.02%
Epi and Lab Capacity Program - PPHF (No-Year)	$1,281,547	0.10%
Food Safety	$629,440	0.05%
Other Emerging Infectious Diseases	$3,079	0.00%
Prion Disease	$106,435	0.01%
Quarantine	$179,339	0.01%
Vector-borne Diseases	$594,661	0.05%
Occupational Safety and Health	**$4,397,663**	**0.34%**
Education and Research Centers	$1,362,730	0.11%
National Occupational Research Agenda (NORA)	$2,306,194	0.18%
Other Occupational Safety and Health Research	$728,739	0.06%
Environmental Health	**$3,766,475**	**0.30%**

Asthma	$1,524,587	0.12%
Childhood Lead Poisoning	$800,942	0.06%
Environmental Health - PPHF (No-Year)	$800,939	0.06%
Environmental Health Activities	$322,587	0.03%
Environmental Health Laboratory	$317,420	0.02%
Public Health Scientific Services (PHSS)	**$1,132,923**	**0.09%**
Surveillance, Epidemiology, and Informatics	$1,132,923	0.09%
Birth Defects, Developmental Disabilities, Disability, and Health	**$761,182**	**0.06%**
Child Health and Development	$435,000	0.03%
Health and Development with Disabilities	$326,182	0.03%
Agency for Toxic Substances and Disease Registry (ATSDR)	**$542,938**	**0.04%**
Agency for Toxic Substances and Disease Registry	$440,233	0.03%
Coronavirus Aid, Relief, and Economic Security Act (ATSDR)	$102,705	0.01%
Grand Total	**$1,276,199,630**	**100%**

A8c. State Investment in Public Health

In Texas, the Legislature passes the Texas General Appropriations Act each biennium to authorize the expenditure of government funds and set money aside for specific expenses, including those allocated to the provision of public health services. The General Appropriations Act for the 2020-21 Biennium included specific funding to the Texas Department of Health and Human Services Commissions (HHSC) and the Texas Department of State Health Services (DSHS) to support specific public health programs.

A8d. Texas Department of State Health Services (DSHS)

The FY20 budget for the Texas Department of State Health services (DSHS) was comprised of general funds (52.85%), federal funds (34.74%), and other funds (12.40%) (**See Table 8**). This budget does not include the funds that were later received by DSHS to support COVID-19 relief efforts. It also does not include funds allocated to Texas for vaccine purchases. Those funds are not sent to the state and are instead spent down as vaccines are ordered through the Texas Vaccines for Children Program.

General funds are used to fund a wide range of program activities that are not funded at the federal level (i.e., direct clinical services, trauma facilities/EMS).

Table 8. FY20 DSHS Budget

Funding Category	Amount	% of Total Budget
General Revenue Fund	$ 283,978,153	33.65%
General Revenue Fund - Dedicated	$ 162,020,307	19.20%
Federal Funds	$ 293,176,496	34.74%
Other Funds	$ 104,668,752	12.40%
	$ 843,843,708	**100%**

A8e. Texas Health and Human Services Commission (HHSC)

The FY20 budget for the Texas Department of Health and Human Services Commission (HHSC) was comprised of general funds (38.27%), federal funds (58.99%), and other funds (2.74%) (**See Table 9**).

Table 9. FY20 HHSC Budget

Funding Category	Amount	% of Total Budget
General Revenue Fund	$ 14,463,577,077	38.04%
General Revenue Fund - Dedicated	$ 86,610,129	0.23%
Federal Funds	$ 22,431,038,781	58.99%
Other Funds	$ 1,043,306,866	2.74%
	$ $38,024,532,853	**100%**

A9. Public Health in Texas

The Texas Local Public Health Reorganization Act recognizes four types of public health entities in Texas: Public Health Regions, Public Health Districts, Local Health Departments, and Local Health Units (**See Table 10**).

The local public health system in Texas is a function of how the state was organized at the time when Texas was becoming Texas. When you look at the United States system for local government, one of the things that stands out is the fact that Texas has significantly more counties than any other state, even when you adjust for its size and population. The only state that's bigger than Texas in terms of land has only 29 counties and the only state with a bigger population only has 58 counties. By contrast, there are 254 counties in Texas.

It is because as people started to settle in more and more parts of the state, the idea was that no Texan should live more than one day's horse ride from their county courthouse. As people settled farther from existing court houses, new

counties were formed. Even back then, the idea of local governance was extremely strong, and the expectation was that all public systems, including public health, had to be built to be responsive to local needs.

Fast forward to today in Texas, Texas is a home rule state, and every jurisdiction with at least 5000 residents has the right to self-determination. That means they can opt to provide their own essential public health services if they want to. Today, there are 165 local health entities across the state. That number might make it seem like there is a lot of local public health coverage across the state but 111 of those entities are local health units that only provide code enforcement or environmental services, 80 of them work at the city level, and they also tend to be clustered in specifics pockets of the state (**See Table 11**).

In areas where there are no local public health entities, the Texas Local Public Health Reorganization Act indicates that those services may be provided by the DSHS Public Health Regions (to the extent allowed by available funds).

Table 10. Public Health Entities in Texas

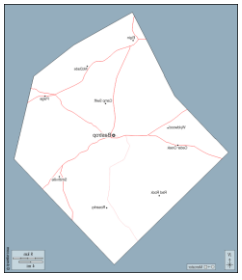
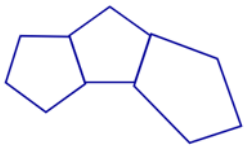
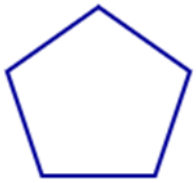
Public Health Region	Public Health District	Local Health Department	Local Health Unit
8 in Texas	23 in Texas	31 in Texas	111 in Texas
Provide significant public health services to multiple counties (County coverage ranges from 16 to 49 counties each)	Provide significant public health services to two or more jurisdictions (Can be multiple cities, a city and county, or multiple counties)	Provide significant public health services to one jurisdiction (Can be a city or county)	Provide limited public health services within a county or city one jurisdiction (Mostly city-level)
			

Table 11. Number of Texas Public Health Entities

	LHE Managed By			
Type of Public Health Entity	**City**	**County**	**DSHS Public Health Region**	**Grand Total**
DSHS Public Health Region			8	8
Local Health Department	8	23		31
Local Health Unit	80	31		111
Public Health District	14	9		23
Grand Total	**102**	**63**	**8**	**173**

A9a. DSHS Public Health Regions

Public Health Regions (PHRs) are led by a Regional Medical Director (RMD) who serves as health authority for jurisdictions that do not have an appointed health authority. **Figure 5** shows the Local Health Department and DSHS Regional Public Health coverage throughout the state of Texas. There is a total of 11 Public Health Regions in Texas, with Bastrop located within PHR7, as highlighted in orange (**See Table 12**).

Figure 5. Local Health Departments and DSHS Regional Public Health Coverage

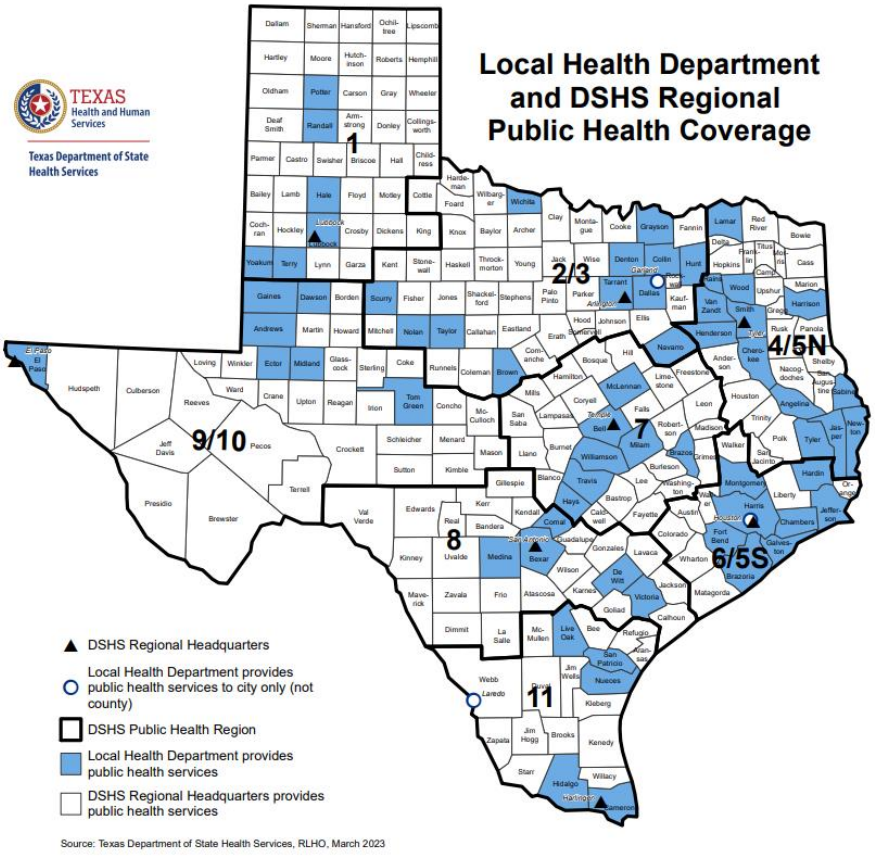


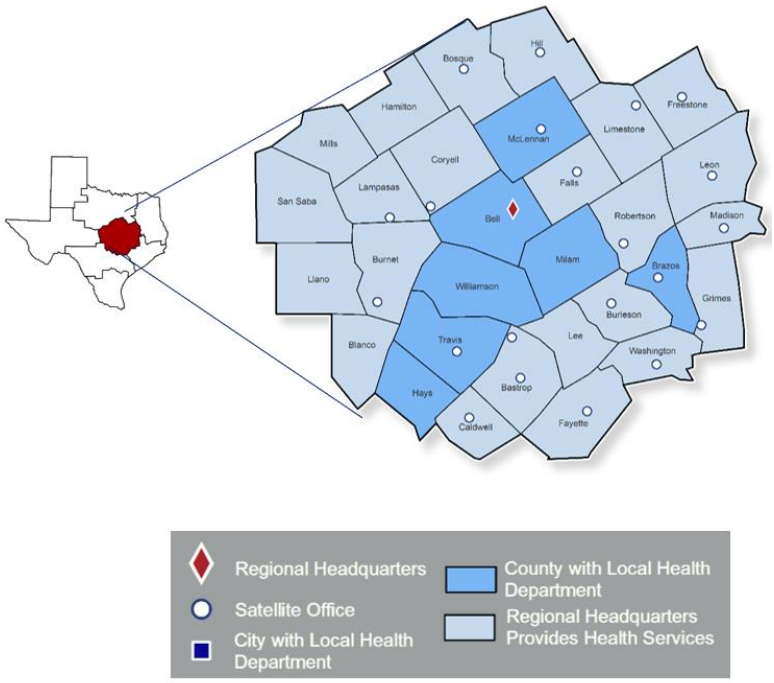
Table 12. Public Health Regions

	# of Counties Covered	# of Counties Where PHR Served as LHE in 2021	# of Counties Where RMD Served as Health Authority in 2021
Public Health Region 01	41	35	20
Public Health Region 02/03	49	37	5
Public Health Region 04/05N	35	26	3
Public Health Region 06/05S	16	7	2
Public Health Region 07	30	23	3
Public Health Region 08	28	22	21
Public Health Region 09/10	36	31	21
Public Health Region 11	19	13	10

A9b. Public Health Region 7

Bastrop County is located in Public Health Region 07. Public Health Region (PHR) 07 is a 30- county jurisdiction and is led by Dr. Sharon Melville (Regional Medical Director). PHR 07 serves as the primary local health entity for 23 of its 30 counties and served its jurisdiction using 109 FTEs in 2021 (**See Figure 6**). The major non-emergency public health issues facing the region in 2021 were rabies and tuberculosis.

Figure 6. Public Health Region 7 Map



A10. Letters of Support

TEXAS HOUSE OF REPRESENTATIVES

STAN GERDES

DISTRICT 17

May 25, 2023

The Honorable Gregory Klaus, Bastrop County Judge
Bastrop County Courthouse
804 Pecan Street
Bastrop, TX 78602

Dear Judge Klaus:

It has come to my attention that a Bastrop County Study on Public Health Improvement led by the Texas A&M School of Public Health along with guidance from a county advisory team has been commissioned to determine county leadership's interest in participating in a public health improvement process and its readiness for change based on the study's findings. I further understand that more than 70 community leaders were interviewed, 95% of whom agreed that creating a local health department would provide the much-needed infrastructure to promote health, prevent disease, and mitigate future public health threats. The establishment of a public health department would also create eligibility status to receive federal health funds, which are presently unavailable to the county.

I support these community leaders, and believe that improvement in public health is a wise investment for Bastrop County.

Please feel free to contact me if you have any questions or would like to discuss this matter further.

Sincerely,

Stan Gerdes

Stan Gerdes

P.O. BOX 2910 · AUSTIN, TEXAS 78768-2910 · p (512) 463-0682
stan.gerdes@house.texas.gov

Smithville
Hospital Authority

May 25, 2023

The Honorable Gregory Klaus, Bastrop County Judge
Cc: Bastrop County Precinct Commissioners

Bastrop County Courthouse
804 Pecan Street
Bastrop, TX 78602

Dear Judge Klaus:

As the President of the Smithville Hospital Authority and as a former Bastrop County Judge, I am writing you in support of establishing a county public health department. I, like many other community leaders, was interviewed about what the county needs to do to improve public health in Bastrop County given what we learned about the pandemic, COVID-19. Without a doubt, the county could have benefited from the presence of a local health department. The presence of a local health department would have served as the authoritative voice for the county; speeded the mobilization of medical and healthcare professionals and organizations; identified and communicated effectively and timely with those most at risk; and, would have been accountable to county leadership for expenditures of funds provided during this crisis. These capabilities are foundational to any county government infrastructure or local health department. For a local health department, preparation, and prevention are key to keeping our county safe and healthy. Accountability and transparency go hand in hand too and are essential to local government and to the communities and county we serve.

I stand with those county leaders who have made that recommendation and agree that creating a local health department is timely and of utmost importance to the county.

P.O. Box 540
Smithville, Texas 78957

Public health is a wise investment for Bastrop County. First, the Board of Directors of the Smithville Hospital Authority recognize the need to mediate the negative financial impacts of shifts in payor mix and collection levels being experienced at our county medical facilities. By identifying ways to prevent undue use of medical facilities and services by those who have no health insurance and have no alternative for healthcare, a county health department is a viable solution to this issue. A local health department would provide the county with cost saving measures and at the same time reduce the burden of disease among the most vulnerable. Secondly, by creating a pathway to receive state and federal public health funds through a local health department, Bastrop County would reap the benefits of funds presently unavailable to the county.

We know that investing in public health also saves money in the long term: Every $1 invested in public health yields improved health outcomes equivalent to as much as $88 in expenditures saved by county public health departments. By preventing premature death and disability, our families are stronger, more resilient, and economically solvent. Your decision to act is an investment in the health and wealth of the county and its residents.

I look forward to hearing your decision.

Sincerely,

Jim Wither

Jim Wither
President
Smithville Hospital Authority Board

P.O. Box 540
Smithville, Texas 78957