

The Galveston County Health District

2007 Annual Report

United Board of Health & 4C's Governing Board

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John Zendt, Chair
United Board of Health

Milton Howard, DDS, Chair
4C's Governing Board



Harlan "Mark" Guidry, MD, MPH
Chief Executive Officer

www.gchd.org

INTRODUCTION

February 28, 2008

The Galveston County Health District's United Board of Health and 4 C's Governing Board proudly present the **2007 Annual Report on the Strategic Health Plan**, adopted by both boards of health in January 2004. Since 2004, the Galveston Health District has documented remarkable progress. As outlined in the **Executive Summary** which follows, our future focus will be on making needed resource, facility, and technology improvements necessary to sustain excellent public services and accountability. The Strategic Health Plan (2004 – 2010) and annual progress reports can be found at <http://www.gchd.org/admin/strattoc.htm>.

The **United Board of Health** is a thirteen (13) member appointed body <http://www.gchd.org/boards/UBHMembrs.htm> responsible to the public for the health assurance policies and funding priorities of the Galveston County Health District. An interlocal agreement between the county and thirteen member city governments outlines membership representation on the United Board of Health. The United Board of Health oversees most functional areas of the Health District with the exception of the 4C's Clinics (Galveston County Coordinated Community Clinics). The United Board of Health's public policies/fees are located at <http://www.gchd.org/boards/boardpolicy.htm>. See Report on United Board of Health in Appendix A on page 37.

As the policy-making board of the 4C's Clinics, the **4C's Governing Board** meets federal requirements of a federally-qualified community health clinic. There are nine (9) members of which a majority (5) are consumers (i.e., patients) of the 4C's clinics (<http://www.gchd.org/boards/GBmbrNames.htm>). The Governing Board's membership aide in developing community-based operational and financial policies for the 4C's Clinics. Governing Board clinic policies/fees are found at <http://www.gchd.org/boards/GBboardpolicy.htm>. See Report on Governing Board in Appendix B on page 39.

At the strategic initiative of the **Health District's History Council**, www.gchd.org/councils/councilindex.htm, we are pleased to announce that the Council and staff are preparing an enlightening presentation about the earliest history of public health and healthcare issues that lead to the cooperative inter-local formation of the Galveston County Health District in 1971. Early public health challenges in the City of Galveston and the Mainland laid the foundation for our unique governmental structure (less than a handful in Texas) that was formed by and serves residents in 14 local governments cooperatively. The history presentation will be available in 2008, and we encourage community-wide presentations at Commissioner's Court, City Councils, Chambers of Commerce, medical & business associations, academic institutions, etc in all areas of Galveston County.

Finally, we acknowledge and commend the excellent staff of the Health District who work credibly, openly, and effectively with a multitude of community stakeholders, advisory councils, taskforce committees, and residents of the county and cities (for a sample, see Appendix G on page 52). Thank you to all of our community members who play an instrumental role in public health improvements within Galveston County. We look forward to your help in 2009 as we plan for developing a new strategic health plan for the 2010 decade.

On behalf of the entire Boards membership we look forward to the next steps in our journey to a healthier community.

Sincerely,

Signature on file

Signature on file

John A. Zendt, Chair
Galveston County United Board of Health

Milton Howard, DDS, Chair
4C's Governing Board

Signature on file

Harlan "Mark" Guidry, MD, MPH
CEO and Health Authority
Galveston County Health District

Galveston County Health District

Providing credible and responsible public services since 1971

EXECUTIVE SUMMARY

Being on the forefront of public health issues in the District, public health and 4C's staff see a wide range of community health, environmental, emergency, and social issues that impact the vision of ***Healthy People in a Healthy District***. We are steadfast to our general mission to promote and safeguard the public's health - in routine and disaster situations - and to delivering primary care - available, affordable, and qualified - to residents of the District comprised of Galveston county and cities.

The **Strategic Health Plan** has been an effective tool for focusing our efforts and for transforming the organization to better serve the residents of Galveston County. The first Strategic Health Plan was adopted in 2004 to guide the Galveston County Health District's activities through the year 2010. The Plan, developed with extensive community participation, can be found, along with annual progress reports, at <http://www.gchd.org/admin/strattoc.htm>. The table of content which follows outlines key reports and appendices that should be of interest to a diverse and extensive group of community stakeholders. It is hoped that these documents will serve as a foundation for community health coalitions and official governmental reports of organizational and public health challenges in the community. For a detailed evaluation of our progress towards the Strategic Health Plan goals see 8.

KEY ORGANIZATIONAL ISSUES

Health District staff work in an environment characterized as highly accountable, complex, and rapidly changing, with a population growth that is increasing the need and demand for Health District Services. The Health District is responsible for leading a coordinated a community health response to human health threats and needs. In our coastal homeland, most imminent is the need for continued hurricane planning, evacuations, care of special needs patients, providing patient medications, and responding to an array of health-related hurricane consequences. Modern Health District data systems would allow the District to more quickly detect public health threats and to effectively communicate in both routine and disaster situations with a multitude of citizenry and levels of government involved in coordinating a public emergency. Of critical value is achieving efficiencies through information technology solutions necessary to meet a substantial number of governmental compliance requirements, standards of care, and public accountability.

The following represent executive focus areas for improvements in 2008 and beyond:

- **Modern Data Systems to Meet Service and Business Needs** - Areas with needs for improved information technology include: environmental health, medical and dental records and practice management systems; accounting, billing, & inventory systems;

human resources and risk management systems; EMS clinical and billing systems; and contract management systems.

- **Facilities Improvements** – Several building have a need for improvements or rebuilding. The key facility needs include: the Texas City 4C’s clinic, an immunization clinic designed for mass vaccinations, the La Marque headquarters and environmental health buildings, the Joe Vickery Galveston County Animal Shelter; all EMS buildings, and the Dickinson WIC facility.
- **Recruitment and Retention of Qualified Staff** – The Health District experienced difficulties in recruiting and retaining several positions including nurses (public health and clinic), paramedics, air and water environmental inspectors, dentists, and medical providers (physician and midlevel).
- **Costs and Quality of Employee Benefits** - Efforts are needed to explore more improved employee benefits, such as retirement and health insurance, which would also be more cost effective. Additional efforts are needed to secure funding for making needed market salary adjustments in a competitive and rapidly evolving healthcare environment.
- **Public Perceptions and Expectations for Services** – Efforts, such as facility redesign and public education, are needed to improve the public’s perceptions about the 4C’s clinic to make it a more marketable option for a medical home. Continued efforts are needed to make District residents and governmental partners more aware of the many services provided by the Health District.
- **Compliance Improvements** - Due to the number and diversity of contract requirements, there is a need to improve compliance monitoring and the effectiveness of corrective actions. The requirements and goals involving risk and safety, worker’s compensation claims, accidents, and diverse grant requirements, increase the need for enhanced contract management, monitoring, and internal audits/controls.
- **More Flexible Grant Funding** - Currently, many state grants offer limited funds with extensive administrative requirements and narrowly defined performance expectations. The outcome is that many grant opportunities are prohibitive and ineffective. Efforts are needed to inform and educate policy-makers about these restrictions which impact the intended use of these funds to best meet local community needs.

KEY FINANCIAL INFORMATION

Financially in 2007, the Health District administered a **combined, total budget of \$24.1 million dollars**. The largest category of revenues came from grants and local contributions totaling \$12.9 million (62 %) of total revenue. Annually, the United Board of Health and 4C’s Governing Board engage external auditors to review its financial operations. The 2007 audit reported, found at <http://www.gchd.org/boards/boardlinks.htm>, revealed no material weaknesses and was issued with an unqualified opinion, which means that the financial statements were presented fairly and in accordance with generally accepted accounting principals. Overall, the Health District manages over 27 grants for a variety of services (See Appendix C: 2007 Health District Grants/Service Contracts on page 41). Some public health programs (e.g., Air and Water, Animal Services, Emergency Medical Services, HRSA 4C’s Grant, Immunizations, Public Health Preparedness, STD/HIV, Tuberculosis, Women, Infants and Children (WIC), etc.) are operated under multiple grants.

The **United Board of Health approved a total of \$ 16.9 million** in a variety of community health, environmental health, animal services, pollution control, and emergency medical services budgets. Many of the funds come from federal and state program grants. Approximately \$3.4 million of County revenue supported operations and services under the United Board of Health. Total city revenue in 2007 included contracted services totaling \$1.32M. Contracts totaling \$337,998 for Animal Control, providing shelter and field services, were with the cities of **Dickinson, La Marque, Texas City, Santa Fe, Hitchcock, Bayou Vista, Clear Lake Shores, Kemah and Tiki Island**. In 2007, Water Pollution Monitoring services were provided to the cities of **League City, La Marque, Texas City, Santa Fe, Jamaica Beach, Hitchcock, Friendswood**, and WCID #1, under contracts totaling, \$92,881. In 2007, EMS services for the **City of Galveston** included total funding of \$770,185, which included contributions from the City of \$521,083 and water bill donations in the amount of \$249,102. In addition, \$123,842 was received from the cities of **Bayou Vista, Tiki Island, and Hitchcock** to support 911 services in their respective areas. **Galveston County** contributed \$750,000 in 2007 to support ambulance services in the unincorporated areas of Galveston County.

In 2006, the board approved the budget for Mainland EMS Expansion through contracts with the **County of Galveston** and the cities of **Dickinson, La Marque, Texas City and the Galveston County Health District (GCHD)**. The expansion established a new EMS coordinating system (Medic One) for participating Mainland communities. A comprehensive status report on EMS services provided by the Health District is found on page 31.

Also, in 2007, the United Board of Health budgeted additional funding as follows: \$97,020 from the Department of State Health Services for outreach services in the Immunization program; \$4,557 from the Department of State Health Services for Breast Cancer Screenings; \$9,000 from the American Cancer Society to support breast cancer screenings; \$10,000 from the National Association of City and County Health Officials for public health preparedness volunteer recruitment; and \$55,620 from the Department of State Health Services' Tuberculosis Program to purchase (2) new x-ray units for use in the 4C's clinics. Finally, in 2007, the Health District was notified of a loss of \$218,017 in DSHS funding which provided HIV Education services under the HIV Prevention grant; and a reduction of \$223,194 in public health preparedness (bioterrorism) grant funding.

In 2007, the **4C's Governing Board approved a total budget of \$ 7.2 million** for medical, dental, and supportive services for 4C's patients of which nearly 4 million was from County of Galveston. In FY 2008, the 4C's budget increased by \$ 243,280. Budgeted revenues included \$97,944 in new funding from DSHS to provide Title V services, and \$70,000 in additional funding from the County to assist with the cost of providing primary care. A new collection policy was approved by the 4C's Governing Board in 2007. Collections related to patient services are expected to be higher than last year, based on current trends. Finally, in 2007, the Governing Board budgeted \$35,000 of additional funding from Health Resources and Services Administration (HRSA) to help support primary care services in the 4C's clinic. A \$20,000 grant from a St. Luke's supporting case management services for uninsured patients, ended in 2007.

PRIMARY HEALTHCARE: COUNTY & FEDERALLY-FUNDED 4C'S CLINICS

In spite of daily challenges, Health District staff demonstrates steadfast dedication to serving the general public as well as the most vulnerable as seen in the 4C's clinics. The Galveston County Health District has two perspectives regarding indigent and uninsured healthcare in Galveston County. One is as a local health department whose role is to assess gaps and barriers to health services anywhere in the county. The other is as a federally-qualified community health center (FQHC) that delivers primary healthcare to the uninsured (88% of 4C's clinic population) and to the county indigent (2% of clinic population). Both of these perspectives are reflected in the following key points and a more comprehensive report on *Access to Care – The 4C's Clinic Healthcare Report* on page 24.

- The County contributes about \$4 million to the cost of primary care of all indigent and uninsured through 4C's Clinics, and pays the cost of indigent secondary and tertiary care, as defined/required under state law.
- 4C's Medical clinics are operating at full capacity, maximum efficiency, and maximum productivity. 4C's Dental clinics are below average in productivity and undergoing significant redesign and operational improvements.
- Only 23% of uninsured 4C's patients referred to UTMB for specialty care successfully see a specialist.
- State and federal grants/program opportunities are limited and often impractical to administer. Efficiency and more flexible funding streams would help us better serve a diverse public.
- 4C's capacity to serve the uninsured is dependent upon, not only revenue from federal and county sources, but also upon patient revenue. An overall increase in collections and in the payor mix of Medicaid & Medicare could help expand clinic resources and capacity.
- Case managers assist individuals with socioeconomic and cultural barriers, helping to improve health outcomes, compliance with medical visits, and long-term costs.

APPRECIATION

It is an honor to be a part of an agency which has made outstanding progress towards many challenging goals – many with state and national significance. Much appreciation goes to Health District executive officers, COO and CFO, for reviewing information herein for accuracy and to all executive staff members for their various contributions to the report. Finally, a special appreciation goes to Ms. Pisa Lewis Ring, Executive Assistant, who compiled & formatted the entire Annual Report.

Signature on file

Harlan “Mark” Guidry, MD, MPH
Chief Executive Officer
Galveston County Health District

Evaluation of Progress in 2007 Strategic Health Plan 2004 – 2010

STRATEGIC PRIORITIES (2004-2010)

- PRIORITY #1: PUBLIC AWARENESS**
- PRIORITY #2: ACCESS TO CARE / HEALTH DISPARITIES**
- PRIORITY #3: BUSINESS IMPROVEMENT**
- PRIORITY #4: HEALTHCARE FINANCING**
- PRIORITY #5: MANAGEMENT OF CHRONIC CONDITIONS**
- PRIORITY #6: ENVIRONMENTAL HEALTH IMPROVEMENTS**
- PRIORITY #7: SENIOR HEALTH IMPROVEMENT**
- PRIORITY #8: PREVENTION BY IMMUNIZATION**

In 2003 the Galveston County Health District embarked on a comprehensive set of public health priorities endorsed by the public and stakeholders in Galveston County. Over the past four years, staff has tracked progress toward each goal and objective by priority. In addition, significant 2007 accomplishments are highlighted in text boxes. The original goals and the objectives of the 2004 plan can be found at <http://www.gchd.org/admin/strattoc.htm>.

Priority 1, Public Awareness

There are six Strategic Health Plan goals in this priority and five have been completed and are being maintained.

Increase public awareness regarding wellness and the prevention of chronic conditions including but not limited to high blood pressure, diabetes, asthma, depression, heart disease and obesity.

This goal is partially met. This topic of wellness and the prevention of chronic diseases have been discussed in many community forums. The prevailing topic of discussion, however, is how to effectively manage the many people who have these chronic conditions to prevent long-term, more serious health consequences. One approach has been to look at patients with chronic conditions who are referred for needed specialty care at University of Texas Medical Branch (UTMB). GCHD, UTMB leadership and local/state elected officials are seeking solutions to the barriers to care. Solutions may involve advocacy of new state policies as well as doing the best we can locally to improve access to primary and

2007 Press Highlights

- Responsible pet ownership
- Animal seizures & dog bites
- Free Mammograms
- Awards for excellent food service
- Immunization Campaigns
- West Nile Virus
- “Flesh-Eating Bacteria” concerns
- Chickenpox in local schools
- Childhood leads poisoning concerns

secondary care for the indigent, the uninsured, and those with chronic conditions. Local solutions also involve expanding the availability of intensive case management to mediate social barriers that adversely impact health care access. Future local news releases on these deliberations may afford an opportunity to educate the public about the importance of wellness and preventing chronic conditions. The Health District website has public news releases archived since 2003.

Priority 2, Access to Care and Health Disparities

There are five Strategic Health Plan goals in this priority and two have been met and are being maintained.

Improve access to 4C's Clinics' ambulatory healthcare services and operate at maximum capacity has been partially met.

This goal has been met for medical services, but not yet for dental services. Future efforts will be to sustain the progress in medical services and redesign dental services to meet state and national productivity averages as well as recommendations from the Governing Board authorizing Review of Dental Services. For additional information, see *Access to Care – 4C's Healthcare Report* on page 24.

Identify and eliminate barriers in the system of referring 4C's patients for specialty evaluations, hospitalizations and other types of referrals.

This goal has been partially met. In 2007, clinic staff worked to develop accurate referral data in order to identify barriers. For the first time, 4C's data was reconciled with UTMB data in

2007 Highlights

Referral Data Analysis
Increased Medical Productivity
Collaboration with MH-MR
Collection improvements and
increases
Dental Clinic Comprehensive Review
and Reengineering
Title V Funding

looking at referrals over a three month period of time – April through June 2007. The report showed that out of 817 patient referrals to UTMB made by 4C's providers, only 23% successfully received a specialty evaluation. In 2008, 4C's and UTMB will meet to identify possible solutions to lost referrals. The more difficult issues of failed referrals due to UTMB financial restrictions will hopefully be addressed through advocacy for state and federal solutions to the lack of healthcare financing. Mental Health services for patients with moderate to severe conditions have also remained difficult to access for patients, with extended waiting periods of over a year

for the uninsured at the Gulf Coast Center. This is in spite of the Gulf Coast Center seeing more patients than their funded capacity. However, 4C's patients are given priority access to appointments as a result of a collaborative relationship with Gulf Coast Center, begun several years ago. Of 154 4C's patients referred for psychiatric care at Gulf Coast Center in 2007, 72 have received an appointment to begin the intake process and 31 have seen a psychiatrist. 24 more are currently awaiting their clinical appointment. For about half of the 154 referrals, the patients did not fit entry criteria, could not be contacted, or were referred to children's services.

Improve fiscal management and healthcare financing of the 4C's Clinic.

This goal is likewise partially met due to issues with healthcare financing that may only be resolved at the state and national levels. The clinic continues to serve a growing proportion of

uninsured patients. The current healthcare environment continues to produce a clinic patient population that is 88% uninsured, with a diminishing potential for Medicare & Medicaid revenue which supports the cost of indigent and uninsured healthcare. Medicaid and Medicare opportunities remain low as the number of pediatric and prenatal patients decrease and private providers in the community compete for these patients.

Fiscal management improvements were sought in a number of ways including more aggressive grant writing and improving collections. During 2007, staff successfully completed two state grant applications, which were both awarded. However, one award (Primary Health Care grant from the Department of State Health Services) could not be accepted because of burdensome requirements that would cost too much in administrative time to be cost effective. The other opportunity, Title V for children's services, has been accepted, even with the need to make some changes in the Clinic's eligibility determination process. The amount of the grant award was \$97,944. In 2008, staff will evaluate the success of this program in terms of benefits to patients and to the organization.

The other strategy to improve fiscal management includes development of a 4C's Collection policy and several procedures/initiatives to improve collection rates among both uninsured and sponsored patients. See Priority #4 below, and for a more complete evaluation of fiscal collection rates compared with state averages, see *2007 4C's Clinic Utilization Report with 2006 state/national averages* on page 47.

Priority 3 Business Improvement

There are six Strategic Health Plan goals in this priority and all have been met and are being maintained annually.

To improve the Health District's preparedness and capacity to respond to public health disasters and emergencies with the objective of fulfilling CDC objectives in the bioterrorism grant.

This is an evolving goal with new objectives added annually. 2007 brought the realization of the Centers for Disease Control (CDC) objective requiring local health departments to have the capacity to respond to calls from 1% of all households in its jurisdiction in the event of a public health emergency. After many months of preparation, a new telephone system was installed in major GCHD buildings in La Marque, Texas City and Galveston. Benefits include streamlined

dialing between staff in the involved buildings, an electronic directory, rotate-to-cell features for emergency staff and the ability to develop a phone bank to assist callers during an emergency. A new District call center and voice tree was established to improve routing calls from the public to Health District services. Other accomplishments in the areas of emergency preparedness can be found at *Public Health Preparedness – Status Report on Capacity* on 22.

2007 Business Improvement Highlights

Employees of the Year
First Annual Awards Program
Employee recognition, merits, and bonuses for performance
New Integrated Phone System
Exploring New IT systems & software

Priority 4, Healthcare Financing

There are nine Strategic Health Plan goals in this priority and two have been met and are being maintained.

2007 Healthcare Financing Highlights

Contracts with Medicaid HMOs and Insurance Plans
Assisting patients to apply for public funding
Improved self pay collection practices
Limited Lab formulary
Coding Review
Grant Awards State Programs

Increase the proportion of clinic patients who have third party reimbursement.

This goal has not been reached. In fact, the proportion of sponsored clinic patients has remained unchanged. In 2007, 88% of patients were uninsured, compared with the same percentage in 2006. Measures taken in 2007 to improve this situation include assisting women to apply for public funds, specifically through the Women's Health Program (WHP) and the Children's Health Insurance Program (CHIP) Perinatal; however these efforts have not helped to reach the goal above, nor to dramatically increase revenue. Medicaid patients have continued to decrease and staff reports monthly on the

decreasing number of pediatric & prenatal patients seen in the clinic. Competition from private providers for these patients is part of the current healthcare environment. In 2008, the clinic began enrolling children on Title V program for medical and dental services. New enrollees may positively impact this goal in the future.

Implement a Perpetual Pharmacy Inventory System as a fiscal monitoring tool.

This goal has not been met. The current pharmacy contractor that provides staff for the clinic pharmacies does not have computer software that is compatible with a Perpetual Inventory System. A pharmacy Request for Proposal (RFP) was prepared in 2007 that included the system as an objective. No other bidder was able to deliver equivalent services, so the current contractor continues. The Perpetual Inventory System is considered to be an industry standard and is an important internal control that would provide a calculation of the amount and value of pharmaceuticals on a monthly basis. This will be sought on future pharmacy RFPS.

Assure that all patients potentially eligible for third party coverage are provided the opportunity to apply.

This goal is partially met. A case manager assists eligible women to apply for the Women's Health Program and CHIP Perinatal. In late 2007, registration began using a case management referral form for individuals who may be eligible for Medicaid or other services. The case manager follows-up with the individual with information and assistance with applying as needed. In 2008, case managers began contacting patients who may be eligible for Title V to inform them about and assist them in applying for Title V.

Increase collection of fees charged to self pay patients so they meet national standards set by the Centers for Medicare and Medicaid Services.

This goal is partially met. There are signs of improvement. In 2007 self pay collections improved from 7% of gross self-pay charges in 2006 to 9%. This is still below national averages. Efforts to increase collections resulted in a new Collections Policy approved by the Governing Board. A new billing cycle enables bills to go out to patients in a timelier manner. A small card is now being used which contains the patient's clinic balance and is discreetly given to them by cashiers when they check in. In 2008, staff will look at the possibility of implementing a standardized fee and/or the possibility of an electronic medical record and practice management system that can make charges available to the patient by the end of the visit.

Assure coding accurately reflects the services provided and diagnoses made.

This goal is partially met. Efforts to improve coding include quarterly reviews of 10 charts per provider for accuracy of documentation to support the coding. A quarterly report that includes recommendations for enhanced documentation is discussed at provider meetings. Daily, certified coders review all encounters to ensure accuracy. Dental codes were reviewed and updated for compliance with current CDT manual (dental coding). The implementation of Electronic Medical Records in medical and dental will offer advanced tools for assuring coding accuracy and for quality assurance monitoring.

Work with community partners and the Legislature to develop a funding method that would support indigent care.

This goal is evolving as each legislative session occurs. In 2007 GCHD informed legislators about the need to support a bill to increase appropriations for Federally Qualified Health Centers (FQHCs), and asking for more support for the Children's Health Insurance Program. GCHD also contacted the Executive Commissioner of the Texas Health and Human Services Commission to express concern about Medicaid changes resulting in negative fiscal impacts such as barriers to contracting with Medicaid HMOs, loss of capitated fees, delay in receiving wrap around fees and the limited benefits of the Women's Health Program. Recently, GCHD, UTMB leadership and local/state elected officials came together to seeking solutions to barriers to care, including issues of funding methods such as allowing counties to add a sales tax for indigent/uninsured healthcare. Solutions may involve advocacy of new state laws.

Review and assure that the pharmacy formulary and laboratory authorized tests are consistent with the clinics practice guidelines.

This goal is partially met. The pharmacy formulary was reviewed by the Medical and Dental Directors and the Clinic Leadership Team during 2007 and several medications were added. All medications on the formulary have been considered for safety, efficacy and cost effectiveness. Medication samples not on the formulary were found in clinical areas, against 4C's guidelines, and this was addressed and corrected. A committee of clinic managers met in 2007 to review all medical and dental fees. This resulted in the development of a standardized list of laboratory panels and single tests that serves as a lab test formulary. Next steps in 2008 are to compare the formularies with clinical practice guidelines, both written and in development, to ensure

appropriate labs and medications are available to patients. This lab formulary will be reviewed by the Governing board as part of the Medical Fee Schedule in 2008 and provider staff will be trained.

Priority 5, Management of Chronic Conditions

There are three Strategic Health Plan goals in this priority and two have been met and are being maintained.

Develop and implement clinic practice guidelines for chronic conditions such as high blood pressure, heart disease, asthma and depression

This goal is partially met. 4C's Clinic has developed several guidelines; however, development is needed for depression and heart disease. Those guidelines will be adopted in 2008. Also, in 2008 new dental clinical guidelines will be developed with established pathways for patient referrals between the dental and medical services for patients with chronic conditions.

2007 Highlights

New Diabetes Database
Patient Education Referrals
Access to Appointments
Case Management Support
Medical Peer Review
Public Health Support Prevention Support

Priority 6, Environmental Health Improvements

There are eight Strategic Health Plan goals in this priority and three goals have been met and are being maintained.

Increase collaboration between Health District staff and their counterparts in local political jurisdictions for routine and emergency communication.

This goal has been generally met except in the area of collaboration for childhood lead poisoning environmental assessment (GCHD) and abatement activities (City of Galveston). The Office of Environmental Health Program staff routinely communicates with personnel in the cities when they are working in their area. Staff conducting Waste Water Treatment Plant inspections meets and discusses the inspection and results with their counterparts. Staff visits local city halls while in the field to introduce themselves and discuss any environmental issues of interest. During the meetings of the Galveston County Storm Water Collaborative, GCHD staff met on a routine basis with city, county and state counterparts to discuss the upcoming storm water permitting program. In addition, the Director of Environmental Health Services met with several of the City Managers around the county to assure that they were aware of the storm water permitting rules. These activities are expected to be sustained in the future.

Implement a public awareness campaign that addresses environmental concerns.

This goal is partially met. The Galveston County Environmental Coalition Steering Committee has completed a mission statement and drafted goals for the committee. Their stated purpose is to promote environmental stewardship through cooperative efforts to identify, inform and educate the public on environmental issues specific to the county and to act as a clearinghouse for environmental information. The committee will meet again in the spring. Additionally, after consultation with Commissioner Bryan Lamb, the Consumer Health Services drafted a brochure

to help customers select an On-Site Septic system. This information will be posted on the GCHD website. In 2008, the Division will plan for and participate in the 15th Annual Trash Bash. More than 500 residents are expected to attend this environmental cleanup project and awareness event.

Increase awareness among elected officials regarding environmental services and concerns.

This goal is partially met. Environmental Services current objective is to develop a comprehensive monthly report to the cities that contract for services. Such a comprehensive reporting system depends on the installation and implementation of a new environmental software system and this year staff has worked with a selected vendor, Decade, to implement it. Additionally the Director of Environmental Health Services interacts with elected officials routinely and has made presentations including information about a proposed hazardous waste collection facility to the Councils and Mayors Collaboration and one to the Commissioner’s Court on the upcoming storm water permit. Also representatives from Environmental Health Services participated on the Dickinson Bayou Watershed Advisory Committee which provides direction and advice to the Dickinson Bayou Watershed Partnership. The partnership is currently drafting a comprehensive Watershed Protection Plan required by federal law.

2007 Environmental Highlights

- Block Grant for Bolivar Septic Systems
- Gold Ribbon Awards
- Beach Watch Advisories
- Environmental Advisory Committee Mission
- Food Safety Inspection QA Program
- Storm Water Permit Program
- Galveston County Storm Water Collaborative
- QA Program for State Lab Certification
- Environmental Health Summit
- Satisfactory Air Audits by TCEQ
- 2006 Toxic Release Inventory presentation to Community Advisory Council

Assure systems are in place to collect accurate and available data.

This goal is partially met. Decade, a new software system, is in process of being implemented. When final, the program will furnish a comprehensive data management system that will capture environmental data and publish some data (restaurant inspections) on the internet through an electronic portal. The software is expected to communicate with current and future versions of GCHD accounting software. The estimated date of completion is late May 2008. For the 2008 Annual report, we anticipate having

a comprehensive report by cities that outline environmental services and threats by city, throughout the county.

Ensure consistency in inspection and enforcement procedures.

This goal has been partially met. In 2007 the Consumer Health Program developed a field review tool to assess and ensure consistency in the inspection process. The tool uses federal standards as benchmarks and is conducted by a senior manager who accompanies inspectors in the field. Since the development of the tool, about 50% of the inspectors have been reviewed. Additionally, a senior manager also reviews all written inspection reports for inconsistencies, linking the findings to periodic staff training.

Priority 7, Senior Health Improvement

There are five Strategic health Plan goals in this priority and four have been completed and are being maintained.

Increase access to the 4C's Clinic for underserved seniors.

This goal has been partially met. 4C's Case Managers have helped more than 550 seniors and their families to apply for public funding programs such as Medicare Parts B and D and QMB, helped with Advance Directives and worked with Adult Protective Services in 2007. They also helped more than 350 seniors access appointments for hospital follow up, mental health counseling and wellness exams. Clinic staff attended outreach activities at four senior citizen centers to inform the community about 4C's as a medical home option.

Clinic system improvements have increased access to patients of all ages, including seniors. However, there are many community choices for medical care for seniors with Medicare Part B or other insurance in Galveston County. In 2007, the number of senior clinic patients decreased from 1068 to 1014 and Medicare charges also decreased from \$107,512 to \$98,326.

Medicare reimbursements increased by \$14,392 compared with 2006 data. Although the % of patient charges from Medicare remained unchanged from last year at 1% and the reimbursement per Medicare encounter decreased from \$109.10 to \$105.10 during this period, collections were still higher in comparison to last year. Collections during this period also included the settlement related to the Medicare cost report reconciliation, which was \$7,694 higher than last year.

2007 Senior Health Highlights

Case Management assistance
Seniors' Expo
Senior Citizen Centers
Education & Flu Shots Outreach
Senior Advisory Council
Senior Volunteer Opportunities

Priority 8, Prevention by Immunization

There are five Strategic Health Plan goals in this priority and four have been completed and are being maintained.

Improve availability and accuracy of local data to enhance tracking assessment and feedback.

This goal has been partially met. Some progress has been made locally to improve data accuracy. The GCHD Immunization Program has focused on ensuring that children's shot records are entered into Imm Trac, the statewide vaccine registry. In 2007, two new GCHD staff positions were funded by the Department of State Health Services to assist in this process by mentoring and giving technical assistance to other Galveston County Texas Vaccine For children (TVFC) providers. The staff also conducts outreach to the public to encourage full immunization and consent for shot records to be entered into Imm Trac. In 2007, 11 more TVFC providers were enrolled in the county, with a current total of 80. However, in light of Texas's policy to allow parents to opt out of the registry, the data will not be complete.

The Healthy People & District goal for children being up-to-date on immunizations is 90% of children District-wide. While the statewide registry of children remains in developmental stages, there is no accurate data of Galveston-county wide immunization rates for all its children. Our best estimates come from rates available on subsets of the population in a sample of clinics and from a random review of records to estimate a rate. These rates are annually determined by the Department of State Health Services who administers the Texas Vaccine for Children (TVFC) program which supplies state-purchased vaccine for eligible children.

Annually, the Department of State Health Services does an assessment of childhood immunization rates in five clinic sites operated by the Health District. The sites are: three

2007 Immunization Highlights

Immunization Advisory Council
Grant for expanding registry
Grant for preventing flu among
homeless/uninsured
Post Hurricane Tetanus Shots on the
Bolivar Peninsula
Volunteer Program
Shot Clinics used to test disaster plans for
dispensing sites

public health clinics in Texas City, Dickinson and Galveston, and two 4C's Clinics in Texas City and Galveston.

Childhood immunization rates are also assessed in private clinics that are TVFC providers. In 2006, The Department of State Health Services changed the methodology for determining immunization compliance making it statistically impossible to accurately compare data from previous years. Also, changes in the types of vaccines assessed on a yearly basis make comparisons questionable. Therefore, the

following 2007 data indicates a baseline for the various clinics using the current state methodology.

In 2007, the state survey of estimated childhood immunization compliance rates (percent of children seen at the clinic site that were compliant with the immunization requirements that were assessed) was: Texas City public health (70%), Dickinson public health (72%), Galveston public health (64%), Texas City 4C's Clinic (88%) and Galveston 4C's Clinic (73%). Private clinics using TVFC had rates that ranged from 64% to 100%.

Prepared by Pam Jahnke, RN, Strategic Plan Evaluator, and reviewed by Harlan "Mark" Guidry, MD, MPH, CEO

2007 Galveston County Public Health Reports

Health of Galveston County – Epidemiology Summary

Galveston County is one of the 254 counties in Texas. It is situated on the upper Texas Gulf Coast, approximately 30 miles south of Houston. The county's primary industries are petrochemical manufacturing and refining, insurance, government, health care and tourism.

Demographics

Based on 2006 US Census data, Galveston County's estimated population is approximately 283,551 people. Galveston County residents are racially and ethnically distributed as follows: 61.3% white; 20.3% Hispanic; 14.8% black; 2.8 % Asian, and 0.8% other. Over 25% of the residents are under 18 years of age, 11% are 65 years and over, and fifty-one percent are female. Over thirteen percent (13%) of the people live below poverty compared to Texas at 16.2% and to the nation at 12.5% (2004 US Census). Over 80% of the residents 25 years and older are high school graduates compared to Texas at 75.7 % and the nation at 80.4% (US Census 2000). The average income in Galveston County is \$45,735 compared to Texas at \$41,645 and national at \$44,334.

Galveston County Seniors

Based on 2006 US Census, approximately 31,119 (11%) residents of Galveston County is aged 65 years or older. According to Department of State Health Services (DSHS), cardiovascular disease is the leading cause of death among those aged 65+ years in the state. The Galveston County Coordinated Community Clinics (4C's) provides ambulatory healthcare to seniors. In 2007, a total 1014 persons 65+ were seen in the 4C's clinic. for medical and/or dental services. The top 4 conditions seen in persons 65+ at the 4C's were hypertension, diabetes, cardiovascular, and hyperlipidemia, which are major risk factors to cardiovascular disease.

Births & Pregnancies

In 2004, Galveston County recorded 7,914 live births of which 52 % were male and 48% were female. 2.3% of the live births were to mothers 17 years of age and younger in the county and the state. The race and ethnicity of the teen mothers in Galveston County was as follows: 42% (77) Hispanic; 30% (54) black, and 28 % (52) white. 10% of Galveston County mothers with live births received late or no prenatal care, compared with the state average of 18.2%. In 2007, the services were provided to 78 prenatal patients in the 4C's clinics. 19% (15) of the 78 prenatal patients were teenagers, with age ranging from 14 years to 19 years.

Causes of Death

According to Centers of Disease Control and Prevention (CDC), during the 20th century, the leading causes of death in the United States shifted from infectious to chronic diseases. Chronic diseases (e.g., cardiovascular disease, cancer, and diabetes) are now among the most prevalent, costly, and preventable of all health problems. Department of State Health Services (DSHS) reports cancer and heart disease accounts for 3 out of 4 deaths in Texas and the United States. In 2004, death rates due to cardiovascular disease and cancer in Galveston County residents were

298.2 and 211.7, compared to the state rate at 299.1 and 181.4, respectively. Through death records, the rate of reported cancer deaths in Galveston County exceeds the state average. A possible confounding factor may be the presence of a large academic medical center (UTMB) historically providing citizen across the state open access to healthcare.

Galveston County Communicable Diseases

Reported communicable diseases occurred in all parts of Galveston County. The top 3 notifiable disease/condition in the county were Chlamydia, Gonorrhea, and Hepatitis C. See *Galveston County Morbidity Report 2002-2007* in Appendix D on page 46. Among the top 3 reportable disease/conditions 67% were female and 33% were male. Approximately 4.3% did not depict a race and ethnicity, 48% were black, 32% white, 15% Hispanic, 0.4% Asian and 0.3% other. The age range for chlamydia and gonorrhea ranged from 0 to 4 years up to 65+years. Eighty percent of the chlamydia and gonorrhea cases were within the 15 years to 29 years of age category. In addition to sexually transmitted infections being in the top 3 communicable disease cases in Galveston County, syphilis cases increased in 2007. There was a 28% increase in the number of syphilis cases in adult Galveston County residents from 2006 to 2007. This increase has been noted throughout the state of Texas and nationwide.

Childhood Lead Poisoning on Galveston Island

Lead is a common environmental contaminant, and exposure to lead is a preventable risk that exists in all areas of the United States. Lead is associated with negative outcomes in children, including impaired cognitive, motor, behavioral, and physical abilities (1-4). In 1991, Centers for the Disease Control and Prevention (CDC) defined the blood lead level (BLL) that should prompt public health actions as 10 micrograms per deciliter (μdL) (1, 3).

GCHD efforts to prevent or reduce lead poisoning consist of receiving and monitoring EBLL reports in individuals, educating families impacted by child lead poisoning, and environmental assessments to determine source(s) of lead. An environmental assessment is routinely performed when a child's EBLL is 20 μdL or greater. All reports of lead tests are tabulated for gender, race/ethnicity, age, Elevated Blood Lead Levels (EBLL), zip codes, and reporting entity.

During the year 2006 and 2007, there were 808 and 957 venous samples reported to Galveston County Health District (GCHD) for blood lead levels in Galveston county residents, respectively. Of the 808 samples tested in 2006, 35 were greater than 10 μdL , with 20 samples being a first time elevation (i.e., a newly reported case) and the remaining 15 being a follow-up test. Of the 957 samples tested in 2007, 20 were greater than 10 μdL , with 16 being a first time elevation and the remaining 4 being follow-up testing.

On January 8, 2008, a Childhood Lead Poisoning Prevention Taskforce was formed <http://www.gchd.org/councils/leadforceindex.htm> and resulted in the formation of 5 focus areas for subcommittee work: (1) Public Awareness; (2) Screening, Reporting and Case Management; (3) Environmental Assessment; and (4) Eliminating Lead from the Environment and (5) Advocacy. The intent of the Taskforce is to develop a model, coordinated program for preventing childhood lead poisoning and for eliminating lead from the environment. A second Taskforce meeting was held on February 12, 2008 to discuss progress made by subcommittees.

The next Taskforce meeting will be held on March 11, 2008. The Health District anticipates that a comprehensive plan to improve the prevention of childhood lead poisoning will be developed and presented to board and policy-makers in 2008.

Summary of 2007 Public Health Threats & Responses

Many of the public health threats posed to the Galveston County community are related to its geography and its economy. The residents of the county must deal with the impending threat of chemical exposure or explosions, a hurricane prone coastal environment, an active port and cruise ship industry, and common communicable diseases. In the year 2007, Galveston County Health District responded to a range of communicable diseases and environmental public health threats. Such threats ranged from responding to hurricane threats, environmental issues, infectious diseases, and public nuisance of mosquitoes. Threats were handled through communication with partners and residents as well as through investigations and public health interventions.

Health Alerts & Advisories within Galveston County

Communication and response between public health partners, the medical community and the public is an immense part of Public Health Preparedness. Health alerts are handled largely via distribution through the Public Health Information Network (PHIN). In 2007, a total of 10 advisories were distributed through the PHIN. The purpose of the advisories were to alert and/or advise health professionals on identification, prevention, and treatment of potential threats to the community. PHIN advisories were distributed regarding: respiratory illness caused by adenovirus (1), outbreak of botulism associated with canned foods (2), probable measles cluster in Houston area (1), dengue fever in Texas (1), mosquito precautions (1), staphylococcus infection prevention (1), recall for syringes contaminated with *Serratia marcescens* (2), and childhood lead poisoning (1).

Meningococcal Disease in Santa Fe Infant

The Health District responded to 1 cases of meningococemia in an 8 month old Santa Fe resident. Epidemiology Services responded with a thorough investigation and educated several contacts regarding appropriate control measures. There were 7 individuals identified to receive prophylactic antibiotics due to their exposure to the 8 month old infant. Meningococemia is a bacterial infection of the blood that may cause fever, chills, rash, and feeling unusually tired and weak. Public information about meningococcal disease can be found at <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf>.

Outbreaks of Gastrointestinal Illnesses in League City, Friendswood and Galveston

3 assisted living facilities in Galveston County (League City, Friendswood and Galveston) had outbreaks of gastrointestinal illnesses resulting in primarily vomiting and diarrhea. An epidemiological investigation was conducted at each facility. Investigations revealed the symptoms lasted 24 to 48 hours, no link identified with illness and food, and no definitive cause identified. Likely causes include Norwalk-like virus, salmonella, or parasitic, such as cryptosporidiosis or giardia. Public information about gastrointestinal outbreaks can be found at <http://www.cdc.gov/ncidod/dvrd/revb/gastro/faq.htm>.

Texas City Multi-county Measles Contact Investigation

On May 7, 2007, the Health District received a report on a laboratory confirmed measles case in a 3 year old female that resided in San Antonio. The case was visiting Texas City when she became ill and taken to a local hospital for evaluation. The case was referred to the appropriate jurisdiction and epidemiology staff undertook an investigation to identify contacts in Galveston County. All contacts were notified of exposure, contacts immunization status for measles was verified, and educated on the vaccine preventable disease. Galveston County has not had a documented case of measles in over 10 years. One contact was encouraged to not pursue travel until after the observation period was completed and agreed to comply. A letter was written by Dr. Guidry, Local Health Authority, so the contact could provide verification of the need to cancel travel and seek flight reimbursement. Public information about measles can be found at <http://www.cdc.gov/vaccines/vpd-vac/measles/default.htm>.

Tuberculosis Threat Offshore Galveston Cruise Ship

On June 29th Galveston County Health District was contacted by the CDC and made aware of a highly suspected TB patient on The Carnival Conquest. The patient had been ill since boarding the ship and did not leave her room except to go to the medical clinic. The patient suffered with nausea and vomiting, shortness of breath and cough. The patient was also feverish and weighed less than 80 pounds. A chest X-ray was done and revealed signs of possible tuberculosis. The ships physician, CDC, Texas Department of State Health Services, and the Galveston County Health District worked to get the patient to the hospital and restrict exposure to other vacationers. The patient was diagnosed with pneumonia after full evaluation at UTMB. A Health District presentation on issues faced in this multi-jurisdictional incident can be found at <http://www.gchd.org/epidemiology/index.htm>.

"Flesh Eating Bacteria" in Galveston Waters

A reported case of *Vibrio vulnificus* being treated at UTMB resulted in several media calls. Channel 2 Houston initially broadcast a story which generated calls from other television and print media. Most of the information provided to callers was to clarify that the Beach Watch program does not report on *Vibrio* which is present in all salt water at all times. Calls were also received from concerned tourists who had vacation plans on the island. In response, information about *Vibrio* infection and who is at risk of severe consequences was posted on the GCHD web site Friday, July 20th at www.gchd.org/press/2007/Vibrio%20Information.htm. The Galveston County Daily News ran an editorial urging people to use common sense when it comes to enjoying the beach which can be accessed at www.gchd.org/press/2007/VibrioEditorial.htm.

Texas City Valero Refining Fire

Officials from Valero Refining in Texas City notified Health District personnel about a fire. The fire was reported at approximately 3:30 with no injuries at that time. The Texas City Police Department was contacted for additional information on possible impacts to the community and any shelter in place orders. No shelter in place was ordered due to the low potential of impact on the community due to a northerly wind direction. The fire was tapped out in approximately an hour without incident.

Emergency Preparations for Hurricane Dean

In mid August Hurricane Dean was forecasted to impact the Texas coast. In response, the District activated emergency response plans, assigned roles in accordance with the National Incident Management System (NIMS) and collaborated with local, regional, and state agencies in planning. Some of the steps taken to prepare for the storm included backing-up key databases, preparing public health messages, assigning EMS crews for medical evacuations, and testing back-up power and communication systems. Throughout the time of the threat, management and staff were provided regular updates regarding the storm and local and state actions to prepare. While the storm did not strike the Galveston County area, staff gained valuable knowledge and experience in hurricane preparedness measures.

Hurricane Humberto Impacts High Island and Crystal Beach

On Wednesday, September 12, 2007, forecasts called for Humberto to make landfall on the west end of Galveston as a tropical storm. Overnight however, the storm shifted to the north, gained strength as a category 1 hurricane and struck High Island. For the next 4 days, working in coordination with local, state and social service agencies, District staff handled a number of requests and tasks including: confirming safety of the water supply, conducting inspections of food service establishments, providing tetanus vaccinations at sites in High Island and Crystal Beach for 2 days (24 residents were vaccinated), providing assistance to residents with special medical needs, coordinating additional ambulances to support EMS services on Bolivar, providing guidance to the Red Cross regarding the type of mosquito repellent to provide for residents, and clarifying sanitary protocols to Red Cross operators of a mobile kitchen. District staff from Administration, Community Health Nursing, Consumer Health, EMS, 4C's Clinic, and Public Health Preparedness played important roles in responding to public health needs from this hurricane.

Fever Illnesses at Clear Creek Elementary School

On Friday, October 5th, 2007, a Clear Creek ISD elementary school nurse reported that eleven students were absent from the same kindergarten class due to a fever type illness. Epidemiology Services gave the nurse literature on hand washing and respiratory/cough etiquette. Most students were ill for 2-3 days with a fever being the most common symptom. Investigation revealed students were diagnosed with various conditions/diseases such as allergies, strep throat, hand foot mouth disease and gastro-intestinal illness.

Chickenpox Outbreak and Clusters at Dickinson & Santa Fe Schools

Epidemiology Services investigating 1 chickenpox outbreak at Barber Middle School (DISD) and 2 clusters of chicken pox disease at Kubacak Elementary (SFISD) and K.E. Little Elementary (DISD). Varicella (Chickenpox) is a vaccine preventable disease that is transmitted by direct contact, airborne or droplet of vesicle fluid or secretions from the respiratory tract of cases. It is one of the most readily communicable of diseases. Varicella immunization is recommended at age 12 to 15 months and second booster at age 4 -6 years. For additional information about chicken pox, see <http://www.dshs.state.tx.us/idcu/disease/chickenpox/>.

Resistant Staph Infection Cluster Reported at Hitchcock ISD

On October 16, 2007, the Hitchcock ISD reported to the Health District a cluster of students with confirmed and suspected staph infections. Staphylococcus aureus, or staph, is a common germ that many people carry in their nasal passages and on their skin with no ill effects. MRSA is a type of staph that has developed resistance to the antibiotic called methicillin. Since staph is

spread primarily by direct (skin-to-skin) human contact, anyone with a break in his or her skin is at risk. The Health District sent a letter out to the parents/guardians of the students educating them on transmission, symptoms, and prevention of staphylococcus infection. It was stressed that hand washing is the most important method of hygiene to prevent the spread of germs. For additional information log onto <http://www.mrsaTexas.org/>.

Bat Rabies in Galveston County

There has been no human rabies cases reported in Galveston county for over 5 decades; however, there were 2 bats positive for rabies in 2007. In the recent years, the District has 0 -6 cases of rabies in bats reported annually. For 2007, a total of 21 persons received rabies post-exposure prophylaxis (PEP) due to exposure of rabid bats or high risk animals not available for testing (bats and raccoons). Rabies post-exposure prophylaxis consists of human rabies immunoglobulin and 5 doses of rabies vaccine. The rabies PEP is given over a period of 29 days. The rabies biological are obtained from Texas Department of State Health Services. For additional information log onto <http://www.dshs.state.tx.us/idcu/disease/rabies/>.

Prepared by Dana Beckham, Chief Epidemiologist, and reviewed by Harlan "Mark" Guidry, MD, MPH, District Health Authority

Public Health Preparedness Status Report on Capacity

The Galveston County Health District personnel have taken many steps to increase our capacity to respond to variety of public health threats such as hurricanes, infectious disease outbreaks, and terrorist events. Throughout 2007 the public health preparedness staff worked with other local health departments, schools, hospitals, emergency management agencies and social service organizations to develop plans, conduct training, purchase supplies and test our ability to respond to a variety of public health emergencies. As a result, we are better prepared to address future challenges.

Some of the accomplishments achieved during 2007 in are:

- ❖ **Upgrade Phone System** - improved district's ability to communicate with a larger number of public members during an emergency. GCHD now has technology needed to: receive calls from at least 1% of the population, establish a phone bank to address a variety of citizen questions during an emergency, and establish recorded messages with critical information that the public can access.
- ❖ **Emergency Response Plan** -updated and the District's Emergency Response plan to include lessons learned from response to Hurricanes Dean and Humberto.
- ❖ **Medical Surge Plan** - describes how healthcare entities in Galveston County will coordinate the care and transfer of patients in the event healthcare facilities are overwhelmed by in influx of patients needing care (e.g., during a disease outbreak, natural disaster, terrorist event, or technological disaster).
- ❖ **Evacuation Plan** - defines the role of the District in the orderly and coordinated evacuation of all or any part of the population of Galveston County

- ❖ **Strategic National Stockpile (SNS) Plans, Trainings, & Exercises** - revised to include prophylaxis of first responders and consistent with regional plans; training for GCHD staff, school nurses, emergency managers, law enforcement officers, medical reserve corps members, and others; and provided logistical planning and support to the District's seasonal flu vaccination campaign.
- ❖ **Memorandums of Understanding** - developed memorandums of understanding (MOUs) with the City of Texas City, BP and UTMB to establish coordination in planning and define roles and responsibilities in a public health emergency.
- ❖ **Public Education** - Provided public education regarding personal preparedness at senior health centers, food fairs, and health fairs.
- ❖ **Galveston County Emergency Response Collaborative** - facilitated monthly meetings of the Galveston County Emergency Response Collaborative (GCERC). The GCERC is composed of a group of Galveston County first responders whose mission is to ensure an effective and comprehensive response to community health emergencies through collaboration among member institutions.
- ❖ **Exercises/Meetings** - participated in and helped plan regional & statewide exercises of a variety of types.
- ❖ **Progress Toward Animal Disaster Plans** - facilitated meetings of the animal issues committee to develop plans and address problems with animals before, during, and after an emergency.
- ❖ **Maritime Awareness Security and Terrorism Training** – Epidemiology Services assisted with maritime terrorist training by presenting “A Case Study: Public Health Investigation of A Communicable Disease Onboard Cargo Ship” There were over 170 port public safety participants registered to receive information and training on terrorism prevention, response and post-incident issues, and overview of new regulations in the Maritime Transportation Security Act.
- ❖ **National Incident Management System Requirements** - based on levels of responsibilities, GCHD staff received incident command training in accordance with National Incident Management System requirements.

While much progress has been made in 2007 to make Galveston County better prepared for a public health emergency, more remains to be done. The list below outlines some of the future plans for 2008:

- ❖ Recruit and train an additional 1,100 volunteers to fill vital roles in a public health emergency.
- ❖ Finalize agreements with Animal Rescue Organizations and plans for handling animals in a disaster
- ❖ Coordinate with other Local Health Departments in the development of mass fatality plans.
- ❖ Work with other members of the Galveston County Emergency Response Collaborative (GCERC) to develop protocols for responders in the event of pandemic flu or other infectious disease outbreak.
- ❖ Update and revise emergency plans based on lessons learned from exercises and real events.
- ❖ Continue to meet new State and CDC contract guidelines.

Prepared by Brian Rutherford, Public Health Planner and Dana Beckham, Director of Diseases and Disaster and reviewed by Harlan "Mark" Guidry, MD, MPH, District Health Authority

Access to Care

4C's Healthcare Report on Indigent & Uninsured

Texas leads the Nation in the percent of its residents not having health insurance due, in part, to barriers to Medicaid and Children's Health Insurance Program enrollment and eligibility. In Galveston County, it is estimated that approximately 27.8% of the population is uninsured. In 2007, 17,759 patients were seen in the 4C's Clinics, compared with 17,723 in 2006. Among 4C's patients, 88% were uninsured. Total clinic visits in 2007 were 53,333, compared with 55,792 in 2006. In light of a decrease in provider staff, productivity gains minimized the slight decrease in visits seen in 2007.

The Galveston County Health District has two perspectives regarding indigent healthcare in Galveston County. One is as a local health department whose role is to assess gaps and barriers to health services anywhere in the county. The other is as a federally-qualified community health center (FQHC) that delivers primary healthcare to the county indigent (2% of clinic patient population) and the uninsured (88% of the clinic population). Both of these perspectives are reflected in the key points below:

- **4C's FQHC's are operating at full capacity, maximum efficiency, and maximum medical productivity.** In 2006, 4C's Clinic medical team productivity (5,904 unduplicated patients/per full time provider for the year) exceeds state (4,131) and national (3,971) averages for FQHC with an approximate 3.1 patients per hour seen in 2007, compared with 2.5 in 2005. Currently, we triage and redirect 3-5 walk-in patients per day due to inability to see them on the day they arrive without an appointment. On average, 47% of all our patients are seen as walk-in with the remaining being seen by appointments made up to 3 months in advance. The 4C's cost/per encounter is \$81 per medical encounter - well below state (\$109) and national (\$115) averages for FQHC's.
- **Eligibility for the County Indigent HealthCare Program (CIHCP) has been set at 21% poverty since April 2002, prior to that it was at 17% (2000 – 2001) and 50% (prior to 2000). In 2005, the County began asset testing.** In 2004, there were 1,200 participants, some of whom apparently exceeded the 21% policy due to lack of asset testing. Since asset testing, eligible participants were 315 (2005), 416 (2006) and 470 (2007). The county indigent program pays for the secondary and tertiary care of eligible residents and is funded by the County at approximately \$2M in 2007. Primary care is delivered by the 4C's clinic and 53% of its total primary care budget is funded by the county at approximately \$4 million in 2007. In 2007, patients on the CIHCP represent only 2% of all patients served at 4C's.
- **23% success rate of uninsured 4C's patients referred to UTMB** - For the Quarter of April– June 2007, 4C's Providers made 817 referrals. After reconciliation with UTMB's DAMP office, data revealed only 23% of all patients referred actually received a

specialty evaluation; 30% were Denied, 1% were Pending, 2% were Declined Appointments, 14% had No Record or were lost by UTMB DAMP, 4% of the patients failed to comply with Financial Office responsibilities, 17% were unable to be contacted, 2% did not keep their appointment, and 6% were Third Party Qualified (such as Medicaid, Medicare, County Indigent Program). In 2008, 4C's and UTMB have begun a process of reconciling referrals on a weekly basis to eliminate lost and duplicate referrals. The more difficult issues of failed referrals due to UTMB financial restrictions will hopefully be addressed through advocacy for state and federal solutions to the lack of healthcare financing.

- **Current State and federal grants/program opportunities are limited and often impractical to administer.** The 4C's clinic lost Title XX funding for women's health services; however, UTMB M&CH Regional Maternal and Child Health Program remains a funded opportunity for women in the county. 4C's was recently awarded Title V funding for pediatric medical and dental services; however, the funding is limited, fee-for-service, and the operational requirements are extremely challenging to integrate into a FQHC environment. 4C's was also awarded Primary Health Care (PHC) funding for adult healthcare, but the grant requirements were very restrictive and cost-prohibitive to administer. FQHC expansion funds are available but are prohibitive in reaching grant goals pending Electronic Medical Records (EMR) and redesign/relocation of the large Texas City clinic.
- **An Increased payor mix of Medicaid & Medicare offers opportunity.** On average, a FQHC typically has 30% of its population covered by Medicaid and Medicare. The 4C's has less than 5%. FQHC's are paid an increased rate for Medicare/Medicaid visits. If the 4C's could increase its payer mix to 20% Medicaid/Medicare, the resulting revenue would help to expand the clinic's capacity to hire additional providers and support staff. The cost of adding an additional provider (assuming enough exam room space), would cost \$300-400K (provider, medical assistant, registration worker, etc to handle increased workload).
- **Potential solutions must consider the population being served.** Cultural and environmental factors have an impact on health access and effectiveness. Many 4C's patients experience the demands and challenges of complex social issues and the competing needs for food, water, shelter, finances, transportation, etc. These factors impact health-seeking behaviors, by fostering an environment that promotes sick-care greater than wellness-care, by raising public expectation for affordable acute care (walk-in) services, and highlights the need for resources coordinators to assist patients with social needs that impact their physical and mental health condition.

Uninsured Barriers to Mental Healthcare

Mental Health services for patients with moderate to severe conditions have also remained difficult to access for patients, with extended waiting periods of over a year for the uninsured at the Gulf Coast Center MHMR. This is in spite of the Gulf Coast Center seeing more patients than their funded capacity. However, 4C's patients are given priority access to appointments as a result of a collaborative relationship with Gulf Coast Center, begun several years ago. Of 154 4C's patients referred for psychiatric care at Gulf Coast Center in 2007, 72 have received an

appointment to begin the intake process and 31 have seen a psychiatrist. 24 more are currently awaiting their clinical appointment. For 82 of the 154 referrals, the patients did not fit entry criteria, could not be contacted, or were referred to children's services. Collaboration with the Mental Health Taskforce, a group of concerned Galveston County agencies, will continue in 2008. The group, through UTMB, received a Meadows Foundation grant in 2007 to continue the work started several years earlier to coordinate care of the mentally ill across agencies. The clinics host a Gulf Coast Center case manager who assists patients to access MHMR services.

Plans to Improve Pharmacy Services

In 2006 the 4C's contract pharmacy experienced an increase in complaints, adverse occurrences and audit findings requiring corrective action. In May 2007, on the recommendation of the Governing Board, staff prepared a detailed Request For Proposal (RFP) for the clinic contract pharmacy service. RFP criteria included: dispensing, patient education, prescription tracking, ability to provide services after hours and preferably 24 hours a day, 7 days a week, complaint and customer service resolution mechanism, ability to work with 340B pharmacy systems for FQHCs, ability to interface with an Electronic Medical Record or our clinic management system, ability to prepare reports and statistics, perpetual inventory system, and an off-site location was preferred. There were three responses. A large chain pharmacy was unable to provide services at the time but was interested in a future contract. A local pharmacy was willing to provide services at a location in La Marque or to transport prescriptions to the clinic sites for dispensing by clinic staff. This was felt to be a barrier to clinic patients in terms of transportation issues and timely dispensing of medications. The third response was from the company already providing on-site services and was consistent with prior operations. The contract of the current pharmacy vendor was extended. During the second half of 2007, pharmacy complaints and customer service issues have reduced in number but not without continued monitoring and follow-up. Patient flow at the Texas City Clinic site continues to be hampered by many patients interacting with the pharmacy and cashiers and impeding the progress of patients coming in for other services. It is expected that some time before the Texas City Clinic is relocated, another RFP will be prepared with similar criteria.

4C's Clinics Compared with Other FQHC's

The following paragraphs summarize key points and supporting statistics. While 2007 data is available for 4C's clinics, 2007 state and national comparative data are not available at the time of this publication. Thus, for illustrative purposes, comparison data mentioned below reflects state and national averages of all CHC's in 2006 – which presumably has less year-to-year variation than data from a single source clinic. See *2007 4C's Clinic Utilization Report with 2006 state/national averages* on page 47.

Self Pay Collection Rates - Below State and National Averages

Self pay collections remained below state and national levels however increased from 7% in 2006 to 9% in 2007. A new board-approved collections policy set goals and objectives for collections, using the federal FQHC benchmark of 14%. A new billing cycle provides mailed statements to patients more quickly. Cashiers now notify patients of their current balance when the patient checks in for a visit by writing the balance on a card, thus providing privacy and information. In 2008, staff will look at the possibility of implementing a standardized fee and/or

the possibility of an electronic medical record and practice management system that can make charges available to the patient by the end of the visit.

Medical Productivity Exceeds State and National Averages

In 2006, medical team productivity exceeded state and national averages for federally qualified community health centers (Medical team productivity was 5,905; State was 4604 and National was 4,338). Furthermore, UDS figures for 2007 indicated that total medical team productivity increased by 11% to 6,541. Medical providers are operating at maximum capacity at this time. Any future gains are dependent up improved data systems and structural redesign of the Texas City site. Since the last half of 2004, provider productivity increased from 2.2 (when first measured by a new method) to an average of 3.1 patients per hour. The 4C's medical clinic has an average of 20 minute patient visits. Walk in visits increased from 1123 average per month to 1405 (37.6% of visits to 46.5% of visits) in 2007.

Dental Productivity Below State and National Averages

In 2006, dental productivity was below state and national averages for federally qualified community health centers (Dentist productivity was 1,838, state was 2,651, national was 2,659). While dental productivity remains below state and national averages for FQHC's, 2007 saw modest increases. Dental productivity rose from 1838 to 2215 with an average increase from 1.2 to 1.3 patients/provider/hour. The average number of patients seen monthly went from 617 to 644. Walk-ins averaged 305 per month, an increase from 288 in 2006. GCHD performed a dental review in 2007 and gave recommendations for changes to the 4C's Governing Board. Many of the following recommendation have been implemented or will be completed in 2008:

- Establish a scope of service
- Streamline denture services including contract and fees
- Streamline and update dental fee schedule
- Review top ten dental procedures and draft clinical guidelines or practice guidelines
- Improve IT infrastructure and establish a dental electronic medical records system
- Improve management practices by setting a schedule for dental director, shifting administrative duties to other staff, developing an orientation and competency checklist for support staff, develop career ladder for dental assistants, and establishing expectations regarding human resources responsibilities (evaluations, corrective actions, etc)
- Improve scheduling of new and follow-up patients to enhance productivity and customer service
- Utilize dental assistant students as volunteers and recruiting efforts
- Establish customer service survey expectations
- Shift dental complaints to 4C's Administration
- Develop guidelines for telephone and walk in procedures
- Standardize patient education materials
- Improve the dental history form
- Improve record retention through routine purging/storage of dental records
- Enhanced dental peer review and improve JCAHO compliance with standards

Opportunities and Threats to Uninsured Healthcare

4C's Increasing Uninsured Healthcare – A Dangerous Trend?

The proportion of uninsured clinic visits in the 4C's has remained 88% of clinic population (in 2006 and 2007). *The result is a decrease in revenue potential (e.g. from public programs and private insurance) that helps fund healthcare to the poor and uninsured.* Of concern is the trend of reductions in revenue from covered patients which will eventually impact access to care for the growing number of uninsured seeking care at 4C's. In 2007, uninsured medical visits were 34,282 (88%) of total medical visits of 38,957. Medicare, Medicaid and private insurance make up a diminishing percent of visits; however, they comprise of 41% of total patient revenue collected in 2007. In 2007, only 8% of 4C's patients had Medicaid coverage. 2006 comparison data shows a state average of 24% Medicaid for community health clinics and a national average of 37% Medicaid. 4C's Medicare visits also fall below state and national averages. Bad debt grew to \$2.9 million dollars in 2007 about \$220,000 more than 2006. While the overall collection rate (% of billings actually collected) increased by 2% to 15% overall in 2007, the 4C's collection rate still falls well below state and national averages in 2006 (47% and 62% respectively). The collection rate among the uninsured (self pay) is similarly below state and national averages.

Data Systems Limitations

The 4C's currently does not have an electronic medical record. Paper medical records create management and tracking challenges, as records are needed by multiple staff for many different reasons, simultaneously. Also, the current AS400 system is difficult to use for reporting purposes, it does not allow the import or export of data into other programs and there are virtually no checks on entering data so it is easy to enter incorrect data. The 4C's ability to identify selected population groups for behavioral interventions is limited by current data systems and the lack of an electronic medical record system. One example is an effort to mail a notification to patients within a specific demographic range, which required multiple reports and much data manipulation. An EMR would improve coding, improve communications with patients about the need for preventive exams, make the record available to multiple people simultaneous, and would enhance collections by being able to inform the patient of the actual cost at the end of the visit. Steps forward in obtaining a new EMR system are dependent on the progress and timing of the Texas City renovation project. In 2008 the clinic plans to implement a new version of the current practice management system. This upgrade will allow staff to export data into other programs such as spreadsheets for ease in reporting. It also offers the ability to automatically call patients to remind them of appointments and to store and print many kinds of forms. Staff believes that installing the new program will increase accuracy of data in the AS400. However, this will not negate the need to integrate a full EMR in the near future.

Clinic Image & Community Perceptions

In order to optimize capacity, renovation of the Texas City Clinic must be completed. Historically, the 4C's has been perceived as a "free clinic", with poor customer service, poor

quality of care, and only serving the poor and uninsured. In order to appeal to many types of patients, including those with insurance, these perceptions must be changed. Currently at the Texas City site, we have a stable long term lease with a community partner, in a medically underserved area, co-located with other health and human service agencies. Problems include long hallways, front entrance congestion, lack of security barriers, poor signage and multiple ways in and out. The renovation proposal would allow us to increase access and see as many patients as possible, eliminate structural barriers, increasing efficiency, ensuring compliance with risk & safety requirements, creating a smoother flow for patients and most importantly, continuing our trend of improving customer satisfaction, necessary to improve public perceptions and to attract/retain sponsored patients.

Texas City Renovation Plans

In 2007, these plans have now turned into plans to relocate. The Commissioner's Court set the GCHD facilities as a priority and county officials have been negotiating the purchase of property at a new location which would put District staff currently in three locations into one county-owned location. Negotiations are currently underway.

Texas 2007 Women's Health Program – Opportunity & Limitations

The State-funded Women's Health Program (WHP) began in January 2007 and has the potential for increasing access to care for women by funding family planning services, a gynecological exam and health screening. During the year, the program was expanded to include three annual visits. A Case Manager was hired to help women apply for this and other funding programs, and to access appointments at the clinic. By the end of the year, 880 clinic patients had applied for coverage. Of those, 567 were approved, and 280 kept appointments at the clinic for women's health services. The WHP eligibility covers services from any Medicaid provider, so women have a choice in where they seek care. So far, only \$10,018 has been received from the WHP due to billing problems, but more revenue is anticipated.

Title V and Other Funding Opportunities

In 2007 the clinic was awarded two Department of State Health Services' grants. The Primary Health Care Program grant included administrative requirements that were too cumbersome and expensive to implement, and this award was rejected by the Health District. The second grant, Title V fee-for-service, was accepted. Title V funds children's well and sick care and dental care. Children below 185% of the federal poverty level who do not qualify for Medicaid or other assistance are eligible, including the undocumented. The clinic began enrolling clients in this program on January 1, 2008. The 2008 grant award is for \$97,944.

Enhanced Contact between Jesse Tree and Clinic Case Management

In 2007 Jesse Tree, the Social Service agency, received a grant from the County to enhance access to health care for the poor and uninsured in Galveston County. This has resulted in a new opportunity for the Jesse Tree and 4C's Clinic staff to interact on behalf of this population. In 2008, Case Managers from the 4C's will work with Jesse Tree staff to improve referral tracking and compliance with medical recommendations for clients of both agencies. Jesse Tree has developed an adherence plan for motivated clients, has upgraded their telephone system with a bilingual helpline and call center program, has expanded its prescription assistance program, and

hired new staff. The program will initially focus its attention on clients in the County Indigent Healthcare Program. The new partnership will also collect outcomes data.

Other Improvements in 4C's Services in 2007

- ❖ Referrals from Patient Services (registration) to Case Managers
- ❖ Two More Medicaid HMOs were contracted: Evercare & Community Health Choice
- ❖ Cycle Time Audits of clinic practices and patient wait times
- ❖ Many new Patient Services (registration) procedures for walk-ins, applying for discounted services, HMO patients, uninsured patients, dental services, contacts services, STD referrals, etc
- ❖ Improved tracking, investigation of patient complaints
- ❖ Reconciliation of UTMB referrals to monitor and improve access to specialty care
- ❖ Medication and supply donations
- ❖ Decreasing pharmaceutical cost as a result of available lost-cost prescription services at retail stores

Prepared by Pam Jahnke, RN, Strategic Plan Evaluator, Jay Holland, Chief Operating Officer, and Harlan "Mark Guidry, MD, MPH, CEO

Status Report on Emergency Medical Services

Galveston Area Ambulance Authority

The Galveston County Health District (GCHD) doing business as Galveston Area Ambulance Authority (GAAA) has operated ambulance service for Galveston Island since 1975. In 2006, GAAA signed contracts to begin 911 operations in portions of mainland Galveston County. GAAA also operates the Non-Emergency Transfers (NET) for Galveston Island and the Mainland areas of Texas City, La Marque, Dickinson, Hitchcock, Bayou Vista and Tiki Island. Total number of calls for 911 and NET services was 18,560 in 2007.

Galveston Island 911 Operations

In 2007, GAAA responded to 10,729 emergency calls on Galveston Island. During the budget cycle, the GCHD renewed its contract with the City of Galveston to provide ambulance services for the next three years. The new agreement also outlined a process to complete much needed repairs and renovations at two locations, 2602 Avenue Q and 5001 Avenue Q-1/2, which are used by GAAA, but owned by the City of Galveston. These renovations are expected to be completed by summer 2008. In addition, the new contract calls for the formation of a City of Galveston EMS Advisory Committee. The new committee will be chaired by City Councilman Danny Weber, Sr., and will include Brian Zachariah, MD as a UTMB representative, and Michael Warren, MD, Rory Prue, and Abdul Amin as citizen members. The group is intended to meet on a quarterly basis, with this first meeting planned for February 18, 2008. EMS Director Michael Carr and EMS Medical Director Kevin Rittger, MD are ex-officio members of the committee. GCHD welcomes this long-needed forum to regularly discuss and plan for EMS operations on Galveston Island.

Mainland 911 Operations

Pursuant to agreements signed in January 2006, GAAA began operations in the unincorporated communities of Bacliff, San Leon, and east Highway six, the City of Hitchcock, City of Bayou Vista and the Village of Tiki Island. These operations were part of a cooperative interlocal agreement with the GCHD, the County of Galveston and the aforementioned Cities. Call volume in all of the mainland areas has exceeded estimates based on information received from previous provider Gold Star Ambulance by approximately 50 percent. In 2007 the total number of emergency responses was 1,588.

Non Emergency Transport (NET) Operations

The budgets for all Mainland sub-operations in NET are reviewed and recommended by the Medic One Committee and approved by the Galveston County United Board of Health. Non-emergency transports are provided by the GCHD for the Galveston Island and the Mainland areas of Texas City, La Marque, Dickinson, Hitchcock, Bayou Vista and Tiki Island. There are no taxpayer dollars supporting this operation. All revenues for the 2,275 transports that occurred on Galveston Island in 2007 were used to offset costs for 911 operations within that City pursuant to the interlocal agreement with the City of Galveston. All revenues for the 3,968

transports that occurred on the Mainland were used for operations, equipment, and Medic One expenditures. The net surplus each year is distributed based on a formula contained in the Medic One interlocal agreement. In calendar year 2006 the surplus distributed to the County of Galveston and participating Cities was \$25,787.49. In calendar year 2007, the payment was \$239,224.37.

Original planners for Mainland non emergency transfers were unable to obtain reliable documentation for the potential demand. As a result operations were challenged from the beginning and the demand now exceeds twice that which was anticipated. A pilot study was initiated to identify issues with non emergency transfers and to obtain reliable run data. The pilot showed that the demand and character of NET operations required more attention than originally estimated. To address this problem, dedicated dispatching for peak times and dedicated administrative overview of NET operations were targeted as solutions. The United Board of Health approved a budget amendment in November 2007 to hire a Deputy Director for Non Emergency Transfer (NET) Operations and a dedicated dispatcher for peak activity periods.

As a result of a NET stakeholders meeting held December 14, 2007, GAAA has stopped using 911 units for NET on the Mainland; will investigate the need for a more flexible wheelchair service; and will establish clear guidelines for NET operations. In addition a pilot study for online scheduling of transfers will begin in March. Memorandums of Understanding and NET Operating Guidelines for supplementation of NET services with outside providers are being developed.

EMS Billing Services

GCHD provides billing service for all GAAA operations, both 911 and NET. In 2007 Billing Services processed 18,560 bills for all operations including 12,317 for 911 responses, 2,275 non emergency transfers for Galveston Island, and 3,968 for non-emergency transfers on the Mainland. In 2007 GAAA billing collected \$3,897,443 of which \$2,119,199 was for 911 services and \$1,778,244 was for NET. Billing Medicaid (both traditional and HMO) patients from some facilities has been a problem as a pre-authorization is required prior to transport and only the facility can obtain these authorization numbers. When the facility fails to do so then collection of fees is a problem. Delinquent accounts have been sent to collection.

In addition to billing activities, non emergency dispatching and scheduling for NET operations was a responsibility of the billing staff for most of 2007. Taking the calls cut down on billing productivity and delayed the billing and collection process. The use of light duty GAAA personnel for dispatching relieved the billing staff somewhat and this helped improve billing productivity with bills being generated much quicker resulting in quicker reimbursement.

The NET Director is providing training/education to non-emergency transfer crews on proper run sheet documentation and its impact on the billing process. Missing run sheets are being reported monthly by the Billing Manager, researched by GAAA staff, accountability established, and the appropriate field personnel are completing run data documentation. See "Billing Software," below, for a discussion of field and billing software.

Medic One System

In March 2006, an interlocal agreement created the Medic One system to provide system coordination of the EMS systems operated by 4 local governments - City of Dickinson, City of La Marque, City of Texas City and the Galveston County Health District (GCHD). The agreement established an EMS Administrator's Advisory Committee (Medic One Committee) to the Galveston County United Board of Health and member governments. Under contract, GCHD provides system coordination, which contemplates unified Medical Direction, Uniform Treatment Protocols, coordinated Quality Assurance and coordination of training efforts.

The Medic One Administrator's Advisory Committee meets monthly. In 2007 the group experienced a disagreement over the role of the recently hired Medical Director. After several different efforts to reconcile expectations and responsibilities, the City of Texas City chose to retain the services of a local physician as their Medical Director separate from the Medic One group. Even with the change in Medical Direction, City of Texas City protocols remained the same as other Medic One partners.

The Administrators appointed representatives to a subcommittee charged with developing a document outlining the roles and responsibilities of the Medical Director and identifying areas where the Administrator and Medical Director roles overlap with the intent of resolving the conflicts in a workable manner. The subcommittee was unable to complete a document during the 2007, however work continues into 2008. In June 2007, the committee reviewed a Mass Casualty Incident plan, and a Hurricane evacuation guideline. Also in June, the Texas City Fire Chief retired and left a vacancy in the group, since that time the City of Texas City has worked to reorganize their EMS operations and has been unable to participate in the meetings. In January 2008, the reorganization of EMS operations under the Fire Department was completed, and a new Fire Chief was named. Texas City is again participating in the Medic One Administrator's Advisory Committee.

In 2008, the treatment protocols will undergo review to insure they are up to date and reflective of currently accepted medical practice. In addition, Administrators will address system issues including mutual aid guidelines, cooperative operations in emergencies, daily operations, unusual occurrences, peer review and cooperative initiatives to make the process as responsive as possible.

Staffing

In January 2007 there were 32 vacant full-time paramedic, intermediate, and basic positions. The 2008 budget, approved by the BOH, eliminated nine full-time positions. At the end of the 2007 there were 18 open full-time positions. Throughout the year recruiting efforts included posting positions on the District website as well as monster.com and various other websites, advertising in the Houston Chronicle, recruiting at the Texas EMS Conference as well as the Galveston Oceans of Opportunities job fair, and contacting local schools with EMS training programs.

These efforts are meeting with some success. However, the industry is in stress with an increase in Texas EMS providers from 750 to more than 1100 between 2005 and 2007. In that same period there was no significant increase in the number of certified EMS professionals.

In May 2007 full-time field staff members were given a cash bonus for performing beyond the call of duty, working to cover staff shortages. In October 2007, 9 full-time field staff members were given performance bonuses. All were recognized at the District's First Annual Employee Awards Banquet in November 2007. David Smith, Team Captain Paramedic, was given the GAAA Employee of the Year award for overall exceptional public service.

In order to help attract and retain qualified personnel, in October 2007 a new salary scale was implemented which increased the hire in rate for Paramedics. In addition, experienced Paramedics are brought in at a higher rate than those with no or limited experience. A \$100 recruitment bonus was offered to any staff member who referred a Paramedic, EMT-Intermediate, or Basic who was hired into a full time position.

In the fall administrative staff began thoroughly investigating all workmen's compensations claims for their relationship to staffing shortages, training levels and other factors. Staff continues this process today, although no clear connection is apparent at this time.

Billing Software

Run data and billing software used by GAAA has been a source of issues from both field personnel who enter run data and billing staff who must deal with the process of incorporating this data to the billing software. Staff members were asked about the problems and weaknesses in the current software product and these issues were used to develop a list of items needed for efficient operations. This list was used to review existing software and a determination was made that a different field data software program, which is compatible with our existing billing software, would be the most cost efficient solution to the problems encountered. This process is continuing and in the first quarter of 2008 the BOH will be asked to consider a budget amendment to purchase new field data software.

Accomplishments in 2007:

- ❖ Second year of fleet modernization has retired two vehicles with more than 150,000 miles and more than 8 years old.
- ❖ Recruitment efforts have yielded more experienced Medics now working in system.
- ❖ Certification level of staff members is higher than in previous years.
- ❖ Completed TDSHS Local Projects grant to purchase advanced training equipment for \$7,100.
- ❖ Received another TDSHS Local Projects grant to upgrade EKG monitors in 911 unites to 12 lead capability for \$26,414.
- ❖ NET operations net revenue higher than budgeted.
- ❖ Streamlining NET administration with hiring of Deputy Director
- ❖ Providing dedicated dispatching for NET during peak hours.
- ❖ Renewed interlocal agreement with the City of Galveston for three years
- ❖ Provide in agreement, funding for renovations at two City of Galveston owned facilities used by EMS.

Issues for 2008 and beyond:

- Sign Memoranda of Understanding with private ambulance providers to supplement NET operations
- Complete NET Operational Guideline
- Participate in the City of Galveston EMS Advisory Committee
- Complete implementation of cost effective software solution to run sheet data collection
- System-wide emergency planning and coordination
- Continued recruitment and retention of qualified workforce
- Complete protocol revision and train staff in system
- Complete pending contracts with two nursing homes (Danforth Gardens and Gulf Healthcare – Galveston)
- Complete training for compliance with the National Incident Management System guidelines
- Develop standard quality assurance program for entire system under leadership of Medical Director
- Improve communications between supervisors, hospital staff, other first responders, dispatch facilities and the community
- Monitor reimbursement revenue to fully realize potential
- Continue fleet replacement schedule to remove the last unreliable high mileage vehicles from fleet
- Seek funding for special event operations equipment
- Complete the development of document outlining the role and responsibility of the Medical Director

Prepared by: Mike Carr, JD, Director of EMS; Trey Frankovich, LP, Deputy Director of Non Emergency Transfer; & Mary McClure, Patient Billing Manager. Reviewed by CFO, COO, & CEO.

APPENDICES

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[United Board of Health Report](#)

APPOINTED MEMBERSHIP
<http://www.gchd.org/boards/UBHMembrs.htm>

John Zendt, Chair (Hospitality)
Ben G. Raimer, MD, Vice Chair (UTMB)
Mary Anne Holcomb, Secretary/Treasurer & finance committee chair (Municipality)
Scott C. Bentley, finance committee member (Mainland Medical Center)
Donald Cleary, DVM (Veterinarian)
Ted Hanley (Citizen-at-Large)
Milton Howard, DDS (Dentist)
John Konikowski, MD (Medical Society)
Steven Leach, CRNA (Municipality)
Bernard Milstein, MD (Citizen-at-Large)
Paulette Roberson, BSN, MSN (Registered Nurse)
Patricia Rogers, MD (Citizen-at-Large)
Walter Treybig, III (Engineer)
Harlan "Mark" Guidry, MD, MPH, CEO (Ex-Officio)

Meetings

In 2007, the United Board of Health (Board) was prescheduled for 12 monthly meetings. There were 8 meetings convened, 3 no quorums (March, April and June) and the December meeting was cancelled by the Chair. The executive committee did convene on April 3rd to review and act on needed items from the month of March. For the months of April and June all items were moved to the following month for Board actions. All members met attendance Board requirements as stated in Board Bylaws <http://www.gchd.org/boards/boardindex.htm>.

Membership Updates

In 2007, the following members were reappointed for a term of two years to the Board: John Zendt, Ben G. Raimer, MD, Mary

Anne Holcomb, Ted Hanley, Dr. Patricia Rogers, and Dr. Milton Howard. After five years of service on the Board, Jan Winnike, RN resigned her position and Paulette Roberson, BSN, filled the vacancy. The members were nominated by Commissioners Court in April and approved by a majority of the 13 member cities in June 2007. In addition, board members voted to retain all current officers (John Zendt, Chair; Dr. Ben Raimer, Vice Chair; and Mary Anne Holcomb, Secretary-Treasurer) for a new term to end in April 2008. View press release <http://www.gchd.org/press/2007/BoardAct07.htm>

United Board of Health In Action
<http://www.gchd.org/boards/boardpolicy.htm>

2006 Annual Report
FY 08 GAAA & Public Health
Operating Budgets & Fees
New Farmers Market Fees
Updated Animal Services Policy
Amended Sewage System (OSSF) Policy
Support of Public Health Week Activities
Supported Non-emergency Transfer Improvements
Approved Fees for Animal Service Training
Fee for Rapid HIV Test
New Member, Paulette Roberson, MSM

Board Policy Actions

The Board approved the annual renewal of 34 previously adopted policies. 31 of the policies approved were internal operational policies and the remaining 3 (On-Site Sewage Facilities, Food Service Establishments, and Animal Services) are public policies. In addition, the Board reviewed and approved a variety of reports, budget amendments, proposals for software purchases, and fees for GAAA

ambulance transports, on-site sewage facilities, open records request, for public health services such as immunizations, birth/death records, and environmental programs. The Board also approved three new fees: Animal Euthanasia Course Offered to Non-GCHD Staff (\$40) and Rapid HIV Testing (\$30), and Farmers Market. Finally, the Board conducted a self evaluation of its duties/responsibilities and performed an evaluation of the Chief Executive Officer in May 2007.

New fee/procedures adopted for Farmers Markets. This authorizes an organized entity/operation, certified by the Texas Department of Agriculture which allows a group of food growers/manufacturers to market and sell farm produce and products in a specific location. Vendors of farm products may operate under the Farmers Market permit if registered with the Market and are in compliance with temporary food service regulations. The Farmers Market operator is responsible for its vendor's compliance with required food service regulations. This procedure also allows vendors registered with a Farmers Market to sell goods other than farm products and may operate with an annual temporary permit usable only within the confines of the market. Procedures, policies and all fees approved by the Board may be viewed at <http://www.gchd.org/boards/boardpolicy.htm>.

Prepared by: Pisa Lewis, Administrative Assistant to the United Board of Health; Reviewed by CEO.

4C's Governing Board Report

APPOINTED MEMBERSHIP

<http://www.gchd.org/boards/GBmbrNames.htm>

Milton Howard, DDS, Chair (Health Professional)
 Mary McCall, Vice Chair (Consumer)
 Virginia Valentino, Secretary/Treasurer,
 finance committee chair (Consumer)
 Donald Glywasky, finance member (Community)
 Elizabeth Kinard, finance member (Community)
 Dorothy Goodman (Consumer)
 Tony A. Juarez (Consumer)
 Rosie Morales (Consumer)
 Willie Tolivar (Consumer)
 Barbara Thompson, MD (Ex-Officio)
 Harlan "Mark" Guidry, MD, MPH, CEO (Ex-Officio)

Meetings

In 2007, the 4C's Governing Board was prescheduled for 12 monthly meetings. There were 11 meetings convened, 1 no quorum (October). The executive committee did convene on November 16th to review and act on needed items. All members with the exception of one met attendance requirements as stated in the board's Bylaws <http://www.gchd.org/boards/boardindex.htm>. However, the Board Chair reviewed the matter and approved membership continuation.

Membership Updates

In 2007, the following members were reappointed for a term of three years to the Governing Board: Dorothy Goodman and Elizabeth Kinard. After over two and a half years of service on the Governing Board, Harvey Bazaman resigned his position. The Board of Health nominated Donald Glywasky in July to fill the vacancy and the Governing Board approved the nomination for Mr. Glywasky's appointment. In addition, Governing Board members voted to retain all current officers (Milton Howard, DDS, Chairperson; Mary McCall, Vice Chair; and Virginia Valentino, Secretary-Treasurer) for a one year term to end in June 2008. View press release <http://www.gchd.org/press/2007/BoardAct07.htm>

Governing Board Policy Actions

The Governing Board approved the annual renewal of 30 previously adopted policies. In addition, the Governing Board reviewed and approved a variety of reports, forms, budget amendments, proposals for software purchases, and fees for the 4C's medical records and the sliding fee scale. The Governing Board also approved one new fee charge: HIV/STD flat rate of \$12.00. Public policies, scope of service and fees for the 4C's Clinics can be found at <http://www.gchd.org/boards/GBboardp>

4C's Governing Board In Action

<http://www.gchd.org/boards/GBboardpolicy.htm>

2006 Annual Report
 Approval of 4C's Operating Budget
 New 4C's Collection Policy
 4C's Operational Policy
 Approval of Standard 4C's HIV/STD Fee
 Privileging of 4C's Providers
 Patient Rights & Responsibilities
 Sliding Fee Scale
 Medical Records Fees
 Support of Dental Review & Improvement Plan
 Support of facility improvements
 Support for Improving Medical & Dental Fee Schedules
 New Community Member, Don Glywasky

[olicy.htm](#). Finally, the Governing Board conducted a self evaluation of its duties/responsibilities and performed an evaluation of the Chief Executive Officer in March 2007.

A new policy (4C's Collection) was adopted. The 4C's Collection Policy was established to provide goals and objectives related to increasing collections in the 4C's clinic. The policy addressed procedures for accessing clinic services by completing an *Application for Discounted Services*, the use of a collection agency for patients with outstanding balances, and quarterly reporting to the Governing Board and Finance Committee regarding patient charges, collections, accounts receivable, and current collection rate.

Prepared by: Judie Olivares, Administrative Assistant to the 4C's Governing Board; Reviewed by CEO.

2007 Health District Grants/Service Contracts

	Funding Agency	Grant Program Title	Description of Grant	Term	Grant Award
1	U.S. Department of Health & Human Services (DHHS)	Health Resources & Services Administration (HRSA), Health Center Cluster 4C's Clinic 122-000	Provides for the operation of two primary care medical and dental clinics that serve the uninsured and underinsured residents of Galveston County.	4/1/06 – 3/31/07 4/1/07 – 3/31/08	\$1,609,268 \$1,644,268
2	Department of State Health Services (DSHS)	Breast and Cervical Cancer Control Program (BCCCP) 120-160	Provides for breast and cervical cancer screening, diagnosis activities; case management.	7/1/06 – 6/30/07 7/1/07 – 6/30/08	\$60,057 \$60,500
3	Department of State Health Services (DSHS)	CHS – Fee for Services 120-180	Funds preventative and primary child health and dental services for Title V eligible clients	9/1/07– 8/31/08	\$97,944
4	Department of State Health Services (DSHS)	Community Preparedness – Bioterrorism 120-145 Community Preparedness – Pandemic Flu 120-143	Funds activities designed to enhance GCHD's preparedness and response capacity in the areas of planning, surveillance and epidemiology, information technology, public communications, and education and training to prevent, detect, report, investigate, and control terrorism and non-terrorism event/emergencies and to recover and improve systems after such an event. And, Pandemic Influenza Preparedness dollars.	9/1/05 – 8/31/07 9/1/07 – 7/31/08	\$855,373 \$316,806
5	Department of State Health Services (DSHS)	Community Preparedness Section- Cities Readiness Initiative 120-144	To enhance regional collaboration in training and purchase equipment and supplies to distribute prophylactic medications to all county residents w/in 48 hours of a large-scale public health emergency.	11/1/06- 8/31/07 9/1/07- 7/31/08	\$105,500 \$105,500
6	Department of State	EMS Local Projects Grant (EMS/LPG)	Funds emergency medical care and transportation on	12/1/06 – 8/31/07	\$7,100

	Health Services (DSHS)	1243	Galveston Island and other Galveston County locations by contract.	11/1/07 – 8/31/08	\$26,414
7	Department of State Health Services (DSHS)	HIV Prevention & Education 120-120	Provides for HIV risk reduction for IV drug user and peer modeling interventions	1/1/07 – 8/31/06	\$145,345
8	Department of State Health Services (DSHS)	HIV Surveillance (HIV/SURV) 120-124	Funds active HIV/AIDS surveillance & reporting activities	9/1/06 – 8/31/07 9/1/07 – 8/31/08	\$36,063 \$41,063
9	Department of State Health Services (DSHS)	Immunization (Local) 120-130	Funds vaccinations for children and adults at clinics located throughout the county. Adult vaccinations include tetanus, pneumococcal, and influenza in accordance with state and national guidelines.	9/1/06 – 8/31/07 9/1/07 – 8/31/08	\$239,845 \$239,845
10	Department of State Health Services (DSHS)	Regional & Local Services Section – Local Public Health System (RLSS/LPHS) 120-170	Funds essential public health services in immunization, TB, environmental and consumer health.	9/1/06 – 8/31/07 9/1/07 – 8/31/08	\$314,856 \$314,856
11	Department of State Health Services (DSHS)	STD/HIV 120-121	Funds case management, sex/needle sharing, partner elicitation/notification	1/1/07 – 12/31/07	\$140,583
12	Department of State Health Services (DSHS)	T/B Prevention Elimination 120-110	Provides for TB outreach and prevention, treatment and contact investigation	9/1/06 – 8/31/07 9/1/07 – 8/31/08	\$66,445 \$78,105
13	Department of State Health Services (DSHS)	T/B Prevention 120-111	Services include screening, diagnosing and treating people for tuberculosis; and educating, investigating and assisting people who come in contact with TB.	1/1/07- 12/31/07	\$99,667

14	Department of State Health Services (DSHS)	Women, Infant, and Children (WIC) 120-210	Funds nutritional assessments, education and food vouchers for women, infants, and children at-risk.	10/1/06 – 9/30/07 10/1/07– 9/30/08	= \$9.75 per participate = \$9.94 per participate
15	Department of State Health Services (DSHS)	Childhood Obesity Prevention and Education - (WIC) 120-217	Provides for childhood obesity prevention and educational sessions as part of a obesity prevention project.	10/1/06 – 9/30/06	Reimbursement for up to \$15,000 in expenses
16	Department of State Health Services (DSHS)	Breastfeeding Peer Counselor Programs (WIC) 120-214	Provides for peer counselors outside WIC clinic hours and settings to provide a safety net for mothers, by providing critical intervention at times when they would not otherwise have access to breastfeeding support services.	10/1/06 – 9/30/07	\$35,000
17	Department of State Health Services (DSHS)	Lactation Services (WIC) 120-215	Provides for a Certified Lactation Consultant to counsel WIC mothers with breastfeeding problems that are beyond the expertise of WIC staff. And, provides training to WIC staff, conducting special breastfeeding classes and support group sessions.	10/1/06 – 9/30/07	\$9,840
18	Department of State Health Services (DSHS)	Registered Dietitian (WIC) 120-216	Provides for a certified Registered Dietitian to conduct nutrition educational classes, high-risk individual counseling, staff training, and quality assurance program	10/1/06 – 9/30/07 10/1/07 – 9/30/08	\$16,500 \$19,000
19	American Cancer Society	Making Strides Against Breast Cancer 125-458	Provides support for breast cancer activities including mammogram screenings implemented by GCHD.	1/1/07-8/20/07	Up to \$9,000
20	D'Feet Breast Cancer, Inc.	D'Feet Breast Cancer 125-480	Provides for breast cancer screening, diagnosis, and treatment	1/1/07 - 12/31/07	\$215,939

			activities and breast self-examination education using UTMB Oleander van.		+ \$37,130 GCHD In-kind = \$253,069
21	National Association of County and City Health Officials (NACCHO)	Local Medical Reserve Corps (MRC) Unit Agreement 120-142	NACCHO grant to build local Medical Reserve Corps (MRC) units. The MRC is comprised of organized medical and public health professionals who serve as volunteers to respond to natural disasters and emergencies.	6/4/07-7/31/07	\$10,000
22	St. Luke's Episcopal Health Charities	St. Luke's—One-Time Grant 125-456	To support efforts to provide medical services to the uninsured of Galveston Co. (FQHC)	1/22/07	\$20,000
23	Texas General Land Office (GLO)	Texas Beach Watch 205-525	Funds monitoring and analysis of beach water quality and applicable beach water advisories	1/27/07 – 8/31/07 9/1/07-8/31/08	\$84,235 117,327.60
24	Texas Commission on Environmental Quality (TCEQ)	TCEQ – Sec PM 10 Monitoring Section 105 204-520	Federal funding for the operations, maintenance, and quality assurance of two (2) particulate matter monitors. Data is submitted to TCEQ for review.	9/1/05 - 8/31/07	\$92,867/yr
25	Texas Commission on Environmental Quality (TCEQ)	TCEQ – Sec PM 2.5 Air Quality Monitoring 204-526	Federal funding for the operations, maintenance, and quality assurance of two (2) particulate matter monitors. Data is submitted to TCEQ for review.	9/1/06 - 8/31/08	\$152,000
26	Texas Commission on Environmental Quality (TCEQ)	TCEQ State Funded 204-521	Funds inspections and investigations of air pollution sources to determine compliance with applicable state and federal air regulations.	9/1/05 – 8/31/08	\$160,568/yr not to exceed \$481,704 /term

27	United Way Foundation	United Way – Senior Awareness 125-490	Funds the coordination of senior health activities such as fitness, nutrition and volunteer programs; and providing assistance to seniors regarding Medicare and other senior resources	3/1/06 - 2/28/07	\$38,000
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Prepared by Kristina Garcia, Compliance Auditor

Galveston County Morbidity Report 2003-2007

Galveston County Morbidity Report 2003-2007

NEW CASES OF NOTIFIABLE CONDITIONS

	2003	2004	2005	2006	2007	2007 GCHD Rate	2005-2007 GCHD Rate	2005 Texas Rate	2005 US Rate
AIDS	35	44	36	56	12	4.23	12.23	14.02	14.00
Asbestosis	0	0	27	0	0	0.00	3.17	*	*
Campylobacteriosis	19	18	10	14	10	3.53	4.00	*	*
<i>Chlamydia trachomatis</i>	941	942	813	909	1092	385.12	330.80	319.52	332.51
Cryptosporidiosis	2	2	1	2	0	0.00	0.35	0.51	1.93
Dengue Fever	0	0	0	0	2	0.71	0.24	*	*
Elevated Child Blood Lead	104	38	22	20	15	5.29	6.70	*	*
Encephalitis	1	0	3	0	0	0.00	0.35	*	*
E. Coli 0157:H7	0	0	0	1	1	0.35	0.24	0.16	0.89
Gonorrhea	344	355	439	496	562	198.20	175.98	116.10	115.64
<i>H. Influenzae</i> type b infection	0	0	0	0	1	0.35	0.12	*	*
Hepatitis, type A	2	3	9	7	10	3.53	3.06	2.05	1.53
Hepatitis, type B (acute)	7	2	6	8	16	5.64	3.53	3.30	1.74
Hepatitis, type C	730	713	435	437	476	167.87	158.47	*	*
HIV infection	48	38	29	51	31	10.93	13.05	*	*
Influenza isolate	20	4	45	9	2	0.71	6.58	*	*
Legionellosis	1	1	1	1	1	0.35	0.35	0.24	0.78
Listeriosis	0	1	0	0	0	0.00	0.00	0.17	0.31
Lyme Disease	0	2	1	0	3	1.06	0.47	0.31	7.94
Malaria	1	0	4	1	0	0.00	0.59	0.58	0.51
Meningitis, aseptic/viral	41	59	47	34	28	9.87	12.81	*	*
Meningococcal infection	4	0	3	1	1	0.35	0.59	0.27	0.42
Pertussis	2	20	11	9	1	0.35	2.47	9.89	8.72
Rocky Mountain Spotted Fever	0	0	0	1	0	0.00	0.12	0.13	0.66
Salmonellosis	63	61	42	44	52	18.34	16.22	13.98	15.43
Shigellosis	51	28	29	18	57	20.10	12.23	13.78	5.51
Strep.infection, invasive group A	3	6	3	4	2	0.71	1.06	1.07	1.61
Strep.infection, invasive group B	8	9	0	11	4	1.41	1.76	*	*
Strep.infection, invasive pneumo.	12	14	9	19	18	6.35	5.41	*	*
Syphilis	41	29	28	39	50	17.63	13.75	19.06	11.33
Tuberculosis	24	16	20	17	18	6.35	6.47	6.83	4.80
Typhoid Fever	0	2	0	0	0	0.00	0.00	0.13	0.11
Varicella (Chickenpox)	48	26	88	133	135	47.61	41.85	37.07	10.98
Vibrio infection	1	2	2	2	1	0.35	0.59	*	*
West Nile Virus Infection	0	0	0	3	1	0.35	0.47	0.87	0.98
Food-borne illness complaints	12	241	56	58	48	16.93	19.04	*	*
Rabies in animals	0	0	1	6	2	0.71	1.06	3.29	2.01

Population Source for 2007 rate (283,551): US Census Bureau, Population Estimates Program

Rates for US and Texas 2005: CDC MMWR Summary of Notifiable Diseases 2005 (<http://www.cdc.gov/mmwr/PDF/wk/mm5453.pdf>)

* indicated nota not available

Prepared by Dana Beckham, DVM, Director of Disease and Disasters

2007 4C's Clinic Utilization Report with 2006 state/national averages

UDS Comparison Report (February 2007)	CY 2006	CY 2007	TX 2006	National 2006
Patients	17,723	17,759		
Male	6,651	6,748		
Female	11,072	11,011		
African American	31%	30%	12%	23%
White	32%	31%	18%	33%
Hispanic	35%	36%	70%	40%
Other	2%	3%	1%	4%
100% and below	10,634	10,298		
101-150%	3,367	3,349		
151-200%	1,595	1,423		
200% and over	2,127	2,689		
Uninsured	15,594 (88%)	15,695 (88%)	59%	39%
Medicaid	1,132 (6%)	1,306 (8%)	24%	37%
Medicare	604 (3%)	581(3%)	7%	7%
Private Insurance	393 (2%)	147(1%)	7%	15%
Medical Users	16,659	16,693		
Dental Users	4,882	4,852		
Mental Health Users	169	187		
Total Encounters	55,792	55,333		
Medical	40,814	38,957		
Dental	9,129	9,115		
Mental Health	578	565		
Medical Encounters/Medical Patients	2.39	2.26	2.96	3.19
Dental Encounters/Dental Patients	1.87	1.88	2.30	2.43
Mental Health Encounters/Patients	3.42	3.02	3.10	4.92
Physician FTE's	4.90	3.97		
Physician Productivity	4,856	5,309	4,114	3,937
Mid-Level FTE	3.67	3.61		
Mid-Level Productivity	4353	4,625	3,045	3,001
Medical Team Productivity	5,905	6,541	4,604	4,338
Dental FTE	4.18	3.52		
Dental Productivity	1,838	2,215	2,651	2,781
Hygienist FTE	1.06	1.07		

UDS Comparison Report (page 2) (February 2007)	CY 2006	CY 2007	TX 2006	National 2006
Hygienist Productivity	1,363	1,232	1,389	1,420
Dental Team Productivity	1,938	2,248	2,677	2,789
Total Cost	\$7,124,095	\$6,692,436		
Medical cost/medical patient	\$194	\$177	\$322	\$367
Dental cost/dental patient	\$278	\$295	\$302	\$329
Total cost/patient	\$402	\$377	\$497	\$535
Cost/medical encounter	\$81	\$78	\$109	\$115
Cost/dental encounter	\$149	\$157	\$131	\$135
Cost/pharmacy encounter	\$30	\$28	\$19	\$14
Cost/lab x-ray encounter	\$24	\$25	\$14	\$9
Total Charges	\$11,802,809	\$10,619,517		
Medicaid	3%	3%	24%	45%
Medicare	1%	1%	8%	9%
Other Public Insurances	0%	0%	5%	4%
Private Insurance	<1%	<1%	5%	12%
Self Pay	96%	96%	58%	30%
Total Collection	\$1,576,385	\$1,572,623		
Medicaid	28%	20%		
Medicare	20%	21%		
Other Public Insurances	0%	0%		
Private Insurance	1%	1%		
Self Pay	50%	58%		
Retro Active Payment	4%	4%	7%	16%
Overall Collection	13%	15%	47%	62%
Adjustment to Sliding Fee Scale	\$7,561,537	\$6,807,387		
Write Off to Bad Debt	\$2,618,802	\$2,930,033		

Prepared by Warren J. Holland, III, Chief Operating Officer

Animal Services Highlights for 2007

http://www.gchd.org/animal_shelter/index.htm

Animal Services are provided in accordance with an interlocal agreement and contracts with the County of Galveston and the cities of Bayou Vista, City of Clear Lake Shores, City of Dickinson, City of Hitchcock, City of Kemah, City of La Marque, City of Santa Fe, City of Texas City, and the Village of Tiki Island. For a chart of services by county and city jurisdictions, see 2007 Animal Services Statistics on the following page.

- 2007 Animal Services Highlights**
- Animal Service Advisory Committee Subcommittee on Future Shelter Needs Drafted Proposed Animal Services Policy**
 - Increase in Animal Seizures**
 - Installation of New Freezer**
 - Two New Vehicles**
 - Bacliff Services Funded by Galveston County**
 - Increase in Animal Shelter Donations**
 - Petsmart Charities Grant Assist Seized Animals**
 - Successful Internal Audits**
 - Increase Shelter Adoption**
 - Decrease Shelter Euthanasias**

Increasing Demand for Services

In 2007, there was an 11% increase in the number of animals that entered the Joe Vickery Galveston County Animal Shelter. The animal shelter took in 8,984 animals - 902 more animals than in 2006. Part of that increase is due to a dramatic increase in civil seizures. In 2007, *the adoption/redemption rate increased* to 40.9% compared to 38.2% in 2006. Similarly, there was *a decrease of 8% in the euthanasia rate*, from 58% in 2006 to 50% in 2007. Dedicated staff and shelter partners are commended for their efforts.

New District Animal Policy

The Galveston County Animal Services Policy/Regulation that now incorporates updated state requirements was drafted by a subcommittee, endorsed by the Galveston County Animal Services Advisory Committee and then forwarded to the United Board of Health. After a public and city comment period, it was approved on September 26, 2007. The new policy requires: mandatory sterilization of all adopted animals; an unlimited number of sterilized dog and cats for owners; owners of dangerous dogs must have the animal registered, obtain liability insurance, post dangerous dog signs on the enclosure, etc.; prohibition of any new dangerous wild animals that are not currently registered with the Health District; and streamlined kennel registration requirements based on owner allowance of an unlimited number of sterilized dogs and cats. The policy/regulation can be found at: <http://www.gchd.org/boards/boardpolicy.htm>

Animal Services Advisory Committee

The Galveston County Animal Services Advisory Committee met as required by (Health and Safety Code Chapter 823. Animal Shelters) and discussed various issues concerning the operation of the animal shelter and field services. Advisory committee members reviewed the FY 2008 operating budget, reviewed and commented on the animal services policy, reappointed members to the committee and created an Animal Shelter Subcommittee. This subcommittee is charged with investigating viable options to expanding our animal shelter capacity to meet the ever increasing demands on these services. The subcommittee is researching and reviewing options to remodel and add on to the current shelter, converting the buildings at 1205 and 1207

Oak Street into animal shelters with capacities to house and adopt animals, or to seek funding to re-locate and construct a new shelter.

Increase in Donations to Shelter

Animal Services saw a sharp increase in the donations received at the shelter. The donations are being used to fund special projects such as the remodeling of the cattery. In addition, the shelter received a \$2,600 grant from Petsmart Charities to help defer the cost of sheltering fifty-two animals obtained during a civil seizure.

Animal Services Improvements

A new commercial freezer was installed at the shelter to replace an old failing freezer. Two (2) new vehicles were purchased for the field staff. The County of Galveston provided additional funding for surveillance and patrol in the Bacliff area in an attempt to reduce the amount of dogs running at large.

2008 Plans

In 2008, Animal Services is anticipating that we will once again see an increase in the number of animals that will come through our doors. Efforts will continue to increase our adoption rate and lower our euthanasia rate. The Animal Shelter Subcommittee will continue to research options to increase current shelter capacity and will be reporting its findings to the Animal Services Advisory Committee. The Fourth Annual Animal Summit will happen in late spring/early summer.

Prepared by Ronnie Schultz, Director of Environmental Services; Reviewed by CEO

2007 Animal Shelter Statistics

Jurisdiction	Incoming: Shelter	Incoming: Field	Adopted/ Rescued/ Redeemed	Euthanized	Died Prematurely	Calls Received	Bite Reports
Bayou Vista	3	19	13	9	0	20	0
Clearlake Shores	0	6	4	2	0	21	0
Dickinson	423	364	299	425	34	907	29
Hitchcock	191	300	149	246	41	413	9
Kemah	76	112	95	77	11	122	3
La Marque	253	537	344	290	136	1155	17
Santa Fe	349	820	572	517	62	1320	28
Drop Box	1356	n/a	364	984	86	n/a	1
Texas City	1125	1931	1324	1320	357	4404	32
Tiki Island	0	1	1	0	0	6	1
Unincorporated	456	662	515	623	84	1272	54
2007 TOTALS	4232	4752	3680	4493	811	9640	174
2006 Totals	4452	3630	3088	4696	298	9482	221
Difference	- 220	+ 1122	+ 592	- 203	+ 513	+ 158	-47
% Change	- 5%	+ 31%	+ 19%	- 4%	+ 172%	+ 2%	- 21%

Net Incoming Difference (%): increased by 902 (+ 11%) from 2006

Prepared by Ronnie Schultz, Director of Environmental Health Services

Community Outreach Partnerships in Community Health Services

CATEGORY	PARTNER	LOCATION	PROGRAM/PROJECTS
Clinics/Hospitals	4C's Clinics	Texas City and Galveston	Community Health Nursing (CHN)/Provides home visits. Immunization Program/Gives technical assistance for Texas Vaccine For Children (TVFC) Program
	University of Texas Medical Branch (UTMB)) Cancer Stop	Galveston	D'Feet and Breast and Cervical Cancer Services (BCCS)/Provide referrals both to and from programs for breast cancer diagnosis and treatment services
	UTMB Diabetes Initiative	Various locations in Galveston County	CHN/Refer to diabetes classes in the community. Health Educator provides classes in Spanish
	UTMB Senior Services	Galveston	Senior Services/Collaborate on senior issues, educate on Health District services
	Mainland Medical Center	Texas City	Senior Services/Work with H2U program to coordinate community projects including annual senior health fair at Mall of the Mainland
Texas Vaccine for Children Providers	Bay Colony Pediatrics	Dickinson	Immunization Program/Technical assistance to TVFC provider
	Bay Colony Physicians	Dickinson	Immunization Program
	Bayside Family Practice	Clear Lake Shores	Immunization Program
	Dr. Dimaandal	Texas City	Immunization Program
	Dr. Rathna Sastry	Houston	Immunization Program
	Clear Lake Regional	Webster	Immunization Program
	Cline Pediatrics	Dickinson	Immunization Program
	Cornerstone Hospital	Webster	Immunization Program
	Mainland Medical Center	Texas City	Immunization Program

	K.E. Little Elementary School Based Clinic	Bacliff	Immunization Program
	Redi Clinic	League City	Immunization Program
	Redi Clinic	Friendswood	Immunization Program
	League City Pediatrics	League City	Immunization Program
	Through The Eyes Of An Angel	Texas City	Immunization Program
	UTMB Pediatric Clinics	Texas City Friendswood Galveston	Immunization Program
	UTMB Stewart Road Family Healthcare	Galveston	Immunization Program
	UTMB Primary Care Pediatrics	Galveston	Immunization Program
	UTMB Regional Maternal Child Health Clinic	Dickinson Texas City	Immunization Program
Associations	American Cancer Society (ACS)	can request on-line or on phone	ACS funds mammograms for Galveston county community
	American Red Cross	Galveston	CHN/Participate in disaster preparedness planning and relief efforts
	Coastal Area Health Education Center (Coastal AHEC)	La Marque	Collaborates with Senior Health Services through Senior Health Advisory Council. Provides education at immunization outreach activities.
	AgriLife Extension (formally Texas Cooperative Extension)	Dickinson	Provide educational resources for use by CHN. CHN gives expertise in developing presentations to the community on health topics
	Mainland Communities United Way of Galveston County	Texas City	Provide funds for Senior Services projects

	Texas City-La Marque Chamber of Commerce	Texas City	Community Health Nurses worked with the chamber of commerce on planning the community wide children's safety and health fair held on 9/27/07 at Mall of the Mainland
Coalitions/Committees/Councils	Gulf Coast Homeless Coalition	Galveston	CHN/Assists with compiling statistics on homelessness in Galveston County; provide education to homeless regarding health related services
	AIDS Coalition Of Coastal Texas (ACCT)	Galveston	STD-HIV/Provide follow up services for clients with positive HIV tests, provide links to other services
	City of Galveston Family, Children & Youth Board	Galveston	CHN/Helps coordinate annual health fair
	Galveston County Teen Parenting Coalition	Galveston	Immunizations and WIC provide educational materials at annual Teen Parent Roundup Health Fair. WIC provides their services at area schools.
	Galveston Independent School District School Health Advisory Council	Galveston	CHN/Serves as an advisor regarding childhood obesity programs, STD/HIV and pregnancy prevention.
	La Marque Independent School District School Health Advisory Council	La Marque	CHN/Serves as an advisor regarding childhood obesity programs, STD/HIV and pregnancy prevention
	Immunization Advisory Council	La Marque	CHS/Provide expertise and leadership on Galveston County immunizations
	Senior Advisory Council	La Marque	CHS/Provide expertise and leadership on Galveston County senior issues

	Childhood Lead Taskforce	Galveston	CHS/Provide home visits and education for children with high abnormal lead test results
Schools and Colleges	C.B. Scott Elementary	Galveston	D'Feet/Provide breast screening mammograms
	College of the Mainland	Texas City	Immunizations and WIC/Teen Parent Roundup Health Fair
	Hitchcock High School	Hitchcock	D'Feet/Provide breast screening mammograms
Housing Developments	Galveston Housing Authority	Galveston	D'Feet and BCCS/Services site for breast cancer screening, mammography Senior Services/ Provides opportunities for community presentations
Senior Community Centers	Dickinson Community Center	Dickinson	Senior Services/Provide education to seniors on GCHD services, other community services and health topics
	Bacliff Community Center	Bacliff	Senior Services
	Friendswood Community Center	Friendswood	Senior Services
	Galveston Community Center	Galveston	Senior Services
	Thelma Weber Community Center	Sante Fe	Senior Services
	Wayne Johnson, III Community Center	La Marque	Senior Services
	League City Center	League City	Senior Services
	Nessler Center	Texas City	Senior Services
Correctional Facilities	Galveston County Juvenile Center/Attwater	Texas City	Tuberculosis Elimination Program (TB)/ Provides consultation and expertise on tuberculosis

	Galveston County Jail	Galveston	TB STD-HIV/Provides consultation and education
	Seaborne Challenge Corps	Galveston	Seaborne provides manpower at Immunization events
Social Services	Lone Star Legal Aid	Galveston	Senior Services/Lone Star provides presentation to seniors on legal matters
	Our Daily Bread	Galveston	CHN/provide home visits for clients
	Pathway To Recovery, Incorporated	La Marque	TB/Provide consultation and education to staff and clients
	Gleanings From The Harvest	Galveston	Senior Services/ Provide food pantry services to seniors
	Texas Department of Family and Protective Services	Texas City Galveston	CHN/Provides home evaluations
	Omega Alpha House, Incorporated (recovery program)	San Leon	TB/Provide consultation and education to staff and clients
	Libbie's Place @ Moody Methodist Church	Galveston	Senior Services and CHN/ refer clients for adult day care
	The Jesse Tree	Galveston Texas City Crystal Beach	CHN/Provides education at food fairs, and home visits to clients STD-HIV/Provides educational materials to clients D'Feet and BCCS/ Provide breast screening, mammography on site Immunizations/ Provides free adult flu shots to eligible clients. Provides shots records and educational materials on immunization

	Saint Vincent's Episcopal House	Galveston	CHN/Provides education and expertise on wellness to staff and clients. D'Feet and BCCS/Provides breast screening, mammography on site. TB/Provides TB skins testing and education
	Mainland Children's Partnership	Texas City	WIC/Refers clients for prenatal and children's case management services and accepts referral for WIC services
Faith-Based Organizations	First Baptist Church of Friendswood	Friendswood	D'Feet/Breast Cancer Screening Services (BCCS) mammography by mobile van
	First Baptist Church Of Hitchcock	Hitchcock	D'Feet
	Barbour's Chapel Baptist Church	Texas City	D'Feet
	Aldersgate United Methodist Church	Santa Fe	D'Feet
	Christus Victor Lutheran Church	League City	D'Feet
	Fellowship Baptist Church	Texas City	D'Feet
	Greater Bell Zion Baptist Church	Texas City	D'Feet
	Greater New Hope Baptist Church	Dickinson	D'Feet
	Greater Saint Matthews Baptist Church	Hitchcock	D'Feet
	West Galveston County Interfaith Caring Ministries	Santa Fe	D'Feet
	Iglesia Monte Calvario	Galveston	D'Feet

	La Marque Chapel Church of God in Christ	Texas City	D'Feet
	Maranatha Baptist Church	San Leon	D'Feet
	Mount Zion Baptist Church	Texas City	D'Feet
	Queen of Peace Church	Galveston	D'Feet
	Shrine of the True Cross	Dickinson	D'Feet
	Saint Mary's Catholic Church	Texas City	D'Feet
	BayVue United Methodist Church	Crystal Beach	D'Feet Immunizations/Provides flu shots, shot records, & vaccine education. Senior Services/ provide presentations on health topics.
	Interfaith Caring Ministries	League City	D'Feet and Immunization Program
Academic Partners	UTMB Family Medicine	Galveston	Community Health Services (CHS)/Provide education to residents on public health topics including epidemiology and environmental services.
	UTMB Preventive Medicine and Community Health	Galveston	CHS/Provide education to residents on public health topics including epidemiology and environmental services. Health Authority presents annually on local public health issues. Work with GCHD epidemiologist on student theses. Students work with GCHD Volunteer Services to provide hours of community service.
	UTMB School of Nursing	Galveston	WIC/Participate in obesity-related grant CHN/Precept students
	UTMB School of Medicine	Galveston	CHS Director precepts students

Prepared by: Cassandra Arceneaux, MD, MPH, Director of Community Health Services