

# 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

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