

# Galveston County United Board of Health & 4C's Governing Board *Strategic Health Plan*

## EXECUTIVE SUMMARY *2005 ANNUAL PROGRESS REPORT*

In January 2004, the Galveston County United Board of Health and the 4C's Governing Board adopted its first *Strategic Health Plan* with health priorities and goals to guide the Galveston County Health District's activities through the year 2010. The Plan was developed through a six month process with extensive community participation and comment, outlined in the Plan's executive summary on the District website: [www.gchd.org](http://www.gchd.org). In accordance with Boards' directives and approvals, the Health District has prepared its second annual report of progress towards the Galveston County Strategic Health Plan. The following paragraphs summarize significant *Strategic Health Plan* 2005 accomplishments by priorities and include 2006 goals.

### PRIORITY #1: PUBLIC AWARENESS

In 2005, the Health District continued aggressive efforts to make the public aware of priority health issues and the many services offered to residents of Galveston County. Staff completed the necessary work to acquire and begin distributing a quality, *senior-friendly brochure*, which outlines all services provided by the Health District.

The Health District's website was expanded to include public service information, a convenient search feature, and a news subscription service. Over the year, executive staff issued a variety of *public news releases* to include topics such as: Health District's 2004 accomplishments and future goals; access to healthcare and redesign improvements at 4C's clinics; community-based access to mammograms for uninsured women; access to influenza vaccinations; uninsured healthcare in Galveston County (guest column); animal service improvements; Texas EMS week; health disparities (during UTMB Diversity Week); public summits on environmental, animal, and senior health. Finally, the public and cities were notified of the United Board of Health's process for policy development. In 2005, the United Board of Health adopted two new public health polices: (1) improved groundwater identification on barrier islands for on-site sewage septic systems, and (2) the repeal of a former tattoo parlor regulation, which eliminated duplication with state inspection responsibilities. In addition to news releases, public awareness goals were accomplished through routine communications with elected and appointed officials, a variety of presentations/trainings to community based organizations, and other community-based initiatives involving childhood obesity, diabetes self management, nutrition, fitness, liver health and childhood lead poisoning.

In response to 2005 public health threats, the Health District issued a variety of *public health advisories* regarding community and environmental health issues such as: shigellosis illnesses in a local school; communicable disease awareness and prevention activities; limiting consumption of speckled trout caught in upper Galveston bay; preventing human West Nile virus infections; beach areas with elevated bacterial counts for which no swimming is advised; preventing heat-related illness; preventing the spread of meningococcal disease in a local school; emergency

response to Texas City BP explosion and the environmental assessment of naphtha/benzene contamination; health and human services/resources to assist Hurricane Katrina's Louisiana evacuees; county evacuation due to Hurricane Rita and subsequent assistance to residents of Bolivar peninsula (boil water advisories, tetanus vaccinations, etc); influenza/avian flu pandemic planning; disease reporting requirements; SARS planning; faulty sewage systems on high island; and a variety of information shared with public health system partners through the Health District's health alert network

Finally, the Mainland Communities United Way grant, which funded the Health District brochures, also continued to support a Senior Health Advisory Council and a successful *senior-focused volunteer recruitment program*. In 2005, 219 registered volunteers have contributed over 9,965 volunteer hours of service – an estimated value of over \$167,000. The experience of volunteerism has been a “win-win” on all fronts - seniors have found meaningful community service, some younger volunteers have found career growth, all volunteers have become community ambassadors for educating the public about Health District services, and the Health District has improved public insights as well as worksite assistance.

*2006 goals* include (1) maintaining a public friendly website, (2) maintaining timely and relevant public news releases and health advisories, (3) continuing community partnerships and outreach activities that target Strategic Plan priorities, (4) continuing to distribute Health District brochures, and (5) continuing to develop beneficial public health policies for the boards to review and consider for adoption in accordance with its public and governmental comment process.

## **PRIORITY #2: ACCESS TO CARE AND HEALTH DISPARITIES**

The 4C's Governing Board initiated its most significant improvement in access to care in early 2005. Subsequently, the Health District began an extensive clinic reengineering/redesign process that concluded at an Open House reception in November 2005. The *“Clinic Redesign Project”* has resulted in significant progress toward the goals of increasing clinic productivity, improving patient satisfaction, and decreasing patient waiting time. Clinic productivity data shows an average increase in number of patients seen per provider per hour from 2.2 (July – December 2004) to 2.5 (January – November 2005). Assuming a workforce of 10 full-time providers, redesign improvements have increased the clinic's capacity to accommodate an additional 480 patient visits per month (5,760 annually). Additionally, patient satisfaction surveys and patient comments reflect greater satisfaction with the new clinic procedures and processes. Patients with scheduled appointments have shorter waiting times in the clinic and patients seeking walk-in care have greater access to healthcare than in 2004.

*Highlights of “Clinic Redesign”* include new staff roles and responsibilities, cross training, increased provider-nursing teamwork, use of a clinic greeter to assist patients in registration, pre-appointment reminder phone calls to prepare patients for their healthcare visit, a new dress code that improves recognition of various types of staff, time clock procedures to ensure that staff are “ready to go” as patients arrive, staff competency-based career ladders, and rewards and recognition activities. A resign project team and the Clinic Leadership Team worked extensively over nearly eleven months to implement these and many other short-term redesign improvements. A complete list of these service and operational improvements are outlined in a “Redesign Handbook” found on the Galveston County Health District website at

<http://www.gchd.org/boards/GBboardpolicy.htm>. A Daily News guest column outlined the goals for the clinic redesign project during National Cover the Uninsured Week. This article can be viewed at <http://www.gchd.org/press/2005/04NatCoverUninsureWk.htm>. Many other activities that promoted awareness of 4C's services are outlined in the following report.

In 2005, *access to mental health care* in the 4C's clinics was enhanced through the award of a \$100,000 grant from the Hogg foundation. The grant provides funding for case management, resource coordination, and psychiatric consultation benefiting 4C's patients with mental health and substance abuse conditions. Resource coordination services compliment and optimize the 4C's counseling services provided by a licensed social worker. Resource Coordinators, from August through December 2005, intensively case managed 15 patients with Mental Health or Substance Abuse issues, and briefly managed 136 MH/SA patients. They also made 450 telephone contacts to remind patients of their counseling appointments and to offer additional services. Access to specialty referrals of 4C's patients with complex mental health conditions was improved dramatically with the awarding of 1.6 million dollars to the Gulf Coast Center MHMR due to the efforts of the CAP Mental Health Taskforce coalition, coordinated by UTMB. Additionally, federal funds supporting a local coalition of the Texas Telehealth Disparities Network have begun to explore collaborative efforts to share or link electronic medical records among county health entities as a means to address health disparities. Members of the Joint Board Committee on access to care are participants of the coalition studying telehealth solutions to access to care disparities.

In 2005, the Health District's Epidemiology Services analyzed several *public health disparities* as potential areas for targeting future public efforts. Health disparities (defined as a specific demographic group or geographic area bearing a disproportionate share of negative health outcomes) were studied for three sexually transmitted diseases, childhood lead poisoning, and pertussis infections. Among the 813 reported cases of chlamydia in 2005, 48% were among the African American group that represents 15% of the county population. For the 436 reported cases of gonorrhea in 2005, 68% occurred among African Americans. For the 28 cases of syphilis reported in 2005, 57% occurred among African Americans. Finally, for chlamydia and gonorrhea, respectively, females accounted for 85% and 59% of the reported cases. Regarding childhood lead poisoning, the state of Texas estimates 3.2% of children under the age of 6 years have had elevated lead levels from 2000 - 2002 data, while Galveston County data reflects 13.1%. The prevalence of childhood lead poisoning is a geographic disparity by zip codes on Galveston Island and Bolivar peninsula. Zip codes with an elevated prevalence of childhood lead poisoning include: 77553 (41.4%), 77552 (27.3%), 77551 (23.6%), and 77550 (19.0%), followed by High Island, 77623 (36%). Finally, Among the 11 reported cases of pertussis infections, 45% occurred among Hispanics that represents 18% of the county population. The analyses are based on 2000 census for Galveston County listing the total population as 250,158 with a racial/ethnic breakdown of 63% White, 18% Hispanic, 15% African American and 4% other.

**2006 goals** include (1) assessing and improving management of existing medical records area, (2) selecting a vendor for implementing an integrated electronic medical records & clinic management system, (3) clinic building renovations to improve patient flow and security, and (4) reviewing pharmacy services to identify possible improvements. Additionally, the clinic leadership will continue to monitor new and existing measures to continuously maximize access to healthcare in the 4C's clinics as well as continue participation in community coalitions focused on addressing access to care and health disparities in Galveston County. Finally, public

health staff and resource coordinators will work to integrate efforts that target high-risk populations and more comprehensively link persons to available health and social services in the county.

### **PRIORITY #3: BUSINESS IMPROVEMENT**

In 2005, the two *boards of health* have reviewed, renewed, and adopted many necessary policies for the organization, for the public's health, and for improving access to healthcare. Selected policies include (1) the first annual progress report for the Strategic Health Plan, (2) a 4C's Redesign Handbook, (3) a public health policy to improve groundwater identification on barrier islands necessary for selection of on-site sewage systems, (4) a public health policy to repeal local tattoo parlor inspections, eliminating duplication with state responsibilities, and (5) a new Animal Services inter-local agreement which forms an Animal Advisory Committee to the United Board of Health. In addition, thirty-three operational policies were reviewed and approved by the boards, four of which were new policies: GAAA Operations, Orientation for New Hires, Separation of Employment, and Community Immunization Services. 2005 board policies have been instrumental in improving business practices, community and environmental health, the ability to identify and rapidly respond to disasters/emergencies, and compliance with legal/contractual responsibilities.

In 2005, both boards were scheduled for 12 monthly meetings in accordance with respective bylaws. September meetings were cancelled due to Hurricane Rita evacuations. Due to business needs, the Governing Board executive committee convened in early October to review and approved policies submitted for September. Of the eleven remaining meeting, the United Board of Health had one meeting (July) lacking quorum requirements; however, the executive committee promptly convened to review and approve necessary policies. The 4C's Governing Board had one meeting in October lacking a quorum; however, the board rescheduled the meeting to a later date to review and approve necessary policies. The December meeting of the 4C's Governing Board was cancelled due to Holiday schedules, without business impact.

A summary of *2005 business improvements* is categorized herein as follows: management, workforce, employee and community education and training, technology infrastructure development, organizational compliance, and more. District leadership attended a management development and training program to identify critical initiatives, enhance teamwork, and standardize management practices. Internally, monthly "program business meetings" were initiated for each functional area of the Health District to brief executive officers on program issues and provide executive officers an opportunity to give guidance to supervisors.

District *workforce accomplishments* include a successful volunteer program, employee cost of living raises, performance merits, market-based adjustments, a competency-based career ladders for 4C's staff, and enhanced compensation for key bilingual staff. Education and training accomplishments include sponsorship of the Texas Public Health Association Conference in early 2004; a variety of general and professional employee orientation programs, including web-based training modules and intranet-based self-help modules; employee safety and quality assurance programs; and an extensive list of diseases and disaster preparedness trainings for both District staff and county response partners in the emergency response system. As a result, 2005 responses to Hurricanes Katrina and Rita revealed exceptional coordination as well as the opportunity for after-action lessons-learned to improve future responses.

**Technology infrastructure improvements** began in preparation for new business and medical records systems. Selected improvements include (1) expanded capacity through Optiman fiber networking; (2) increased employee access to computers with email and internet; (3) deployments of several upgraded computers; (4) software improvements for vital records, animal shelter, and EMS billing; and (5) in increased capacity for conference calls and citizens calls expected in public emergencies. Finally, clinic leadership has begun the process of developing specifications for bidding on new systems for electronic medical records and clinic management.

The board-approved **compliance auditor position** was filled in August 2005. Since that time, nearly all Health District contracts have been centralized, reviewed, and tracked for compliance requirements and deadlines. The Compliance Auditor and/or other designated staff have performed a variety of compliance activities to include: (1) an internal audit of the WIC program prior to the scheduled state audit; (2) representing executive officers during state audit to observe the process and document exit interview findings; (3) developing guidelines in preparation for Joint Commission on Accreditation of Healthcare Organizations (JCAHO) review in 2006; Rider 33 (formerly called 11) compliance audits in the 4C's Clinics and WIC; and (4) auditing (in progress) the environmental permitting process to assure compliance with legal and financial audit requirements. Additional compliance audits include: (1) risk and safety inspections to assure compliance with Health Information Portability and Accountability Act (HIPAA), American Disabilities Act, as well as other safety and security requirements (by the Risk & Safety Coordinator); and (2) internal audits of the animal shelter for compliance with state regulations (by the Veterinary Consultant).

**2006 goals** include: (1) maintaining executive support of boards' meetings and related activities; (2) annually reviewing operational policies and continuing to develop/propose new policies for board review and consideration; (3) continue improvements in management, workforce, education and training, and technology development for impending new information systems; (4) continuing participation in community coalitions that help to improve collaborative business practices that benefit public health and healthcare priorities; (5) establishing business systems necessary to successful operate a GAAA Mainland EMS expansion; (6) continuing compliance audits to identify deficiencies, to prepare for external audits, and to implement/track corrective measures; and (7) upgrade pharmacy software to implement a pharmacy inventory system.

#### **PRIORITY #4: HEALTHCARE FINANCING**

In accordance with bylaws for both boards, an **external auditor** is selected by the board to conduct financial audits in accordance with legal and standard accounting practices. In 2005, the board underwent a competitive bidding process for an external auditor and selected Null Lairson again for the next three years. For the fiscal year ending September 30, 2005, the auditors found no material weaknesses.

The Health District has maintained **favorable fiscal outcomes** in 2005. On a monthly basis with the Chief Financial Officer, at least one member of the appropriate finance committee regularly reviewed financial information by conference call prior to the scheduled board meeting. Operating budgets are reviewed by the finance committee before presentation to the appropriate policy board for recommended approval. For those budgets involving county or city funds, the finance committee chair has sent letters to the appropriate government recommending their

approval. In addition to budget approvals, both boards authorized the District to hire a new compliance auditor to assure compliance with legal and contractual obligations through internal audits. The compliance auditor regularly reports to the executive officers and boards of health.

During 2005, the appropriate *board(s) approved bids/budgets* for the following: new vital statistics software, annual auditing services, janitorial services, purchase of three new animal control vehicles and upgrades to two existing vehicles, purchase of a new van for supply distribution by purchasing services, a natural gas emergency generator, the design and printing of a new Health District brochure, and architectural services for planning clinic renovations. The joint funding of a new fulltime position was approved by both boards as the position will serve to assure compliance in both public health and healthcare operations. A budget transfer to allocate funds of \$533,868 for clinic renovations was approved by both boards. A temporary budget to provided EMS services to LaMarque, Dickinson, and the San Leon/Bacliff area was approved by the United Board of Health.

Additional work has begun to strengthen *fiscal management among programs and service areas*. In 2006, the District will explore options for better integration of fiscal management functions with those involving purchasing, physical inventory, and human resources. In addition, the District will explore acquiring an electronic medical records system integrated with clinic management functions that meet federal requirements. Goals for new system enhancements are to improve service data quality, enhance ability for data monitoring/auditing by appropriate managers, optimize reimbursements through coding and billing, and end-user satisfaction for both fiscal staff and responsible managers. Advances in technology could allow for electronic timesheet processing, which would identify efficiencies, and provide more accurate and comprehensive “cost of services” data for executive decision-making and to share with local governments, board members, elected officials, and state officials (e.g. post emergencies).

For *EMS billing*, fees for services were reviewed and approved by the United Board of Health. Although GAAA had an overall net loss of \$40,524 for the fiscal year ending in September 2005, the loss was attributed to a delay in collections for new services offered in Mainland areas, whereas Galveston Services recorded a surplus of \$15,329 for the 2005 fiscal year. GAAA billing is continuing to submit past due accounts over 90 days to a collection agency for further action. Noteworthy is an approximate \$116,000 of emergency services as a result of both Hurricane Katrina and Hurricane Rita county evacuations. The District is in the process of seeking FEMA reimbursement for these emergency-related costs.

For the *4C's Clinic*, medical fees were reviewed and approved by the Governing Board. Credit card and check verification machines were installed at clinics and all other Health District sites that accept payments. Other improvements include: computer access to Medicaid verification sites is now accessible to registration and billing staff and a new Patient Billing Manager was hired to oversee improvements needed in both 4C's and GAAA billing. Asset testing to determine eligibility for the *County Indigent Healthcare Program* was initiated in 2005 in accordance with Commissioner's court orders and state regulations. As a result of asset testing, only 237 of the nearly 1200 participants in 2004 remained eligible. Newly eligible participants have resulted in a total of 615 eligible participants at the end of 2005.

*Case Management staff*, called resources coordinators, were relocated to the LaMarque headquarter location to better serve patients in both clinic sites. One funded position was

successfully sustained through a successful joint-funding partnership between the Health District, UTMB, and Mainland Hospital. This position serves to link patients, referred from the emergency rooms or discharged from the hospitals, to 4C's appointments and providers. Case management staff also serves to assist patients in completing applications and accessing Medicaid, Medicare, and other eligibility-based public programs and services.

At the request of Brazosport Medical Center and the authorization of the Governing Board, executive staff conducted a lengthy *financial feasibility study* to determine if acquisition of the reference center in Freeport would prove to be financially feasible and/or favorable. At the expense of the board of the Brazosport Medical Center, a consultant performed a financial analysis, which concluded that the acquisition would bring financial risk to the 4C's operation. The Board determined it was not in the best interest to proceed with the acquisition proposal.

In 2005, one adverse impact to future healthcare financing was the Health District's notification that its *Title XX grant application* was not selected for funding during this year of a competitive application process. Last year the 4C's Clinics received \$147,000 of Title XX funding. In anticipation of increased funding, the Governing Board approved a proposed budget increase of \$250,000. In response, executive officers and the compliance auditor have performed an analysis of the reasons for the non-award and are in the process of developing a plan to manage the reduction in funding with goals of minimizing the impact on women seeking these services at the 4C's Clinics, strengthening its grant writing process and reapplying when next possible. Fortunately, at least two other entities in the county receive Title XX funding. It is expected that any reduction the capacity of the clinic to provide these service would result in formal referral to other accessible entities in the county. A state health department official has indicated that the next competitive application process, during which the District can reapply, may occur in two to three years.

**2006 goals** include: (1) development of grant writing guidelines to increase likelihood that grant applications are successful and comprehensively reviewed; (2) explore options to achieving objectives for integrating fiscal management with other operational functions and determine the most feasible and cost effective; (3) finalize management approval decision tree necessary for developing a new system for electronic purchasing and employee timesheet records; (4) implement corrective actions for any findings from boards' external audit; (5) implement plans to balance 4C's operating budget given loss of Title XX funding of family planning services; (6) develop a plan to address fiscal impact of Medicare Part D prescription services and a future Medicaid HMO rollout; (7) developing accounting systems to meet contract specifications for EMS services in Mainland communities; (8) implement and monitor revenues from the new applications processing fee for assisting 4C's patients with access to non-formulary pharmaceutical drugs; (9) implement and monitor pharmacy perpetual inventory system; (10) review fees and implementing standard accounting and billing practices for environmental permits; (11) continue to work with community partners and elected officials to advocate for solutions which enhance and maintain the financial viability of the 4C's clinics; and (12) continue work to increase revenues by adding new HMO contracts, educating coding staff and providers, and exploring technologies for on-line payment for District services.

## PRIORITY #5: MANAGEMENT OF CHRONIC CONDITIONS

In 2005, the most significant improvements to management of chronic conditions resulted from the Governing Board's "***Clinic Redesign Project***" which increased access to healthcare in the 4C's clinics (*SEE PRIORITY #2: Access to Care and Health Disparities*). As a result of clinic redesign, more patients with chronic conditions may be seen in the clinics and necessary follow-up appointments are now available for up to 90 days in advance, compared with 2 – 4 weeks in advance previously. In addition, patients with chronic conditions now receive reminders of their appointments. If diabetic patients fail to make their appointment, they are contacted by case management staff who offer assistance if needed. Case Managers contacted more than 300 such patients in 2005.

Additional ***improvements to chronic disease management*** include new clinical practice guidelines for asthma and hypertension, prescribing guidelines for certain medications on 4C's formulary, improvements in diabetic community outreach and education, coordination of primary care follow-up referrals from UTMB and Mainland hospitals, and case coordination of patients with chronic mental health and substance abuse conditions. Case management staff processed nearly 1000 referrals of patients with chronic conditions from local hospitals. Case coordination has resulted in about 500 successful follow-up appointments in 4C's clinics.

The Robert Wood Johnson program, "***Community Support for Diabetes,***" has continued to grow in popularity and community sites requesting diabetic education and support groups. Program staff are collaborating with a growing number of agencies that serve diabetics. Diabetes Day health fairs have featured educational programs with guest speakers on various topics relevant to diabetics, multiple agencies representing various community services for diabetics, and useful education materials. In addition, the program has collaboratively sponsored diabetic nutritional programs (e.g. cooking classes), fitness programs, support groups led by trained community "coaches" who share personal best practices with other diabetics, a newsletter for community coaches, and a resourceful website, <http://www.gchd.org/pages/chn/diabetesaction.htm>.

***Diabetic quality assurance*** measures are regularly monitored and reported to the Clinic Leadership Team and the Governing Board. Monitoring has identified both best practices and barriers. Limitations to the diabetic database are impacting data quality and ability to accurately monitor progress in the 4C's clinics. Fewer diabetics have self-management goals in the Texas City clinic compared to the Galveston clinic. For patients with self-management goals, a nurse staffing the 4C's NurseLine will contact the patients to assess and track their progress. Patients who miss their follow-up appointments are assessed and tracked by case managers to identify barriers and encourage compliance. Medical peer review discussions about diabetic patients have helped to identify best practices as well as clinic flow barriers.

In regards to management of ***patients with chronic mental health and substance abuse conditions***, improvements have resulted from a Hogg Foundation \$100,000 grant which funds Resources Coordinators who help to coordinate appointments with the 4C's Counselor, referrals for specialist care, and referral for other available health and social services. In 2005, 15 mental health or substance abuse patients were intensively case managed, 136 were briefly case managed, and 450 patient contacts were made for appointment pre-work and reminders. Also in 2005, the Health District was notified of the 1.6 million HRSA funding to the Gulf Coast Center

a grant initiative of the CAP coalition's Mental Health Taskforce – and an anticipated additional resource coordinator to assist in referrals from 4C's clinics to Gulf Coast MHMR.

**2006 goals** include: (1) diabetic database and data entry improvements; (2) clinic renovations to improve flow in Texas City and space for diabetic education; (3) review and reestablish clinical tools and “best practice expectations” for diabetic follow-up care in the clinics; (4) collaborate with local Mental Health Taskforce to identify additional resources to sustain and improve care coordination of uninsured patients with chronic mental conditions (e.g., shared tracking software and referral screening tools) between the 4C's Clinic and Gulf Coast Center MHMR; (5) establish 4C's clinical practice guidelines for common primary care mental health and substance abuse conditions; and (6) perform an epidemiology evaluation of 4C's patients with chronic condition to identify utilization patterns, co-morbid conditions, compliance with follow-up appointments, and disparate population groups.

## **PRIORITY #6: ENVIRONMENTAL HEALTH IMPROVEMENTS**

In 2005, highlights of ***environmental health improvements*** involved public awareness, extensive improvements in animal services, and a variety of improvements in air, water, and consumer health programs.

Increase in ***public awareness*** was achieved through a variety of activities, including, news releases, public summits, town hall meetings, presentations to schools and community-based organizations, participation in community outreach events, health advisories, responses to news inquiries, development of an informative webpage, the Gold Ribbon Awards Ceremony for exemplary food service establishments, weekly newspaper publication of inspection scores, and regular reports of animal and environmental concerns to county and city governments.

2005 marks several ***animal services accomplishments and improvements***. Staff and the Animal Services Taskforce completed its charge to revise the District's Animal Services Inter-local Agreement for United Board of Health approval through its policy-making process. The approved agreement established a new Animal Advisory Council to the United Board of Health with broadened representation. The first meeting of the new advisory committee occurred in November 2005.

A second ***animal summit highlights*** many public compliments on the improvements in the shelter made over the prior year. Several issues identified at the summit, including the community need for low-cost spay and neuter programs and the shelter's need for animal health assessments, are now being explored through the established advisory council. Many other identified improvements have been implemented such as hours of operation, after hour's instructions for local police departments who get calls from citizens, changes in shelter fees, employee development and training, building repairs and improvements, shelter management software to better track animal services and generate reports by jurisdiction, communications technology improvements, public signage, purchase/upgrades of animal services vehicles, etc.

Noteworthy is a dramatic improvement in public relations and an improved ***relationship with animal adoption and rescue organizations***. A new “Friends of the Shelter” organization has been instrumental in increasing animal adoptions, animal rescues, animal health, workforce assistance, volunteerism, and other types of support to shelter operations. In 2005, management

began exploring a proposed partnership with a non-profit organization, Cinco Mas, which is interested in operating a no-kill animal shelter co-located with the Health District animal shelter. The concept, with the support of county and Texas City elected officials, would relocate the shelter to land purchased by the non-profit agency. Another partnership occurred in a memorandum of understanding with the Texas City jail to allow trustees to provide community service in the shelter.

In 2005, *Animal Services expanded*. The shelter processed about 2,000 more animals than in 2004 – a total of 8,000 animals. Also in 2005, the adoption rate of animals was at 32% based on three quarters data for the year, while comparing three quarters of data for 2004, the adoption rate was at 24%. Animal services realized an eight percent increase in adoption rates and an 8% decrease euthanasia rates (from 76% in 2004 to 68% in 2005). The Commissioner's Court supported the District's request of a budget increase for two additional animal care technicians. With the additional positions, the shelter now meets workforce standards established by the National Animal Control Association. An internal audit was performed by the District's Veterinary Consultant in July 2005 and multiple prior deficiencies were corrected and only one requirement for posting a standard operating procedures in the quarantine area was identified and has since been corrected.

Other environmental programs identified and investigated a variety of *environmental concerns*. One such concern was the misidentification of groundwater on Bolivar Peninsula resulting in improper septic system installations. Through its policy-making process, the United Board of Health executed a policy and fees for proper identification of groundwater and adequate septic systems on barrier islands that will prevent pollution from improper septic system installations.

Consumer Health services implemented an internal quality assurance program to begin the process of *standardizing food service inspections* using an inspector trained and certified through the state's standardization officer. In 2005, the program began exploring the prospect of the Bolivar Special Utility District Board sponsoring a Supplemental Environmental Project through the Texas Commission on Environmental Quality. The project would assist low-income households with correcting their on-site sewage systems. Later in the year, the program identified 32 homeowners possibly connected to a noncompliant septic system in High Island and plans to work with the individuals, a variety of agencies, and elected officials to further assess and identify solutions for High Island and other reported faulty sewage systems on Bolivar Peninsula.

*Noteworthy environmental activities* include: (1) the reviewed and updated hurricane plans to protect food, air, and water during hurricanes and flooding; (2) a variety of environmental inspections/assessments at the request of citizens and elected officials (e.g., Odor inspection at Lake Madeline, assessment of county road and bridges facilities, benzene air monitoring after the Texas City BP explosion, etc); (3) participation in a cooperative committee between the county and participating cities to begin work on Phase II of federally-mandated storm water permit program designed to reduce waterway pollution through storm drainage systems; (4) groundwork to establish a mobile air monitoring program (e.g., installing equipment and performing quality checks); (5) assessed and updated fees for public health laboratory services; (6) relinquishing oversight of the nuisance abatement program which was transferred to direct county oversight. Finally, in 2005, the Office of Environmental Health conducted its second environmental summit and received stakeholder feedback regarding the need for improved

communications with cities, additional funding and resources, standardized inspections and enforcement, employee recruitment and retention, and public education and outreach.

**2006 goals** include: (1) convene the Galveston County Animal Advisory Committee to update the Animal Services Operating Policy and make other recommendations to the United Board of Health; (2) continue to explore the proposal for relocating and co-locating the shelter with Cinco Mas proposed no-kill animal shelter; (3) convene third annual public summits for environmental and animal services; (4) propose and pilot ways to improve communication and collaborate with city counterparts regarding environmental concerns within city jurisdictions and during emergency circumstances; (5) explore new software technology for environmental services data management, for permitting facilities by accounting standards, and for making food service inspection reports accessible to the public (e.g. web-based); (6) continue work with High Island homeowners, a variety of agencies, and elected officials to further assess and identify solutions for both High Island and other reported faulty sewage systems on Bolivar Peninsula; (7) review and propose an environmental fee schedule for board review; (8) develop an air pollution program “work plan” to reduce air pollution through investigations and compliance reviews; (9) continue and complete standardization of food service inspections among all consumer health inspectors and prepared a standard operating procedure for executive review; and (10) continue work on local storm water committee towards obtaining a state permit granting plan approval for compliance with 5 years.

## **PRIORITY #7: SENIOR HEALTH IMPROVEMENT**

In 2005, *senior health improvements* involved a variety of community outreach activities, volunteerism, community-based presentations, a public summit, influenza vaccinations, distribution of “senior-friendly” information, marketing Health District and other local senior services, and increasing both the clinic’s capacity and expertise to provide senior healthcare services.

Specific improvements include *increased access to care* as an outcome of clinic redesign (SEE: PRIORITY #2: Access to care and Health Disparities); hiring of a trained, board-eligible geriatrician who is also a family physician; acquiring and distributing the Health District’s brochure to seniors at a variety of events; publication of 4C’s services in the Gulf Coast Center senior resource guide; health news distributed to Senior Health Corp members; and inviting nearly 600 senior 4C’s patients to attend the Redesign Open House which featured presentations by board members and influenza vaccinations.

Fourteen *senior outreach events*, including Senior Health Fests held at county senior centers, featured fitness programs, informational booths by senior service agencies, health screenings, and presentations. The senior health coordinator and/or volunteer coordinator gave over 55 presentations to senior groups on a variety of relevant topics including Medicare Part D, physical activity, and nutrition. In addition, the senior health coordinator trained 15 senior volunteers to educate other seniors regarding Medicare enrollment and the Qualified Medicare Beneficiary program. The senior health coordinator regularly distributes information to 250 seniors members of the Senior Health Corps, and serves as a resource coordinator to link senior callers to available resources in the county. In 2005, 12 were seniors registered as volunteers of the Health District and played a role in getting information to other seniors in the community.

In October 2005, the Health District sponsored a “*Senior Summit*” with the support of County Commissioner Pat Doyle. The public summit, held at the Doyle Convention Center in Texas City, drew over 230 seniors and featured a public feedback session and a variety of exhibits and services. Seventeen vendors showcased local services and Health District staffs provided influenza vaccinations. Public feedback focused on senior concerns and experiences as a result of Hurricane Rita evacuations in the prior month.

The *Senior Health Advisory Council* developed a comprehensive senior resource manual. With financial support from the Area Health Education Center (AHEC), 170 manuals were printed and distributed to various agencies including the county senior centers. AHEC grant funding also supported the production of “Senior Critical Numbers”, in English and Spanish, which have been distributed to over 1300 seniors in the county. The Council has established and supported several senior health goals including the promotion of senior wellness and fitness, improving communications with seniors, and distribution of information relevant to seniors. Finally, the Council compiled and reviewed a variety of available senior assessments. To summarize highlights of the various assessments, most seniors feel that a healthy lifestyle is important, that transportation is a barrier, that seniors have special needs to be addressed during evacuations, that seniors are concerned about managing chronic health conditions, and that there is a need for improved social support systems and related activities.

*2006 goals* include: (1) collaborate with Mainland Medical Center and all other senior service agencies in the county for a coordinated, annual senior expo event; (2) continue community presentations, assisting seniors to find resources, and the nutrition and fitness programs in collaboration with senior centers; (3) develop a “train the trainer” program to educate seniors about Medicare Part D; (4) continue to distribute Health District brochures to seniors; (5) assist seniors with disaster/evacuation planning; (6) continue to offer Health District volunteer activities to seniors; (7) continue to distribute “Senior Critical Numbers” and the senior resources manual and post information on the Council website; (8) evaluate senior utilization patterns in the 4C’s clinics, (9) engage the services of case managers to educate and support the needs of seniors in the 4C’s clinics, and (10) seek sources of funding to continue senior volunteer program.

### **PRIORITY #8: PREVENTION BY IMMUNIZATION**

In 2005, *improvements in the prevention of vaccine preventable diseases* resulted from accomplishments of the Immunization Advisory Council, a variety of community outreach events and educational programs, expanded providers reenrolled in the Vaccine for Children’s Program, a new immunizations reminder program, immunization compliance assessments, and increasing community support of public immunizations events.

The *Immunization Advisory Council* actively participated in many developments in 2005. Council membership was expanded to include media representation, an elected official, and vaccine pharmaceutical representatives; members assisted distributing fliers during major outreach events; the volunteer coordinator assisted in volunteer training and recruitment for events; and members were instrumental in arranging for donations of incentives and educational tools. The Council also played an instrumental role in identifying barriers and creative solutions that may help increase immunization rates in the county. Suggestions involved the selection of suitable facilities and locations; engaging the support of local governments, community-based

organizations, and local schools; coordinating with UTMB School of Nursing; content of news releases and guest columns; ideas for incentives and promotional items; educational displays for parents; the idea of producing a coloring book to educate children; and having other public services/resources available at immunizations events (e.g. WIC, CHIP/Medicaid enrollment, food stamps, etc.)

The Council gave feedback on developing an *informative website*, located at <http://www.gchd.org/councils/immindex.htm>. The website has information for both the general public and health professionals and features frequent questions and answers, information about pandemic/avian flu, when and where immunizations are available in the county, volunteer recruitment, information about ImmTrac, vaccine preventable diseases statistics, council members, and a page on the “truth about vaccines” to help dispel common myths.

**Outreach education** topics include: the new immunizations reminder program, the 2005 flu vaccination campaign; information about Flu Mist, and the role of mass vaccination clinics in preparing for public health emergencies. In addition, a variety of presentations were given and sponsored by Health District staff, including CDC satellite immunization updates, vaccine-preventable disease epidemiology, volunteer training, and planning for mass vaccination clinics in the event of a naturally-occurring or intentional outbreak of disease. Through outreach activities, five new local providers were enrolled in the Texas Vaccine for Children (VFC) Program, which offers free vaccine for eligible children. All VFC providers in Galveston County (combined) administered a total of 70,324 doses of vaccine in 2005 compared to 61,788 doses in 2004.

In 2005, the program evaluated its *new immunization reminder system*. 1654 reminder cards were mailed to remind parents to get their child immunized on time. Among these reminders, there were 1514 successful outcomes (e.g. the child was vaccinated in our clinics or the child will be vaccinated by a private provider). The reminder program has a 91.5% success rate in assuring immunization compliance. The patients not reached are suspected to have relocated or moved to another county.

In 2005, there were three comparable *assessments of immunizations compliance*. Providers reenrolled in the Texas Vaccine for Children’s program (VFC) were assessed by the Texas Medical Foundation who reported 71% of children from 0-35 months of age being compliance with 4-3-1 (4 DTP, 3 polio, and 1 MMR). In 2004, the estimated rate for VFC providers was 73%. Similarly sampled compliance rate among 4C’s clinic children averaged 88%, unchanged from 2004. Similarly sampled compliance rates among public health immunization clinics averaged at 79%, increased from 76% in 2004. Over the past few years, comparable surveys have shown some increases in rates. Public health clinic increases are attributed to both immunization reminders as well as increased community support. Health District staff gave a total of 18,491 immunizations to kids 18 and younger in 2005, compared with 15,627 in 2004. In the 2004-2005 flu season, 6,796 flu shots were given, compared with 5,494 in the 2003-2004 season.

Noteworthy is *increased community support for public immunizations* efforts. In 2005, community contributors include, but are not limited to, Dairy Queen; Champions of Children; Faith based organizations; Bayvue Methodist; UTMB Community Outreach, Pharmacology and Toxicology; Mainland Medical Center; pharmaceutical companies (MedImmune Vaccines, Wyeth, & Merck); Reach Out & Read Program; Galveston Housing Authority; Galveston

County Senior Citizen Centers; Texas City & Doyle Convention Center; City of Kemah; Valic Financial Advisors; Tyco Healthcare; VWR International; AHEC; members of Immunization & Senior Health Advisory Councils; St. Vincent's House; Jessie Tree Food Bank; Galveston Daily News & Guidry News Service; and a variety of Health District programs & employees.

*2006 goals* include: (1) continue to convene the Immunization Advisory Council to review and implement feasible solutions to identified immunization barriers; (2) continue to increase community support for public immunization campaigns through volunteer recruitment, educational programs, and collaborations with community-based organizations; (3) continue immunization reminder program; and (4) continue to analyze available and comparative data estimating immunizations compliance.

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As Chief Executive Officer, I am proud to submit this second annual report to the Boards, local elected officials, and citizens of Galveston County. In the past year, Health District staff, advisory councils, and community stakeholders have worked deliberately on the eight health priorities and diligently towards accomplishing the goals adopted under each health priority. Goals accomplished in this second year of the Strategic Health Plan have in essence laid the foundation necessary to achieve the more challenging goals over the next several years.

The Strategic Health Plan has been embraced by employees of the Health District and used as a guide for all activities and services provided through the Health District. I commend the staff for dedicated and deliberate work towards the plan and dramatic progress in just two years. A special appreciation to the Health District's executive staff and Strategic Plan Evaluator for extensive work in coordinating and compiling the data and information needed for completion of the following comprehensive report.

Finally, I look forward to future years of collaborative work towards addressing the health priorities of Galveston County and towards assuring a healthier community.

Sincerely,

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**Harlan "Mark" Guidry, MD, MPH**  
**Chief Executive Officer**  
**Galveston County Health District**  
January 26, 2006