

The Galveston County Health District

2006 Annual Report

United Board of Health & 4C's Governing Board

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GALVESTON COUNTY HEALTH DISTRICT

4C's Clinics, Public Health Programs, Galveston E.M.S.

John A. 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

February 28, 2007

The Galveston County Health District's United Board of Health and 4C's Governing Board proudly present the third annual progress report on the Strategic Health Plan, adopted by both boards of health in January 2004.

In 2006, the Health District made significant progress in each of the eight strategic health priorities identified by a broad and inclusive group of community stakeholders in the planning process. The progress report identifies both accomplishments and goals for 2007.

The Boards acknowledge and commend the efforts of Health District staff that carry out these activities with dedication and diligence. We also are appreciative of the many community stakeholders, advisory councils and individuals, who have played an instrumental role in making positive steps towards health improvements for Galveston County.

We support and look forward to the next steps in our journey to a healthier community.

Sincerely,

(Signature on file)

John A Zendt, Chair
United Board of Health

(Signature on file)

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

Members

Ben G. Raimer, MD, Vice Chair
Mary Anne Holcomb, Secretary/Treasurer
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Ted Hanley
Milton Howard, DDS
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Members

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Elizabeth Kinard
Dorothy Goodman
Barbara Thompson, MD (Ex-Officio)
Harlan "Mark" Guidry, MD, MPH (CEO)

CHIEF EXECUTIVE SUMMARY

2006 ANNUAL PROGRESS REPORT

In January 2004, the first *Strategic Health Plan* was adopted to guide 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 www.gchd.org.

United Board of Health Highlights

EMS Budget & Mainland Expansion
Pandemic Flu Budget
Emergency Operations Plan (All Hazards)
Supports for Bolivar Sewage Systems
Discontinued Private Water Well Permit Program
Discontinued HIV Administrative Services
New Food Safety Policy/Regulation
Animal Services Advisory Committee
Animal Alliance Spay & Neuter Services
New Vehicular Accidents/Incidents Policy
Dow Grant for Flu Shots to Homeless & Vulnerable
Support for Texas City Renovation Plans
Phone System Upgrades
New Member, Dr. Donald Cleary (Veterinarian)
HIPAA, Open Meeting, & Public Information Training
EMS Debt Collection
Employee Compensation Improvements

Contents of Report

This third progress report evaluates progress towards the 2004 Strategic Health Plan, includes a summary on the health of Galveston County, public health threats in 2006, and the status of our readiness for public health emergencies. In addition, the report evaluates where we are in trying to improve access to care in the 4C's Clinics.

Both Boards Remain Active

In 2006, both policy-making boards were actively involved in Health District policies and activities. In 2006, both boards were prescheduled for 12 monthly meetings. The United Board of Health had one meeting in July which lacked a quorum; however, the executive committee convened on August 15th

to review and act on needed items. The 4C's Governing Board had two meetings, August and October, lacking a quorum, and the executive committee convened on September 6th and November 1st, respectively, to review and act on needed items.

The 4C's Governing Board combined its November and December meetings to one meeting held on November 30th. The United Board of Health cancelled the December meeting due to Holiday schedules. In 2006, thirty-three (33) operational policies were renewed and approved. The one new operational policy was Vehicular Accidents/Incidents.

Governing Board Highlights

Annual HRSA grant
FY 08 Budget & Operating Plans
Texas City Renovation Plans
Pharmacy Services Audit & Review
Phone System Upgrades
New Member, Elizabeth Kinard
New Ex-Officio Member, Dr. Barbara Thompson
New Chair, Dr. Milton Howard
HIPAA, Open Meeting, & Public Information Training
Support for Provider Income Incentives

How well are we doing?

For a plan that extends to 2010, we have done incredibly well. Most goals have been accomplished and now being maintained. A few goals have not been accomplished, namely in the priority for improving healthcare financing. Several goals are partially completed with additional progress expected in 2007-2010. Unmet or partially met goals are noted in **red font** in

the “Evaluation of Progress towards SHP 2004” beginning on page 6. A list of Priority Initiatives identified by both boards for 2007-2010 can be found on page 25.

Managing a Diverse Number of Grants & Contract Services

Financially in 2006, the Health District managed a combined, total budget of 23.4 million dollars. The largest category of **revenues** comes from grants and local contributions comprising \$15.4 million (66%) of total revenue. Overall, the Health District manages over 25 grants for a variety of services. 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. For a list of grants and contracts funding public services, see Appendix B on page 28.

The United Board of Health appropriated a total of \$16.1 million to a variety of community health, environmental health, and emergency medical services – many funds from federal and state program grants. Approximately 2.5 million of County revenue supported operations and services under the United Board of Health. In 2006, the board approved a Mainland EMS Expansion through a contract with the City of Dickinson, City of La Marque, City of Texas City and the Galveston County Health District (GCHD). The expansion established a new EMS coordinating system (Medic One) for participating Mainland communities. A status report on this significant new service is found on page 23.

Healthcare Constraints Yet Financially Sound

In 2006, the 4C’s Governing Board appropriated a total of \$7.3 million for medical, dental, and supportive services for 4C’s patients of which 3.8 million was from County of Galveston. In FY2007 the 4C’s budget decreased by \$119,266. While collections related to patient services realized a significant increase, other factors including the absence of Title XX funding, the impending loss of nearly 33K of pre-HMO, Medicaid per capita revenue, the ending of a Hogg Foundation grant, and other factors, contributed to the net loss of resources. This loss in resources required a 6.5 FTE reduction in force with some impact on ancillary services in the 4C’s clinics.

In the past four years, the 4C’s clinic has transformed in to a highly productive clinic, exceeding state and national averages for medical productivity, coupled with decreasing revenue potential from sponsored patients. Decreasing revenue from sponsored patients is a concern because *4C’s ability to serve the poor and uninsured is dependent upon, not only revenue from federal and county sources, but also upon revenue from sponsored healthcare.* In spite of inherent challenges in the healthcare industry, the Health District maintained favorable fiscal outcomes in 2006 through prompt, challenging, and ultimately effective management practices. An assessment of 4C’s access to care statistics can be found on page 19 (4C’s Healthcare Report) and in Appendix D on page 50.

Selected Highlights of 2006:

- ❖ **Animal Services progress** continues - compared to 2005, a larger proportion of animals were adopted or redeemed & a smaller proportion were humanely euthanized
- ❖ Progress in finding low cost solutions to **septic system problems on Bolivar**

- ❖ Assisting residents of **Lake Madeline** in identifying the cause and possible solutions to the lake's water pollution
- ❖ **County-wide "50+" senior** held at Mall of the Mainland, co-sponsored by GCHD senior Council Members, including Mainland Medical Center

Key Organizational Challenges -

- ❖ **Limited or absent data systems** – impacts ability to evaluate billing/collections, diabetes clinical database, assessing prevalence of chronic diseases, electronic medical records, clinical preventive reminders, and written communications with patients. Much needed valuable data is non-existent, significantly limited, inaccurate, or too labor intensive for on-going practice use.
- ❖ Lack of comparable & reliable estimates of **childhood immunization rates** - remain a challenge as the state uses new methodologies, assesses additional vaccines, and employ new software and statistical tools
- ❖ Several needed **facility renovations**

As Chief Executive Officer, I am deeply honored to be a part of an agency which has made outstanding progress towards many challenging goals. Health District staff and partners work everyday in a fast-paced and complex healthcare environment with limited (or non-existent) electronic data systems. In spite of daily challenges, Health District staff demonstrates steadfast concerns for the public we serve.

Much appreciation goes to all executive staff members for their assistance in gathering data for this report (often tedious and labor intensive). Significant contributions to the report were made by the Chief Operating Officer (4C's utilization data), Chief Epidemiologist (report on the health of Galveston County), and Strategic Plan Evaluator (Evaluation of SHP & Access to Care). Finally, a special appreciation to Ms. Pisa Lewis, Executive Assistant to the United Board of Health, for all the finishing touches, compiling staff submissions, and preparing the final document for board review and action.

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.

Sincerely,

Harlan "Mark" Guidry, MD, MPH
Chief Executive Officer
Galveston County Health District
 February 28, 2007

Evaluation of Progress Towards SHP 2004

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 three years, staff has tracked progress toward each goal and objective by priority. In addition, significant 2006 accomplishments are highlighted in text boxes. The goals and the objectives of the 2004 plan can be found at <http://www.gchd.org/admin/strattoc.htm>.

Priority 1, Public Awareness. All of the goals of this priority have been completed except for *Goal III, 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 has been partially met but no specific activities have been accomplished to educate the public on high blood pressure or asthma.

2006 Press Highlights

- Beach Watch
- Lake Madeline
- Uninsured Healthcare
- Animal Seizures
- Summits
- Immunizations
- Gold Ribbon Awards
- Flu Shots
- West Nile Virus Updates
- Mammograms
- Mental Health Conference
- Pandemic Flu Preparations
- Food Safety
- EMS Medical Director

In addition to press releases issued by the District, a major accomplishment has been educating the media to contact us first when working on stories concerning public health in Galveston County. An additional major accomplishment was the successful management of increased media inquiries prior to an immunization drive to be conducted on Election Day 2006. Public information managed many calls and assisted the program which was successfully completed in Galveston County, vaccinating over 500 persons against influenza at three sites.

In 2006 the Health District was contacted by the local newspaper and all of Houston's major media outlets for a variety of stories. Goals have been addressed by providing timely information on the GCHD web page addressing such issues as heart disease, obesity, holiday mental health, smoking cessation, diabetes, immunizations, and flu shots. Future goals to be addressed include high blood pressure and other wellness issues.

Priority 2, Access to Care and Health Disparities: Most goals have been met. Two goals remain partially met. *(1) Goal three, identify and eliminate barriers in the system of referring 4C's patients for specialty evaluations, hospitalizations and other types of referrals.* Data is tracked and barriers have been identified, however there continues to be only a small percentage of referrals of uninsured patients that ultimately resulted in a specialty evaluation at UTMB, the major referral source for Galveston County specialty care. The lack of healthcare funding impacts uninsured access to UTMB for health care services and to the Gulf Coast Center MHMR for psychiatric services. Additionally, staff has been unable to collaborate with referral partners in order to e-mail referrals within the database system that was developed and continue to fax referrals that are sometimes lost or misplaced in the process.

(2) Goal four, improve fiscal management and healthcare financing of the 4C's Clinic is likewise partially met due to issues with healthcare financing that may only be resolved at the national and state level. The clinic continues to enroll more patients that are uninsured.

The charge to identify and eliminate access to care barriers is marked by both significant improvements and ongoing challenges outlined in detail in **Access to Care – 4C's Healthcare Report on page 19** and in Priority 4, Healthcare Financing, below. Access to mental health services has had gains and setbacks over

the three years of the Plan. Participation on the community coalition Mental Health Task Force has lead to the placement of a Gulf Coast Center (GCC) case manager at the GCHD who assures priority appointments for patients referred to the GCC for moderate to severe mental conditions, although currently there is a waiting list. Lack of funding continues to be an issue for sustaining access to community mental health services.

2006 Highlights
Clinic Renovation Plans
JCAHO Reaccreditations
Exceptional Medical Productivity
Initiated Collections Improvements
Pediatric Dentist
Expanded Headstart Outreach

Priority 3 Business Improvement: All goals of Priority 3 have been met. *Goal five, 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* is a goal that changes from year to year as new objectives and funding sources are added. A requirement of our organization's capacity to respond to the public in emergencies is included in chapter 6, Emergency Public Information and Warning of the Public Health Preparedness grant. Noteworthy, is the new CDC objective requiring local health departments to develop the capacity to respond to calls from 1% of all households in its jurisdictions – this amounts to over 940 calls. While the timeline for this capacity remains unclear, the Health District's existing efforts to updates its telephone system is a step in the right direction.

2006 Highlights
Volunteer Program
Recruitment and Retention of Key Positions
Staff Training & Orientation
Increase Access & Use of Technology
Board Training Requirements
Centralized Contract Management
Audit & Corrective Actions

Another effort to improve the Health District's preparedness and capacity to respond to emergencies is the expansion of the Galveston Area Ambulance Service to the Mainland to fill a gap in service to the public. Many improvements to the operations of GAAA were made in 2006 including the formation of Medic One, a

cooperative system sharing a medical director, protocols, training and quality assurance between GAAA and other EMS organizations. The Health District provides accounting and billing services for the non-emergency transfer service with surplus funds distributed to member municipalities.

Audits play an important role in identifying needed improvements and assuring accountability. The Compliance Auditor assisted in the following reviews/audits in 2006: pharmacy services; conflict of interest disclosures; medical records collections & fees; local animal control ordinances; expired contracts and agreements; HIPAA compliance; record retention requirements, etc. State and federal auditors reviewed fiscal service activities for DSHS grants; HIV/STD Surveillance grant was placed on probation temporarily with rapid implementation of corrective action, restoring the program to full status with 4 months. JCAHO unannounced survey resulted in full reaccreditation for the 4C's clinics. The Board's external financial auditors found no material weakness from their financial review which is limited to specific financial and accounting standards. Finally, the State reported findings of the financial audit on August 4, 2006, which reviewed state-funded public health contracts and they were immediately corrected.

Priority 4, Healthcare Financing: Two goals have not been accomplished. ***(1) Goal six, to increase the proportion of clinic patients who have third part reimbursement*** has actually decreased. The percentage of uninsured users went from 88% in 2003 to 90% in 2005. We also lost Title XX Family Planning grant money and have been forced into a reduction in force to meet a balanced 4C's budget for FY2007. In the future, clinic staff will need to market 4C's services to sponsored patients and continue to change public perceptions about the quality of care that is provided; and ***(2) Goal nine, implement a Perpetual Pharmacy Inventory System as a fiscal monitoring tool is unmet.*** The pharmacy software (McKesson) is unable to communicate with the distributor (Cardinal). Staff is currently preparing a Pharmacy RFP that includes this goal as one objective.

Partially accomplished healthcare financing goals include the following:

Goal one, to become an authorized provider of health care plans that serve Galveston County residents has been partially met. We have contracted with all but one Medicaid HMO. We are in the process of contracting with Blue Cross/Blue Shield, but other than the County of Galveston (HAS) self insured program, TACHC Employee Benefit Plan (EBG), and State of Texas CHIP plan we have not yet made arrangements to take other private insurances.

Goal two, to assure that all patients potentially eligible for third party coverage are provided the opportunity to apply is partially met due to limited resources in terms of trained staff available to evaluate and assist patients.

Goal four, increase collection of fees charged to self pay patients so they meet national standards set by the Centers for Medicare and Medicaid Services is partially met. We have brought fee for service charges up to meet national standards set by the Centers for Medicare and Medicaid, but have not increased the collection of those fees charged to self-pay patients. We are below the state/national average for FQHCs on that measure.

Goal five, assure coding accurately reflects the services provided and diagnoses made is partially met. Staff needs to continue to analyze coding errors, train staff and ultimately chose an electronic medical record product that accurately ties coding to clinical data.

Goal seven, to work with community partners and the Legislature to develop a funding method that would support indigent care is partially met. Staff must continue to work with our partner agencies to advocate for increased funding, consider legislative lobbying efforts to educate our elected officials and working through the Texas Association of Community Health Centers.

Goal eight, to review and assure that the pharmacy formulary and laboratory authorized tests are consistent with the clinics practice guidelines is partially met. Currently there is no formulary for common lab tests and this will be developed along with a procedure for getting approval for non-formulary lab tests. Although there is a pharmacy formulary, during the annual audit in 2006 medications off of the formulary were discovered in the pharmacy in 2006.

2006 Highlights
Contracts with Medicaid HMO's & Private Insurance Plans
Plans for Medicaid Women's Health Program
Update Medical & Dental Fees
Provider Coding Education
Requirement for Certified Coders
Improved Billing Cycles
Lab Cost Analysis
Pharmacy Audit & Review

Priority 4 addresses the most challenging aspect of healthcare, particularly when delivered to the uninsured and vulnerable. 4C's ability to serve the poor and uninsured is dependent upon, not only revenue from federal and county sources, but also upon revenue from sponsored healthcare. Diminishing numbers of covered patients, such as Medicaid/Medicare which reimburses FQHC's at a higher rate, results in a decrease in resources that subsidizes the

cost of care to a growing percent of uninsured and indigent patients. Healthcare financing is a challenge experienced nationwide. In spite of significant financial challenges and data system limitations, staff has accomplished much over the past three years attempting to accomplish these goals. 2006 UDS data of the 4C's clinics show an overall increase in collections from 12% in 2005 to 13% in 2006.

Asset testing to determine eligibility for the *County Indigent Healthcare Program* was initiated in October 2004 in accordance with Commissioner's court orders and state regulations. As a result of asset testing in 2004, only 237 of the nearly 1200 participants remained eligible. In calendar year 2005, there were 726 people screened, 315 were eligible, 410 were denied and 1 was in pending status. In calendar year 2006, 795 people were screened through the County Indigent program. Of this number, 416 were eligible for the program, while 373 were denied and 6 were in pending status.

By state decision, the Health District lost the administration of approximately \$514,553 for **HIV service** contracts to community-based organizations providing case management, health services, transportation, housing and other social services to persons with HIV/AIDS. This loss occurred after a state decision to transfer the administration of these grants to Houston. The decision resulted in a loss of two Health District positions; however, services to Galveston County residents would remain unchanged according to state officials.

Regarding **EMS finances**, Galveston Area Ambulance operations reported a favorable net change of \$57,411 for the fiscal year ending September 30, 2006. Although the Galveston Service area reported a loss for the year of \$61,083, the Bacliff, Hitchcock and Mainland transfer services reported favorable outcomes of \$36,576, \$81,113 and \$805 respectively. Reimbursements of \$65,663 were received from FEMA as a result of emergency services provided during Hurricanes Rita and Katrina and were reflected in the financial report for this

period. GAAA also contracted with the office of Linebarger, Goggan, Blair & Sampson to provide collection services on past due accounts in an effort to increase collection revenue.

Priority 5, Management of Chronic Conditions: *Goal 1, to develop and implement clinic practice guidelines for chronic conditions such as high blood pressure, heart disease, asthma and depression* is partially met. 4C's Clinic still needs to develop guidelines for depression and heart disease (other than prevention guidelines). All other goals in this priority have been completed.

The Redesign of the 4C's Clinic increased access for patients with chronic conditions as more may be seen as walk-ins referred from emergency rooms or discharged from area hospitals. In addition, there is better access to follow up appointments as they can now be scheduled three months in advance. All patients with appointments receive reminder phone calls, and patients needing reauthorization of their medications are better tracked and responded to. Case managers continue to contact diabetic patients that fail to come to their appointments and offer assistance with transportation or other issues.

2006 Highlights
Increase Walk-in Access to 4C's
Better Access to Follow-up Appointments
Patient Appointment Reminders
Medication Refill Improvements
Case Management Support
Medical Peer Reviews
Diabetes Education & Cooking Classes
NEW Diabetes Progress Note
Diabetes Self-Management Activities
Public Health Staff Support
Formulary Updated to Clinical Guidelines

Finally, medical peer reviews have focused on assessing and improving diabetes and asthma care, public health staff promotes community-based diabetes education and self-management concepts and patients have access to diabetes education, peer and community educators, and diabetic cooking classes, developed as outcomes of a three-year Robert Wood Johnson grant to a local community coalition.

Priority 6, Environmental Health Improvements: Three goals have been met but five have only been partially met:

Goal three, implement a public awareness campaign that addresses environmental concerns has partially addressed. An informational packet addressing mold concerns has been developed and distributed to the public as requested, but the Consumer Health Division is still working on a system to adequately educate the public regarding restaurant inspections and the scoring process.

Goal four, increase awareness among elected officials regarding environmental services and concerns is partially met. A comprehensive monthly report of services to the cities still needs to be developed.

Goal five, assure systems are in place to collect accurate and available data is partially complete. In the coming year, the Office of Environmental Health Programs will continue to investigate a comprehensive data management system for its programs (except Animal Services). It is intended to be web based and accessible to the public. Several vendors have presented products and proposal is currently in the process of revision.

Goal seven, increase collaboration between Health District staff and their counterparts in local political jurisdictions for routine and emergency communication has been partially completed. In the future staff will communicate with personnel in the cities when they are working in their area.

Goal eight, ensure consistency in inspection and enforcement procedures is mostly complete but quality assurance monitoring remains to be developed. In the future Consumer Health Division will develop an evaluation process to identify if the standard operating procedures are being followed consistently by all staff and include results in performance evaluations.

Highlights in 2006 for Environmental Health include progress in finding ways to resolve septic system problems among low income households on Bolivar, assisting residents of Lake Madeline in identifying the cause and possible solutions to the lake's water pollution; establishing a comprehensive environmental health coalition to work together and share

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| <p>2006 Environmental Highlights</p> <ul style="list-style-type: none">Exploring solutions to Bolivar Septic SystemsGolden Ribbon Awards for Exceptional Food ServiceBeach Watch Bacteria-based No Swimming AdvisoriesLake Madeline Pollution InvestigationDickinson Bayou Watershed Management CommitteeNew Environmental Advisory CouncilNew Food Safety Policy/RegulationDiscontinued Private Water PermittingExploring Solutions to Household Hazardous DisposalPhase II Storm Water Permit ProgramFood Establishment's Permit Compliance |
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resources; continuing efforts to improve food safety through policy, standardized inspections, and improved public relations as evidenced in the Gold Ribbon Awards Ceremony. The Beach Watch program continues to remain active during summer months to inform the public about dangerous levels of bacteria in beach waters. Environmental Health Services also participated in a multi agency task force seeking funding to construct and operate a permanent household hazardous

waste facility. Environmental Health's outreach efforts included participation in the community wide Trash Bash event drawing attention to many issues facing our environment and participated in the third annual environmental summit.

Animal Services with increased fees assessed under the Animal Services Interlocal Agreement and funds from the County of Galveston, hired another county Animal Control Officer to assist in the ever increasing number of service calls received and to fund shelter improvements such as new kennel gates, suspended ceiling in the kennel, painting of the interior, security cameras, new flooring, replacement of the current aging freezer and the purchase of new lobby furniture. The Animal Services Advisory Committee is assisting in updating the Animal Control policy and reviewing rules prior to submitting them to the United Board of Health for approval/adoption.

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| <p>2006 Animal Services Highlights</p> <ul style="list-style-type: none">Animal SummitAnimal Service Advisory CommitteeAnimal Service Policy Development (in progress)Improved Animal Services Data (new software)Animal Fostering ProgramSpay/Neuter Requirement for Shelter AdoptionsAnimal services Emergency Plans (in progress)Updated Shelter FeesShelter Facility Improvements |
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In 2006, the animal shelter took in 8082 animals, representing 82 more animals than in 2005 - a 1 % increase. The adoption/redemption rate increased to 38.2 % in 2006 (3088 animals), compared to 36 % in 2005 (2880 animals). Similarly, a smaller percentage of animals were euthanized, 58 % in 2006 vs. 68 % in 2005. Please see Appendix E on page 52 for 2006 Animal Shelter Statistics by city.

Priority 7, Senior Health Improvement: All but one goal has been completed. *Goal one, increase access to the 4C's Clinic for underserved seniors* has been partially met in that staff has put system improvements into effect that have increased access to patients of all ages. In 2006, the 4C's clinic saw 263 more Medicare patients than in 2005 (a 77% increase). In spite of this, there remain concerns about increasing the number of senior patients even though the clinic employs board-certified geriatrician. The concerns are presumably related to long-standing public perceptions, the need to improve patient registration services, front desk congestion, overall clinic flow, and security concerns. Future plans include renovating the Texas City Clinic to make the site more "senior friendly," a public awareness and marketing program.

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| <p>2006 Highlights</p> <ul style="list-style-type: none"> Medicare Part D Education Brochure Distribution Senior Advisory Council Flu Shot in Senior Citizen Centers Volunteer Opportunities 50+ Seniors Expo Seniors Walk Across Texas |
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The **Senior Health Advisory Council** set their priorities and activities for 2007 to include expanding educational programs in senior citizen centers, participation in 3 major health fairs or community events and the Walk Across Texas project, piloting a senior newsletter, seeking funding to continue the Senior Cooking Schools, promoting the "agency notebooks" via organization websites, distributing Critical Phone Number cards with revisions to include "211" and Medicare Part D information.

Priority 8, Prevention by Immunization: All goals have been accomplished except for *Goal two, improve availability and accuracy of local data to enhance tracking assessment and feedback.* This goal is partially met but there are barriers to using ImmTrac, the state vaccine registry, as the sole system for comprehensive assessment and tracking within a jurisdiction. Barriers include the fact that many private providers (who give the majority of children's vaccines) do not use the system and parents may opt out of putting their children's immunizations into the registry. Therefore the data is neither complete nor accurate. Other sampling methods are available to assess trends; however, their statistical significance is questionable and data comparability with other jurisdictions is limited. Furthermore, the CDC method of annually assessing of major jurisdictions does not include Galveston County.

Immunization improvements have been accomplished through the leadership of the Galveston County Health District in becoming an authority for public vaccine information. The Health District organizes and convenes an Immunization Advisory Council which reviews immunization activities and helps identify barriers and solutions to improve the immunization rates in Galveston County. The Council supports the District in its three major outreach events. The Council also helped develop a website that provides information for the general public including links to local information, statistics, information about pandemic flu and facts dispelling myths about vaccines, and links to a variety of factual information for health care professionals.

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| <p>2006 Highlights</p> <ul style="list-style-type: none"> Immunization Advisory Council Planning for Disasters & Mass Dispensing Clinics Trained Students & Volunteers Rabies Vaccination for Public Safety Increase in VFC Providers Grant funding for Flu Shots on Election Day Grant Funding for Flu Shot to Poor & Homeless Increase Grant Funding for Immunization Compliance and Expanding VFC HPV Vaccine Available |
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Community VFC providers increased from 58 in 2005 to 61 in 2006. These community providers make affordable vaccines available to uninsured and other eligible groups who seek immunizations in the private medical community.

The 2005 annual immunization report from DSHS showed improvement in immunization compliance from 71% in VFC providers up to 88% in 4C's clinic and 79% in Health District immunization walk in clinics. 2006 data has been received by immunization services and is currently under review due to questionable statistics. After further discussion with DSHS it was determined the data was unreliable due to a 2006 change in the statistical methodology used to analyze immunization compliance and a data entry error. The state acknowledges the data entry error and is working with the Health District to obtain reliable data for future analysis.

2006 Galveston County Health Report

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.

Based on US Census data, Galveston County's estimated population is approximately 277,563 people. Galveston County residents are racially and ethnically distributed as follows: 63.5% white; 19.9% Hispanic; 14.9% black; 2.7 % Asian, and 1.4% 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%. Seventy-five percent (75%) of the residents 25 years and older are high school graduates compared to Texas at 80 % and the nation at 76%. The average income in Galveston County is \$44,774 compared to Texas at \$39,967 and national at \$43,318.

In 2003, Galveston County recorded 3,978 live births. Of this number 50.5 % were male and 49.5% were female. In this year, 5% 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 pregnancy in Galveston County was as follows: 29% (53) white; 28 % (52) black; and 43% (80) Hispanic. In 2002, only 13.7% of mothers with live births received late or no prenatal care compared to the state at 17.7%. There is no county data available for prevalence of chronic disease at this time.

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 2002-2006 in Appendix C page 49. Among the top 3 reportable disease/conditions 66% were female and 34% were male. Approximately 5.6% did not depict a race and ethnicity, 49% were black, 28% were white, 17% were Hispanic and 0.4% was Asian. In addition to sexually transmitted infections being in the top 3 communicable disease cases in Galveston County, syphilis cases increased in 2006. There was a 62% increase in the number of syphilis cases in adult Galveston County residents within the months of July to October 2006 as compared July to October 2005. From 2005 to 2006, the number of cases of early syphilis increased from 28 to 39, and the rate increased from 10.23 to 14.05 cases per 100,000 populations.

Galveston County Morbidity

Department of State Health Services (DSHS) Center for Health Statistics generates reports on Texas County rankings. The latest data available is for 1998 - 2000. According to the report, Galveston County ranked number 95 out of 254 for total deaths during 1998 to 2000. DSHS Selected Health Facts 2002, states the leading cause of death in Galveston County residents was cardiovascular disease (821 deaths) followed by malignant neoplasm (cancer) attributing to 541 deaths. The county death rate is higher than the state at 1,006 per 100,000 people, compared with 885.6 per 100,000 people statewide. The Centers for Disease Control and Prevention states several health trends that lead to death are alcohol use, smoking, diabetes, sedentary lifestyle, hypertension, obesity and overweight.

2006 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, coastal environment, an active port, and other common communicable diseases. In the year 2006, Galveston County Health District responded to a range of communicable diseases and environmental public health threats. Such threats ranged from responding to environmental issues, infectious diseases, and public nuisance of mosquitoes. Threats were handled through communication with partners and residents as well as through physical investigation.

Health Communications within Galveston County

Communication and response between public health partners, the medical community and the public is an immense part of Public Health Preparedness. Communication advisories and alerts are handled largely via distribution through the Health Alert Network (HAN) and sometimes through face to face encounters with the public. In 2006, a total of 5 advisories were distributed through the Health Alert Network (HAN). The purpose of the advisories were to alert and/or advise health professionals on identification, prevention, and treatment of potential threats to the community. HAN advisories were distributed on West Nile Virus (2), E. Coli (1), syphilis (1), and equine herpes virus (1). An in-service on Legionnaire's disease (legionellosis) was held out in the field on a tugboat docked at the Port of Galveston in Galveston waters. The in-service was held for the tugboat's 14-member crew after one member was diagnosed with the disease. The Health District also handled a large number of calls during the summer of 2006 regarding dead birds, bats and mosquitoes. The dead birds and bats inquiries were due to the heightened awareness of West Nile virus and the death of a young man from rabies in Harris County. For other health news releases log on to <http://www.gchd.org/>

Chemical Releases

In February of 2006, there was an environmental issue at a chemical refinery in Galveston County. A Valero tank farm leaked approximately 200 gallons of ethyl acrylate, from a storage tank onto the ground at their facility in the Port of Texas City complex. The Health District fielded calls from other local petrochemical facilities and the general public because the odor traveled a long distance across Texas City enough to be classified as a nuisance odor. Valero handled the clean-up operation. This incident led to a meeting between Valero officials, Texas City officials and the Health District on ways to improve the company's communication of future incidents.

Anthrax Threats and Hoaxes

The Health District responded to a suspicious letter on September 11th that was sent to the office of State Senator Mike Jackson in League City. His office received an envelope containing a powder with a note indicating the powder was anthrax. The Health District's Bioterrorism Response plan was activated. The Health District worked closely with League City Police, Regional State Office and the FBI Weapons of Mass Destruction Coordinator. The FBI deemed the substance not to be a threat after initial testing.

Meningitis Threatened the Public

The Health District responded to 2 cases of meningitis that threatened the public's health. One case of pneumococcal meningitis led to the death of a high school student in Hitchcock. The other case was meningococcal disease in a 20 year old resident of Dickinson that had recently been released from incarceration. Epidemiology Services responded with a thorough investigation in the field and educated contacts about appropriate control measures in addition to sending out letters to alleviate concerns.

Tuberculosis on Land and Water

The Health District responded to two tuberculosis cases in 2006. One case was a Galveston resident that was a patient at UTMB. The patient had to be quarantined to a state tuberculosis (TB) hospital in San Antonio. This was in accordance with the Texas Health & Safety Code procedures when necessary to protect the public's health from spread of an infectious disease. The County Attorney and Local Health Authority had to consult and forward a notarized medical affidavit regarding the case to the Texas Commissioner of Health for review. The Commissioner's designee issued an official concurrence as well as designated the facilities for temporary and long-term quarantine. The County Attorney then filed necessary documents in local courts and the case ultimately led to the necessary court order for quarantine to a state TB hospital. The patient was transported 6 days after the court order was executed due to logistical issues such as: transportation arrangements, locate a deputy to guard the patient, holiday staffing shortages, reluctance to accept patient by state hospital physicians, as well as miscommunications within state offices.

The other tuberculosis case affected a crew member on a cruise line in Galveston. The crew member was admitted to UTMB and diagnosed with active TB. CDC and the cruise line compiled a line list of close contacts. The Health District provided supplies and equipment to test 250 contacts for TB. Health District staff gave an in-service to medical personnel on the cruise line for correct administration of skin tests and reading of the skin test results. TB program and lab staff conducted 3 TB clinics to obtain medical history, TB risk assessments X-rays, and lab work for 154 individuals onboard the cruise ship.

Gastro-intestinal Outbreaks in a School and a Long-Term Care Facility

The Health District responded to an outbreak of vomiting and/or diarrhea illness at a school in Galveston and a long-term care facility in Friendswood. 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.

Rabid Bats in Local Cities

For the year of 2006, six bats have tested positive for rabies. The rabid bats were found in Dickinson (1), Kemah (1), Friendswood (1) and League City (3). This number has increased significantly from the past 5 years (2001 three cases; 2005 one case). The increase may be due to enhanced media coverage of rabies in bats and specimen submission for testing. The Health District administered rabies post-exposure prophylaxis to 2 Galveston County residents. The Health District now offers rabies pre-exposure immunizations to public health partners whose job put them at high risk for contracting rabies.

Pertussis

There were 9 pertussis cases reported in Galveston County in 2006 compared to 11 cases in 2005. Seven of the 9 cases were 16 years old or younger. Pertussis or whooping cough is a vaccine preventable disease that remains a major health problem among children in developing countries. The Health District receives reports on all suspect or confirmed cases of pertussis. In turn, District staff investigates the report, identifies close contacts to receive medical assessment for post prophylaxis, and educate the public on transmission and prevention. If the identified close contacts do not have a medical home, the local health authority will evaluate and make appropriate public health recommendations. The Health District appreciates physicians who diagnose and assist with the treatment and prophylaxis of pertussis cases and their contacts. This collaboration avoids delay of treatment for contacts and allows the Health District to thank and recognize physicians for their support of public health.

Public Health Preparedness – Status Report on Capacity

The Galveston County Health District has taken many steps to be better prepared to handle a variety of public health emergencies including hurricanes, pandemic flu, chemical and biological events. Health District's staff has been working closely with local schools, hospitals, emergency management and other local health departments in southeast Texas to collaborate in planning and training for these events.

How Prepared Are We?

- **Health District Leads Health Response in Emergency** - The Galveston County Emergency Response Collaborative (GCERC) continued to meet and plan each month. The local health authority convened a meeting of top agency officials for presentation and discussion on pandemic flu. Training for stakeholders and an exercise with regional partners was conducted to prepare for a flu pandemic.
- **GCHD Employees Trained** - Training and fit testing for N95 respirators was provided to 75 staff members.
- **Disaster volunteers trained** - The Medical Reserve Corps has grown to 63 members. Many of these members have been trained in SNS operations, hurricane preparedness and critical response roles. Additional volunteers have been identified from the general public, Red Cross, schools and city staff. In all, 902 volunteers will be needed to assist in an emergency, but only about 600 have been identified.
- **Public Health Preparedness Plans are continuously improved** - The Health District has all state and local required plans and will continue to update as needed.
- **Planning for Hurricanes** - The Health District participated in post-Hurricane Rita planning and needs assessments in collaboration with the Houston-Galveston Area Council. The District also participated in the statewide hurricane exercise. Plans were updated based on lessons learned from Hurricanes Katrina and Rita. Public information templates were put in place to aid in preparing guidance to the general public after a hurricane.
- **Bioterrorism exercise and training** – A full-scale exercise took place at Ball High School to simulate SNS activation. A protocol to ensure proper chain of custody procedures are followed and key staff are notified was developed. In addition, public

health messages were prepared to provide guidance to the general public in the event of a biological threat. Prior to 2006, 60 employees were vaccinated against smallpox in order to assist with an outbreak.

- **Mental Health Preparedness** - The Health District in collaboration with local mental health providers in the county, held a "Calming the Waters: Disaster Mental Health in Galveston County" conference. The event was attended by over one hundred mental health providers in the community. Its purpose was to educate participants on the mental health needs of victims and responders following a disaster.
- **Locations in place for mass vaccinations** - Signed MOUs are in place with all 9 school districts in the county and 1 community college to use their facilities for mass vaccination or antibiotic dispensing.
- **Chemical Antidotes Available** - The Health District worked with the CDC, DSHS and local stakeholders for CHEMPACK assets to be staged in Galveston County to provide treatment in the event of a nerve agent attack. Protocols were developed with local stakeholders for the transportation and use of CHEMPACK supplies in an emergency.
- **Animal Plan for Emergencies** - The Animal Issues Committee created a draft of an Animal Issues Plan. The plan will address problems with animals before, during, and after an emergency.

2007 Future Plans

- Recruit and train additional volunteers to fill vital roles in a public health emergency.
- Finalize plans for handling animals in a disaster
- Plan with mental health providers to provide mental health care for victims and responders in a public health emergency.
- Further refine and develop emergency plans based on lessons learned from exercises and real events.
- Develop additional guidance for the general public and healthcare providers in the event of pandemic flu or other infectious disease outbreak.
- Continue to meet State and CDC contract guidelines.

Access to Care – 4C’s Healthcare Report

Texas leads the country in the percent of its residents not having health insurance due, in part, to actions reducing Medicaid and Children’s Health Insurance Program enrollment and eligibility. In Galveston County, it is estimated that approximately 27% of the population is uninsured. With increased demand for services and improvements in clinic flow, access to care in 4C’s clinics has increased for the second year since 2004. Total visits (all services for 2006) increased from 52,089 to 55,792 – a 7% increase or 3,703 more visits than in 2005.

The following paragraphs summarize key points and supporting statistics. While 2006 data is available for 4C’s clinics, 2006 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 2005 – which presumably has less year-to-year variation than data from a single source clinic. See 2006 data with 2005 state/national averages on Appendix D on page 50.

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

- ❖ The proportion of uninsured clinic visits in the 4C’s has increased to nearly 90% in 2006. *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.*
- ❖ In 2005 the clinics’ loss of Title XX funding moved even more patients from being covered under Title XX to being unsponsored and uninsured.
- ❖ Of concern is the trend of reductions in revenue from covered patients which will eventually impacting access to care for the growing uninsured seeking care at 4C’s.
- ❖ In 2006, uninsured medical visits were 36,324 (89%) of total medical visits of 40,814. Medicare, Medicaid and private insurance make up a diminishing percent of visits; however, they comprise of 49% of total patient revenue collected in 2006.
- ❖ In 2006, only 6% of 4C’s patients had Medicaid coverage. 2005 comparison data shows a state average of 25% Medicaid for community health clinics and a national average of 36% Medicaid. 4C’s Medicare visits also fall below state and national averages.
- ❖ Similar to growth in uninsured visits, bad debt grew to 2.6 million dollars in 2006 – about \$250,000 more than 2005.
- ❖ While the overall collection rate (% of billings actually collected) is up 1% increased to 13% in 2006, the 4C’s collection rate still falls well below state and national averages in 2005 (50% and 61% respectively).
- ❖ More complete analysis of charges, collections, and write-off practices are needed to identify reliable trends and possible remedies.

Self Pay Collection Rates Below State and National Averages

In comparison to state (21%) and national (22%) collection rate averages, self-pay collections rates for the 4C’s remained below average, coming in at 7% in 2006. One contributing factor is the often 90 day intervals between the healthcare visit and the patient’s receipt of a bill. Another factor is the clinic’s inability to inform patients about how much they owe at the time of the healthcare visit

Medical Productivity Exceeds State and National Averages

In 2005, medical productivity exceeded state and national averages for federally qualified community health centers (Medical productivity was 5,565; State was 4,549 and National was 4,312). Furthermore, UDS figures for 2006 indicated that total medical encounters further increased by 4,924 (14%), compared with 2005. It is estimated that a monthly average of 125 more patients were seen in 2006 compared with 2005. The average number of walk-in visits/month increased 71% from 655 walk-in visits/month in 2005 to 1123 walk-in visits/month in 2006. 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.

Dental Productivity Below State and National Averages

In 2005, dental productivity was below state and national averages for federally qualified community health centers (Dentist productivity was 2088, state was 2544, national was 2702) Total dental encounters for 2006 decreased by 227 patient visits or a decrease of 2% from 2005. The productivity of dentists decreased by 320 visits – a 15% decrease from 2005. Hygienist productivity increased by 314 visits – a 30% increase from 2005; however, overall, the dental team productivity decreased by 220 visits - a 10% decrease from 2005. Further study is needed to assess Dental productivity findings.

Fiscal Impact of Shift to Medicaid HMO Model

The State of Texas continues moving forward with a plan to move all Texas Medicaid recipients from the Primary Care Case Management model to the HMO model. One issue with the new HMO model which has a fiscal impact to the delay in receiving full FSHC payment for services rendered. Under the current program, HMO's pay the clinic their regular fee and then must assist the 4C's in billing the FQHC wrap-around payment. The threat of discontinuing the Prospective Payment System for Texas Medicaid is also a major concern and a potential problem for the 4C's. Lack of a method that allows consistent forecasting of revenues coupled with the threat of shrinking Medicaid revenue makes the financial future of the 4C's less certain. An additional fiscal impact of the move from the PCCM model to the HMO model is loss of nearly 33K of Medicaid PCCM model capitated revenue.

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. In 2006 the Clinic provided these services to uninsured women on a self-pay basis. The WHP is limited, however, and does not cover follow-up and treatment of health issues identified in the initial funded visit. HHSC does not pay for any additional visits such as those needed to change a birth control method, treatment of an identified communicable disease, or required follow up for abnormal pap smears. Approximately 25-50% of women seen on the WHP will require more follow up; therefore the Clinic will be expected to absorb the cost, adding to a negative fiscal impact. Our financial success with the WHP depends on our ability to assist patients with completing the application, provide access to women for the services, and improve our image so that the women see 4C's as their medical home, even after they receive the coverage and could use it at other community facilities. Beginning in December 2006, 4C's Patient Services staff and Case Managers began

making plans to contact potentially eligible women to apprise them of the WHP and encourage them to apply. The potential fiscal impact is significant.

Increased Uninsured Barriers to Specialty & Hospital Care

In 2006, 4C's patients referred for specialty evaluation at UTMB experienced increase barriers due to financial constraints. The 4C's electronic referral tracking system developed in 2004 has helped to quantify and categorize referral status. In 2006, 3326 uninsured referrals were made and 5% were completed with a visit; while 24% were declined and 70% on delayed, pending status. In some cases, referrals may be pending because of bad contact information, but when clinic staff is apprised of this, they work to obtain updated contact information. Many patients' referrals were "approved" but the patient was unable to provide the required co-pay and thus did not access an appointment. Many patients may wait for several months before being accepted, subject to advancing of disease while waiting. Because UTMB has traditionally provided 95% of the un-sponsored specialty care in the local area, this poses a hardship for both the patients and for 4C's continuity of care efforts. In 2007 4C's managers will continue to work with UTMB staff in the Demand Access Management Program (DAMP) to explore barriers that prevent uninsured patients from accessing specialty care.

Uninsured Barriers to Mental Healthcare

In spite of many local efforts to seek grant funds and better coordinate services, there remains a lack of available services for uninsured patients with mental health and substance abuse conditions. The state agency, Gulf Coast Center MHMR, currently has a waiting list for uninsured patients who need to be seen by psychiatrists. A HRSA grant awarded in 2005 to coordinate care through a shared database was denied second year funding by congress. Additionally, 4C's Clinic Hogg Foundation grant, which funded a case manger to assist 4C's patients, ended in August 2006.

Need to Improve Pharmacy Services

In 2006 the 4C's contract pharmacy experienced an increase in complaints, adverse occurrences and audit findings requiring corrective action. Complaints included problems with communication by phone and in person with the staff or the pharmacist. Additional concerns included the impact an on-site pharmacy had on clinic flow, the ability of cashiers to check in patients for healthcare appointments while simultaneously assisting patients with pharmacy needs and accounting for pharmacy payments. In 2006 the Governing Board asked staff to review best practices and make recommendations to the Board for improving pharmacy service. The recommendation to the Board was to seek bids for providing pharmacy services that included proposals from pharmacy chains that operate off-site pharmacies 24/7. The Board approved this recommendation and in 2007 staff will seek proposals from pharmacy vendors, including pharmacy chains, which maintain the benefit of 340B pricing, can manage Share the Care and the Patient Assistance Program, provides excellent customer service and provide convenient access to 4C's clients.

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 simultaneously, and would enable collections by being able to inform the patient of the actual cost at the end of the visit. Steps forward in obtaining a new system are dependent on the progress and timing of the Texas City renovation project.

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

Clinic staff met with Bay Architects and drawings for the Texas City clinic renovation were finalized. Renovation plans were presented to the United Board of Health and Board members provided valuable feedback and approved action to proceed with finding funds to complete the project. Funding for the renovation was discussed with the County Commissioners' Court and support was pledged. A subsequent Commissioner's court workshop in February 2007 reviewed all county facility needs, ideas, and opportunities. The discussion included the Health District's buildings on Oak Street, the Texas City 4C's clinic location, as well as Dickenson WIC building. The Court and department heads freely shared ideas. The County elected officials will set priorities on starting projects in the future.

New & Improved Patient Services in 2006

- ❖ NurseLine - assists callers with medical questions, clinic access and give patients lab results;
- ❖ Medical Records - improvements in the tracking and processing;
- ❖ Cross-training of nursing and lab staff reduced patient wait time for lab;
- ❖ Nursing Discharge Forms - list patient medications and other instructions;
- ❖ Lab Director - trained to perform obstetric ultrasound, and other lab staff required to become X-ray certified;
- ❖ Free pregnancy tests offered through agreement with Mainland Children's Partnership

- ❖ Registration - began process to simplify registration forms and processes; tracking walk-in patients who do not get in for a visit
- ❖ 4C's case managers - assist patients with Medicare Part D; enrolled as providers in the Children and Pregnant Women Medicaid Case Management Program
- ❖ Evening clinic hours – implemented as approved by Governing Board;
- ❖ Medicaid HMOs – most contracts have been signed
- ❖ Exam Room - developed patient information signs;
- ❖ New Appointment Guide - simplified template for appointment makers;
- ❖ Well child services - Registered Nurses have been trained and assist with Head Start outreach physicals
- ❖ 4C's recently employed a dentist that provides services to children.

Status Report on Mainland EMS Expansion

In March 2006, a contract between the City of Dickinson, City of La Marque, City of Texas City and the Galveston County Health District (GCHD) established a new EMS coordinating system (Medic One) for participating Mainland communities. The agreement was executed following the abrupt withdrawal of Gold Star ambulance services in the southern portion of Galveston County. The City of Texas City and GCHD provided temporary services until the contracts were executed and individual Municipal systems were ready to operate.

The new system, Medic One, is comprised of the City of Dickinson, City of La Marque, City of Texas City and GCHD and is overseen by an EMS Advisory Committee to the Galveston County United Board of Health and partner cities. Under contract, GCHD provides system coordination, to include unified medical direction, as well as billing services for non-emergency services with a year end distribution of surplus revenue in accordance with a formula based on percent calls by jurisdiction of origin.

Non-emergency transports are provided by the GCHD. There are no taxpayer dollars supporting this operation. Funding is derived from revenue collected from agencies and individuals who request this service. The budget for the service was recommended by the Medic One Committee and approved by the Galveston County United Board of Health.

GCHD is above target in revenue projections. The projected revenue surplus for FY 2007 is \$71,856; and as of January 31, 2007, actual revenues exceed projections by \$30,895. Actual revenue surplus will be refunded to jurisdictions based on a percentage of calls by origin at the end of the calendar year. Collections have continued to increase each month, and we anticipate this trend to continue throughout this fiscal year. GAAA contracted with a new collection agency this year (Linebarger), which will assist in the collection of delinquent accounts.

GCHD will not make a profit and only intends to operate at actual cost. GCHD executed the agreement to provide services in good faith and executed a start up loan of \$365,493 to purchase additional ambulance and related equipment. The initial startup of the new system

involved upfront operating costs, purchasing equipment, hiring personnel and other logistical work to coordinate services among four service providers, four hospitals, five nursing homes, etc

Accomplishments since February 1, 2006 Start-up:

- Successfully appointed a new Medical Director for System
- Medic One has an approved operating budget
- GCHD transfer service now handles 92% of all request for services, compared with only 28% at onset
- Improvements in staffing
- Most nursing homes under contract with GCHD and most are satisfied with services
- Hired new QA coordinator to assist Medical Director with system quality assurance
- Improved Medic One Committee communications, coordination, mutual support, group problem-solving
- Revenues higher than realistically projected

Issues for 2007 and beyond:

- System-wide emergency planning & coordination
- Continued recruitment of qualified workforce
- Complete protocol revision and train all staff in system
- Complete pending contracts with two nursing homes
- Consider adding new jurisdiction into cooperative agreement
- Improve relationship with ER hospital staff and EMS provider staff
- 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 - give more time through Summer to fully realize potential

Priority Initiatives: 2007 – 2010

United Board of Health

- Facility renewals and renovations
- Improve data systems clinical and administrative (e.g. Fundware upgrade/expansion and Environmental database)
- Maintain and continue past accomplishments
- Focus on SHP Goals unmet or partially met: See pages 6-13

4C's Governing Board

- Facility renewals and renovations
- Improve data systems clinical and administrative (e.g. Fundware upgrade/expansion and Environmental database)
- Bid for Pharmacy services
- Provider Productivity Incentives
- Improve 4C's Self Pay Collections
- Help uninsured obtain health care
- Maintain & continue past accomplishments
- Focus on SHP Goals unmet or partially met: See pages 6-13

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PowerPoint Presentation for Boards & Member Governments

Appendix B

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.	4/1/05 - 3/31/06 4/1/06 – 3/31/07	\$1,625,523 \$1,609,268
2	Department of State Health Services (DSHS)	Community Preparedness - Bioterrorism 120-145	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.	9/1/05 – 12/31/06 9/1/05 – 8/31/07 11/1/06 – 8/31/07	\$367,031 +41,945 =\$408,985 \$592,500 +\$262,873 =\$855,373 \$105,500
3	Department of State Health Services (DSHS)	TB Prevention 120-111	Provides for screening, diagnosing and treating people for tuberculosis; and educating, investigating and assisting people who come in contact with TB.	1/1/06 – 12/31/06	\$47,072
4	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.	9/1/05 – 8/31/06 9/1/06 – 8/31/07	\$142,825 \$239,845
5	Department of State Health Services	HIV/ Ryan White 120-150	Provides funding of sub-contactors which provide various social services for HIV+ residents of Galveston, Brazoria, and	4/1/05 - 3/31/06	\$465,369

	(DSHS)		Matagorda County. Such as case management, food pantry, transportation, emergency financial assistance, substance abuse counseling, MHMR services, outpatient medical/dental, drug reimbursement.	4/1/06 - 8/31/06	\$195,545
6	Department of State Health Services (DSHS)	HIV/ Ryan White 2 120-153	Provides funding for administrative and personnel cost associated with serving HIV+ residents of Galveston, Brazoria, and Matagorda County.	4/1/06 – 8/31/06	\$33,125
7	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.	7/1/05 - 6/30/06 7/1/06 - 6/30/07	\$55,500 \$55,500
8	Department of State Health Services (DSHS)	HIV Prevention & Education 120-120	Provides for HIV risk reduction for IV drug user and peer modeling interventions	1/1/06 - 12/31/06	\$218,017
9	Department of State Health Services (DSHS)	STD/HIV 120-121	Funds case management, sex/needle sharing, partner elicitation/notification	1/1/06 - 12/31/06	\$121,488
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.	9/1/05 - 8/31/06 9/1/06 - 8/31/07	\$314,856 \$314,856
11	Texas General Land Office (GLO)	Texas Beach Watch 205-525	Funds monitoring and analysis of beach water quality and applicable beach water advisories	5/1/05 - 11/5/06	\$158,000
12	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.	10/1/05 - 9/30/06	= \$9.53 per participate

				10/1/06 - 9/30/07	= \$9.75 per participate
13	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.	6/1/06 - 9/30/06	\$8,219
14	Department of State Health Services (DSHS)	Breastfeeding Peer Counselor Programs (WIC) 120-214	Provides for peer counselors outside usual WIC clinic hours and settings which are found to provide a safety net for mothers, by providing critical intervention at times when they would not otherwise have access to breastfeeding support services.	10/1/05 – 9/30/06	\$30,000
15	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.	10/1/05 – 9/30/06	\$9,475
16	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.	10/1/05 – 9/30/06	\$19,000
17	Department of State Health Services (DSHS)	HIV / Housing Opportunities for Persons with (HIV/HOPWA) 120-151	Funds housing assistance and related social services to HIV residents of Galveston, Brazoria, and Matagorda County	2/1/06 - 8/31/06	\$43,713
18	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 - 8/31/06	\$92,867
19	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.	1/1/05 - 9/31/06	\$127,320

20	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 – 8/31/06 9/1/06 – 8/31/07	\$160,568 \$160,568
21	Department of State Health Services (DSHS)	T/B Prevention Elimination 120-110	Provides for TB outreach and prevention, treatment and contact investigation	9/1/05 - 8/31/06 9/1/06 - 8/31/07	\$61,133 \$66,445
22	Department of State Health Services (DSHS)	HIV Surveillance (HIV/SURV) 120-124	Funds active HIV/AIDS surveillance & reporting activities	9/1/05 - 8/31/06 9/1/06 - 8/31/07	\$36,063 \$36,063
23	Department of State Health Services (DSHS)	HIV State Services (HIV/SRVS) 120-152	Funds various social services for HIV+ residents of Galveston, Brazoria, and Matagorda Counties (Galveston HSDA) Such as case management, food pantry, transportation, emergency financial assistance, substance abuse counseling, MHMR services, outpatient medical/dental, drug reimbursement.	9/1/05 - 8/31/06	\$101,931
24	Department of State Health Services (DSHS)	EMS Local Projects Grant (EMS/LPG) 1243	Funds emergency medical care and transportation on Galveston Island and other Galveston County locations by contract.	2/10/06 - 8/31/06	\$13,000
25	The Robert Wood Johnson Foundation (RWJ)	Community Support for Diabetes 125-481	Provides for the implementation of programs designed to increase community support and self management of those with diabetes	5/1/04 –12/31/06	\$370,000

26	The Robert Wood Johnson Foundation (RWJ)	Sickness Prevention Achieved through Regional Collaboration, Inc. (SPARC) 125-482	Funding of several adult vaccination clinics near polling places in Galveston County.	8/1/06 – 12/21/06	\$8,000
27	D'Feet Breast Cancer, Inc.	D'Feet Breast Cancer 125-480	Provides for breast cancer screening, diagnosis, and treatment activities and breast self-examination education using UTMB Oleander van.	1/1/06 - 12/31/06	\$184,695.36
28	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
29	HOGG Foundation	HOGG Foundation 125-455	Provides for case management for mental health and substance abuse patients at the 4C's clinics	5/1/05 – 8/31/06	\$100,000

Prepared by Kristina Garcia, Compliance Auditor

Galveston County Morbidity Report 2002-2006

Table 1. Galveston County Morbidity Report 2002-2006										
NEW CASES OF NOTIFIABLE CONDITIONS										
	2002	2003	2004	2005	2006	Pop 1/1/2005	2006 Rate	2004-2006 Rate	2004 Texas Rate	US 2003 Rate
AIDS	33	35	44	36	49	277563	17.65	15.49	14.6	15.36
Asbestosis	-	-	-	27	-	277563	*	*	*	*
Campylobacteriosis	5	19	18	10	15	277563	5.40	5.16	5.57	*
<i>Chlamydia trachomatis</i>	1,043	941	942	813	916	277563	330.01	320.77	316.8	304.71
Cryptosporidiosis	0	2	2	1	2	277563	0.72	0.60	0.46	1.22
Elevated Child Blood Lead	167	104	38	22	16	61807	25.88	9.127	97.84	*
Encephalitis	3	1	0	3	0	277563	0	0.36	3.00	1.05
Gonorrhea	488	344	355	439	498	277563	179.41	155.16	109.80	116.37
<i>H. Influenzae</i> type b infection	1	0	0	0	0	277563	0.00	0.00	0.01	0.01
Hepatitis, type A	14	2	3	9	7	277563	2.52	2.28	2.75	2.66
Hepatitis, type B (acute)	10	7	2	6	8	277563	2.88	1.92	3.03	2.61
Hepatitis, type C	578	730	713	435	438	277563	157.80	190.46	123.5	*
HIV infection	40	48	38	29	54	277563	19.45	14.53	18.2	*
Influenza isolate	6	20	4	45	9	277563	3.24	6.96	*	*
Legionellosis	0	1	1	1	1	277563	0.36	0.36	0.6	0.78
Listeriosis	0	0	1	0	0	277563	0	0.12	0.19	0.24
Lyme Disease	-	-	2	1	0	277563	0	0.36	0.44	7.39
Malaria	1	1	0	4	1	277563	0.36	0.60	0.49	0.49
Meningitis, aseptic/viral	27	41	59	47	33	277563	11.89	16.69	11.12	*
Meningococcal infection	3	4	0	3	1	277563	0.36	0.48	0.32	0.61
Pertussis	9	2	20	11	9	277563	3.24	4.80	5.22	4.04
Salmonellosis	44	63	61	42	44	277563	15.85	17.65	11.75	15.16
Shigellosis	18	51	28	29	16	277563	5.76	8.77	14.71	8.19
Strep.infection, invasive group A	1	3	6	3	7	277563	2.52	1.92	1.23	2.04
Strep.infection, invasive group B	6	8	9	0	10	277563	3.60	2.28	1.42	*
Strep.infection, invasive pneumo.	2	12	14	9	18	277563	6.49	4.92	2.13	*
Syphilis	21	41	29	28	39	277563	14.05	11.53	8.7	11.90
Tuberculosis	8	24	16	20	17	277563	6.12	6.36	7.6	5.17
Typhoid Fever	0	0	2	0	0	277563	0	0.24	0.12	0.12
Varicella (Chickenpox)	36	48	26	88	131	277563	47.20	29.42	37.67	*
Vibrio infection	5	1	2	2	2	277563	0.72	0.72	0.35	*
Food-borne illness complaints	364	12	241	56	58	277563	20.89			
Rabies in animals	0	0	0	1	6					

* Indicates data not available

Prepared by Dana Beckham, DVM, Chief Epidemiologist

2006 4C's Clinic Utilization Report with 2005 state/national averages

UDS Comparison Report (February 2007)	CY 2005	CY 2006	TX 2005	National 2005
Patients	17,519	17,723		
Male	6,398	6,651		
Female	11,121	11,072		
African American	32%	31%	12%	23%
White	34%	32%	17%	36%
Hispanic	33%	35%	70%	36%
Other	1%	2%	1%	4%
100% and below	11,037	10,634		
101-150%	3,329	3,367		
151-200%	1,401	1,595		
200% and over	1,752	2,127		
Uninsured	15,464 (88%)	15,594 (88%)	59%	40%
Medicaid	1,121 (6%)	1,132 (6%)	25%	36%
Medicare	341 (2%)	604 (3%)	7%	8%
Private Insurance	593 (3%)	393 (2%)	7%	15%
Medical Users	16,818	16,659		
Dental Users	4,951	4,882		
Mental Health Users	175	169		
Total Encounters	52,089	55,792		
Medical	35,890	40,814		
Dental	9,356	9,129		
Mental Health	1,106	578		
Medical Encounters/Medical Patients	1.99	2.39	2.94	3.15
Dental Encounters/Dental Patients	1.89	1.87	2.32	2.38
Mental Health Encounters/Patients	6.32	3.42	3.14	4.83
Physician FTE's	3.77	4.90		
Physician Productivity	4,838	4,856	4,129	3,928
Mid-Level FTE	4.5	3.67		
Mid-Level Productivity	3392	4353		
Medical Team Productivity	5,565	5,905	4,549	4,312
Dental FTE	3.95	4.18		
Dental Productivity	2,088	1,838	2,544	2,720
Hygienist FTE	.77	1.06		

UDS Comparison Report (page 2) (February 2007)	CY 2005	CY 2006	TX 2005	National 2005
Hygienist Productivity	1,049	1,363	1,185	1,298
Dental Team Productivity	2,158	1,938	2,512	2,700
Total Cost	\$6,719,308	\$7,124,095		
Medical cost/medical patient	\$231	\$194	\$310	\$350
Dental cost/dental patient	\$270	\$278	\$306	\$318
Total cost/patient	\$384	\$402	\$487	\$515
Cost/medical encounter	\$90	\$81	\$105	\$111
Cost/dental encounter	\$143	\$149	\$132	\$134
Cost/pharmacy encounter	\$30	\$30		
Cost/lab x-ray encounter	\$26	\$24	\$14	\$9
Total Charges	\$9,939,302	\$11,802,809		
Medicaid	3%	3%		
Medicare	1%	1%		
Other Public Insurances	4%	0%		
Private Insurance	< 1%	<1%		
Self Pay	92%	96%		
Total Collection	\$1,226,899	\$1,576,385		
Medicaid	28%	28%		
Medicare	17%	20%		
Other Public Insurances	9%	0%		
Private Insurance	1%	1%		
Self Pay	45%	50%		
Retro Active Payment	3%	4%	6%	14%
Overall Collection	12%	13%	50%	61%
Adjustment to Sliding Fee Scale	\$6,016,501	\$7,561,537		
Write Off to Bad Debt	\$2,364,567	\$2,618,802		

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

2006 Animal Shelter Statistics

Jurisdiction	Incoming: Shelter	Incoming: Field	Adopted/ Redeemed By Citizen	Euthanized	Dead on Arrival or In Care	Calls for Service	Bite Reports
Bayou Vista	15	33	22	23	1	59	2
Clearlake Shores	6	8	7	7	0	23	1
Dickinson	268	461	267	335	12	1174	49
Hitchcock	160	171	175	143	6	602	11
Kemah	37	23	38	19	3	81	6
La Marque	296	325	284	279	71	1225	23
Santa Fe	297	391	305	346	18	1424	44
Drop Box	1690	0	453	1212	25	0	3
Texas City	1129	1722	1021	1890	151	3685	20
Tiki Island	7	10	7	2	4	15	0
Unincorporated	547	486	509	440	7	1194	62
TOTAL	4452	3630	3088	4696	298	9482	221

Prepared by Ronnie Schultz, Director of Environmental Health Services