

Galveston County Health District

Providing credible and responsible public services since 1971

EXECUTIVE SUMMARY

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

The **Strategic Health Plan** has been an effective tool for focusing our efforts and for transforming the organization to better serve the residents of Galveston County. The first Strategic Health Plan was adopted in 2004 to guide the Galveston County Health District's activities through the year 2010. The Plan, developed with extensive community participation, can be found, along with annual progress reports, at www.gchd.org/admin/strattoc.htm. The table of content outlines key reports and appendices that should be of interest to a diverse and extensive group of community stakeholders. It is hoped that these documents will serve as a foundation for community health coalitions and official governmental reports of organizational and public health challenges in the community. For a detailed evaluation of our progress towards the Strategic Health Plan goals see page 9.

KEY ISSUES

Health District staff work in an environment characterized as highly accountable, complex, and rapidly changing, with a population growth that is increasing the need and demand for Health District Services. The Health District is responsible for leading a coordinated community health response to human health threats and needs. In our coastal homeland, most imminent is the need for continued hurricane planning, evacuations, care of special needs patients, providing patient medications, and responding to an array of health-related hurricane consequences. Hurricane Ike tested our readiness and the Health District rapidly and effectively responded to an array of community health concerns in the county and member cities. A full report on the Health District's response to Hurricane Ike can be found on page 39.

The following represent executive focus areas for improvements in 2009 and beyond:

- **Uninsured Access to Specialty Care** – with the hurricane-related changes at UTMB, the uninsured have lost access to specialty care at UTMB. County and state elected leaders are discussing a hospital district tax solution to finance specialty and hospital care of the uninsured up to 100% poverty. A sales tax option is being explored through state legislation. For a full report on Access to Care, see page 28.
- **New & Emerging Health Threats** – readiness, training, assessments, and prevention programs are needed as new and emerging health threats and public concerns arise. Routine public health issues and many Post-Ike health concerns were addressed by public health staff. Lessons-learned, training and technological

improvements will advance our ability to detect and respond to potential health threats. Modern Health District data systems would allow the District to more quickly detect public health threats and to effectively communicate in both routine and disaster situations with a multitude of citizenry and levels of government involved in coordinating a public emergency. For a full report of public health threats in Galveston County, see page 20.

- **EMS Fiscal Deficits & Changes in Services** – Hurricane Ike impacts on EMS services include fiscal deficits and several operational impacts. Local leaders are exploring long term solution to include EMS funding through forming a hospital district or emergency services district. Local leaders are also exploring long-term options that may impact the delivery model and areas of service, especially in Texas City, Galveston, and Bolivar. A comprehensive status report on EMS services provided by the Health District is found on page 34.
- **Modern Data Systems to Meet Service and Business Needs** - Areas with needs for improved information technology include: environmental health, medical and dental records and practice management systems; accounting, billing, & inventory systems; human resources and risk management systems; EMS clinical and billing systems; and contract management systems. Of critical value is achieving efficiencies through information technology solutions necessary to meet a substantial number of governmental compliance requirements, standards of care, and public accountability.
- **Facilities Improvements** – Several building have a need for improvements or rebuilding. The key facility needs include: the Texas City 4C’s clinic, an immunization clinic designed for mass vaccinations, the La Marque headquarters and environmental health buildings, the Joe Vickery Galveston County Animal Shelter; all EMS buildings, and the Dickinson WIC facility. With the passage of the county bond election in November 2008, funds were secured to begin planning for many of these facility projects. Clinical facility redesign and public education are needed to improve the public’s perceptions about the 4C’s clinic to make it a more marketable option for a medical home.
- **Recruitment and Retention of Qualified Staff** – The Health District experienced difficulties in recruiting and retaining several positions including nurses (public health and clinic), paramedics, air and water environmental inspectors, dentists, and medical providers (physician and midlevel). In 2008, the Health District engaged a new retirement benefit through TCDRS, and will initiate a new employee health insurance in early 2009 through TML. Continued efforts are needed to secure funding for making needed market salary adjustments in a competitive and rapidly evolving healthcare environment.

KEY FINANCIAL INFORMATION

Financially in 2008, the Health District administered a **combined, total budget of \$24.7 million dollars**. The largest category of revenues came from grants and local contributions totaling \$13.2 million (53%) of total revenue. Annually, the United Board of Health and 4C’s Governing Board engage external auditors to review its financial operations. The 2008 audit report, found at www.gchd.org/boards/boardlinks.htm, revealed no material weaknesses and was issued with an unqualified opinion which means that the financial statements were presented fairly and in accordance with generally accepted accounting principles. Overall, the Health District manages over 27

grants for a variety of services (See Appendix C: 2008 Health District Grants/Service Contracts on page 70). 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), breast cancer screening, etc.) are operated under multiple grants.

The **United Board of Health approved a total of \$17.3 million** in a variety of community health, environmental health, animal services, pollution control, and emergency medical services budgets. Many of the funds come from federal and state program grants. Approximately \$3.4 million of County revenue supported operations and services under the United Board of Health. Total city revenue in 2008 included contracted services totaling \$2.2 million. Contracts totaling \$345,110 for Animal Control, providing shelter and field services, were with the cities of **Dickinson, La Marque, Texas City, Santa Fe, Hitchcock, Bayou Vista, Clear Lake Shores, Kemah and Tiki Island**. In 2008, Water Pollution Monitoring services were provided to the cities of **League City, La Marque, Texas City, Santa Fe, Jamaica Beach, Hitchcock, Friendswood, and WCID #1**, under contracts totaling, \$101,669. In 2008, EMS services for the **City of Galveston** included total funding of \$775,218, which included contributions from the City of \$525,080 and water bill donations in the amount of \$250,138. In addition, **\$125,000** was received from the cities of **Bayou Vista, Tiki Island, and Hitchcock** to support 911 services in their respective areas. **Galveston County** contributed **\$854,565** in 2008 to support ambulance services in the unincorporated areas of Galveston County.

Also, in 2008, the United Board of Health budgeted **additional funding** as follows: \$103,000 from the County of Galveston to provide EMS services on the Bolivar Peninsula; \$30,000 from the Harris and Eliza Kempner Fund to purchase lead detection equipment and for the certification of district staff; \$31,000 from the Department of State Health Services for immunization services targeting children and adolescents; \$32,750 from the Department of State Health Services for Breast and Cervical Cancer Screenings; \$9,000 from the American Cancer Society to support breast cancer screenings; \$22,315 from the Department of State Health Services' CPS-Bioterrorism Preparedness Program to purchase a server, digital camera, video camcorder kit, equipment plus funds for completing activities and performance measures; \$900 from D'Feet Breast Cancer for travel expenses; and a reduction of \$112,126 in Pandemic Flu grant funding.

In 2008, the **4C's Governing Board approved a total budget of \$7.5 million** for medical, dental, and supportive services for 4C's patients of which nearly \$4 million was from the County of Galveston. In FY 2009, the 4C's budget increased by \$77,000. Budgeted revenues included \$245,800 in additional funding from the County to assist with the cost of providing primary care. Collections related to patient services were 15% lower than last year, due primarily to provider vacancies and a decrease in the Medicare reimbursement rate.

Primary Healthcare: County & Federally-Funded 4C's Clinics

In spite of daily challenges, Health District staff demonstrates steadfast dedication to serving the general public as well as the most vulnerable as seen in the 4C's clinics. The Galveston County Health District has two perspectives regarding indigent and uninsured healthcare in Galveston County. One is as a local health department whose role is to

assess gaps and barriers to health services anywhere in the county. The other is as a federally-qualified community health center (FQHC) that delivers primary healthcare to the uninsured (84% of 4C's clinic population) and to the county indigent (2% of clinic population). Both of these perspectives are reflected in the following key points and a more comprehensive report on *Access to Care – The 4C's Clinic Healthcare Report* on page 28.

- As result of Hurricane Ike's impact on UTMB, an estimated 10,000 Galveston County residents under 100% of poverty now have no access to specialty care. 4C's primary care providers make some 2,500 referrals to specialist annually. Currently, there are minimal to no local options for these residents who may resort to more costly emergency room care.
- The County contributes about \$4 million to the cost of primary care of all indigent and uninsured through 4C's Clinics, and pays the cost of indigent secondary and tertiary care at 21% of poverty, as defined/required under state law.
- 4C's Medical clinics are operating at full capacity, maximum efficiency, and maximum productivity. 4C's Dental clinics are below average in productivity and undergoing significant redesign and operational improvements.
- State and federal grants/program opportunities are limited and often impractical to administer. Efficiency and more flexible funding streams would help us better serve a diverse public.
- 4C's capacity to serve the uninsured is dependent upon, not only revenue from federal and county sources, but also upon patient revenue. An overall increase in collections and in the payor mix of Medicaid & Medicare could help expand clinic resources and capacity.
- Case managers assist individuals with socioeconomic and cultural barriers, helping to improve health outcomes, compliance with medical visits, and long-term costs.

APPRECIATION

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

Signature on file

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Chief Executive Officer
Galveston County Health District