



# **GALVESTON COUNTY HEALTH DISTRICT**

## **STRATEGIC HEALTH PLAN ANNUAL REPORT**

**2004**

**STRATEGIC HEALTH PLAN  
ANNUAL REPORT 2004  
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**Galveston County**  
**United Board of Health & 4C's Governing Board**  
*Strategic Health Plan*

**EXECUTIVE SUMMARY**  
*2004 ANNUAL PROGRESS REPORT*

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

**PRIORITY #1:**  
**PUBLIC AWARENESS**

The Health District has worked aggressively to improve public awareness of the many services it offers the public. In 2004, the Health District's website was enhanced with an increase in organized, service-oriented public information and has been the subject of many favorable public comments. In addition, Health District staff have worked with the media to issue timely preventive health advisories regarding a variety of important health topics such as, promoting general health and hygiene, prevention of West Nile virus infections, investigation of a death on a ship voluntarily quarantined off the coast of Galveston island, influenza prevention, the importance of childhood immunizations, and diabetes self management. Health District staff have also issued news releases to inform Galveston County residents about 4C's dental services, senior health programs, Board organizational improvements and policy development, organizational improvements and awards, 4C's Clinic services and *NurseLine*, animal services improvements, beach water quality, laws protecting the public's health, epidemiologic disease investigations, emergency planning and prevention, Galveston EMS' "State Provider of the Year Award", and a variety of public conferences/educational opportunities. The public information office will continue to work to improve its release of timely information to interested community partners and the general public by developing a distribution list to notify participants when new public information is released. In 2004, the Health District was awarded a grant from Mainland

Communities United Way, which has supported a senior-focused volunteer recruitment program with 130 volunteers registered in 2004. The grant will also fund the development of a quality brochure which will outline all services provided by the Health District and will be available for distribution to community groups in early 2005.

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

The 4C's Governing Board and Clinic Leadership Team implemented many initiatives in 2004 to increase access to care and address health disparities among the uninsured. Access to care measures were developed and are being tracked on a monthly basis, with weekly reports to management staff on provider productivity. Pediatric open access was implemented so parents could bring their sick children to the 4C's Clinics without an appointment. *NurseLine* was piloted and implemented to facilitate acute care and improve patient satisfaction. A referral tracking system was implemented to track all specialty referral and diagnostic tests authorized by 4C's providers and to increase the return of medical records from specialty evaluations. Improvements were made in streamlining patient registration and in aligning staff responsibilities to optimize patient care. Finally, a nationally renowned consultant to community health centers has been hired to begin an extensive reengineering project in the clinics. This six-month process will begin in January 2005 with the goals of decreasing waiting times and increasing patient satisfaction. Future efforts will focus on strengthening case management, exploring new clinic access opportunities, and identifying health disparities in the community.

**PRIORITY #3:  
BUSINESS IMPROVEMENT**

In the last year, the Health District's health boards have reviewed and adopted many necessary policies for the Health District, including (1) health, performance improvement, and bioterrorism emergency/disaster plans, (2) twenty-nine operational policies, as well as (3) health policies on rabies vaccine and on-site sewage systems. These policies have been instrumental in improving business practices necessary to recruit and retain competent public health employees, increasing access to technologies that will improve efficiency, improving training programs, improving internal and external communications, preparing for public health disasters/emergencies, and in complying with legal responsibilities.

Noteworthy accomplishments include monthly reviews of financial information by the boards' finance committees; improved collections and budget management in EMS; improvements in the management of animal services, WIC, and the 4C's Clinic; development and implementation of a functional and service-oriented organizational chart; implementation of an employee training tracking system and improved employee evaluations; implementation of bonus awards for exceptional performance, town hall meetings to communicate with employees and seek their feedback; standardized management practices; improved capability to respond to emergencies and disasters; improved fiscal management and monitoring; aligned roles and responsibilities of entities

involved in the indigent healthcare program; improved program quality assurance monitoring to identify deficiencies and implement necessary improvements in a timely and proactive manner, and improvements in information technology infrastructure to improve data capacity and security.

Future efforts will focus on (1) developing needed policies, (2) annually reviewing and updating existing policies, and (3) implementing foundational infrastructure necessary for expanding and acquiring new systems for financial management, electronic medical records, pharmacy inventory, and telecommunications. In addition, success in collaborating with public/private partners and volunteers will continue in our effort to enhance public health preparedness and access to care.

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

Annually the boards contract with an external auditor. In 2004, auditors found no material weakness in their audit of the Health District's fiscal operations. The Health District began work to improve healthcare financing by assessing its existing information technology capabilities to monitor funds and to identify areas for improvements. The assessment found limitations in the ability of program managers to regularly access and monitor program budgets and service data, particularly by city location. For EMS billing, efforts to improve collections were recommended by the United Board of Health's Finance Committee and were implemented with very favorable fiscal outcomes. For the 4C's Clinic, collections data were reviewed and analyzed with improved procedures for educating patients on the billing guidelines and their responsibilities. Efforts to increase clinic revenues have resulted from adding new HMO contracts and streamlining and aligning clinic resources to meet patient care needs which resulted in greater efficiency.

Future financial management improvements are anticipated when new information technology is implemented over the next two years that will enable managers to better monitor costs, services, and utilization. Additional enhancements to information technology infrastructure will be necessary to realize electronic business and medical records as well as pharmacy inventory systems to improve the monitoring of services and costs. The Joint Board Committee on Access to Care met twice in 2004 and (1) identified needs for improvement in the County Indigent Healthcare program which were subsequently implemented, and (2) identified the needs for financial support and expansion of case management services which will be pursued in 2005. Case management services are instrumental to facilitating healthcare for identified population groups and to assist hospital emergency rooms in accessing 4C's outpatient services for patients with non-emergency healthcare needs. In 2005, the Health District will work to carry out the recommendation of the Joint Committee to establish an inclusive forum of key stakeholders of the uninsured healthcare system to discuss and seek to resolve common issues.

**PRIORITY #5:  
MANAGEMENT OF CHRONIC CONDITIONS**

Official clinical practice guidelines were developed and established for diabetes, asthma and hypertension as well as for senior preventive health and prenatal services.

4C's patients with diabetes are being educated on setting goals for self-management of their own condition – a community health initiative supported by a Robert Wood Johnson (RWJ) grant. The RWJ grant has provided a diabetes educator for the clinic who conducts one-on-one and group education sessions for diabetics and their family members. Community Health staff established a "Diabetes Day" during which 4C's patients with diabetes received comprehensive assessments and education on best practices, nutrition, and fitness.

In 2005, the Health District will (1) evaluate the effectiveness of the diabetes self-management program; (2) establish guidelines for identification and treatment of mental health and substance abuse conditions, including counseling, case management, and psychiatric consultations, and inpatient treatment; (3) seek to expand educational and case management services to priority groups and other chronic conditions; and (4) seek grant funding to sustain and enhance the case management functions.

**PRIORITY #6:  
ENVIRONMENTAL HEALTH IMPROVEMENTS**

Environmental Health implemented operational changes based on recommendations from consumers and partners at an Environmental Summit and other public outreach forums. All environmental health programs were consolidated into the Office of Environmental Health Services under the guidance and direction of one executive manager. Improved public relations among partners and stakeholders resulted from stakeholder "summits," town hall meetings, public presentations and other community forums. Through reorganization and the relocation of all consumer health inspectors to one centralized county location, managers are better prepared to accomplish the goal of standardizing inspection and enforcement procedures.

In 2005, Health District staff will (1) develop Standard Operating Procedures for inspectors, (2) convene a second Environmental Summit to address a host of environmental issues as well as emergency response plans, (3) continue to implement recommended improvements to animal services including shelter facility upgrades, staff training, a new data base management system, continued collaborations with animal services partners, improvements in data reports to cities under service contracts, development of a new Animal Services Interlocal Agreement, and successful operation of a new Animal Advisory Committee.

**PRIORITY #7:  
SENIOR HEALTH IMPROVEMENT**

The Health District has funded a senior health coordinator to work with other community health staff. To assist in establishing senior volunteer activities a volunteer coordinator

was hired this year and has actively recruited seven (7) senior volunteers to assist with various Health District services and initiatives. During 2004, two hundred (200) seniors attended the Senior Health Fall Fests that were held in five (5) different community locations. Three hundred thirty six (336) seniors participated in a series of "Cooking Schools" provided through collaborative efforts with the Houston Food Bank, Jesse Tree, and Galveston County Parks and Senior Services. Under the 4C's Governing Board's initiative, ten (10) employees and one team of employees in the Galveston 4C's Clinic were awarded Senior Health Improvement Awards for exemplary service to seniors.

The Senior Health Advisory Council was formed this year and the focus of the senior health program has shifted to promoting a healthy lifestyle and preventing illness and/or complications through community activities and support. The Council has developed, pre-tested, and begun administering a survey to assess countywide senior needs. The final needs assessment will help guide activities in 2005 and will be posted on the Council website.

In 2005, a senior- friendly brochure, being developed with funding from Mainland Communities United Way, will spotlight all Health District services and be disseminated in the community. In addition, the Health District will develop a senior health website with assessment reports, resources, and other information useful to seniors and agencies that serve them. In addition, (1) grant funding will be sought to support and sustain nutrition and fitness initiatives and (2) case management services for seniors in the 4C's Clinic to better manage chronic conditions and to increase preventive health visits.

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

The Health District received the Texas Public Health Association's "Thinking Progressively for Health Award" in 2004 for aggressive strategies to improve immunization rates. 4C's Clinics' random reviews of children's medical records have indicated a steady increase in immunization compliance from 49% in 1996 to 86% in 2004. In 2000, the initial compliance rate for day care centers was 74% compared with a rate of 82.4% in 2004. Thirty (30) days after Health District staff provided education to daycare parents and employees, follow-up rates increased to approximately 98%. While difficult to accurately compare Galveston county rates with other jurisdictions (due to varying survey methodologies), the 2004 CDC telephone surveys *suggest* that Galveston county rates exceeded statewide rates recently estimated at 78.5% as well as exceeded Houston rates estimated at 75%.

The Galveston County Immunization Advisory Council was developed in 2004 to advise the United Board of Health and Health District staff on ways to improve immunizations services and rates in the county. The Council has (1) provided useful feedback and support of the Health District's three major public immunization campaigns: National Infant Immunization Week in April, Kid's Health Fest back-to-school in August, and Influenza Prevention in the Fall; (2) identified local barriers to immunization compliance and coordination; and (3) reviewed and recommended adoption of an Immunization Services Policy for approval by the United Board of Health.

Volunteers from numerous agencies have been instrumental to making immunization campaigns more successful.

Other 2004 accomplishments include: technical assistance to the Galveston Island Immunization Coalition lead by UTMB, on-going distribution of the flu vaccine in this season's initial flu shot shortage, assisting the Texas Medical Foundation with follow-up visits to Vaccine for Children (VFC) providers, implementing an immunization reminder system, and taking a leadership role in coordinating with community partners to plan for mass vaccination clinics in the event of an emergency.

During 2005, the Health District will (1) monitor the effectiveness of its new immunization reminder system, (2) continue to convene and develop its Immunization Advisory Council, and (3) continue to seek resources and partnerships to help improve the quality and accessibility of public immunizations and to help increase the county's childhood immunizations rates.

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

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

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

Sincerely,

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**Harlan "Mark" Guidry, MD, MPH**  
**Chief Executive Officer**  
**Galveston County Health District**  
**January 26, 2005**

## **PRIORITY #1: PUBLIC AWARENESS**

**Through public awareness campaigns, promote the prevention of priority public health issues such as obesity, fitness, nutrition, tobacco cessation, childhood immunizations, oral health and public health preparedness for emergencies and disease outbreaks.**

**GOAL I      Provide accurate and timely health information to the public in response to public health emergencies, disasters, and disease outbreaks. (See Priority 6, Goal VII, page 14)**

***Objective One: Fulfill the objectives in the CDC Grant including addressing the specific needs of special populations that include, but are not limited to, people with disabilities, people with serious mental illness, minority groups, the non-English speaking, children, and the elderly.***

Public Health Preparedness, Epidemiology and Environmental Services staffs provided a number of news releases, health advisories and other public interactions in response to public health emergencies and real or potential disease outbreaks:

- There were several news releases regarding a gastroenteritis outbreak among persons attending a National Troopers Conference in Galveston. Ultimately the pathogen was identified as Norovirus and a portion of Galveston Bay was closed to oyster harvesting for 21 days.
- A press release on West Nile Virus outlined the “4 D’s” that citizens can follow to reduce the chance of becoming infected.
- The Public Health Lab Services Division monitored beach water under the “Texas Beach Watch” program with weekly sampling from May to September. “No swimming” advisories were issued and numerous calls from the public and the media were fielded; advisories were also posted on the actual affected beaches and Beach Watch advisories were added to the GCHD website for public access;
- Tips for dealing with extreme heat were released to the press.
- In collaboration with the Galveston County Office of Emergency Management, a press release alerted Bolivar Peninsula residents to boil their water when their main water system became compromised.
- A press release explained measures taken to quarantine a Galveston county tuberculosis patient.
- Health District staff responded to news media inquiries when a ship was voluntarily quarantined off the Galveston coast in response to a crewmember’s death. GCHD staff worked with the University of Texas Medical Branch (UTMB), the Centers for Disease Control and Harris County Public Health officials to conduct an investigation and monitor the health those on board the ship. The cause of death was found to be malaria.

- Epidemiology staff is actively participating in collecting influenza surveillance data for a statewide effort to identify a potential flu outbreak early to initiate a Public Health response.
- Epidemiology staff investigated a cluster of rash-like illness in a youth camp in Galveston.
- Epidemiology staff investigated a diagnosed case of typhoid fever in a Galveston County resident.
- Many news releases and press stories were made in response to the shortage of flu vaccine and subsequent diversion of Galveston County's vaccine to high risk senior and chronically ill residents.
- Staff advised on several news stories on community-acquired methicillin-resistant staphylococcus aureus in a group of residents in LaMarque.

In addition to these news stories and press releases, The Health Alert Network, an electronic-based notification system, made 15 health alerts available to the 214 county residents signed up for this service, the majority of whom are health care professionals, public health and emergency management personnel.

**GOAL II      Increase public awareness about all of the services provided by the Health District.**

**Objective One: *Develop a public awareness campaign about the services of the Health District.***

During 2004, information about the services of the Health District has primarily been provided to the community at health fairs and through area newspapers and other media including the following:

- The Health District received \$100,000 funding from Mainland Cities United Way in January. The goals are to increase community awareness of Health District services and assess health needs and resources available to underserved seniors. A quality brochure on the full array of GCHD services will be completed and distributed in early 2005. Additional funds were used to finance a Volunteer Coordinator.
- During 2004, the Public Health Preparedness program conducted presentations for many groups to educate them on health district preparedness activities, how they can increase their personal and family readiness, and how they can help by volunteering in a public health emergency. Some of the groups that Public Health Preparedness staff addressed include: city and county emergency managers; public health, healthcare, law enforcement, emergency managers, and school district administrators; Texas City leaders; the Red Cross disaster committee; VFW Dickinson members; senior citizens in Bacliff, La Marque, and Galveston; and the area multi-stake meeting of the Church of Jesus Christ of Latter-Day Saints. On September 1, 2004 a conference was held to educate county stakeholders regarding Health District preparedness activities and get their feedback on ways to collaborate in planning. A brochure was also developed to inform Galveston residents about public health preparedness activities.

- News releases on the Galveston Area Ambulance Authority highlighted the record number of calls responded to in 2004.
- Several press stories addressed immunization efforts in the county and the services provided by GCHD immunization personnel.
- The Richard D. Millican Dental Clinic was dedicated in honor of the longtime 4C's Dental Director in October and 50 people attended.
- GCHD STD/HIV staff participated in a community forum titled "Empowerment through Health: A forum on HIV in the Black Community".
- The Galveston County Daily News ran a story with quotes from staff and Board members on the challenges for women attempting to access health care.
- Dr. Guidry was quoted in a story on workplace health initiatives and weight loss programs.
- STD/HIV staff distributed educational materials and condoms at Mardi Gras in Galveston and at Beach Party weekend.
- An Animal Services Summit was held to outline the District's plan to maximize its programs and hear feedback from the public.
- National Public Health Week was celebrated with the annual Gold Ribbon Awards for establishments with exemplary food service and the District Employee Health Fair. Gold Ribbon recipients were recognized in the local newspaper.
- GCHD received the "Thinking Progressively for Health Award" from the Texas Public Health Association for its aggressive strategies to improve county immunization rates.
- Staff from the Environmental Health Programs participated in the annual Fourth of July parade held in the City of Kemah. Information was provided to the crowd of onlookers.
- Press releases promoted the free shots for National Infant Immunization Week in April, the Kids Health Fest in August, and the flu shot clinics in October and November.
- "NurseLine" fliers were made available at all 4C's Clinic locations and at selected GCHD public areas to promote the new service for telephoning a nurse for an acute care appointment or for advice.
- Ronnie Schultz, the Director of Environmental Health Programs, spoke at the San Leon, Bacliff Bayview Chamber of Commerce banquet about programs and services offered by the Health District.
- The Animal Services and Environmental Programs staff spoke at a town hall meeting in San Leon in June to address residents' concerns about stray animals, and at a follow-up meeting in October.
- Pollution Control staff received feedback from contracted entities at the annual water pollution services oversight meeting.
- National Community Health Center Week was celebrated with activities focused on diabetes self-management. Community activities were held at both 4C's Clinic sites, as well as community locations in Galveston and Texas City.
- Friends of the Galveston County Animal Shelter, a volunteer group, held an Animal Adoptathon in August.

- Five Senior Health Fall Fests provided health education as well as information about Health District services.
- The Galveston County Daily News printed a guest commentary by Greg Kunkel, EMS Chief of Operations, about receiving the 2004 Private/Public EMS Provider of the Year Award from the Texas Department of State Health Services. The award recognizes the “ground or air organization that took a leadership role in EMS public education and training”.

**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.**

**Objective One:** *Develop a public awareness campaign to include prevention of chronic conditions on an annual basis.*

- Community Health Program staff has provided health information to the members of the community at five (5) “Cooking Schools” held at the county’s senior citizen centers, two (2) walks/runs, at least fourteen (14) community health fairs with over 800 participants, and five (5) Senior Health Fests with a total of 156 participants.
- In addition, in celebration of National Community Health Center Day, the clinics celebrated “Diabetes Day”. Eighty-four (84) people participated in screening and education programs in the morning and twenty-four (24) people attended community activities in the afternoon. These activities included Nutrition BINGO and inspirational talks by people who attend classes. Community partners that assisted with Diabetes Day included Mainland Medical Center, UTMB, Jesse Tree, Coastal Area Health Education Center, Housing Authority of Galveston, Galveston County Agricultural Extension Service, Robert Wood Johnson Foundation, and various Diabetes Class and Support Group members.
- Classes are offered for people with diabetes who wish to improve their condition and prevent complications through self-management and healthier lifestyles. Through October, 171 people have attended diabetes classes held at the 4C’s Clinic, 136 at the community classes, and 35 have participated in the diabetes Support group.
- In 2005 a plan will be developed to provide public awareness activities to targeted areas of the community, to recruit volunteers to assist in awareness efforts and to spread efforts to prevent hypertension and heart disease.

**GOAL IV**    **Increase public awareness about senior health concerns and available community resources. (See Priority 7, Goal III, page 15)**

- Activities in 2004 have been focused toward assessment of senior health concerns. The Senior Health Advisory Council developed a questionnaire designed to elicit senior health concerns. The questionnaire was tested with seniors at the Dickinson Senior Citizen Center and minor adjustment were made to the survey; two (2) additional senior centers were surveyed in December 2004;

the remainder will be assessed in early 2005. Public awareness activities will be based on this assessment.

- The Senior Health Advisory Council (SHAC) has chosen to use existing community resource directories to link seniors to needed services. A SHAC subcommittee is developing a distribution plan.
- In 2005, staff will review senior questionnaires and develop plans for addressing senior health concerns and will approve and implement a distribution plan for resource directories.

**GOAL V**     **Increase public awareness about environmental health issues and Health District services. (See Priority 6, Goal IV, page 13)**

**Objective One:** *Develop public awareness information that addresses environmental concerns, explains how these concerns are being addressed and who citizens contact for additional information.*

- The Office of Environmental Health Programs has redesigned their website to update their services and contact data, and has reviewed program brochures to ensure that the public is given correct information.
- In addition, outreach presentations have been made including the First Animal Services Summit, presentations to Ball High School students and Parker Elementary students at Earth Day events, two San Leon Town Hall meetings on improving public safety in the San Leon Area, a presentation to the Save Our Shores Environmental Group and a presentation to 5<sup>th</sup> and 8<sup>th</sup> graders on environmental careers. Staff enjoyed participating in the Kemah Fourth of July Parade and role modeled good citizenship by hosting the Texas City Dike Trash Bash in March.

**GOAL VI**     **Increase public awareness about the benefits of immunizations for children and adults. (See Priority 8, Goal IV, page 18)**

**Objective One:** *Provide educational materials in Spanish and other languages as needed.*

- Thirteen (13) articles on adult and children's immunizations appeared in local newspapers with information on special outreach activities like Kids Health Fest and education regarding the flu vaccine shortage and outreach to high risk populations to provide flu shots.
- A countywide Immunization Advisory Committee was formed to address immunization efforts.

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

**Identify and eliminate access to care barriers that contribute to health disparities.**

### **GOAL I      Improve access to 4C's Clinic's ambulatory healthcare services and operate at maximal capacity. (See Priority 7, Goal I, page 15)**

**Objective One:** *Track and trend measurable objectives and key indicators of clinic access to care.*

- In June, the Clinic Leadership Team approved measures of Access including medical and dental provider productivity, percentages of scheduled and walk in patient visits, percentage of patients who do not keep scheduled appointments, number of patients appointed through walk in and through NurseLine appointments, number of new patients registered and active patients updated through the eligibility staff and measures of patient satisfaction regarding access and patient complaints. A weekly provider productivity report is made to managers. The Clinic Leadership Team receives a monthly report of access measures and the Governing Board receives a quarterly report on these measures.
- In 2005, we plan to develop measures to assess waiting times for medical and dental appointments.

**Objective Two:** *Research best practices and identify barriers in 4C's clinic flow. Establish short-term and long-term improvements that will result in improved clinic flow and clinic productivity rates.*

The Clinic Leadership Team has worked to identify barriers and improve clinic flow throughout 2004. Some of the changes include:

- Opening appointments for registering and updating patients at times convenient to the patient;
- Developing educational materials to assist the patient to complete the eligibility process;
- Redesigning the Patient Assistance Program process and educational materials to better serve larger numbers of patients needing medications from drug manufacturers for medications not on the 4C's formulary;
- Piloting a pediatric open access model to accommodate pediatric patients who need acute care visits on a daily basis;
- Developing triage guidelines for nurses that help patients access acute visits more easily and increase provider productivity;
- Piloting a NurseLine program for acute appointments and triage by telephone, as well as nurse advice;
- Piloting changes in the provider schedule templates to accommodate maximum visits and training staff to accurately appoint patients.

- In September the Governing Board approved funds for the Clinic Redesign Team Training Program, a six-month training process beginning in early 2005. Redesign goals include reduced cycle times, increased patient satisfaction, increased staff productivity and increased access to care. The project encompasses both clinics staff and the total cost is \$35,300.
- Staff cross training has been implemented in the Registration and Eligibility Department and somewhat among medical clerks. Efforts to cross train staff will continue in 2005.

**Objective Three: *Simplify providers' job responsibilities and tasks such that their time is focused on patient care duties that only a licensed provider can perform.***

- Standing orders for midlevel providers to prescribe controlled substances (pain medications for acute episodes of pain) were developed by the 4C's Medical Director and approved by the Clinic Leadership Team in November, thus freeing physicians to see patients with chronic pain care needs.
- Reengineering efforts in 2005 will address simplification of providers' responsibilities.

**Objective Four: *Establish a program to reward and recognize employees who exceed expectations to improve clinic capacity.***

- In May the 4C's Medical Providers and Supervisors had a daylong retreat to brainstorm clinic issues and address employee concerns.
- In July, ten individual employees and one employee team were recognized for making significant contributions to improving the health of seniors in our community. Employees were nominated by co-workers, who considered the merit of their contributions as well as patient feedback. This incentive program was established by the 4C's Governing Board as part of its program to provide health education, preventive screenings and assistance to seniors who have a need for health or social services.
- In October, selected employees received merit raises based on job performance and contributions to District progress on Strategic Health Plan goals.

**GOAL II      Increase community awareness of the healthcare services provided by the 4C's Clinics. (See Priority 1, Goal II and IV, page 1, Priority 7, Goal II, page 15)**

- "NurseLine" fliers were made available at all 4C's Clinic locations and at selected GCHD public areas to promote the new service for telephoning a nurse for an acute care appointment or for advice;
- National Community Health Center Week in August was celebrated with activities focused on diabetes self-management. Activities were held at both 4C's Clinic sites, as well as community locations in Galveston and Texas City;
- 50 people attended the dedication of The Richard D. Millican Dental clinic in October. The clinic was dedicated in honor of the longtime 4C's Dental Director.

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

**Objective One: Develop a comprehensive system to monitor, standardize, and track referrals.**

- In February, a team of staff, working with a volunteer UTMB resident, developed and piloted a simple data system to track referrals.
- Dr. Guidry met with UTMB Clinic Medical Directors to improve communications with regard to referrals for specialty care. The UTMB Directors pledged to improve the referral process from their areas.
- In May and June a technical consultant worked to make the data system work from an intranet site, which enabled staff to share data, to efficiently enter data and to track the referrals. Later, a similar database was added for outside diagnostic tests.
- The new referral system began in August and is currently working well. We have begun to make preliminary evaluations of the number of referrals completed, denied and pending. In addition, we have the capability to e-mail referrals to UTMB to enhance convenience. Currently UTMB is considering how best to use this capability.
- In 2005 we plan to refine our evaluation of the referral system and use our analysis to improve the process of obtaining specialty care for 4C's patients.

**Objective Two: Explore and implement use of new technologies to meet the intent of this goal.**

- 4C's staff has attempted to pilot use of *ClinWeb*, a lab results data system, with patients that are seen at UTMB, however legal issues have slowed the process. We will continue to explore this issue in 2005. Sharing data with UTMB would result in fewer lab tests having to be done by both entities.
- We have made preliminary explorations into implementing an Electronic Medical Record (EMR) that would be compatible with UTMB, with the goal of sharing referral information in the future. We have set aside funds for an EMR and will continue to research best systems.
- The 4C's Business Manager and Medical Director met with UTMB telemedicine staff several times (May, July and September) to explore the possibility of telemedicine use for specialty care for 4C's patients. Although all issues have not been resolved, (financial – i.e. cost of equipment, ongoing costs of providing the service, etc.) there is strong interest in pursuing a partnership to provide specialty assessment services. This would result in increased access and convenience for 4C's patients needing referrals. We plan to pursue telemedicine opportunities in the future.

**GOAL IV**     **Improve fiscal management and healthcare financing of the 4C's Clinic. (See Goals in Priority 4, page 9).**

- We have made progress toward improving fiscal management and healthcare financing in 2004 (for progress on these goals, see Priority 4). We plan to develop systems to better assess our status, opportunities and progress in the future and will work with our community partners to develop an advocacy plan for improvement of healthcare financing.
- Additionally, in 2005 the GCHD Epidemiology Department will develop a white paper describing the health disparities that exist in Galveston County.

**GOAL V**     **Strengthen the partnership between the 4C's Clinic and local resource organizations in order to link 4C's patients to a variety of existing community and social service resources that may more comprehensively meet their needs.**

- 4C's Case Managers in August joined the Galveston County Social Services Network which meets monthly to discuss social services issues and collaborate with other social workers in the county.
- Jesse Tree staff presented information on their computer based application and referral system to the Clinic Leadership Team.
- MHMR staff presented information to the Clinic Leadership Team on mental health referrals and resources.
- In October the 4C's Case Management Program was reviewed. In 2005, the goal will be to redesign the program, focusing on the priority populations identified in the needs assessment of the Clinic's federal grant application. A monthly report for case management activities will be developed.

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

**Improve the Health District's business practices in order to recruit and retain competent public health employees, to increase access to technologies that will improve efficiency, to improve training programs, to improve internal and external communications, to be prepared for public health disasters/emergencies, and to comply with legal responsibilities.**

**GOAL I**     **Improve the Health District's system of recruiting and retaining competent public health employees.**

- Although all positions are reviewed for salaries and benefits as they become vacant, in October, job salary surveys were completed and some positions received salary adjustments. The District plans to review salaries annually.

- Senior Health Improvement Awards were presented to ten individuals and one healthcare team at the 4C's Governing Board meeting in July. The employees showed exemplary service to seniors.
- Stress Management Training for Animal Services employees was conducted on October 13, 2004. A local stress management counselor assisted staff. The program is also working on an employee professional development program to address training and certifications.
- Activities to improve public perception of the Health District included the dedication of the Richard D. Millican Dental Clinic, National Community Health Center Week activities focused on Diabetes, the development of the NurseLine for 4C's patients and National Public Health Week activities such as the Gold Ribbon Awards and the Employee Health Fair.
- An Employee Betterment Committee was formed to coordinate activities such as sporting or other events for groups of employees and their families and to plan activities like holiday parties and picnics.
- Improvements have been made to strengthen the employee evaluation process.
- Town hall meetings have been held to communicate with employees and seek their feedback.

**GOAL II     Improve job-related training programs for Health District employees.**

- In 2005 the Health District will develop a system to identify and coordinate training opportunities for staff focused on job functions and aligned with the Health Plan priorities and goals.
- In 2005 there are plans to develop a comprehensive employee orientation program.
- January 19-21, 2005, the District will host the Texas Public Health Association annual conference. The conference will provide learning opportunities for our employees in the areas of Community Health, Public Health Administration, Public Health Preparedness, Environmental/Laboratory Support, and all hazards response training for first responders.
- In November the Information Technology Manager sent a survey to all employees asking about IT training needs. In 2005 a computer training program will be established to enhance the skill set of various positions, i.e. calendar functions for setting up meetings, file sharing, etc. An area on the GCHD intranet site has been developed to help employees with common IT needs and problems.
- Beginning in October, an Executive Memo made it mandatory for employees to send proof of job-related trainings to the HR department for entry into an electronic database. The information will be available for use during performance evaluations.

**GOAL III     Increase employee access to technologies that will improve job-related responsibilities as well as internal & external communications. (See Priority 6, Goal V, page 14)**

- A new phone system was installed at the Galveston County Health District Animal Shelter to expand ability to answer calls from customers. In addition, new computer lines were installed to allow for the installation of a computer network in the shelter opening access to email for the employees.
- Staff is currently working with telephone companies to upgrade the telephone system to improve call capacity and to improve the ability to communicate with the public and employees in disaster/emergency situations. The next meeting is in December and the project should be completed by mid 2005.
- The District is assessing employees' job-related needs for access to e-mail, the Internet and the intranet. A supervisor's checklist has been developed to capture these needs for each new employee. Employee training on electronic communications systems will continue into 2005.
- 4C's Clinic staff have been researching the use of an Electronic Medical Record, a Perpetual Pharmacy Inventory system, Telemedicine and an electronic Referral Tracking System. The EMR will be implemented in accordance with specifications developed by the Clinic Leadership Team, with money set aside for the purpose, probably in 2006. The Perpetual Pharmacy Inventory also is funded and will be installed and running in 2005. The Business Manager has met with UTMB staff regarding implementing Telemedicine to assist our patients with specialty care and he will continue to explore the best use of this technology. The Referral tracking system is currently implemented and staff will continue to pursue the possibility of communicating our referrals by e-mail in the future. In addition, the electronic database currently in use (CVDEMS or PECS) to track diabetes care will be expanded to track care of patients with other chronic conditions.

**GOAL IV    Clarify, strengthen, and standardize district management practices.**

- Each month, program managers submit information regarding significant program activities and accomplishments to the executive office for inclusion in the Executive Report. This report is then shared with both Boards and posted on the Health District web site.
- Human Resources and Information Technology policies have been developed and approved to address a number of workforce issues.
- Program specific guidance has been developed for Fiscal Management, Environmental Health Programs, and Community Health Programs.
- Monthly review of financial information by board finance committees was implemented.
- Health, Performance Improvement and Emergency/Disaster plans were adopted.
- Health policies regarding rabies vaccinations and on-site sewage systems were reviewed and adopted.
- A functional and service-oriented organizational chart was developed.
- Improved collections and budget management in The Galveston Area Ambulance Authority was accomplished.

- Improvements were made in management in the areas of animal services, WIC and the 4C's Clinics.
- Improvements were made in program quality assurance activities to identify deficiencies and implement improvements in a timely and proactive manner.
- An Executive Memo defining expectations for supervisors and managers is currently in development and will be finalized after getting input from management staff.
- The District plans to improve financial management systems and communicate budget information to supervisors on a real-time, need-to-know basis.
- Executive staff will focus on annually maintaining updated and board-approved policies.

**GOAL V      Improve the Health District's preparedness and capacity to respond to public health disasters and emergencies.**

***Objective: Fulfill CDC objectives in the bioterrorism grant, including a fully efficient and operational Health Alert Network (HAN) to communicate with county partners.***

Public Health Preparedness staff completed all objectives of their grant in 2004 and is now working on the 2005 grant. Some of their achievements include:

- The Bioterrorism (BT) Preparedness and Response Plan was approved by both Boards and became effective in July.
- The Information Technology (IT) infrastructure has been enhanced to better exchange data, have secure information, send out health alerts, store data securely, back up data, have redundancy, and provide Internet security. Enhanced communications were brought about by the purchase of Blackberries for key staff and through the purchase of 800 MHz radios. Staff is currently working with Southwestern Bell toward enhanced technical possibilities such as a phone bank, remote phone set ups and other technologies for disaster response. 24/7 connectivity is tested quarterly among staff and county and regional response partners.
- Purchasing for the BT grant was centralized for tracking. A system was developed to track expenses by focus areas such as planning, IT, risk communication, and disease surveillance.
- The Health Alert Network, an electronic notification system, was set up and currently includes 214 local contacts including health professionals, school administrators, city and county appointed and elected officials and others. 15 health alerts went out in 2004.
- The Public Health Preparedness staff made presentations to many public groups this year, including Galveston County school districts, to discuss setting up facilities to use as mass vaccination or medication dispensing clinics. As a result, there are now 6 Memoranda of Understanding with school districts. In September, a Diseases and Disasters Conference was held to educate community stakeholders on preparedness efforts and to get their feedback on ways to collaborate in response and planning efforts.

- The Galveston County Emergency Response Collaborative (GCERC) was established in early 2004 to partner with local hospitals, law enforcement, mental health providers, emergency management personnel and the Red Cross for collaboration on planning and communications. Meetings have included information on the incident command system, hurricane preparedness, how to reach special populations during disasters, participation in a tabletop exercise on smallpox (see below), a presentation on the La Marque-based federal Disaster Medical Assistance Team, and plans to deploy CHEMPACK (chemical antidote) resources.
- Staff training included Forensic Epidemiology training, Strategic National Stockpile (SNS) training, Weapons of Mass Destruction workshop, volunteer orientation, mass vaccination clinic training and many disease-specific trainings.
- To test Health District response plans, several drills/exercises have taken place including an internal tabletop exercise on smallpox, a collaborative internet and audio conference tabletop smallpox exercise conducted by the University of Texas School of Public Health with GCHD and its GCERC partners; and exercises to test after-hours contact numbers and protocols for notification of state and local response partners.
- For 2005, staff will work to further enhance readiness for a public health emergency. The work plan calls for additional planning and training related to the SNS, collaboration in planning with hospitals, mental health and emergency management agencies, providing training in disease reporting and surveillance to healthcare providers and community leaders, and the exercise of emergency plans to test readiness.

#### **GOAL VI    Improve Health District's compliance with legal responsibilities**

- In March, the District began identifying and reviewing all policies and plans which require annual board review and approval. Boards ratified in March all policies put into effect by the CEO.
- EMS Operational Policy is due to the Board of Health in early 2005.
- Dana Beckham, DVM, Epidemiologist, will provide vet consultation to Animal Services in the area of regulatory compliance
- In 2004 the Animal Services Task Force was assembled. It provided valuable comments on the draft Animal Services Inter-Local Agreement (which is at County Legal for review).
- In 2005 the Strategic Plan Evaluator will develop a management system for all contracts in the Health District and will establish a tracking system to document improvements made in response to state and federal review recommendations regarding program contracts.

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

**Improve health care financing in order to avoid loss of revenue from Medicaid, to finance medications and indigent health care, and to increase reimbursements to the Clinic.**

### **GOAL I      Become an authorized provider of health care plans that serve Galveston County residents.**

- A new Medicaid contract with Amerigroup has been added, and staff is also working with Community Health Choice to get temporary privileges while working on contract language. An announcement on which HMO's Health and Human Services will award contracts to under the new bid process for the Harris County Area is expected. This should take place some time in early 2005 with an effective date of September 2005. Once these announcements are made, staff will work through the process of contracting with any new HMO's.
- The Health District chose not to bid on the federal contract for a Veterans Administration (VA) Clinic. The final award is still in court.
- The COO attended an annual meeting with the Texas Association of Community Health Centers, which included an update on state legislative priorities and challenges and opportunities for community health centers in the current environment.

### **GOAL II      Assure that all patients who are potentially eligible for health insurance are provided the opportunity to apply for coverage. (See Priority 7, Goal V, page 16)**

- Eligibility staff was trained on the QMB Medicare/Medicaid program this year.
- The Case Management Program has been identified as the most effective source for identification of patient eligible for third party programs. The process for reviewing these patients will be developed in 2005 as part of the redesign of the Case Management Program.
- In 2005 Case Management will focus on priority patients (as designated in the 4C's Clinic Grant Needs Assessment) and on the potentially eligible to assist with the eligibility process.

### **GOAL III      Assure 4C's Clinic fees are appropriate and reflect the actual cost of service.**

Medical fees were reviewed by the accounting department to ensure appropriateness for the market area and costs. The Governing Board approved recommendations at the October meeting. The Dental fee schedule was reviewed and approved at the November Governing Board meeting unchanged from the previous year.

**GOAL IV**     **Increase collection of fees charged to self pay patients (for example, uninsured) so they meet national standards set by the Centers for Medicare and Medicaid Services (CMS).**

A financial report to the Governing Board in November showed that 4C's self-pay collections continue to be low (less than 10% of what is billed) and we are out of compliance with this measure in comparison with other Community Health Centers. This year the following measures have been taken in an attempt to try to increase the rate of collections:

- In March 2004, a *Request for Discounted Services form* was adopted in order to inform patients of their responsibilities regarding payment of their accounts. In order to inform patients of the information required to establish eligibility, a document was also developed explaining the registration process and listing acceptable forms of eligibility verification. A *Warning Letter* was also implemented during this period to be issued in those cases in which patients failed to supply the necessary eligibility information.

**GOAL V**     **Assure coding accurately reflects the services provided and diagnosis made.**

No activities have been accomplished in 2004. In 2005 the 4C's Business Manager plans to conduct an analysis of coded encounters and will train providers based on the findings, especially to prevent undercoding of patient visits.

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

In 2003, the Governing Board funded a pilot project to explore marketing to seniors partly to attract more patients with Medicare reimbursement. This project has continued throughout 2004 and projections show that the number of seniors who consider the 4C's Clinic to be their medical home has increased. However, there have been no significant changes in 4C's payments by Medicare or Medicaid funding in 2004.

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

- A Joint Board Committee was formed in October 2003 to address access to care and indigent health care issues. In February, Governing Board members and United Board of Health members as well as Health District staff met to discuss the County Indigent Health Care Program (CIHCP). Dr. Guidry presented an overview of the program including roles and responsibilities of all entities involved, data limitations, and known issues. After a brainstorming session, the participants identified several themes that need to be addressed in order to provide better access to care and management of the program. The themes included recommended improvements in local policy, finance, and data management

systems. The participants agreed to schedule a Commissioners' Court workshop in the future to discuss these issues.

- In May, Dr. Guidry met with Judge Yarbrough and others regarding the CIHCP, the budget shortfall and the claims payment tracking system.
- Staff met with the same group in June, and met later with the Commissioners Court in a workshop session to review the CIHCP issues. Improvements have been made, including the Health District implementing asset testing to ensure that those put on the program are truly eligible, and the Health District no longer has a check-cutting role for secondary and tertiary health care through the program.
- In October 2004 the Joint Committee met again. The members were presented with the results of a comprehensive Needs Assessment written for the 4C's 5-year competitive federal grant application. Members brainstormed common themes including the need to fund and redesign 4C's Case Management services, to increase coordination among local partners through shared systems, to improve public perception of 4C's services, to improve linguistic competency through staff training, to promote wellness services, and address dental professional shortages. These outcomes were presented to both Boards in October. Next steps include developing a forum with local healthcare system partners to promote coordinated advocacy, in early 2005.

**GOAL VIII** **Review and assure that the pharmacy formulary and laboratory authorized tests are consistent with the clinic practice guidelines. (See Priority 5, Goal I, page 11)**

- In 2004, procedures for adding drugs to the clinic formulary have been developed and clinical guidelines have been developed and approved for chronic diseases common to 4C's patients.
- In 2005 we plan to work to analyze prescribing practices, cost data for pharmacy and lab and to expand the number of clinical guidelines. The guidelines note medications on and off the 4C's pharmacy formulary. A pilot project for spirometry tests for asthma and chronic obstructive lung disease patients will begin in early 2005 and if this proves beneficial and cost effective, spirometry equipment will be purchased.

**GOAL IX** **Implement a Perpetual Pharmacy Inventory System as a fiscal monitoring tool. (See Priority 3, Goal III, page 6)**

Funding has been set aside to purchase a Perpetual Inventory System and staff has researched systems. The 4C's Clinic will purchase a system in 2005. Clinical guidelines for a number of chronic diseases common to our patient population have been developed and approved and guidelines have also been written for certain medications. In 2005 clinic leaders will continue to analyze prescribing practices and drug cost data.

Additionally, future financial management improvements are anticipated when new information technology is implemented over the next two year, which will enable enhanced reports for monitoring services and utilization. Such technology will first

require improved information infrastructure as a foundation for subsequently implementing electronic business and medical records systems, as well as the Perpetual Inventory System.

## **PRIORITY #5: MANAGEMENT OF CHRONIC CONDITIONS**

**Improve the identification and management of chronic conditions such as high blood pressure, heart disease, diabetes, asthma, depression, etc.**

### **GOAL I      Establish official 4C's Standards of Care**

***Objective One - Develop and implement clinic practice guidelines for chronic conditions such as high blood pressure, heart disease, diabetes, asthma, and depression.***

- In 2004 Clinical Guidelines have been written and approved by the Clinic Leadership Team for Asthma In Children, Obstetrics – Prenatal Care, Diabetes Mellitus and Hypertension, as well as Preventive Guidelines for Seniors. All guidelines were researched using professional association groups and the preventive guidelines were written with input from the U. S. Preventive Health Services. In addition, the 4C's Formulary has been consulted and there are notations for medications not available from the on-site pharmacy. Guidelines, additionally, have been written in conjunction with guidelines from other local resources such as the UTMB in order to coordinate community resources and patient care. Staff has been trained on the Clinical Guidelines. All approved guidelines are available on the GCHD intranet site.
- “Goal Patrol”, a goal-setting procedure to assist patients to learn more about how to manage their own chronic conditions was developed.
- In 2005, the 4C's staff will develop guidelines for identification and treatment of mental health and substance abuse conditions for outpatient counseling, case management and psychiatric consultation services, and inpatient treatment referrals. In addition, grant funding will continue to be sought to enhance the case management functions.
- In 2005 4C's staff will continue to develop guidelines for the most common conditions of 4C's patients.

***Objective Two - Develop and Implement a Quality Assurance Monitoring Program.***

- Currently diabetes improvement measures are being monitored through the Diabetes Collaborative Program of the Bureau of Primary Health Care. Diabetes

patients' average a1c level, the number of a1c tests done per year, the percentage of patients who have received a pneumonia vaccine, and the percentage of patients who have a documented self-management goal are reported. These measures are tracked electronically through a computerized database, "CVDEMS". A monthly report is done and is sent to the Collaborative organization, as well as to the Medical Director and staff. During 2005, it is anticipated that other chronic diseases such as hypertension will be monitored through a similar database program. A staff Diabetes Team meets to implement clinic changes to improve the care of diabetic patients.

- Another mechanism for determining the quality of care of patients with chronic conditions is the Medical Peer Review Program. The Medical Director or another peer performs audits quarterly on physicians' medical records to observe pre-determined measures of quality with regard to diabetic patients and pediatric asthma patients. The physicians are given feedback from their peers to improve performance. Peer Review determines physician competency for periodic reprivileging.

## **GOAL II      Identify and develop clinic guidelines for other identified priority health conditions.**

### **Objective One - *Develop criteria for identification of priority health conditions.***

A comprehensive needs assessment was done in 2004 in preparation for the 5-year 4C's Clinic federal grant application. This data will be used to prioritize the development of clinical guidelines and improvement efforts based on local morbidity and mortality data, common diagnoses of 4C's patients and identified health disparities. Currently, guidelines for the use of spirometry in asthma patients are being developed. Additionally, mental health conditions and substance abuse issues are targeted for guideline development in 2005.

## **GOAL III      Integrate chronic health conditions activities with other Health District programs.**

- During 2004 the Community Health Program collaborated with the 4C's Clinic to provide staff for diabetes classes, develop a strong curriculum for diabetes teaching, and create an innovative program to assist patients and others in the community to set self-management goals for chronic disease management. Through the Robert Wood Johnson "Community Support for Diabetes" grant, a nurse educator and other staff was funded. These staff members are an integral part of the Diabetes Collaborative team and program in the clinic. They provide classes, support groups, educational materials in English and Spanish and track individual patients' goal setting progress. They have also educated 26 "Community Health Coaches" who are healthcare professionals or lay people trained to conduct classes, do individual counseling and assist people with diabetes in the community to set goals.

- Other integrated programs include the Breast and Cervical Cancer Control Program and the D'Feet Breast Cancer screening programs that provide mammograms and follow up services to women both within and outside the 4C's Clinic patient population.
- In the future, the District will continue the collaboration between public health programs and clinic activities by spreading chronic disease management to other conditions and expanding preventive activities.

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

**Address environmental issues involving air, water and food, to include aspects of wastewater management, enforcement, bacterial contamination, animal control violations, toxic substances monitoring, and conservation of natural resources.**

### **GOAL I      Comply with all contract requirements in the State and Federal contracts which fund program activities. (See Priority 3, Goal IV, page7)**

- The Air and Water Pollution Services Division successfully completed all of the objectives by August 31, 2004 in their air compliance contract with the Texas Commission on Environmental Quality (TCEQ). This contract funds a large portion of the air services conducted in Galveston County. Services funded under this contract include citizen complaint investigations, air inspections, and air permit reviews.
- TCEQ approved a request to amend the On-Site Sewage Facility rules that allows the District to enforce the state regulations. The amendments went into place November 15, 2004. (United Board of Health in August passed a resolution requesting this approval along with changes to local requirements for design and construction of on-site sewage facilities and changes to the current fee schedule).
- Dana Beckham, DVM, GCHD Epidemiologist, has agreed to provide veterinarian consultation to Animal Services in the area of regulatory compliance and animal care.
- The Department of State Health Services (DSHS) conducted a follow-up inspection to the one conducted in March at the Animal Shelter. Violations noted in March had been corrected.
- TCEQ audited the Air and Water Pollution Services Division's Air Monitoring project. The purpose of the audit was to review work for adherence to the quality assurance objectives and federal requirements of the air monitoring contract. At the time of the audit, operations were consistent with the specifications for State and Local Air Monitoring Stations.

- Nine (9) structures identified as a public nuisance under the Health District's Neighborhood Nuisance Abatement program were demolished and hauled away through a process that is in accordance with Neighborhood Nuisance Abatement Act.
- The swimming pool sanitation program, designed to protect the health and safety of the general public who swim in public pools, conducted several pool operator certification classes. County rules on swimming pool sanitation require all public pools to have a certified operator on staff. The division has certified over 135 pool operators in 2004.

**GOAL II**     **Identify resources needed for future environmental needs and services.**

- The new Animal Services Interlocal Agreement was drafted in the month of July with the assistance of the new Galveston County Animal Task Force. The changes to the Interlocal Agreement will attempt to address changing demographics and how they may affect current animal services needs. In addition, the agreement will lay the framework for a new Animal Services Advisory committee, address the need for a low cost spay and neuter program and the need to increase collaborations. In 2005 the Health District will also draft a list of priority shelter repairs and equipment purchases, develop division standard operating procedures, draft an employee professional development program to address training and certifications, develop a new data base management system and continue adherence to all state laws, rules, regulations and guidelines.
- A group of concerned citizens formed the Friends of the Galveston County Animal Shelter and the group sponsored an Animal Adoptathon in August.
- Volunteers supported the Animal Services Department in 2004, recruited through the GCHD Volunteer program.
- The Air Services Division is assessing a proposal drafted by the Houston Mayor's Office to enhance the enforcement of the current State Implementation Plan (SIP). The proposal is for Houston, Harris County and Galveston County to form a multi-jurisdictional task force to address complex air related issues not currently addressed in the SIP. The task force would target facilities within the region and conduct a comprehensive compliance inspection aimed at reducing the chemicals that form ozone pollution. The Health District will continue to monitor the progress of this program and will update the County Judge, Commissioner's Court and the Mayor of Texas City.
- The Environmental Crimes Unit, a collaborative effort of law enforcement and public health, tested their skills at identifying, securing and removing an illegally disposed boat from Offats Bayou. This unit will continue to address the growing problem of derelict boats in Galveston County waterways.
- In 2005, the Air and Water Pollution Services Division will draft and submit for approval a Supplemental Environmental Project (SEP) plan. Once approved, the project is eligible to receive funding through environmental penalty money. This program is sponsored by the Texas Commission on Environmental Quality

(TCEQ) and is focused on directing a percentage of environmental penalties into beneficial projects.

- In 2005, the Air and Water Pollution Services Division will complete the installation of mobile air sampling equipment in two (2) enclosed trailers to monitor the air for a host of toxic compounds. This mobile system will allow the District to monitor the air anywhere in the County. Monitoring locations will be based on identified pollution sources, proximity of sensitive receptors to the source, citizen complaints and special requests for monitoring.

**GOAL III**     **Implement a public awareness campaign that addresses environmental concerns. (See Priority 1, page 1)**

- The Consumer Health Services Division collaborates with the Galveston County Daily News to inform the general public of current restaurant inspection scores on a weekly basis by publishing these scores in the newspaper. The report includes a short explanation of the inspection scoring system. Enhancements to this reporting system are being investigated including the posting of these results on the GCHD website.
- Consumer Health Services held the Eighth Annual Gold Ribbon Awards recognizing 56 local food establishments with superior inspection ratings.
- Staff demonstrated effects of water pollution on the environment for students at Parker Elementary School in Galveston for Earth Day.
- The first Galveston County Animal Shelter Adoptathon brought over 100 people to the shelter on Saturday, August 21, 2004 to view the animals for adoption. The event was sponsored by the Friends of the Galveston County Animal Shelter, a non-profit volunteer organization dedicated to assisting in assuring a safe place for animals at the shelter. Twenty-three (23) animals were adopted during the event.
- Ronnie Schultz was the guest speaker at the 52<sup>nd</sup> annual San Leon, Bacliff, Bayview Chamber of Commerce banquet, presenting on the various services provided by the Office of Environmental Health Programs.
- The Office of Environmental Health Programs chaired the committee charged with organizing 600 volunteers, to clean up eight (8) tons of trash and 56 tires at the Texas City Dike in support of the annual Trash Bash event. In addition, the Trash Bash organizers provided educational opportunities promoting environmental stewardship as part of the event.

**GOAL IV**     **Increase awareness among elected officials regarding environmental services and concerns. (See Priority 1, Goal V, page 2)**

- The Water Pollution Services Division sponsored the annual water pollution services oversight meeting with seven cities and one water utility district to discuss merits of the program, review of the content of annual water pollution reports and the next fiscal year.

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

- The Animal Services Division has replaced the phone system to include the addition of computer cabling that will allow for the installation of computer network. This network will help to assure that systems are in place to collect accurate and available data.
- The Animal Services Division is currently investigating animal shelter data management system software to better collect and manage information collected while meeting business needs. The software will more effectively and efficiently produce reports to be shared with our public health partners.

**GOAL VI     Improve public relations among public health partners and relevant stakeholders.**

***Objective One: Annual forum for Health District environmental related issues, and animal services, to include: veterinary associations, other animal shelters, city officials who also provide animal related services, local restaurant associations, plant managers, Environmental Managers Round Table, Chambers of Commerce, and the Community Advisory Panel to address current problems and receive feedback.***

2004 saw the first GCHD Animal Services Summit, the formation of the Animal Services Task Force and Animal Services Advisory Committee as well as the beginning of a volunteer support group, the Friends of the GCHD Animal Shelter

- June – Animal Services representatives participated in a town meeting in the San Leon/Bacliff area to discuss current issues of stray animals and solutions to lower the occurrence of the stray animal population.
- June – Air and Water Pollution services organized and participated in an annual meeting with our water pollution stakeholders to discuss water pollution activities related to our current contracts. In addition, staff presented to our stakeholders the annual water pollution reports for each participating city.
- Garrett Foskit presented information to the Save our Shores group in San Leon/Bacliff area about Nuisance Abatement Services and the progress made in ridding the area of public health nuisances.

**GOAL VII     Increase collaboration between Health District staff and their counterparts in local political jurisdictions for routine and emergency communications.**

- The Consumer Health Services Division Manager, Marty Entringer, met with Mr. Brandon Wade and Mr. Angelo Grasso regarding On-Site Sewage Facilities (OSSF) permit applications for systems being installed on Galveston Island. The city officials were interested in obtaining the permit applications to make a determination if an alternative to installing an OSSF is available such as connection to a sanitary collection system. The District agreed to submit the basic OSSF application to the

City in order to determine the feasibility of connecting the home to the sanitary collection system. In addition, the District will report any OSSF complaints to the city, and will generate a report identifying all OSSF systems installed on the Island.

**GOAL VIII Ensure consistency in inspection and enforcement procedures. (See Priority 3, Goal IV, page 7)**

- In 2004, all environmental health programs were consolidated into the Office of Environmental Health Services under the guidance and direction of one executive.
- To ensure inspection and enforcement consistency, all food service inspectors are being standardized through an internal quality assurance process. In addition, the Department of State Health Services standardization officer will audit our standardization personnel and our standardization process.
- In September, the Office of Environmental Health Services developed a proposal to relocate offices of all inspectors to its headquarters in LaMarque and the move was completed in November. The relocation is a means to develop consistent and standardized inspection and permitting processes. The need for standardization was identified in community-wide forums and at the Environmental Health Summit in September 2003.
- In 2005, the Health District will hold the second Environmental Summit to address environmental issues involving air, water, solid waste, animals and food, to include aspects of wastewater management, enforcement, bacterial contamination, animal control violations, toxic substances monitoring, and conservation of natural resources.

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

**Address senior health issues such as isolation, social needs, healthcare, legal, transportation and housing.**

### **GOAL I      Increase access to the 4C's clinic services for underserved seniors. (See Priority 2, Goal I, page 3)**

In 2003, there were 1,901 clinic patients 65 years and older who sought health care at the 4C's Clinic (for a total of 11,104 encounters) up from 1,820 (10,774 encounters) in 2002. This represents an increase of 81 clients and 330 patient visits. During the first nine months of 2004, 1,762 seniors have made 8,235 visits to the clinic. 40% of clients participated in the Medicare Part B program.

- Galveston County seniors were asked why they did not seek medical care at the 4C's Clinic. Their answers (and efforts made thus far to improve these barriers) included
  - Concepts held regarding the availability of appointments and lengthy waiting times for appointments due to negative past experiences (addressed by increasing numbers of walk-in slots, NurseLine, clinic re-engineering project).
  - Lack of knowledge about clinic services especially pharmacy and dental services (a grant was written to and funded by Mainland Cities United Way for development and distribution of information brochures on GCHD services).
  - Concern over not being able to afford medical services and not knowing about clinic reduced costs or waived fees (Efforts are being made toward education of seniors regarding sliding scale services and assistance with QMB application; a brochure is being developed to educate seniors.)
  - Perceived insensitivity of clinic staff regarding language and culture (Customer Service training for all staff and Patient Satisfaction surveys with immediate resolution, whenever possible. Staff providing excellent service to seniors was awarded with a bonus in 2004).
  - Lack of support systems in the community and the home, for instance, transportation, and care for family members (Pending: Senior Health Advisory Council will address. This needs further assessment of needs and resources.)
  - Public perception that the clinics are for poor and minorities only- "I'm not poor" (Pending- Senior Health Advisory Council- brochure)
  - Distance- the further they live from our clinics, the fewer attend the clinic (Bulletin boards regarding transportation resources, brochure)

- The most common reason was that they already had existing trusting relationships with other community providers (no plan needed)
- In August 2004, eighty-six (86) seniors participated in focus groups addressing physical activity. Senior wellness programs are being developed in accordance to needs voiced by these senior citizens.
- Seniors were again asked about their health and social needs during the Health Fests in 2004.
- GCHD staff assisted seniors with Medicare Part B and Qualified Medicare Beneficiary (QMB) enrollment.
  - Number trained to enroll seniors in QMB 11
  - Number of seniors enrolled in QMB 57
- GCHD staff (ten individuals and one team) received Senior Health Improvement Awards, in the form of bonuses, for exemplary service to seniors.

**GOAL II      Increase the number of outreach activities for underserved seniors.**  
**(See Priority 2, Goal II, page 4)**

The following senior outreach activities, including numbers attended, were completed in 2004:

- Five (5) Fall Senior Health Fests were conducted in the fall of 2004. 200 seniors participated.
- Seniors enrolled in cooking classes 336
- Number of seniors enrolled in Senior Health Corps 352
- In addition, the Senior Health Coordinator has participated in at least eight (8) community health events in conjunction with other Health District departments in the past year.

**GOAL III      Link seniors to existing community resources.**

The Jesse Tree Journal was chosen by the Senior Health Advisory Council (SHAC) as the inventory to use for community resources. A Senior Health Advisory Council subcommittee is developing a distribution plan for the Journal, which will be reviewed by the SHAC on December 14, 2004.

The following senior referrals were made in 2004:

- Registration Phone calls to Senior Health Corp members 58  
 (clients referred to 4C's)
- Information and referral services 269

**GOAL IV**     **Establish a Senior Advisory Panel comprised of Senior Health Corps members and community partners.**

- The Senior Health Advisory Council held its first meeting on 6/29/04 and developed the following mission statement: “Provide a Link for Galveston County Senior Citizens to Health and Social Services.” The council identified two (2) broad priority areas to address this year: (1) Promote wellness/ fitness for the prevention of health problems/conditions and which will enable seniors to live independently in their homes as long as possible and (2) Improve the way we communicate to seniors and their caregivers about affordable health care services (knowing that we may not change the system, but rather provide education as to how to best access the system) and community resources and assistance to seniors who can no longer live independently.
- In order to identify current and future needs of underserved seniors, a questionnaire has been developed, tested with 26 seniors, and changes made in response to their comments. This questionnaire will be administered at each of the senior citizen centers and results made available for planning purposes. In 2005, a plan will be developed to reach the seniors who do not attend the senior centers, for instance Meals on Wheels participants and homebound individuals.
- To explore funding opportunities to sustain the Senior Health Care Outreach Program we are continuing collaboration with UTMB (“Active Living Research”). Also, senior health was targeted as a priority as part of the federal 330 community health center funding application. A funding request was sent to Kempner Foundation.
- In 2005 the SHAC plans to develop an advocacy plan for seniors’ health based on community assessment.

**GOAL V**     **Evaluate the Senior Health Care program and make recommendations to the Governing Board.**

The following recommendations were made at the conclusion of the senior health pilot project. In 2005 a semi-annual and annual report will be made.

- Since July 2003, efforts have been made to identify seniors in need of primary health care services that could be provided by 4C’s Clinic staff. Some barriers to health care were identified, but, many times, we found that seniors already used community providers and, therefore, did not wish (or need) to use the 4C’s for their health care. Efforts to identify barriers to care, register seniors in the 4C’s Clinic, and assist seniors to enroll in QMB should be continued, but the focus of the senior health program should be community- based education, outreach, and advocacy.
- Activities that were successful were those community outreach and educational efforts related to healthy lifestyle, as well as activities designed to improve social support for seniors. Recommendations for the next year include:
  - Complete a senior needs assessment during the next six (6) months

- Develop and implement a community-based senior wellness program that focuses primarily on healthy eating and increasing physical activity.
  - Continue to seek funding for community outreach and educational programs from a variety of sources
  - Continue collaboration with community agencies (Galveston County Parks and Senior Services, College of the Mainland, United Way, city facilities) and seek other community partners as appropriate
  - Work with 4C's staff to assure that all seniors who seek care at the 4C's Clinic receive recommended age-appropriate health screening services (senior preventive guidelines have been approved)
  - Design, develop, and distribute a senior-friendly flier describing GCHD services
  - Advocate for changes identified in community needs assessment
- Funding of .5 FTE Senior Health Coordinator is recommended to complete the above activities.

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

### **Immunize Children and Adults to Prevent Infectious Diseases**

#### **GOAL I      Designate leadership and establish local plans and goals.**

**Objective One:** *Establish the Galveston County Health District as the lead organization for local planning to improve immunization rates using the medical home model in Galveston County.*

- The Galveston County Immunization Advisory Council was developed in 2004 as a result of the Immunization Summit held in 2003. The council's purpose is to coordinate immunizations throughout the county and to provide advice and assistance for the Health District's three (3) annual immunization events. The Council consists of physicians, school nurses, parish nurses, seniors, managed care company staff, and hospital representatives from Mainland Center Hospital and UTMB. The Council met in July, September and December of 2004. In December the Council will meet and will advise on Immunization Policy development. Community Health program staff are developing an Immunization Services Policy which addresses Board of Health positions on philosophy of services, clinic hours, protocol development, roles in bioterrorism and emergency preparedness. An annual status report will be prepared in May 2005.
- The Immunization Department conducts a quarterly evaluation and an annual evaluation of the plan strategies, goals and objectives is due at the end of December. In September 2004 a new position for a "reminder clerk" was added with the goal of improving immunization rates through proactive reminders to parents.
- The Immunization Department assisted the Galveston Immunization Coalition in preparing for their semi-annual immunization drive.

#### **GOAL II      Improve availability and accuracy of local data to enhance tracking, assessment and feedback.**

**Objective One:** *Increase the number of Vaccine for Children (VFC) providers in Galveston County.*

In 2004 the Immunization Department received a list of 70 local physicians not on the VFC program. The list was narrowed down to 54 potential physicians because of duplicates and closed businesses. All eligible physicians were contacted by staff at least twice. 4 new physicians were recruited to the program.

**Objective Two: *Compile and disseminate a report of aggregate immunization compliance rates for the public and private sector.***

- Texas Medical Foundation (TMF) has conducted visits at 14 VFC (non- GCHD) provider sites that serve children 0- 35 months of age. Six (6) to fifty-one (51) records were reviewed at each site for a total of 533 records. The compliance rate for 4-3-1 for this group was 73%. (This includes private providers, UTMB, etc. who are likely to be the child's PCP, but may not be).  
Seventy-two (72) medical records were reviewed at the 4C's Clinic and the compliance rate was 86%. The clinic compliance rates have shown a steady increase since 1996 (49%) to the present.  
828 (100%) records from the GCHD Immunization Walk-in Clinics were reviewed. The compliance rate at these clinics was 77%.  
All sites used "4-3-1" to mean 4 DTaP, 3 polio, and 1 MMR by 24 to 35 months of age. All rates were based on a random chart review except for the GCHD Immunizations Clinics.
- In the future, we plan to report and disseminate this information to interested parties and to the public.

**Objective Three: *Prepare and disseminate information to the community regarding immunization rates.***

Two reports of immunization status in Galveston County are prepared annually:

- Galveston County Child Care Facilities: An Assessment of Vaccination Status Among Children, year 2003 was compiled in January. The compliance rate was 82.4% this year but increased to approximately 98% after staff and parent education was provided.
- The Retrospective Assessment of Preschool Vaccination, year 2003 was completed in February 2004

These reports are available to the public on the GCHD website in the Epidemiology Department section.

**Objective Four: *Develop a white paper that summarizes quality of available data on immunization compliance, identifies data limitations and ability for cross-jurisdictional comparisons.***

GCHD staff plans to develop a white paper to present to the Immunization Advisory Council at the 2005 spring meeting.

### **GOAL III    Identify and reduce barriers to immunizations.**

**Objective One:** *Assess the most common barriers to immunization compliance and identify disparities.*

Age under 2 has been identified by the CDC, Texas DSHS and in 2004, the Galveston Children's Report Card, as a disparity. The Immunization Advisory Council plans to identify a strategy to identify other barriers to local immunization compliance in 2005.

**Objective Two:** *Work with the Immunization Advisory Committee to explore feasible ways of reducing barriers and increasing immunizations in identified groups.*

The Advisory Committee recommended many strategies to publicize the Kids' Health Fest and to make it appealing to kids, such as the Moonwalk, face painting, hot dogs and ice cream a radio station playing music and giving out CDs. Satisfaction surveys were collected at the Kids Health Fest to poll consumers on convenience of location, hours and fees for immunization services.

### **GOAL IV    Increase education and awareness among all responsible groups.**

**Objective One:** *Work with the advisory committee to establish a public education campaign about the benefits of immunizations.*

- GCHD celebrated National Infant Immunization Week from April 26 to May 1, 2004 by offering free immunizations at a variety of sites throughout the county. During the week, 281 children were given a total of 786 immunizations.
- The second annual back-to-school Immunization Clinic, Kid's Health Fest, was held between July 26 and August 17 at the La Marque site. 3,089 immunizations and 122 tuberculosis skin tests were given during this period, compared to 3,212 immunizations in 2003.
- The Immunization department provided 6,427 doses of flu vaccines to high-risk individuals at GCHD clinics and through 16 outreach activities and 212 visits to homebound individuals. 1,123 seniors were vaccinated at the county senior centers bringing the total number of seniors vaccinated to approximately 4,400 (compared to 1,600 in 2004).
- These activities were publicized through news releases to local newspapers and radio, mail-outs to schools, daycares and VFC providers, fliers posted in community retail stores and other public facilities.

**Objective Two:** *In conjunction with Board members and the immunization advisory committee, engage the support of local businesses and business organizations for immunization incentives.*

During the Kids Health Fest, Mainland Medical Center staff provided entertainment for children, McDonald's provided ice cream coupons, and AmeriGroup (Medicaid HMO) provided a Moon Walk, snacks, and finger printing.

We will continue to engage the support of businesses in the community to promote immunization health.

**Objective Three: *Explore opportunities for resources to fund a volunteer coordinator position.***

A Volunteer Coordinator position was funded by Mainland Cities United Way and the Volunteer Department has been active in supplying volunteers to support immunization activities. In 2004, 31 students and 3 other volunteers worked with the Kids Health Fest, the flu vaccine campaign and other routine immunization clinics.

**Objective Four: *Co-sponsor with local groups to make continuing education programs available for local physicians and other health professionals on technical aspects of immunizations.***

- GCHD Immunization staff has sponsored 5 satellite conferences on the epidemiology of vaccine preventable diseases and will have taught 3 Immunization Core classes and 2 Smallpox administration classes by the end of 2004 for a total of 114 participants.
- Immunization staff assisted the Texas Medical Foundation with follow up visits to Vaccine For Children (VFC) providers and implementing an immunization reminder system.
- The Immunization staff provided technical assistance to community groups and providers who administer public vaccines.

**GOAL V    Define, align, coordinate, and seek resources.**

**Objective One: *Prioritize Health District resources to meet TDH contract objectives which include selected HP2010 objectives.***

- Community Health Nurses have been cross-trained to work in Immunization Clinics. Clerks are currently being cross-trained to do data entry as well as support patient care at Immunization Clinic sites.
- Reimbursements for immunizations through Medicare and Medicaid are being sought. Patients are appropriately screened and billed by trained staff. Immunization fees are reviewed annually as part of the regular fee review.
- A Reminder Clerk new position for an Immunization “Reminder Clerk” has been added with funding from the 000 Essential Public Health Services grant.
- The Volunteer Program has placed 34 volunteers to assist with immunization activities.
- Immunization staff has been involved in planning for bioterrorism and setting up mass vaccination clinics and played an active role in the Diseases and Disasters Conference.

## **Appendix: Presentation to the Boards**