

AGENDA

Thursday, May 26, 2022 – 12:30 PM

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistants at 409-949-3406, or via email at trollins@gchd.org or ahernandez@gchd.org

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

REGULARLY SCHEDULED MEETING

Meeting Called to Order Pledge of Allegiance

Item #1 Comments from the Public

*Item #2**ACTION**..... Agenda

*Item #3**ACTION**..... Excused Absence(s)

*Item #4**ACTION**..... Consider for Approval Minutes from April 28, 2022 Governing Board Meeting

*Item #5**ACTION**..... Consider for Approval Coastal Health & Wellness Revised After Hours Coverage Policy

*Item #6**ACTION**..... Consider for Approval Coastal Health & Wellness Medical Records Fee Schedule

Item #7..... Coastal Health & Wellness Updates
a) Update on COVID-19 Submitted by Executive Director
b) Operational Updates Submitted by Chief Operating Officer
c) Dental Updates Submitted by Dental Director

Item #8**ACTION**..... Consider for Approval April 2022 Financial Report Submitted by Jonathan Jordan

Item #9**ACTION**..... Consider for Approval Coastal Health & Wellness Dental Scope of Service Policy Submitted by Dr. Lindskog

Item #10**ACTION**..... Consider for Approval Governing Board Member Flecia Charles to Serve on the Appointing Committee

Item #11**ACTION**..... Consider for Approval Nominee Sergio Cruz, to fill Community Representative Position

Item #12**ACTION**..... Consider for Approval Board Member Sergio Cruz, to Serve on the Finance Committee

- Item #13**ACTION**.....Consider for Approval Donnie VanAckeren, to fill Community Representative Position Submitted by Samantha Robinson
- Item #14**ACTION**.....Consider for Approval Nominee Ivelisse Caban, LVN, to fill Consumer Representative Position Submitted by Samantha Robinson
- Item #15**ACTION**.....Consider for Approval Nominee Clay Burton to fill Consumer Representative Position Submitted by Samantha Robinson
- Item #16**ACTION**.....Consider for Approval Privileging Rights for Maryann Choi, MD, MPH, MS, CMD Submitted by Dr. Keiser
- Item #17**ACTION**.....Consider for Approval Privileging Rights for Diana Marabillas-Murrell, LCSW Submitted by Dr. Keiser
- Item #18**ACTION**.....Consider for Approval the UTMB Student Attestation Process for Credentialing for CHW Clinic Rotations Submitted by Dr. Keiser
- Item #19**ACTION**.....Consider for Approval Strategic Health Plan Tracker and Final 2022-2025 Strategic Health Plan Submitted by Ami Cotharn
- Item #20.....Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: June 30, 2022

Appearances before the Coastal Health & Wellness Governing Board

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom's main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

May 2022

Item#3

Excused Absence(s)

Governing Board

May 2022

Item#4

Consider for Approval Minutes from April 28, 2022

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
April 28, 2022**

Board Members:

Samantha Robinson
Dr. Southerland
Flecia Charles
Kevin Avery
Elizabeth Williams
Victoria Dougharty
Rev. Walter Jones
Cynthia Darby
Dr. Thompson

Staff:

Dr. Keiser, Executive director
Ami Cotharn, Chief Operations Officer
Marlene Garcia, Clinic Financial Officer
Trish Bailey
Tiffany Carlson
Martha Vallin
Jonathan Jordan
Kenna Pruitt

Kristina Garcia
Shelby Evans
Ashley Tompkins
Chris Davis
Tikeshia Thompson-Rollins
Anthony Hernandez

Excused Absence: Sharon Hall, Dr. Thompson and Dorothy Goodman

Unexcused Absence: Miroslava Bustamante

Guest: Sergio Cruz and Diana Hualpa

Items#1 Comments from the Public

There were no comments from the public.

Items#2-8 Consent Agenda

A motion was made by Kevin Avery to approve the consent agenda items two through eight. Dr. Southerland seconded the motion, and the Board unanimously approved the consent agenda.

Item#9 Coastal Health & Wellness Updates

- a) Update on COVID-19 Submitted by Executive Director
- b) Operational Updates Submitted by Chief Operating Officer
- c) Dental Updates Submitted by Dental Director

Dr. Keiser, Executive Director, updated the Board on COVID-19.

Ami Cotharn, Chief Operating Officer, updated the Board on clinical operations.

- Coastal Health and Wellness will be updating the mask policy. If there is no direct patient care, no mask will be required. Standard precaution for those patients with respiratory symptoms will be asked to wear a mask.
- Medical new patient wait time is currently one week, two to three weeks for insured, and acute is two to three days out.
- We will have a Medical Director, and a PA-C mid-level returning that will open more slots.
- CHW will be partnering with Internal Medicine Residents at UTMB. We will have residents in clinic seeing patients and the faculty from UTMB will oversee the resident and route on the days we don't have residents in the clinic seeing patients.
- We are wrapping up on the strategic health plan.
- Kristina Garcia, Outreach Enrollment Manager, is back in the field and has outreach events scheduled.
- We are averaging about 1,300 unduplicated patient appointments a month. This will increase as we add

more providers and more appointments slots open.

- CHW is working on the Service area Competition Grant through HRSA.

Ami Cotharn, Chief Operating Officer, presented the April 2022 Coastal Wave.

- Coastal Health & Wellness joined with Texas Association of Community Health Centers (TACHC) to begin a pilot program for valued based care and social determinants of health.
- Dr. Shady Bishai, Dr. Unsil Keiser, Dr. Hanna Lindskog, and Dr. Janet Southerland attended the ninth district dental society event.
- CHW has a new Nurse Practitioner that joined us. Lisa Cashiola, MSN, FNP-BC, specialty is family practice and comes to us with five years' experience as an advance care nurse practitioner.

Shonta Hill, Dental Assistants Supervisor, updated the Board on dental services in the Coastal Health & Wellness Clinic on behalf of Dr. Lindskog:

- The dental clinic continues to follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel which has a section dedicated to Dental Facilities. We are wearing N95 respirators for all patient interactions.
- We are excited to report that we had two new dental assistants start on April 14th, 2022. They are doing fantastic.
- There are not any updates regarding the partnership with the College of the Mainland Dental Hygiene Program. They have not hired a new program director.
- Our health center is participating in the NNOHA Oral Health Workforce Learning Collaborative. This virtual collaborative focuses on developing a recruitment and retention plan for the oral health workforce. We have completed four learning sessions with participants from HR and the Dental Clinic. In our most recent session, we gained ideas for tracking our applicants and created timelines for the interview and hiring process.
- During April, the communications team worked to promote Oral Cancer Awareness month. All comprehensive and periodic exams in the dental clinic include an oral cancer screening and/or oral cancer risk assessment.
- We are still working on our wait list. As reported previously, we have "new" acute appointments available to address immediate needs so that no one in pain is waiting.
- Dr. Bishai and Dr. Lindskog are currently attending the TACHC Clinical Conference along with Luz Amaro, CHW's Health Information Manager. There is a session dedicated to teledentistry, and they will be learning if/how we can implement it at our health center.
- We have committed to attending several outreach events in the community.
 - May 20 – Carver Park Gym – Steffin John – Dental Hygienist and Shonta' Hill – Dental Assistant Supervisor
 - June 11 - with Moore Memorial Library in Texas City - Mini-Health Fair – Jamie Trinh – Dental Hygienist
 - October 21 – City of Texas City Senior Program at Nessler Park (dental presentation and handout for Seniors – Dr. Lindskog)

Item#10 Consider for Approval March 2022 Financial Report Submitted by Marlene Garcia

Marlene Garcia, Clinic Financial Officer, presented March 2022 Financial Report. A motion to accept the financial report as presented was made by Rev. Walter Jones. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item#11 Consider for Approval Quarterly Visit and Collection Report Including a Breakdown by Payor Source for Recent New Patients Submitted by Marlene Garcia

Marlene Garcia, Clinic Financial Officer, asked the Board to consider for approval quarterly visits and collection report including the breakdown by payor source for recent new patients. A motion to accept the report as presented was made by Flecia Charles. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#12 Consider for Approval the Purchase of a New Payroll Software Submitted by Trish Bailey

Trish Bailey, Chief Financial Officer, asked the Board to approve the purchase of a new payroll software. Trish informed the Board this would be slip 50% of the general fund, 40% for Coastal Health & Wellness and 10% for GAAA. There will be a onetime fee of \$5,238.00. The first-year annual fee will be \$23,354, second year moving forward the annual fee will be \$18,116.40. A motion to accept the purchase of a new payroll software as presented was made by Dr. Southerland. Kevin Avery seconded the motion and the Board unanimously approved.

Item#13 Consider for Approval 2021 Bad Debt Write-off and Adjustment Report Submitted by Jonathan Jordan

Jonathan Jordan, Revenue Cycle Manager, presented the 2021 bad debt write-off and adjustment report. Marlene Garcia, Clinic Financial Officer, informed the Board that some of the bad debt write-off from 2017-2020 is still showing on our AR. This bad debt was approved but was not adjusted in NextGen. Marlene will work with Luz Amaro, Health Information Manager, to categorize and fix in NextGen. A follow-up action item will be added to the May Governing Board agenda to discuss and review the payor category list. A motion to accept the 2021 bad debt write-off and adjustment report as presented was made by Rev. Walter Jones. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item#14 Consider for Approval Quarterly Compliance Report for the Period Ending March 31, 2022 Submitted by Ami Cotharn

Ami Cotharn, Chief Operating Officer, presented the quarterly compliance report for the period ending March 31, 2022.

A motion to accept the quarterly report as presented was made by Dr. Southerland. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#15 Consider for Approval the 2022-2023 Risk Management Training Plan Submitted by Ami Cotharn

Ami Cotharn, Chief Operating Officer, presented the 2022-2023 risk management training plan to the Board. Ami informed the Board that the plan is still effective, and in compliance. The only change currently is the dates. A motion to accept the 2022-2023 risk management plan as presented was made by Dr. Southerland. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#16 Consider for Approval Coastal Health & Wellness No-Show Policy Submitted by Ami Cotharn

Ami Cotharn, Chief Operating Officer, asked the Board to consider for approval the Coastal Health & Wellness no-show policy. A motion to accept the no-show policy as presented was made by Rev. Walter Jones. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#17 Consider for Approval Governing Board Member Sharon Hall, PhD, to Serve on the QA Committee

Samantha Robinson, Board Chair, asked the Board to consider for approval Governing Board member Sharon Hall to serve on the QA Committee. A motion to accept Sharon Hall to serve on the QA Committee was made by Kevin Avery. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item#18 Consider for Approval Governing Board Member Victoria Dougharty to Serve on the Finance Committee

Samantha Robinson, Board Chair, asked the Board to consider for approval Governing Board member Victoria Dougharty to serve on the finance committee. A motion to accept Victoria Dougharty to serve on the finance committee was made by Rev. Walter Jones. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item#19 Consider for Approval Governing Board Member Elizabeth Williams to Serve on the Appointing Committee

Samantha Robinson, Board Chair, asked the Board to consider for approval Governing Board member Elizabeth Williams to serve on the Appointing Committee. A motion to accept Elizabeth Williams to serve on the appointing committee was made by Kevin Avery. Cynthia Darby seconded the motion and the Board unanimously approved.

Item#20 Consider for Approval Governing Board Member Elizabeth Williams to Serve as the Secretary/Treasurer

Samantha Robinson, Board Chair, asked the Board to consider for approval Governing Board member Elizabeth Williams to serve as the secretary/treasurer. A motion to accept Elizabeth Williams as the secretary/treasurer was made by Dr. Southerland. Kevin Avery seconded the motion and the Board unanimously approved.

Item#21 Consider for Approval Governing Board Member Elizabeth Williams to Serve on the Executive Committee

Samantha Robinson, Board Chair, asked the Board to consider for approval Governing Board member Elizabeth Williams to serve on the Executive Committee. A motion to accept Elizabeth Williams to serve on the executive committee was made by Kevin Avery. Dr. Southerland seconded the motion and the Board unanimously approved.

Item#22 Presentation on Strategic Health Plan Presented by Shelby Evans

Shelby Evans, Public Health Policy Specialist, presented the strategic health plan. It has been recommended that Strategic Health Plan be brought to the QA Sub-Committee quarterly and to the full Board bi-annually. Samantha suggested bringing back the tracker timeline to the May meeting for Board approval.

Item #23 Comments from Board Members

Samantha Robinson, Board Chair, informed the Board of consumer member Dorothy Goodman, status and asked that TACHC be contacted to see if it's possible to place Ms. Goodman on emeritus or ex-officio status as a non-voting member. This will also require a change in the bylaws and will need to be placed on the May Governing Board agenda for approval.

Samantha Robinson, Board Chair, informed the Board that she has received four applicates interested in becoming a Board member. We currently have eleven Board members and the bylaws state we can have up to 15 members. Samantha suggested interviewing applicates and if agreed on add to the May Agenda.

Rev. Walter Jones raised questions regarding complaints and Samantha Robinson, Board chair addressed them.

The meeting was adjourned at 2:09p.m.

Chair

Secretary/Treasurer

Date

Date

Governing Board

May 2022

Item#5

**Consider for Approval Coastal Health & Wellness Revised
After Hours Coverage Policy**



-Approved: 03/31/2022
By: Governing Board
-Effective: 10/1/2015

Coastal Health & Wellness After Hours Coverage Policy

Purpose

The provision of comprehensive and continuous care includes care during hours in which the center is closed. All centers are required to establish firm arrangements for after-hours coverage and whenever possible this coverage should include the center providers.

Policy

It is the policy of Coastal Health & Wellness to provide clinic patients with access to healthcare professionals for management of urgent health matters during hours in which the clinic is not open.

Procedure

Coastal Health & Wellness patients seeking to speak with a healthcare professional for an urgent health problem after normal business hours will

- dial the main line at (409) 938-2234
- hear a recorded message notifying the caller that the clinic is closed and if this is an emergency to call 911.
- The after-hours message will offer the caller the option to connect directly to the Answering Service for an urgent health matter
- For urgent health matters the Answering Service calls the on-call provider and:
 - States the callers' name and reason for the call and
 - Connects the on-call provider with the caller
- Patients calling for non-urgent matters such as refills on medications, appointment requests, and other non-urgent health questions will be directed to call back the following business day.

Medical and Dental providers qualified to triage patient clinical situations are scheduled to rotate on call duties during times the center is closed. The Answering Service is provided an up-to-date schedule of on-call providers and their contact numbers. All calls received by the on-call providers will be documented in the CHW electronic medical or dental record of the patient:

Information documented in the electronic medical or dental record of the patient is as follows below, and it should be completed by the end of the on-call shift.


- Name of the patient or representative making the call
- Phone number of the caller
- Reason(s) for the call
- Assessment/triage findings
- Disposition of the call encounter

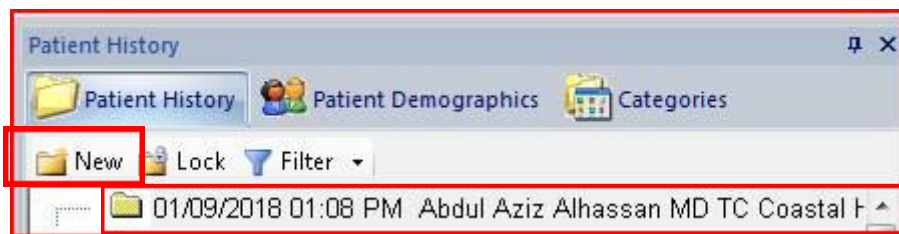
The following business day, an administrative staff person will compare the Answering Service logs with the provider documentation from the electronic medical or dental record of the patient to assure that all calls were addressed by the on-call provider.


Appendix A

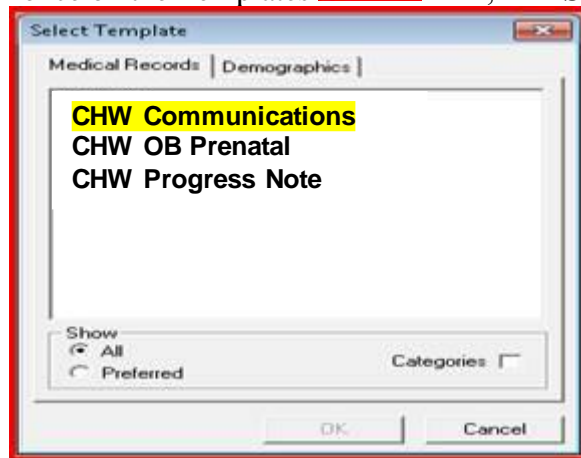
Purpose:

EMR documentation:

1. Access the patient's chart in EMR
2. Left click once on the New  button on the Patient History Toolbar, a clinical encounter will display –displaying a current date/time and linked to the Provider and Location indicated on the Toolbar



3. Left click once on the newly created clinical encounter to highlight, activate, and attach the communications template
4. Left click once on the Templates  Icon, the “**Select Template**” screen displays



5. Left click once on **CHW Communications** and **OK** to open the template

05/06/2022 04:33 PM : "CHW Communications" x

Call information

Contact Type:

Spoke with: Name: Relationship:

☐ Patient

Urgency:

Home: Work: Other: (this call only)

(409)771-5762 () - () -

Appointment information

First office visit: 10/26/2011 Most recent office visit: 07/02/2013 [Appointments](#) [Care Guidelines](#)

COVID Information, if patient received elsewhere:

1st: Facility Name: Date: 2nd: Facility Name: Date:

1. Select category

☐ Diagnostic study ☐ Referrals ☒ Other reports ☐ Lab orders ☐ Lab results (view only) ☐ All orders ☐ Telephone Call

Status	Date Ordered	Date Completed	Test/Study	Interpretation	Result/Value

2. Review details/notes

Name of the patient or representative making the call
Phone number of the caller
Reason(s) for the call

3. To do

☐ Adjust medication

My Phrases [Edit My Phrases](#) [Clear](#)

Dbp My Phrases

Summary	Phrase
On Call Documentation	Name of the patient or representative making the callPhone number of the
COVID VACCINE	Please inform pt that they currently qualify for the COVID vaccine and I r

6. Left click once on the My Phrases button and select the On Call Documentation prebuilt phrase.
- Required documentation will prefilter within the "Action details/Notes" field.

7. Enter documentation based on the prebuilt phrase
- Name of the patient or representative making the call
 - Phone number of the caller
 - Reason(s) for the call
 - Assessment/triage findings
 - Disposition of the call encounter

8. Left click once on the Save and complete  button, the documentation will display below in the action items / log.

[Document Library](#) [Order Module Processing](#) [Save and Complete](#) [Save and Task](#) [Page Down](#)

Action items/Log

☒ View all ☐ View uncompleted only (Double click on item to edit, complete or to view details.)

Date	Time	Category	Employee	Comments	Response	Status	Completed Comments
05/10/2022	10:27 AM	Lab	Luz Amaro	Name of the patient or representative making the call Phone number of the caller Reason(s) for the call Assessment/triage findings Disposition of the call encounter		completed by Luz Amaro	

EDR documentation:

- Access the patient's EDR chart

2. Select the On Call button from the CHW-Dentistry palette, a smart note will display.

Services	Conditions	Palette	
		CHW-Dentistry	
Amal	Comp	Exam	Extract
X-rays	Med HX	Anesthetic	Periodic
Office Visit	SRP	Seal	
Crowns	Dentures	Root Canal	Devices
Impression	Wax Bite	Try-ins	Adjustments
Dr. Note	Post-Op	CRA	Watch
TXComp	Vitality Tes	Pre-Rinse	RepairReplac
SDF	Adj Occlus	Referral FU	PIF
On Call	Elevated BP	2nd Time Ou	

Note

Note Replacements

Name of caller: Self

Phone Number: 4095558698

Reason for Call: patient is in pain

Assessment/Triage findings/disposition: ptient to take OTC

Assessment/Triage findings/disposition:

Clinical Note (requires a provider)

General Note

Encounter:

Note Date: 5/19/2022

Provider: Lindskog, DDS Hanna

☐ Set as the default.

Description: On Call/After Hours Call

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☐ Apply to supernumerary tooth.

Segoe UI

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ab

Name of caller: Self. Phone Number: 4095558698. Reason for Call: patient is in pain.

3. Select a provider in the provider field

4. Complete each required field

- Name of Caller
- Phone Number
- Reason for Call
- Assessment/Triage

5. Select Ok to complete the smart note, a line item will display of the note within the patient's chart

<input type="checkbox"/>	05/22/2022	Document	Anesthetic Consent
<input type="checkbox"/>	04/21/2022	Document	Med & Dental History 2022
<input checked="" type="checkbox"/>	05/19/2022	Note	On Call/After Hours Call
Name of caller: Self. Phone Number: 4095558698. Reason for Call: patient is in pain. Assessment/Triage findings/disposition: ptient to take OTC.			

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

May 2022

Item#6

**Consider for Approval Coastal Health & Wellness
Medical Records Fee Schedule**

MEDICAL RECORDS FEE SCHEDULE

When requested by a PATIENT, PATIENT'S AUTHORIZED REPRESENTATIVE/GUARDIAN, ATTORNEY, or INSURANCE COMPANY:

MEDICAL	DENTAL
Medical Records (physical copies): <u>Number of Pages</u> <u>Charge Amount</u> 1 – 19 \$1.25/page First 20 \$25.00 (flat fee) 21 or more \$25.00/first 20 pages + \$0.50/additional page Medical Records (electronic copies): <u>Number of Pages</u> <u>Charge Amount</u> 500 (or less) \$25.00 (flat fee) 501 (or more) \$50.00 (flat fee) <i>*Lab results requested by patients or their legal guardians shall be made available to the individual at no cost.</i> Medical records requested for a disability claim or appeal: Initial copy: no charge Secondary/duplicate copies: in accordance with above-mentioned charges.	Dental Records (physical copies): <u>Number of Pages</u> <u>Charge Amount</u> 1 – 19 \$1.25/page First 20 \$25.00 21 or more \$25.00/first 20 pages + \$0.15/additional page Dental Records (electronic copies): <u>Number of Pages</u> <u>Charge Amount</u> 500 (or less) \$25.00 (flat fee) 501 (or more) \$50.00 (flat fee) Diagnostic Images: Cost of materials, labor and overhead up to, but not exceeding, \$8.00 per image. Dental records requested for a disability claim or appeal: For initial copy: no charge For secondary/duplicate copies: in accordance with above-mentioned charges.

When requested by a GOVERNMENT AGENCY or GOVERNMENT CONTRACTOR:

MEDICAL and DENTAL
Medical and/or dental records requested by or on behalf of governmental agencies or their proxies, regardless of reason, must: a) be requested in writing; b) in a manner deemed valid by the Executive Director or designee; and c) approved for release in writing by the Executive Director or designee. Should release of these records be consented to by the Executive Director or his/her designee, charges for dissemination of said records may meet, but not exceed, the cost of materials, labor and overhead required to generate and transfer records.

Additional and Contingency Fees:

MEDICAL and DENTAL	
Postage: Actual cost	Non-rewritable CD (CD-R): \$1.00 per disc
Labor: Up to, but not to exceed, \$15.00/hour	Notary fee: \$6.00
Rewritable CD (CD-RW): \$1.00 per disc	Execution of affidavit fee: \$15.00
Patient billing record when requested by an attorney: \$25.00/record	

All clinical record releases shall be made in accordance with applicable federal and state laws. Requests elicited in any manner not defined above shall immediately be forwarded to the Executive Director or designee, to determine nature, permissibility, and lawful compliance for appropriate response to the request.

The Executive Director reserves the right to waive or reduce fees for the transmission of clinical records as he/she deems appropriate. This document is not intended to nor should ever be construed as an instrument utilized to preempt governing law of any form. In the case that any such fee or principle outlined in this policy is determined to be inconsistent with an authoritative statute, the terms set forth by the statute should prevail in their entirety.

**Coastal Health & Wellness' fee schedule is set forth in accordance with the Texas Medical Board (TMB) rules (including §165.2. Medical Record Release and Charges) as permitted under Texas law.*

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**Governing Board
May 2022
Item#7
Coastal Health & Wellness Updates**

[Coastal Health & Wellness May 2022 Coastal Wave \(govdelivery.com\)](https://govdelivery.com)

- a) Update on COVID-19 Submitted by Executive Director**
- b) Operational Updates Submitted by Chief Operating Officer**
- c) Dental Updates Submitted by Dental Director**

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Are you at risk for developing prediabetes?

Did you know 96 million people - that's more than one in three adults - have prediabetes? More than eight in 10 adults with prediabetes don't even know it.

With pre-diabetes, your blood sugar levels are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes. Prediabetes increases your risk of type 2 diabetes, heart disease and stroke.

The good news is healthy lifestyle changes can delay or even prevent type 2 diabetes and other serious health problems. In fact, losing weight can cut your risk of getting type 2 diabetes in half.

Moving your body more, choosing healthy foods, drinking water instead of sweetened drinks and losing and keeping weight off all help to lower your possible risks. Talk to your healthcare provider to see if you're at risk.

[Learn more about prediabetes.](#)



MEDICAL LABORATORY PROFESSIONALS WEEK

April 24 - 30



Happy Medical Laboratory Professionals Week

Coastal Health & Wellness celebrated Medical Laboratory Professionals Week, April 24-30. The week highlighted the important role medical laboratory professionals play in patient care and healthcare safety.

Thank you to our wonderful lab team Celina Bullock, Cherree Windham, Virginia Lyle, Jessica Rodriguez and Courtney Luke.



Thank you to our fantastic CHW and GCHD nurses!

Coastal Health & Wellness and Galveston County Health District celebrated National Nurses Week, May 6-12.

We can't say thank you enough to our CHW nurses: Chief Operating Officer Ami Cotham, Infection Control Nurse Deb Howey, Nursing Director Tiffany Carlson, LVN Case Manager Jeanette Moody and CHW LVNs Antonio Enriquez, Crystal Huesca, Shawntai Lyons, Tamara Wallace and CHW LVN II Charge Nurse Dana Ayers; and public health nurses: Community Health Services Director Ashley Sciba, Public Health Nurses Gretchen Gray, Reta Melby, Ann Nutt, Jenny Strain, Shannon Lindsey, Maria Culangan, Maria Wilde, TB Program Manager Kelly Kanon, Immunizations Program Nurse Sandra Allen, Immunizations Coordinator Ashley Strain and Immunizations Program Manager Constance Almendarez.



LISA YARBROUGH
LBSW, E ED, LPC



NATIONAL MENTAL HEALTH PROVIDER APPRECIATION DAY

**MENTAL HEALTH AND
DRUG AND ABUSE
COUNSELOR AT
COASTAL HEALTH &
WELLNESS**

CHW celebrates National Mental Health Provider Appreciation Day

Coastal Health & Wellness and Lisa Yarbrough, LBSW, E ED, LPC celebrated National Mental Health Provider Appreciation Day on May 7. Thank you, Dr. Yarbrough, for keeping us healthy!



CHW attends TACHC conference

We had a great time at the Texas Association of Community Health Centers Health Information Technology and Clinical Conference this month. Coastal Health & Wellness Dentist Dr. Shady Bishai, Dental Director Dr. Hanna Lindskog and Health Information Manager Luz Amaro attended sessions on tele-dentistry, tele-health, trauma informed care, cancer prevention, health equity and more.

Flossing is important to overall dental health

Cleaning between your teeth may help prevent cavities and gum disease, and it helps remove plaque. Plaque contains bacteria that feeds on leftover food and sugar in your mouth. When that happens, it releases acid that can eat away at the outer shell of your teeth and cause cavities.

Talk to your dentist and try different flossing options until you find the one that works best for you. Dental picks might help you get to hard-to-reach places while water flossers might be a good option if you have trouble flossing by hand or have dental work that makes flossing difficult.

Check out these simple tips:

- Break off about 18 inches of floss and wind most of it around one of your middle fingers. Wind the remaining floss around the same finger on the opposite hand. This finger will take up the floss as it becomes dirty.
 - Hold the floss tightly between your thumbs and forefingers.
 - Guide the floss between your teeth using a gentle rubbing motion. Never snap the floss into your gums.
 - When the floss reaches the gum line, curve it into a C shape against one tooth. Gently slide it into the space between the gum and the tooth.
 - Hold the floss tightly. Gently rub the side of the tooth, moving the floss away from the gum up and down motions.
-

Don't forget medicine, supplies in hurricane kit

Being aware isn't the same as being prepared - and that's especially true during hurricane season, which begins June 1.

Key tips include developing an evacuation plan, assembling your disaster supplies, checking on your insurance coverage, preparing your home, checking on neighbors and completing a written plan to make sure everyone is on the same page.

It's important to be prepared ahead of time during hurricane season. In addition to having basic emergency supplies, people with diabetes should also put together a diabetes care kit. Put all your medical information and supplies in one place so that it's easy to take them with you if you have to evacuate. Learn what you should have in your diabetes care kit.

And, remember to stay informed by local leaders. Learn more from the Galveston County Office of Emergency Management and at Ready.gov.



Beat the heat with these cool tips:

Be sure you're taking proper precautions to beat the heat and protect yourself as we head into summer.

- Drink plenty of water.
- Stay cool indoors.
- Limit time outdoors and find shade when outdoors.
- Wear light clothing that covers as much skin as possible.
- Apply plenty of sunscreen and remember to reapply or use water resistant sunscreen if swimming.
- Don't forget about your four-legged friends.
- Look before you lock your vehicle.

Stay in touch with Patient Portal

Have you heard about our new patient portal? It's an easy way to get in touch with your Coastal Health & Wellness team.

- Request and view appointments
- Send a message to your medical provider and CHW team
- View a summary of your health record and lab results
- Request prescription refills
- Pay statements

Call us at 409.938.2234 to learn more!

[Click here to learn more about CHW services.](#)

[Click here to learn more about becoming a patient.](#)

[Click here to meet our CHW providers.](#)

Governing Board

May 2022

Item#8

**Consider for Approval April 2022 Financial Report
Submitted by Jonathan Jordan**

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

April 30, 2022

May 26, 2022

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

CHW - BALANCE SHEET as of April 30, 2022

ASSETS

	Current Month Apr-22	Prior Month Mar-22	Increase (Decrease)
Cash & Cash Equivalents	\$7,209,294	\$7,331,380	(\$122,086)
Accounts Receivable	2,395,246	2,259,551	135,694
Allowance For Bad Debt	(1,207,869)	(1,171,288)	(36,581)
Pre-Paid Expenses	330,916	164,919	165,998
Due To / From	(38,901)	84,482	(123,382)
Total Assets	\$8,688,687	\$8,669,043	\$19,643

LIABILITIES

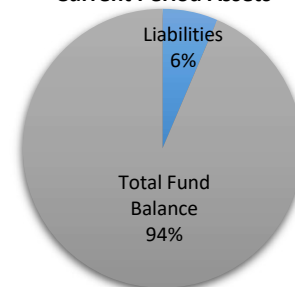
Accounts Payable	\$116,167	\$169,445	(\$53,278)
Accrued Salaries	402,310	343,377	58,933
Deferred Revenues	39,499	24,642	14,857
Total Liabilities	\$557,976	\$537,463	\$20,513

FUND BALANCE

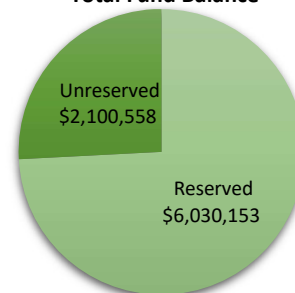
Fund Balance	\$6,426,698	\$7,940,595	(1,513,896)
Current Change	1,704,013	190,985	1,513,027
Total Fund Balance	\$8,130,711	\$8,131,580	(\$869)

TOTAL LIABILITIES & FUND BALANCE	\$8,688,687	\$8,669,043	\$19,643
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Current Period Assets



Total Fund Balance



CHW - REVENUE & EXPENSES as of April 30, 2022

REVENUE

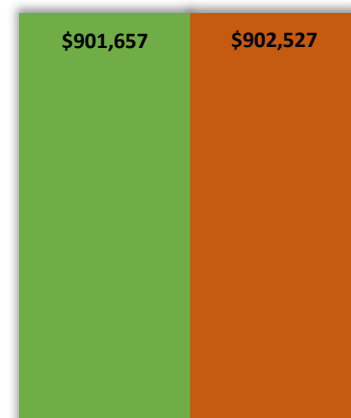
	Actual Apr-22	Budgeted Apr-22	MTD Budget Variance	YTD Budget Variance
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	62,500	(62,500)	(62,500)
HHS Grant Revenue	366,876	269,783	97,092	97,092
Patient Revenue	218,671	290,952	(72,280)	(72,280)
Other Revenue	4,888	4,976	(88)	(88)
Total Revenue	\$901,657	\$939,433	(\$37,776)	(\$37,776)

EXPENSES

Personnel	\$577,976	\$618,574	\$40,598	\$40,598
Contractual	69,074	77,767	8,692	8,692
IGT Reimbursement	0	20,569	20,569	20,569
Supplies	77,276	84,323	7,048	7,048
Travel	4,506	3,278	(1,229)	(1,229)
Bad Debt Expense	36,686	33,454	(3,233)	(3,233)
Other	137,008	101,469	(35,539)	(35,539)
Total Expenses	\$902,527	\$939,433	\$36,906	\$36,906
CHANGE IN NET ASSETS	(\$869)	\$0	(\$869)	(\$869)

Current Month Actuals

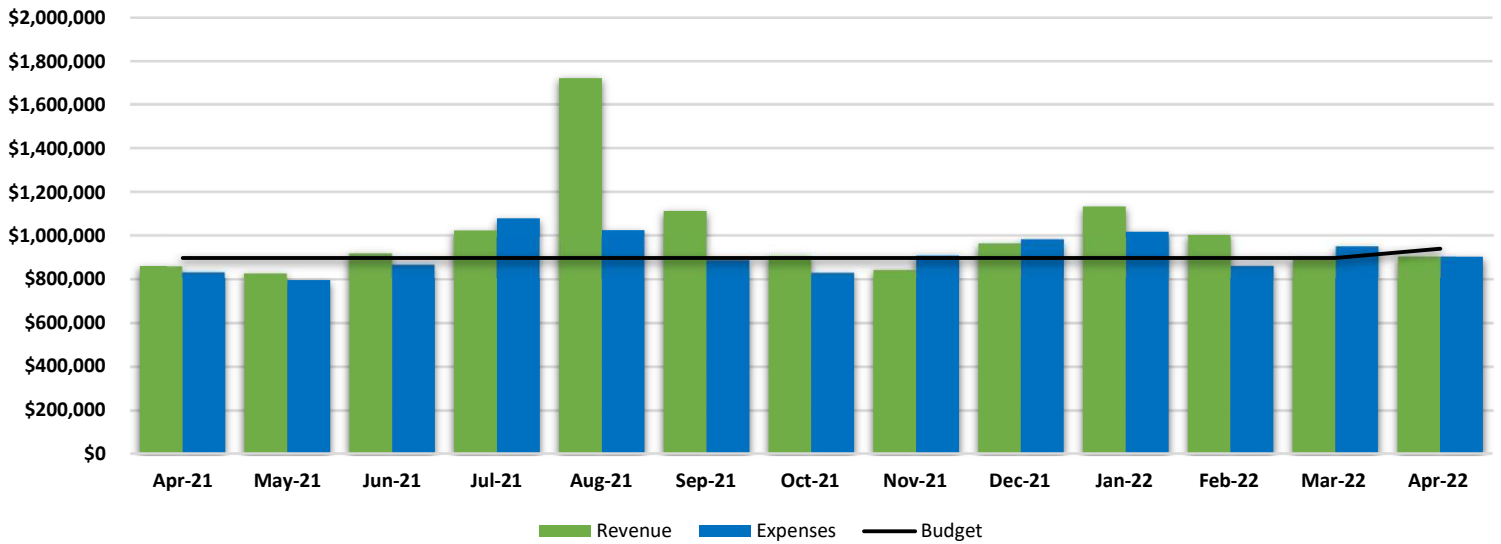
■ Revenue ■ Expenses



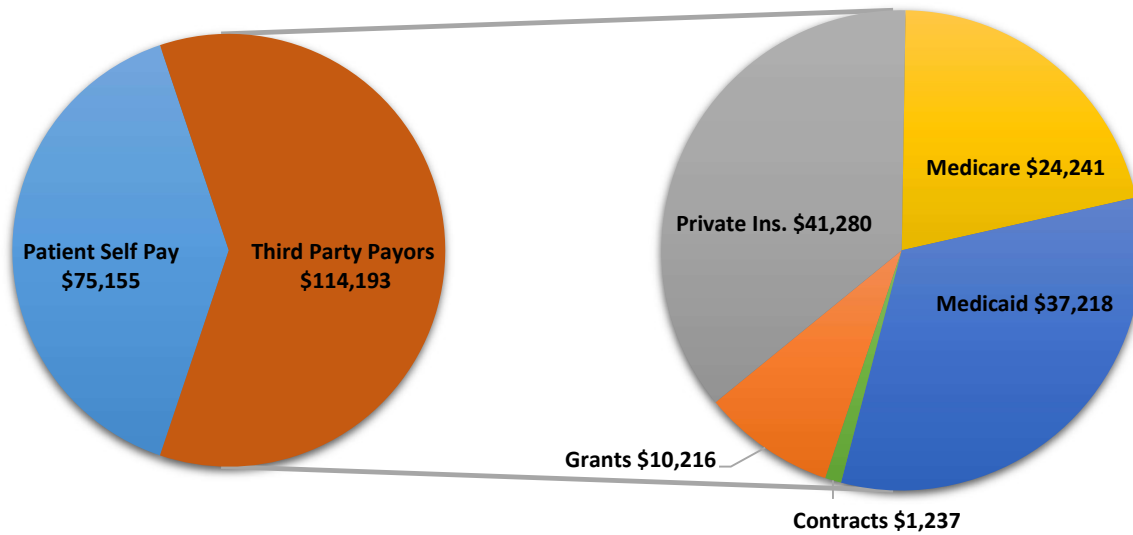
HIGHLIGHTS

- MTD/YTD Revenues were underbudget by \$37,776 due to lower than expected patient revenue (Pharmacy 340B and patient fees) and the timing of DSRIP revenue.
- MTD/YTD Expenses were underbudget \$36,906 mainly due to lower pharmaceutical supply and personel expenses, as well as the timing of IGT reimbursement expense. These helped offset higher than expected association dues and operating supply expenses.
- Total fund balance currently reflects \$8,130,711 as of 4/30/2022.

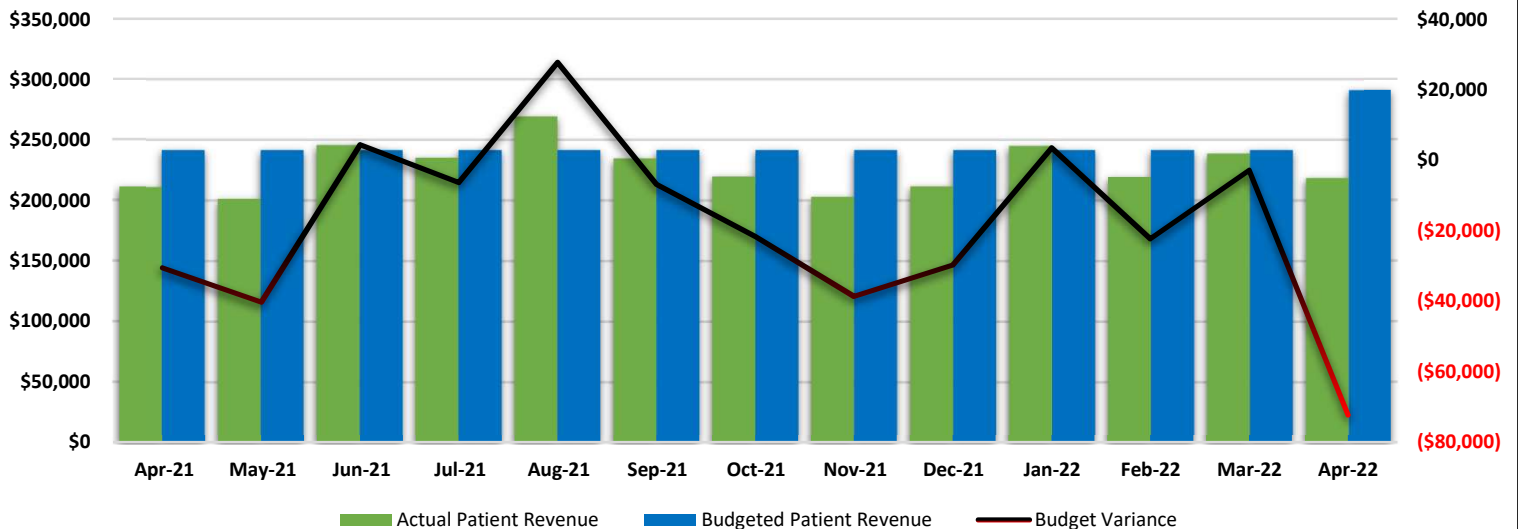
Actual Revenue & Expenses in Comparison to Budget

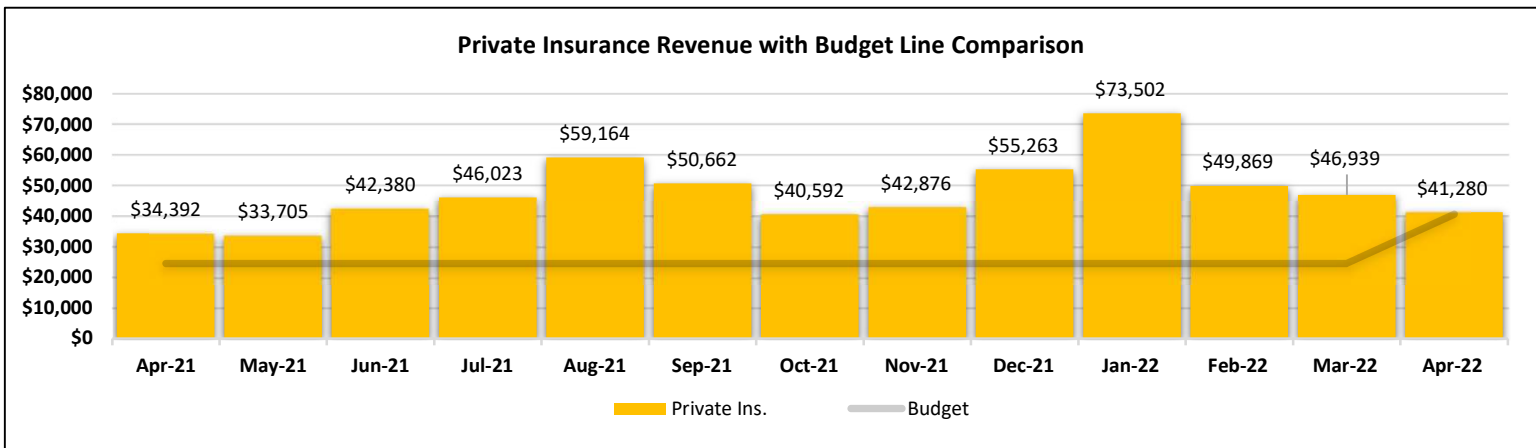
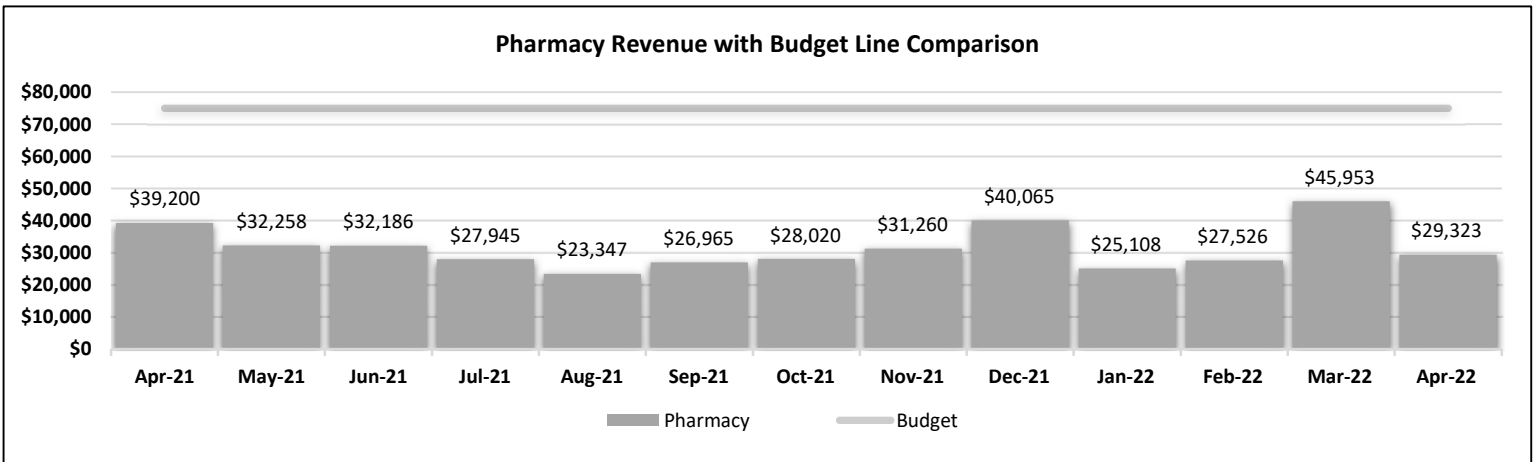
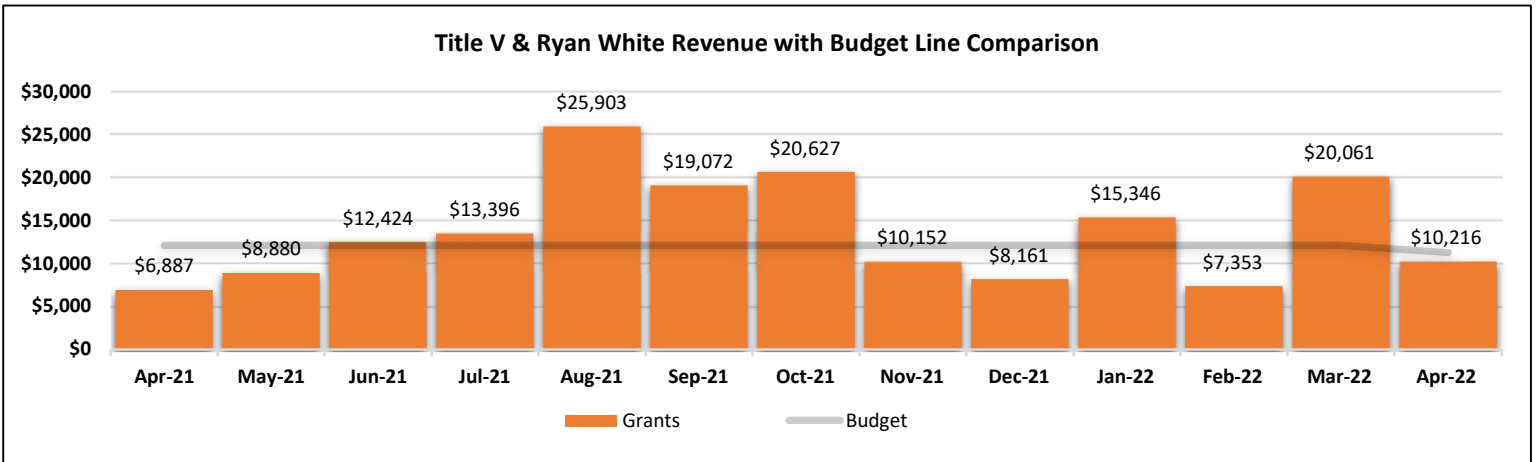
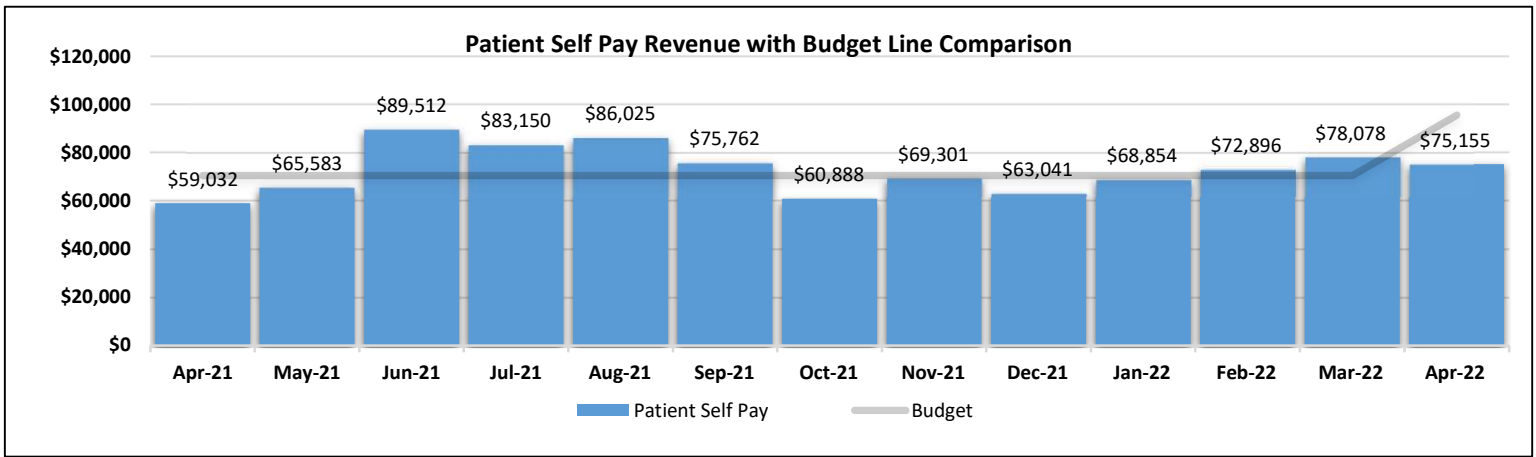


Current Period Patient Revenue with Third Party Payor Contributions Identified

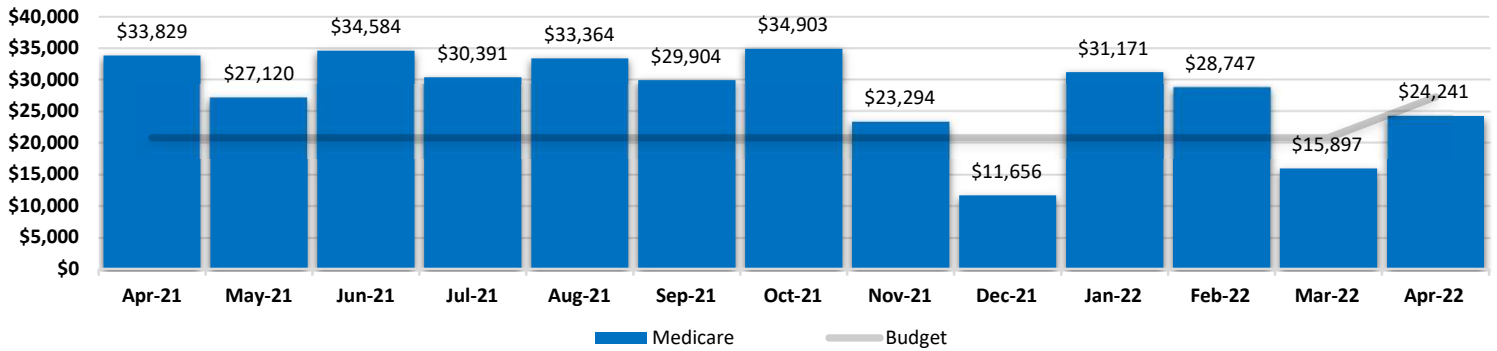


Actual Patient Revenue Rec'd vs Budget with Variance

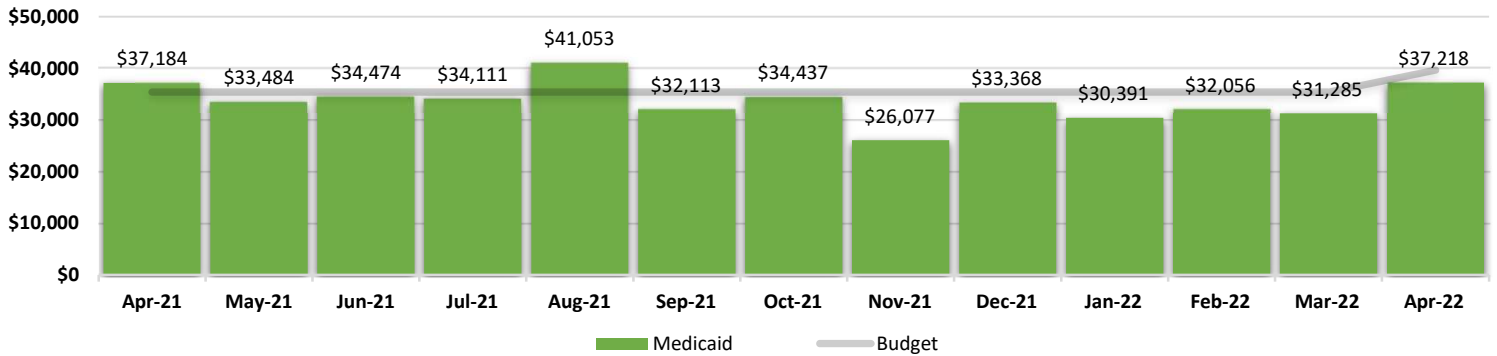




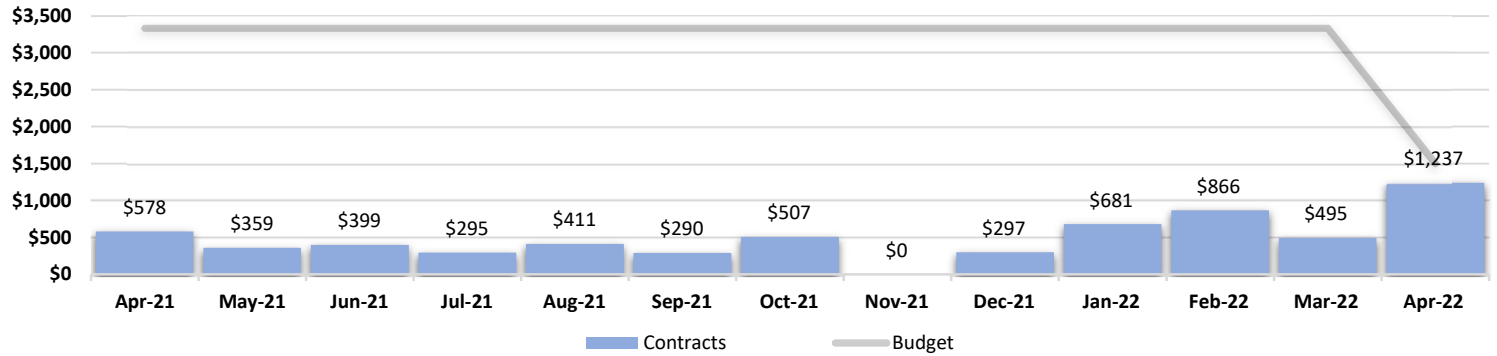
Medicare Revenue with Budget Line Comparison



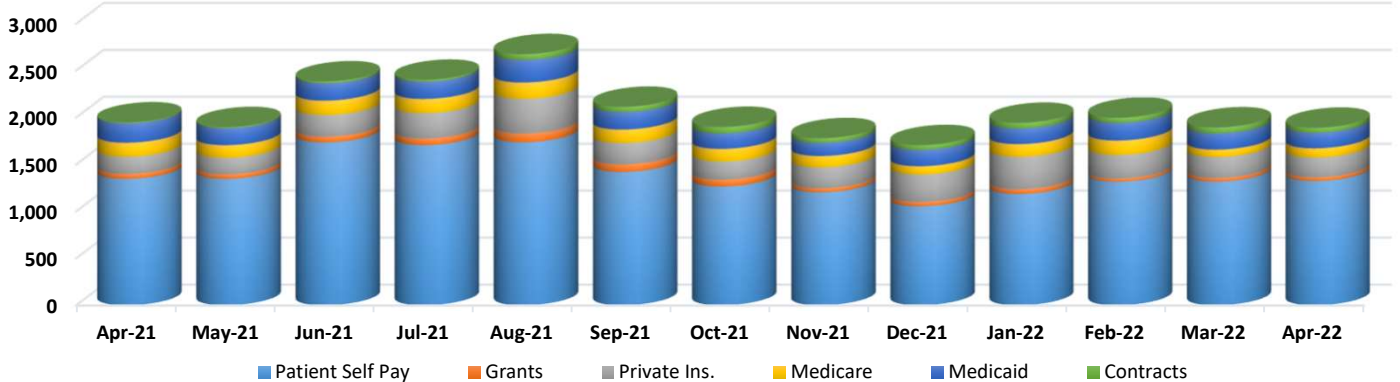
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



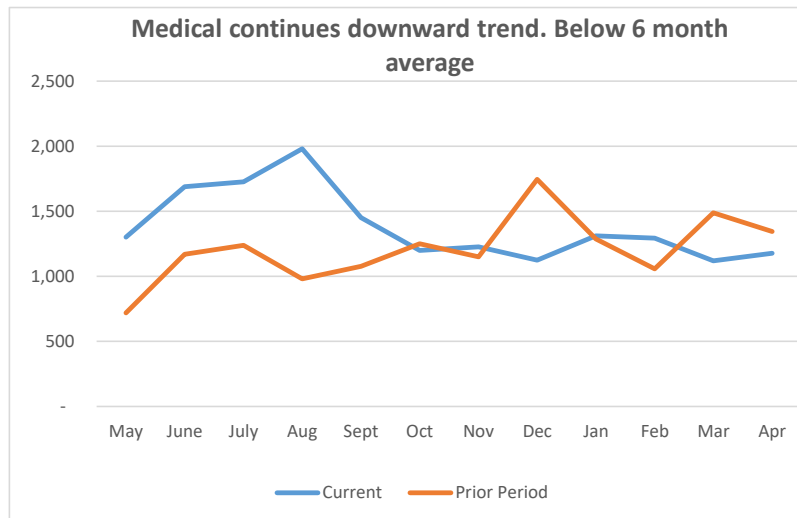
Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending April 30, 2022

Cost Category	Account Description	Annual Budget	Period Ending 4/30/2022	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Grouping	Revenue							
HHS	HHS Grant Revenue - HRSA	3,237,400	366,876	269,783	97,092.36	366,876	269,783	97,092
	Base Funding	3,237,400	246,665	269,783	-23,118.44	246,665	269,783	(23,118)
	COVID CARES	-	-	-	0.00	-	-	-
	COVID ECT	-	622	-	622.46	622	-	622
	HHS QI 20	-	-	-	0.00	-	-	-
	Hypertension (HTN)	-	-	-	0.00	-	-	-
	COVID ARP	-	119,588	-	119,588.34	119,588	-	119,588
HHS	HHS Grant Revenue - Other	-	10,216	-	10,216.24	10,216	-	10,216
Patient	Grant Revenue (Title V, Ryan White)	135,140	-	11,262	-11,261.67	-	11,262	(11,262)
Patient	Patient Fees	1,146,988	75,155	95,582	-20,426.92	75,155	95,582	(20,427)
Patient	Private Insurance	487,920	41,280	40,660	619.89	41,280	40,660	620
Patient	Pharmacy Revenue - 340b	900,000	29,323	75,000	-45,677.24	29,323	75,000	(45,677)
Patient	Medicare	327,375	24,241	27,281	-3,040.06	24,241	27,281	(3,040)
Patient	Medicaid	476,000	37,218	39,667	-2,448.21	37,218	39,667	(2,448)
Other	Local Grants & Foundations	16,208	1,350	1,351	-0.30	1,350	1,351	(0)
Other	Medical Record Revenue	14,000	1,033	1,167	-134.17	1,033	1,167	(134)
Other	Medicaid Incentive Payments	-	-	-	0.00	-	-	-
County	County Revenue	3,734,667	311,222	311,222	0.00	311,222	311,222	-
DSRIP	DSRIP Revenue	750,000	-	62,500	-62,500.00	-	62,500	(62,500)
Other	Miscellaneous Revenue	-	-	-	0.00	-	-	-
Other	Gain on Fixed Asset Disposals	-	-	-	0.00	-	-	-
Other	Interest Income	24,500	2,334	2,042	292.61	2,334	2,042	293
Patient	CHW Contract Revenue	18,000	1,237	1,500	-262.52	1,237	1,500	(263)
Other	Local Funds / Other Revenue	5,000	170	417	-246.20	170	417	(246)
	Total Revenue	\$ 11,273,198	\$ 901,657	\$ 939,433	-37,776.18	\$ 901,657	\$ 939,433	\$ (37,776)
	Expenses							
Personnel	Hourly Pay	5,919,231	461,766	493,269	31,503.64	461,766	493,269	31,504
Personnel	Supplemental/Merit Compensation	-	-	-	0.00	-	-	-
Personnel	Provider Incentives	5,000	750	417	-333.33	750	417	(333)
Personnel	Overtime	24,000	3,638	2,000	-1,638.42	3,638	2,000	(1,638)
Personnel	Part-Time Hourly Pay	217,127	24,270	18,094	-6,176.11	24,270	18,094	(6,176)
Personnel	Comp Pay Premium	-	-	-	0.00	-	-	-
Personnel	FICA Expense	471,649	36,329	39,304	2,974.86	36,329	39,304	2,975
Personnel	Texas Unemployment Tax (SUTA)	11,808	(1,386)	984	2,369.74	(1,386)	984	2,370
Personnel	Life Insurance Expense	16,166	1,323	1,347	24.09	1,323	1,347	24
Personnel	Long Term Disability Coverage	15,038	1,021	1,253	232.62	1,021	1,253	233
Personnel	Employer Paid Health Insurance	418,938	26,143	34,912	8,768.17	26,143	34,912	8,768
Personnel	Worker's Comp Insurance	18,501	1,269	1,542	272.59	1,269	1,542	273
Personnel	Cobra Expense	-	44	-	-44.10	44	-	(44)
Personnel	Employer Sponsored Healthcare	72,991	4,512	6,083	1,570.38	4,512	6,083	1,570
Personnel	Pension/Retirement	232,434	18,296	19,370	1,073.86	18,296	19,370	1,074
Contractual	Outside Lab Contract	205,632	16,202	17,136	933.98	16,202	17,136	934
Contractual	Outside X-Ray Contract	18,720	1,608	1,560	-48.00	1,608	1,560	(48)
Contractual	Misc Contract Services	390,792	27,695	32,566	4,870.98	27,695	32,566	4,871
Personnel	Temporary Staffing	-	-	-	0.00	-	-	-
Contractual	CHW Billing Contract Services	90,000	5,002	7,500	2,498.33	5,002	7,500	2,498
IGT	IGT Reimbursement	246,825	-	20,569	20,568.75	-	20,569	20,569
Contractual	Janitorial Contract	196,438	16,395	16,370	-25.46	16,395	16,370	(25)
Contractual	Pest Control	960	80	80	-0.10	80	80	(0)
Contractual	Security	30,660	2,092	2,555	462.71	2,092	2,555	463
Supplies	Office Supplies	90,600	3,079	7,550	4,470.91	3,079	7,550	4,471
Supplies	Operating Supplies	258,000	37,658	21,500	-16,157.88	37,658	21,500	(16,158)
Supplies	Outside Dental Supplies	52,000	5,709	4,333	-1,375.17	5,709	4,333	(1,375)
Supplies	Pharmaceutical Supplies	600,000	30,641	50,000	19,358.56	30,641	50,000	19,359
Supplies	Janitorial Supplies	1,200	-	100	100.00	-	100	100
Supplies	Printing Supplies	5,280	189	440	251.30	189	440	251
Supplies	Uniform Supplies	-	-	-	0.00	-	-	-
Supplies	Controlled Assets (i.e. computers)	4,800	-	400	400.00	-	400	400
Other	Postage	9,000	326	750	424.00	326	750	424
Other	Telecommunications	67,812	5,449	5,651	201.99	5,449	5,651	202
Other	Water	372	31	31	0.50	31	31	1
Other	Electricity	18,000	1,016	1,500	483.53	1,016	1,500	484

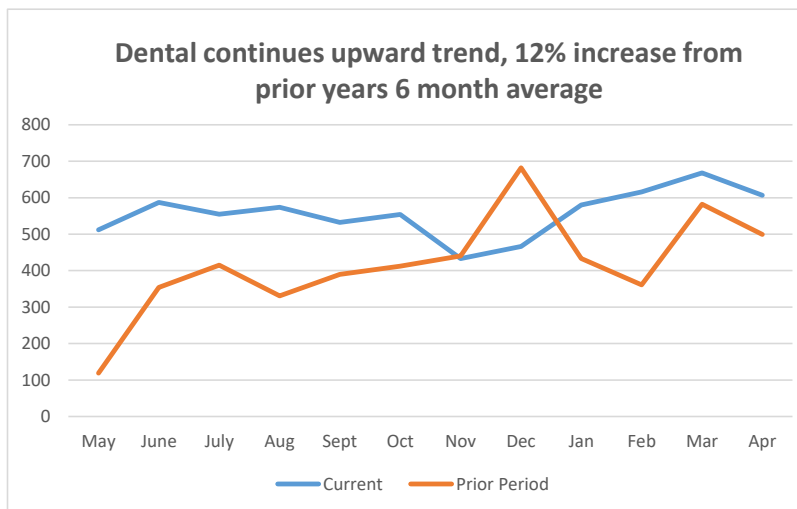
Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending April 30, 2022

Cost Category	Account Description	Annual Budget	Period Ending 4/30/2022	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Travel	Travel, Local	3,200	-	267	266.67	-	267	267
Travel	Travel, Out Of Town	-	4,506	-	-4,506.46	4,506	-	(4,506)
Travel	Training, Local	30,135	-	2,511	2,511.25	-	2,511	2,511
Travel	Training, Out Of Town	6,000	-	500	500.00	-	500	500
Other	Rentals	58,440	6,821	4,870	-1,950.73	6,821	4,870	(1,951)
Other	Leases	519,924	43,327	43,327	0.16	43,327	43,327	0
Other	Maint/Repair, Equip.	90,799	10,695	7,567	-3,128.75	10,695	7,567	(3,129)
Other	Maint/Repair, Bldg.	3,017	-	251	251.42	-	251	251
Other	Maint/Repair, IT Equipment	-	518	-	-518.00	518	-	(518)
Other	Insurance, Auto/Truck	108	8	9	1.32	8	9	1
Other	Insurance, General Liability	10,908	865	909	43.55	865	909	44
Other	Insurance, Bldg. Contents	14,736	1,217	1,228	11.01	1,217	1,228	11
Other	Settlements	-	-	-	0.00	-	-	-
Other	IT Equipment	-	-	-	0.00	-	-	-
Other	Operating Equipment	-	-	-	0.00	-	-	-
Other	Building Improvements	-	-	-	0.00	-	-	-
Other	Newspaper Ads/Advertising	23,900	108	1,992	1,883.27	108	1,992	1,883
Other	Subscriptions, Books, Etc.	18,000	1,295	1,500	205.00	1,295	1,500	205
Other	Association Dues	34,975	31,000	2,915	-28,085.42	31,000	2,915	(28,085)
Other	IT Software / Licenses	299,566	32,205	24,964	-7,241.15	32,205	24,964	(7,241)
Other	Prof Fees/Licenses/Inspections	4,670	240	389	149.17	240	389	149
Other	Professional Services	22,800	216	1,900	1,684.25	216	1,900	1,684
Other	Med/Hazard Waste Disposal	5,400	410	450	40.42	410	450	40
Other	Transportation	6,000	239	500	261.24	239	500	261
Other	Board Meeting Operations	600	131	50	-80.82	131	50	(81)
Other	Service Charge - Credit Cards	8,600	892	717	-175.32	892	717	(175)
Other	Cashier Over/Short	-	-	-	0.00	-	-	-
Bad Debt	Bad Debt Expense	401,446	36,686	33,454	-3,232.57	36,686	33,454	(3,233)
Other	Miscellaneous Expense	-	-	-	0.00	-	-	-
	Total Expenses	\$ 11,273,198	\$ 902,527	\$ 939,433	36,906.43	\$ 902,527	\$ 939,433	\$ 36,906
	Net Change in Fund Balance	\$ -	\$ (870)	\$ -	\$ (870)	\$ (870)	\$ -	\$ (870)

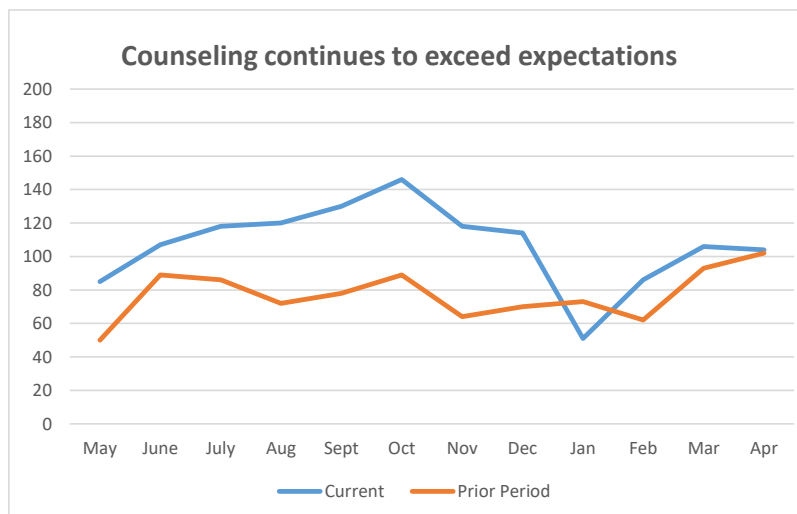
	Medical Visits	
	Current	Prior Period
May	1,301	719
June	1,689	1,170
July	1,727	1,238
Aug	1,980	981
Sept	1,450	1,077
Oct	1,198	1,251
Nov	1,227	1,150
Dec	1,124	1,745
Jan	1,311	1,288
Feb	1,294	1,058
Mar	1,119	1,488
Apr	1,178	1,345
	16,598	14,510



	Dental Visits	
	Current	Prior Period
May	512	119
June	587	354
July	555	415
Aug	574	331
Sept	532	390
Oct	554	412
Nov	433	440
Dec	466	682
Jan	580	433
Feb	616	361
Mar	668	582
Apr	607	499
	6,684	5,018



	Counseling Visits	
	Current	Prior Period
May	85	50
June	107	89
July	118	86
Aug	120	72
Sept	130	78
Oct	146	89
Nov	118	64
Dec	114	70
Jan	51	73
Feb	86	62
Mar	106	93
Apr	104	102
	1285	928



Vists by Financial Class - Actual vs. Budget
As of April 30, 2022 (Grant Year 4/1/2022 -3/31/2023)

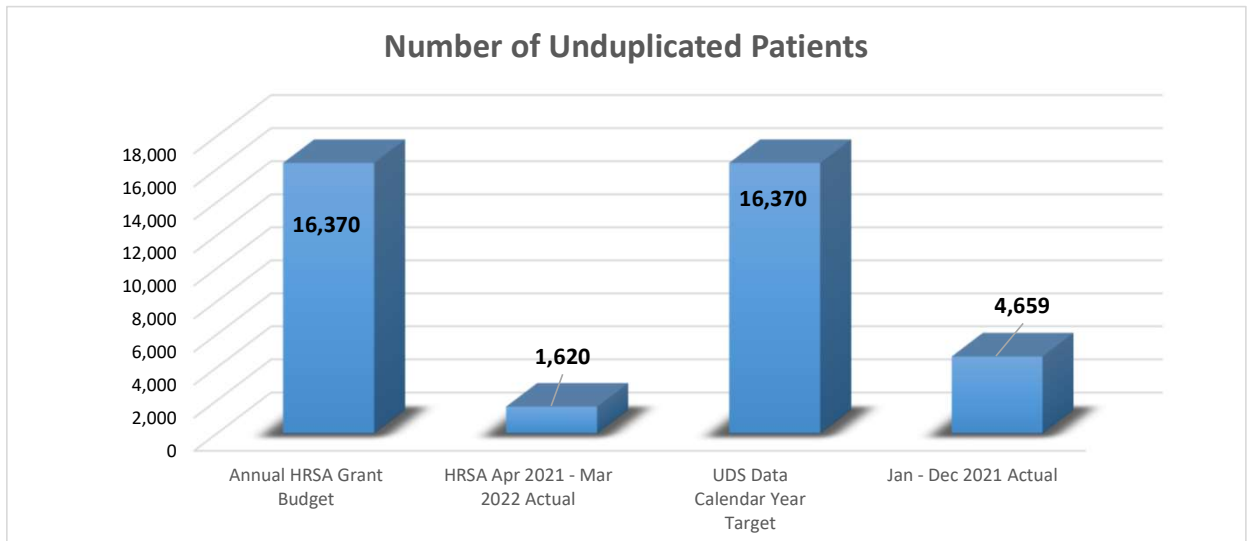
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	3,147	166	262	(96)	166	262	(96)	-37%
Medicare	2,713	99	226	(127)	99	226	(127)	-56%
Other Public (Title V, Contract, Ryan White)	1,273	91	106	(15)	91	106	(15)	-14%
Private Insurance	2,941	210	245	(35)	210	245	(35)	-14%
Self Pay	24,170	1,323	2,014	(691)	1,323	2,014	(691)	-34%
	34,244	1,889	2,854	(965)	1,889	2,854	(965)	-34%

Unduplicated Patients - Current vs. Prior Year
UDS Data Calendar Year
January through December

	Current Year Annual Target	Jan-Apr 2021 Actual	Jan-Apr 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	3,991	4,659	668	28%

Unduplicated Patients - Current vs. Prior Year
HRSA Grant Year
April through March

	Annual HRSA Grant Budget	Apr 2021-Mar 2022 Actual	Apr 2022-Mar 2023 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	1,560	1,620	60	10%



[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

May 2022

Item#9

**Consider for Approval Coastal Health & Wellness Dental Scope of
Service Policy Submitted by Dr. Lindskog**

Coastal Health & Wellness Dental Clinics Scope of Services Policy

Purpose

This policy applies to all Coastal Health & Wellness patients that require primary oral health services.

Definitions

Acute Emergency Dental Services (Required) – Services which eliminate acute infection, control bleeding, relieve pain, and treat injuries to the maxillofacial and intra-oral regions.

Activities include diagnosis, pulp therapy, incision and drainage, tooth extraction, palliative or temporary restorations and fillings, interim caries arresting medicament application, periodontal therapy, and prescription of medications.

Prevention and Diagnosis (Required) – Services that protect individuals and communities against disease agents by placing barriers between an agent and host and/or limits the impact of a disease once an agent and host have interacted so that a patient and community can be restored to health. Risk assessment should occur for all patients at all comprehensive and periodic exam visits. Screening for caries and periodontal disease may be completed using dental x-rays.

Activities include professional oral health assessment, basic dental screenings and recommendations for preventive intervention, oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer), dental sealants, professional applied topical fluorides and supplement prescriptions where necessary, oral prophylaxis, patient/community education on self-maintenance and disease prevention, and pediatric dental screening to assess need.

Treatment of Dental Disease Early Intervention Services (Program Expectation) – Basic dental services which maintain and restore oral health function. Services are provided at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging.

Services include composite and amalgam dental fillings, periodontal (gum and bone) maintenance, non-surgical periodontal therapy (scaling and root planing), non-surgical endodontic therapy to prevent tooth loss; and space maintainers to prevent orthodontic complications and preserve space for eruption of permanent teeth.

Rehabilitative Services– Provision of low-cost solutions to replace dentition that would allow patients to obtain employment, education, or enhance self-esteem. (This requires cost sharing or co-payments from patient.)

Activities include fabrication of removable prosthetics such as dentures and partial dentures, single unit fixed prosthetics (crowns) and fixed partial dentures (bridges).

Root Canals and Crowns – Root canals may be completed on anteriors, premolars and selected molars. Crowns and root canals will require cost sharing from the patient. Being selective with root canal therapy is a must. Root canals may be completed when there is enough remaining tooth structure to support a crown or when the tooth will be used to support an overdenture.

Fixed partial dentures may be completed when there are stable abutment teeth to support the prosthesis.

Policy

It is the Coastal Health & Wellness policy to provide comprehensive primary oral health services to its patients. Personal oral health care is delivered in the context of family, culture, and community, which includes all but the most specialized oral health needs of the individuals being served. The range of services includes preventive care and education, outreach, emergency services, restorative services, prosthodontic services, endodontic treatment, and periodontal services. Additional services may include basic rehabilitative services that replace missing teeth to enable the individual to eat, benefit from enhanced self-esteem, and have increased employment acceptability.

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Governing Board

May 2022

Item#10

**Consider for Approval Governing Board Member Flecia Charles
to Serve on the Appointing Committee**

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Governing Board

May 2022

Item#11

**Consider for Approval Nominee Sergio Cruz, to fill
Community Representative Position**

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Governing Board

May 2022

Item#12

**Consider for Approval Board Member Sergio Cruz, to
Serve on the Finance Committee**

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Governing Board

May 2022

Item#13

**Consider for Approval Donnie VanAckeren, to fill Community
Representative Position Submitted by Samantha Robinson**

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Governing Board

May 2022

Item#14

**Consider for Approval Nominee Ivelisse Caban, LVN, to fill
Consumer Representative Position Submitted by Samantha Robinson**

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Governing Board

May 2022

Item#15

**Consider for Approval Nominee Clay Burton to fill Consumer
Representative Position Submitted by Samantha Robinson**

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Governing Board

May 2022

Item#16

**Consider for Approval Privileging Rights for Maryann Choi, MD,
MPH, MS, CMD Submitted by Dr. Keiser**



Date: May 26, 2022

To: CHW Governing Board

From: Philip Keiser, MD
Executive Director

A handwritten signature in black ink that reads 'Philip Keiser MD'.

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for Maryann Choi, MD who is certified to practice medicine with an unrestricted license in the State of Texas, we are requesting credentialing approval by the Governing Board.

In addition, after review by Executive Director, Philip Keiser, MD, of the privileging documents submitted by Dr. Maryann Choi, we are requesting privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

May 2022

Item#17

Consider for Approval Privileging Rights for Diana Murrell, LCSW

Submitted by Dr. Keiser



Date: May 26, 2022

To: CHW Governing Board

From: Philip Keiser, MD
Executive Director

A handwritten signature in blue ink, appearing to read 'Philip Keiser', is placed next to the printed name.

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for Diana Marabillas Murrell, LCSW who is a Licensed Clinical Social Worker, we are requesting credentialing approval by the Governing Board.

In addition, after review by Executive Director, Philip Keiser, MD, of the privileging documents submitted by Diana Marabillas Murrell, we are requesting privileging approval by the Governing Board.

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Governing Board

May 2022

Item#18

**Consider for Approval the UTMB Student Attestation Process for
Credentialing for CHW Clinic Rotations Submitted by Ami Cotharn**

Office of Educational Affairs
Office of Clinical Education
Room 2.210, Marvin Graves Bldg.
301 University Blvd.
Galveston, TX 77555-0413
Office: 409-747-0269
Fax: 409-772-6565

Date

To Whom It May Concern:

Student Name is enrolled at The University of Texas Medical Branch at Galveston (UTMB) and participating in a clinical experience at Coastal Health and Wellness.

This is to certify that all enrolled UTMB medical students are in good academic standing, are required to have health insurance either through UTMB or another carrier, and are also required to have up-to-date immunization records which include:

- Negative Quantiferon Gold with annual questionnaire certification
- Hepatitis B Vaccine
- Measles
- Mumps
- Rubella
- Varicella
- Pertussis (Tdap)
- 2021-2022 Influenza
- COVID-19 Vaccine

They are covered by malpractice insurance through The University of Texas System Professional Medical Liability Benefit Plan, which provides medical students with coverage up to \$25,000 per claim and an annual aggregate of \$75,000.

Additionally, on January 1, 2004, a new Joint Commission of Accreditation of Healthcare Organizations (JCAHO) standard became effective requiring criminal background checks for security purposes on all employees, staff and volunteers who supervise care, render treatment and provide services. The UTMB School of Medicine conducts criminal background checks on all students prior to matriculation into UTMB.

It is also mandatory for all UTMB faculty, medical staff, employees and students to complete annual general compliance training which includes business ethics, conflicts of interest, patient privacy (HIPAA), laws, regulations and policies, Information protection, general fire safety and other OSHA standards.

All medical students are required to pass a urine drug screen prior to beginning their third year of medical school which is a 10-panel screen that tests for the following: Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Heroin, MDA-Analogues, Methadone, Methaqualone, Opiates, Phencyclidine and Propoxyphene.

UTMB 3rd and 4th year medical students have passed the background check and drug screen.

Sincerely,



Bernard Karnath, M.D.
Professor of Medicine
M. Ruth Baxter, M.D. and Virgil C. Baxter, M.D. Professor of Medicine
Department of Internal Medicine
Assistant Dean of Clinical Education *ad interim*
Distinguished Teaching Professor UT System
Emeritus Scholar John P. McGovern Academy of Oslerian Medicine

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Governing Board

May 2022

Item#19

**Consider for Approval Strategic Health Plan Tracker and Final 2022-
2025 Strategic Health Plan Submitted by Ami Cotharn**

Priority	Goal	Tasks	Measurement	Measurement Cadence	Additional Notes
Priority 1	1.1 Recruit and retain top talent.	1.1.1 Complete market analysis and applicable wage adjustments by 2025.	Market analysis and wage adjustment completion (Y/N)	12/31/2025	
Priority 1		1.1.2 Explore options for performance-based incentives by 2025.	Research and exploration completed (Y/N)	12/31/2025	
Priority 1		1.1.3 Provide staff shout outs, icebreakers, and team building on an ongoing basis.	Monthly shout outs and team-building activities documented	Monthly	
Priority 1		1.1.4 Provide opportunities to laterally transfer and be promoted.	Documentation of lateral transfer opportunities and promotions	Bi-annual	
Priority 1		1.1.5 Increase the number of educational opportunities for all CHW staff.	Documentation of training and educational opportunities measured against current baseline of opportunities.	Bi-annual	Baseline needs to be measured. For some staff, it's possible there are not currently opportunities
Priority 1		1.1.6 Work toward CHW becoming a teaching facility for community healthcare and clinical site rotations.	Outreach to students and logistical steps taken toward becoming a teaching facility (Y/N)	Bi-annual	
Priority 1	1.2 Expand facility resources.	1.2.1 Develop ideas to create new revenue streams.	Ideas developed and explored (Y/N)	12/31/2025	
Priority 1		1.2.2 Counsel patients who qualify for coverage in accessing insurance.	Number of patients counseled	Bi-annual	
Priority 1		1.2.3 Grant exploration in the areas of substance use disorder, mental health counseling, social work, and dental health.	Grants were explored (Y/N)	Bi-annual	
Priority 1		1.3.1 PCMH certification through TJC was achieved in 2021. Continue to follow workflows and processes.	Maintain PCMH workflows and processes (Y/N)	Ongoing	
Priority 1	1.3 Maintain excellent care that is patient centered.	1.3.2 Explore applicability of PCMH to the Dental Clinic.	Applicability explored, if yes, steps taken to apply (Y/N)	Bi-annual	
Priority 1		1.3.3 Use PCMH Patient Guide for new patient introduction to CHW.	PCMH Patient Guide used for new patients (Y/N)	Ongoing	Policy/procedural revision if not already implemented
Priority 1		1.3.4 Increase screening and prevention of the following chronic conditions: HTN, A1C or diabetes care, Mammograms, Colorectal Screening, and HIV care.	Number of tests for HTN, A1C or diabetes care, mammograms, colorectal screening, and HIV screening compared to baseline	Bi-annual	Baseline needed
Priority 2	2.1 Expand access to specialties.	2.1.1 Integrate specialists for Physical Therapy, Gastroenterology, and Cardiology.	Recruitment of PT, Gastroenterologist, and Cardiologist (Y/N)	12/31/2025	
Priority 2		2.1.2 Expand mental health resources.	Quantify resources against baseline	Annual	Baseline needed; relates to budget
Priority 2		2.1.3 Expand general dentistry resources.	Quantify resources against baseline	Annual	Baseline needed; relates to budget
Priority 2	2.2 Grow child health.	2.2.1 Partner with school health advisory councils and school nurses to expand CHW's reach to the pediatric population.	Number of partnerships and outreach efforts measured against baseline	Bi-annual	Baseline needed
Priority 2		2.2.2 Operate with an increased number of providers and ancillary staff in comparison to the close of 2016-2021 SHP date.	Number of providers and ancillary staff measured against baseline	12/31/2025	Baseline needed
Priority 2	2.3 Grow patient population.	2.3.1 Increase number of total unduplicated patients by 3,500 patients by December 2025.	Number of patients measured against baseline	12/31/2025	Baseline needed
Priority 2		2.3.2 Leadership ensures marketing and promotion of CHW across all platforms.	Marketing and promotion occurs across all platforms (Y/N)	Bi-annual	
Priority 3	3.1 Deliver care that is patient centered and responsive to community.	3.1.1 Monthly review of chronic disease best practice workflows using Population Health software, and provide more opportunities for staff, leader, and provider input."	Review of workflows occur (Y/N)	Monthly	
Priority 3		3.1.2 Continue to grow bilingual staff and providers.	Number of bilingual staff and providers measured against baseline	Annual	Baseline needed

Priority 3	3.2 Identify and address disparities.	3.2.1 Implement the TACHC Pilot program, the Social Determinants of Health (SDoH) Initiative in 2022. The SDoH Initiative will allow CHW to identify and address disparities and in turn focus on providing greater	TACHC SDoH program is implemented (Y/N)	12/31/2025	
Priority 3		3.2.2 Implementation of value-based care into practice.	Value-based care is implemented (Y/N)	Ongoing	May involve trainings and community feedback to measure
Priority 3		3.2.3 Utilize Electronic Medical Record (EMR) data from NextGen to drive SDoH efforts.	EMR data used for SDoH (Y/N)	12/31/2025	
Priority 3		3.2.4 Continue in-service discussions educating staff about the collection of SDoH data, identify patient needs, and connect patients to resources.	In-service discussions occur (Y/N)	Monthly	
Priority 4	4.1 Expand and maintain strategic partnerships with other organizations and community leaders.	4.1.1 Expand partnerships with more community leaders through community health worker outreach and outreach activities, leveraging the special relationship between GCHD and CHW to enhance outreach.	Number of partnerships and outreach efforts measured against baseline	Bi-annual	Baseline needed
Priority 4		4.1.2 Maintain communications with partners through in-person meetings, phone calls, emails, and events. Ensure communications occur at least every six months.	Documentation or record of communications	Bi-annual	
Priority 4		4.1.3 Provide opportunities for partners to deliver feedback to CHW through surveys, interviews, and focus groups.	Feedback occurs (Y/N)	Bi-annual	
Priority 4		4.1.4 Co-host collaborative events with partners' involvement quarterly.	Events occur (Y/N)	Quarterly	
Priority 4	4.2 Execute activities with attention to maximizing impact.	4.2.1 Utilize the most up to date data, including heat maps, regarding health concerns in Galveston County and create activities to address those concerns.	Up to date data is used (Y/N)	Bi-annual	
Priority 4		4.2.2 Conduct educational and health promoting activities in geographic locations that respond to needs relevant to that area.	Relevant activities and promotion of those activities occur (Y/N)	Bi-annual	
Priority 4		4.2.3 Increase social media outreach partnerships, sharing information from partners to CHW's network and ask partners to share CHW posts to their networks.	Quantify social media partnerships and measure against baseline	Bi-annual	Baseline needed
Priority 5	5.1 Upgrade CHW technology for care improvements and efficiency.	5.1.1 Upgrade HR, payroll, and accounting and finance software.	Software updated (Y/N)	12/31/2025	
Priority 5		5.1.2 Expand and optimize virtual care.	Virtual care expanded (Y/N)	12/31/2025	
Priority 5		5.1.3 Population Health implementation beginning in April 2022.	Population Health is implemented (Y/N)	12/31/2025	
Priority 5		5.1.4 Monitor patient experience based on patient satisfaction surveys and develop interventions as needed.	Patient satisfaction surveys are collected and reviewed (Y/N) interventions implemented as needed (Y/N)	Bi-annual	Potentially measure number of patient satisfaction surveys completed as a measure as well
Priority 5		5.1.5 Routine audits of newly implemented technology for functionality and potential gaps.	Audits occur (Y/N)	Bi-annual	
Priority 5	5.2 Develop or update processes enhancing communication and work performance.	5.2.1 Develop more robust standard operating procedures for all aspects of care.	SOPs are created or revised (Y/N)	Bi-annual	
Priority 5		5.2.2 Regularly solicit and act upon meaningful staff and patient feedback.	Feedback is solicited (Y/N), Action is taken in response to feedback (Y/N) and documentation of the response	Bi-annual	
Priority 5		5.2.3 Conduct annual performance reviews and improvement plans.	Performance reviews and improvement plans conducted (Y/N)	Annual	
Priority 5		5.2.4 Development of SHP dashboard that is updated bi-annually.	Dashboard created and updated (Y/N)	Bi-annual	
Priority 5	5.3 Leverage existing technologies.	5.3.1 Maximize the current use of NextGen through tracking patient referrals and emergency room discharges.	Patient referrals and emergency discharges tracked (Y/N)	Ongoing	
Priority 5		5.3.2 Maximize the current use of NextGen by creating workflows that allow improved patient follow-up.	Workflows created (Y/N)	Bi-annual	May use no-shows and number of follow up appointments booked as a measure



Coastal Health & Wellness 2022-2025 Strategic Health Plan



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Introduction

Strategic planning at Coastal Health and Wellness (CHW) employs a thorough evaluation of how the practice organization is performing, using a comprehensive review of current performance and data analytics that enable insights into current and projected future operations. Strategic planning assists CHW to manage performance in a changing environment; helps to align goals and top initiatives; creates a culture of accountability and expectations on results; clearly defines goals and objectives in relation to organization-wide communication and demonstrates a commitment to progress monitoring with a comprehensive review of performance. The Strategic Health Plan (SHP) priorities, goals, and action steps to achieve those goals, will be executed inline with CHW's mission, vision, and values.

Mission

Providing high quality healthcare to all

Vision

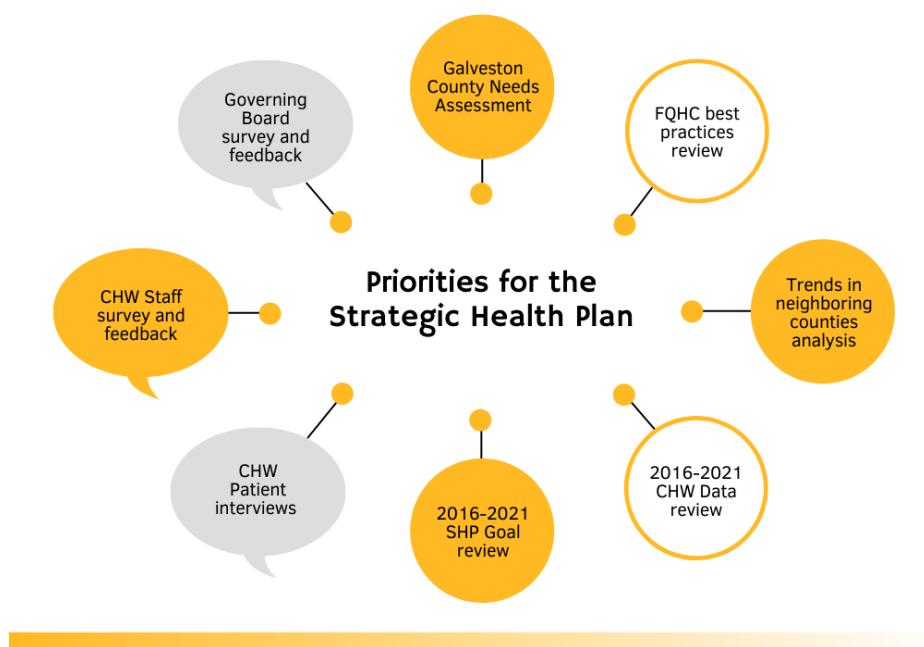
Healthy people in healthy communities

Values

I CARE – Integrity, Customer Service, Accountability, Respect, and Equality

Approach

The SHP Team engaged stakeholders across the organization, conducted internal and external data reviews, and researched best practices. This information was synthesized into summaries and was made available to stakeholders where applicable. Through the feedback, reviews, and analyses, the SHP Team determined the 2022-2025 SHP priorities.



The entire CHW leadership team were provided a draft of the strategic priorities and were offered several opportunities to provide direct feedback to the plan. Internal stakeholders were given an opportunity to provide feedback ahead of the proposal for SHP approval. External stakeholders can comment on the proposed SHP at the Governing Board Meeting. Any additional feedback will be considered and potentially

implemented at the annual checkpoints where progress toward these priorities and their goals will be reviewed.

External Needs Assessment

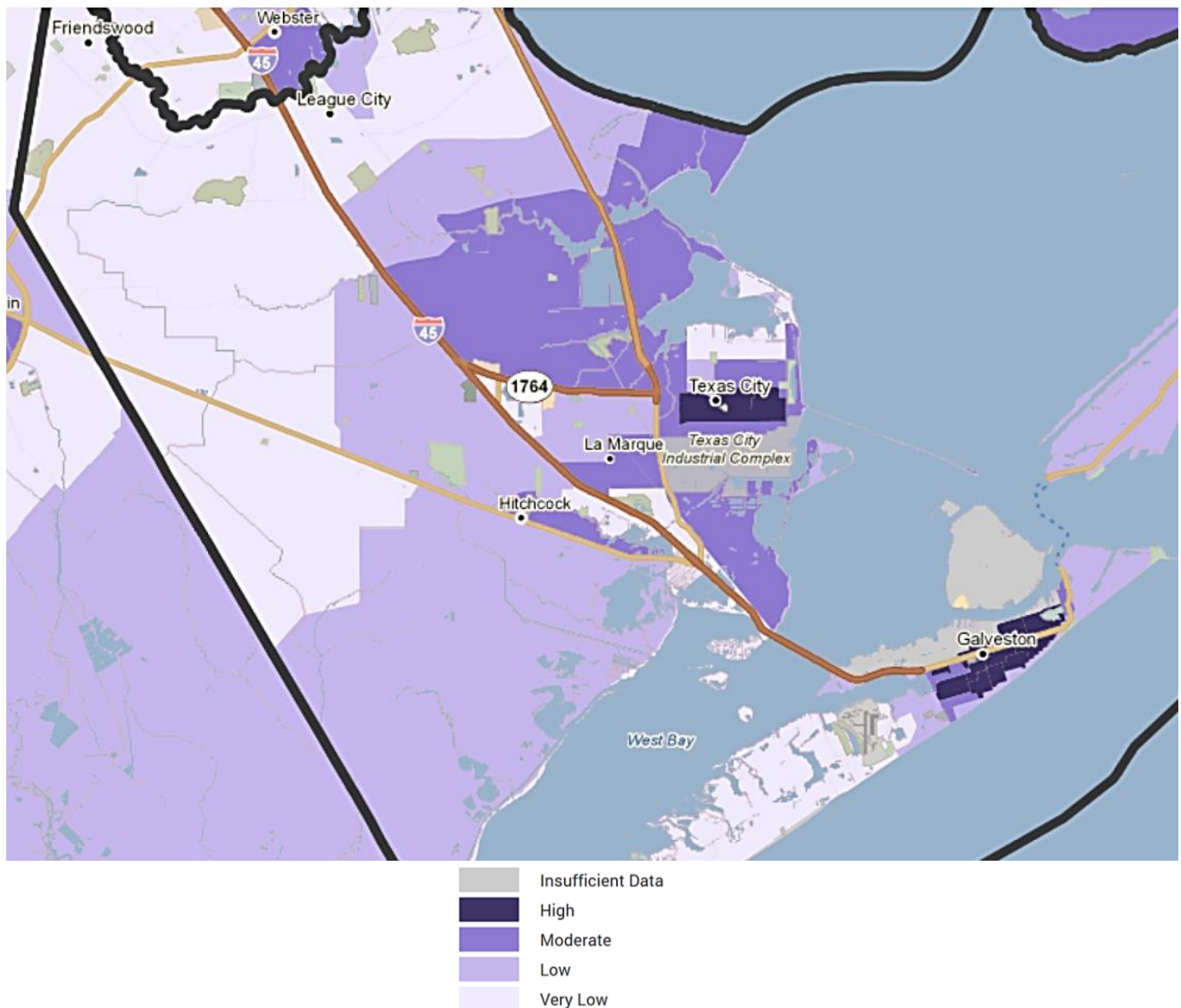
Environmental Factors

A community's environment affects its health outcomes. Healthy People 2030 highlights the risks associated with pollutants in homes, workplaces, food, water, and air. Pollutants are linked to some cancers, respiratory diseases, and heart conditions.ⁱ Individuals living in low-income areas are more likely to be exposed to these environmental risks.ⁱⁱ This section explores some of the more pervasive environmental factors impacting community health in Galveston County.

Lead Exposure Risk Index

Exposure to lead can create short- and long-term effects, ranging from physical discomfort to death.ⁱⁱⁱ In 2021, Epidemiology at GCHD reported 23 cases of elevated blood lead levels, an increase from the 15 cases in 2020.^{iv} Using data from the CDC and an academic study of lead poisoning risk, PolicyMap found that between 2015-2019 Galveston County had low-, moderate-, and high-risk lead exposure areas, with the outskirts mostly considered very low risk.^v The map below shows these areas and their respective levels of risk.

Map 1 Lead Exposure Risk in Galveston County 2015-2019^{vi}

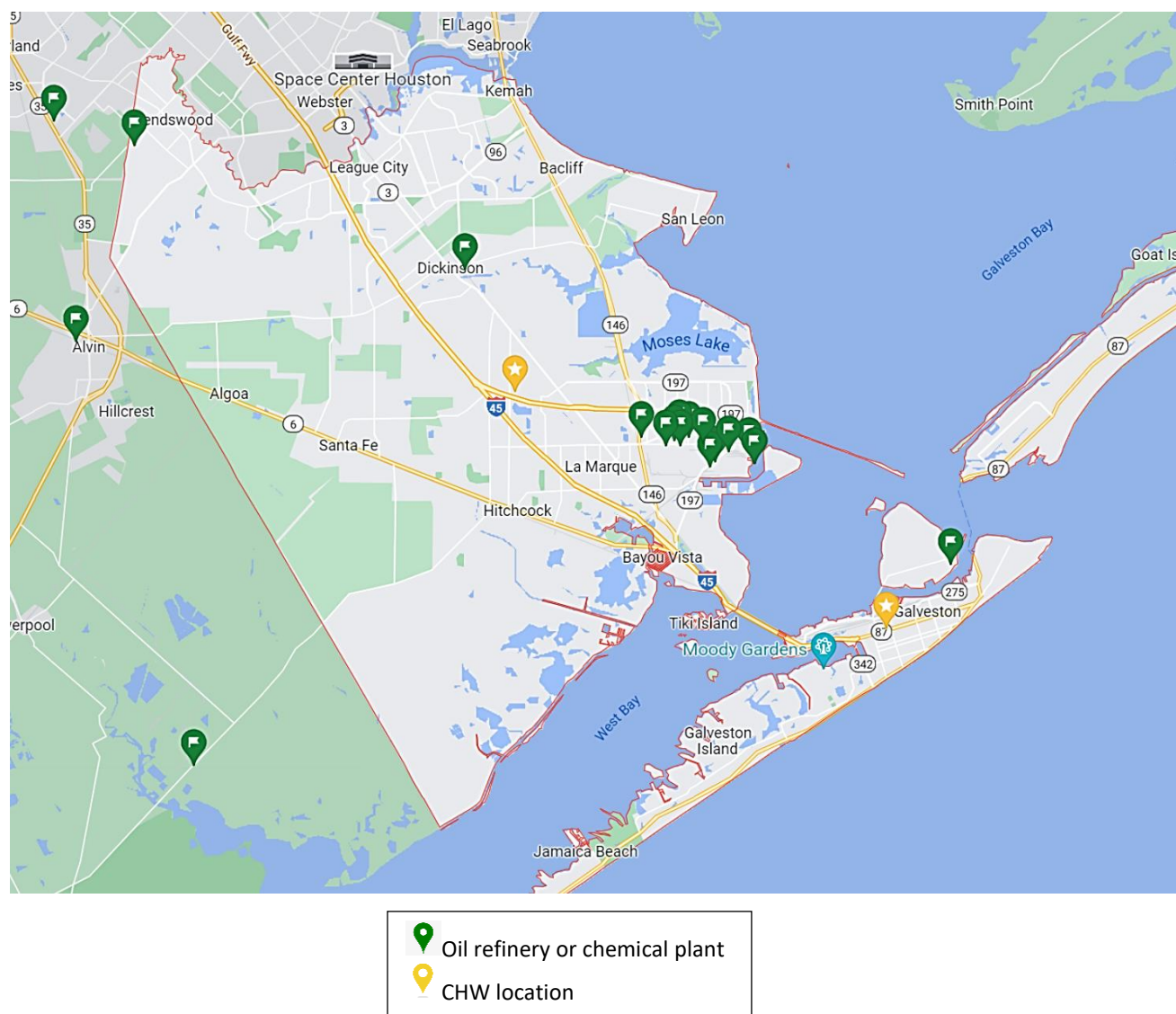


In 2021 CHW saw 33 visits for childhood lead test screenings. GCHD conducted 23 investigations of lead exposure, an increase from 15 investigations in 2020.

Occupational Risk Hazards

According to Galveston County Economic Development, “The Texas Gulf Coast has 25% of the nation’s refining capacity, capable of refining 4.8 million barrels of oil per day.” The same source indicates about one-third of oil and gas extraction jobs in the United States are in (or around) Houston. The Occupational Health and Safety Administration (OSHA) lists hazards associated with working in oil and gas extraction on their website. One of the most notable health concerns is respiratory issues.^{vii} Chemical plants carry many of the same risks associated with oil refineries. The map below shows oil refineries and chemical plant locations in Galveston County in relation to the location of the CHW clinics.

Map 2 Oil Refineries and Chemical Plants in Relation to CHW Locations^{viii}



Food Access

According to Feeding America, 17% of Galveston County suffers from food insecurity. In Texas, 1 and 7 adults and 1 and 5 children face hunger each day. 21.9% of children within the service area suffer from food insecurity.^{ix} Improper and limited nutritional intake during childhood can lead to chronic illnesses, obesity, diabetes, and a life-long pattern of poor eating habits. 47% of Galveston County children are eligible for the reduced school lunch program, which is an income-based program that provides discounted or free school meals to school-aged children. This program provides adequate nutrition for children who may be suffering from food insecurity at home. Of the food insecure population in Galveston County 45% are likely ineligible for food assistance programs. In 2019, 34,637 individuals were receiving SNAP benefits in Galveston County compared to 28,645 individuals in neighboring Brazoria County.^x

Galveston County has an environmental food index score of 7.2, which is significantly higher than Texas' 5.9, but much lower than US Top Performers at 8.7.

The environmental food index measures the quality of foods available regardless of household income. Limited access to healthy foods due to food deserts is associated with higher rates of obesity, chronic illnesses, and poor health outcomes. Galveston County has an environmental food index score of 7.2, which is significantly higher than Texas' 5.9, but much lower than US Top Performers at 8.7.^{xi} Populations living in food deserts often eat high-fat, high-carbohydrate foods like those which can be purchased at fast-food restaurants or corner stores. Overweight and obese patients are at increased risk of developing numerous chronic health problems, including diabetes, hypertension, cardiovascular disease, stroke, and certain kinds of cancer, to name a few.

Geography and Transport

In CHW's service area, approximately 5% of households do not have access to a motor vehicle. Areas with large concentrations of poverty and racial segregation are correlated with limited access to motor vehicles.^{xii} Having no access to a car in an urban area is a great barrier to reaching essential destinations such as medical care facilities, grocery stores, places of employment, and critical service providers. There are some limited public transportation options in the Galveston area, but even traveling short distances by bus can double or triple the time the same trip would take by car. Local bus services (Island Transit) arrives/departs at the Texas City location at the top of every hour. For the Galveston location, bus services arrive inconsistently every 90 minutes. Local bus fare is 50 cents for a disabled individual vs. \$1.25 for all others. Patients traveling with small children or having mobility issues can further complicate using public transportation. CHW patients often do not have money for bus fare.

UTMB and the City of Galveston are partners in an extended transit service that only serves the needs of the university's employees, students, visitors, and patients. Patients who show proof of scheduled appointments, admittance, or pharmacy visits may also ride at no cost. In addition, people who are assisting patients or children under 18 accompanied by a patient ride free.

Fixed-route buses and Dial-a-Ride (DART) services, a curb-to-curb service for those persons who are unable, due to disability, to use the regular fixed route service, run Monday through Saturday from 6 a.m. to 7:30 p.m. and Sundays from 8 a.m. to 7 p.m. DART participants ride for \$2 each way. DART services require 24-hour notice and therefore are not available for those with urgent or emergent care needs.

Population Characteristics

Demographics

In 2021 CHW saw 8,304 unique patients. CHW sees a higher proportion of Hispanic and African American patients compared to the population of Galveston County. Race and ethnicity are not mutually exclusive, so the percentages do not add up to 100%.

Table 1 Race and Ethnicity Percentages in Galveston County and CHW Populations in 2021

Race or Ethnicity	Percent of Galveston County Population ^{xiii}	Percent of CHW Population
Ethnicity: Hispanic	25.4%	43.5%
White Alone	56.7%	71.5%
African American Alone	13.2%	24.9%
Multi-Racial	2.1%	0.01%
Asian Alone	3.5%	0.02%
Native Hawaiian and Other Pacific Islander Alone	0.01%	0.00%
American Indian & Alaska Native Alone	0.77%	0.002%

**Percentages may not add up to 100% because ethnicity and race are not mutually exclusive*

Economic Factors

Poverty is well-researched as a determinant of health. The Office of Disease Prevention and Health Promotion (ODPHP) explains communities living in poverty have more adverse health outcomes and are at higher risk for chronic conditions like diabetes, obesity, and heart disease.^{xiv}

Most patients, 71.2%, served at CHW are uninsured and more than half fall below the federal poverty line.

Most patients, 71.2%, served at CHW are uninsured and more than half fall below the federal poverty line. This population is at greater risk for chronic conditions, in part because of lack of access to healthcare, as well as other environmental factors.

Table 2 Percentage of Poverty and Uninsured in Galveston County and CHW Populations

	Galveston County ^{xv}	CHW
% of Population in Poverty	9.9%	57%
Population Below the 100% Federal Poverty Line	33,751	4,734
% of Population Under 18 in Poverty	8.6%	0.04%
Uninsured	19.8%	71.2%

Texas has chosen not to expand Medicaid under the Affordable Care Act, there are around 771,000 Texans who fall into the health care coverage gap, meaning they are not eligible for Medicaid under Texas'

stringent rules, the income cap for a family of three is \$3,740 annually, or 18% of the FPG but also not eligible for Marketplace subsidies.^{xvii} Were Texas to expand Medicaid, some 1,534,000 residents would become eligible.

Limited or no access to health insurance impacts individuals living in poverty the greatest. A population who already face increased risks of poor health outcomes and early mortality. Having no access to health care services can result in unmanaged or poorly managed health conditions that can lead to reduced participation in the workforce. This only increases costs throughout the health care systems and increased early mortality rates. Access to healthcare for uninsured individuals is addressed in [Priority 1: Be an Exceptional Health Center and Workplace](#).

In Galveston County, the median income is \$74,977, which is higher than the state (\$64,034) and national (\$65,712) figures and reflects the impact of high-paying jobs in the health and petrochemical industries and the influx of wealthy residents that joined the community. However, in CHW's service area, the median family income is only \$53,275, well below the local, state, and national averages.^{xviii}

Per the US Bureau of Labor Statistics, the December 2022 unemployment rate for the service area was 5.1%. This figure is significantly higher than the state (4.8%) and national rate (3.9%).^{xix} The unemployment rate in Galveston County spiked in 2020, peaking at about 15%, and then declined in 2022.^{xx} As of January 2022, Galveston County's unemployment rate is reported to be 5.8%. CHW began collecting employment status information in December 2021 and thus does not have patient specific data to report at this time.

Age

The population in Galveston County is evenly divided among the various age groups; however, as is happening across the U.S., Galveston's 65+ population continues to grow, which will ultimately impact the area's health care utilization patterns. An early indication of this change may be reflected in the service area's high proportion, 41.5%, of disabled individuals compared to the state's average of 35.8%.^{xxi}

Patients at CHW primarily fall between 19-64 years old, with the highest proportion falling between 34-48 years old. The median age for a CHW patient is 46, compared to Galveston County's median age of 38. The population under 18 years old made up <1% of total CHW patients. This represents an area of potential growth for the clinic that is further discussed in the [Priorities and Goals](#) section. The population over 65 years old also made up less than 1% of the patient population and may also represent an area of potential growth.

Graph 1 Number of Patients in Age Ranges at CHW in 2021

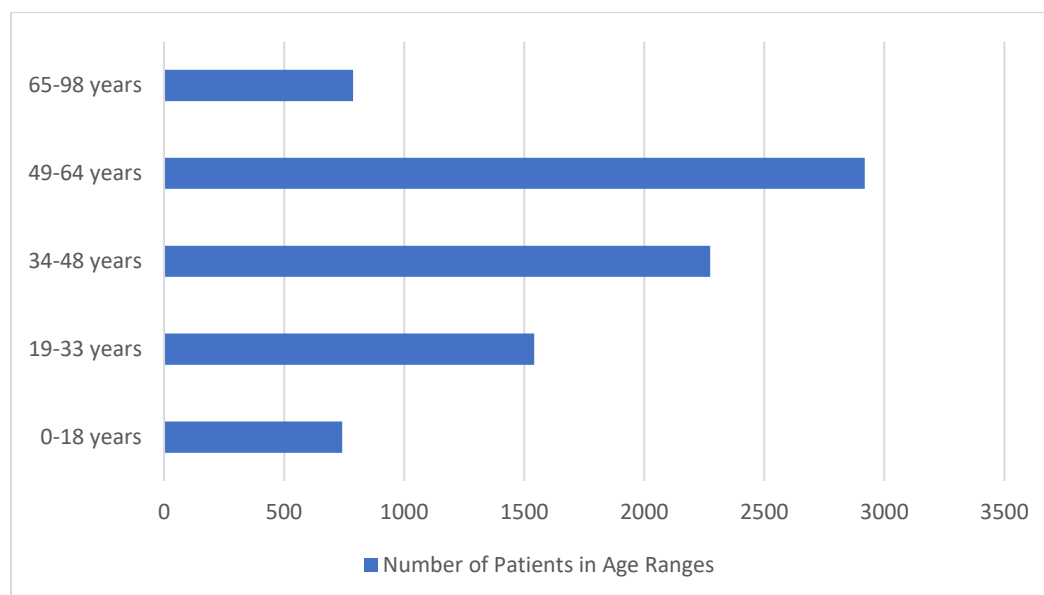


Table 3 Percent of CHW Patient Age Ranges in 2021

Age	CHW Population
0-2 years	0.006%
3-5 years	0.01%
6-13 years	0.04%
14-18 years	0.04%
19-33 years	18.5%
34-48 years	27.4%
49-64 years	35.1%
65-78 years	0.08%
79-98 years	0.01%

Language

Communication is key to accessing health care, from finding a provider and scheduling an appointment through discussion of patient symptoms and treatments. An estimated 20% of Galveston County residents do not exclusively speak English at home.^{xxii} 15.5% of residents reported speaking Spanish and 5% said they do not speak English very well. Even those who speak English well may feel more comfortable discussing their health in Spanish.

Many staff at CHW are bilingual and able to speak with patients in Spanish. Of 50 patients interviewed about their care at CHW, 5 mentioned the importance of speaking Spanish. One patient said, “Everyone speaks Spanish – that helps me understand.” Delivering care in an appropriate manner that responds to a patient’s needs is and remains a priority and is further discussed in [Priority 3: Strategically Address Health Disparities](#).

Health Behaviors

Health behaviors such as inactivity, smoking, mental health conditions, and non-medical drug use are important factors impacting community health.^{xxiii}

According to County Health Rankings, 26% of Galveston County adults are physically inactive compared to 23% of Texas adults reporting complete physical inactivity.^{xxiv} The top US performers only have 19% of physically inactive adults. Little to no physical activity leads to higher rates of obesity, type 2 diabetes, heart disease, and early mortality rates. Participating in physical activity not only improves overall health, but studies have shown that it decreases the rates of depression and anxiety.

The rate of deaths caused by drug overdose and suicide is higher in Galveston County when compared to the state. In a GCHD survey, approximately 55% of county residents report limited access to mental health services as a serious problem, second to obesity.^{xxv} Residents of Galveston County report a higher number of poor mental health days (4.3) than the state and the national number of 3.8.^{xxvi} Further, a survey of area residents conducted by the Galveston County Health District found that 75% of survey respondents ranked access to mental health services as a serious or somewhat serious problem. [This is addressed in Priority 2: Scale Services.](#)

Adult smoking in Galveston County is estimated to occur in 18% of the population, 4% higher than the state average of 14%.

Table 4 Health Behaviors in Galveston County, Brazoria County, and Texas^{xxvii}

Health Behavior	Galveston County	Brazoria County	Texas
Physical inactivity	26%	32%	23%
Adult smoking	18%	15%	14%
Excessive Drinking	22%	19%	19%

CHW measures health behavior data based on 2021 Universal Data System (UDS) measures. Patients may self-report behaviors and some conditions are diagnosed. In 2021, 1079 patients were diagnosed with depression and other mood disorders, 815 were diagnosed with anxiety disorders including post-traumatic stress disorder (PTSD), and 213 were diagnosed with other mental conditions. Also in 2021, 821 patients were diagnosed with tobacco use disorder, 218 patients were diagnosed with alcohol-related disorders, and 132 were diagnosed with other substance-related disorders. Currently, inactivity is difficult to measure at the clinic level, an issue that informs [Priority 3: Strategically Address Health Disparities](#) and [Priority 5: Upgrade Technology and Processes.](#)

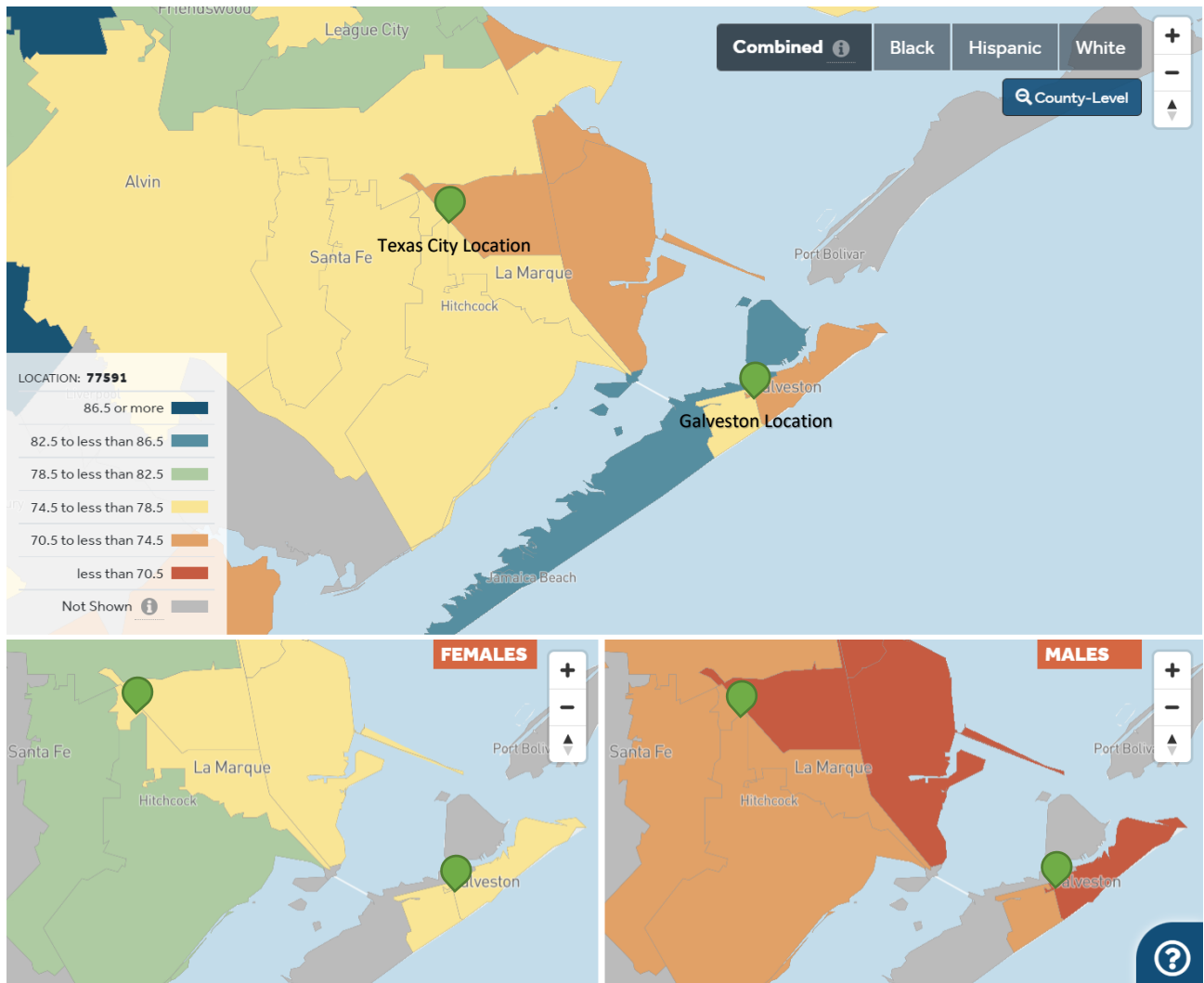
Table 5 CHW Visits and Diagnoses related to Mental Health in 2021

<i>Diagnostic Category</i>	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Depression and other mood disorders</i>	2459	1079
<i>Tobacco use disorder</i>	1267	821
<i>Anxiety disorders, including post-traumatic stress disorder (PTSD)</i>	2061	815
<i>Attention deficit and disruptive behavior disorders</i>	113	49

Health Outcomes

Coastal Health and Wellness has two locations, one in Texas City and the other in Galveston. The average life expectancy of people living in the Texas City 77591 zip code is 71.8 years.^{xxviii} The average life expectancy for people in the Galveston 77551 zip code is 75 years. Both these life expectancies are lower than the average for Galveston County's 76.7 years and Texas' average of 78.5 years. The approximate location of the two clinics is marked on University of Texas Southwestern's life expectancy map below.

Map 3 Life Expectancy in Galveston County^{xxix}



CHW facilities are in locations where the life expectancy is lower than the surrounding areas. This means CHW is strategically located to provide access to care for those who may have a higher need for services.

Health factors, which are the environmental factors, community characteristics, and health behaviors, of Galveston County help CHW better understand the context developing health outcomes. County Rankings summarizes these factors in a score and rank system, visualized in the tables below. Galveston County, Brazoria County, and Bell County are included due to their size and comparability. In 2021, Galveston County ranked lower across all subcategories except physical environment.

Table 6 Texas County Rankings in 2021^{xxx}

County	Length of Life	Quality of Life	Health Behaviors
Galveston	57	63	137
Brazoria	19	35	32
Bell	56	74	112
County	Clinical Care	Social & Economic Factors	Physical Environment
Galveston	48	78	147
Brazoria	43	36	240
Bell	24	62	166

In 2021, Galveston County ranked lower across all subcategories except physical environment. Health outcomes are the length and quality of life and are the result of numerous factors combined. Overall health outcomes in Galveston County are ranked 55th in the state of Texas. In health factors, Galveston County ranked 77th out of 243 ranked counties.

Table 7 Texas County Rankings in 2021^{xxxi}

County	Health Outcomes	Health Factors
Galveston	55	77
Brazoria	17	39
Bell	62	50

Prevalent Conditions

The most prevalent, critical, medical conditions across the CHW patient population are diabetes, cardiovascular disease, cancer, HIV, overweight and obesity, chronic respiratory disease, and mental health disorders.

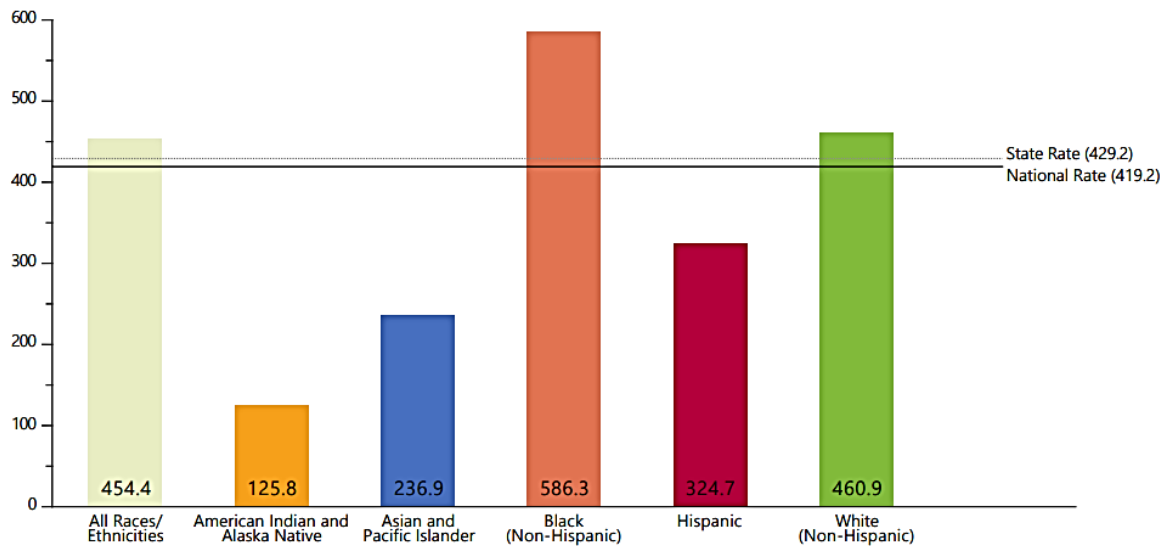
Diabetes

The service area's diabetes prevalence rate is 12%, which is higher than the state's 10% rate.^{xxxii} Similarly, the percentage of Medicare beneficiaries with diabetes is 28.08%, which is higher than the national rate of 26.95% but slightly lower than the state's 28.78% rate.^{xxxiii} Individuals without proper management of diabetes end up having higher utilization rates of dialysis centers and emergency rooms, and their health status suffers due to loss of limbs, eyesight, and the ability to work.

Cardiovascular Disease

At CHW, the most frequently observed conditions are cardiovascular disease and overweight and obesity, both are seen at a rate of 35% in the patient population. Death rates from hypertension in the service area are 264.2 per 100,000 deaths; this is higher than the national hypertension death rate of 241.2/100,000.^{xxxiv} In Galveston County, approximately 454.4 per 100,000 deaths are attributed to cardiovascular disease, which is higher than the national rate of 419.2/100,000 and the state rate of 429.2/100,000.

Graph 2 Total Cardiovascular Disease Death Rate per 100,000 in Galveston County, All Races/Ethnicities, Both Genders, Ages 35+, 2017-2019^{xxxv}



Graph from CDC Interactive Atlas of Heart Disease and Stroke

Many patients who lack a regular health care provider or medical access are unaware they have high blood pressure, which has coined hypertension as the silent killer. The graph above reflects racial disparity in cardiovascular disease death rate, with the Black/African American population highly overrepresented. This inequity is addressed in [Priority 3: Strategically Address Health Disparities](#). Unawareness of a high blood pressure diagnosis can lead patients to seek medical care from emergency rooms and urgent care centers when the condition reaches dangerous limits. Patients with high blood pressure can avoid this outcome with the help of preventive care, healthcare provider visits, medications, diet, and exercise.

A lack of primary care services for low-income, uninsured, patients in CHW's service area means that many people are not receiving preventive care that could help them manage their high blood pressure. Over the years, high blood pressure damages the body, which is demonstrated by the high rate of heart attacks in the target population. These heart attacks could be prevented with proper primary care management, thereby reducing patients' long-term health care utilization, and improving their health status.

Cancer

Cancer mortality data from 2015-2019 show Galveston County has high incidence rates of certain kinds of cancer, including breast, colon and rectum, lung, and prostate, and a high cancer mortality rate. Between 2018-2020, the CDC reported malignant neoplasm was the underlying cause of death for 189.2 per 100,000 people in Galveston County compared to the 142.9 in neighboring Brazoria County and 143 in Texas.^{xxxvi}

Table 8 Cancer Mortality Rates per 100,000 between 2015-2019 ^{xxxvii}

	Galveston County	Texas	United States
All Cancer	174.8	146.5	152.4
Lung and Bronchus	45.0	32.5	36.7
Breast	23.4	19.9	19.9
Prostate	21.8	17.7	18.9
Colon and Rectum	18.8	17.2	16.0
Kidney and Renal Pelvis	6.2	6.0	5.2
Bladder	8.5	6.3	7.3

Education, awareness, and regular screenings are critical to prevention, early detection, and, if necessary, treatment. However, only 75% of women aged 18 and older in the service area reported having a cervical cancer screening in the last three years compared to the national rate of 77.7%. Only 68.2% of women over age 40 reported having a mammogram within the past two years while the national rate is 71.5%.^{xxxviii} CHW has worked diligently over the last year to make patients aware of free and reduced-price cancer screenings, particularly breast and cervical cancer screenings.

HIV

Since 2010, Texas has seen an increase in total number of people living with HIV. Galveston County saw an increase between 2017 and 2018, with a slight decrease between 2018 and 2019. However, total number of people living with HIV in Galveston County is almost double than the number of people living with HIV in neighboring Brazoria County.

Graph 3 Persons Living with HIV in Texas by Year^{xxxix}

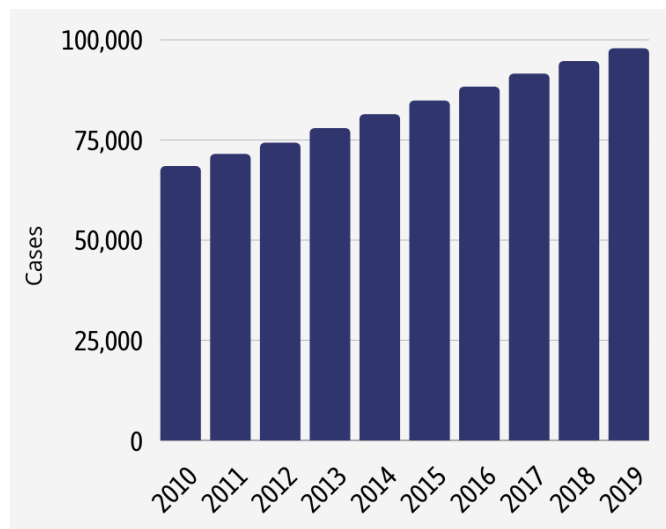


Table 9 Persons Living with HIV in Galveston, Brazoria, and Bell County between 2017-2019^{xl}

Year	Galveston County	Brazoria County	Bell County
2017	1,038	643	758
2018	1,239	667	804
2019	1,118	684	855

Between 2017-2019 Galveston County had a higher number of people living with HIV than Brazoria and Bell County. In 2021, CHW provided 1,681 patients with HIV tests. The CDC reports about 40% of people with HIV are unaware of their status, which may mean case numbers are underreported.^{xli}

In 2021, CHW provided 1,681 patients with HIV tests.

Black and Hispanic communities are the most disproportionately impacted by HIV. In 2019, 31.5% of HIV cases were among Black/African American individuals who only make up 12.6% of the Galveston County population. This is a 19% over-representation of HIV cases compared to the population. In 2019, 40% of HIV cases were among White individuals who make up 61.2% of the Galveston County population. This is 21% underrepresentation proportional to the population. Disproportionality reflects inequity and requires health centers to make strategic efforts to address disparities. Awareness through testing, treatment, and education, is essential for those living with the virus and to prevent transmission. HIV has been, and will continue to be, a priority for CHW and GCHD.

Overweight and Obesity

Overweight and obesity increases health risks and is a comorbidity related to cancers, type 2 diabetes, cardiovascular disease, depression, and respiratory disease.^{xlii} The 2021 America's Health Rankings list Texas 39th (out of the 50 states) for obesity. Several environmental factors likely play a role in the service area's high rate of overweight and obese residents. The highest number of CHW patients seen in 2021 were diagnosed with overweight and obesity at 2,926 patients, representing 35% of the population. Overweight and obesity was the second highest diagnosis related to patient visits, with 4,796 visits in 2021.

Overweight and obesity was the second highest diagnosis related to patient visits, with 4,796 visits in 2021.

As discussed in the [Environmental Factors: Food Access](#) section, access to healthy foods is one factor influencing overweight and obesity. Social determinants of health, such as income, environment, education, community context, and health care access, also influence overweight and obesity.^{xliii} For example, someone working multiple jobs with a lower income may not have the resources to buy fresh produce, cook, and engage in leisurely physical activity. CHW has and will continue to engage patients with respect to their individual circumstances to best support their health and addresses this in [Priority 3: Strategically Address Health Disparities](#) and [Priority 4: Expand CHW Reach into the Community Through Maximizing Community Stakeholder Relationships](#).

Chronic Respiratory Disease

Chronic respiratory disease impacts airways and lungs and yield major impacts on an individual's health. Respiratory disease can be caused by tobacco smoke, air pollutants, exposure to occupational dust and chemicals, and frequent lower respiratory infections during childhood.^{xliv}

Table 10 Mortality Data: Underlying Cause of Death 2018-2020^{xlv}

Underlying Cause of Death 2018-2020 (Crude Rate per 100,000)	Galveston County	Brazoria County	Texas
Malignant neoplasms of trachea, bronchus, and lung	48.1	33.0	30.2
Influenza and Pneumonia	12.8	11.6	11.7
Chronic Lower Respiratory Diseases	44.0	31.1	36.7
Other Chronic Lower Respiratory Diseases (COPD and Asthma)	38.0	28.0	34.3

The death rates in Galveston County for malignant neoplasms of trachea, bronchus, and lung, influenza and pneumonia, and chronic lower respiratory diseases, are higher than Brazoria County and Texas. Treatment and maintenance for respiratory conditions necessary to avoid negative and even deadly health outcomes.

Mental Health

Mental health is an increasingly important focus in healthcare. Conditions such as anxiety, post-traumatic stress disorder (PTSD), depression, and others, can affect how people feel, think, and act, all factors in a person's overall well-being. If unaddressed, mental conditions can lead to consequences as severe as self-harm. The table below shows Galveston County's drug overdose and suicide mortality rate is higher than Texas.

Table 11 Drug Overdose Death and Suicide Rate per 100,000 People in 2021^{xlvi}

	Galveston County	Texas
Drug Overdose Death Rate	16	11
Suicide Rate	16	13

In 2021, CHW provided medical care for 1,079 patients diagnosed with depression and other mood disorders, 815 patients with anxiety disorders (including PTSD), 213 patients with mental disorders excluding alcohol and tobacco disorders, and 49 patients with attention deficit and disruptive behavior disorders. A total of 5,130 visits occurred in 2021 to address mental health conditions, excluding substance use disorders.

In 2021 CHW saw 5,130 visits to address mental health conditions and 2,252 visits to address substance use disorders.

Substance use disorders (SUDs) are separate but sometimes are co-occurring with mental health disorders. Both mental health and substance use disorders can disrupt daily life and cause impairment and health problems. In 2021 CHW saw 821 patients diagnosed with tobacco use disorder, 218 patients with alcohol-related disorders, and 132 patients with other substance-related disorders (excluding tobacco use disorders). A total of 2,252 visits to CHW in 2021 addressed substance use disorders. Mental health and wellbeing are an essential facet of community health and priority for CHW, addressed in [Priority 2: Scale Services](#).

Conditions Affecting Child Health Outcomes

In Texas, 35.3% of the total population ages 19 to 35 months has not received the recommended 7-vaccination series. For children who are at or below poverty, this figure increases to 37.8%. 53.3% of uninsured children did not receive the recommended 7-vaccine series in Texas.^{xlvii} Obesity is another significant, and worsening, problem for service area children ages 10 to 17, particularly low-income children. Approximately 24.2% of Texas children who are between 300-399% of the FPG are obese. For comparison, only 8.7% of children who are at or below 400% of the FPG are obese.^{xlviii} Currently CHW's child patient population is less than 1% of total population. This will inform the strategic priorities for 2022-2025 and is discussed further in [Priority 2: Scale Services](#).

Table 12 CHW Visits and Diagnoses related to Pediatric Health in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Childhood lead test screening (9 to 72 months)</i>	33	33
<i>Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.</i>	19	17

Dental

There are only three locations in Galveston County where one can receive dental care at reduced cost: CHW, St. Vincent's, and St. Hope. Currently, St. Vincent's only offers extractions. The 2020 Behavioral Risk Factor Surveillance System (BRFSS) reported 43.4% of service area adults did not visit a dentist or dental clinic in the past year, and around 39.9% report having permanent teeth extracted.^{xlix}

There are only three locations in Galveston County where one can receive dental care: CHW, St. Vincent's, and St. Hope. Currently, St. Vincent's only offers extractions.

Poor oral health can seriously compromise a person's general health, quality of life, and life expectancy. Oral disease can lead to systemic problems that damage other parts of the body and result in the need for expensive emergency department visits, hospital stays, and medications. Community members who are in financial trouble often forego treatment or neglect their oral health, placing priority on other problems they may be facing—unemployment, eviction, and childcare.

In 2021, CHW Dental had a total 5,432 visits addressing dental conditions. 1,475 patients were diagnosed as needing emergency services (any dental procedure deemed an emergency), 1,190 with oral exams, 746 patients with restorative services (repairing or restoring damaged oral structures such as fillings, bridges, implants, etc.), and 739 for oral surgeries (extractions and other surgical procedures). Dental completed a total of 1,915 restorative service units, including composite and amalgam restorations and crowns. Dental completed a total of 1415 extractions and 112 complete dentures or removable partial dentures.

Table 13 CHW Visits and Diagnoses related to Dental Health in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Emergency services</i>	1704	1475
<i>Oral exams</i>	1288	1190
<i>Restorative services</i>	1419	746
<i>Oral surgery (extractions and other surgical procedures)</i>	1021	739
<i>Prophylaxis—adult or child</i>	769	658
<i>Fluoride treatment—adult or child</i>	747	647

The limited availability of dental services in the service area, as well as the expense associated with dental procedures, bolsters the importance of CHW’s dental services. Support for dental services is highlighted in [Priority 2: Scale Services](#).

Coastal Health and Wellness Visit and Diagnosis Data

Top diagnosed conditions in 2021 were overweight and obesity, hypertension, HIV, diabetes mellitus, and emergency services. Emergency services are any dental procedure deemed an emergency (extreme pain, potential infection, extraction, fever, body can suffer, etc.).

Table 14 CHW Visits and Diagnoses related to Chronic Disorders in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Overweight and obesity</i>	4796	2926
<i>Hypertension</i>	5104	2536
<i>Diabetes mellitus</i>	3718	1564

Table 15 CHW Visits and Diagnoses related to Infections in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>HIV test</i>	1813	1681
<i>Coronavirus (SARS-CoV-2) vaccine</i>	2384	1415
<i>Seasonal Flu vaccine</i>	1316	1269
<i>Hepatitis C test</i>	1331	1243
<i>Hepatitis B test</i>	756	729
<i>Novel coronavirus (SARS-CoV-2) diagnostic test</i>	702	628
<i>Hepatitis C</i>	148	85
<i>Sexually transmitted infections</i>	59	51
<i>Symptomatic/Asymptomatic human immunodeficiency virus (HIV)</i>	24	19
<i>Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP</i>	36	15
<i>Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease</i>	12	12
<i>Hepatitis B</i>	2	1
<i>Tuberculosis</i>	4	1

Table 16 CHW Visits and Diagnoses related to Well Woman Exams in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Pap test</i>	692	689
<i>Abnormal breast findings, female</i>	98	86
<i>Abnormal cervical findings</i>	74	49

Table 17 CHW Visits and Diagnoses related to Other Conditions in 2021

Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<i>Otitis media and Eustachian tube disorders</i>	13	10
<i>Dehydration</i>	4	4
<i>Exposure to heat or cold</i>	3	3

The visit and diagnosis data follows similar trends to the Galveston County health data.

Internal Organizational Needs Assessment

Staffing

Adequate staffing is essential for a functioning workplace and to deliver quality care to patients. Between 2016 and 2021, total staff numbers declined by 10. As of March 2022, that number declined further to 86 staff.

Table 18 Number of CHW Staff 2016-2021

Year	Total CHW Staff
2016	104
2017	99
2018	103
2019	100
2020	94
2021	94

In 2021, 23 new staff were hired. The average number of years worked by existing employees is 7.5 years. Available data related to staffing was limited. The total number of new positions added in the last year and current open positions cannot be confirmed. Almost all HR processes and records were hard copy on paper between 2016-2021. Migrating documents and processes to a digital platform is necessary for better tracking and understanding staff needs and is addressed [in Priority 5: Upgrade Technology and Processes](#).

Coastal Health and Wellness staff participated in a Strategic Health Plan (SHP) information and feedback session during an in-service held February 9th, 2022. Staff felt the top items needed to better the clinic for patients and employees were improved recruitment efforts related to posting and filling positions, service expansion, increased communication and team building, and opportunities for performance enhancement and incentives. These are addressed in [Priority 1: Be an Exceptional Health Center and Workplace](#).

Priorities and Goals

Priorities and goals are the responsibility of every staff member at CHW. CHW leadership are accountable to ensure tracking of each goal. The [Checkpoint Timeline](#) section details the timing of check-ins toward priorities and goals.

Priority 1: Be an Exceptional Health Center and Workplace

Goal one: Recruit and retain top talent.

Examples of previous progress: In January of 2020, an employee survey was conducted by executive leaders.

Action steps:

- Complete market analysis and applicable wage adjustments by 2025.
- Explore options for performance-based incentives by 2025.
- Provide staff shout outs, icebreakers, and team building on an ongoing basis.
- Provide opportunities to laterally transfer and be promoted.
- Increase the number of educational opportunities for all CHW staff.
- Work toward CHW becoming a teaching facility for community healthcare and clinical site rotations.

Goal two: Expand facility resources.

Examples of previous progress: CHW obtained a series of grants through HRSA that enabled more resources for staff and patients.

Action steps:

- Grant exploration in the areas of substance use disorder, mental health counseling, social work, and dental health.
- Counsel patients who qualify for coverage in accessing insurance.
- Develop ideas to create new revenue streams.

Goal three: Maintain excellent care that is patient centered.

Examples of previous progress: PCMH certification through TJC was achieved in 2021. In September of 2021, TJC conducted a 2-day site survey specifically to review CHW standards for PCMH. CHW passed TJC's PCMH survey and remains fully certified.

Action steps:

- PCMH certification through TJC was achieved in 2021. Continue to follow workflows and processes.
- Explore applicability of PCMH to the Dental Clinic.
- Use PCMH Patient Guide for new patient introduction to CHW.
- Increase screening and prevention of the following chronic conditions:
 - HTN
 - A1C or diabetes care
 - Mammograms
 - Colorectal Screening
 - HIV care

Priority 2: Scale Services

Goal one: Expand access to specialties.

Example of past progress: Assessment of specialties needed was conducted in October of 2021.

Patients and staff noted a need to expand services. Increasing specialists available at the clinic enhances efficiency and access of care by ensuring patients can have a larger scope of their health concerns addressed in one space. Specialists contribute a greater range of services through their expertise. Referrals, while necessary and helpful, can mean added wait time and rerouting a client to another location that may be harder to reach.

Action steps:

- Integrate specialists for Physical Therapy, Gastroenterology, and Cardiology.
- Expand mental health resources.
- Expand general dentistry resources.

Goal two: Grow child health.

Example of past progress: CHW hired a 0.5 FTE Pediatrician in Fall of 2021.

Action steps:

- Partner with school health advisory councils and school nurses to expand CHW's reach to the pediatric population.
- Operate with an increased number of providers and ancillary staff in comparison to the close of 2016-2021 SHP date.

Goal three: Grow patient population.

Example of past progress: The patient population grew between 2020-2021.

Action steps:

- Increase number of total unduplicated patients by 3,500 patients by December 2025.
- Leadership ensures marketing and promotion of CHW across all platforms.

Priority 3: Strategically Address Health Disparities

Goal one: Deliver care that is patient-centered and responsive to community.

Examples of past progress: Many of our staff are bilingual and communicate with patients who speak languages other than English.

Action steps:

- Monthly review of chronic disease best practice workflows using Population Health software, and provide more opportunities for staff, leader, and provider input.
- Continue to grow bilingual staff and providers.

Goal two: Identify and address disparities.

Examples of past progress: CHW works with patients who do not have insurance in an effort to ensure they receive care. Providers and staff receive trainings related to addressing bias and providing equitable care

Action steps:

- Implement the TACHC Pilot program, the Social Determinants of Health (SDoH) Initiative in 2022. The SDoH Initiative will allow CHW to identify and address disparities and in turn focus on providing greater resources were needed to patients.
- Implementation of value-based care into practice.
- Utilize Electronic Medical Record (EMR) data from NextGen to drive SDoH efforts.
- Continue in-service discussions educating staff about the collection of SDoH data, identify patient needs, and connect patients to resources.

Priority 4: Expand CHW Community Reach through Maximizing Community Stakeholder Relationships

Goal one: Expand and maintain strategic partnerships with other organizations and community leaders.

Examples of past progress: CHW has key partnerships with the following entities depicted below (this is not an all-inclusive list).

Image 1 CHW Partnerships

**Action steps:**

- Expand partnerships with more community leaders through community health worker outreach and outreach activities, leveraging the special relationship between GCHD and CHW to enhance outreach.
- Maintain communications with partners through in-person meetings, phone calls, emails, and events. Ensure communications occur at least every six months.
- Provide opportunities for partners to deliver feedback to CHW through surveys, interviews, and focus groups.
- Co-host collaborative events with partners' involvement quarterly.

Goal two: Execute activities with attention to maximizing impact.

Examples of past progress: An analysis of the patient population at CHW reflects that those who have less access to care are being served at the clinic at a higher proportion than the population of Galveston County. The clinic locations are positioned where health outcomes are worse than the surrounding areas.¹ This maximizes impact for communities who may otherwise not have access to care.

Action steps:

- Utilize the most up to date data, including heat maps, regarding health concerns in Galveston County and create activities to address those concerns.
- Conduct educational and health promoting activities in geographic locations that respond to needs relevant to that area.
- Increase social media outreach partnerships, sharing information from partners to CHW's network and ask partners to share CHW posts to their networks.

Priority 5: Upgrade Technology and Processes

Goal one: Upgrade CHW technology for care improvements and efficiency.

Examples of past progress: Departments researched software to improve efficiency, between 2016-2021, all providers, staff, and leaders are provided with monthly patient satisfaction scores and comments. Patient satisfaction concerns/complaints are followed up promptly by supervisors, managers, directors, COO, and Executive Director.

Action steps:

- Upgrade HR, payroll, and accounting and finance software.
- Expand and optimize virtual care.
- Population Health implementation beginning in April 2022.
- Monitor patient experience based on patient satisfaction surveys and develop interventions as needed.
- Routine audits of newly implemented technology for functionality and potential gaps.

Goal two: Develop or update processes enhancing communication and work performance.

Examples of past progress: A new approach to addressing no-shows was developed in 2021 and implemented in 2022.

Action steps:

- Develop more robust standard operating procedures for all aspects of care.
- Regularly solicit and act upon meaningful staff and patient feedback.
- Conduct annual performance reviews and improvement plans.
- Development of SHP dashboard that is updated bi-annually.

Goal three: Leverage existing technologies.

Examples of past progress: Plan for implementing new no-show/reminder practice was developed November 2021.

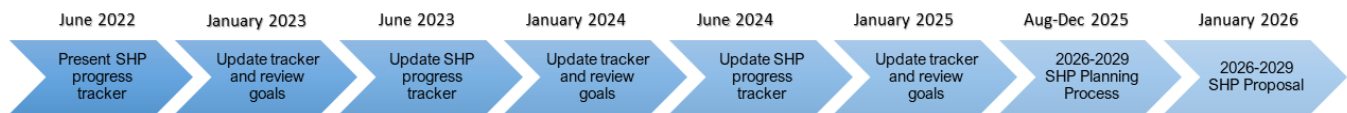
Action steps:

- Maximize the current use of NextGen through tracking patient referrals and emergency room discharges.
- Maximize the current use of NextGen by creating workflows that allow improved patient follow-up.

Checkpoint Timeline

The CHW SHP tracker will be developed upon approval of the 2022-2025 SHP. Bi-annual updates to the SHP tracker will be delivered to Governing Board in June and January. Once a year priorities and goals will be evaluated for their applicability and can be updated as needed.

Image 2 CHW SHP Checkpoint Timeline 2022-2025



**2022-2025 CHW SHP Checkpoints pending SHP approval*

Regular check-ins will keep the organization centered on its priorities and on track toward its goals. Regular evaluation of goals will allow space to address challenges and act accordingly. Additionally, consistent tracking will better enable establishment of future priorities and goals.

ⁱ Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, and U.S. Department of Health and Human Services. 2022. "Healthy People 2030: Environmental Health." Health.gov.

ⁱⁱ Brusseau, M.L., M. Ramirez-Andreotta, I.L. Pepper, and J. Maximillian. 2019. "Environmental Impacts on Human Health and Well-Being." In *Environmental and Pollution Science*, 477–99. Elsevier.

ⁱⁱⁱ The National Institute for Occupational Safety and Health (NIOSH), and Centers for Disease Control and Prevention. December 9, 2021. "Lead: Health Problems Caused by Lead." cdc.gov.

^{iv} GCHD. 2022. "Galveston County Health District Morbidity Report." gchd.org.

^v PolicyMap. 2019. "Map with Risk of Exposure to Lead in 2015-2019." PolicyMap. 2019. www.policymap.com.

^{vi} PolicyMap. 2019. "Map with Risk of Exposure to Lead in 2015-2019." PolicyMap. 2019. www.policymap.com.

^{vii} Occupational Safety & Health Administration. 2022. "Health Hazards Associated with Oil and Gas Extraction Activities." United States Department of Labor.

^{viii} Google Maps. "Galveston County." 2022. google.com/maps

^{ix} Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. *Map the Meal Gap 2018: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016*. Feeding America, 2018.

^x U.S. Census Bureau, SNAP Benefits Recipients in Galveston and Brazoria County, TX. FRED, Federal Reserve Bank of St. Louis. fred.stlouisfed.org.

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