



2017 Service Report

Williamson County and Cities
Health District





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Authors: Melissa Tung, MPH (lead), Matt Richardson, MPH,
Justine Price, MPH

Editors: Virginia Headley, PhD (lead), Justine Price, MPH



1 EXECUTIVE SUMMARY

The Williamson County and Cities Health District (WCCHD) has proudly served as the public health department for Williamson County member governments since 1943. Headquartered in downtown Georgetown at 312 Main Street, WCCHD operates four full-service public health centers (PHCs) in Cedar Park, Georgetown, Round Rock, and Taylor, providing convenient access for Williamson County residents regardless of where they live in the county.

IN 2017, WILLIAMSON COUNTY RESIDENTS AND VISITORS HAD 210,233 PUBLIC HEALTH ENCOUNTERS WITH WCCHD.

This report is provided annually as a service to our member governments on behalf of our eight-member Board of Health. The purpose of this service report is to inform our members about the nature and impact of the public health services WCCHD provided during 2017. These activities support WCCHD’s mission to “work in partnership with communities to protect and promote the health of the people of Williamson County.”

The Health District is a cooperative effort of the member governments; each member is represented by a Board of Health Director appointed by the governing body. The member governments are Williamson County (two Board Directors), Round Rock, Cedar Park, Georgetown, Taylor, Leander and Liberty Hill (one shared Board Director), and Hutto. Together, the eight Board Directors provide input, guidance and direction for WCCHD policies, programs, and activities and ensure alignment of the District with the needs of each member’s constituents.

1.1 PHAB ACCREDITATION



WCCHD submitted their first Public Health Accreditation Board (PHAB) Annual Report in September 2017. The report is required each year to assure that accredited health departments continue to demonstrate conformity with standards and measures necessary for maintaining accreditation status. WCCHD’s report highlighted the implementation of WCCHD’s performance management system (AchieveIt), progress towards the goals of the 2017-2019 Community Health Improvement Plan, and progress towards the goals of the

2017-2019 Strategic Plan. WCCHD received feedback from PHAB that the report was accepted and there were no longer any pending items to be addressed from the 2016 site visit by the PHAB team.

1.2 PPHR ACCREDITATION



WCCHD has been formally recognized as a Project Public Health Ready organization, achieving dual accreditation status. WCCHD was just the third local health department in Texas to become dual-accredited. The Emergency Preparedness and Response (EPR) Division coordinated across the agency to develop and submit all of the plans, policies, procedures, after-action-reviews, and other preparedness/response documents as evidence of WCCHD’s

readiness to protect the people of Williamson County from public health threats.



1.3 TOTAL OPERATING BUDGET

In 2017, the Health District’s total operating expenses were \$8,918,530. This equated to per capita public health spending of \$18.64 based on U.S. Census estimates of the population in 2017 (478,500). Operating revenues in 2017 totaled \$9,550,026 with 47.9% of the money coming from state and federal sources. Williamson County contributed \$2,399,580 (25.1% of total revenues). The seven member cities contributed a combined total of \$705,543 (7.4%). Together, the member governments’ contributions totaled \$3,105,123, or 32.5% of WCCHD’s revenue. As such, Williamson County taxpayers, through their city and county taxes, provided \$6.49 per resident to WCCHD. With an average of \$18.64 spent per resident, WCCHD was able to provide a return on investment of 287% to its taxpayers through its efficient leveraging of fees and state and federal grants.

1.4 TOTAL SERVICES AND/OR ENCOUNTERS PROVIDED

Table 1 provides details of community reach by WCCHD. In 2017, the people of Williamson County had 210,233 public health services and/or encounters provided by their public health district.

Table 1: Total Community Reach Provided by Health District, 2017

Service Provided	Total
Disease investigations	1,914
Health professionals who attended Immunizations Program presentations	397
Immunization Program activities	18,929
Mosquito pools tested	949
Mosquito traps set	554
On-Site Sewage Facility Permits, Site Evaluations, Plan Reviews, Inspections, and Additional Services	4,280
Participants at health education classes	182
Participants in six Emergency Preparedness exercises	2,086
Participants in 27 Emergency Preparedness trainings and workshops	448
Providers enrolled in the Texas Vaccines for Children (TVFC) program	50
Reach of Immunization Program outreach events	10,250
Reach of health promotion outreach events	8,143
Retail Food establishment permits, inspections, and additional services	6,440
Social Media Engagement and Reach	42,329
Social Services Encounters with 4,857 Individuals	19,178
Total Clinical Services encounters	17,656
WilCo Wellness Alliance members	625
Women, Infants, and Children (WIC) encounters	75,823
Total	210,233

Data Source: Williamson County and Cities Health District, 2017



2 CLINICAL SERVICES

The Clinical Services Division provides many services through the four Public Health Centers (PHCs), a robust influenza campaign, outreach activities in the community, and the Tuberculosis (TB) program. In 2017, the Clinical Services Division and WCCHD staff provided a total of 17,656 encounters in the community compared to 16,751 encounters in 2016.

Through the efforts of Clinical Services and all employees in the Health District, WCCHD met and exceeded the Medicaid 1115 Waiver Delivery System Reform Incentive Program (DSRIP) performance metric for Clinical Services of 16,000 encounters by September 30, 2017.

2.1 ON-SITE CLINICAL SERVICES ENCOUNTERS

The core clinical health services provided at all four PHCs in Cedar Park, Georgetown, Round Rock, and Taylor include immunizations for children and adults, screening and treatment of TB, and testing, treatment, and counseling for Sexually Transmitted Infections (STIs). Other services offered include flu shots, comprehensive well-women exams, pregnancy screening, tobacco cessation counseling, and pre-participation physicals for sports and camps. In 2017, medical staff offered 8,693 clinical health services at the four PHCs (Table 2).

Table 2: Clinical Services Encounters by Month and Public Health Center, 2017

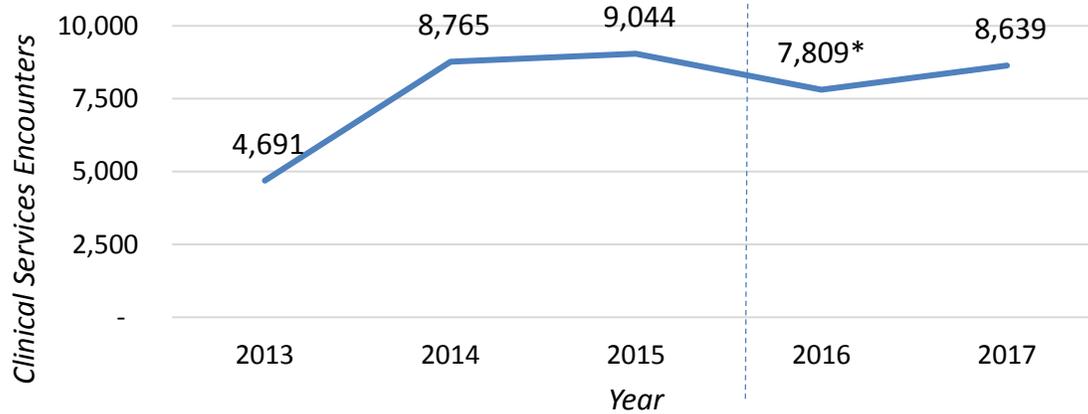
Month	Cedar Park	Georgetown	Round Rock	Taylor	Total
January	226	174	240	44	684
February	168	132	225	97	622
March	216	156	245	87	704
April	190	132	216	82	620
May	244	145	264	69	722
June	245	196	238	49	728
July	270	216	227	89	802
August	386	340	296	199	1,221
September	207	195	204	61	667
October	248	242	219	103	812
November	226	173	150	34	583
December	129	104	213	28	474
Total	2,755	2,205	2,737	942	8,639

*Notes: Clinical Services encounters exclude all active Tuberculosis encounters.
Data Source: eClinicalWorks, 2017*

On-site Clinical Services encounters increased from 4,691 in 2013 to an average of over 8,500 encounters per year in subsequent years as a direct result of DSRIP-related activities, with 8,639 encounters in 2017 (Figure 1). A new electronic health record system (eClinicalWorks) was implemented in the four PHCs in October 2015 to improve delivery of health services to clients as well as record keeping. In addition, Clinical Services increased off-site outreach efforts to provide services out in the community.



Figure 1: On-Site Clinical Services Encounters, 2013-2017



*Notes: *New methodology was used to collect data. New electronic health record system was implemented October 2015. No active tuberculosis encounters were included in count.*

Data Source: CHASSIS, 2013-2015; eClinicalWorks, 2016-2017

2.2 FLU CAMPAIGN AND OUTREACH ACTIVITIES

In 2017, WCCHD continued the efforts of maintaining a robust influenza campaign for Williamson County citizens and organizations. WCCHD employees and Clinical Services staff provided free flu vaccines at several outreach clinics including public libraries, courthouses, churches, farmer’s markets, health and wellness fairs, schools, Bluebonnet Trails Community Services, community health centers, and food pantries. In collaboration with our community partners, WCCHD vaccinated 6,956 individuals in 2017. 4,320 (62.1%) of those vaccinations were provided to community partners. WCCHD also performed over 150 outreach activities, such as blood pressure screening and sports physicals.

2.3 TUBERCULOSIS PROGRAM

Tuberculosis (TB) is an airborne infectious disease transmitted primarily through coughing. There are several types of TB infection: 1) TB disease, which is usually active “contagious” pulmonary (“lung”) TB disease, 2) extrapulmonary TB disease, which is active TB disease in an organ other than a lung (such as lymph nodes or bone) and usually isn’t contagious to others, and 3) latent TB infection, which is presence of the TB bacteria in the body, but disease has not developed yet because the germs are contained by the immune system. The WCCHD TB Program is responsible for TB control and prevention in Williamson County. To limit the spread of TB, staff must take timely actions to protect the public. These actions are triggered by reports of individuals with suspected or confirmed TB throughout our county, regardless of the provider or insurance status of the patient and those exposed.

In 2017, the TB Program successfully treated (100% completion rate) 10 active patients, screened numerous patients for suspicion of TB, and treated more than 100 patients for latent tuberculosis infection. Treatment



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for both active disease and latent infections takes months to complete. Additionally, staff screened 27 immigrants referred from the Texas Department of State Health Services (DSHS). In 2017, the TB program made 1,909 encounters with individuals (Table 3). WCCHD’s TB Program met and exceeded the standard of care outlined by DSHS and the Centers for Disease Control and Prevention (CDC) by providing directly observed therapy (DOT) five days per week to all our active TB patients rather than utilizing an intermittent schedule for DOT services.

As the complexity of active TB patients continues to increase with the emergence of multi-drug resistance and dual diagnoses such as TB and HIV, the length of treatment also increases from the usual six months up to 24 months. WCCHD continues to care for its first multi-drug resistant case starting in 2016 and ongoing – an extremely complicated case requiring increased person hours from the TB Nurse Case Managers, DOT worker, public health center nurses, and contact investigation teams.

Table 3: Active Tuberculosis Encounters by Month, 2017

Month	Total
January	195
February	151
March	223
April	179
May	226
June	183
July	132
August	122
September	122
October	135
November	139
December	102
Total	1,909
<i>Data Source: eClinicalWorks, 2017</i>	

TB contacts are people who have close contact with someone with infectious TB. When someone is diagnosed with TB disease, a contact investigation is performed by WCCHD’s TB Program (and if needed, with help from the Disease Control and Prevention Division) to identify all the TB contacts exposed to the person with infectious TB. This includes individuals at home, work, school, and other locations or activities where a significant amount of time was spent. Tuberculosis contacts require sequential evaluation and testing to ensure that they were not infected. Often, TB contacts do become infected and require three to nine months of follow-up and treatment to clear the infection. WCCHD successfully managed 10 contact investigations in 2017, many of which had more than 50 contacts from a single active TB case.

The TB Program provides subject matter expertise and functions as the primary source for TB education and training for health workers in the community. Staff receive referrals for TB infection from clinics, other local providers, and the three major healthcare systems in Williamson County. Many of the 300+ annual referrals are received from occupational healthcare departments at area employers. Screening of these occupational



referrals identified over 50 positive TB results in 2017; each of these referrals requires an evaluation to determine if any have active, infectious TB. All referrals are offered follow-up and treatment for TB infection, if needed.

2.4 ON-SITE CLINICAL SERVICES ENCOUNTERS BY TYPE OF SERVICE

For more detailed information, on-site Clinical Services encounters are differentiated by type of service: women’s health services, STI-related, TB (non-active), and adult and childhood immunizations.

2.4.1 Women’s Services

WCCHD continues to offer women’s health and family planning services, including general health screenings, pregnancy testing, pelvic examinations, breast exams with referrals for mammograms, cervical cancer screening, and birth control prescriptions. Clients were also counseled on additional health topics including exercise, healthy eating, tobacco, alcohol, drugs, sexual activity, colorectal testing, and STI screening. In 2017, WCCHD medical provider staff provided 160 well-women services.

2.4.2 Sexually Transmitted Infections (STI)

All four WCCHD PHCs offer screening and treatment for common STIs (syphilis, gonorrhea, chlamydia). Additional screening is available for Hepatitis, HIV and Human Papilloma virus (HPV). Most STI medications are included in the service fee. In 2017, the four PHCs provided 1,359 STI-related services (Table 4).

Table 4: Sexually Transmitted Infection-Related Encounters by Month and Public Health Center, 2017

Month	Cedar Park	Georgetown	Round Rock	Taylor	Total
January	47	48	60	8	163
February	35	29	67	12	143
March	48	20	55	6	129
April	43	16	56	3	118
May	74	23	22	10	129
June	63	31	25	7	126
July	37	45	30	4	116
August	34	13	15	5	67
September	26	25	28	4	83
October	43	35	31	16	125
November	17	30	31	0	78
December	6	5	70	1	82
Total	473	320	490	76	1,359

Notes: Includes follow-up encounters. Data Source: eClinicalWorks, 2017

2.4.3 Tuberculosis (non-Active)

The four PHCs perform diagnostic testing for latent TB infection (LTBI) using a tuberculin skin test and/or blood test. Treatment with medication is provided for clients with LTBI. In 2017, the four PHCs provided 2,495 LTBI services (Table 5).



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Table 5: Tuberculosis Encounters by Month and Public Health Center, 2017

Month	Cedar Park	Georgetown	Round Rock	Taylor	Total
January	35	32	39	5	111
February	24	27	37	16	104
March	40	45	62	21	168
April	46	38	83	18	185
May	60	70	133	15	278
June	73	83	108	17	281
July	106	86	82	10	284
August	68	110	48	33	259
September	61	70	64	13	208
October	59	92	63	27	241
November	77	66	54	7	204
December	50	38	79	5	172
Total	699	757	852	187	2,495

*Notes: Includes follow-up encounters. Excludes all active TB encounters.
Data Source: eClinicalWorks, 2017*

2.4.4 Adult and Childhood Immunization

According to the CDC, immunizations save lives by preventing many potentially serious illnesses and disabilities. Immunizations are a safe and important way to keep our population healthy. The four PHCs offers over 20 types of vaccines meeting school, employment, and immigration requirements. In 2017, WCCHD staff provided 4,081 immunizations (Table 6).

Table 6: Immunizations by Month and Public Health Center, 2017

Month	Cedar Park	Georgetown	Round Rock	Taylor	Total
January	133	81	136	26	376
February	102	70	119	65	356
March	119	79	123	55	376
April	92	58	69	36	255
May	83	47	106	32	268
June	70	63	89	14	236
July	100	63	104	38	305
August	235	178	218	109	740
September	102	85	94	38	319
October	132	101	102	43	378
November	118	74	58	25	275
December	70	58	49	20	197
Total	1,356	957	1,267	501	4,081

Data Source: eClinicalWorks, 2017



3 DISEASE CONTROL AND PREVENTION

The Disease Control and Prevention Division (DCP) is comprised of two teams - the Communicable Disease Management Team (CDMT) and the Immunizations Program. CDMT focuses on tracking trends in infectious diseases in the county, determining the causes of the infections, and implementing control measures to reduce the burden of disease in the community. To accomplish this mission, WCCHD investigates and responds to disease outbreaks and collects and analyzes data on over 80 diseases and disease syndromes. A complete list of notifiable conditions—those required by state law to be reported when suspected or diagnosed—is updated and published by DSHS annually. The Immunization Program oversees the non-clinical functions of a comprehensive public health immunization program encompassing the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) programs.

3.1 COMMUNICABLE DISEASE MANAGEMENT TEAM

In 2017, CDMT responded to 1,914 reported cases of 58 different communicable and notifiable conditions. CDMT response efforts included in-depth epidemiologic investigations to determine the cause and source of disease and implementation of health education and control measures to prevent further disease transmission in the community. The largest number of disease investigations involved sexually transmitted infections (STIs), followed by foodborne and waterborne diseases (e.g. salmonellosis, shigellosis), and acute and chronic Hepatitis (A, B, C, others). CDMT identified and referred 13 pregnant women with Hepatitis B for follow-up. In addition, CDMT investigated 101 reports of restaurant-associated foodborne illness complaints.



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Table 7 summarizes the investigations conducted, organized by city of residence or location of foodborne illness complaint.



Table 7: Communicable Disease Management Investigations by Type and Location, 2017

Investigation Type	Cedar Park	Georgetown	Hutto	Leander	Liberty Hill	Round Rock	Taylor	Other WilCo	Unknown	Out of County	Total
Sexually Transmitted Infections	67	108	64	70	0	300	70	96	0	154	929
Foodborne and Waterborne	29	57	18	36	9	79	15	50	0	2	295
Hepatitis	33	30	13	25	4	79	7	52	3	0	246
Vaccine Preventable	22	35	8	15	5	77	9	17	6	1	195
Foodborne Illness Complaints	26	13	2	2	2	41	8	6	0	0	100
Respiratory	9	21	11	9	2	29	5	11	0	1	98
Vector-borne Diseases [^]	1	8	1	2	0	14	2	5	0	0	33
Healthcare-Acquired Infections	2	2	1	4	1	8	0	0	0	0	18
Total	189	274	118	163	23	627	116	237	9	158	1,914

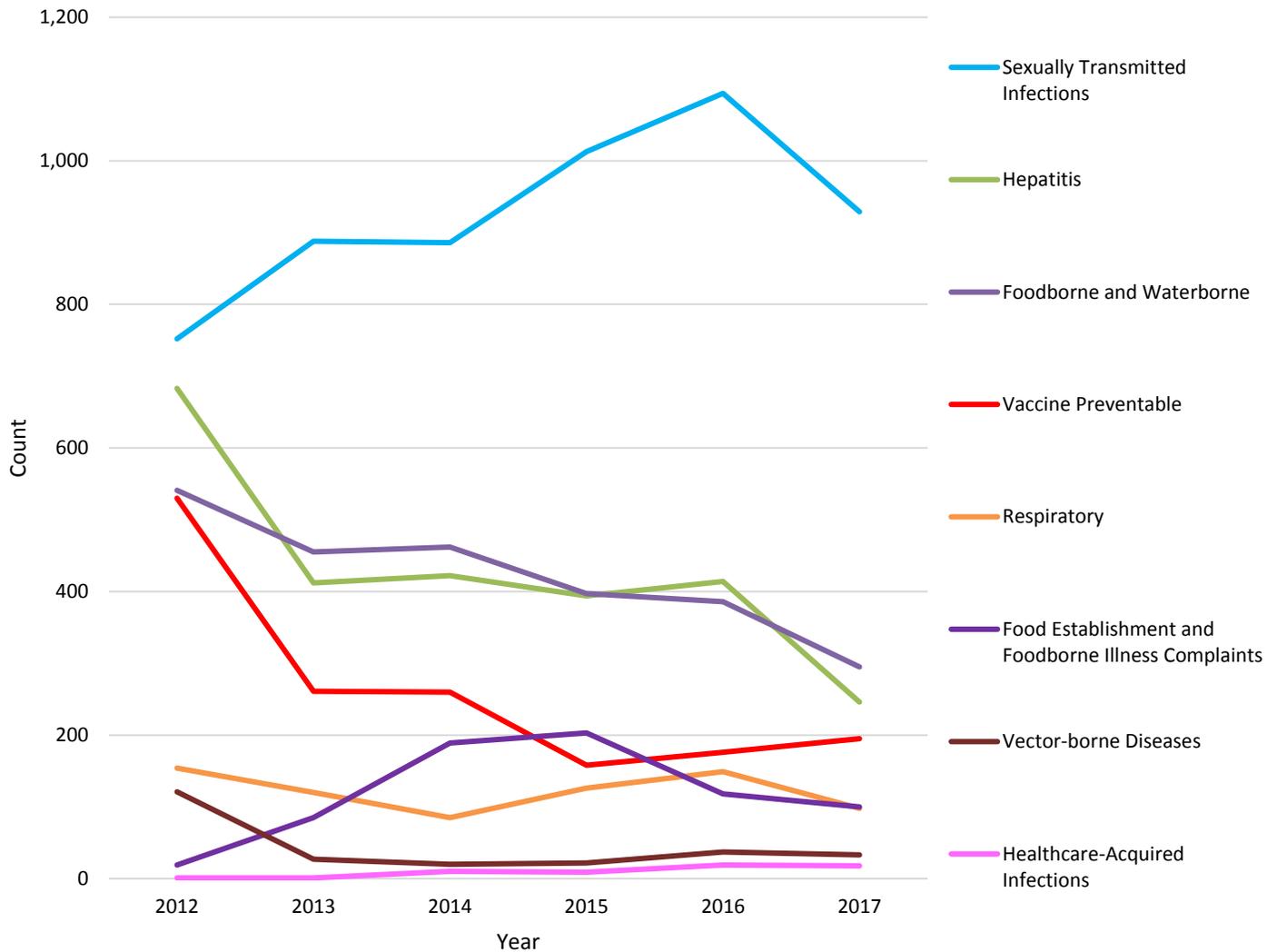
Notes: [^] (e.g., West Nile, Zika)

Data Sources: National Electronic Disease Surveillance System (NEDSS), 2017; WCCHD Outbreak Management System (OMS), 2017; WCCHD Foodborne Database, 2017; WCCHD Sexually Transmitted Infections Database, 2017

The relative rates of disease investigations conducted by CDMT have changed over the past five years (Figure 2). STI investigations have increased by 5%, from 888 in 2013 to 929 in 2017. Over the same period of time, hepatitis and vaccine-preventable disease investigations have decreased by 40%, from 412 to 246 and by 25% from 261 to 195, respectively. Foodborne and waterborne disease investigations continue to decline from 455 in 2013 to 295 (35%) in 2017 (Figure 2).



Figure 2: WCCHD Communicable Disease Management Investigations, 2013-2017



*Notes: *Food Establishment Complaints without alleged illness were no longer investigated by DCP after May 2016
 Data Sources: National Electronic Disease Surveillance System (NEDSS), 2013-2017; WCCHD Outbreak Management System (OMS), 2013-2017; WCCHD Foodborne Database, 2016-2017; WCCHD Sexually Transmitted Infections Database, 2017; Conditions with incomplete or no data for 2017 are not displayed.*

WCCHD CDMT epidemiologists also monitored disease trends, responded to suspected outbreaks and clusters of disease, and maintained syndromic surveillance for unusual groupings of symptoms amongst aggregate 911 and hospital data. Furthermore, CDMT was an integral part of Zika virus planning and response efforts in Williamson County. CDMT staff participated on the WCCHD Zika Task Force and continued to provide consultation to healthcare providers and community stakeholders through presentations and serving as subject matter experts for this highly publicized infection.

The CDMT assisted with a Legionellosis investigation at a hotel that involved the presence of *Legionella pneumophila* growth in the facility’s swimming pool and hot tub area. In total, CDMT interviewed 53



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individuals exposed to the hotel, including six confirmed cases. CDMT also participated in the WCCHD response at a local mobile home park with on-site sewage violations. CDMT developed and administered a survey to residents in the affected area, to assess sewage exposure and any symptoms of illness potentially resulting from such an exposure.

3.2 IMMUNIZATION PROGRAM

The WCCHD's Immunization Program oversees the non-clinical functions of a comprehensive public health immunization program (Table 8) including:

- Recruiting and training Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) program providers
- Conducting TVFC site visit follow-ups and making unannounced vaccine storage and handling site visits
- Conducting educational, promotional, and outreach activities to the public to increase immunization awareness
- Educating health professionals on vaccine-preventable diseases and how to prevent them
- Collaborating with other community entities to enhance immunization efforts
- Conducting immunization record assessments and audits in licensed child-care facilities and public and private schools
- Maintaining a surveillance system to identify Hepatitis-B infected pregnant women and educating prenatal care providers and birthing hospitals to prevent perinatal hepatitis B transmission
- Recruiting new provider sites for the state's immunization registry – ImmTrac
- Providing on-going training and technical assistance to registered ImmTrac providers
- Conducting follow-up with registered ImmTrac providers who are inactive or not using ImmTrac effectively, and
- Conducting outreach to parents/guardians of children 19 months through 35 months of age who are not up-to-date on recommended vaccines

The highlight of 2017 was that the Immunization Program requested an increase in program funding from DSHS and was successfully awarded an additional \$107,193. This increase allowed the Immunization Program to hire two additional staff to expand TVFC recruitment and quality assurance activities and ImmTrac outreach to parents in Williamson County. Both activities promote the importance of vaccination throughout Williamson County.



Table 8: Immunization Program Activities, 2017

Immunization Program Activities	Total
Quality assurance visits to and compliance follow-ups of TVFC providers	55
Outreach events to the public to increase immunization awareness	19
Educational presentations made/events for health professionals	11
Vaccine doses validated and entered into ImmTrac	12,422
Providers and parents contacted to update ImmTrac records	5,247
Children’s immunization records brought up-to-date in ImmTrac	1,061
Licensed child-care facilities and registered family homes audited for compliance with vaccine requirements	38
Follow-ups conducted on licensed child-care facilities and registered family homes not in compliance with vaccine requirements	30
Public and private schools audited for compliance with vaccine requirements	9
Follow-up investigations on public/private schools not in compliance with vaccine requirements	9
Case management initiated on newly identified HBsAg+ pregnant women	12
Continued and initiated case management on infants born to HBsAg+ women	13
Completed (closed) case management on infants born to hepatitis B-infected women	3
Total	18,929

Data Source: WCCHD Immunization Program, 2017

Throughout the year, the Immunization Program gave 11 presentations to almost 400 health professionals in Williamson County (Table 9). The Immunization Program increased the number of health professionals reached from 366 in 2016 to 397 in 2017 – an 8% increase (Figure 3).

Table 9: Immunization Program Presentations to Health Professionals, 2017

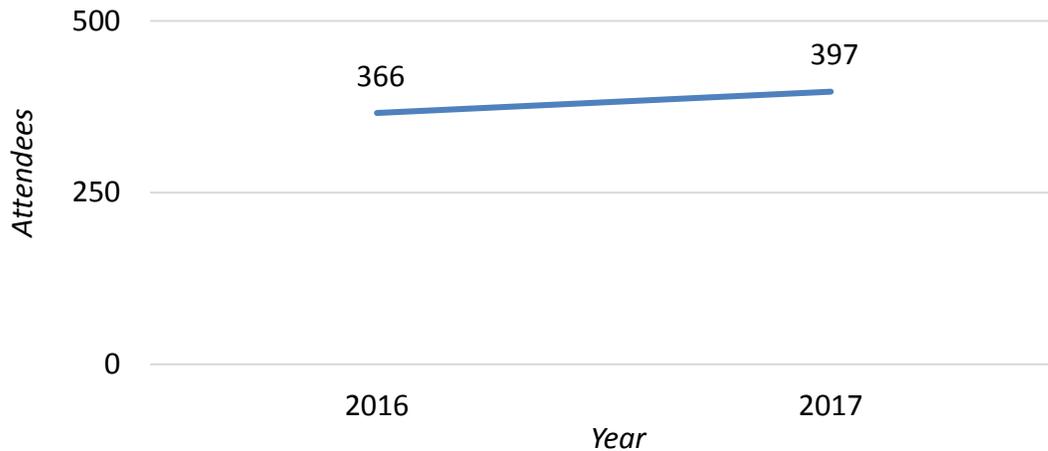
Topic/Subject Area	Month	Group	Attendees
Immunization Workshop	January	Williamson County Health Professionals	42
Immunization Update	February	East Williamson County Child Care Professionals	35
Immunization Program Overview	March	Texas A&M Health Science Center Students	30
Immunization Workshop	April	Williamson County Health Professionals	39
Immunization Update	April	Child-Care Licensing Advisory Board	20
Immunization Update	May	Licensed Child-Care Director’s Training	100
Immunization Update	May	WilCo Professional Child-Care Association	25
Immunization Workshop	June	Williamson County Health Professionals	41
ImmTrac Overview and Training	August	Opportunities of Williamson and Burnet Counties	16
Immunization Workshop	October	Williamson County Health Professionals	34
VPD and Vaccine Overview	November	Round Rock ISD, Stony Point High School, Pharmacy Tech Students	15
Total		11 Presentations	397

Data Source: WCCHD Immunization Program, 2017



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Figure 3: Health Professionals Receiving Information on the Immunization Program, 2016-2017



Data Source: WCCHD Immunization Program, 2016-2017

Additionally, the Immunization Program participated in 19 outreach events promoting the importance of the various child and adult vaccines as well as ImmTrac and the TVFC Program reaching over 10,000 estimated attendees (Table 10). The potential reach is the expected number of attendees provided by the entity hosting each event, therefore exact numbers are not available for all events.



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Table 10: Immunization Outreach Events and Potential Reach, 2017

Outreach Event	Event Date	Location	Potential Reach
Health & Wellness Fair, Walsh Middle School	February 21	Round Rock	200
Chase the Chief	March 5	Georgetown	800
Union Hill Community Health Fair	April 6	Round Rock	100
Celebration of Families, Cedar Ridge High School	April 8	Round Rock	500
Williamson County Precinct 1 Open House	April 17	Round Rock	200
Taylor Middle School Health Night	April 27	Taylor	200
Williams Middle School Community Health	April 29	Georgetown	300
WIC Nutrition Education Fair	May 11	Round Rock	200
Seton Medical Center Williamson Baby Shower	June 10	Round Rock	100
Medical Missions at Home	July 29	Round Rock	1,200
Vida Fest	July 29	Hutto	400
WIC Latch-on	August 4	Round Rock	50
Kutz for Kidz	August 20	Round Rock	800
Flu Vaccine Clinic	September 16	Taylor	500
Round Rock ISD College Fair	September 25	Round Rock	1,500
Georgetown ISD College Fair	September 26	Georgetown	100
Leander ISD College Fair	September 27	Cedar Park	2,500
Austin Community College	October 17	Cedar Park	200
CATCH at CD Fulkes Middle School	November 14	Round Rock	400
Total	19 Outreach Events		10,250

Data Source: WCCHD Immunization Program, 2017

The total number of physicians/clinics enrolled as TVFC providers fluctuates throughout any given year (Table 11). Immunization Program staff continuously promote and recruit new providers. Some providers, however, discontinue participation in the program for various reasons.

Table 11: Enrolled Texas Vaccines for Children (TVFC) Providers, 2017

City	Total
Austin	2
Cedar Park*	12
Georgetown	8
Hutto	3
Leander	4
Liberty Hill	1
Round Rock*	19
Taylor*	1
Austin	2
Total	50

*Notes: *A total of 4 Williamson County providers unenrolled from the TVFC Program in 2017—Georgetown (1), Leander (1), Round Rock (2), and Taylor (1).
Data Source: WCCHD Immunization Program, 2017*



4 EMERGENCY PREPAREDNESS AND RESPONSE

The Emergency Preparedness and Response (EPR) Division leads planning and response activities for public health emergencies in Williamson County and collaborates with local and state agencies in these activities. WCCHD's EPR Division has three employees, and these staff members work collaboratively with local EMS, law enforcement, fire service, emergency management, and hospital system partners to ensure a robust public health response capacity to natural disasters and man-made emergencies. This level of coordination occurs within various community-based work groups that fall under the purview of the Williamson County Public Health and Medical Preparedness Committee (PHaMP).

4.1 PLANNING AND COORDINATION

Through PHaMP work groups, EPR staff coordinated several preparedness initiatives focused on priorities identified by local county emergency managers.

The First Responder Mental Health Work Group facilitates continual assessment, education, equipment of Peer Support Networks, and critical incident preparedness to improve mental health well-being for first responders in Williamson County. Members include Round Rock Fire Department, Cedar Park Police Department, Cedar Park Fire Department, Williamson County EMS, Williamson County Mobile Outreach Team (MOT), and WCCHD. In 2017, the work group:

- Developed "real-time" data analysis process to identify incidents that may have a mental health impact on first responders using the FirstWatch system
- Coordinated with the Williamson County Fire Chief's Association to develop a unified approach for mental health awareness and response capacity and train smaller public safety agencies in Williamson County

The Fatality Management Workgroup facilitates the development of local plans for response to complex fatality incidents. Members include Justice of the Peace Precinct 4, Williamson County Attorney, Williamson County Emergency Management, and WCCHD. In 2017, the work group:

- Finalized the Williamson County Fatality Management Response Plan
- Developed and purchased all supplies and equipment for a fatality management response kit
- Conducted a three series fatality management workshop at the Texas Emergency Management Conference

4.2 TRAINING AND EDUCATION

WCCHD staff and community partners coordinated training for 448 participants on topics including, but not limited to, public health response, environmental assessment, public health law, and fatality management (Table 12). The attendees and participants included public health professionals, medical professionals, and first responders in Williamson County. The annual number of staff and community partners trained has



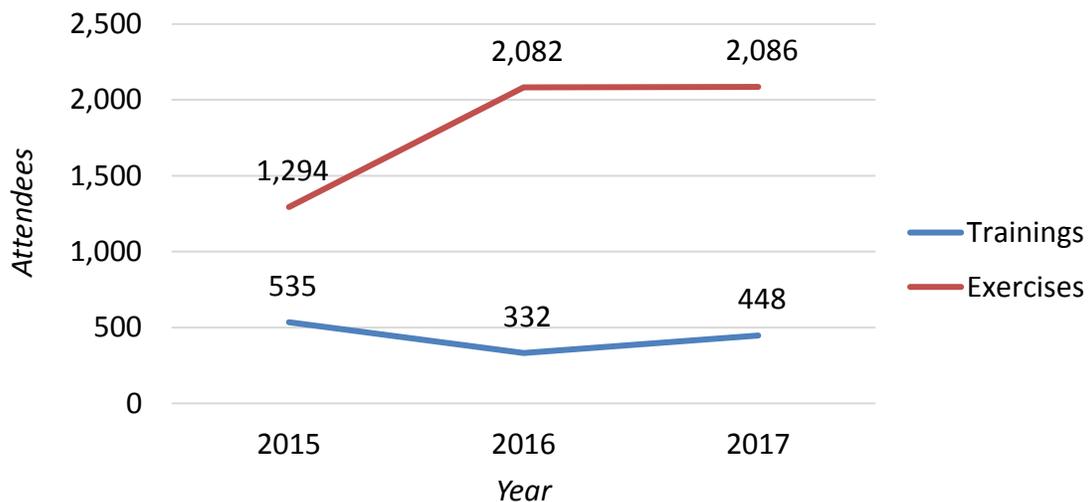
fluctuated over time, ranging from 535 attendees in 2015, to 332 attendees in 2016 and 448 attendees in 2017 (Figure 4). The three-year average of attendees was 438 during this same period.

Table 12: Trainings and Workshops Conducted, 2017

Trainings and Workshops	Training Hours	Attendees
Public Health Response Training	2	20
Centers for Medicare and Medicaid Services Preparedness Workshop #1	2	58
Centers for Medicare and Medicaid Services Preparedness Workshop #2	2	15
Public Health Emergency Response Law Seminar	7	45
Centers for Medicare and Medicaid Services Preparedness Workshop #3	2	12
Bioterrorism Response Training – Sample Collection	4	14
Medical Reserve Corp Training	2	11
Environmental Assessment Training	2	8
Fatality Management Workshop 1 – Texas Homeland Security Conference	1	66
Fatality Management Workshop 2 – Texas Homeland Security Conference	1	58
Fatality Management Workshop 3 – Texas Homeland Security Conference	1	47
Fatality Management Workshop – DSHS Quarterly Preparedness Workshop	1	94
Total	27	448

Data Source: WCCHD Emergency Preparedness and Response, 2017

Figure 4: Attendees at EPR Trainings and Exercises, 2015-2017



Data Source: WCCHD Emergency Preparedness and Response, 2015-2017

4.3 EXERCISES

In 2017, WCCHD coordinated or participated in six preparedness exercises that included 2,086 public health professionals, medical professionals, and first responders (Table 13). WCCHD staff and local first responders participated in the regional bioterrorism response exercise. In addition, WCCHD staff planned and participated in two community-based table top exercises that focused on Zika response. Both table top exercises were



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community-based and attended by emergency management and public safety partners from Cedar Park, Round Rock, Leander, Georgetown, Taylor, Hutto, and Williamson County. The number of attendees of preparedness exercises remained essentially unchanged from 2016 to 2017. This number was an increase of 61% over the 1,294 attendees in 2015 (Figure 4).

Table 13: Preparedness Exercises Conducted, 2017

Preparedness Exercises	Attendees
Zika Table Top #1	19
Zika Table Top #2	24
Flu Vaccine Distribution Full-Scale Exercise	2,000
Bioterrorism Response – Environmental Sampling Full-Scale Exercise #1	14
Bioterrorism Response – Environmental Sampling Full-Scale Exercise #2	16
Bioterrorism Response – Environmental Sampling Full-Scale Exercise #3	13
Total	2,086
<i>Data Source: WCCHD Emergency Preparedness and Response, 2017</i>	

4.4 EMERGENCY RESPONSES

In 2017, Williamson County and the State of Texas had a very busy response year. WCCHD staff responded to six incidents that included the following:

- Sewage system failure involving 150 residences
- Legionellosis outbreak at a local hotel resulting in six confirmed cases of the disease
- Hurricane Harvey shelter operations and Emergency Operation Center support
- West Nile positive mosquitoes in Cedar Park
- West Nile positive mosquitoes in Georgetown
- West Nile positive mosquitoes in Taylor



5 ENVIRONMENTAL HEALTH

The Environmental Health (EH) Division is committed to preventing illness due to environmentally-related diseases through monitoring, investigating, and responding to environmental public health threats. In 2017, EH provided many services through three programs: Retail Food Safety, On-Site Sewage Facility (OSSF), and Integrated Mosquito Management (IMM).

5.1 RETAIL FOOD SAFETY

The Retail Food Safety Program monitors compliance with local and state food safety regulations in restaurants, schools, mobile vendors, temporary establishments, farmers’ markets, and all other retail food operations. The Retail Food Safety Program conducted a total of 3,501 inspections and issued 2,200 active permits to retail food establishments in 2017 (Table 14).

Table 14: Retail Food Establishment Permits and Inspections by Address, 2017

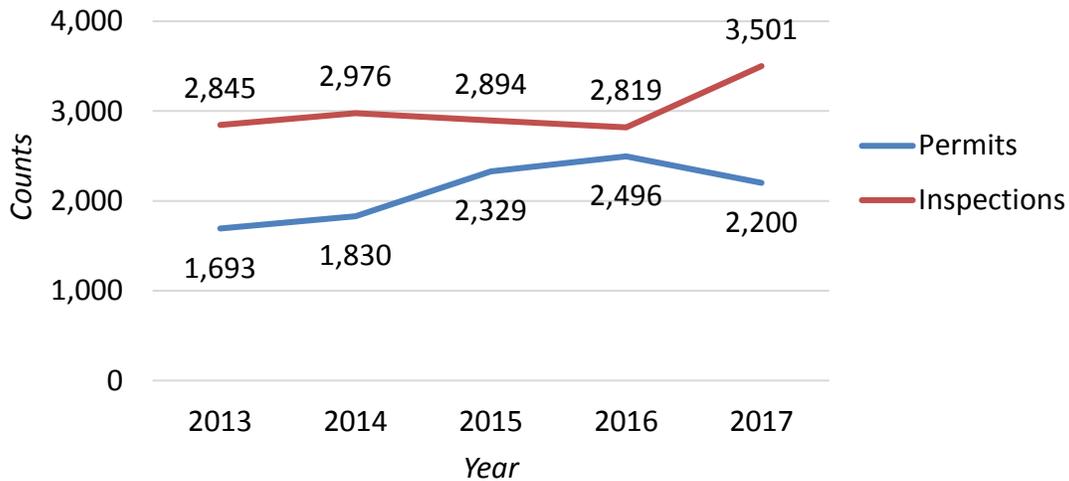
City	Permits	Inspections	Total
Cedar Park	409	686	1,095
Georgetown	314	566	880
Hutto	75	121	196
Leander	125	205	330
Liberty Hill	51	90	141
Round Rock	673	1,205	1,878
Taylor	132	158	290
Temporary Food	260	197	457
Mobile Food	56	133	189
Farmers Market/Eggs	20	12	32
Other Cities*	85	128	213
Total	2,200	3,501	5,701

*Notes: *Coulpland Schools, Florence, Florence Schools, Granger, Granger Schools, Jarrell, Jarrell Schools, Thrall, Walburg, Weir*
Data Source: Service and Alarm Failure Expert (SAFE) Program, 2017

While permits have shown an increasing trend overall for the last five years, the number of permits issued in 2017 was a decline from 2015 and 2016. While there’s no one clear reason for this decline, potential contributing factors include construction backlogs, labor shortages, and business closings. Inspections have increased 23% from the 2013, with slight declines in 2015 and 2016 due to low inspector staff capacity (Figure 5). With a full team of inspectors and quality improvements to address inspection backlogs, this number increased to 3,501 in 2017 (Figure 5). In 2017, there were 1,779 total *fixed* food establishments in Williamson County. In addition to fixed food establishment permits, EH issued 260 temporary and 56 mobile food vendor permits.



Figure 5: Retail Food Safety Permits and Inspections, 2013-2017



Data Source: Service and Alarm Failure Expert (SAFE) Program, 2013-2017

The program also conducted 335 sanitation inspections, addressed 172 food establishment complaints, and reviewed 232 new restaurant floor plans in 2017 (Table 15).

Table 15: Additional Services Provided by Retail Food Safety Program, 2017

Additional Services	Total
Sanitation inspections conducted	335
Food establishment complaints	172
Food establishment floor plan reviews	232
Total	739

Data Source: Service and Alarm Failure Expert (SAFE) Program, 2017

5.2 ON-SITE SEWAGE FACILITY REGULATION AND WATER PROTECTION

The OSSF Program protects public health and the environment by minimizing the threat of surface and ground water contamination caused by failing or improperly designed, installed, or maintained on-site sewage systems (e.g., septic tanks). On October 1, 2017, the OSSF program was transferred to the Williamson County Road and Bridge Division. While at WCCHD, the OSSF Program conducted 3,466 site evaluations, plan reviews, and inspections of OSSF systems and responded to 642 permit applications in 2017 (Table 16).



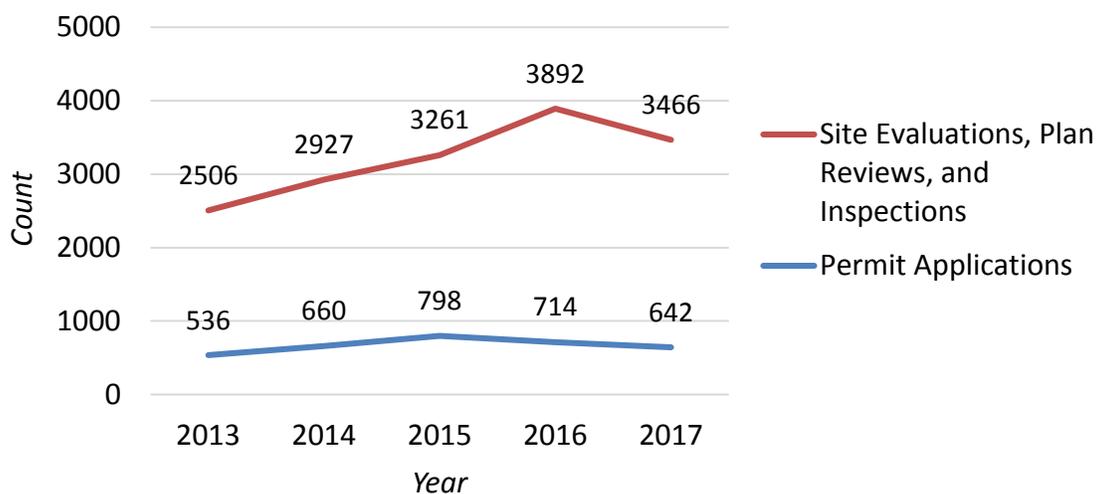
Table 16: On-Site Sewage Facility Permits, Site Evaluations, Plan Reviews, and Inspections by Month, 2017

Month	Permit Applications	Site Evaluations, Plan Reviews, and Inspections	Total
January	76	294	370
February	70	299	369
March	60	385	445
April	80	455	535
May	77	509	586
June	74	538	612
July	94	349	443
August	60	317	377
September	51	320	371
Total	642	3,466	4,108

Data Source: Service and Alarm Failure Expert (SAFE) Program, Jan – Sept 2017

The OSSF program has grown rapidly over the past five years, following the trend of new construction in the county accompanying the explosive population growth. Over the last five years, permit applications have varied in number, from a low of 536 in 2013, to a peak of 798 in 2015, then declining to 714 in 2016. Data for 2017 only goes through September, at which point OSSF was transferred from the Health District to the County and began tracking information through a different software environment. Due to this incomplete data, accurate comparisons cannot be made between 2017 and previous years. The total count of site evaluations, plan reviews, and inspections increased by 55% from 2013 to 2016, but comparisons against 2017 numbers cannot be made due to incomplete data. (Figure 6).

Figure 6: On-Site Sewage Facility Permit Applications, Site Evaluations, Plan Reviews, and Inspections, 2013-2017



Data Source: Service and Alarm Failure Expert (SAFE) Program, 2013 - September 2017



In addition, the OSSF program conducted 128 environmental subdivision and single lot reviews and investigated 44 OSSF public health nuisance complaints from January to September 2017 (Table 17).

Table 17: Additional On-Site Sewage Facility Activities, 2017

Additional Activities	Total
Environmental Subdivision and Single Lot Reviews	128
OSSF/Nuisance Complaints Investigated	44
Total	172

Data Source: Service and Alarm Failure Expert (SAFE) Program, January - September 2017

5.3 INTEGRATED MOSQUITO MANAGEMENT

The Integrated Mosquito Management (IMM) Program places and monitors mosquito traps within participating population centers in the county. Traps are used to collect and test locally abundant mosquitoes, specifically *Culex quinquefasciatus*, from May to November. More than a biting nuisance, these mosquitoes harbor viruses such as West Nile virus (WNV). West Nile neuroinvasive disease (WNND) is the severe form of West Nile virus infection causing neurological symptoms and can lead to death. One case of WNND was reported to WCCHD in 2017. The IMM Program placed 554 traps in 2017 at 22 locations determined by human population density, with approximately one trap per 10,000 people. Seven locations were selected for additional surveillance in areas proximal to virus-positive pools or known cases of disease. The IMM Program collected a total of 51,428 mosquitoes from the 554 traps. Testing capacity at the DSHS laboratory is limited, therefore staff submitted 949 representative testing “pools” of up to 50 mosquitoes each, for a total of approximately 48,597 mosquitoes submitted for testing and identification. A positive test result from DSHS means that one or more of the mosquitoes in the pool had a given virus present. Three mosquito traps were positive for WNV: one WNV-positive mosquito test result each in Cedar Park, Georgetown and Taylor. Mosquitoes that could not be submitted to DSHS were identified and counted by IMM staff (Table 18 and Table 19) to enhance awareness of types and abundance of mosquito species.

Table 18: Mosquito Trapping and Testing by Location, 2017

	Bartlett	Cedar Park	Georgetown	Granger	Hutto	Leander	Liberty Hill	Round Rock	Taylor	Unincorporated County	Total
Number of Traps Set	28	144	132	28	37	51	28	0	54	52	554
Number of Pools Tested	40	261	261	45	53	81	36	0	77	95	949
Positive tests	0	1	1	0	0	0	0	0	1	0	3

Data Source: Integrated Mosquito Management, 2017



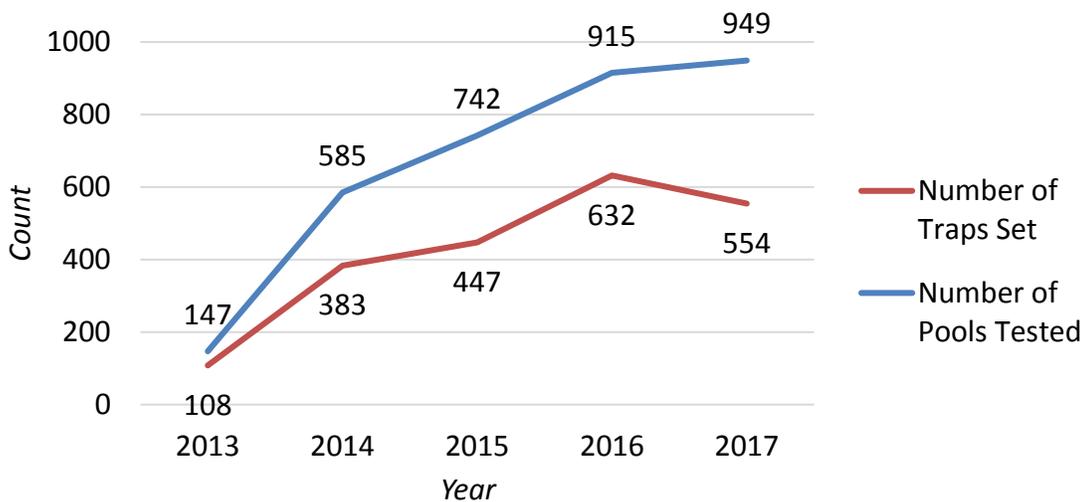
Table 19: Mosquito Trapping and Testing, 2013-2017

	2013	2014	2015	2016	2017
Number of traps set	108	383	447	632	554
Number of testing pools	147	585	742	915	949
Total mosquitoes submitted	2,107	~19,100*	28,251	33,439	48,597
Total mosquitoes trapped	2,107	20,100	63,019	45,365	51,428
Number of females	1,794	17,676	55,772	41,451	45,742
Number of males	313	2,424	7,247	3,914	5,686
Percent <i>Culex quinquefasciatus</i>	93.7%	87.3%	81.3%	92.0%	95.0%
Unsuccessful traps	10	20	15	31	7
Number of species	10	34	25	21	24

*Note: *The 2014 mosquito submission number is an estimate.*
Data Source: Integrated Mosquito Management, 2013-2017

The number of traps set decreased while the number of testing pools and number of mosquitoes submitted increased compared to 2016. The decrease in traps set can be attributed to the removal of two trapping locations, one due to distance from human activity and the other because the trap was dismantled on multiple occasions. 2013 was the first year of mosquito trapping and served as a pilot program. Over the past four years, the number of traps set has increased by approximately 45%, and the number of pools tested has increased by 62% (Figure 7).

Figure 7: Mosquito Trapping and Testing, 2013-2017



Data Source: Integrated Mosquito Management, 2013-2017

In addition to routine trapping and laboratory surveillance for WNV, the IMM Program received a grant from DSHS to expand mosquito surveillance to include the vectors of Zika Virus. The IMM Program evaluated 165 neighborhoods across Williamson County for mosquito breeding habitat. The IMM Program responded to numerous calls from the public, conducted environmental assessments, investigated mosquito complaints, provided mosquito repellent brochures and laminated posters for each city’s parks, managed the “Fight the



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Bite!” website and educational campaign, provided real-time data on mosquito activity and testing results throughout the county, and facilitated IMM Working Group meetings with representatives from all member cities. The IMM Working Group developed consistent response guidelines and messaging across the county and discussed the newly emerging threat of an additional mosquito-borne disease, the Zika virus. WCCHD’s IMM Program, in collaboration with Disease Control and Prevention (DCP) and Emergency Preparedness and Response (EPR), drafted a Zika Action Plan in response to the determination that Zika is here to stay in the United States, and is likely to spread in the coming years. Texas experienced its first incident of locally-acquired Zika infection in Brownsville, Texas (Cameron County) in 2016. No locally-acquired Zika infection has been reported in Williamson County to date.

5.4 ADDITIONAL EH ACTIVITIES

In addition to services provided through Retail Food Safety, OSSF, and IMM programs, EH participated in additional activities such as a major Legionellosis investigation, Hurricane Harvey emergency response, and an OSSF emergency response to multiple failing systems. EH led the environmental response to the Legionellosis investigation in a hotel facility that ultimately led to the detection of *Legionella pneumophila* growth in the facility’s pool and spa filtration system. Over a one-month period, more than 300 water samples were collected and tested, and ongoing environmental testing records are monitored by EH monthly. Retail Food staff assisted Williamson County Emergency Management in conducting sanitation inspections at multiple Williamson County shelters in preparation for Hurricane Harvey, and EH led the environmental investigation at a local mobile home park with on-site sewage violations, conducting door-to-door surveys, potable water sampling, and natural creek sampling for sewage contamination.



6 MARKETING AND COMMUNITY ENGAGEMENT

The Marketing and Community Engagement (MarCom) Division improves health and wellness of the county by providing health education classes, coordinating outreach events, managing a county-wide health coalition, and partnering with community organizations to increase awareness of services and programs in the county. MarCom also administers the WCCHD and WilCo Wellness Alliance (WWA) websites, all social media tools, and serves as the media contact, health alert, emergency communications contact, and Public Information Office.

6.1 HEALTH EDUCATION

In 2017, MarCom taught 182 individuals in 14 health education class series about healthy eating, active living, and diabetes (Table 20) in the county. Attendees at health education classes increased from 92 attendees in 2013 to 280 in 2015 and decreased to 182 in 2017 (Figure 8).

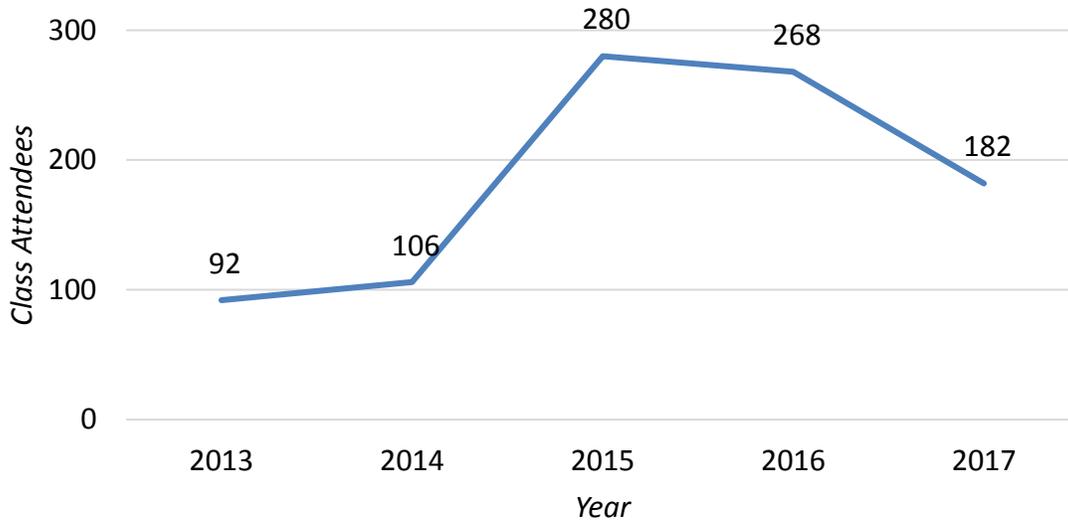
Table 20: Health Education Class Series, 2017

Class Series	Month(s)	Location	Participants
Step Up and Scale Down	Feb-Apr	Forbes Middle School, Georgetown	31
Step Up and Scale Down	Feb-May	Round Rock Public Health Center	9
Diabetes Empowerment Education Program (DEEP)	Feb-Mar	Baca Senior Center, Round Rock	7
DEEP	Feb-Mar	Taylor Public Health Center	5
DEEP	Apr-May	Round Rock Housing Authority	13
Energy Balance 101	Jun-Jul	Round Rock Library	12
Kid City Camp	Aug	Carver Elementary, Georgetown	33
HOPE Program - Nutrition for Older Adults	Aug	Leander Food Pantry	26
Healthy Eating & Active Living	Aug-Sep	Leander Station Apartments	2
Adulting 101 for Teens: Healthy Eating on a Budget	Sep	Round Rock Library	20
Your Heart, Your Health	Sep-Oct	Williamson County	6
DEEP	Sep-Oct	Georgetown	10
DEEP	Oct-Nov	Bluebonnet Trails, Taylor	5
DEEP	Oct-Nov	Bluebonnet Trails, Cedar Park	3
Total			182

Data Source: WCCHD Marketing and Community Engagement, 2017



Figure 8: Health Education Class Attendees, 2013-2017



Data Source: WCCHD Marketing and Community Engagement, 2013-2017

6.2 MEDIA RESPONSE

In 2017, MarCom staff responded to requests from local media outlets through print, online, radio, and newscast to provide important health information and health alerts to Williamson County. Staff quickly responded to health concerns about a Legionellosis outbreak in a Round Rock hotel, West Nile virus mosquito samples, and influenza in Williamson County.

6.3 SOCIAL MEDIA AND ONLINE PRESENCE

MarCom maintains the social media and online presence of WCCHD through the www.wcchd.org and www.healthywilliamsoncounty.org websites, two Facebook accounts, Twitter, Pinterest, LinkedIn, and YouTube. In 2017, Twitter followers increased 17% from 380 in January to 448 in December. WCCHD and WWA Facebook followers increased 9% from 886 in January to 965 in December (Table 21). In addition, 8,308 sessions were tracked on the Healthy Williamson County website and more than 66,786 sessions on the Health District website.

Table 21: Social Media Reach, 2017

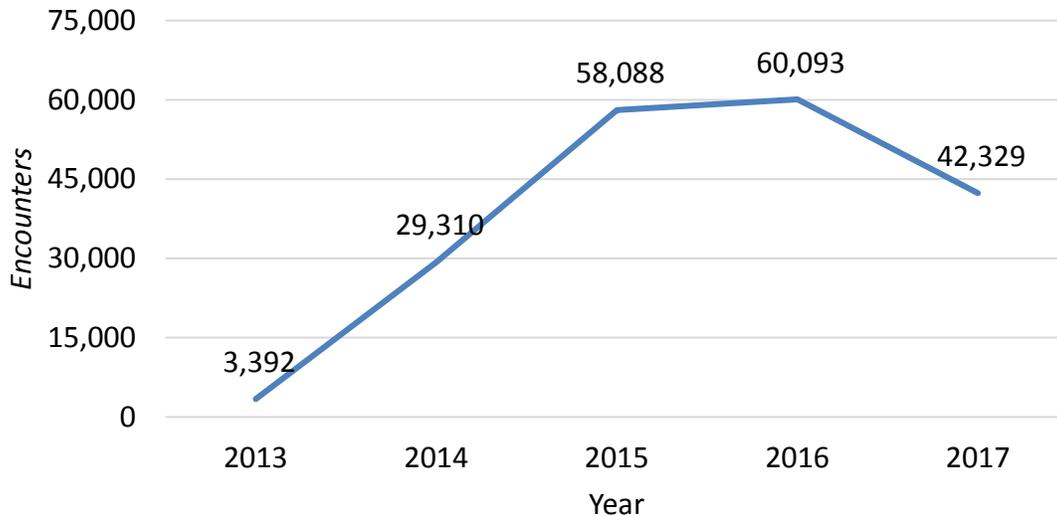
Platform	# Followers		Follower Increase
	January 2017	December 2017	
WCCHD Facebook	608	675	67 (11%)
WWA Facebook	278	290	12 (4.3%)
Twitter	380	448	68 (17.9%)

Data Source: WCCHD Marketing and Community Engagement, 2017

Social media engagement and potential reach has increased substantially since 2013, peaking in 2015 and 2016. Social Media engagement and reach increased 11 times from 3,392 in 2013 to 42,329 in 2017 (Figure 9).



Figure 9: Social Media Engagement and Reach, 2013-2016



Data Source: WCCHD Marketing and Community Engagement, 2013-2017

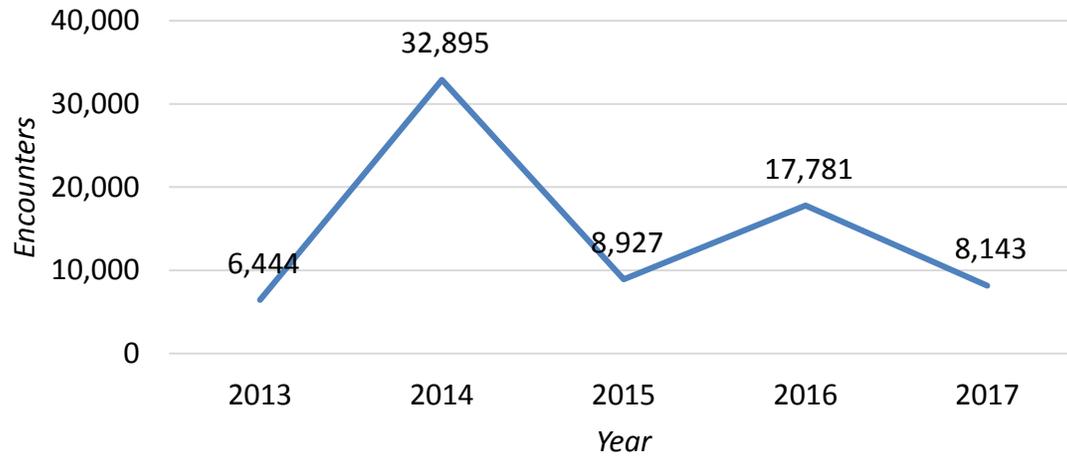
6.4 HEALTH PROMOTION OUTREACH

In 2017, WCCHD provided 22 health promotion outreach events to 8,143 attendees across Williamson County including events at the Georgetown Public Library, St. Williams Church, and Hutto Has Heart (Table 22, Figure 10). Health promotion outreach events as well as attendees reached have varied substantially over the past five years, ranging from a five-year low of 20 events with a potential reach of 6,444 attendees in 2013 to a peak 32,895 attendees in 2014. This variation is largely attributable to shifts in organizational structure, including the dissolution of the Healthy Communities Division, and staff turnover. In 2014, for instance, WCCHD retained eight full-time employees who were actively engaged in outreach activities, including one full-time Health Promotion Specialist. By comparison, in 2017, WCCHD utilized four full-time staff to manage and host all outreach events. Additionally, the high number of 2014 attendees is largely attributable to a single event, *Fiestas Patrias*, which itself had a reach of 20,000.



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Figure 10: Health Promotion Outreach Events Attendees Reached, 2013-2017



*Notes: Fiestas Patrias had a reach of 20,000 in September 2014
Data Source: Marketing and Community Engagement, 2013-2017*



Table 22: Health Promotion Outreach and Potential Reach, 2017

Outreach Event	Potential Reach
Big Latch On – Jester Annex	22
CHA/CHIP Presentation to Texas State Nursing Students	80
ETS-Lindgren Health Fair	180
Fern Bluff Elementary Science Night	250
Flu Clinic - Georgetown Public Library	168
Flu Clinic - St. Williams Church	648
Flu Clinic - Taylor Business Expo	243
GISD college fair - Eastview High School	425
Great Oaks Elementary Wellness Day	500
Hutto Has Heart	25
Institute for Healthcare Improvement Union Hill Elem. Heath Fair	95
Kutz 4 Kids - RRISD Hopewell Middle School	950
LISD college fair - Vista Ridge High School	1,020
Non-profit volunteer fair - Round Rock	32
Obesity Awareness Outreach - Texas Health Champions Conference	95
Overdose Awareness Day - Old Settlers Park	130
RRISD Celebration of Families	300
RRISD college fair - Round Rock High School	900
Samaritan Health Ministries Hepatitis Screening	105
Seton Medical Mission - Seton Williamson	1,200
TAMU PShield Trip Presentations	20
Taylor Middle School Day of the Duck	30
Vida Fest - HISD Nadine Johnson Elem.	500
Walsh Middle Family Night	10
Williamson County Precinct 1 Open House	10
WWA Summit	105
YMCA WilCo Healthy Kids Day	100
Total	8,143

Data Source: Marketing and Community Engagement, 2017

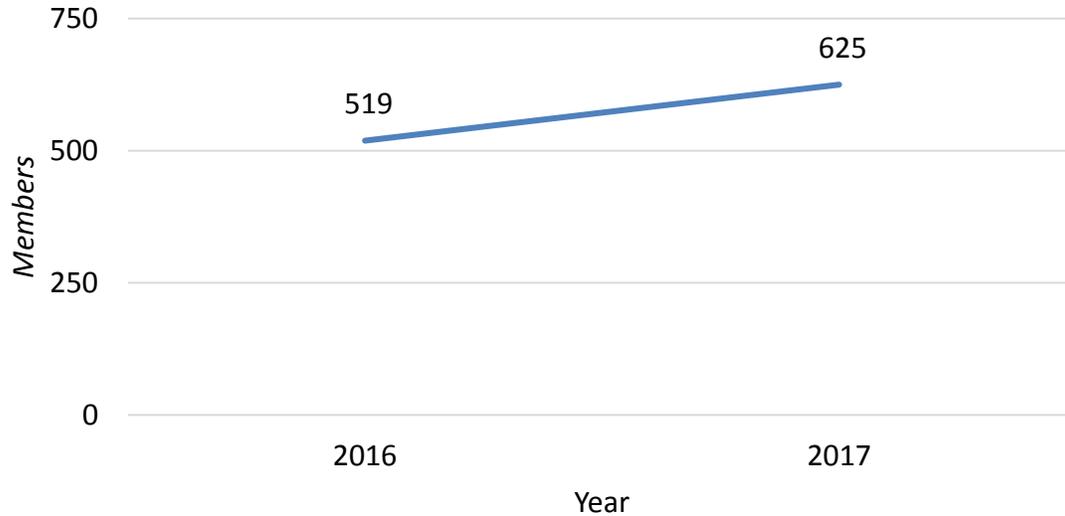
6.5 WILCO WELLNESS ALLIANCE

The WilCo Wellness Alliance (WWA) is Williamson County's health and wellness coalition. The WWA is comprised of community members and organizations from healthcare, school, government, business, non-profit, and faith-based organizations. The purpose of the WWA is to develop a coordinated approach to community health. Membership in the WWA is open to all providers and organizations that impact community health in Williamson County. WWA members work collaboratively and coordinate and support activities and written plans related to improving community health. The WWA works to achieve outcomes that are of benefit to the entire community, not just WWA members. The WWA consists of nine working groups. Membership in the WWA grew from 519 in 2016 to 625 in 2017, a 20% increase in membership (Figure 11).



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Figure 11: WilCo Wellness Alliance Membership, 2016-2017



Data Source: WilCo Wellness Alliance MailChimp, 2016-2017

The WWA completed the first year of the 2017-2019 Community Health Improvement Plan (CHIP) which consisted of 121 strategies and 52 performance measures. About 278 individuals from 140 organizations participated in the community health improvement process through 78 meetings. Working groups either achieved or started on 86% of strategies. About 31% of measures improved in 2017.



7 PROGRAM ELIGIBILITY AND SOCIAL SERVICES

The Program Eligibility and Social Services (PESS) Division helps Williamson County residents overcome barriers to timely healthcare by helping them navigate the healthcare system and connect to resources and services. This includes screening for eligibility for federal, state, and local healthcare programs, serving as a patient advocate and liaison across multiple providers, providing short-term case management for pregnant women and children, providing health and social service information, assisting with diabetes management classes, participating in community outreach events, and making appropriate referrals to other agencies and partners within the Systems of Care network in Williamson County.

7.1 TOTAL SOCIAL SERVICES ENCOUNTERS

In total, residents in the county had 19,178 encounters with PESS at the four PHCs and off-site to help them live healthier lives, manage chronic conditions, and find a medical home (Table 23). Most eligibility screenings were done through the Round Rock PHC.

Table 23: Total Social Services Encounters by Month and Public Health Center, 2017

Month	Cedar Park	Georgetown	Round Rock	Taylor	Off-Site	Total
January	138	196	939	319	7	1,599
February	97	87	978	285	3	1,450
March	188	136	945	266	13	1,548
April	166	101	922	150	6	1,345
May	148	100	917	225	4	1,394
June	146	135	1,094	268	5	1,648
July	113	142	1,151	370	35	1,811
August	161	121	1,448	343	1	2,074
September	162	149	1,173	304	2	1,790
October	197	88	1,138	273	2	1,698
November	145	103	1,003	291	5	1,547
December	134	66	909	162	3	1,274
Total	1,795	1,424	12,617	3,256	86	19,178

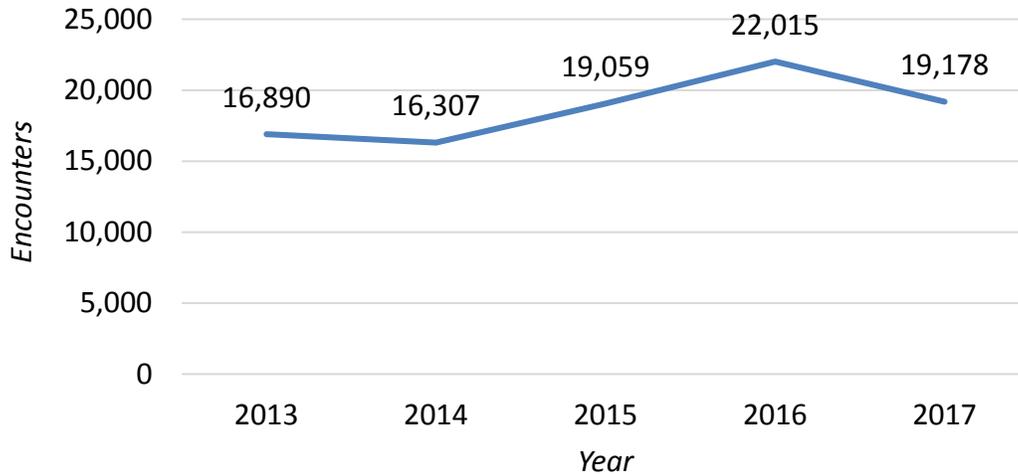
Data Source: CHASSIS, 2017

While the number of encounters has fluctuated throughout the past five years, the overall trend is toward increase. The five-year low occurred in 2013, with 16,307 encounters and the number peaked in 2016, with 22,015 encounters. In 2017, there were 19,178 encounters, which is higher than the five-year average of 18,690 annual encounters.



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Figure 12: Total Social Services Encounters, 2013-2017



Data Source: CHASSIS, 2013-2017

7.2 INDIVIDUALS WHO RECEIVED SERVICES

In 2017, a total of 4,857 individuals received eligibility screening and enrollment services. PESS identified 1,079 individuals eligible for the County Indigent Health Care Program (CIHCP), 533 individuals eligible for the Access2Care Program, and conducted 1,059 Community Partner interviews (Table 24).

Table 24: Total Individuals Received Social Services by Month and Public Health Center, 2017

Month	Cedar Park	Georgetown	Round Rock	Taylor	Off-Site	Total
January	79	101	293	70	0	543
February	57	41	238	51	2	389
March	96	68	193	26	1	384
April	75	44	211	19	3	352
May	63	49	206	35	0	353
June	81	55	232	30	1	399
July	49	63	264	76	12	464
August	86	55	323	73	1	538
September	78	59	231	45	0	413
October	80	36	238	36	1	391
November	65	38	187	55	1	346
December	64	18	177	26	0	285
Total	873	627	2,793	542	22	4,857

Data Source: CHASSIS, 2017



8 QUALITY AND STRATEGIC MANAGEMENT

The Quality and Strategic Management (QSM) Division is the future-focused health strategy arm of the Health District. Internally, QSM conducts planning and project management for WCCHD's services and activities, evaluates performance measures and outcomes, leads continuous quality improvement efforts to enhance the efficacy of the agency in meeting the community's needs, and works to increase financial sustainability for the district.

Externally, QSM monitors and evaluates community health improvement in the county and prepares internal and external reports for dissemination such as Medicaid 1115 Delivery System Reform Incentive Payment (DSRIP) Waiver, Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), reports on service to the member governments, Major and Significant Accomplishment reports, and progress reports on established goals in the CHIP and Strategic Plan. QSM's major accomplishments are summarized below, but QSM is deeply involved in nearly every aspect of WCCHD's strategic operations.

8.1 STRATEGIC MANAGEMENT

In 2017, QSM:

- Led the development of the 2017-2019 Strategic Plan,
- Advised the Executive Leadership Team on current and future projects,
- Collected qualitative and quantitative data on progress towards the goals of the 2017-2019 CHIP,
- Tracked agency progress towards all themes, goals, objectives, strategies, and action plans for Year 1 of 2017-2019 Strategic Plan,
- Compiled and submitted the required semi-annual Medicaid 1115 DSRIP Waiver reports in April and October,
- Drafted the 2016 Service Report documenting services provided to the member governments, and
- Implemented agency-wide performance management using AchieveIt. This software gives leadership, the Board of Health, and the people of Williamson County useful information on WCCHD's performance towards established goals, standards, and milestones.

8.2 QUALITY MANAGEMENT

In 2017, QSM:

- Developed and implemented a Quality Improvement curriculum for the members of the Quality Management (QM) committee
- Began a thorough process analysis of the Retail Food program
- Created a Quality Improvement (QI) toolbox and provided training to all WCCHD staff
- Drafted a Quality Improvement policy for approval by the Board of Health
- Revised job descriptions to include QI tasks
- Worked with the QM committee to get all Divisions routinely conducting continuous quality improvement (CQI) cycles to improve work processes



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8.3 GRANTS MANAGEMENT

In 2017, QSM:

- Hired a full-time Grants and Sustainability Coordinator
- Created a Grants Management system
- Screened over 100 grant opportunities to assess alignment with WCCHD's Vision, Mission, and Strategic Plan
- Began investigating applications for grants from the Cancer Prevention and Research Institute of Texas (CPRIT)
- Applied for grants from the Georgetown Health Foundation



9 WOMEN, INFANTS, AND CHILDREN AND COMMUNITY NUTRITION PROGRAM

The Women, Infants, and Children (WIC) and Community Nutrition Program provides nutrition education and access to healthy foods for pregnant women, new mothers, infants, and young children. WIC services are provided at the four PHCs in Georgetown, Taylor, Round Rock, and Cedar Park, as well as a part-time clinic in Liberty Hill. Mothers, infants, and children who receive adequate nutrition and proper nutrition education and counseling have been shown to live healthier lives.

9.1 WIC CLIENT ENCOUNTERS

In 2017, Williamson County residents benefitted from 75,823 encounters with the WIC Program (Table 25). At these visits, clients receive nutrition education, Supplemental Nutrition Assistance Program (SNAP) benefits, assistance from breastfeeding peer counselors, and counseling with registered dietitians. Following national and state trends, WIC encounters over time have decreased 16% over the past five years from 90,388 encounters in 2013 to 75,823 encounters in 2017 (Figure 13).

Table 25: WIC Encounters by Month and WIC Clinic Location, 2017

Month	Cedar Park	Georgetown	Round Rock	Taylor	Liberty Hill	Total
January	1,860	1,564	2,327	922	12	6,685
February	1,809	1,555	2,278	932	14	6,588
March	1,805	1,521	2,307	917	14	6,564
April	1,772	1,473	2,288	890	13	6,436
May	1,821	1,458	2,277	870	14	6,440
June	1,790	1,452	2,307	854	14	6,417
July	1,781	1,425	2,261	847	14	6,328
August	1,816	1,470	2,283	849	13	6,431
September	N/A	N/A	N/A	N/A	--	6,000
October	N/A	N/A	N/A	N/A	--	6,285
November	1,661	1,372	2,216	766	--	6,015
December	1,647	1,275	2,092	708	--	5,634
Total	17,762	14,565	22,636	8,555	108	75,823

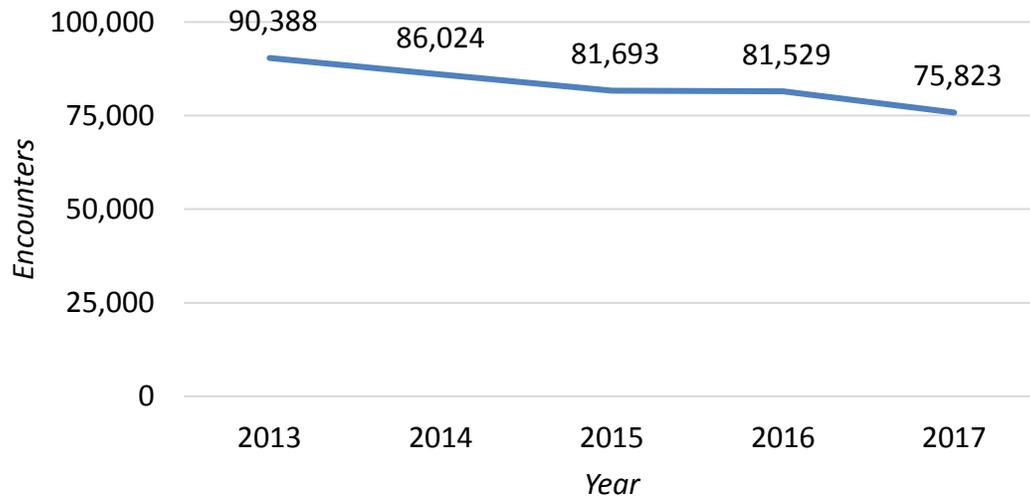
Data Source: WIC, 2017

Notes: N/A – Data not available due to TXIN implementation; Liberty Hill stopped after August 2017 due to low participation.



Williamson County and Cities Health District

Figure 13: WIC Encounters, 2013-2017



Data Source: WIC, 2013-2017

9.2 COMMUNITY NUTRITION PROGRAM

This year was the best gardening year since 2003 for the Heritage Community Gardens, with more produce donated than ever. The Heritage Community Gardens donated over 4,600 pounds of produce to the community. Additionally, this year had the highest attendance rates for gardening classes and highest number of gardens adopted.



10 FUNDING

For 2017, WCCHD’s total operating expenses were \$8,918,530. The member governments’ contributions totaled \$3,105,123, or 32.5% of WCCHD’s revenue. The majority of operating revenue (62.8%) was obtained from a combination of fees (\$1,428,572), Medicaid/Medicare payments (\$2,257,901) and state and federal grant sources (\$2,313,311) (Table 26).

Table 26: WCCHD Funding for Fiscal Year 2017

Fund Source	FY17 Revenue
County	\$2,399,580
Member Cities	\$705,543
Service Fees	\$1,428,572
Medicaid/Medicare	\$133,294
1115 Waiver Incentive (DSRIP)	\$2,124,607
Other Operating Revenue	\$445,119
Grants	\$2,313,311
Total Revenue	\$9,550,025

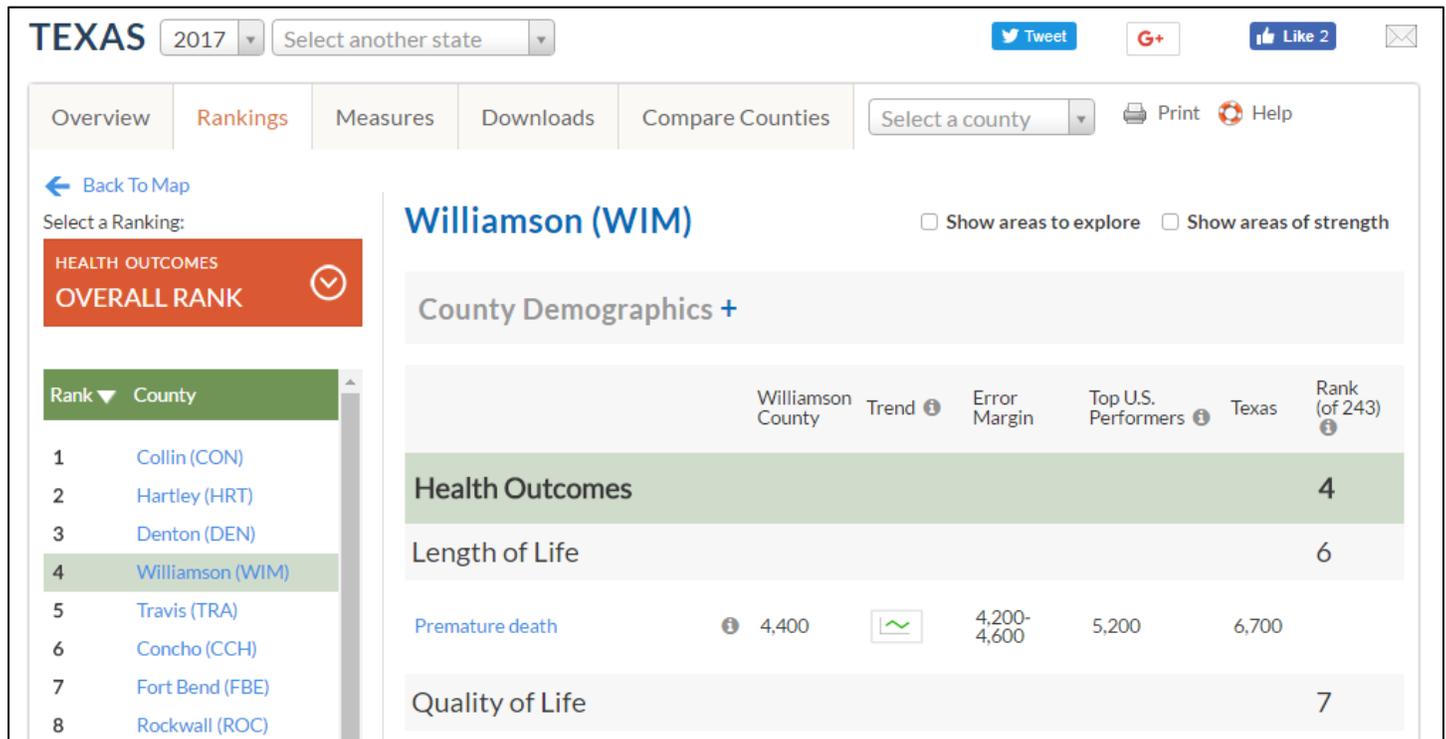
Williamson County government is not only a major source of funding for WCCHD, but also generously provides “in-kind” support in many areas, large and small. Some of this support, such as the provision of county-owned buildings and the associated maintenance and utilities, are straightforward and relatively simple to tabulate. Other support, like access to information technology subject matter experts for different software and systems, is more difficult to quantify. In other areas, such as salaries for county staff who provide payroll services, the information exists but is not available to WCCHD. As such, WCCHD does not currently have access to all the data necessary to accurately and comprehensively calculate the value of these vital in-kind contributions provided by Williamson County.



11 COUNTY HEALTH RANKINGS

For the seventh year in a row, Williamson County was ranked in the top four healthiest counties in Texas by the County Health Rankings of the Robert Wood Johnson Foundation (Figure 14).

Figure 14: County Health Ranking for Williamson County, 2017

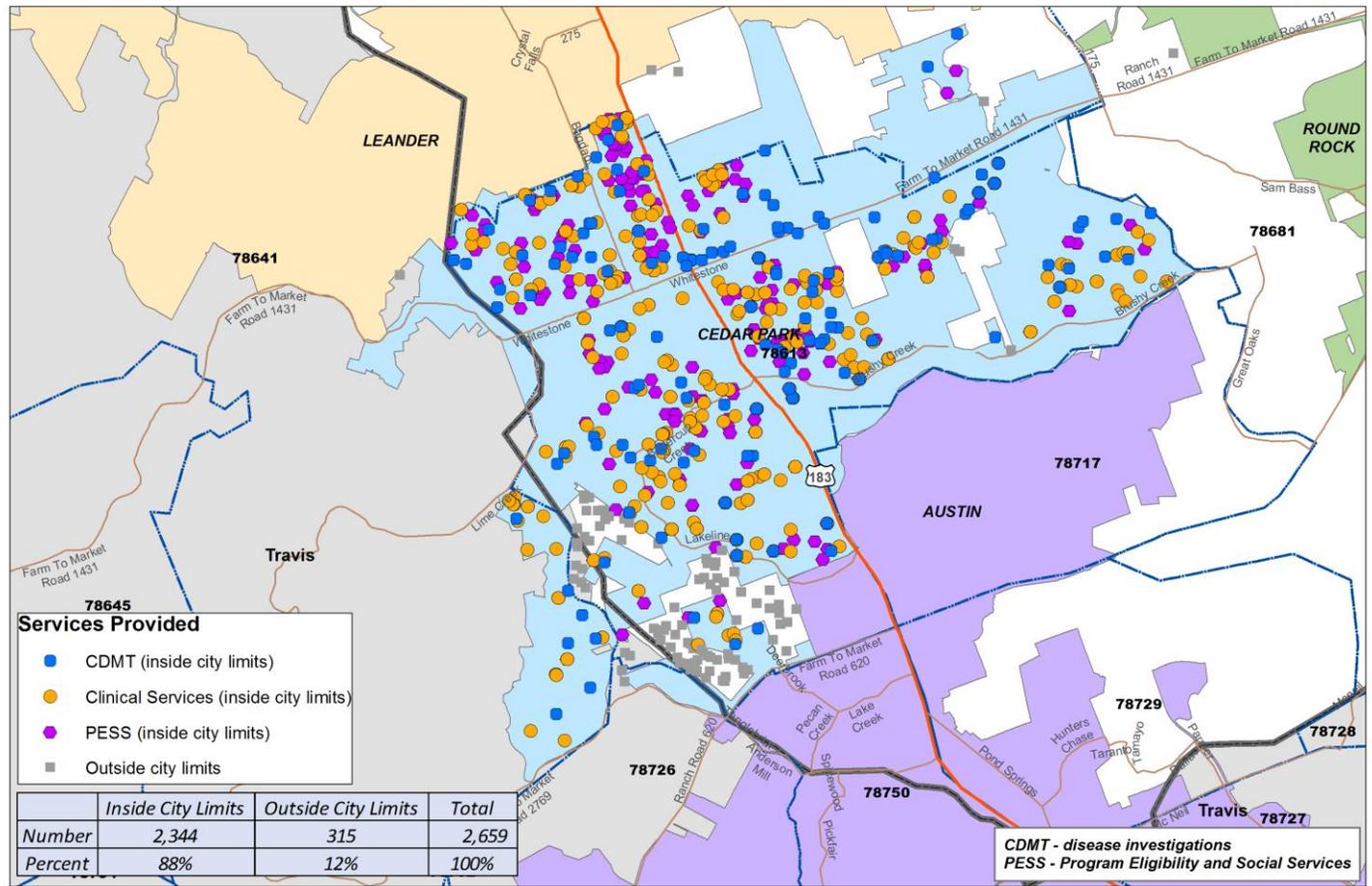


County Health Rankings is a nationwide initiative to measure the overall health of nearly every county in the U.S. A variety of measures are included in county evaluations, such as high school graduation rates, access to healthy foods, smoking rates, obesity, and teen pregnancy, among others. Many communities use the rankings to identify health improvement opportunities, as well as to garner support for healthy initiatives among community members and stakeholders.



APPENDIX 1A: CEDAR PARK SERVICE MAP AND CLINIC UTILIZATION RATES

Williamson County and Cities Health District Services Provided to Cedar Park, Texas



Date: 3/8/18

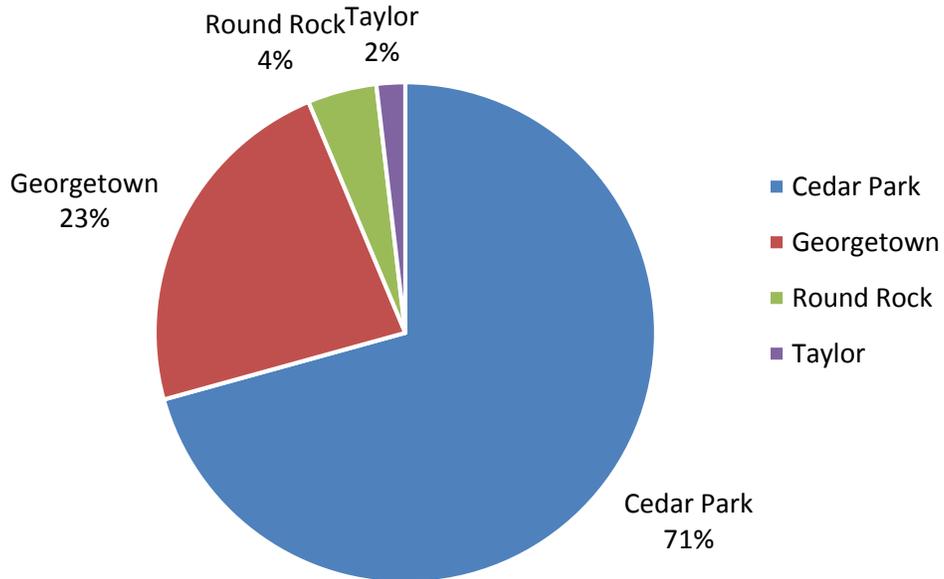
If you have any questions about this map, please contact gis@wcchd.org

0 0.5 1 2 Miles

For residents with a Cedar Park mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided inside and outside of Cedar Park city limits. For 2017, residents that lived inside the city received 88% of services provided and residents that lived outside the city received 12% of services provided, for a total of 2,659 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Clinical Services Encounters at the Four Public Health Centers by City of Cedar Park Residents



Data Source: eClinicalWorks, 2017

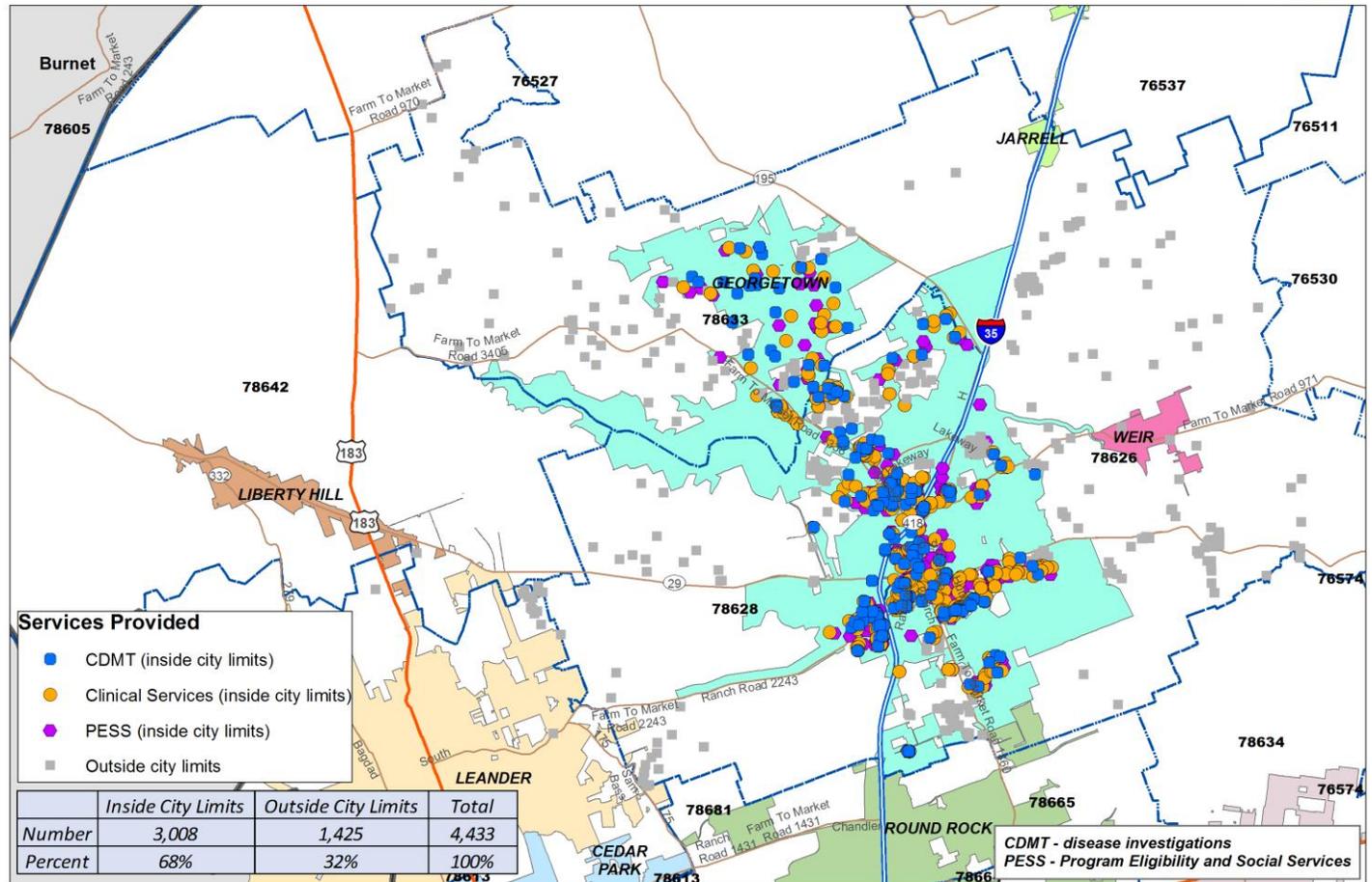
Public Health Center	Encounter	Percent
Cedar Park	840	70.7%
Georgetown	273	23.0%
Round Rock	53	4.5%
Taylor	22	1.9%
Total	1,188	100%

Data Source: eClinicalWorks, 2017



APPENDIX 1B: GEORGETOWN SERVICE MAP AND CLINIC UTILIZATION RATES

Williamson County and Cities Health District Services Provided to Georgetown, Texas



Date: 3/8/18

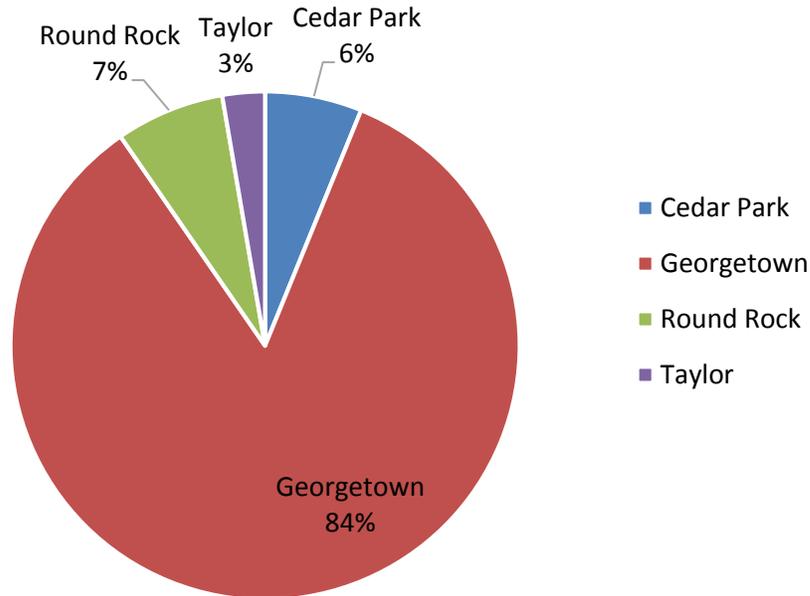
If you have any questions about this map, please contact gis@wcchd.org

0 1 2 4 Miles

For residents with a Georgetown mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided inside and outside of Georgetown city limits. For 2017, residents that lived inside the city received 68% of services provided and residents that lived outside the city received 32% of services provided, for a total of 4,433 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Clinical Services Encounters at the Four Public Health Centers by City of Georgetown Residents



Data Source: eClinicalWorks, 2017

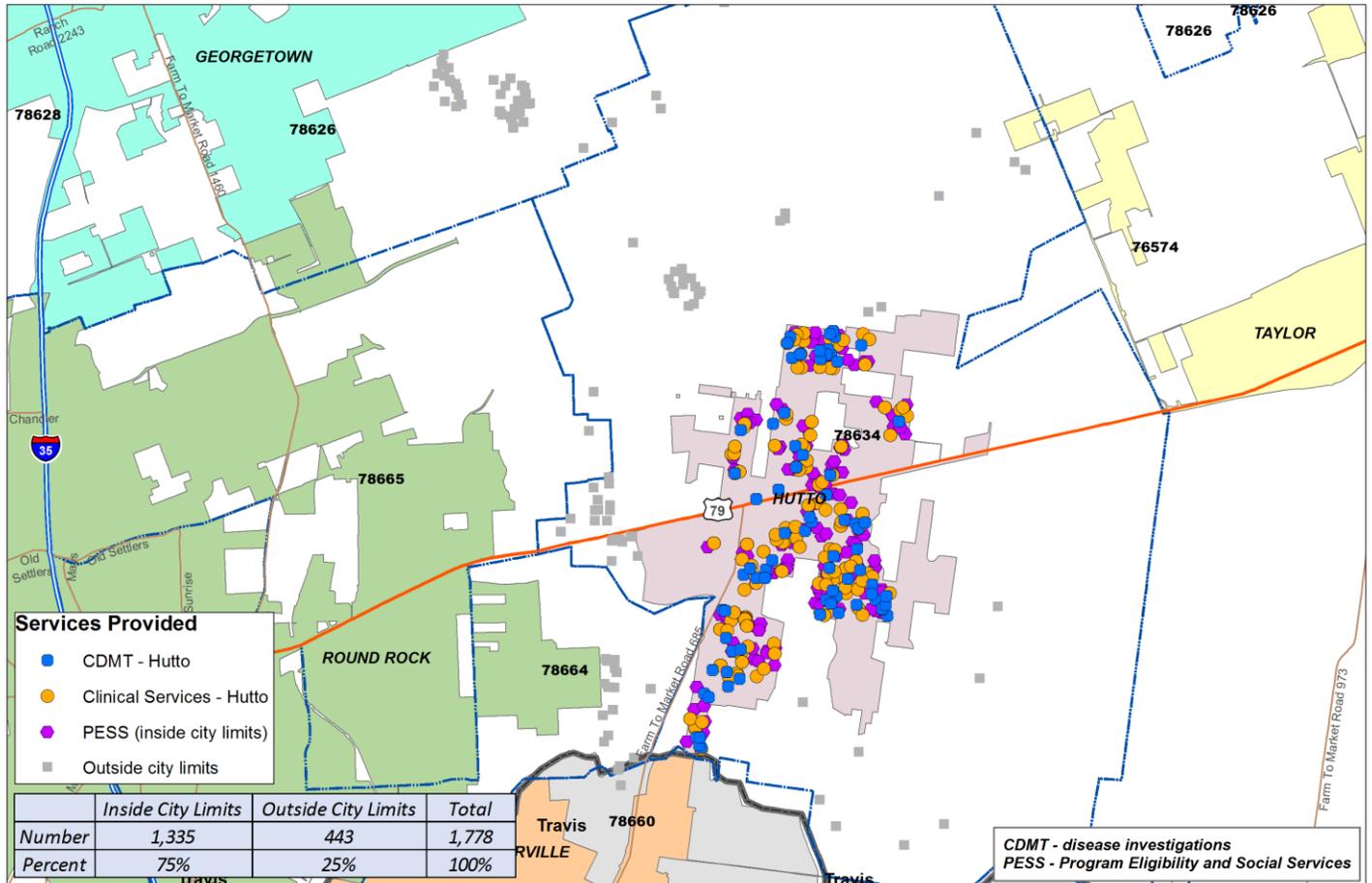
Public Health Center	Encounter	Percent
Cedar Park	82	6.2%
Georgetown	1,121	84.2%
Round Rock	92	6.9%
Taylor	36	2.7%
Total	1,331	100%

Data Source: eClinicalWorks, 2017



APPENDIX 1C: HUTTO SERVICE MAP AND CLINIC UTILIZATION RATES

Williamson County and Cities Health District Services Provided to Hutto, Texas



Date: 3/8/18

If you have any questions about this map, please contact gis@wcchd.org

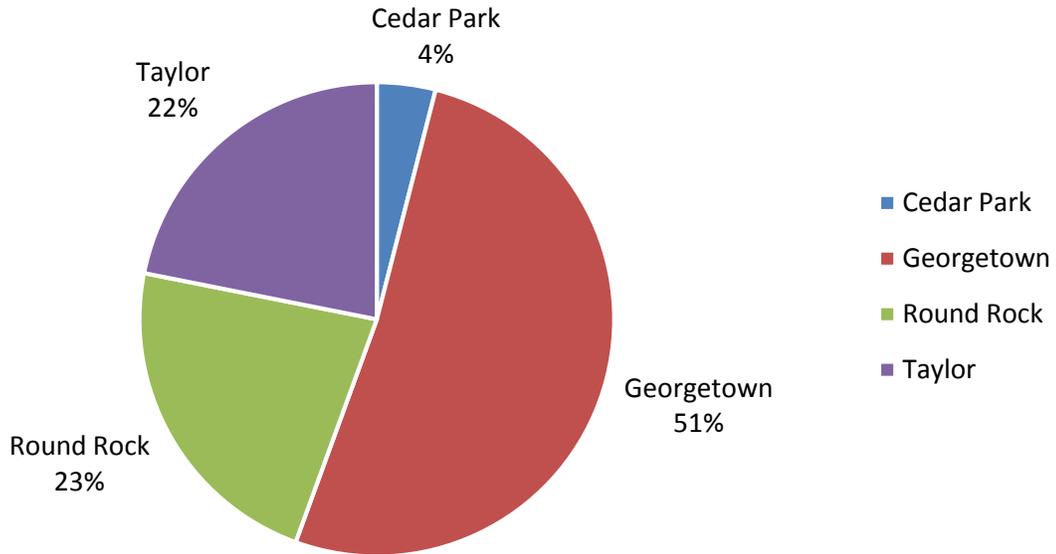
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For residents with a Hutto mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided inside and outside of Hutto city limits. For 2017, residents that lived inside the city received 75% of services provided and residents that lived outside the city received 25% of services provided, for a total of 1,778 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Williamson County and Cities Health District

Clinical Services Encounters at the Four Public Health Centers by City of Hutto Residents



Data Source: eClinicalWorks, 2017

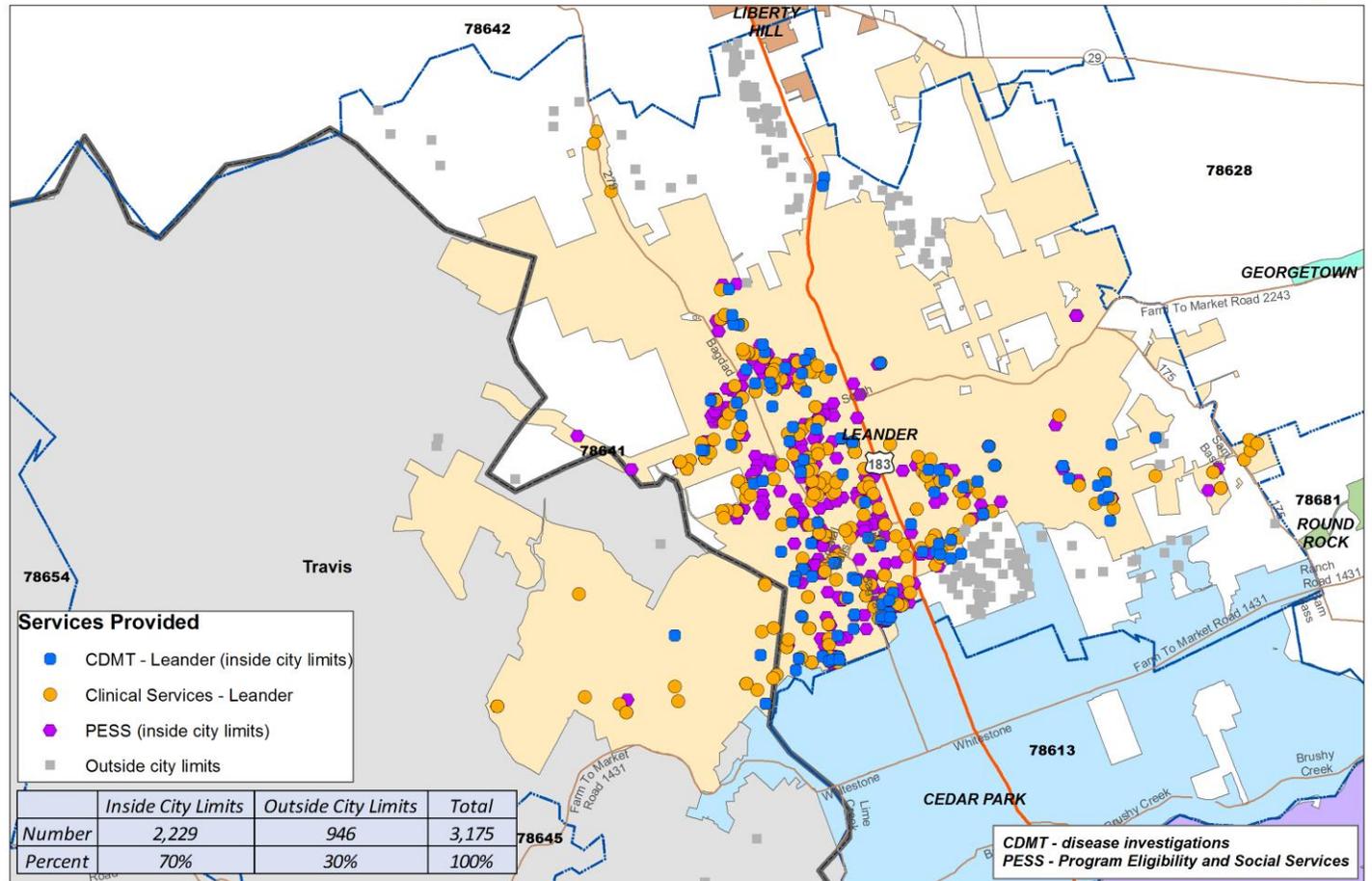
Public Health Center	Encounter	Percent
Cedar Park	23	4.0%
Georgetown	297	51.6%
Round Rock	130	22.6%
Taylor	126	21.9%
Total	578	100%

Data Source: eClinicalWorks, 2016



APPENDIX 1D: LEANDER SERVICE MAP AND CLINIC UTILIZATION RATES

Williamson County and Cities Health District Services Provided to Leander, Texas



Date: 3/8/18

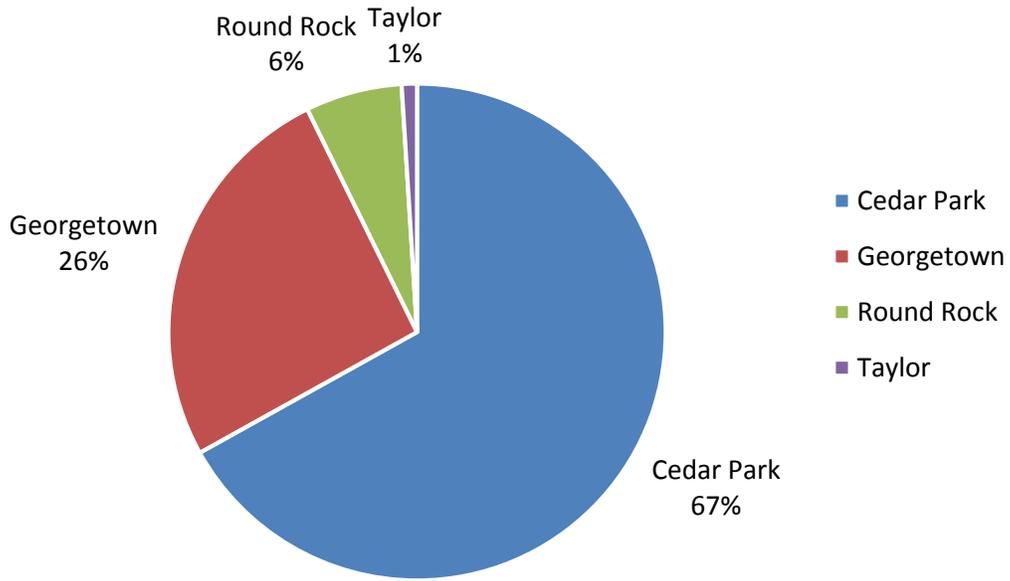
If you have any questions about this map, please contact gis@wcchd.org

0 0.5 1 2 Miles

For residents with a Leander mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided inside and outside of Leander city limits. For 2017, residents that lived inside the city received 70% of services provided and residents that lived outside the city received 30% of services provided, for a total of 3,175 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Clinical Services Encounters at the Four Public Health Centers by City of Leander Residents



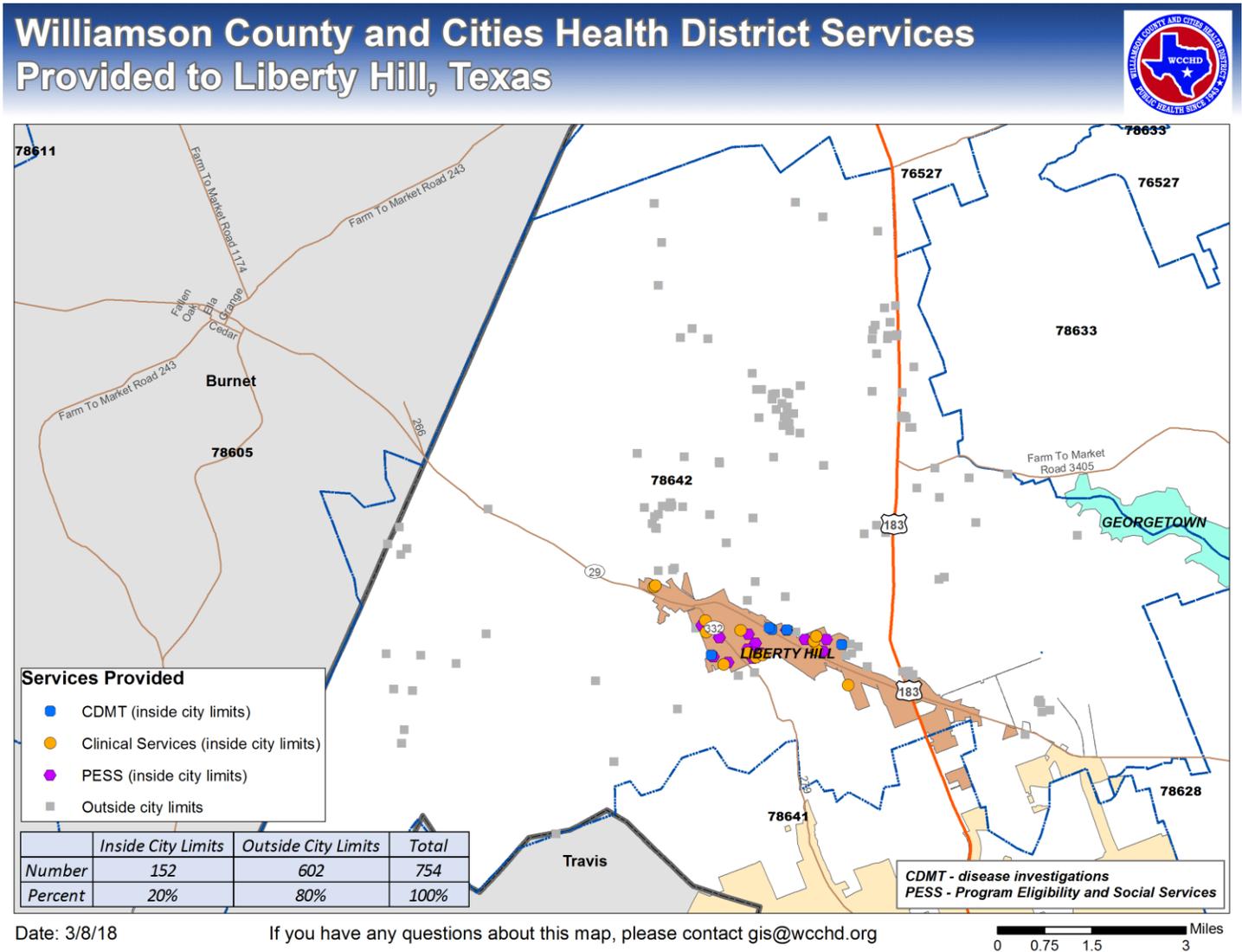
Data Source: eClinicalWorks, 2017

Public Health Center	Encounter	Percent
Cedar Park	607	66.9%
Georgetown	234	25.8%
Round Rock	57	6.3%
Taylor	9	1.0%
Total	907	100%

Data Source: eClinicalWorks, 2016



APPENDIX 1E: LIBERTY HILL SERVICE MAP AND CLINIC UTILIZATION RATES

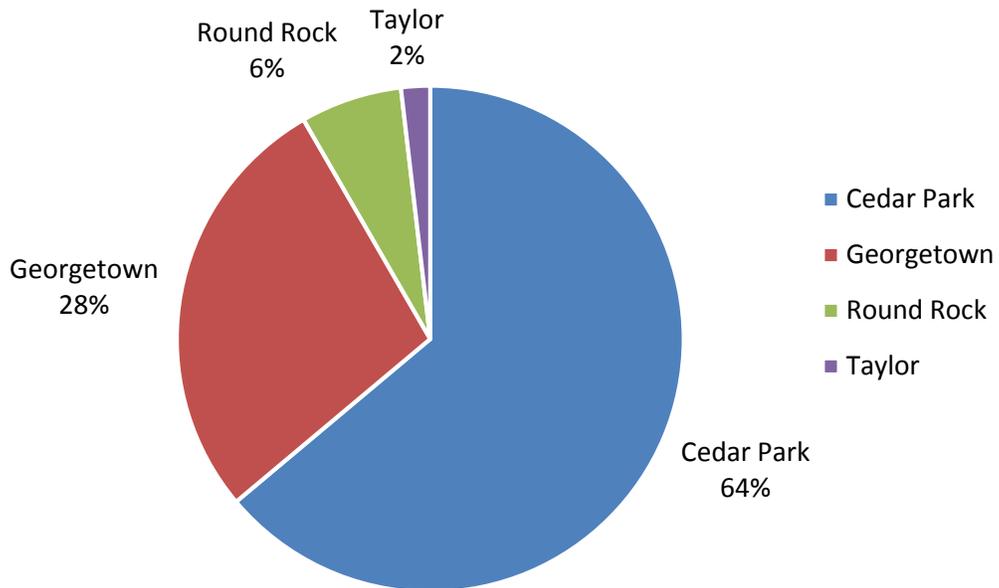


For residents with a Liberty Hill mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided inside and outside of Liberty Hill city limits. For 2017, residents that lived inside the city received 20% of services provided and residents that lived outside the city received 80% of services provided, for a total of 754 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Williamson County and Cities Health District

Clinical Services Encounters at the Four Public Health Centers by City of Liberty Hill Residents



Data Source: eClinicalWorks, 2017

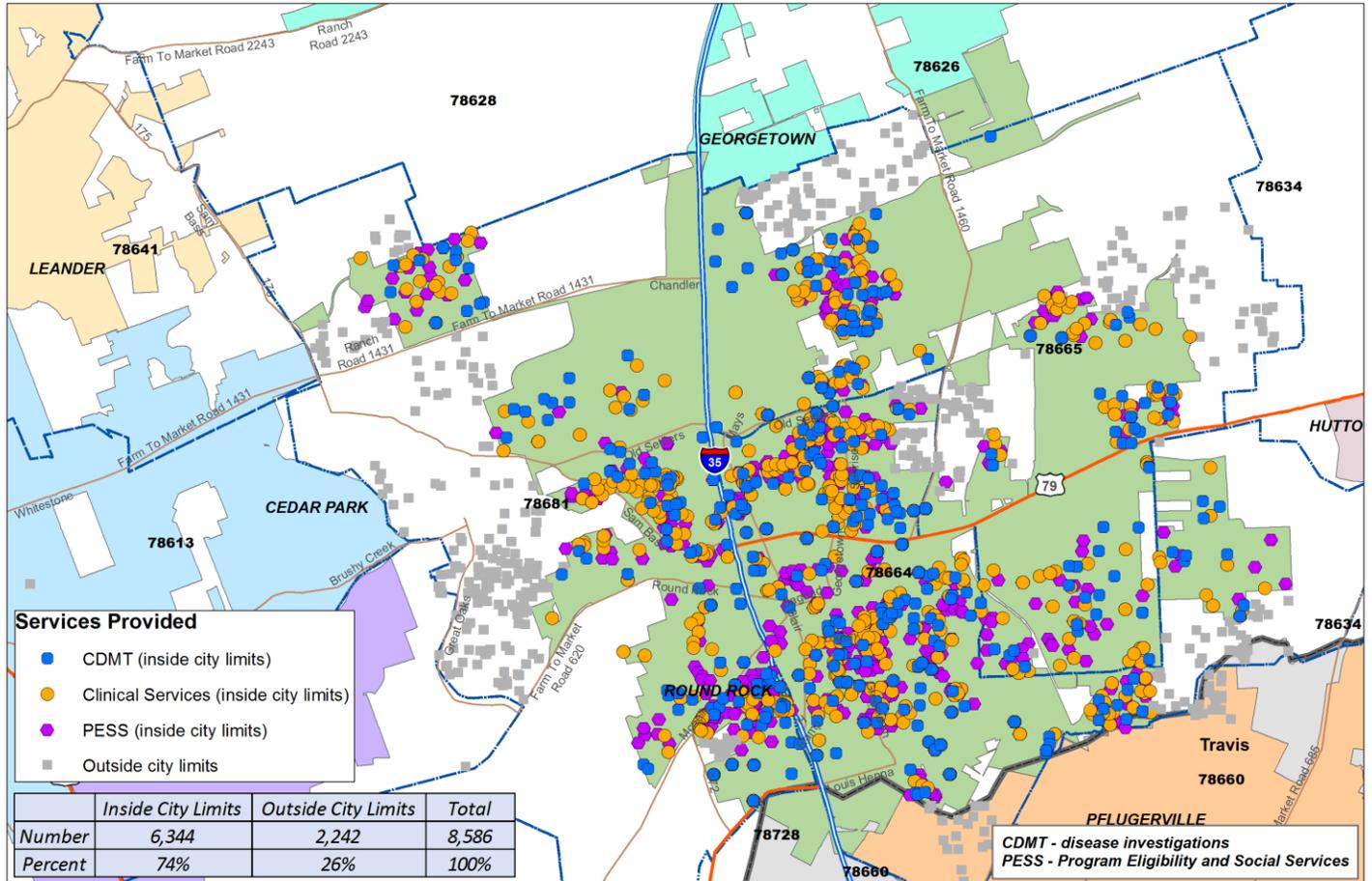
Public Health Center	Encounter	Percent
Cedar Park	69	63.9%
Georgetown	30	27.8%
Round Rock	7	6.5%
Taylor	2	1.9%
Total	108	100%

Data Source: eClinicalWorks, 2016



APPENDIX 1F: ROUND ROCK SERVICE MAP AND CLINIC UTILIZATION RATES

Williamson County and Cities Health District Services Provided to Round Rock, Texas



Date: 3/8/18

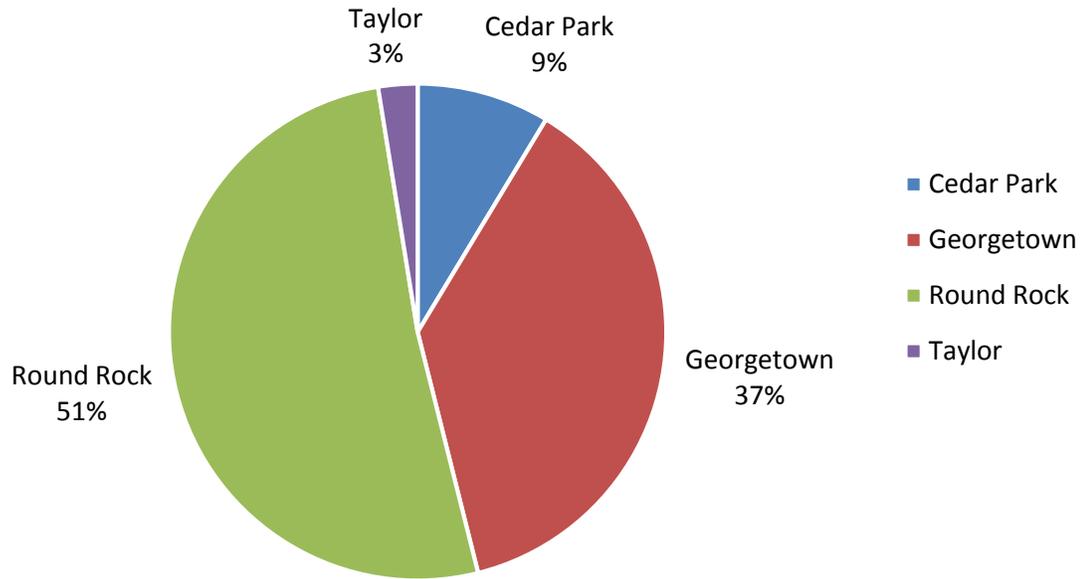
If you have any questions about this map, please contact gis@wcchd.org

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For residents with a Round Rock mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided inside and outside of Round Rock city limits. For 2017, residents that lived inside the city received 74% of services provided and residents that lived outside the city received 26% of services provided, for a total of 8,586 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Clinical Services Encounters at the Four Public Health Centers by City of Round Rock Residents



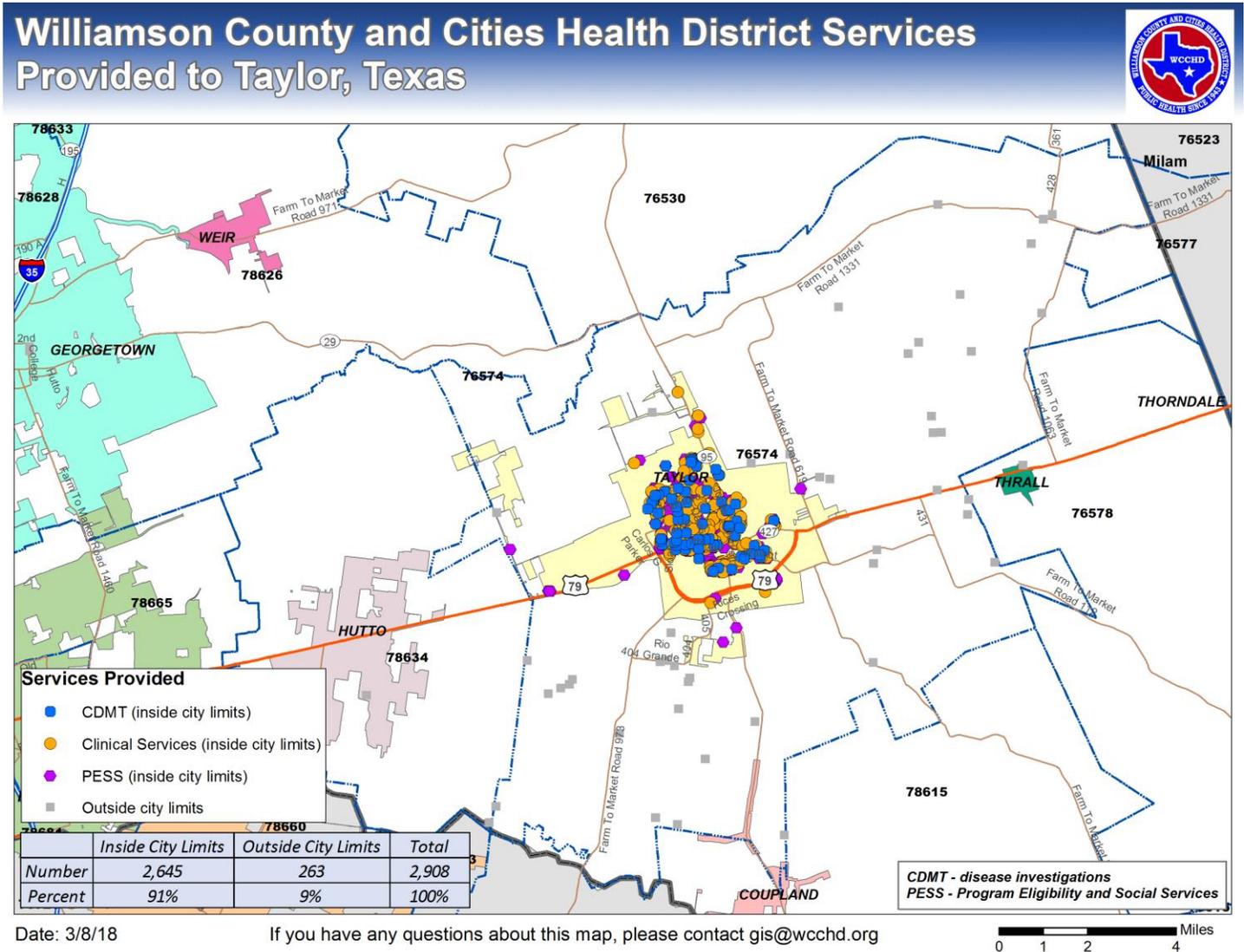
Data Source: eClinicalWorks, 2017

Public Health Center	Encounter	Percent
Cedar Park	254	8.6%
Georgetown	1,100	37.4%
Round Rock	1,509	51.4%
Taylor	75	2.6%
Total	2,938	100%

Data Source: eClinicalWorks, 2016



APPENDIX 1G: TAYLOR SERVICE MAP AND CLINIC UTILIZATION RATES

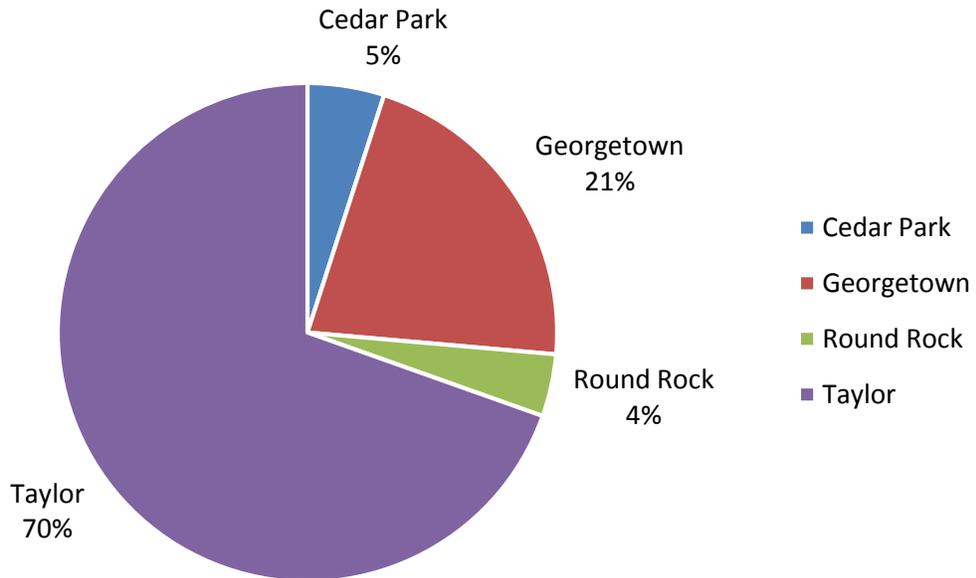


For residents with a Taylor mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided inside and outside of Taylor city limits. For 2017, residents that lived inside the city received 91% of services provided and residents that lived outside the city received 9% of services provided, for a total of 2,908 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Williamson County and Cities Health District

Clinical Services Encounters at the Four Public Health Centers by City of Taylor Residents



Data Source: eClinicalWorks, 2017

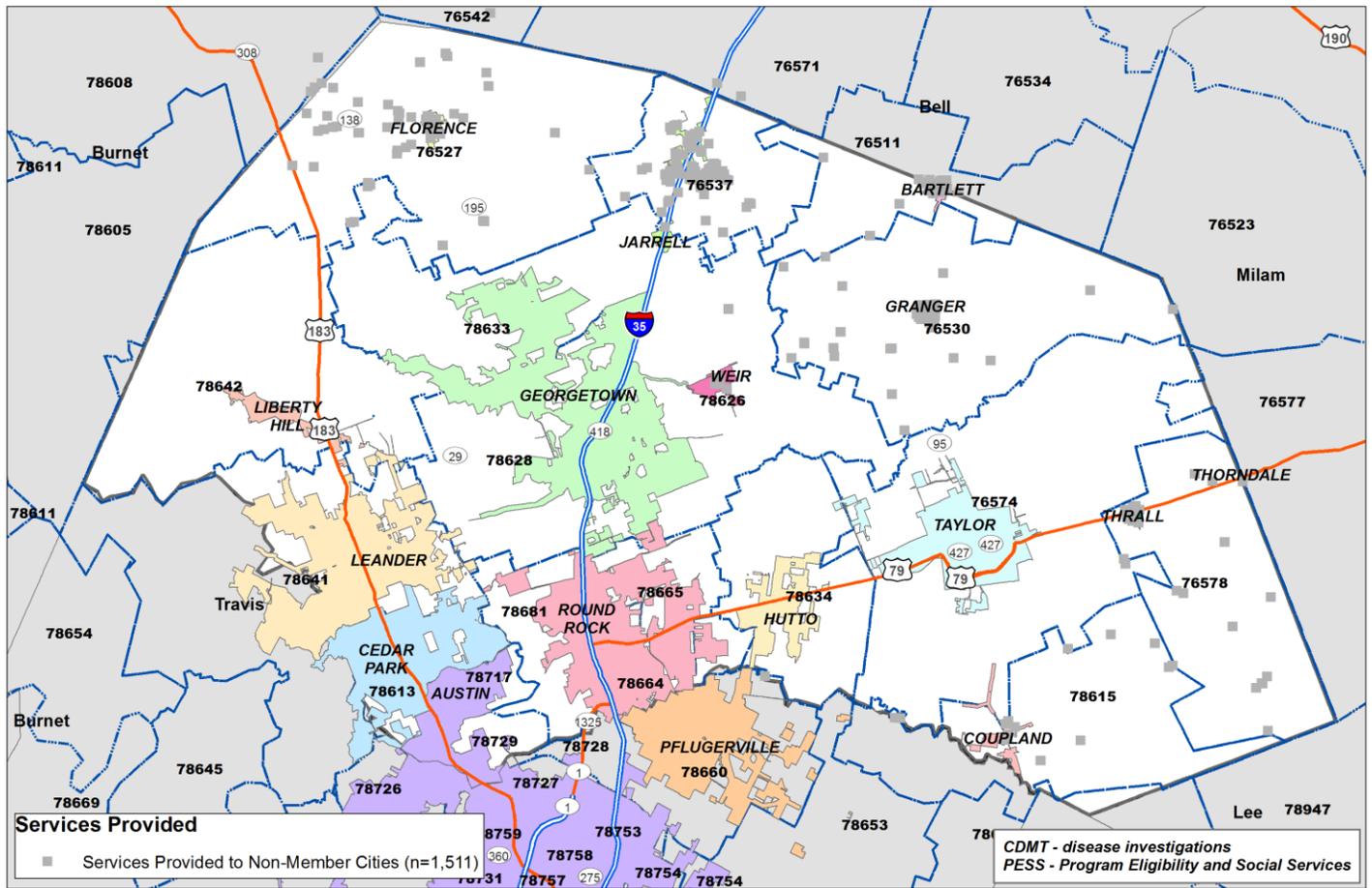
Public Health Center	Encounter	Percent
Cedar Park	32	5.0%
Georgetown	138	21.4%
Round Rock	26	4.0%
Taylor	448	69.6%
Total	644	100%

Data Source: eClinicalWorks, 2017



APPENDIX 1H: WILLIAMSON COUNTY SERVICE MAP AND CLINIC UTILIZATION RATES

Williamson County and Cities Health District Services Provided to Non-Member Cities in Williamson County



Date: 3/8/18

If you have any questions about this map, please contact gis@wcchd.org

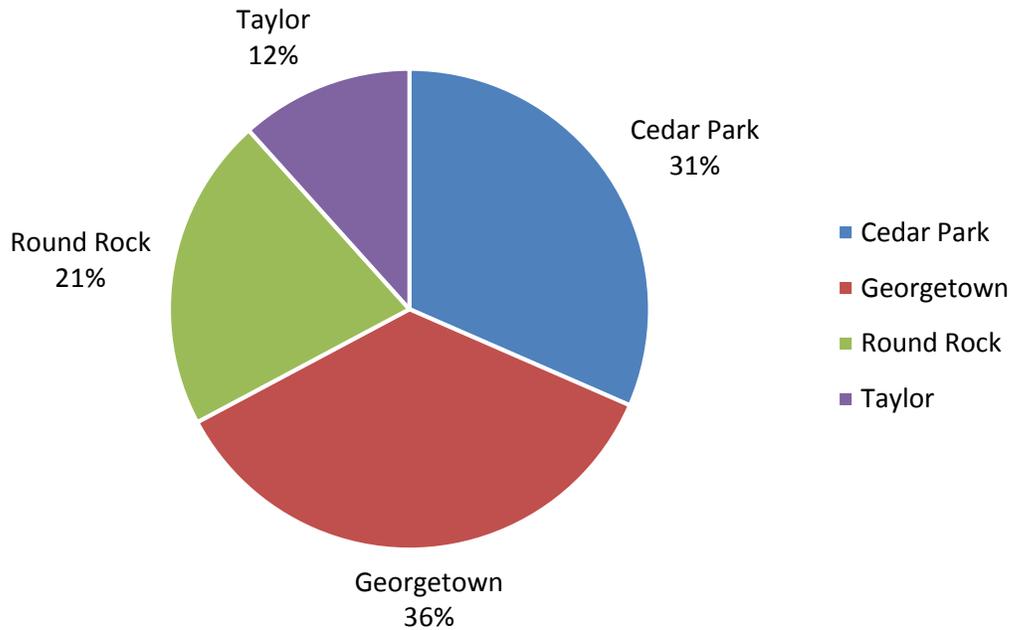
0 2.25 4.5 9 Miles

For residents outside of a member-city mailing address, WCCHD has mapped a subset of direct services (disease investigations, clinical services, and program eligibility and social services) for which address-level data are available to show the relative proportions of services provided outside of member cities. For 2017, residents that lived in non-member cities received a total of 1,361 services. Pie chart data represents the number of clinical encounters by city residents, which may include duplication of individuals seen on multiple occasions.



Williamson County and Cities Health District

Clinical Services Encounters at the Four Public Health Centers by Non-Member City Residents



Data Source: eClinicalWorks, 2017

Public Health Center	Encounter	Percent
Cedar Park	431	31.3%
Georgetown	287	36.3%
Round Rock	289	21.1%
Taylor	159	11.4%
Total	1,361	100%

Data Source: eClinicalWorks, 2017



APPENDIX 2: BACKGROUND INFORMATION FOR SERVICE STATISTICS

1. Services provided by WCCHD programs are documented in a variety of databases, some created locally, and some provided by various state programs. The level of reporting detail varies according to the particular database and who has possession of that data. In this report, we have endeavored to provide as much detail as possible regarding the residence of those who received services from WCCHD during 2017.
2. Throughout this report, “Austin” refers to clients with an Austin address residing within Williamson County.
3. The statistical summaries in this report are generated using the city listed with the client’s residential address; therefore, the clients included in city counts may or may not reside within the city limits. Whenever possible, Geographic Information Systems (GIS) techniques were used to estimate the number of clients and services provided within incorporated areas. Limitations of GIS include the inability to precisely match and map all addresses (P.O. Boxes, private roads, incorrectly entered address data).
4. For disease investigations, this report focuses on investigations and other services provided rather than the number of diseases or conditions reported as “confirmed” or “probable” to the Texas Department of State Health Services (DSHS). Information on the number and types of diseases and conditions reported through our Health Authority may be found on the WCCHD website: www.wcchd.org. Austin Public Health investigates all suspect cases of reportable diseases that fall within Austin’s city limits, including areas of Austin in Williamson County. WCCHD investigated all other suspect cases in Williamson County and cities. WCCHD also investigated suspect cases that fell outside Williamson County but lie within the city limits of Round Rock, Cedar Park, and Leander.
5. This report does not attempt to quantify the amount of time spent delivering a service. The statistical summaries are simply a snapshot of the number of clients served and services delivered. In some cases, a service may be a short telephone consultation, while in other cases, such as “disease investigation” or “case management”, a single service may require extensive investigation and follow-up. Additionally, within each service category there can be wide variation from client to client in the amount of time spent providing the service.



APPENDIX 3: TEN ESSENTIAL PUBLIC HEALTH SERVICES

WCCHD programs strive to deliver the Ten Essential Public Health Services every day. The essential services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. The table below references examples found in the report of WCCHD providing one or more essential services.

Essential Public Health Service	Examples
#1 - Monitor health status to identify and solve community health problems.	Epidemiology and communicable disease programs track diseases and other conditions using various data sources (e.g. disease reporting systems, risk behavior surveys, vital statistics, hospital emergency room and discharge data)
#2 - Diagnose and investigate health problems and health hazards in the community.	Disease and outbreak investigation, food establishment and general sanitation inspections
#3 - Inform, educate, and empower the community about health issues.	Community health education programs, WIC, food handler certifications, WCCHD website and social media, preparedness education
#4 - Mobilize community partnerships and action to identify and solve health problems.	Coalition building (Wilco Wellness Alliance), Annual Children’s Health Festival, Infection control workshops, Emergency Preparedness trainings and exercises
#5 - Develop policies and plans that support individual and community health efforts.	WCCHD Board of Health and District leaders develop plans and strategies supporting community health efforts including emergency preparedness and response
#6 - Enforce laws and regulations that protect health and ensure safety.	Statutory role of the Health Authority, Enforcement of statutes and ordinances related to food safety and public health nuisance laws
#7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	Immunizations, access to healthcare services, WIC, program eligibility and social services
#8 - Assure competent public and personal health care workforce.	Ongoing staff development and training programs supported at WCCHD
#9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	Evaluation built into coalition activities and projects from the beginning; strategic planning for ongoing program and service evaluation
#10 - Research for new insights and innovative solutions to health problems.	Partnerships with universities, local community groups, state and federal agencies to research, innovate and keep WCCHD in the forefront of public health



Williamson County and Cities Health District

APPENDIX 4: CONTACT AND LOCATION INFORMATION

Williamson County and Cities Health District
355 Texas Avenue
Round Rock, Texas 78664
(512) 943-3600 – phone
(512) 248-3248 – fax

www.wcchd.org

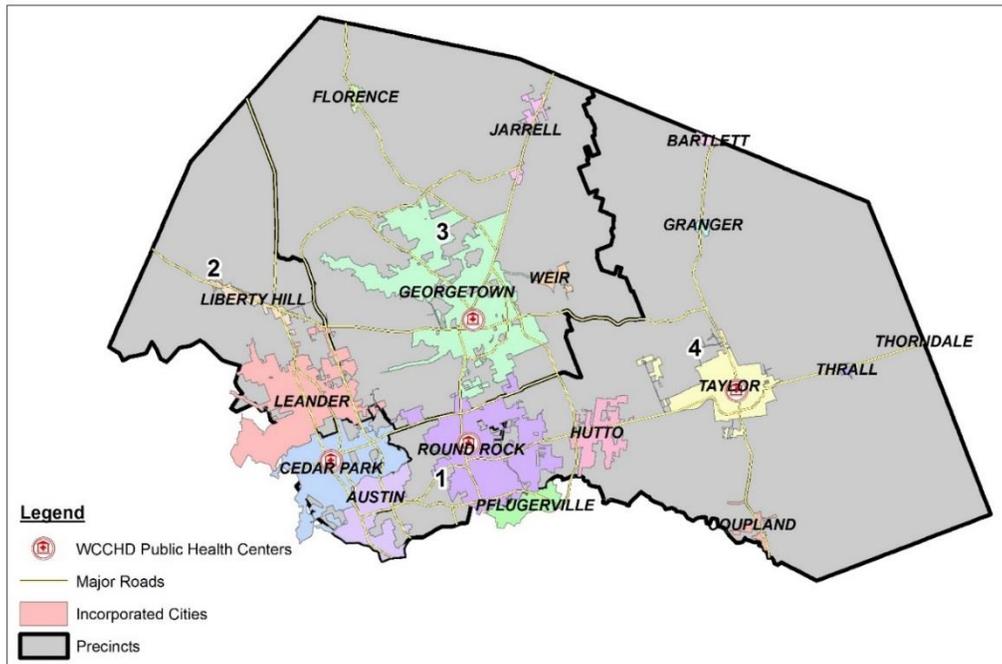
www.healthywilliamsoncounty.org

Your Feedback is Important!

We love being YOUR Local Health Department and your feedback on the report is important to us. Please let us know if you have questions or comments by contacting:

Justine Price, MPH
Director, WCCHD Division of Quality and Strategic Management
512-248-7628
justine.price@wilco.org

Williamson County, Texas



Precincts, City Limits, and Williamson County & Cities Health District Public Health Centers in Williamson County, Texas

Date: 10/25/16

If you have any questions about this map, please contact gis@wcchd.org

0 2.5 5 10 Miles

