# 2018 Service Report

Williamson County and Cities Health District

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# 1  EXECUTIVE SUMMARY

## 1.1  WHY WE'RE HERE

The Williamson County and Cities Health District (WCCHD) has provided public health services to Williamson County since 1943. The WCCHD is maintained through a cooperative agreement formed in 1992 between the county and member cities. Under this agreement, one of the fundamental purposes of the WCCHD is to provide the Ten Essential Public Health Services.

From the Cooperative Agreement, Section 5.3, the District shall:

1. Monitor the health status of individuals in the community to identify community health problems;
2. Diagnose and investigate community health problems and community health hazards;
3. Inform, educate, and empower the community with respect to health issues;
4. Mobilize community partnerships in identifying and solving community health problems;
5. Develop policies and plans that support individual and community efforts to improve health;
6. Enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules;
7. Link individuals who have a need for community and personal health services to appropriate community and private providers;
8. Ensure a competent workforce for the provision of essential public health services;
9. Research new insights and innovative solutions to community health problems; and
10. Evaluate the effectiveness, accessibility, and quality of personal and population-based services in a community.

**Figure 1: The Ten Essential Public Health Services**



Throughout this report, these ten themes will frame the presentation of services provided by the WCCHD in 2018. The relevant parts of the Essential Services wheel will appear in color, to indicate how every aspect of what we do ties back to the reason we're here—to achieve our shared vision for Williamson County to be the healthiest county in Texas.

### 1.2.1 Facility Move

2018 was a year of great change for the WCCHD. Through the generosity of county partners, the WCCHD was able to move its headquarters from Georgetown to Round Rock. This new facility offers a centralized location for Williamson County residents with up-to-date equipment and features improved accommodations for facilitating collaborative work with our strategic partners, networking with other industry professionals, and holding Board of Health meetings. The move itself required months of planning, inventory, and set-up, and involved staff members from every Public Health Center (PHC).

### 1.2.2 Organizational Changes

Public health has a relatively high rate of turnover, and there was no exception for the WCCHD in 2018. The year featured substantial change in leadership, including the Executive Director position, and culminated in a new team of leaders who are building on the momentum of previous successes and paving the way forward through innovation and continuous improvement. The WCCHD also made changes to its divisional structure, merging Emergency Preparedness and Response (EPR) with the Communicable Disease Management Team (CDMT) to form the Disease Control and Prevention (DCP) Division. Meanwhile, the Immunization team was pulled from DCP to form its own Immunization Advocacy Division (IAD). These changes will help better align agency response efforts, from outbreaks of infectious disease to natural disaster response, while allowing the IAD greater flexibility in fulfilling its proactive mission of ensuring that all county residents are protected against vaccine-preventable diseases.

### 1.2.3 Community Standing

The Texas Association of City & County Health Officials (TACCHO) recognized the WCCHD as the 2018 Local Health Department (LHD) of the Year.

"The TACCHO Local Health Department (LHD) of the Year Award was established to honor these efforts performed by LHDs within the state of Texas. It is an opportunity to recognize the efforts of our peers, and congratulate their success in the field of public health at the TACCHO annual summit."
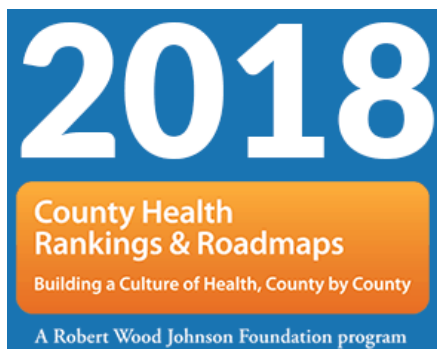
The Robert Wood Johnson County Health Rankings measure the health of nearly all counties within the nation and rank them within states according to summaries of a variety of health measures.

In 2018, Williamson County ranked second in overall health outcomes and fifth in overall health factors for the state of Texas.

## 1.2.4 Accreditation

In 2018, WCCHD was published in the Public Health Accrediting Board (PHAB) *Accreditation Works!* series, with an article showcasing quality improvement efforts and activities that help sustain accreditation status and keep WCCHD at the head of the pack.

Additional significant accomplishments appear in context throughout this document, under the orange sections labeled "Service Spotlight." Comprehensive data on services appear in Appendix A.

# 2  MONITORING HEALTH

## 2.1  COMMUNITY HEALTH ASSESSMENT

Every three years, the WCCHD leads a group of shareholders in assessing the health of Williamson County, to paint a comprehensive picture of our current health status, trends, and the needs of our residents. The information gathered is crucial for providing evidence-based recommendations for key decision-makers, such as elected officials and those who enact policy. WCCHD completed data collection for the next Community Health Assessment (CHA) in 2018. The 2019 Williamson County CHA will be detailed in a 193-page report and utilizes a mixed-methods approach to capture the "voice of the customer," improve representativeness, and further health equity for all. This document is the evidence-based foundation driving the WCCHD's Strategic Plan and continuous improvement efforts.

**The 2019 CHA will incorporate:**

### 68
Residents and Stakeholders through
**Focus Groups**

### 2,272
**Paper and Electronic Surveys**

### 182
**Door-to-Door Assessment Interviews with Residents**

### 10
**Key Informant Interviews**

### 50
Residents and stakeholders through
**Moms' Community Listening Forum**

### 262
Stakeholders through
**Facilitated Activities at Community Meetings**
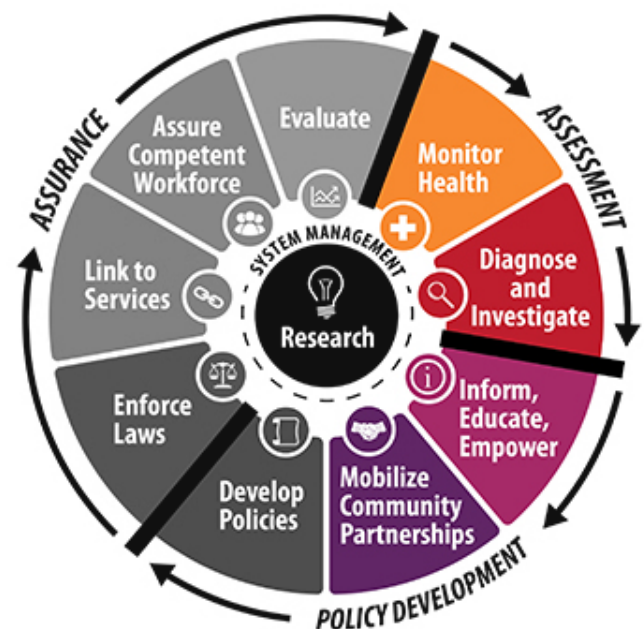


The CHA directly addresses four of the ten Essential Public Health Services:

- Monitor Health
- Investigate
- Inform, Educate, Empower
- Mobilize Community Partnerships

As a foundational document, the CHA also guides work in the other six Essential Services.

## 2.2 IMMTRAC ACTIVITES

The Immunization Advocacy Division recruits new provider sites for the state's immunization registry ImmTrac and provides ongoing training and technical assistance to registered ImmTrac providers, conducting follow-up with registered ImmTrac providers.

**Figure 2: ImmTrac Counts, 2018**
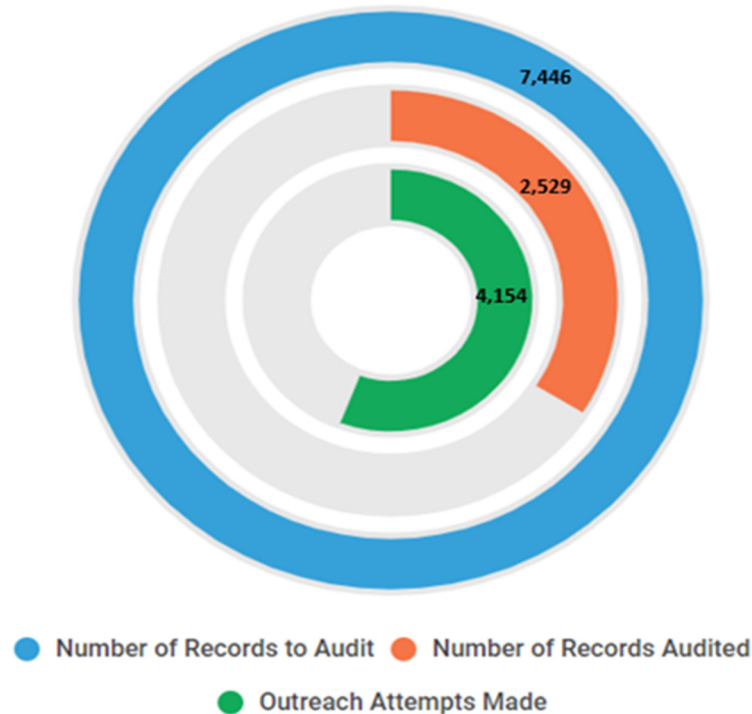


Number of Records to Audit ● Number of Records Audited
● Outreach Attempts Made
*Data Source: WCCHD, Immunization Advocacy Division, 2018*

Each year, the state sends the IAD a set number of records to audit. Throughout 2018, IAD received 7,446 records of 19-25-month-old children and audited 2,529 records. They conducted outreach on 4,154 occasions for the records that were not up-to date, resulting in 727 updated records (Figure 2)

# 3 DIAGNOSING AND INVESTIGATING

## 3.1 MANAGING SEXUALLY TRANSMITTED INFECTIONS

All four WCCHD PHCs offer screening and treatment for common Sexually-Transmitted Infections (STIs) which include syphilis, gonorrhea, and chlamydia. Additional screening is available for Hepatitis, Human Immunodeficiency Virus (HIV), and Human Papilloma Virus (HPV). Most STI medications are included in the service fee for screening. In 2018, the four PHCs provided 1,129 STI-related services.

**Figure 3: Sexually Transmitted Infections Encounters per Month by Public Health Center, 2018**
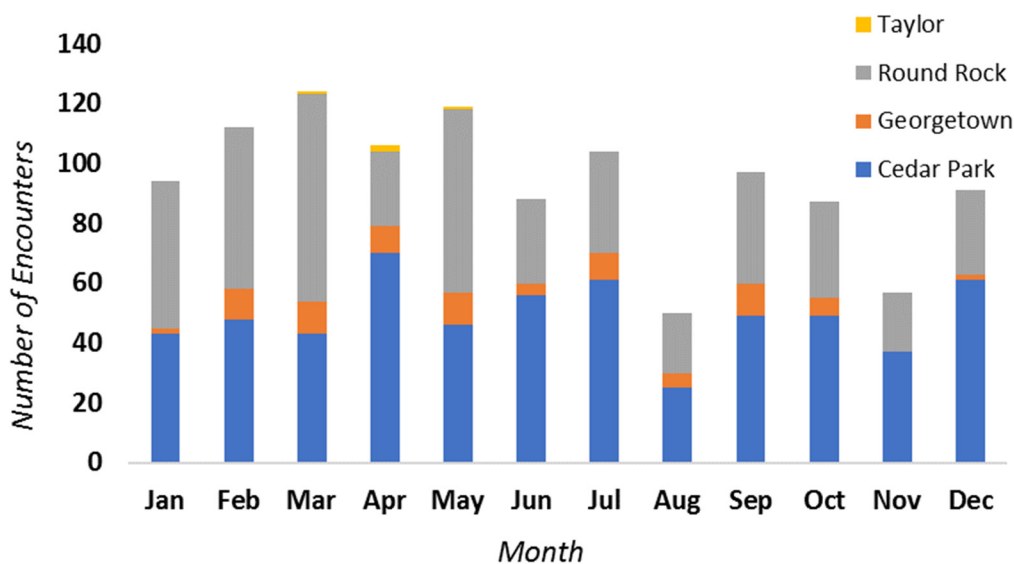


Month
Note: Includes follow-up encounters
Data Source: eClinicalWorks, 2018

## 3.2 MANAGING ACTIVE AND LATENT TUBERCULOSIS

Tuberculosis (TB) is an airborne infectious disease, transmitted primarily through cough, that endangers communities. There are several "versions" of TB: (1) TB disease, which is usually active, "contagious" pulmonary ("lung") TB disease, (2) Extrapulmonary TB disease, which is active TB disease in an organ (such as lymph nodes or bone) and usually isn't contagious to others, and (3) Latent TB infection (LTBI), which is a TB infection that is being contained by the immune system, has not yet progressed to active disease, and is non-contagious while still latent. The WCCHD TB program is responsible for protecting county residents against TB through preventive action and timely response to individual reports of suspected and confirmed TB cases.

**Figure 4: Tuberculosis Encounters per Month by Public Health Center, 2018**
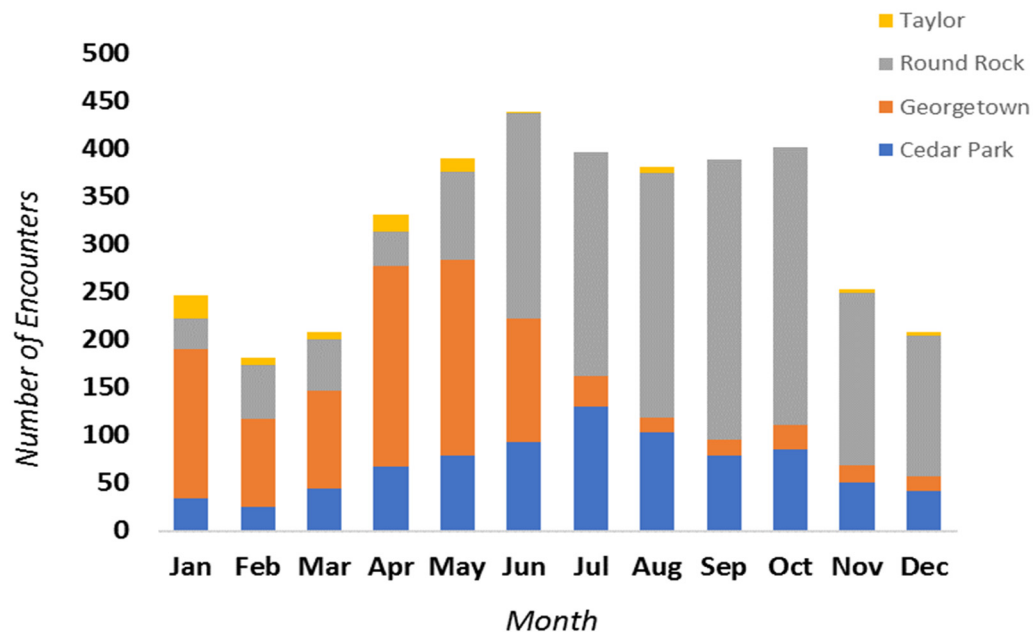


*Month*
*Data Source: eClinicalWorks, 2018*

In 2018, the TB Program successfully treated (100% completion rate) ten active TB disease patients, screened 20 more patients for suspicion of TB, treated 55 patients for LTBI, and screened 32 immigrants referred from the DSHS through the Electronic Disease Notification (EDN) program. The TB Program met and exceeded the standard of care outlined by DSHS and the CDC by providing directly observed therapy (DOT) five days per week to all patients with active TB disease, rather than utilizing an intermittent schedule for DOT services.

The TB Program is comprised of subject matter experts who provide TB education and training for health workers in the community.  The TB program receives referrals for TB infection from clinics, other local providers, and the three major healthcare systems in Williamson County. WCCHD receives more than 250 annual referrals, the majority of which are from occupational health departments. All TB infection referrals require an evaluation to ensure none have active, infectious TB, and each are offered follow-up and treatment for TB infection. Untreated TB-infected persons serve as reservoirs for active TB disease and are strongly encouraged to accept treatment, thus becoming infection-free themselves and making an impact toward the goal of TB elimination.

## 3.3.1 Multi-Drug Resistant TB

As the complexity of active TB patients continues to increase with the emergence of multi-drug resistance (MDR) and dual diagnosis, such as cases of co-infection with TB and HIV, the length of treatment also increases from the usual six months to as long as 24 months.  WCCHD continued to care for its first MDR case – an extremely complicated case requiring increased staff hours from the TB Nurse Case Managers, DOT workers, public health center nurses, and contact investigation teams.

## 3.3.2 TB Contact Investigations

TB contacts are people who have close contact with patients with infectious TB. When someone is diagnosed with TB, a contact investigation is performed by the TB team to identify all of 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. TB contacts require sequential evaluation and testing to ensure they do not also have infectious TB. Often, however, TB contacts are identified as having TB infection and require three to nine months of follow-up and treatment for TB infection. WCCHD successfully managed eight contact investigations in 2018 by screening and testing over 420 contacts. Four of the investigations exceeded 50 contacts each and over 30 contacts were identified with TB infection.

Ending TB will require maintaining and strengthening current TB control priorities while increasing efforts to identify and treat latent TB infection in high-risk populations.  WCCHD's TB team remains committed to these end goals.

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**SERVICE SPOTLIGHT**

One of the TB Program's hard-working employees, Dorothy Rodriguez, won a prestigious national award from the National TB Controllers' Association in 2018. The award recognizes those within TB programs working on the front lines, regardless of their professional training, who daily dedicate themselves to quality patient care and protecting our public's health.

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The WCCHD utilizes *passive* surveillance, a common epidemiological practice which involves investigating all cases of notifiable conditions which are reported to the Health District by providers. The number of investigations can vary substantially from year-to-year, and this number is affected by numerous factors, including disease patterns and major events, accuracy and timeliness of provider reporting, and patient health-seeking behaviors. Some challenges for the Communicable Disease Management Team (CDMT) in 2018 included: problems with exporting data using the National Electronic Disease Surveillance System (NEDSS), incomplete STI/HIV data and associated reporting to the CDMT that was not robust enough to properly analyze the morbidity of disease within the county, staffing issues, merging with the EPR Team to form a new divisional structure, moving to a new building, notifying a large number of providers of new fax number and address, and technical problems with the new fax system.

In 2018, CDMT investigated

# 813

reported cases, spanning

# 48

Different types of communicable diseases and notifiable conditions



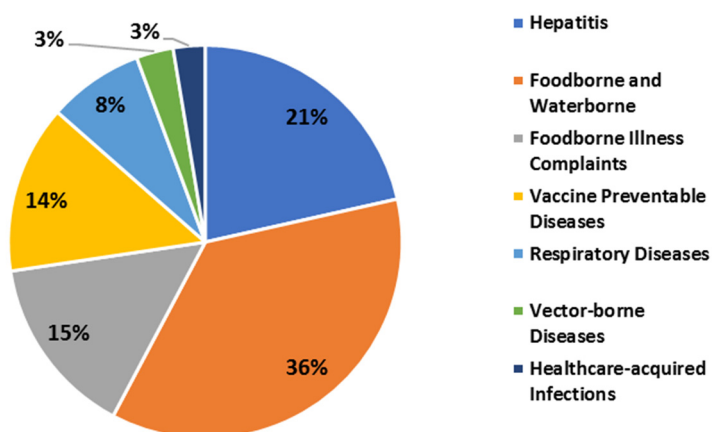Beyond investigating *cases* of disease, CDMT works with EH and external partners to recommend and implement control measures for diseases, monitor trends in notifiable conditions, increase outreach and provide disease-specific messaging related to prevention and control, as well as outbreak updates. The team also publishes reports and conducts outreach to inform, educate and empower county residents.

**SERVICE SPOTLIGHT: Suspected Locally-Acquired Hantavirus Case**

In May 2018, the CDMT received a call from a resident reporting an infection with Hantavirus, a virus carried by rodents that causes fever and lung infections. CDMT reviewed medical records and interviewed the resident to identify risk factors for Hantavirus exposure. CDMT and EH staff inspected the suspected site of exposure. They found that the suspected case had not traveled outside of the central Texas area in years but reported seeing evidence of rodent activity at their worksite in the months prior to symptom onset. Inspection of the worksite found evidence of rodents, including droppings, potential tufts of hair and gnaw markings on walls.

While this suspected case of Hantavirus disease did not meet case definition for reporting purposes, test results and clinical presentation suggest a past infection with Hantavirus possibly acquired locally. This case illustrates the need to increase provider and public awareness about the risk for Hantavirus in Williamson County and methods to mitigate risk.

**Figure 5: WCCHD Communicable Disease Management Team Investigations, 2018**



Legend:
- Hepatitis
- Foodborne and Waterborne
- Foodborne Illness Complaints
- Vaccine Preventable Diseases
- Respiratory Diseases
- Vector-borne Diseases
- Healthcare-acquired Infections

Pie chart values: 21%, 36%, 15%, 14%, 8%, 3%, 3%

*Data Sources: National Electronic Disease Surveillance System, 2014-2018; WCCHD Outbreak Management System (OMS), 2014-2018; WCCHD CDMT Access Databases, 2014-2018*

Foodborne and waterborne disease investigations constituted the largest part of CDMT investigations in 2018 followed by Hepatitis investigations.

Foodborne and waterborne illness complaints increased by 42%, healthcare acquired infections increased by 39%, and foodborne and waterborne disease investigations increased by 17% between 2017 and 2018 (Figure 16).

**Figure 6: WCCHD Communicable Disease Management Investigations, 2014-2018**
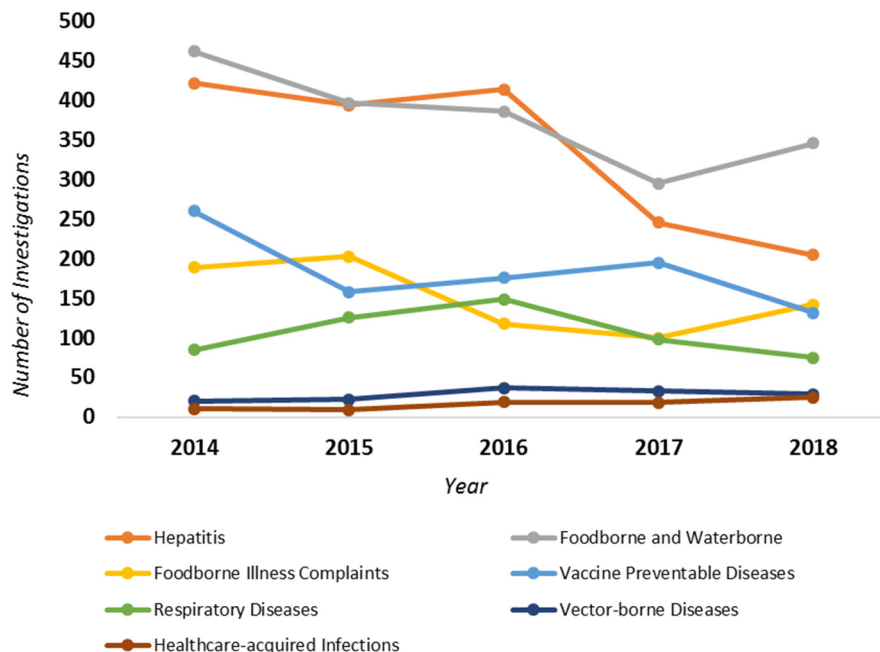


*Data Sources: National Electronic Disease Surveillance System (NEDSS), 2014-2018; WCCHD Outbreak Management System (OMS), 2014-2018; WCCHD Access Databases, 2014-2018*

The total number of investigations conducted by the CDMT in 2018 declined slightly compared to 2017, from 1756 and 1663.

This might be due to annual fluctuations in disease incidence, or it may signal underreporting of notifiable conditions in our community rather than a true decrease in morbidity. Underreporting could be a result of a lack of understanding of who should report (laboratory vs provider) and/or how to report. The CDMT moved in April to a new building with a new fax number, which may have also contributed to confusion amongst reporters.

## 3.4.1 Sexually Transmitted Disease Investigations

WCCHD staff do not actively investigate cases of STIs. When providers notify epidemiologists of positive STI results, WCCHD staff members log those cases into a secure database according to case definitions (confirmed, probable, etc.) and route the reports to Public Health Region 7 for follow-up investigation. Decreases in STI reports since 2016 may be due to underreporting and/or reduced investigational capacity at the regional and state levels.

The WCCHD is actively pursuing funding opportunities to build capacity for hiring Disease Intervention Specialists and is working with regional and state partners to acquire greater autonomy and management over local data pertaining to STIs reported in this jurisdiction.

**Figure 7: WCCHD Sexually Transmitted Disease Investigations, 2014-2018**



Data Source: WCCHD Sexually Transmitted Infections Database
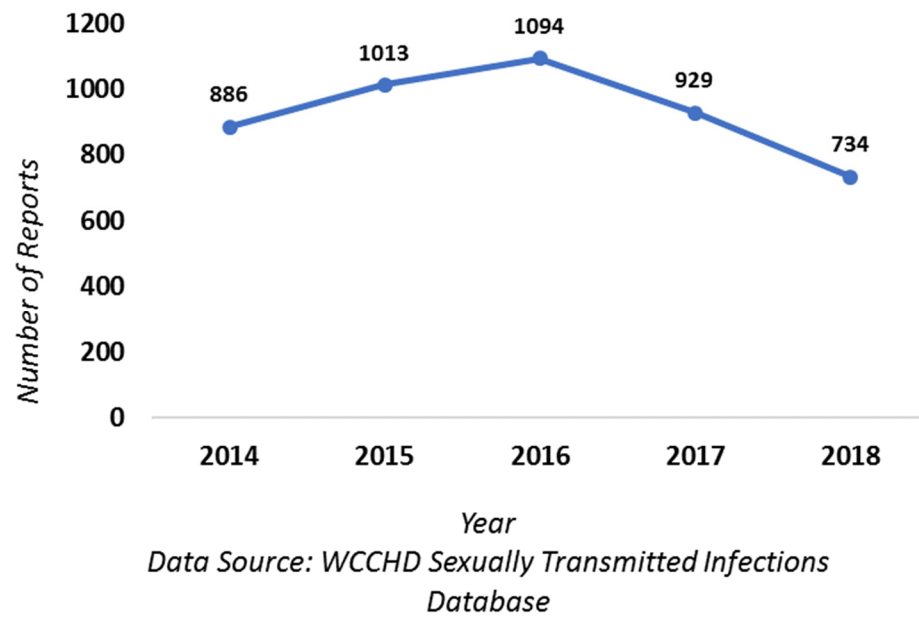
## 3.5    DISEASE OUTBREAK INVESTIGATIONS

In addition to investigating individual cases of disease, the CDMT also investigates all clusters and outbreaks of disease, even for conditions that wouldn't by themselves be considered notifiable in Texas. The CDMT investigated two large outbreaks in 2018, detailed below.

**When did the outbreak happen?**
The CDMT investigated a **Norovirus** outbreak in **May 2018.** Norovirus is a highly infectious pathogen which causes abdominal cramps, diarrhea, and vomiting. The virus commonly causes outbreaks in long-term care facilities, cruise ships, and nursing homes.

**Who was affected?**
About **242** attendees at a catered banquet for a high school sports team were affected. Half of attendees (121) complained of nausea, vomiting, diarrhea, abdominal cramps, fever, and muscle pains. These symptoms began within 72 hours of eating at the banquet.

**How did CDMT investigate?**
DCP attempted to reach all attendees. About 85% (206) responded.

Two individuals were tested and found to be positive for Norovirus by Real Time-Polymerase Chain Reaction (RT-PCR) test.

During the same time, CDMT received ten additional foodborne illness complaints. Half of diners (19 out of 38) experienced gastrointestinal symptoms after eating at the diner that catered the banquet. One complainant was tested and found to be positive for Norovirus.

These results suggested that illness was associated with eating at the diner that catered the banquet. With further data-analysis, they were able to identify the food items responsible.

CDMT and EH completed the disease investigations in eight days.

**When did the outbreak happen?**
The CDMT investigated another foodborne illness outbreak in **November 2018.**

**Who was affected?**
About **81** attendees were affected at a company Thanksgiving potluck. A local catering company provided food items such as turkey, ham, gravy, and stuffing. About half of attendees (44) complained of diarrhea and abdominal cramps, which began within 24 hours of eating at the potluck.

**How did CDMT investigate?**
The CDMT attempted to reach all attendees. About 86% (70) responded.

Collected stool specimens were negative for enteric pathogens. Turkey and ham samples were sent to the CDC for testing.

Based on the analysis of interview data, food items associated with increased risk of illness were turkey, gravy, and stuffing.

Although they were unable to identify the causative agent, results from the epidemiologic investigation suggested that the illness was consistent with *Clostridium perfringens*. It is a bacterium and one of the most common causes of foodborne illness in the US. Outbreaks commonly happen in institutions like hospitals, school cafeterias, prisons, nursing homes, and at events with catered food.

The investigation took ten days to complete .

Integrated Vector Management (IVM), a national best practice, is defined by the American Mosquito Control Association as "a comprehensive mosquito prevention and control strategy that utilizes all available mosquito control methods, either singly or in combination, to exploit the known vulnerabilities of mosquitoes to reduce their numbers while maintaining a quality environment." WCCHD's Environmental Health (EH) Division conducts IVM activities which include setting up traps to capture mosquitoes, assessing the number and type of mosquitoes captured and their relevance to public health, testing pools for the presence of West Nile virus, coordinating with partners to carry out insecticide spraying, larvicide, performing environmental assessments to mitigate exposure to disease vectors, and educating the public on methods of preventing the spread of mosquito-borne disease.  EH also coordinates with DCP for updates on the IVM Plan and for Arbovirus surveillance, prevention, and control.

In 2018, WCCHD IVM activities resulted in:

**568** **Total traps set,** including:
- **496** Standard Traps
- **28** BG Sentinel Zika monitoring traps
- **44** West Nile Virus positive contingency traps

**42,169**   **Mosquitoes captured**

**11**   *Pools identified as positive* for West Nile Virus
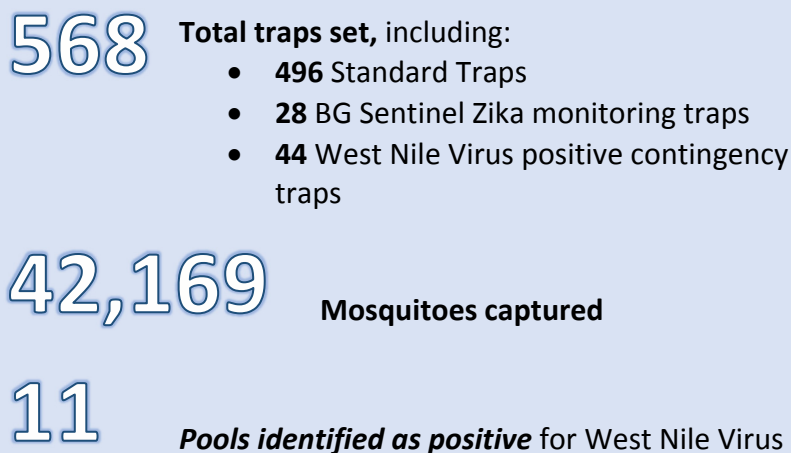
WCCHD has expanded mosquito trapping over the last five years, with supplemental trapping occurring in 2016 for enhanced Zika surveillance. Since 2016, trapping has decreased due to former trap placement sites residing on land that has since been developed for private housing, particularly in southern areas of the county that border Austin.

After trapping, EH sends "pools" of captured mosquitoes to the Texas Department of State Health Services (DSHS) for further testing. **Error! Reference source not found.** displays the detailed results of mosquito testing.

**Figure 8: Mosquito Trapping , 2014-2018**
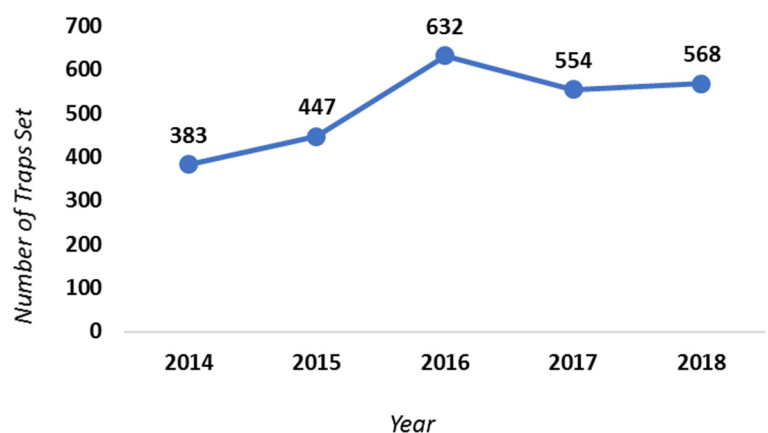


*Data Source: Integrated Vector Management, 2014-2018*

**Table 1: Mosquito Trapping and Testing, 2018**

| Mosquito Trapping and Testing | Count |
|---|---|
| **Number of testing pools** | 600 |
| **Total number of mosquitos submitted to DSHS** | 39,254 |
| **Total number of male mosquitoes** | 5,419 (males are not tested by DSHS) |
| **Total number of female mosquitoes** | 36,750 (29,493 tested by DSHS) |
| **Number identified as *Culex quinquefasciatus*** | 27,832 |
| **% identified as *Culex quinquefasciatus*** | 94.37% |
| **Total number of mosquito species identified** | 20 |
| **Number of unsuccessful traps** | 0 |

**\*Species of mosquito responsible for transmission of West Nile Virus**

**Figure 9: Average Mosquitoes Captured per Trap, 2018**
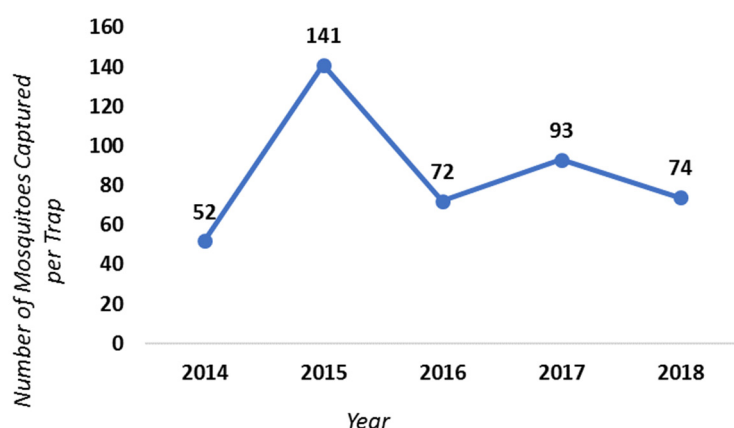


Data Source: Integrated Vector Management, 2014-2018

The average number of mosquitoes captured per trap varies substantially with weather conditions, including temperature, rainfall, and relative humidity. The 2018 average of 74 mosquitoes per trap is just below the three-year rolling average of 79.

**Figure 10: Percent of *Culex quinquefasciatus* mosquitoes from Total Sample Tested, 2018**
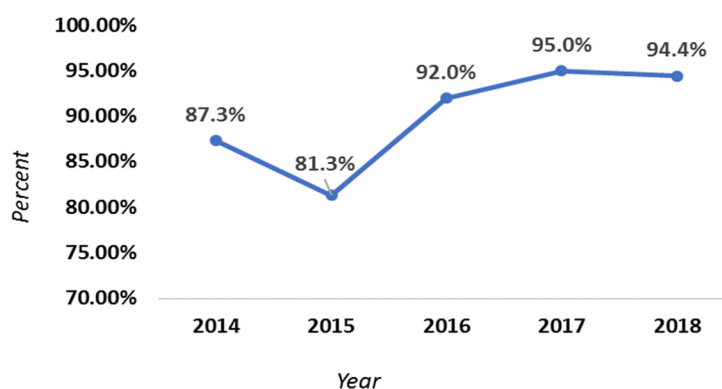
The mosquito *Culex quinquefasciatus* is the primary vector for West Nile Virus (WNV) in Central Texas. The percentage of trapped mosquitoes identified as *Culex* species can be an indicator of seasonal risk for WNV. Higher proportions of this species in the local mosquito population can mean higher potential for human exposure to WNV.



Data Source: Integrated Vector Management, 2014-2018

## Figure 11: Mosquitoes Captured by Week, May-December 2018



**Mosquitoes Captured by Week, 2018**
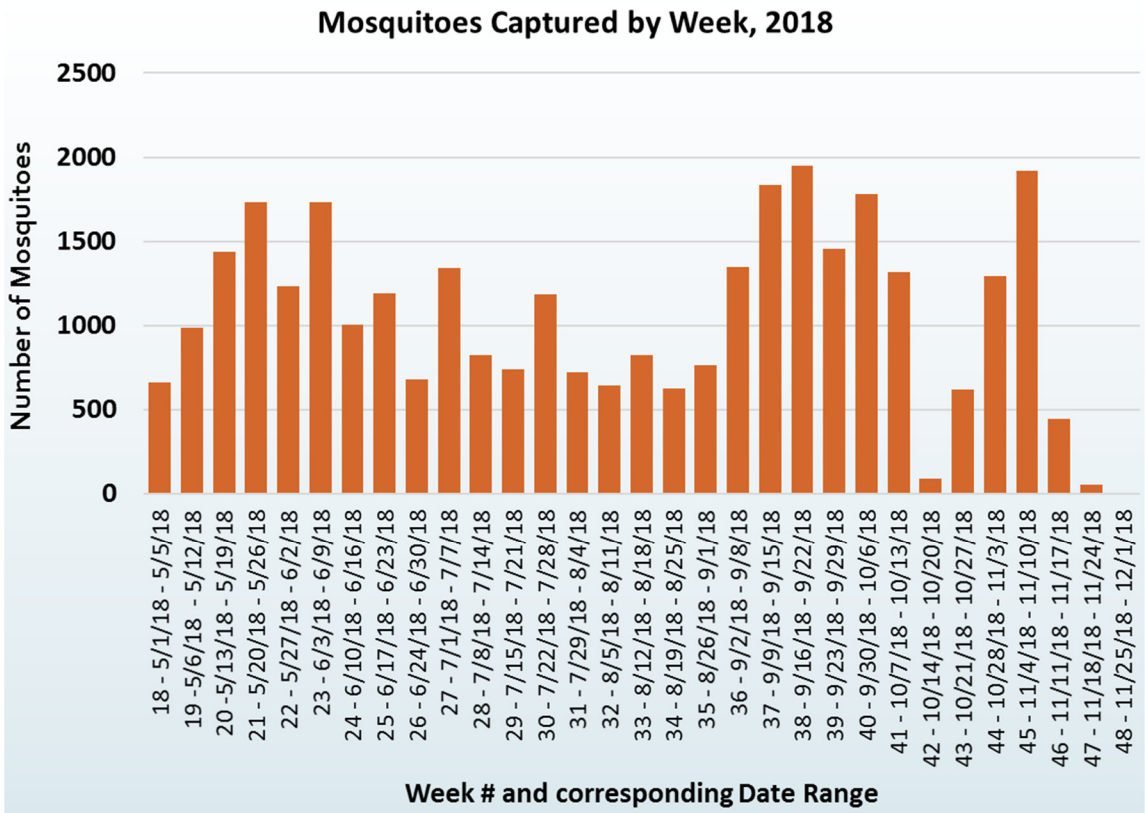
## Figure 12: Mosquito Trapping Sites, 2018



2018 WILCO Mosquito Trapping Sites

Red Dot: Standard route trap.
Green Dot: Disease positive contingent trap.
Yellow Buffer: One mile flight radius.
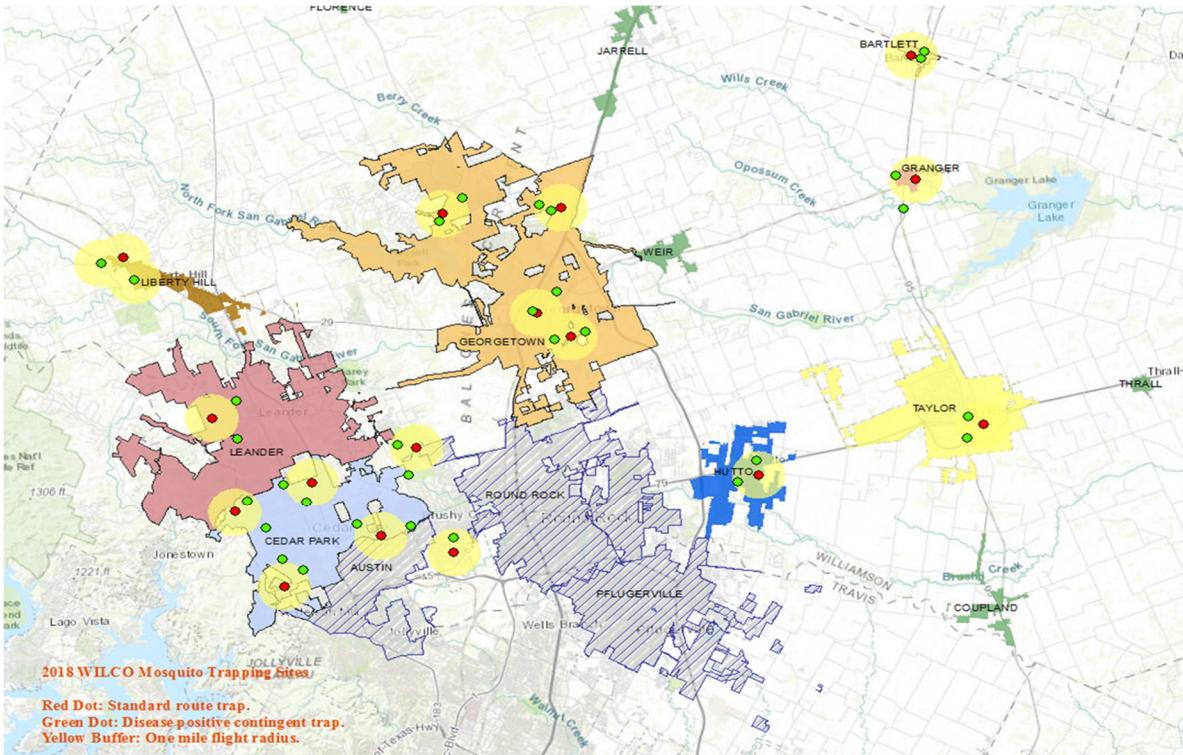
# 4 INFORMING, EDUCATING, AND EMPOWERING

## 4.1 PERINATAL HEPATITIS B

The perinatal Hepatitis B coordinator provides training, education, and investigative support for the purpose of reducing or rapidly treating Hepatitis B cases within the county. The WCCHD Perinatal Hepatitis B program bridges the gap between health monitoring, case investigation, educating and empowering, and linkage of services.



In 2018, WCCHD's Perinatal Hepatitis B Coordinator created and effectively piloted a "Long-Distance Perinatal Hepatitis B Prevention Program (PHBPP)" educational packet for area hospitals to utilize when scheduling educational opportunities presents a challenge.

These packets provide a sustainable source of ongoing education to the 18 nurses who received them, since many hospitals experience high rates of nurse turnover.

The Coordinator also provided remedial education to OB/GYN providers and a local hospital that failed to report initial cases of perinatal hepatitis B, emphasizing the importance of reporting to the PHBPP for effective case management.

**The Perinatal Hepatitis B Coordinator:**

Identified and educated

## 74

Providers regarding the importance of strict follow-up with babies born to hepatitis B positive mothers

Educated

## 40

Nurses in establishing best practices for providing services to hepatitis B positive moms, including education on the hepatitis B disease process and review of policies and procedures to ensure all babies are protected from hepatitis B at birth

Provided in-services to

## 4

Williamson County hospitals

Taught

## 2

Immunizations workshops

**Figure 13: Perinatal Hepatitis B Program, 2018**

| MONTH | HEPATITIS B POSITIVE WOMEN IDENTIFIED | INFANTS BORN TO HEPATITIS B POSITIVE WOMEN | AT-RISK INFANTS COMPLETING POST-VACCINE SEROLOGY TESTING |
|---|---|---|---|
| JANUARY | 3 | 1 | |
| FEBRUARY | 1 | 1 | |
| MARCH | 3 | 2 | 1 |
| APRIL | | 2 | |
| MAY | 2 | 2 | 1 |
| JUNE | 2 | | 2 |
| JULY | 3 | 1 | 2 |
| AUGUST | 2 | 1 | 1 |
| SEPTEMBER | 2 | 4 | 2 |
| OCTOBER | | | 1 |
| NOVEMBER | 1 | 1 | 1 |
| DECEMBER | | | 1 |
| **2018 TOTALS** | **19** | **15** | **12** |

*Data Source: WCCHD Perinatal Hepatitis B Program*

**SERVICE SPOTLIGHT**

In 2018, the WCCHD perinatal Hepatitis B coordinator managed 100% of Williamson County Perinatal Hepatitis B cases and helped hospitals achieve recognition through the Perinatal Hepatitis B Honor Roll. Four out of five Williamson county hospitals have now been recognized as part of the Perinatal Hepatitis B Honor Roll. The Immunization Action Coalition launched the Hepatitis B Birth Dose Honor Roll to recognize hospitals and birthing centers that have attained high coverage rates (90% or greater over a 12-month period) for administering Hepatitis B vaccine at birth.

The Healthy Williamson County website exists to provide partners and members of the public with the tools and resources needed to understand the factors that affect their health and quality of life. It also empowers the community to improve health by providing local health data, resources, best practices, and progress tracking on community health improvement.

In 2018, Healthy Williamson County had:

**10,469**
Users
**(122%** increase over 2017)

**37,429**
Pageviews
(**55%** increase over 2017)

**15,266**
Sessions
(**84%** increase over 2017)



## HEALTHYWILLIAMSONCOUNTY.ORG

Access tools and resources to improve the health of your community.

**ACCESS LOCAL HEALTH DATA**
Search for over 100 health and socioeconomic indicators by county, city, zip code, and census tract.

**DOWNLOAD MAPS AND GRAPHS**
Download and save maps and graphics for demographic, health and socioeconomic data.

**FIND RESOURCES BY ZIP CODE**
Find or refer clients to free or low cost community resources (food, housing financial assistance, etc.) by zip code using the Williamson County Community Resource site powered by Aunt Bertha.

**VIEW OR SUBMIT A COMMUNITY EVENT**
Search for free to low-cost community events.

**FIND GRANTS/PROMISING PRACTICES**
Search for grants, evidence-based/promising practices and interventions, webinars, infographics, and resources.

**PARTICIPATE IN COMMUNITY HEALTH**
Join the WilCo Wellness Alliance and get involved with the community health improvement process.

While HealthyWilliamsonCounty.org serves to inform, educate, and empower, it also serves as the informational foundation underpinning the actions of community partnerships and related policies.

As a collection of regularly-updated health indicators, the website also serves the purpose of providing ongoing assessment – allowing visitors to explore the health status of Williamson County on-demand.

## 4.3 IMMUNIZATION ADVOCACY

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

- Recruiting and training Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) program providers and conducting TVFC site- visits
- Conducting educational, promotional, and outreach activities for the public to increase immunization activities
- Educating health professionals on vaccine-preventable diseases and how to prevent them and performing surveillance for vaccine-preventable diseases in collaboration with DCP
- Conducting immunization record assessments and audits in licensed child-care facilities and public and private schools
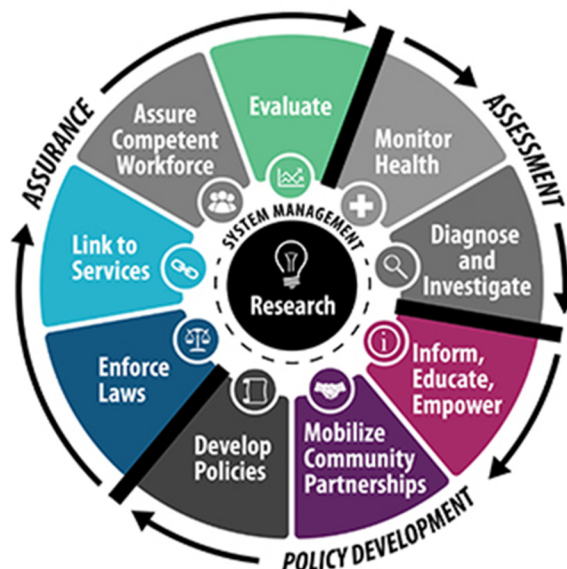


## 4.4 TEXAS VACCINES FOR CHILDREN

The Texas Vaccines for Children program (TVFC) provides low-cost vaccines to eligible children from birth through 18 years of age. This program provides vaccines at no cost to the provider. Texas leads the nation in uninsured or underinsured children and by enrolling in TVFC, providers help remove barriers to immunization for this vulnerable population.



Figure 14: Vaccine Orders Processed, 2018
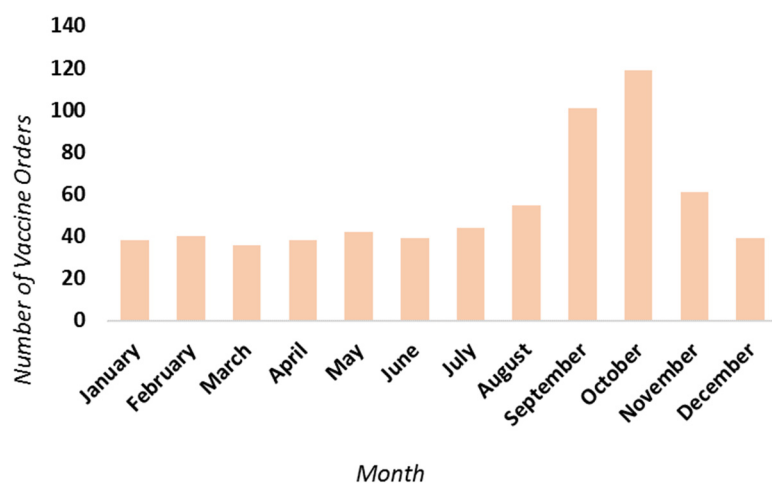
Data Source: WCCHD, Immunization Advocacy Division, 2018

The IAD processed

# 652

vaccine orders as TVFC provider support in 2018.

An increase in vaccine orders in August, September, and October corresponds to the Flu season and a decline in orders after the end of the Flu vaccine season reflects commonly-observed annual trends.

**Figure 15: Educational Outreach and Presentations, 2018**

| | | | |
|---|---|---|---|
| JANUARY 0 | FEBRUARY 2 | MARCH 2 | APRIL 4 |
| MAY 1 | JUNE 1 | JULY 1 | AUGUST 5 |
| SEPTEMBER 3 | OCTOBER 2 | NOVEMBER 2 | DECEMBER 3 |

The IAD participated in

**26**

outreach events promoting the importance of various adult and child vaccines as well as the TVFC and ImmTrac Program. Some of these events include:
- Vida Fest
- Breastfeeding Community Day
- Children's Health Festival
- Round Rock Independent School District College Fair
- WIC Nutrition Fairs

**Figure 16: Vaccine Doses Administered Through Texas Vaccine for Children and Adult Safety Net, 2018**

90,921 TVFC doses administered through 48 providers

88,679 Pediatric doses

1,612 Adult doses
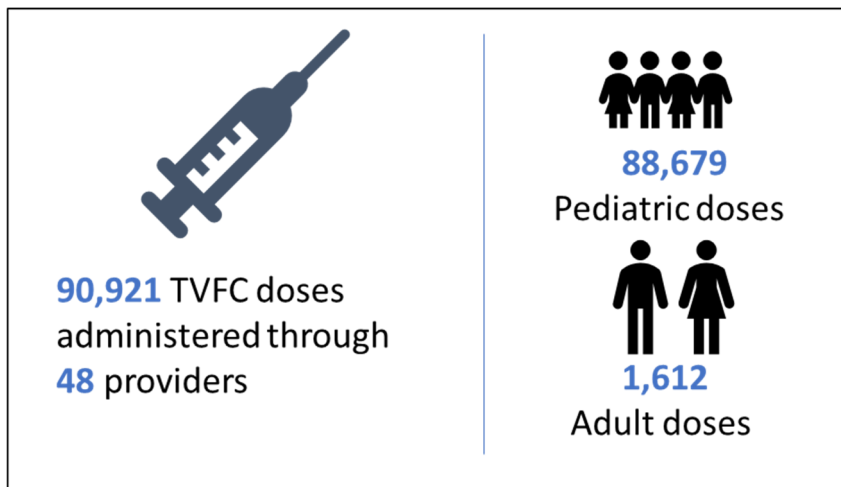
The IAD performed

**76**

provider site visits in 2018

The IAD reviewed

**1,237**

temperature logs as TVFC provider support in 2018

**SERVICE SPOTLIGHT**

WCCHD is one of only two health departments in Texas to join the National Influenza Honor Roll. The Influenza Vaccination Honor Roll represents the champions who have taken the lead in mandating influenza vaccination within their organization or institution. To be included in this honor roll, an organization's mandate *must* require influenza vaccination for employees and must also include serious measures to prevent transmission of influenza from unvaccinated workers to patients.

## 4.5 WOMEN, INFANTS, AND CHILDREN 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. Mothers, infants, and children who receive nutrition education and counseling, as well as proper nutritional intake, have been shown to live healthier lives.

In 2018, the WCCHD WIC program provided 71,840 encounters. At these visits, clients received nutrition education, enrollment in the Supplemental Nutrition Assistance Program (SNAP) benefits, assistance from breastfeeding peer counselors, and counseling from registered dieticians.

**Figure 17: WIC Encounters, 2014-2018**
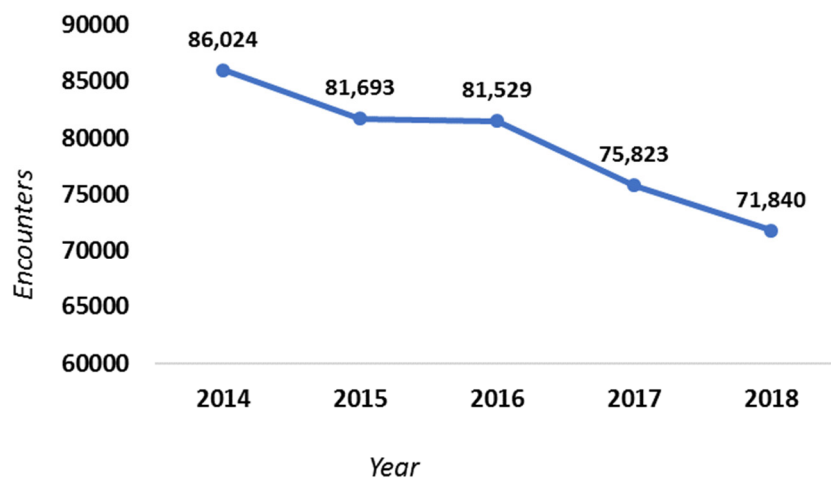


*Data Source: WIC, 2014-2018*

Following national and state trends, WIC encounters over time have decreased 16% over the past five years, from 86,024 encounters in 2014 to 71,840 encounters in 2018.

**Figure 18: WIC Encounters per Month by Public Health Center, 2018**



*Data Source: WIC Program, TXIN, 2018*
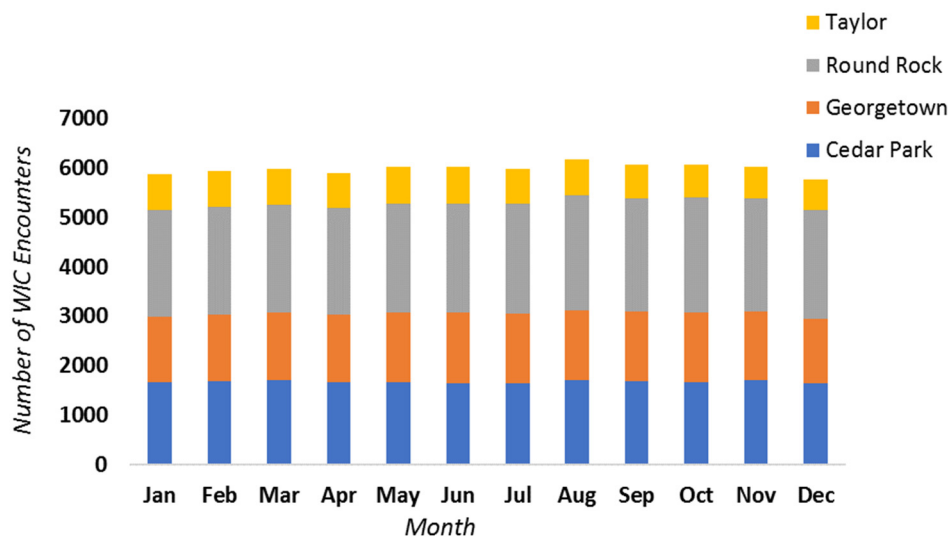
Effective June 1st, 2018, the City of Georgetown took full fiscal and operational responsibility of the Heritage Community Garden. The garden was created in 2003 as a way to allow community members to grow and access healthy foods in a shared space. WCCHD's horticulturist had managed the garden since 2004.



**SERVICE SPOTLIGHT: SUMMER ELECTRONIC BENEFITS TRANSFER FOR CHILDREN (SEBTC) PILOT DEMONSTRATION PROJECT**

During the spring and summer of 2018, the WCCHD WIC Program partnered with Texas WIC and Texas Department of Agriculture to pilot the Summer Electronic Benefits Transfer for Children (SEBTC). The SEBTC Demonstration facilitated the purchase of nutritious foods to help offset food insecurity for children during the summer months. Georgetown ISD was selected to participate in a SEBTC Pilot Demonstration Project. Eligible students that were enrolled in Georgetown ISD participating schools received a card with an approved food package, similar to the WIC approved food packages for children, during the months of June, July, and August in 2018.

During the month of May, WCCHD WIC staff provided trainings for parents at six Georgetown ISD Elementary schools. The trainings taught parents about the program, how to use the SEBTC benefits card at participating retailers, and the SEBTC cards were distributed. WCCHD WIC staff also provided customer support services throughout the summer 2018 benefits period.

The SEBTC Project provided the opportunity to gain access to nutritious foods to approximately 5,000 elementary, middle, and high school students throughout the summer.

This project not only helped WCCHD establish a solid partnership with GISD, but also promoted WIC services to the community.

# 5 MOBILIZING COMMUNITY PARTNERSHIPS

## 5.1 WILCO WELLNESS ALLIANCE

The WilCo Wellness Alliance (WWA) is Williamson County's health and wellness coalition. It is comprised of community members and organizations including healthcare, school, government, business, non-profit, and faith-based agencies. The WWA follows the Collective Impact Framework, which is designed for cross-sector collaboration. Collective Impact helps partnerships more effectively achieve common goals, solve complex social problems, and improve health outcomes. The WWA exists to align organizations to the Community Health Improvement Plan (CHIP), encourage collaborations, and to track and measure collective impact. The WWA consists of working groups that align initiatives to the top priorities identified in the Williamson County 2016 CHA.

**WWA in Numbers:**

**142**
Active organizations

**858**
Members
(**37%** increase over 2017)

**356**
Active members
(**28%** increase over 2017)

**32**
Meetings organized and led by WWA staff

**33**
Community coalition meetings attended by WWA staff

**20**
Presentations delivered to outside agencies by WWA staff
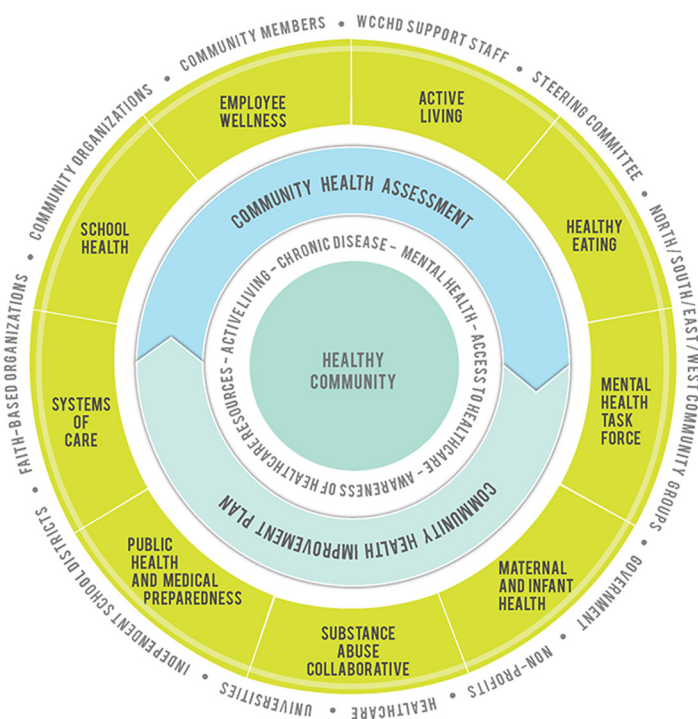
308 followers
**6.2%** increase over 2017
3397 reached

27 new followers
32,359 impressions

**2018 WWA Conference on Health Equity (April):**



**120** **Attendees**

The conference highlighted the importance of **health equity** in the county and the role it plays in the top five health priorities. UT Dell Medical School, Ascension Texas, Texas Health and Human Services Commission, Aunt Bertha, National Alliance on Mental Illness, Eastern Williamson County Collaborative, Williamson County Parks and Recreation, and Georgetown Health Foundation presented at the conference.

**CHA Facilitated Activities in Community Meetings (May):**

**2019 Williamson County Community Health Assessment**

The WWA played a large role in the 2019 CHA process. All working groups participated in the CHA stakeholder activity, which provided working group members with an opportunity to share thoughts and opinions on the needs and priorities of the county moving forward. WWA staff also worked with coalition partners to schedule focus groups for the CHA.



**Moms' Community Listening Forum (August):**



**55** **Attendees**

The Maternal and Infant Health working group hosted this forum to learn more about the needs, barriers, and challenges of Williamson County mothers. The WWA led six planning meetings, comprised of numerous partners, to plan, organize, and execute this event. WCCHD produced a Summary Report to share forum results and encourage partners to develop initiatives based on the needs of mothers and feedback from community organizations.

**The 8ᵗʰ Annual Mental Health in Schools Conference (November).**

**246** individuals from 36 agencies and school districts attended both days of the conference that focused on improving school safety by implementing social and emotional health techniques into the classroom.

The WWA utilized the healthywilliamsoncounty.org website for housing conference information and registration. The conference planning committee decided to gather additional data from conference attendees. As a result, the WWA administered a survey that captured more information about mental health needs in schools. Nine school districts participated in the survey. WCCHD staff analyzed survey data and produced a final report of findings.

**Challenges:**

In 2018, the WWA added a new working group focused on increasing access to cancer care. While the first meeting was very well attended, the long-term sustainability of the group proved to be a challenge. The WWA attempted to recruit new chairs for the working groups but saw little interest from community partners. More work needs to be done to re-formalize the structure of the WWA, which formerly included a steering committee and working group chairs.

## 5.3 SUICIDE PREVENTION ACTIVITIES

**Joint Task Force Facilitated Activity (May):** The Behavioral Health Task Force (BHTF), Child and Youth Behavioral Health Task Force, Alan's Hope, and other community stakeholders worked together to prioritize the top ten suicide prevention goals for the county, and to brainstorm ways to address these goals. WCCHD staff facilitated this activity and performed qualitative analysis on the brainstorming results, setting the stage for the development of actionable objectives. The first-ever county Suicide Prevention Plan is being drafted by the WCCHD and the BHTF Chair, and the BHTF will vote on final objectives in May 2019. These objectives will serve as a blueprint of action for achieving the priority goals and will be inserted into the newest Community Health Improvement Plan, integrating these efforts with existing coalition activities.

**Alan's Hope Suicide Prevention Guitars for Hope 5K (September):** The event raised awareness of the issue of suicide in the community and highlighted the resources available that help improve mental and physical health to prevent suicides from occurring. WWA staff played a large role in planning this event and supporting the month-long suicide prevention month efforts, through planning, organization, marketing efforts, and the creation of a Suicide Awareness Activities calendar, which challenged people to perform daily activities to .

**Suicide Epidemiology (Ongoing):** WCCHD staff work with the BHTF and Justices of the Peace to maintain a novel surveillance system for suicide reporting that is currently several years ahead of similar information available through state systems. 2018 was the first year that this collaboration was able to utilize complete information from the previous year, by collecting data in near real-time from all four Williamson County Precincts. Next steps will include WCCHD working with the task forces and elected officials to standardize reporting through the electronic Odyssey system, in terms of both data reported and reporting timelines, and expanding collection efforts to obtain more nuanced, actionable data, in order to inform interventions and identify areas/populations of higher need.

## 5.4 FULFILLING COMMUNITY DATA REQUESTS

The WWA worked with community partners to deliver presentations, trainings, and create data elements such as maps and infographics on a variety of topics. Some of the fulfilled data requests include:

- Healthywilliamsoncounty.org overview training for Texas State University students
- Smoke Free Round Rock infographic and smoke-free living presentations
- E-cigarette presentation at Round Rock Early College High School
- CHA/CHIP lecture at Texas A&M University
- Presentations at UT Health Science Center School of Public Health and Texas State Round Rock
- Moms' Community Listening Forum Report
- Aunt Bertha training presentation
- Leander Police Department presentation

Additionally, the WWA began working on the 8th Annual Mental Health in Schools survey report, a heat map for EMS opioid overdose calls, an Aunt Bertha resource list, and presentations for the Catch My Breath curriculum and the CHA/CHIP.

# 6 DEVELOPING POLICIES AND PLANS

## 6.1 PREPAREDNESS PLANNING

The Emergency Preparedness and Response Team (EPR) has been reorganized under the DCP Division but its primary mission remains unchanged. EPR leads planning and response activities in collaboration with local and state agencies for public health emergencies in the county. Its activities in educating and training WCCHD staff regarding their role in the District Operations Center ensure that staff are prepared to respond during an emergency.



**Planning and Coordination**

EPR began updating several key documents in 2018, including:

- District Operations Center Standard Operating Guide
- All-Hazards Emergency Preparedness Plan
- Pandemic Influenza Standard Operating Guide in collaboration with the Clinical Services Division and the Marketing and Community Engagement Division

**Points of Dispensing Site-Specific Plans**

The EPR Team noted that the Memoranda of Understanding (MOUs) with the Independent School Districts (ISDs) for Points of Dispensing (POD) sites were out of date. The team met with nearly all ISDs in the county including Round Rock, Georgetown, Taylor, Jarrell, Liberty Hill, and Hutto and is renewing these agreements. This is critical for the potential for mass dispensing of medical countermeasures. Once all MOUs are renewed, staff will work with school staff and local law enforcement to create site-specific plans. There is also an ongoing initiative to increase the number of Closed PODs with the county. These are agreements with businesses, universities or other private entities to provide them medications in a public health emergency. This would allow them to be self-sustaining and reduce the burden on open POD sites. EPR staff engaged Dell, Southwestern University, Sun City, and the Electric Reliability Council of Texas (ERCOT) for these agreements.

**Williamson County Medical Reserve Corps**

Utilizing 2018 Preparedness grant funds, WCCHD filled a new position for volunteer coordinator. This individual will be working to rebuild the Williamson County Medical Reserve Corps (MRC). The coordinator began organizing initial planning meetings with potential MRC leaders in 2018. The MRC is actively working to recruit and engage volunteers to support healthy, prepared, and resilient communities. These volunteers participated in the Community Health Assessment surveying and attended trainings coordinated through WCCHD. They will also be critical as support to emergency preparedness and response operations headed up by WCCHD and other county partners.

**Training**

Due to the high proportion of new employees on both the EPR team and across WCCHD, the education and training of staff regarding their role in Emergency Operations Coordination has been prioritized. EPR is working to ensure WCCHD staff have the required Incident Command System (ICS) Trainings as well as developing ICS section-specific training to prepare staff for activation in the new District Operations Center for the 355 Texas Avenue location. A corresponding Standard Operating Guide is being developed and trainings will be rolled out in 2019.

**Exercises**

With staff turnover, there were no major exercises planned or conducted during 2018. However, the EPR team has constructed a new Multi-Year Training and Exercise Plan that includes a series of drills and exercises to be conducted over the next several years. It begins with the drills and Functional Exercise for the District Operations Center during the first half of 2019. The team will be leveraging partnerships within the county and with state partners such as the Department of State Health Services for future exercises.

**Response**

EPR plays a role in supporting countywide emergency response and is integrated into the Williamson County Department of Emergency Management as the Emergency Support Function 8 (Health and Medical) Lead during activations. All EPR staff are a part of the county's Red and Blue Emergency Operations Center Teams, participating in joint training efforts. Staff supported EOC activations during the October Boil Water Notice and heavy rain/flooding incidents throughout the fall of 2018.

# 7   ENFORCING LAWS

## 7.1   RETAIL FOOD

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 program also coordinates with WCCHD epidemiologists to identify the potential sources of food borne illness complaints and outbreaks. The WCCHD's retail food team conducted activities for the 1,569 Fixed Food Permits in Williamson County in 2018 (excluding schools and day care facilities). One restaurant had its permit permanently revoked as a consequence of continued violations.

**In 2018, the Retail Food Safety Program performed:**

| | |
|---|---|
| **2,670** | **Total Inspections,** including: |
| 209 | **Inspections of Temporary Food Establishments** |
| 154 | **Inspections of Mobile Food Units** |
| 39 | **Childcare Routine Food Inspections** |
| 236 | **General Sanitation/Environmental Inspections** |
| 381 | **Complaint Investigations** |
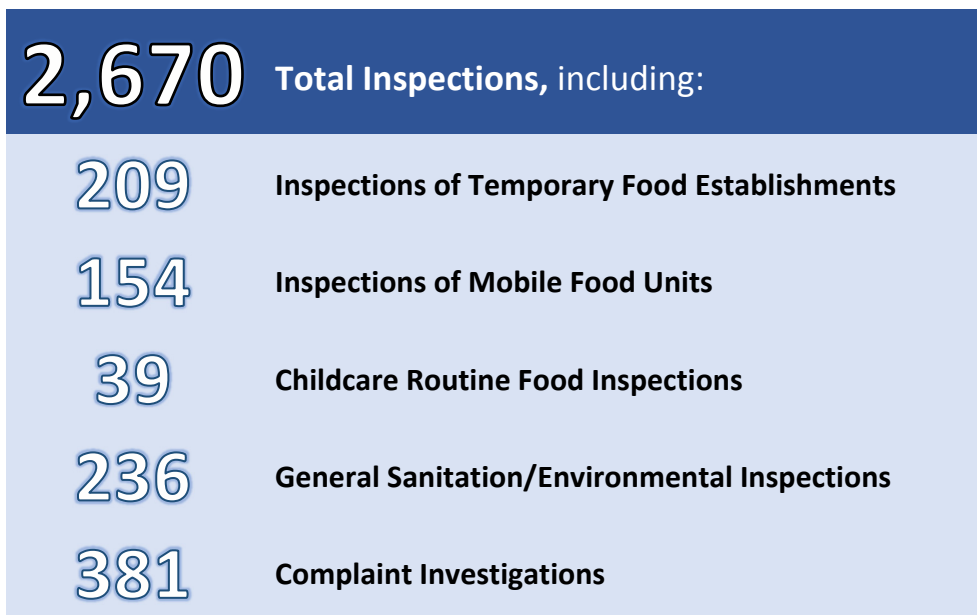
**Table 1: Routine Inspections for Fixed Food Establishments, 2018**

| City | Number of *Routine* Inspections |
|---|---|
| **Round Rock** | 725 |
| **Cedar Park** | 398 |
| **Georgetown** | 331 |
| **Leander** | 173 |
| **Hutto** | 73 |
| **Liberty Hill** | 58 |
| **Taylor** | 94 |
| **Other/County** | 165 |
| **Total** | **2,017** |
| *Data source: Accela, WCCHD Retail Food Program, 2018* | |

# 8 Linking to Services

## 8.1 DSRIP Activities

The WCCHD serves as a provider for the federal Delivery System Reform Incentive Payment (DSRIP) program, under the 1115 Medicaid Waiver. Through this program, WCCHD prioritizes service delivery to residents based on three criteria: enrolled in Medicaid, low-income, or uninsured (MLIU, collectively). A cross-functional team comprised of members from Clinical Services, Administration and Finance, and Quality and Strategic Management (QSM) measures performance against established standards to provide the highest level of care to the county's most vulnerable populations. DSRIP activities include vaccinating infants, adolescents, and adults; monitoring and counseling patients to maintain healthy body mass index (BMI), and ensuring that those with Latent Tuberculosis Infection (LTBI) receive complete treatment before they become infectious.



In 2018, the WCCHD provided direct health services to:

# 4,473

## Individuals
*Nearly three in four individuals served were MLIU.*

DSRIP activities directly address four of the ten Essential Public Health Services. Through DSRIP activities, WCCHD:

- Monitors patient health through screening and assessing individual needs
- Diagnoses and investigates health conditions, prescribing appropriate follow-up
- Provides direct services and works with other area providers to ensure all patients receive the care they need
- Educates patients in the county, providing the tools they need to maintain healthy lifestyles

**Figure 19: Clinical Service Encounters by Payer Type, 2018**



- ■ Medicaid
- ■ Low Income Uninsured
- ■ Unknown
- ■ Private Insurance
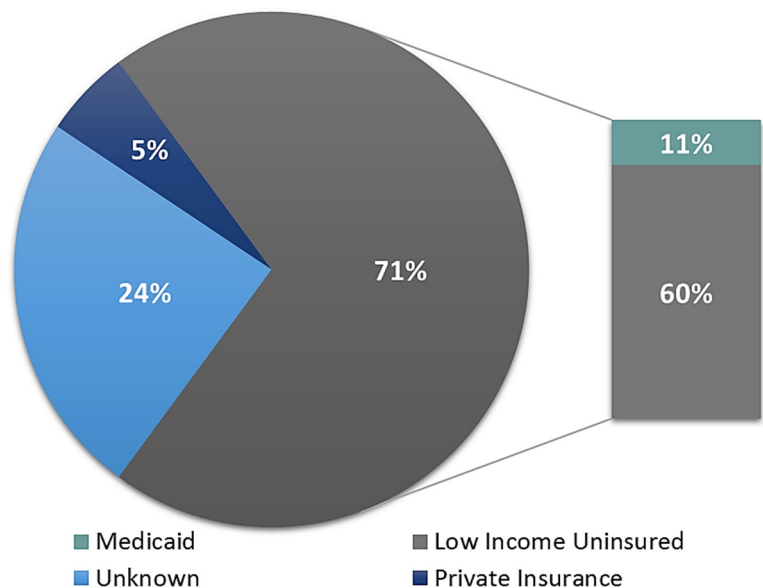
WCCHD provides clinical services at all public health centers (PHCs), including locations in Cedar Park, Georgetown, Round Rock, and Taylor. In 2018, WCCHD provided 8,094 clinical encounters, within 5% of the five-year rolling average of 8,470. Factors which may have influenced the number of encounters in 2018 include changes in DSRIP measures and understaffing.

**Figure 20: Clinical Services Encounters, 2014-2018**
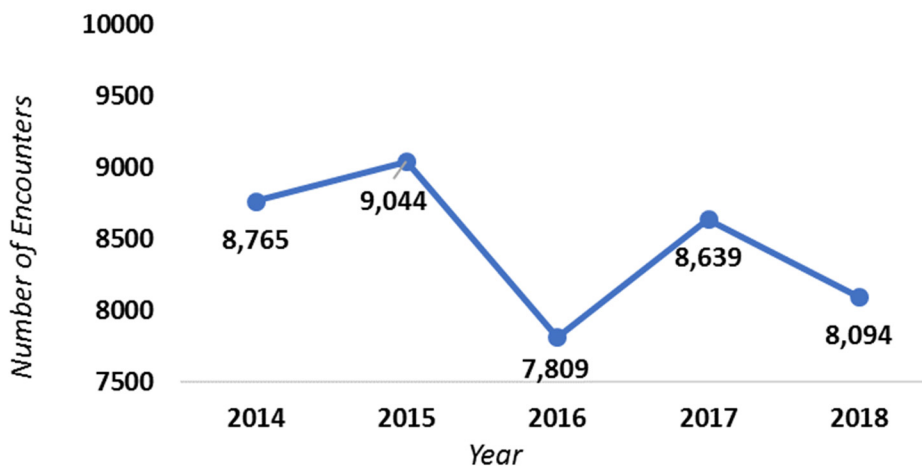


No active Tuberculosis encounters were included in count.
Data Source: CHASSIS, 2014-2015; eClinicalWorks, 2016-2018

**8,094**

**Clinical Encounters in 2018**

**Figure 21: Clinical Services Encounters per Month by Public Health Center, 2018**
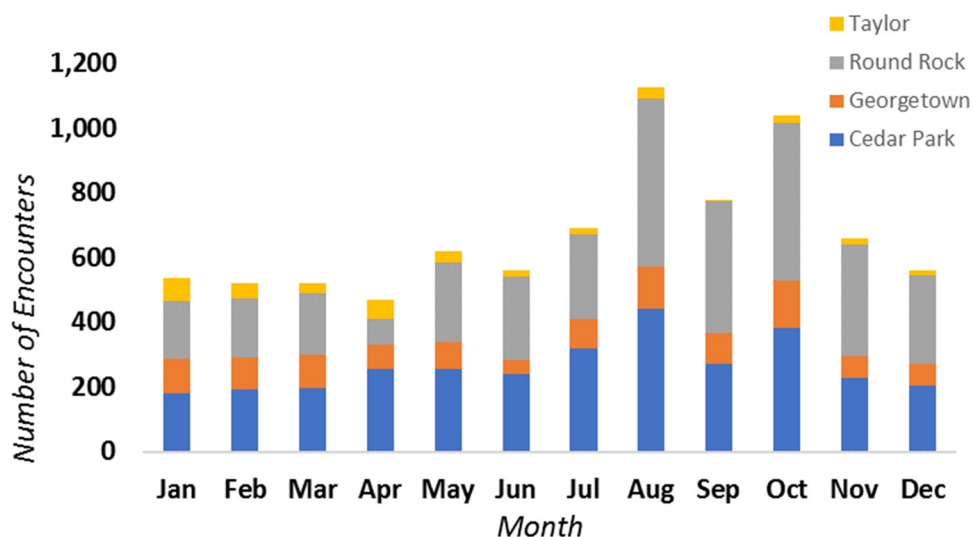


Clinical Services encounters excludes all active Tuberculosis encounters. Data Source: eClinicalWorks, 2018

**Figure 22: Clinical Services Encounters by Service Type, 2018**



Number of Encounters
Clinical Services encounters excludes all active Tuberculosis
encounters. Data Source: eClinicalWorks, 2018
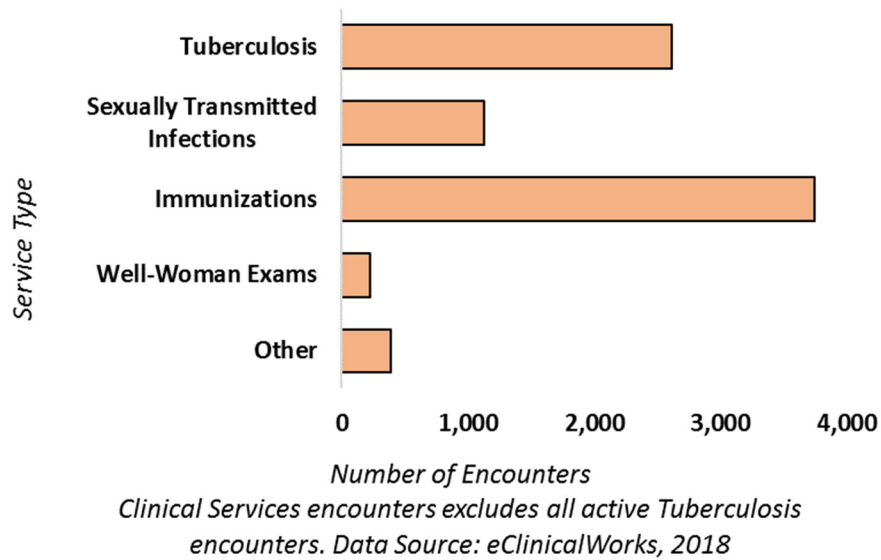
Immunizations and tuberculosis screening and treatment comprise the vast majority of clinical encounters, followed by Sexually Transmitted Infections (STI) screening and treatment, well woman exams, and other services.

## 8.2.1 Providing Immunizations

According to the Centers for Disease Control and Prevention (CDC), immunizations save lives by preventing many potentially serious illnesses and disabilities. Immunizations are a safe and important way to keep communities healthy. The four PHCs offer over 20 types of vaccines, helping county residents meet school, employment, and immigration requirements.

**Figure 23: Immunization Encounters per Month by Public Health Center, 2018**



Month
Data Source: eClinicalWorks, 2018
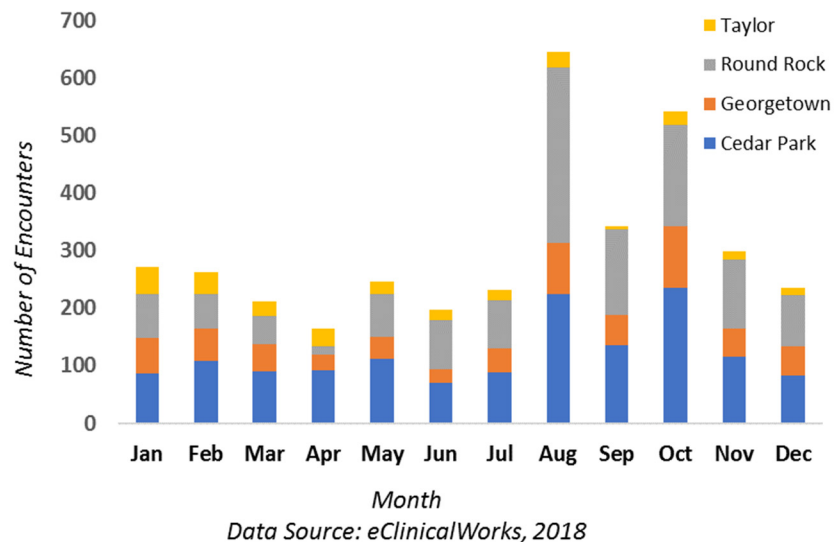
## 8.2.2 Clinical Outreach

In 2018, the WCCHD offered a variety of outreach events, bringing public health services *to* the community, outside of our clinics and routine hours of operation. These events included:

| Sports Physicals | Immunizations | Scheduling Services |
|---|---|---|
| WCCHD performed **76** sports physicals at Back to School Celebrations (August 5) | WCCHD administered **58** vaccinations at Children's Health Festival (August 18)<br><br>WCCHD vaccinated **620** Williamson County employees at Williamson County Employee Flu Shots (September 26 – October 1) | WCCHD scheduled **50** students for immunization appointments at Back to School Celebrations (July 31 and August 5)<br><br>WCCHD scheduled **50** immunization appointments at Children's Health Festival (August 18) |

The Program Eligibility and Social Services Division helps Williamson County residents overcome barriers to timely healthcare by helping them navigate the healthcare system and connect to resources and services.

The services provided by PESS include 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 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.
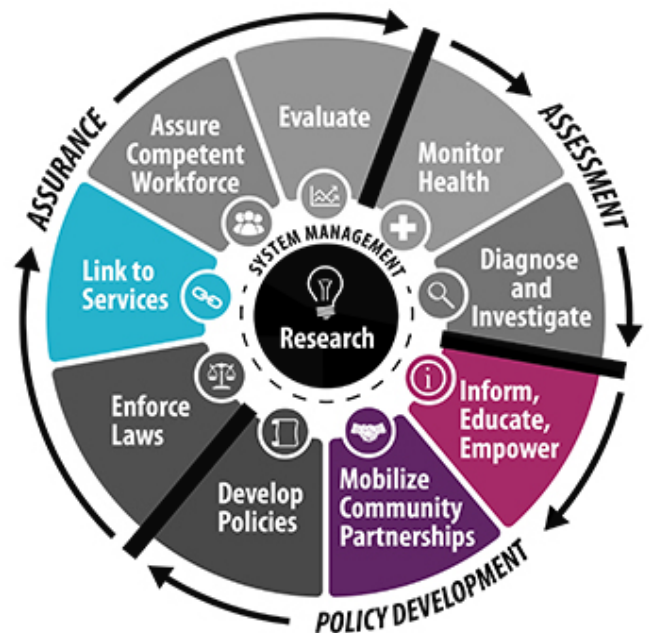
**Figure 24: Program Eligibility and Social Services Encounters per Month by Public Health Center, 2018**



*Month*
*Data Source: CHASSIS, 2018*

**Figure 25: Individuals who Received Social Services per Month by Public Health Center, 2018**



*Month*
*Data Source: CHASSIS, 2018*
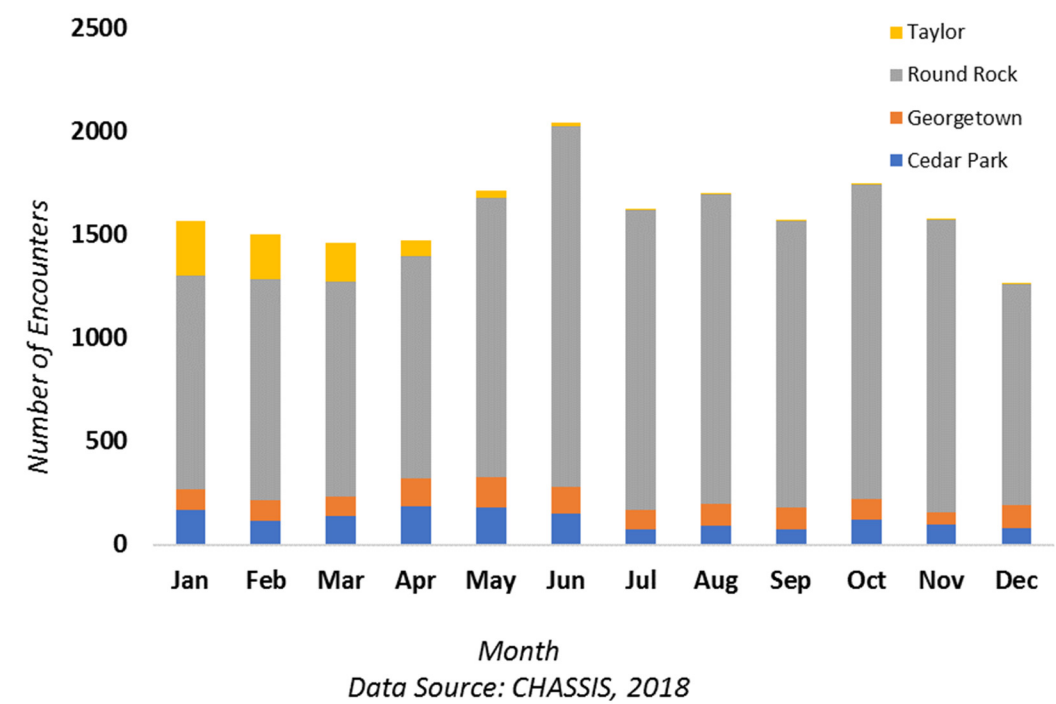
PESS documented

# 19,269

encounters with residents to help them live healthier lives, manage chronic conditions, and find a medical home
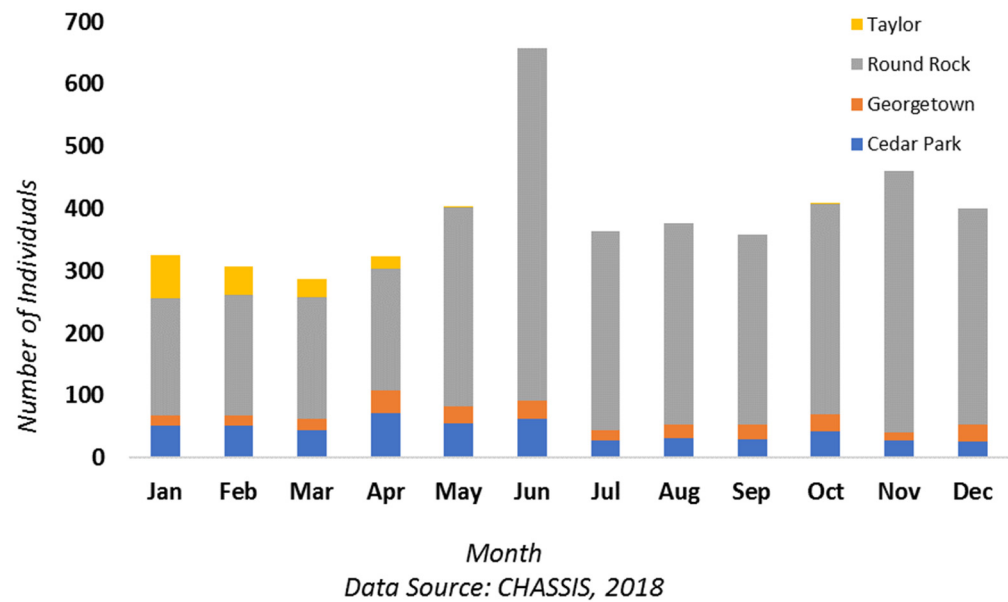
PESS saw

# 4,674

individuals

The PESS team conducted

# 54

home visits and

# 16

outreach events

**Figure 26: Williamson County Residents Served by Williamson County and Cities Health District Heat Map**
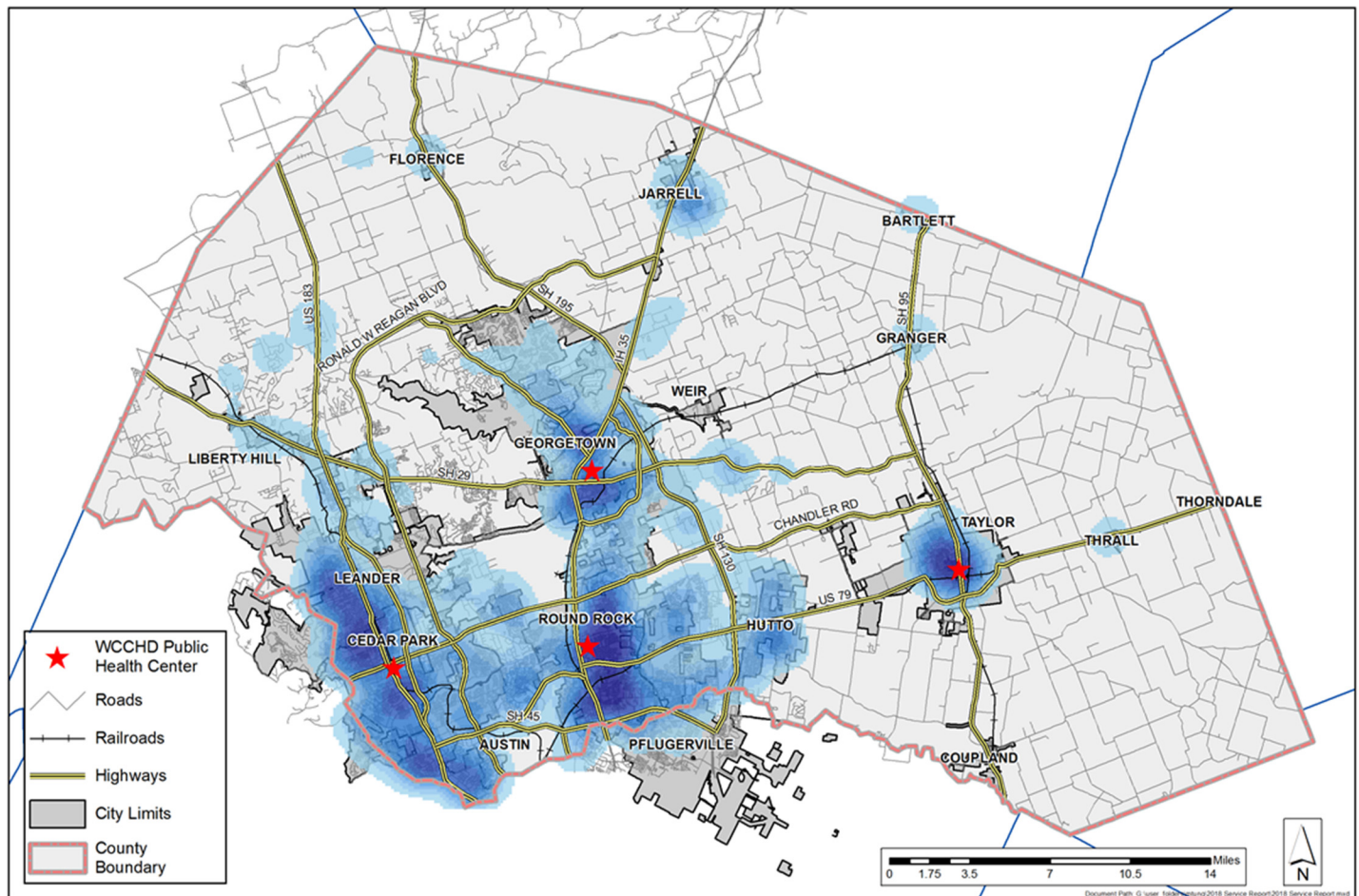


**Williamson County Residents Served by Williamson County and Cities Health District Heat Map**
This heat map displays the number of unique residents with a Williamson County address that received either a clinical service or patient navigation service from Williamson County and Cities Health District in 2018. Heat map was generated using kernel density estimation. The darker the color, the higher the density of individuals living in the area.
Data Source: eClinicalWorks and CHASSIS, 2018
Date Created: 3/22/2019

# 9 ASSURING A COMPETENT WORKFORCE

## 9.1 INTERNAL TRAINING AND WORKFORCE DEVELOPMENT

**Professional Development, Trainings, and Conferences**

- The TB Case Manager provided education to healthcare workers regarding the importance of TB screening and treatment. These trainings were delivered in-person at T.Don Hutto, Capitol Home Health Services, Heartland National Tuberculosis Center, and WCCHD and through live webinars and conference calls. The TB case manager also educated and trained community providers at the Lone Star Circle of Care, Baylor Scott and White, RediClinic, and Community Care.
- The Perinatal Hepatitis B coordinator taught two immunization workshops at the Baylor Scott and White Hospital in Round Rock to educate providers on vaccine-preventable diseases. These workshops were attended by close to 50 providers.
- WCCHD epidemiologists presented legionellosis and norovirus outbreak presentations at the 2018 DSHS Epidemiology and Laboratory Capacity Workshop
- The CDMT participated in a bioterrorism response tabletop exercise involving WCCHD staff and local stakeholders (EPR, EMS, hospitals, etc.) to identify roles and responsibilities during a bioterrorism event
- CDMT served as a panelist for the Disease Mapping, Spread, and Exposure section at the Geographic Information Systems (GIS) & Health Conference.
- Human Resources coordinated trainings for WCCHD employees on the following curriculum in order to continue serving internal and external customers efficiently and with safety in mind: Stop the Bleed, Office 365 Teams, Office 365 One Drive, Office 365 Groups, Conflict Management, Harassment Prevention, Building Safety, Fire Extinguishing, Maintaining Respect and Civility, Narcan, Building Resilience, and the Incident Command System.

**Abstracts Submitted**

- DCP submitted abstracts for a Legionellosis investigation and a potluck outbreak investigation to the 2019 Council for State and Territorial Epidemiologists (CSTE) annual conference, a healthcare-associated infection investigation abstract to the 2019 Association for Professionals in Infection Control and Epidemiology annual conference, abstracts for a norovirus outbreak investigation, hantavirus and taeniasis investigations to the 2019 Texas Public Health Association (TPHA) annual meeting.
- The QSM and Marketing and Community Engagement (MarCom) Division submitted an abstract for leveraging coalitions to improve community engagement to the 2019 TPHA annual meeting.

**Professional Presentations, Publications, and Educational Outreach**

- DCP delivered presentations on proper handwashing techniques, prevention and control of communicable diseases, reporting notifiable conditions, and promoting the use of GIS in the county
- QSM and MarCom published "Exemplars of Community Health Needs Assessment Collaboration - Action Collaborative on Bridging Public Health, Health Care and Community," an ad hoc activity associated with the Roundtable on Population Health Improvement at the National Academies of Sciences, Engineering, and Medicine (the National Academies).
- WCCHD continues to promote public health as a career choice through internship opportunities and shadowing partnerships with Texas A&M University, Texas State University, and Utah State University.

# 10 EVALUATING

## 10.1 QUALITY MANAGEMENT

The Quality Management (QM) Committee is comprised of volunteer staff representing all agency Divisions, who collectively develop, implement, and sustain WCCHD's culture of quality. QM Committee members undergo extensive training to help facilitate Quality Improvement (QI) projects, build proficiency in using QI tools, assist with program evaluations, and collaboratively craft QI policy for the agency. WCCHD implements improvements through a strategic framework—PDCA—which stands for "Plan, Do, Check, Act." This structured approach ensures that everything we do is intentional, measurable, and transparent, and logically builds upon itself.
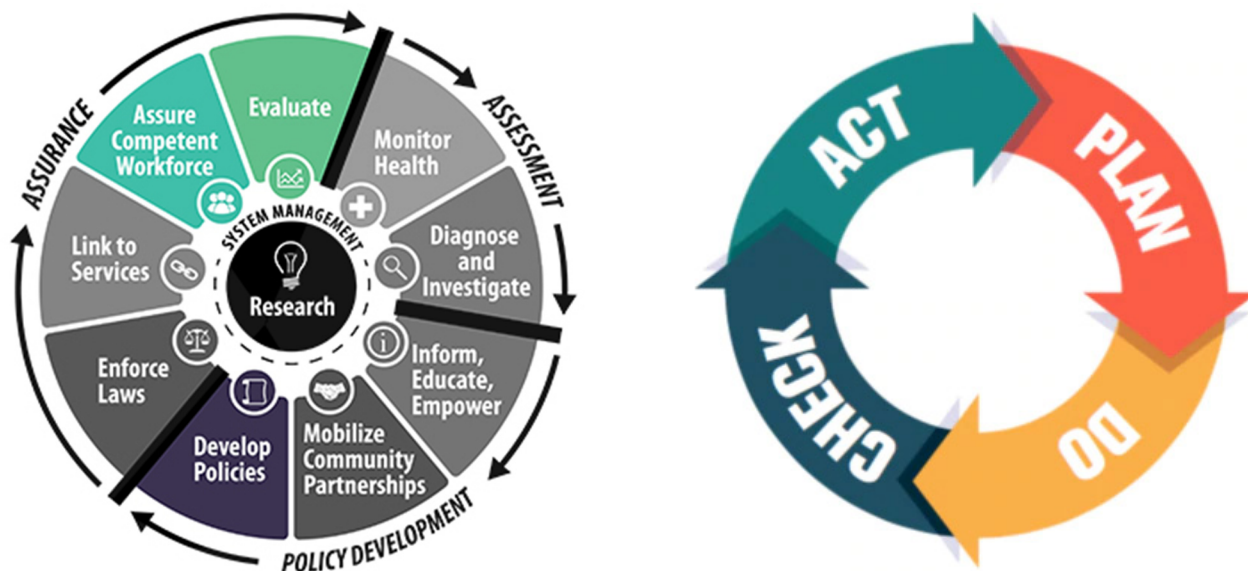


In 2018, QM Committee members helped establish public health QI competency tiers for all employee job descriptions, ensuring that *all* WCCHD staff have a vested interest in continuously improving the quality of our services. Additionally, Committee members helped facilitate the completion of 37 improvement cycles, moving projects from planning to implementation. These projects spanned the gamut of WCCHD operations and services, including:

- Improvements to vaccine inventory and storage procedures in Clinical Services
- A revised, database-linked electronic provider list for outreach in CDMT
- The creation of a new cross-functional team for transforming the way our agency plans, reports, and performs our measures under the 1115 Medicaid Waiver
- A Social Services project that reduced average times between client enrollment and "first contact" by staff
- A new Workshop Approval Form for staff travel to training events
- The implementation of Asana for more effective Project Management in QSM
- A new room reservation tool in Outlook for meeting facilitation
- Extensive improvements to our data collection and strategic approach to the 2019 CHA

$2.93

In taxes paid per capita
by Williamson County residents

$15.96

Spent by WCCHD per capita
on Williamson County residents

544%

**Return on Investment**
for Williamson County Taxpayers

In 2018, the Health District's total operating budget was $8,739,624. This equated to per capita public health spending of $15.96 based on U.S. Census estimates of the population in 2018 (547,545). Williamson County contributed $869,791 (10% of total revenues). The seven member cities contributed a combined total of $733,248 (8.3%). Together, the member governments' contributions totaled $1,603,039, or 18.34%, of the WCCHD's revenue. As such, Williamson County taxpayers, through their city and county taxes, provided $2.93 per resident to the WCCHD. With an average of $15.96 spent per resident, the WCCHD was able to provide a return on investment of 544% to its taxpayers through its adept leveraging of fees, state and federal grants and other sources of income. Of the budgeted revenue in 2018, 46.2% of the revenue was from state and federal sources.

During 2018, the WCCHD's executive and divisional leadership teams partnered to strengthen communication and enrich workflow with regard to procurement and budget-to-actual reporting in various ways, including the adoption of a new software module in the Health District's accounting database, Abila MIP Software. Each Division Director has defined database access and the capability to extract data, modify reports and financial data, and apply analysis practices, as needed.

For financial statements in accordance with Governmental Accounting Standards Board (GASB) for Williamson County and Cities Health District's 2018 operating revenues and expenditures, please reference the Comprehensive Annual Financial Report for the year ended December 31, 2018. The Health District's management staff has established an internal control framework to protect the assets from loss, theft or misuse and to compile sufficient reliable information for the preparation of the financial statements in conformity with Generally Accepted Accounting Principles (GAAP). This internal control framework is designed to ensure that the financial statements of the Health District are free of material misstatement.

One of the four main themes of WCCHD's 2017-2019 Strategic Plan is Sustainable Funding. The purpose of this theme is to reduce agency dependence on unstable funding streams and increase revenue. For six months of 2018, the WCCHD had a vacancy for a position dedicated to grant writing and grants management. In the fourth quarter of 2018, the QSM Division hired a new full-time Technical Writing Specialist to fulfill this functionality. One of the primary duties of this position is to manage grants from a strategic perspective, identifying new opportunities for funding and working to support program managers through research, the writing of grant applications, and facilitation of cross-functional teams which plan and execute grant projects and related activities.

Despite the long vacancy, in 2018 the WCCHD screened 320 grant opportunities and applied for funding from a variety of sources, including the Cancer Prevention and Research Institute of Texas (CPRIT), the Georgetown Health Foundation (GHF), and the Department of State Health Services (DSHS). The Immunization Advocacy Division received funding from the Crisis Cooperative Agreement to develop and train a network of coordinators to ensure full vaccination for first responders and tracking of immunizations via ImmTrac in Williamson County.

The WCCHD will expand its active pursual of grants in early 2019, with planning already underway for opportunities to reduce cancer through screening and vaccination against HPV, increase resident access to healthy food options in county buildings, and help patients addicted to nicotine to quit using.

# 11  WHERE WE'RE GOING: 2019 AND BEYOND

Despite myriad challenges in 2018—including high turnover of staff and leadership, a facility move, and major changes to the 1115 Medicaid Waiver program—the WCCHD excelled in providing essential services to the nearly 560,000 residents of Williamson County and offering an exceptional return on investment for residents.

In 2019, fresh leadership will guide a well-staffed Health District in refining what we do: expanding our scope of services and increasing patient access, striving for health equity in our communities, securing sustainable funding, and working with our extensive network of partners to build resiliency. The WCCHD will draft a new three-year Community Health Improvement Plan and agency Strategic Plan, laying the aspirational groundwork for what we hope to achieve in the near future. We will use the CHA and WWA working groups as a foundation, to ensure that our activities are always based on evidence and designed to yield demonstrable health outcomes in our communities. We will measure performance against our objectives and hold ourselves accountable for continuous improvement.

The future of Williamson County is bright. The population continues to grow, the economic outlook is rosy, and county partnerships have never been stronger. Now is the time to capitalize on these assets and ensure that *all* Williamson County residents stay healthy where they live, learn, work, pray, and play.

# 12 APPENDIX A: COMPREHENSIVE DATA BY DIVISION

Larger data sets referenced throughout the 2018 Service Report in highlights or in part, are contained in their entirety here and categorized by Division.

## 12.1 CLINICAL SERVICES

**Table 2: Total Clinical Services Encounters per Month by Public Health Center, 2018**

| Month | Cedar Park | Georgetown | Round Rock | Taylor | Total |
|---|---|---|---|---|---|
| January | 181 | 107 | 177 | 73 | 538 |
| February | 194 | 99 | 182 | 47 | 522 |
| March | 197 | 103 | 188 | 35 | 523 |
| April | 255 | 76 | 79 | 61 | 471 |
| May | 257 | 84 | 244 | 37 | 622 |
| June | 239 | 45 | 256 | 21 | 561 |
| July | 319 | 93 | 261 | 19 | 692 |
| August | 443 | 130 | 518 | 35 | 1126 |
| September | 272 | 93 | 409 | 5 | 779 |
| October | 382 | 148 | 486 | 24 | 1040 |
| November | 227 | 69 | 343 | 19 | 658 |
| December | 203 | 70 | 272 | 17 | 562 |
| **Total** | **3169** | **1117** | **3415** | **393** | **8094** |

*Note: Excludes all active Tuberculosis encounters*
*Data Source: eClinicalWorks, 2018*

**Table 3: Sexually Transmitted Infections Encounters per Month by Public Health Center, 2018**

| Month | Cedar Park | Georgetown | Round Rock | Taylor | Total |
|---|---|---|---|---|---|
| January | 43 | 2 | 49 | | 94 |
| February | 48 | 10 | 54 | | 112 |
| March | 43 | 11 | 69 | 1 | 124 |
| April | 70 | 9 | 25 | 2 | 106 |
| May | 46 | 11 | 61 | 1 | 119 |
| June | 56 | 4 | 28 | | 88 |
| July | 61 | 9 | 34 | | 104 |
| August | 25 | 5 | 20 | | 50 |
| September | 49 | 11 | 37 | | 97 |
| October | 49 | 6 | 32 | | 87 |
| November | 37 | | 20 | | 57 |
| December | 61 | 2 | 28 | | 91 |
| **Total** | **588** | **80** | **457** | **4** | **1129** |

*Note: Includes follow-up encounters*
*Data Source: eClinicalWorks, 2018*

**Table 4: Tuberculosis Encounters per Month by Public Health Center, 2018**

| Month | Cedar Park | Georgetown | Round Rock | Taylor | Total |
|---|---|---|---|---|---|
| **January** | 34 | 156 | 33 | 24 | 247 |
| **February** | 25 | 93 | 56 | 7 | 181 |
| **March** | 45 | 102 | 54 | 7 | 208 |
| **April** | 68 | 210 | 35 | 19 | 332 |
| **May** | 79 | 205 | 93 | 13 | 390 |
| **June** | 93 | 129 | 216 | 1 | 439 |
| **July** | 130 | 32 | 235 | | 397 |
| **August** | 104 | 15 | 256 | 6 | 381 |
| **September** | 79 | 17 | 293 | | 389 |
| **October** | 86 | 25 | 291 | | 402 |
| **November** | 51 | 18 | 180 | 4 | 253 |
| **December** | 42 | 15 | 148 | 4 | 209 |
| **Total** | **836** | **1017** | **1890** | **85** | **3828** |

*Note: Includes contact investigations carried out in 2018*
*Data Source: eClinicalWorks, 2018*

**Table 5: Immunization Encounters per Month by Public Health Center, 2018**

| Month | Cedar Park | Georgetown | Round Rock | Taylor | Total |
|---|---|---|---|---|---|
| **January** | 86 | 63 | 76 | 46 | 271 |
| **February** | 108 | 56 | 60 | 38 | 262 |
| **March** | 91 | 47 | 49 | 25 | 212 |
| **April** | 93 | 26 | 15 | 30 | 164 |
| **May** | 113 | 38 | 74 | 21 | 246 |
| **June** | 70 | 24 | 85 | 18 | 197 |
| **July** | 89 | 41 | 83 | 19 | 232 |
| **August** | 225 | 89 | 305 | 28 | 647 |
| **September** | 135 | 53 | 150 | 5 | 343 |
| **October** | 235 | 110 | 176 | 24 | 545 |
| **November** | 116 | 48 | 120 | 15 | 299 |
| **December** | 84 | 50 | 89 | 13 | 236 |
| **Total** | **1445** | **645** | **1282** | **282** | **3654** |

*Data Source: eClincalWorks, 2018*

## 12.2 DISEASE CONTROL AND PREVENTION

**Table 6: Disease Investigations by Type and Location, 2018**

| Investigation Type | Cedar Park | Georgetown | Hutto | Leander | Liberty Hill | Round Rock | Taylor | Other Wilco | Unknown | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **Sexually Transmitted Infections** | 58 | 122 | 58 | 56 | 20 | 252 | 68 | 100 | 0 | 734 |
| **Foodborne and Waterborne** | 30 | 83 | 18 | 33 | 13 | 97 | 16 | 56 | 0 | 346 |
| **Hepatitis** | 29 | 26 | 9 | 23 | 3 | 72 | 9 | 34 | 0 | 205 |
| **Vaccine Preventable** | 10 | 28 | 9 | 8 | 2 | 41 | 14 | 20 | 0 | 132 |
| **Foodborne Illness Complaints[3]** | 9 | 16 | 2 | 15 | 3 | 37 | 5 | 34 | 21 | 142 |
| **Respiratory** | 7 | 12 | 5 | 5 | 1 | 27 | 5 | 13 | 0 | 75 |
| **Zoonotic and Vector borne** | 4 | 5 | 3 | 2 | 1 | 8 | 1 | 5 | 0 | 29 |
| **Healthcare-Acquired Infections** | 1 | 7 | 1 | 1 | 0 | 6 | 5 | 4 | 0 | 25 |
| **Total** | **147** | **292** | **104** | **142** | **43** | **534** | **118** | **262** | **21** | **1663** |

## 12.3 IMMUNIZATION ADVOCACY DIVISION

**Table 7: Immunization Records Audited, 2018**

| Month | Count |
|---|---|
| **January** | 56 |
| **February** | 277 |
| **March** | 111 |
| **April** | 835 |
| **May** | 797 |
| **June** | 55 |
| **July** | 173 |
| **August** | 225 |
| **September** | 640 |
| **October** | 452 |
| **November** | 40 |
| **December** | 0 |
| **Total** | **2529** |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 8: ImmTrac Outreach, 2018**

| Month | Count |
|---|---|
| **January** | 399 |
| **February** | 168 |
| **March** | 850 |
| **April** | 583 |
| **May** | 569 |
| **June** | 55 |
| **July** | 173 |
| **August** | 225 |
| **September** | 640 |
| **October** | 452 |
| **November** | 40 |
| **December** | 0 |
| **Total** | **4154** |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 9: ImmTrac Records Brought Up-To-Date, 2018**

| Month | Count |
|-------|-------|
| January | 121 |
| February | 68 |
| March | 68 |
| April | 46 |
| May | 93 |
| June | 11 |
| July | 38 |
| August | 115 |
| September | 113 |
| October | 49 |
| November | 5 |
| December | 0 |
| **Total** | **727** |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 10: TVFC Temperature Logs Reviewed, 2018**

| Month | Count |
|-------|-------|
| January | 106 |
| February | 97 |
| March | 98 |
| April | 101 |
| May | 103 |
| June | 103 |
| July | 111 |
| August | 99 |
| September | 104 |
| October | 106 |
| November | 105 |
| December | 104 |
| **Total** | **1237** |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 11: Vaccine Orders Processed, 2018**

| Month | Count |
|-------|-------|
| January | 38 |
| February | 40 |
| March | 36 |
| April | 38 |
| May | 42 |
| June | 39 |
| July | 44 |
| August | 55 |
| September | 101 |
| October | 119 |
| November | 61 |
| December | 39 |
| **Total** | **652** |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 12: Educational Outreach and Presentations, 2018**

| Month | Count | Details |
|---|---|---|
| January | 0 | |
| February | 2 | |
| March | 2 | |
| April | 4 | |
| May | 1 | Opportunities for outreach/presentations decline in May (and early summer) with the end of the school year. |
| June | 1 | Immunization Workshop held on June 29, 2018 |
| July | 1 | Vida Fest |
| August | 5 | Breastfeeding Community Day, The Way Health Fair, Kids in Detention, Merced Housing Texas, Children's Health Festival |
| September | 3 | CDMT Training, RRISD College Fair, LISD College Fair |
| October | 2 | TECO Westinghouse Health Fair, Pediatric Center of RR |
| November | 2 | Texas Materials Health Fair, Bethany Methodist Training |
| December | 3 | WIC nutrition fairs |
| Total | 26 | Events Attended |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | | |

**Table 13: Hepatitis-B Positive Women Identified, 2018**

| Month | Count |
|---|---|
| January | 3 |
| February | 1 |
| March | 3 |
| April | 0 |
| May | 2 |
| June | 2 |
| July | 3 |
| August | 2 |
| September | 2 |
| October | 0 |
| November | 1 |
| December | 0 |
| Total | 19 |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 14: Infants Born to Hepatitis-B Positive Women, 2018**

| Month | Count |
|---|---|
| January | 1 |
| February | 1 |
| March | 2 |
| April | 2 |
| May | 2 |
| June | 0 |
| July | 1 |
| August | 1 |
| September | 4 |
| October | 0 |
| November | 1 |
| December | 0 |
| Total | 15 |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 15: At-risk Infants Completing Post-Vaccine Serology Testing, 2018**

| Month | Count |
|-------|-------|
| January | 0 |
| February | 0 |
| March | 1 |
| April | 0 |
| May | 1 |
| June | 2 |
| July | 2 |
| August | 1 |
| September | 2 |
| October | 1 |
| November | 1 |
| December | 1 |
| **Total** | **12** |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | |

**Table 16: TVFC Shots Administered, 2018**

| Name | Customer Type | Pedi Doses Administered | Adult Doses Administered |
|------|---------------|-------------------------|--------------------------|
| Dell Child Circle of Care at Hutto | Pediatric | 7160 | |
| Austin Regional Clinic Round Rock | Pediatric | 4228 | |
| Round Rock Pediatrics | Pediatric | 1076 | |
| Georgetown Medical Clinic | Pediatric | 1126 | |
| Round Rock Health Clinic | Pediatric | 10709 | |
| Wyoming Springs Pediatrics | Pediatric | 3028 | |
| Pediatric Center of Round Rock | Pediatric | 1104 | |
| LSCC Lake Aire Pediatrics | Pediatric | 12214 | |
| Kangos Pediatrics | Pediatric | 3000 | |
| Austin Regional Clinic - Cedar Park | Pediatric | 2364 | |
| ABC Medical Center | Pediatric | 317 | |
| Gabriel C Millar MD  PA | Pediatric | 1430 | |
| Treehouse Pediatrics | Pediatric | 2110 | |
| Cedar Park Pediatric and Fam Med | Pediatric | 340 | |
| Chisholm Trail Pediatrics | Pediatric | 570 | |
| Austin Regional Clinic - Hutto | Pediatric | 1131 | |
| Lone Star Pediatrics | Pediatric | 197 | |
| Lighthouse Pediatrics | Pediatric | 2334 | |
| LSCC Round Rock OB | Pediatric/Adult | 49 | 9 |
| Baylor Scott and White | Pediatric | 4106 | |
| Family Health Wellness at Lake Aire | Adult | | 622 |
| Gabriel C Millar MD PA | Pediatric | 532 | |

| | | | |
|---|---|---|---|
| **Seton Family of Doctors Round Rock** | Pediatric | 159 | |
| **LSCC Dell Child Cir Care Pedi TAMU** | Pediatric | 9210 | |
| **LSCC TAMUHSC Family Health Clinic** | Pediatric/Adult | 159 | 586 |
| **Cedar Park Pediatrics** | Pediatric | 3597 | |
| **Fam Care Center at Lake Aire Senior** | Adult | | 102 |
| **Dell Childrens Cir Care Whitestone** | Pediatric | 4109 | |
| **Seton Circle of Care Senior Health** | Adult | | 134 |
| **Family Medical Center** | Pediatric | 666 | |
| **Cedar Park Pediatric and Fam Med 2** | Pediatric | 463 | |
| **Lone Star Circle Care Taylor Health Ctr** | Pediatric/Adult | 463 | 135 |
| **Whitestone Pediatrics** | Pediatric | 2957 | |
| **Family First Healthcare** | Pediatric | 739 | |
| **River Ridge Pediatrics PA** | Pediatric | 255 | |
| **North Austin Pediatrics** | Pediatric | 388 | |
| **Chisholm Trail Pediatrics FC** | Pediatric | 261 | |
| **LSCC TAMUWWC at Texas AM** | Pediatric/Adult | 81 | 17 |
| **Georgetown Womens Center** | Pediatric/Adult | 48 | 7 |
| **Bluebonnet Trails Family Health** | Pediatric | 106 | |
| **Liberty Hill Pediatrics** | Pediatric | 1758 | |
| **Austin Regional Clinic Leander** | Pediatric | 117 | |
| **Austin Diagnostic Clinic Cedar Park** | Pediatric | 202 | |
| **CPPA Cypress Creek** | Pediatric | 281 | |
| **CAROUSEL PEDIATRICS MAYS CROSSING** | Pediatric | 2262 | |
| **Panda Pediatrics** | Pediatric | 1239 | |
| **North Austin Pediatrics** | Pediatric | 34 | |
| **SFOD Round Rock (New Provider)** | Pediatric | 0 | |
| **Totals** | | **88679** | **1612** |
| *Data Source: WCCHD Immunization Advocacy Division, 2018* | | | |

## 12.4 PROGRAM ELIGIBILITY AND SOCIAL SERVICES

**Table 17: Individuals who Received Social Services per Month by Public Health Center, 2018**

| Month | Cedar Park | Georgetown | Round Rock | Taylor | Total |
|---|---|---|---|---|---|
| January | 51 | 18 | 187 | 69 | 325 |
| February | 51 | 18 | 193 | 45 | 307 |
| March | 44 | 18 | 197 | 29 | 288 |
| April | 72 | 36 | 196 | 20 | 324 |
| May | 55 | 27 | 320 | 3 | 405 |
| June | 63 | 29 | 565 | | 657 |
| July | 29 | 16 | 319 | | 364 |
| August | 31 | 22 | 323 | | 376 |
| September | 30 | 24 | 304 | | 358 |
| October | 42 | 28 | 338 | 1 | 409 |
| November | 28 | 13 | 419 | | 460 |
| December | 27 | 26 | 348 | | 401 |
| **Total** | **523** | **275** | **3709** | **167** | **4674** |

*Data Source: CHASSIS, 2018*

**Table 18: Total Program Eligibility and Social Service Encounters per Month by Public Health Center, 2018**

| Month | Cedar Park | Georgetown | Round Rock | Taylor | Total |
|---|---|---|---|---|---|
| January | 167 | 99 | 1035 | 267 | 1568 |
| February | 118 | 95 | 1076 | 213 | 1502 |
| March | 140 | 94 | 1043 | 185 | 1462 |
| April | 188 | 135 | 1072 | 79 | 1474 |
| May | 182 | 144 | 1356 | 36 | 1718 |
| June | 153 | 129 | 1745 | 19 | 2046 |
| July | 75 | 91 | 1453 | 3 | 1622 |
| August | 89 | 111 | 1497 | 9 | 1706 |
| September | 74 | 103 | 1393 | 6 | 1576 |
| October | 121 | 100 | 1524 | 5 | 1750 |
| November | 96 | 61 | 1419 | 7 | 1583 |
| December | 82 | 109 | 1069 | 2 | 1262 |
| **Total** | **1485** | **1271** | **15682** | **831** | **19269** |

*Note: Excluded 13 encounters with 'off-site' as service site and 27 encounters with an unknown service site*
*Data Source: CHASSIS, 2018*

**Table 19: Total Number of WIC Encounters per Month by Public Health Center, 2018**

| Month | Georgetown | Taylor | Round Rock | Cedar Park | Total |
|---|---|---|---|---|---|
| **January** | 1332 | 728 | 2164 | 1657 | 5881 |
| **February** | 1349 | 724 | 2186 | 1689 | 5948 |
| **March** | 1363 | 727 | 2190 | 1709 | 5989 |
| **April** | 1361 | 704 | 2154 | 1672 | 5891 |
| **May** | 1420 | 731 | 2204 | 1666 | 6021 |
| **June** | 1424 | 741 | 2218 | 1642 | 6025 |
| **July** | 1414 | 707 | 2221 | 1650 | 5992 |
| **August** | 1422 | 719 | 2336 | 1696 | 6173 |
| **September** | 1406 | 674 | 2299 | 1690 | 6069 |
| **October** | 1406 | 669 | 2320 | 1674 | 6069 |
| **November** | 1376 | 637 | 2293 | 1712 | 6018 |
| **December** | 1311 | 617 | 2202 | 1634 | 5764 |
| **Total** | **15404** | **8378** | **26787** | **20091** | **71840** |
| *Data Source: WIC TXIN, 2018* | | | | | |