



Harris County
Public Health
Building a Healthy Community

STRATEGIC PLAN

2013 - 2018

January 2013

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Introduction

Purpose

The HCPH Strategic Plan: 2013-2018 (*Strategic Plan*) captures prioritized key issues affecting the organizational effectiveness of Harris County Public Health (HCPH) and the health of Harris County populations. It provides a foundation for the planning and implementation of the department's activities to ensure a healthier Harris County, and sets forth direction for establishing policy priorities that will ultimately drive organizational structure, program design and resource allocation.

Strategic Planning Process

In May 2012, HCPH convened a Strategic Planning Committee ("Committee") to guide the development of the *Strategic Plan*. This group was comprised of thirty representatives from across the HCPH organization, including executive, managerial and front-line staff.

To inform the development of the *Strategic Plan*, a variety of topics were presented to the Committee, which were then further discussed in break-out groups and among the full Committee. Utilizing the PEST analysis as a framework, the Committee conducted an environmental scan across a series of meetings to capture political, economic, socio-cultural and technology (PEST) trends relevant to HCPH operations. Demographic and health-related data were presented to the group – Dr. Stephen Klineberg of the Rice University Kinder Institute presented the 2012 Houston Area Survey findings, and Dr. Tom Reynolds of the University Of Texas School Of Public Health presented findings from the 2010 Health of Houston Survey. Concepts of health equity were presented by Dr. Anthony Iton of the California Endowment, and were further discussed following the viewing of a video clip from *Unnatural Causes* at a later meeting.

As part of the external environment scan, Committee members identified trends that were considered opportunities and threats to HCPH, as well as key stakeholders. Additionally, members identified HCPH's strengths and weaknesses with respect to the trends. An internal scan was also performed, evaluating HCPH's strengths and weaknesses with respect to leadership, the workforce, organizational culture and communication.

Using this information, Committee members identified a number of strategic issues – that is, fundamental challenges and opportunities anticipated to impact HCPH and public health in Harris County during the next five years. Five strategic directions and accompanying action strategies were then identified from these issues, forming the basis for how HCPH will advance the mission of public health in the next five years.

The process was completed in December 2012; the *Strategic Plan* was adopted in January 2013.

Background

Core Functions and Service Jurisdiction

HCPH provides public health assessment, policy development and assurance activities for residents of Harris County, Texas. These activities represent the core functions of public health. For a majority of services, the jurisdiction of HCPH includes the unincorporated areas of Harris County and over 30 municipalities (see Appendix A) located within the county, a total combined population of approximately 2.06 million. In addition, for some services, such as mosquito control and refugee health screening, the jurisdiction of HCPH includes all 4.09 million residents of Harris County, including the City of Houston. The HCPH mission, vision and core values presented below direct our service delivery.

Mission, Vision and Core Values

Mission

Promoting a Healthy and Safe Community
Preventing Illness and Injury
Protecting You

HCPH, Your Department for Life

Vision

Healthy People, Healthy Communities
...a Healthy Harris County

Core Values

Excellence
Compassion
Flexibility
Integrity
Accountability
Professionalism
Equity*

Guiding Principles

Guiding principles shape the way HCPH performs its work internally, with other stakeholders and with the broader public in order to effectively carry out its mission. As HCPH works towards advancing the priorities outlined in the *Strategic Plan*, strategies to improve population health will be developed and implemented with the following principles in mind:

- Health begins where we live, learn, work, play and worship.
- Health needs and opportunities vary across specific populations and at different phases of the lifespan.
- “Health equity is achieved when every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances’.”¹
- Multi-disciplinary approaches are necessary to efficiently and effectively target multiple public health outcomes with common risk factors for improvement (e.g. chronic disease and injury rates can both be improved with better community design that is facilitated by multi-disciplinary approaches).
- Community engagement that provides stakeholders and the broader public opportunities to weigh in on decisions impacting the public’s health is necessary to improve population health and achieve health equity.
- Evidence-based and best practice strategies² must be employed to the extent they are available and appropriate; HCPH will also maintain a role in contributing to the evidence or practice base.
- Community accountability for population health is necessary to *sustainably* assure the conditions in which people can be healthy.

HCPH Authorities and Mandates

The law establishes numerous public health legal authorities that allow HCPH to carry out its mission. In many cases but not all, mandates are paired with these authorities, therefore many assessment, policy development and assurance activities undertaken by HCPH are both authorized and mandated by federal, state or local statutes and regulations. Some mandates are written into local plans, such as the Harris County Basic Plan, which directs HCPH to assume an emergency response role for public health emergencies. Understanding public health legal authorities and the implications of externally-imposed mandates on activities and resources is critical when considering a future course of action for HCPH.

¹Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta, Ga: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.

² Evidence-based practices are deemed effective based on an accumulation of supportive, scientific evidence; best practices are often based on consensus recommendations of subject matter experts, guidelines, or anecdotal information from practitioners where scientific evidence is lacking.

Organizational authorities and mandates of HCPH range from broad, all-encompassing laws, such as a State of Texas statute which authorizes local health departments to provide “essential public health services,” to those that are specific to a certain area of practice, such as a local regulation requiring HCPH to provide rabies eradication and control services.

Committee members reviewed public health legal authorities and mandates as part of the environmental scan. A comprehensive list of HCPH authorities and mandates, including their source and key requirements, can be found in Appendix B.

Key HCPH Stakeholders

Stakeholders are persons, groups or organizations that can place a claim on an organization's resources, attention or output, or are affected by its output.³ In other words, stakeholders can affect or be affected by an organization's policies, objectives and actions. Recognizing and analyzing the needs, influence and resources of HCPH's key stakeholders is crucial to the development and implementation of organizational goals and objectives. The stakeholders of HCPH are many and varied, and include the following major categories.

- Harris County Residents/Public at Large

The residents of Harris County are the key constituents of HCPH. Because residents are the end-users of public health services, HCPH requires their engagement, support, cooperation, collaboration and feedback in order to pursue our mission.

- Commissioners Court

Harris County Commissioners Court is the stakeholder that most directly influences the funding policies of HCPH. Commissioners Court consists of four Commissioners, each an administrator of a County Precinct, and the County Judge. As the body that approves the HCPH budget, as well as administrative and programmatic requests, it is crucial that Commissioners Court has confidence in HCPH as a responsive, effective, credible and relevant organization.

- Governmental Agencies

- *Federal Agencies*

Federal governmental agencies influence HCPH by establishing national health and safety standards, publishing public health and clinical guidelines, setting environmental standards and setting priorities and goals that must be implemented at the local level. Examples of federal governmental agencies that influence the mission and activities of HCPH include the Centers for Disease Control and Prevention, the Environmental Protection Agency and the Department of Homeland Security.

- *State Agencies*

State governmental agencies influence HCPH by establishing health, safety and environmental rules and regulations; providing state and federal funding; administering legislatively mandated and other statewide programs; and collecting and disseminating statewide data. Examples of state governmental agencies that influence the mission and

³ Bryson JM, Alston FK, Creating and Implementing Your Strategic Plan, 1996

activities of HCPH include the Texas Department of State Health Services, the Texas Department of Agriculture and the Texas Animal Health Commission.

- *Local Agencies*

Local governmental agencies influence HCPH by collaborating and sharing resources on initiatives that benefit residents of Harris County and support the mission of HCPH. Local governmental agencies include other County departments such as the Institute of Forensic Sciences, the County and District Attorney's Offices, the Public Infrastructure Department, the Fire Marshal's Office and the Office of Homeland Security and Emergency Management. HCPH also works with agencies that are part of the many municipalities within Harris County such as the City of Houston Department of Health and Human Services, as well as local agencies in the region outside of Harris County.

- Medical Community

Physicians and other health care providers, hospitals, health insurance plans and the veterinary community are crucial to the mission and activities of HCPH. For example, HCPH works with the medical community to coordinate public health emergency preparedness planning, and depends on their reports of notifiable conditions to conduct disease surveillance and shape population-based prevention efforts.

- Legislators

The federal and state legislators who represent Texas and districts within Harris County impact the mandates and activities of HCPH by shaping federal and state laws and responding to constituents' concerns. The federal legislative delegation representing Texas and Harris County includes two U.S. Senators and 32 U.S. Representatives. The State legislative delegation representing Harris County includes seven State Senators and 25 State Representatives. HCPH works with the Harris County Office of Legislative Relations to inform legislators about public health issues and the impact of relevant legislation.

- Media

As an important means by which the community obtains health-related information, the media – including print, television, internet and radio sources – are important HCPH stakeholders. HCPH depends on local, state and national media to deliver timely and accurate public health messages; therefore HCPH must remain accessible, professional and knowledgeable when working with its media partners.

- Non-Governmental Organizations

- *Professional Organizations*

Professional organizations enhance the mission and activities of HCPH by providing guidance on mandates and policy, facilitating information exchange among partner agencies and coordinating opportunities for workforce development. Examples of national, state and local professional organizations with which HCPH or its employees affiliate include American Public Health Association, National Association of County and City Health Officials, Texas Association of Local Health Officials, Texas Environmental Health Association, Texas Veterinary Medical Association and Harris County Medical Society.

- *Community-Based, Faith-Based and Philanthropic Organizations*

Philanthropic, faith-based and community-based organizations can affect HCPH by influencing public opinion, the media and policymakers as well as collaborating and sharing resources on initiatives that benefit the community. Examples include American Heart Association (local chapter), St. Luke's Episcopal Health Charities, Houston Endowment, Interfaith Ministries, YMCA of Greater Houston and Society for the Prevention of Cruelty to Animals.

- *Community Consortia*

Community consortia and planning groups provide HCPH with valuable information regarding the public health and environmental needs among Harris County populations, as well as strategies for addressing them. Examples of community consortia and planning groups include Houston-Galveston Area Council, Ryan White Planning Council, Harris County Healthcare Alliance and Gateway to Care.

- *Civic Organizations*

Civic organizations and citizen groups influence HCPH by identifying, communicating and working to address important public health-related issues at the community and neighborhood-level. Examples of civic organizations include neighborhood associations, community health watch groups and community preservation groups.

- **Regulated Entities**

Following state and local laws, HCPH conducts permitting, inspection, monitoring and enforcement activities for a variety of business and industrial entities. The cooperation of food establishments, public drinking water systems and businesses in complying with

applicable environmental, health and safety-related regulations directly impacts the public's health and well-being, as well as the activities and resources of HCPH.

- Other Business Entities

Business entities have a vested interest in the health and well-being of its workforce; a healthier workforce is associated with higher worker productivity, lower absenteeism and lower healthcare insurance costs. Furthermore, healthy community design features attract businesses and generate economic growth, which in turn benefits the health and well-being of community residents.

- Academic Institutions

- *Institutions of Higher Learning*

By conducting relevant research and training future professionals, institutions of higher learning influence how HCPH puts into practice its mission and activities. Among the many area institutions that collaborate with HCPH, some include University of Texas Health Science Center at Houston (UTHealth), Baylor College of Medicine, University of Texas Medical Branch, Texas Southern University, Rice University Kinder Institute for Urban Research and University of Houston.

- *Independent School Districts*

As influential local leaders with access to a majority of Harris County residents, educators and administrators of the 22 Independent School Districts (ISDs) within Harris County provide HCPH with opportunities for disseminating public health information and resources to children, their families and communities at large.

- *Pre-Kindergarten Facilities*

Programs and facilities that provide pre-kindergarten education and care provide HCPH with access to the County's youngest residents and their families, and therefore can play a cornerstone role in helping families set foundational healthy behaviors. Examples of pre-kindergarten facilities include Head Start programs and child day cares licensed by the Texas Department of Family and Protective Services.

- Emergency Response Community

By providing information, resources, technical and logistical support, emergency response agencies and the community at-large influence HCPH's ability to plan for, respond to and recover from public health emergencies, both manmade and naturally-occurring. HCPH

collaborates with first responders such as police, fire and emergency management services; planning groups such as SouthEast Texas Regional Advisory Council, Local Emergency Planning Councils, and the Harris County Office of Homeland Security and Emergency Management; and state and federal partners such as Texas Department of Public Safety, Texas Department of State Health Services and the Centers for Disease Control and Prevention. Faith and other community based organizations, volunteer groups, the business community and the lay public also shape preparedness activities, and are activated to support response efforts.

- HCPH Staff

HCPH employees are the backbone of the organization, executing the HCPH mission on a daily basis. By providing public health assessment, assurance, policy development and education activities, HCPH employees protect and promote the health and safety of Harris County communities.

HCPH Executive Staff, which includes the Executive Director, Deputy Director and Division and Office Directors, are the key decision-makers for HCPH. By setting goals and objectives, allocating resources and guiding policy and procedure, HCPH depends on their leadership to ensure that we follow our mission.

HCPH Strengths, Weaknesses, Opportunities and Threats

Identifying HCPH's internal strengths and weaknesses as well as its external opportunities and threats provides an overall systems view of the department and the factors affecting it. Recognizing these factors is crucial, as future goals and activities must include approaches for maximizing strengths and opportunities, overcoming weaknesses and managing threats.

As noted in the background section, Committee members conducted an environmental scan to assess the landscape in which HCPH operates, and to identify potential opportunities and threats to the organization. Members also identified HCPH's strengths and weaknesses with respect to the external environment, as well as organizational characteristics – namely leadership, workforce, culture and communication.

From this process, strategic issues became more apparent, as did strategies that HCPH could prioritize that would build upon existing strengths (S) to manage threats (T), capitalize on opportunities (O) and address weaknesses (W). It is important to note, however, that a strength in some cases may be a weakness in others, and that a number of threats provide potential opportunities.

Noted below are examples of how an analysis of HCPH strengths, weaknesses, opportunities and threats formed the basis for the strategic directions and action strategies outlined in the next section.

- Building on HCPH's current surveillance and assessment capacity (S/W) to respond to current and emerging public health issues (O/T).
- Utilizing the commitment, innovation and expertise of the HCPH workforce (S) to facilitate cross training opportunities and professional growth (O/T).
- Utilizing HCPH's access to information from the evidence or research base, as well as existing partnerships (S) to more effectively improve interest and support of HCPH and the broader public health mission (O/T).
- Building upon HCPH's existing partnership base (S) to share and leverage limited resources (O/T).
- Building upon the existing HCPH Evaluation Framework (S/W) to support quality improvement initiatives that systematically inform resource utilization and acquisition decisions. (O/T)

THE PLAN

The five strategic directions listed in this section, along with their respective action strategies will guide the planning and implementation of HCPH programs, services and activities for the next five years.

Strategic Direction 1: Enhance capacity to assess and proactively respond to current and emerging public health issues in a manner that optimizes population health and achieves health equity.

To advance the public health mission of “fulfilling society’s interest in assuring conditions in which people can be healthy,”⁴ HCPH must ensure that departmental efforts align with prevailing current and anticipated health needs of Harris County residents. Consistent with population health trends in the U.S., leading causes of preventable death have shifted away from communicable diseases that were more widespread in the early 20th century (e.g. tuberculosis) to more chronic diseases (e.g. heart disease) at the local level.

There is also growing recognition that while individual behavior plays a key role, opportunities to make healthy choices are shaped by the choices one has available. Social and economic conditions created by societal norms and policies in both health and non-health sectors determine these opportunities; such opportunities are not always distributed equitably across population groups.

Even further, Harris County’s rapidly changing population with respect to both growth and demographics, as well as its unique climate and physical conditions all have local implications for how HCPH will carry out its public health mission. Taken together, HCPH must engage in ongoing situational awareness to anticipate and respond to current and emerging public health issues effectively, and at the same time integrate principles of health equity so that reasonable and fair opportunities for good health are achievable for all Harris County residents.

Priority Public Health Issues

The Committee reviewed relevant data summaries from a variety of sources, such as demographic and public opinion data from the Rice University Kinder Institute’s Houston Area Survey, and health related data specific to Harris County from the University of Texas School of Public Health’s Houston Health Survey and the Texas Department of State Health Services, Center for Health Statistics. Additionally, the Committee considered public health mandates and community need; the data, anecdotal information and the level of service provided by other entities to address public health issues locally were considered to determine need.

⁴ Institute of Medicine, Committee on Assuring the Health of the Public in the 21st Century, Board on Health Promotion and Disease Prevention. The Future of the Public’s Health in the 21st Century. Washington, DC: The National Academies Press, 2003.

Based on this review, HCPH will employ evidence-based and best practice approaches while performing core public health functions – assessment, policy development and assurance – to address the following priority public health issues in the next five years (these are not listed in any priority order):

- **Food safety**
- **Environmental health**, including air quality and tobacco exposure, drinking water quality, neighborhood conditions and the effects of climate change.
- **Infectious diseases**, including vaccine-preventable diseases, mosquito-borne diseases, zoonotic diseases, communicable diseases and imported diseases.
- **Chronic diseases**, emphasizing determinants such as tobacco use, nutrition, physical activity, the built environment and various food environments.
- **Intentional and unintentional injuries**
- **Public health emergency preparedness**, including an all-hazards approach to planning, response and recovery activities for public health threats such as bioterrorism, weather-related disasters and pandemic influenza.
- **Social, mental and emotional well-being**

Action Strategies

Strategy 1a: Enhance HCPH capacity to conduct local surveillance and assessment activities in order to monitor health and environmental conditions with an emphasis on the priority public health issues.

Strategy 1b: Emphasize population-based approaches with “upstream solutions”⁵ that shape policy, educate, and build capacity among targeted groups and various sectors to bring about system-wide improvements in health.

Strategy 1c: Work towards the goal of eliminating health inequities by assessing the extent to which inequities exist among Harris County populations and preventing additional inequities that could occur as an unintended consequence of work by HCPH or community partners.

Strategy 1d: Systematically evaluate processes and impact of population-based approaches that HCPH employs to identify what works, what does not work, and ways to improve how HCPH addresses priority public health issues.

⁵ “Upstream” approaches address social, institutional and environmental factors such as living and working conditions that contribute to poor health, whereas “downstream” approaches focus on changing health risk behaviors at the individual level. Upstream approaches take into account the idea that individual behavior is strongly influenced by one’s environments and particular conditions.

Strategic Direction 2: Enhance investments in the HCPH workforce and workplace environment that foster effective communication, professional and leadership development and improved employee relations and well-being.

Following the 2008 economic recession, the public health workforce endured unprecedented budget cuts and workforce reductions across the nation. Locally, between FY 2010-2012, HCPH experienced substantial budget decreases at the federal, state and local levels, resulting in an overall reduction of approximately 30% of its workforce. Moving forward, HCPH must recalibrate and make a concerted effort to enhance its human capital.

Although leaner, the HCPH workforce is comprised of exceptionally talented and committed individuals representing an array of disciplines that range from health and medical sciences to entomology, environmental and veterinary sciences, all supported by staff who fulfill a wide range of critical administrative and financial support functions. Additionally, each staff member steps into the role of emergency responder in the event of a public health emergency.

HCPH must therefore maximize the skills of its workforce by investing in both its people and its working environment. Efforts directed towards improving communication, enhancing professional and leadership development opportunities and promoting overall employee well-being are critical for creating an environment that fosters worker productivity and retention of valued employees. Additionally, HCPH must properly align and develop worker skill sets with strategic priorities in order to effectively bring about improvements in population health.

Action Strategies

Strategy 2a: Identify critical workforce competencies and respective assets, gaps and priority areas to direct workforce investments that are required to advance strategic priorities.

Strategy 2b: Establish a structure that fosters leadership development for current and future leaders; ongoing professional development opportunities that align with strategic priorities; and opportunities to apply newly acquired skills and knowledge.

Strategy 2c: Identify key communication gaps and create mechanisms to address them systematically, employing both horizontal and vertical lines of communication within and across organizational units.

Strategy 2d: Develop a system that recognizes high work performance, effective team efforts within and across organizational units, achievement of goals and standards and overall advancement of strategic priorities.

Strategy 2e: Facilitate mentoring and cross-training opportunities such as job shadowing, team-building and volunteer activities within and outside employees' respective work units, as well as with organizational partners.

Strategy 2f: Adopt and implement policies and practices that support a workplace environment that promotes employee health and well-being.

Strategic Direction 3: Improve recognition, understanding and support of the HCPH organization, our activities and the broad mission of public health among our stakeholders.

Sometimes referred to as the “invisible profession” because it emphasizes population-based *prevention* of disease, illness and injury, public health is commonly unknown to the public and other stakeholders until there is a public health emergency or disaster. Additionally, public health is sometimes misunderstood as publicly funded healthcare, i.e. a healthcare safety net. Oftentimes, the perceived scope of public health is so narrowly defined that its relevance in mission to other sectors that serve the public’s well-being such as transportation, education, community and economic development or public infrastructure is overlooked.

HCPH must therefore examine ways to more effectively convey what public health is and HCPH’s role and activities in carrying out the public health mission. To heighten stakeholder awareness, interest and support of public health and HCPH, communication and messaging strategies must rely on research or the evidence base to best articulate public health benefits that are salient and specific to various sectors and audiences.

Action Strategies

Strategy 3a: Initiate and maintain targeted public relations and marketing campaigns that promote HCPH, our activities and the practice of public health in general among internal and external stakeholders.

Strategy 3b: Further advance HCPH as a trustworthy, “go-to” source for local, state or national public health information and guidance that is accessible to diverse audiences through multiple media.

Strategy 3c: Apply best practice approaches to broaden other sectors’ understanding of public health and its relevance to their respective interests.

Strategic Direction 4: Strengthen partnerships and develop robust networks that leverage organizational and community resources across stakeholders and advance HCPH and the public health mission.

The public health system is made up of entities in both the public and private sector whose actions impact the health of the public. Decisions made across various sectors – education, transportation, economic and community development, agriculture, public infrastructure, healthcare, and businesses and workplaces to name a few – have widespread impact on the quality of life and well-being of residents and therefore have public health implications.

HCPH must sustain, expand and strengthen its partnership base in order to advance the public health mission. Existing partnerships within organizational units abound; however, there is a need to improve coordination and accessibility of partners across HCPH. The complexity of factors that impact health calls for the development of new, less obvious partnerships so that health increasingly becomes a consideration and/or priority in other sectors. Furthermore, resources across organizations can be best maximized when leveraged and shared, which is more likely to shape the public health system into one that is more accountable and responsive to sustainable population health improvements.

Action Strategies

Strategy 4a: Identify partnership “gatekeepers”⁶ and strengthen linkages within HCPH to expand existing partnerships throughout the organization where appropriate.

Strategy 4b: Facilitate partnership-building opportunities across multi-sector stakeholders, encouraging partners in health and non-health sectors to identify and implement innovative solutions that promote and protect the public’s health.

Strategy 4c: Actively pursue opportunities to leverage and share resources among partners, avoid duplicative effort and facilitate sustainable public health practice through internal and external capacity-building efforts across community organizations.

⁶ Partnership gatekeepers (also referred to as partnership *brokers*) assume an intermediary role by granting others access to community partners and community members through the relationships they maintain. They are able to bring people together across traditional boundaries and help build and sustain relationships at the organizational level.

Strategic Direction 5: Emphasize acquisition and optimal use of tools and technologies that can be effectively deployed to advance our strategic priorities.

The current fiscal environment at the federal, state and local level places even greater pressure on HCPH to maximize its existing resources. This requires an examination of resource use for current activities, tools and technology, as well as measurable impact where feasible. HCPH must also develop a system to regularly identify and prioritize resource gaps that may be addressed through the reallocation of existing resources or acquisition of new resources.

Technological resources such as information technology and social media are rapidly evolving, which impacts how well we operate internally, as well as how we interact with external stakeholders. It is therefore incumbent upon HCPH to balance the need to maximize the potential uses of current technology with the ongoing need for efficiency and effectiveness that emerging technologies provide.

Action Strategies

Strategy 5a: Invest in systems that support ongoing, department-wide evaluation and quality improvement (QI) initiatives to identify opportunities to maximize existing resources and acquire needed resources.

Strategy 5b: Identify current uses of technology, data or other work tools within organizational units that can be diffused or integrated across the organization to improve overall efficiency and service delivery.

Strategy 5c: Identify potential uses of emerging technology or other work tools, evaluate their costs and benefits (tangible and intangible) and adopt such tools where appropriate.

Strategy 5d: Identify alternate funding sources and/or leverage current community assets to offset resource needs.

Strategy 5e: Develop an internal long-range budget plan that aligns with strategic priorities.

Conclusion

Each of the five strategic directions and accompanying action strategies described in the *Strategic Plan* serve as a roadmap for HCPH in the next five years. The *Strategic Plan* identifies the key public health issues around which we will focus our policies, programs and services, and prioritizes efforts to ensure that these activities are effective and conducted in a manner consistent with our mission, vision, core values and guiding principles. The *Strategic Plan* addresses internal factors that impact service quality and effectiveness, such as fostering departmental communication, staff development and leadership, and maximizing departmental resources. It also addresses factors external to HCPH that impact public health service delivery, including increasing stakeholder support and fostering effective partnerships.

In summary, this plan provides a foundation for the design and implementation of the department's activities to ensure a healthier Harris County, and sets forth strategic priorities that will ultimately drive organizational structure, program design and resource allocation.

Next Steps

An implementation plan will subsequently be developed by leadership staff to further outline specific goals, objectives and measurable time-framed targets. Additionally, any future plans that potentially have department-wide impact, such as a community health improvement plan or an HCPH quality improvement plan, must demonstrate how they advance the priorities identified in the HCPH *Strategic Plan*.

Appendix A: Municipalities within Harris County (Excludes the City of Houston)

- City of Baytown
- City of Bellaire
- City of Bunker Hill Village
- City of Deer Park
- City of El Lago
- City of Friendswood
- City of Galena Park
- City of Hedwig Village
- City of Hilshire Village
- City of Humble
- City of Hunters Creek Village
- City of Jacinto City
- City of Jersey Village
- City of Katy
- City of La Porte
- City of League City
- City of Missouri City
- City of Morgan's Point
- City of Nassau Bay
- City of Pasadena
- City of Pearland
- City of Piney Point Village
- City of Seabrook
- City of Shoreacres
- City of South Houston
- City of Southside Place
- City of Spring Valley
- City of Stafford
- City of Taylor Lake Village
- City of Tomball
- City of Waller
- City of Webster
- City of West University Place

Appendix B: Compilation of Key HCPH Authorities and Mandates

Authority/Mandate	Source	Key Requirements
Provide Essential Public Health Services	Texas Health and Safety Code Chapter 121	Provide personal health promotion and maintenance services; infectious disease control and prevention services; environmental and consumer health programs; public health education and information services; laboratory services; and administrative services
Perform Health Authority Duties	Texas Health and Safety Code Chapter 121	Administer state and local laws relating to public health
Report Notifiable Conditions	Texas Health and Safety Code Chapter 81	Receive reports of notifiable conditions and report them to TDSHS
Enforce Animal Cruelty/Disposition of Cruelly-Treated Animals Regulations	Texas Health and Safety Code Chapter 821	Enforce and apply state standards and regulations regarding animal cruelty and disposition of cruelly treated animals
Enforce Animal Regulations	Texas Health and Safety Code Chapter 822; Transportation Code Chapter 285; Harris County Animal Regulations	Regulate and permit dangerous dog and dangerous wild animals. Administer pet licensing program, enforce leash laws and prohibit roadside sale of animals.
Provide Rabies Eradication and Control Services	Texas Health and Safety Code Chapter 826; Harris County Animal Regulations	Investigate animal-to-people bites. Enforce rabies vaccination/quarantine requirements and standards
Meet Animal Shelter and Euthanasia Standards	Texas Health and Safety Code Chapter 823	Ensure that the County animal shelter meets or exceeds state standards for animal shelters and euthanasia
Provide Dog and Cat Sterilization Services	Texas Health and Safety Code Chapter 828	Ensure that pets adopted from the County animal shelter are neutered
Provide Mosquito Control Services	Texas Health and Safety Chapter 344; Texas Administrative Code Title 25, Chapter 267; Texas Agriculture Code Chapter 76	Provide surveillance, education and control of mosquito-borne disease in compliance with State licensure requirements and regulations regarding pesticide/herbicide application
Enforce Food Safety Regulations	Texas Health and Safety Code Chapter 437 and 438	Permit and inspect food establishments to ensure compliance with state regulations
Enforce Neighborhood Nuisance Abatement Law	Texas Health and Safety Code Chapter 341 and 343	Abate public nuisances through owner notification and prosecution
Enforce Occupational	Texas Health and Safety Code	Enforce state standards and regulations

Authority/Mandate	Source	Key Requirements
Health and Safety Regulations	Chapter 341	regarding sanitary conditions at businesses and places of employment
Enforce Public Drinking Water Regulations	Texas Health and Safety Code Chapter 341	Inspect public drinking water systems to ensure compliance with state standards and regulations
Enforce Swimming Pool Regulations	Texas Health and Safety Code Chapter 341	Inspect public swimming pools to ensure compliance with state standards and regulations
Comply with TPDES Pesticides General Permit	Clean Water Act Section 402; Texas Water Code Chapter 26	Minimize discharges resulting from application of pesticides to waters of the U.S.; prepare and maintain a Pesticide Discharge Management Plan
Enforce Litter Abatement Law	Texas Health and Safety Code Chapter 365	Monitor the disposal of litter and investigate illegal dumping activities to ensure compliance with state rules and regulations
Ensure Privacy of Protected Health Information	U.S. Public Law 104-101 - Health Insurance Portability and Accountability Act (HIPAA) of 1996; HIPAA Privacy Rule; Texas Health & Safety Code Chapter 181	Ensures application of HIPAA privacy and confidentiality standards for protected health information, including those related to electronic health records.
Perform Emergency Preparedness and Response Activities	Texas Government Code, Chapter 418; Harris County Basic Plan, Annex H.	Prepare for and respond to public health emergencies and disasters.