**Mission**

Improving the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

**Agency Goals and Action Plan**

Many of the action items related to all the goals represent ongoing, mission-critical functions that will continue during the five-year period of the strategic plan and beyond.

**Goal 1: Improve health through prevention and population-health strategies.**

**Action Items**

- **Action Item 1:** Improve public awareness about the benefits of early childhood immunizations by 8/31/2021.
- **Action Item 2:** Increase public awareness about the impact on chronic disease of overweight and obesity and a lack of physical activity by 8/31/2021.
- **Action Item 3:** Reduce tobacco use in Texas by 8/31/2021.
- **Action Item 4:** Improve maternal/child health outcomes by 8/31/2021.
- **Action Item 5:** Improve communication, coordination, and collaboration between public health officials in Texas and Mexico by 8/31/2021.

**How Goal 1 and Its Action Items Support Statewide Objectives**

**Accountability**

Prevention and population health strategies can reduce the disease burden on Texans and the health care system. The strategies can reduce the cost to the state in Medicaid dollars and uncompensated care by preventing and/or mitigating the consequences of a variety of diseases and conditions. Many research publications
demonstrate a significant return on investment for evidence-based and prevention health programs.

**Efficiency**

The transformation of the Department of State Health Services (DSHS) under Senate Bill 200, 84th Legislature, Regular Session, 2015, calls for streamlined operations focused on public health. DSHS uses evidence-based strategies for prevention and population health. These are approaches that are proven effective through research or practice. Using proven strategies to improve health ensures funding is not wasted and that its use will drive positive health outcomes across a spectrum of health issues, including infectious and chronic diseases.

**Effectiveness**

Prevention and population health strategies are at the core of DSHS public health functions. The action items identified in this goal address key health areas affecting Texas and allow DSHS to work to incrementally improve the health status of Texas. A foundation of public health is the use of data to guide decision-making about various public health interventions. This data helps draw conclusions about the success of health programs and interventions and improvements or enhancements that may need to be made. Data also support the use of evidence-based programs that are proven effective through research or practice.

**Excellence in Customer Service**

DSHS also serves the state by helping improve health outcomes through its leadership in public health in Texas. DSHS is actively involved with stakeholders, taking input through public meetings and other forums. Multiple advisory committees provide recommendations for program improvements. These advisory committees cover a myriad of health topics including public health, cardiovascular disease and stroke, diabetes, and emergency medical services.

**Transparency**

Communication with stakeholders, public awareness, and education are key components in executing the action items for this goal. Texans will have an opportunity to learn and understand the components to improve health and well-being. DSHS has a solid public presence through its website, news media relations, public awareness campaigns, social media platforms, and other outlets that disseminate information about the agency’s activities and initiatives.
Other Considerations for Goal 1

Immunizations

DSHS immunization activities improve quality of life and life expectancy by achieving and maintaining an environment free of vaccine-preventable diseases. Vaccines are a cost-effective public health disease control measure.

To that end, increasing early childhood immunizations is a strategy embedded across the agency in several programs. DSHS will conduct public awareness campaigns focusing on increasing provider education about the importance of childhood immunizations. Data from the Centers for Disease Control and Prevention (CDC) has shown that a strong provider recommendation will help sway parents to immunize their children on the recommended schedules. Resources will be made available to assist providers in making strong recommendations to parents to vaccinate their children.

Future campaigns may also target parents of young children to educate them on the importance of childhood immunizations and following the immunization schedule recommended by the Advisory Committee on Immunization Practices.

DSHS immunization activities seek to increase vaccine coverage levels. In 2014, the immunization coverage level for children 19–35 months was 64 percent. DSHS is actively pursuing strategies to increase immunization rates across the state. Key strategies include:

- Educating healthcare providers and the public about immunization services and their public health value;
- Providing education about receiving immunizations in the medical home;
- Promoting the use of ImmTrac, the statewide immunization registry, used for tracking and reporting vaccines and antivirals and for disaster preparedness purposes;
- Encouraging use of reminder/recall systems within the healthcare setting; and
- Working with stakeholders, including the Health and Human Services Commission (HHSC), the Department of Family and Protective Services, and other state agencies, to improve implementation of these strategies.

Obesity

Poor diet and physical inactivity often lead to being overweight and obese, the second leading cause of preventable mortality and morbidity in the United States (U.S.). For more information, please see the Health Trends discussion in Section E.2.1 of Schedule E, the Health and Human Services (HHS) System Coordinated Strategic Plan.

DSHS works to reduce the burden of death and disease related to obesity in Texas. It monitors the nutrition and physical activity status of Texans to identify emerging problems; provides leadership and expertise to state-level stakeholders, partners,
and groups; and provides training and technical assistance to communities and worksites to facilitate policy and environmental change strategies to reduce obesity and related chronic diseases. Specific activities include:

- Development and oversight of the Strategic Plan for the Prevention of Obesity in Texas;
- Statewide training to increase capacity for implementing evidence-based policy and environmental change activities;
- Training and support for liaisons responsible for implementing wellness and health promotion strategies in worksites statewide;
- Oversight of CDC-funded and state-funded community interventions;
- Training, guidance, and support of staff in regional and local health departments to implement activities related to policy, systems, and environmental change in communities to prevent and control obesity; and
- Promoting collaboration and referral to employee assistance programs for supports, including stress management and behavioral health issues.

**Tobacco Use**

Tobacco use is the single largest cause of preventable, premature death and disease in Texas. For more information, please see the Health Trends discussion in Section E.2.1 of Schedule E, the HHS System Coordinated Strategic Plan.

DSHS implements a variety of initiatives to prevent tobacco use and initiation and to emphasize enforcement of state and federal laws limiting youth access to tobacco. These include public awareness campaigns and youth outreach initiatives to support program goals for preventing tobacco use, increasing cessation, and reducing exposure to secondhand smoke. Additionally, DSHS partners with the State Comptroller of Public Accounts and Texas State University in San Marcos to continue state efforts to enforce state tobacco laws. DSHS also partners with the U.S. Food and Drug Administration to enforce federal tobacco laws dealing with underage sales of tobacco. To assist tobacco users to quit, cessation counseling services are available statewide. DSHS works to address tobacco use in populations with chronic and behavioral health issues or who are at high risk to develop a tobacco-related health condition.

**Maternal and Child Health**

Improving the health and well-being of mothers, infants, and children in Texas is vitally important, because their well-being determines the health of the upcoming generation. For more information, please see the Health Trends discussion in Section E.2.1 of Schedule E, the HHS System Coordinated Strategic Plan.

The Healthy Texas Babies initiative seeks to modify maternal and infant risk factors for poor birth outcomes and infant death that exist across the lifespan, with an emphasis on persistent disparities affecting specific populations in our state.
**Border Health**

The Texas-Mexico border currently has some 2.9 million residents. DSHS works to improve communication, coordination, and collaboration between public health officials in Texas and Mexico to improve health and well-being by preventing chronic diseases and other public health threats. For more information, please see the Border Regions discussion, Section E.4.4 of Schedule E, the HHS System Coordinated Strategic Plan.

**Goal 2: Enhance public health response to disasters and disease outbreaks.**

**Action Items**

Action Item 1: Create and implement high-consequence infectious disease (HCID) strategies by 1/1/2018.

Action Item 2: Establish a communications platform to enhance epidemiological contact investigations and contact monitoring related to HCID by 1/1/2018.

Action Item 3: Enhance the state laboratory’s capability to provide timely testing results for more efficient and effective decision-making by 8/31/2021.

Action Item 4: Improve alignment and coordination of state and local public health functions to address key health issues by 8/31/2021.

**How Goal 2 and Its Action Items Support Statewide Objectives**

**Accountability**

Annex H of the State of Texas Emergency Management Plan calls for DSHS to serve as the lead agency for public health, and medical response and recovery planning in the state. This goal helps fulfill a core function for the agency. In this role, DSHS helps ensure Texans' needs are addressed in times of natural and man-made disasters and emergencies, including infectious disease outbreaks. The efforts of DSHS, along with local, state, and national partners, help to prevent, mitigate, or respond to the impact of these events on Texans.

**Efficiency**

DSHS is the lead agency for planning for public health, and medical response and recovery in the state. The related action items in this goal are relatively unique to DSHS and are focused on preventing or mitigating the spread of diseases that could have a significant impact on the state. As the state health department, DSHS will
work to improve the alignment and coordination of state and local functions. Better coordination of state and local functions will allow for more efficient use of resources and good stewardship of public funds.

**Effectiveness**

The ability for the state to help communities prepare for, respond to, and recover from a disaster or disease outbreak is a core function for DSHS. This includes significant public health threats such as Ebola and the Zika virus. The action items in this goal are the result of After Action Reviews of recent infectious disease events and other reviews intended to improve DSHS’ capacity to achieve its core functions.

**Excellence in Customer Service**

Through the DSHS website, media communications, and TexasPrepares.org, DSHS provides Texans key information on disasters and disease outbreaks. The information and education provided through these outlets serve the state by keeping its residents informed and equipped with tools to help them navigate through emergency situations. Working with stakeholders at the state and local level, including local/county health departments, Regional Advisory Committees, and the Texas Department of Emergency Management, helps keep a good communication flow throughout the response system and assists with determining needs during an emergency.

**Transparency**

Communication with stakeholders and public awareness and education are key components in executing the action items for this goal. Texans will have an opportunity to learn and understand the components of disaster preparedness and response and disease outbreaks. DSHS has a solid public presence through its website, news media relations, public awareness campaigns, social media platforms, and other outlets that disseminate information about the agency activities and initiatives as well as actions the public can take during an emergency.

**Other Considerations for Goal 2**

**High-Consequence Infectious Diseases**

Global travel opens the door for new infectious diseases to enter Texas and the United States. These diseases range from novel viruses to HCIDs that have been in existence for some time. For more information, please see the Health Trends discussion, in Section E.2.1 of Schedule E, the HHS System Coordinated Strategic Plan.
Epidemiological Contact Investigations and Monitoring

DSHS is responsible for identifying, investigating, controlling, and preventing more than 50 infectious diseases. In some situations, investigation and control of a disease require that the epidemiologist interact directly with the exposed or infected individual. For example, during the Ebola response, when regional and local health department and Emerging and Acute Infectious Disease Branch monitored 1,500 travelers from certain West African countries to detect symptoms indicating potential Ebola infection and to facilitate laboratory testing.

Monitoring or interviewing individuals who may have an infectious disease or be at high risk requires significant coordination and cooperation between public health and the individual being monitored or interviewed. Additionally, the data must be shared among local, regional, state, and federal partners, which currently involves a great deal of secure emailing, faxing, and data transcription and aggregation.

The proposed HCID Information Technology (IT) platform would serve as a secure electronic interface between public health and the exposed/infected person. This would allow the person to submit personally identifiable information and protected health information to public health at the individual's convenience via a website. The HCID IT platform, through various security settings, would allow all relevant levels of public health to view the data concurrently in real time. Queries could be built that would provide dashboards or other data displays rapidly for other sectors of the public health and medical communities such as health department administration and emergency medical services.

Laboratory Capacity

The DSHS Laboratory provides test results used for the treatment of infectious diseases, metabolic and genetic disorders, and some chronic diseases. In addition, the lab provides testing to support food safety and to ensure drinking water is safe to consume. The ability to provide quick, accurate, and reliable test results depends on properly functioning building infrastructure, the most up-to-date technology and testing methods to meet testing standards, and a highly skilled and trained workforce.

Laboratory technology is ever-changing to increase test result accuracy while decreasing the time to provide results. These changes to technology can require building infrastructure modifications to accommodate new equipment. Laboratorians working with these technologies require more advanced skillsets and highly specialized training. The lab needs to plan for changes in technology to be positioned not only to quickly add new services that can be vital when responding to emerging infectious diseases in Texas, such as Ebola and Zika virus, but also to be ready to use new technology to provide test results that lead to better and more timely treatment for patients or use of public health interventions.
Alignment of Public Health Functions

Local public health agencies and DSHS health service regions safeguard the health of Texans by performing preventive, protective, and other public health functions and effectively responding in an emergency or disaster. In the absence of local health departments and where local health departments provide limited services, DSHS health service regions provide public health services that reduce or eliminate conditions that lead to illness and injury, positively impact population health through communicable disease control measures, and perform critical functions related to public health and preparedness. DSHS health service regions also serve as the health authority for jurisdictions where none has been appointed.

Functions performed by the regional and local public health system include the following:

- Conducting activities associated with health education, health promotion, and assessment of health disparities;
- Planning for and responding to local public health emergencies such as communicable disease outbreaks or hurricanes;
- Performing communicable disease control measures, such as contact investigations for tuberculosis, human immunodeficiency virus, and sexually transmitted disease;
- Conducting active disease surveillance and epidemiological analysis;
- Enforcing local and state public health laws; and
- Collaborating with local health departments across the state to support or enhance local public health efforts.

Goal 3: Reduce health problems through public health consumer protection.

Action Items

Action Item 1: Continue to strengthen and enhance the Emergency Medical Services (EMS)/Trauma system by 8/31/2021.

Action Item 2: Improve compliance with food handling and manufacturing best practices to protect Texans from foodborne illnesses by 8/31/2021.

Action Item 3: Strengthen radiation control functions and preparedness by 1/1/2019.
How Goal 3 and Its Action Items Support Statewide Objectives

**Accountability**

Consumer protection functions ensure that Texans receive services or goods that meet certain standards designed to protect the public’s health. Whether it is the EMS/Trauma system, or food safety, or radiation control, these public health services are designed to prevent disease, reduce injury or death, and ensure a certain level of quality. The consequences of not having these services in place may create an additional health and safety burden on the state.

**Efficiency**

DSHS has the important mission to protect and promote the public health of Texans. DSHS works to ensure the availability of skilled EMS/Trauma service providers, to prevent foodborne illness by promoting good food handling and manufacturing best practices, and to prevent unnecessary radiation exposure of individuals or the public. These functions are important to the overall health of the state and are all integrally linked to the state’s emergency management functions.

**Effectiveness**

Monitoring and improving the quality of emergency medical care serves the public by providing standards of care that protect and improve emergency health outcomes for Texans. The response and mitigation of foodborne illnesses helps maintain the health, safety, and well-being of Texans. The effective prevention of unnecessary radiation exposure to the public fulfills a core and unique function for DSHS.

**Excellence in Customer Service**

Through the DSHS website, media communications, and other outlets, DSHS provides Texans key information on disasters and disease outbreaks and the status of various health services under the department’s public health purview. The information and education provided through these outlets serves the state by keeping its residents informed. DSHS also maintains toll-free numbers to accept complaints regarding these and other public health issues.

**Transparency**

Public health consumer activities are carried out by DSHS through interactions with stakeholders and the general public. Any rules implemented to support these action items go through a public comment process that helps ensure transparency and visibility of proposed activities. Information is available to the public through various communication forums such that the public has opportunities to stay informed.
Other Considerations for Goal 3

Emergency Medical Services / Trauma Systems

DSHS is responsible for developing, implementing, and evaluating a statewide EMS and trauma care system through 22 regional systems, including the designation of trauma and stroke facilities and oversight and system integration of EMS personnel, providers, first responder organizations, and education programs. Currently, there are approximately 63,000 EMS personnel, approximately 900 EMS providers, 143 designated stroke facilities, and 287 designated trauma facilities in Texas. The Governor’s EMS and Trauma Advisory Council advises DSHS on rules and standards for the system. House Bill 15, 83rd Legislature, Regular Session, 2013, requires DSHS to develop a perinatal level of care designation program with recommendations from the Perinatal Advisory Council, which advises DSHS on the rules and standards for both neonatal and maternal levels of care. It is anticipated that approximately 250 hospitals will request designation for some level of neonatal and/or maternal care.

Food Handling and Manufacturing

Texas has seen many foodborne illnesses, including Cyclosporiasis and Listeriosis. These illnesses are often smaller outbreaks handled locally in communities. DSHS may be involved in larger outbreaks that cross communities or that are part of a national foodborne illness investigation.

DSHS protects individuals in Texas from contaminated, adulterated, and misbranded foods by promoting food handling and good manufacturing practices and public health standards in food safety laws and rules and also by investigating foodborne illness outbreaks to identify sources of contamination. Also, DSHS protects school age children by inspecting school cafeterias.

Newly emerging pathogens and foodborne illness outbreaks associated with food items previously believed to be comparatively safe require DSHS to look at new and different considerations and methods to protect public health.

Radiation Control

DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response. It does so in a manner that maintains compatibility with the requirements of the 1963 Agreement between Texas and the U.S. Nuclear Regulatory Commission. DSHS sets standards for and inspects radiation-producing machines, such as X-ray, mammography, and lasers; and medical, industrial, and research facilities where any of these devices are used. The agency also sets standards for technicians using the devices. DSHS develops radiological emergency response plans and conducts full scale exercises on those plans at nuclear power plants.
Goal 4: Expand the effective use of health information.

Action Items

Action Item 1: Continue efforts to reduce potentially preventable hospitalizations by 8/31/2021.

Action Item 2: Use data on healthcare-associated infections (HAIs), and preventable adverse events (PAEs) to reduce incidence by 8/31/2021.

Action Item 3: Launch Texas Electronic Vital Events Registrar (TxEVER) vital records replacement system by 1/1/2018.

Action Item 4: Expand interoperable information systems across the department by 8/31/2021.

Action Item 5: Expand public access to data through technology, partnerships, and policy to improve decision-making around public health by 8/31/2021.

How Goal 4 and Its Action Items Support Statewide Objectives

Accountability

DSHS has been increasingly involved in state efforts to improve the quality and safety of health care in Texas. Initiatives involve the use of IT and data for service delivery, quality improvement, cost containment, and increased patient control. Reducing hospitalizations due to preventable conditions, HAIs, and PAEs can reduce costs in general healthcare, Medicaid, and uncompensated care.

Efficiency

The efficient use of health information allows for quick, informed, data-driven decisions to be made by the agency as well as health care providers, communities, and individuals. Health information can assist in the design of programs and interventions that result in healthier behaviors.

Effectiveness

The effective use of health information allows for DSHS to better focus resources or attention on specific health issues. It also provides information for communities and health care providers to use to improve these health outcomes. Providing health information to improve the health of the public is a core function of DSHS. IT staff work to improve service delivery, as well as looking forward on health care, population, and social trends.
Excellence in Customer Service

DSHS is committed to providing the citizens of Texas with safe, reliable, and efficient service. The availability of key health data for the public allows for more informed health decisions to be made by Texans. Expanding the use of health information among healthcare and public health professionals can facilitate quick and informed action in response to health risks and public health emergencies.

Transparency

The public availability of certain data allows the public to be increasingly informed and educated about conditions that may impact their health. By building on its current technology infrastructure and the effective use of health information, DSHS can help improve health and well-being in Texas.

Other Considerations for Goal 4

Potentially Preventable Hospitalizations

DSHS supports 13 counties that target activities toward people at risk for being admitted to a hospital for certain acute illnesses or worsening chronic conditions. These conditions can sometimes be avoided with the delivery of appropriate outpatient treatment and disease management.

The purpose is to improve the quality of health of the population within the counties while reducing health care costs through the reduction of hospital admissions. Goals include:

- Reduction of health care costs for the highest-cost, potentially preventable hospitalization conditions in Texas;
- Reduction of preventable hospitalization rates for congestive heart failure, chronic obstruction pulmonary disease, and diabetes complications; and
- Improvement in the quality of life, health, and well-being for Texans and their families.

Healthcare-Associated Infections and Preventable Adverse Events

HAIs and PAEs continue as significant causes of morbidity and mortality nationally and in Texas. In the United States, an estimated 722,000 patients acquire HAIs annually, and as many as 75,000 of those patients die during their hospital stay.\(^1\) In an effort to reduce HAIs and PAEs, the Texas Legislature mandated HAI reporting in 2007 and PAE reporting in 2009. General hospitals and ambulatory surgical centers in Texas must report certain central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections. Reportable PAEs not

\(^1\) Magill, et al., 2014.
related to infections can include events resulting in patient death or severe harm, such as a fall in a health care facility or an object left in patient after surgery.

In addition, certain multi-drug resistant organisms—bacteria that do not respond to many antibiotics—must now be reported by any health care provider, not just hospitals and ambulatory surgical centers. Well over 1,000 such infections were reported in Texas in both 2014 and 2015, making these among the most numerous of all reportable infections in Texas.

DSHS currently coordinates work on HAIs and PAEs with the Health Care Quality Analytics and Research Coordination office at HHSC.

**Texas Electronic Vital Events Registrar**

The purpose of the TxEVER project is to implement a fully-integrated, comprehensive electronic vital records system. This system will include electronic registration and data collection for all vital events, including birth, death, fetal death, marriage, and divorce. Services available with this new system include issuance, supplemental registration, verifications, and information provided from these vital events. The new system will allow for improved services and processing of data.

**Interoperable Systems**

Working with health and human services partners, including HHSC’s Office of e-Health Coordination, health information exchanges, and other entities, DSHS has been increasingly involved in state efforts to improve the quality and safety of health care in Texas. Initiatives involve the use of IT for service delivery, quality improvement, cost containment, and increased patient control. Health communication and health IT are central to health care, public health, and the way society views health. Interoperable systems will support a more robust use of health information data.

**Public Access to Data**

One of DSHS’ objectives is to be a source of information for assessment of community health and for public health planning. DSHS data are used to support research, grant applications, and policy development and to provide rapid response to health emergencies. DSHS also offers technical assistance in the appropriate use of the data it provides. DSHS is collaborating with other agencies, government authorities, and industry leaders in the development of innovative techniques for data dissemination. DSHS supports the development and application of consistent standards for privacy and statistical validity. DSHS Information Technology Security uses industry-standard technology and methodologies to identify, mitigate, and eradicate security risks, including viruses, malware, and cyber-terrorism. Keeping personal data and public health information secure demonstrates our commitment to adhering to state and federal guidelines.
Redundancies and Impediments

DSHS went through the Sunset process during the 2014–2015 review cycle. The Sunset process addressed many DSHS issues that could have fit in this category. Also, one of the future outcomes of the HHS System transformation is to make operations more efficient and effective.

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<tr>
<th>Service, Statute, Rule, or Regulation</th>
<th>Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations</th>
<th>Agency Recommendation for Modification or Elimination</th>
<th>Estimated Cost Savings or Other Benefit Associated with Recommended Change</th>
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<tr>
<td>Tex. Health &amp; Safety Code § 81.052, Reports and Analyses Concerning AIDS and HIV Infection.</td>
<td>Changes in disease detection and case classification have de-emphasized acquired immunodeficiency syndrome (AIDS) as a stage of human immunodeficiency virus (HIV) infection. Projection of AIDS cases have limited utility for planning or evaluating programs and services.</td>
<td>Delete Subsection (c): &quot;The department shall annually project the number of AIDS cases expected in this state based on the reports.&quot;</td>
<td>Staff time expended in projection of AIDS cases will be saved.</td>
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<td>Tex. Health &amp; Safety Code § 85.014. Technical Assistance to Community Organizations.</td>
<td>Assistance to community organizations on recruitment and management of volunteers, writing grants, and managing effective community health programs are widely available from public and private sources. HIV is no longer the exceptional or novel condition it was when this statute was written. It is no longer necessary for the department to maintain technical assistance services on these issues.</td>
<td>Delete section.</td>
<td>Time and money spent on providing technical assistance that is otherwise available can be saved by the department.</td>
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