

Strategic Plan FY 2018 - 2022

Every four years, HHS updates its Strategic Plan, which describes its work to address complex, multifaceted, and evolving health and human services issues. An agency strategic plan is one of three main elements required by the Government Performance and Results Act (GPRA) of 1993 (P.L. 103-62) and the GPRA Modernization Act of 2010 (P.L. 111-352). An agency strategic plan defines its mission, goals, and the means by which it will measure its progress in addressing specific national problems over a four-year period.

For the period FY 2018 - 2022, HHS is publishing its Strategic Plan as a Web document, which will be updated periodically to reflect the Department’s strategies, actions, and progress toward its goals. The Web version of the Strategic Plan, rather than focusing on a static set of performance measures, provides priorities, accomplishments, and next steps that are tracked and updated frequently, reinforcing the Strategic Plan’s function as a living, vital document that serves a genuine management purpose. The Strategic Plan was last updated February 28, 2018.

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DEMONSTRATION ONLY



U.S. Department of Health and Human Services (HHS)

Stakeholder(s):

Alex M. Azar II :

Secretary, Health and Human Services

DEMONSTRATION ONLY

1. Healthcare

Reform, Strengthen, and Modernize the Nation's Healthcare System

Stakeholder(s)

U.S. Census Bureau :

According to the U.S. Census Bureau, 91.2 percent of people carried health insurance coverage or received medical assistance for all or part of 2016. Although most people with health insurance coverage get that coverage through private plans (67.5 percent), such as employer-sponsored insurance or direct-purchase insurance, government-sponsored plans and medical assistance such as Medicare, Medicaid, Children's Health Insurance Program (CHIP), and military healthcare pay for health services for 37.3 percent of Americans.

Federal Government :

Yet national health spending is expected to rise between 2017 and 2026, at an average rate of 5.5 percent per year, driven by growth in medical prices. Healthcare spending by Federal, State, Tribal, local, and territorial governments will be greater than that of private businesses, households, and other private payers due to growth in Medicare enrollment and continued government funding dedicated to subsidizing premiums for lower-income enrollees of health insurance exchanges under current law.

State Governments

Tribal Governments

Local Governments

Territorial Governments

Older Americans :

Per-person personal healthcare spending in 2012 was \$18,988 for adults older than age 65, more than five times higher than the spending per child (\$3,552). Compared with other Organisation for Economic Co-operation and Development (OECD) member countries, the United States ranks the highest in healthcare spending per capita, measured as a share of Gross Domestic Product (GDP). However, health outcomes do not always reflect this.

American Children

Organisation for Economic Co-operation and Development (OECD)

Children :

The effort to improve healthcare quality and patient safety in many ways has been an American success story. Average life expectancy at birth - PDF has increased by nearly 30 years from the turn of the last century (47.3 years in 1900) to the beginning of this century (76.8 years in 2000). A child born in 2015 will live on average 78.8 years. However, preventable medical errors potentially take 200,000 or more American lives each year and cost the United States about \$19.5 billion in additional medical costs and lost productivity from missed work.

Rural Areas :

Improving access to healthcare is not just a matter of making it more affordable; services — including specialized services — are often not available within a person's geographic area, or do not offer culturally responsive care, or are available only after delays. Inadequate access to healthcare can exacerbate health problems, increasing costs and preventing better health outcomes. For example, in 2014 - 2015, 17.3 percent of adults aged 18 to 64 had no usual source of healthcare. In 2016, only 84.7 percent of children age 2 to 17, and fewer than 65 percent of adults aged 18 and over, had a dental visit in the past year. And although 14 percent of Americans live in rural areas, only 9 percent of the Nation's physicians practice there, despite the fact that rural residents are more likely than their urban counterparts to have higher rates of cigarette smoking, high blood pressure, and obesity.

Healthcare Workforce :

To improve health in the United States, the Department is working to strengthen and expand the healthcare workforce. In 2010, the U.S. primary care workforce comprised nearly 295,000 primary care professionals, including more than 208,000 physicians, more than 55,000 nurse practitioners, and more than 30,000 physician assistants. Yet the United States lags behind more than 25 other countries in the number of doctors per capita, with only 2.6 physicians per 1,000 people. While the number of physician assistants is projected to grow by almost 72 percent by 2025, the growth rate may not provide a sufficient number of providers to address the projected primary care physician shortage.

Physicians

Nurse Practitioners

Physician Assistants

Doctors

HHS Divisions :

Within HHS, the following divisions are working to reform, strengthen and modernize the Nation's healthcare system:

Administration for Community Living (ACL)

Agency for Healthcare Research and Quality (AHRQ)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare & Medicaid Services (CMS)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

— continued next page

Stakeholders (continued)

Office for Civil Rights (OCR)

Office of the National Coordinator for Health Information Technology (ONC)

Substance Abuse and Mental Health Services Administration (SAMHSA)

For a nation to thrive, its population must be healthy. Poor health reduces one's ability to attend school, care for one's family, or work. Without healthcare services—including physical, behavioral, and oral healthcare—to help improve health, Americans are at greater risk of poor health and human services outcomes. To improve the health of our Nation, the Department is working with its public and private partners to make healthcare affordable, high quality, and accessible for the people it serves. The Department also is making investments to strengthen and expand the healthcare workforce. This goal seeks to improve healthcare outcomes for all people across the lifespan, including the unborn, children, youth, adults, and older adults, across healthcare settings.

1.1. Affordability

Promote affordable healthcare, while balancing spending on premiums, deductibles, and out-of-pocket costs

Performance Goals:

- Reduce the average out-of-pocket share of prescription drug costs while in the Medicare Part D Prescription Drug Benefit coverage gap for non-Low-Income Subsidy Medicare beneficiaries who reach the gap and have no supplemental coverage in the gap
- Increase the percentage of Medicare Fee-for-Service payments tied to alternative payment models. Affordability is a key component of accessible healthcare. For individuals and families, high costs of care create economic strain. Americans often have to choose between spending a higher proportion of wages on healthcare and paying for other household essentials. Without timely access to healthcare services, Americans risk worsening healthcare outcomes and higher costs. Yet for many, costs make healthcare out of reach. In 2016, the Federal Government accounted for 28 percent of healthcare spending; households, 28 percent; private businesses, 20 percent; and State and local governments, 17 percent. National Health Expenditure data show that growth in spending is due to expanded coverage and increased utilization of healthcare. HHS is committed to lowering healthcare costs for Americans to affordable levels and minimizing the burden of government healthcare spending. By increasing consumer information, offering lower-cost options and innovation in payment and service delivery models, and promoting preventive care and market competition, HHS is working with its partners to reduce the burden of higher healthcare costs. HHS is providing guidance, resources, and flexibility for States to enable them to construct competitive, affordable insurance options that best meet the needs of their citizens. Through the Quality Payment Program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. 114-10), the Department has new ways to provide incentives to pay physicians and other practitioners for providing cost-effective, high-quality care to Medicare beneficiaries, and to provide incentives for physicians to participate in alternative payment models, which reward value over volume. HHS tests and evaluates alternative payment models that bring together private payers, healthcare providers, State partners, consumer groups, beneficiaries, and others. These models aim to reduce costs and improve the quality of care for beneficiaries, including those in at-risk populations. In 2016, data on 245.4 million people, representing 84 percent of the publicly and commercially insured population in the United States, revealed that 57 percent of healthcare spending occurred within some payment structure tied to quality, including care coordination, pay-for-performance, or shared savings. Data and evidence from these innovative models are used to inform State and Federal policymakers of the methodologies that work to reduce healthcare costs and improve quality.

Stakeholder(s):**AHRQ****CMS****FDA****1.1.1. Options**

Promote higher-value and lower-cost healthcare options.

In 2016, the average household experienced increases in healthcare spending of 6.2 percent, primarily due to increased health insurance expenditures. Out-of-pocket spending grew 2.6 percent, physician and clinical services expenditures grew 6.3 percent, and prescription drug spending increased 9.0 percent. The Department is promoting higher-value and lower-cost healthcare options through the following strategies:

Strategy 1.1.1.1. Healthcare Providers

Promote the use of high-quality, lower-cost healthcare providers, such as community health workers and community organizations, where appropriate

Stakeholder(s):**Healthcare Providers****Community Health Workers****Community Organizations****Strategy 1.1.1.2. Settings**

Promote better coordination and efficiency in post-acute care by discharging patients to appropriate settings, including home and community-based services and skilled nursing facilities, using site-neutral payment rates

Stakeholder(s):**Home Services****Community-Based Services****Skilled Nursing Facilities****1.1.2. Prescription Drugs**

Promote greater affordability of prescription drugs.

Prescription drug spending growth is projected to grow an average of 6.3 percent per year through 2025. Spending growth is attributed to increased spending on new medicine, price growth for existing brand-name drugs, and fewer expensive drugs going off patent. The Department is working to promote greater affordability of prescription drugs through the following strategies:

Strategy 1.1.2.1. Access & Competition

Expand access to high-quality, safe, affordable generic medicines by streamlining the generic drug application review process, enhancing the development and review of complex generic drug products, and otherwise facilitating entry of lower-cost alternatives, to increase competition in the market for prescription drugs

Strategy 1.1.2.1.1. Application Process

Streamline the generic drug application review process.

Strategy 1.1.2.1.2. Complex Drugs

Enhance the development and review of complex generic drug products.

Strategy 1.1.2.1.3. Alternatives

Facilitate entry of lower-cost alternatives

Strategy 1.1.2.2. Generics

Promote the use and benefits of generics through beneficiary and partner educational campaigns aimed at helping those paying for the medications to better recognize the value they present

Strategy 1.1.2.3. Outpatient Drugs

Continue to offer outpatient drugs to eligible healthcare organizations at reduced prices through the 340B Drug Pricing Program

Stakeholder(s):

Outpatients

Healthcare Organizations

1.1.3. Data

Collect, analyze, and apply data to improve access to affordable healthcare.

From 2000 to 2015, national health expenditures increased from 13.3 percent to 17.8 percent of the U.S. Gross Domestic Product. Per capita expenditures rose from \$4,857 to \$9,990 per person. More than 16 percent of people under age 65 reported that their family spent more than 10 percent of total family income on health insurance premiums and out-of-pocket costs in 2014. The Department will continue to collect, analyze, and apply data to improve access to affordable healthcare through the following strategies:

Strategy 1.1.3.1. Costs

Provide information on the prevalence, causes, and consequences of high healthcare financial costs, including social factors that exacerbate costs

Strategy 1.1.3.2. Education & Information

Partner with States, community organizations, and the private and nonprofit sectors to educate Americans about their health insurance coverage options and how they can identify the best plan for themselves, and to provide information on how Americans can access and use their benefits

Stakeholder(s):

States

Community Organizations

Private Sector

Nonprofit Sector

Strategy 1.1.3.3 . Premiums, Payments, Deductibles & Maximums

Track trends in premiums, out-of-pocket payments, deductibles, and out-of-pocket maximums in health insurance plans

Strategy 1.1.3.4. Digital Strategies

Enhance digital strategies to empower consumers

Strategy 1.1.3.5. Regulatory Requirements

Examine regulatory requirements that may differentially burden providers

1.1.4. Preventive Care

Promote preventive care to reduce future medical costs.

Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of every 10 deaths among Americans each year and account for 75 percent of the Nation's health spending. The Department is working to promote preventive care to reduce future medical costs through several strategies: Note: Additional strategies on preventive care are in Strategic Objectives 2.1, 2.2, and 2.3.

Strategy 1.1.4.1 . Prenatal, Maternal & Postpartum Care

Reduce the need for avoidable medical costs and improve health outcomes of pregnant women and newborns by increasing use of timely prenatal, maternal, and postpartum care

Stakeholder(s):

Pregnant Women

Newborns

Strategy 1.1.4.2. Diabetes & Cardiovascular Disease

Promote and implement lifestyle change interventions and intensive case management to reduce risk of diabetes and cardiovascular disease in high-risk individuals

Strategy 1.1.4.3. Chronic Conditions

Provide chronic care management services to patients with multiple chronic conditions, including comprehensive care management, a care plan, and care transitions

1.1.5. Cost & Value

Strengthen consumer decision making and transparency about the cost and value of healthcare

In 2015, approximately 20.1 million people in the United States delayed medical care during the preceding year because of worry about the cost, and 14.2 million did not receive needed medical care because they could not afford it. The Department is working to strengthen informed consumer decision making and transparency about the cost and value of healthcare through the following strategies:

Stakeholder(s):

Healthcare Consumers

Strategy 1.1.5.1. Comparison & Decision-Making

Enhance comparison and decision-making tools, such as Hospital Compare and Nursing Home Compare, to help Americans make informed decisions about healthcare, including coverage options, providers, and treatments

Strategy 1.1.5.2. Spending, Services & Support

Build out and broaden models, such as Medicaid's Self Directed Services, that allow beneficiaries the option of managing more of their healthcare dollars, services, and supports

Stakeholder(s):

Medicaid

Strategy 1.1.5.3. Health Literacy

Support health literacy tools, such as Coverage to Care or the Person and Family Engagement Strategy, which focus on increasing health literacy and consumer connections to healthcare, as well as partnership efforts to promote understanding of health coverage, costs, and terminology, so that consumers can choose the most appropriate, affordable health plan to receive the healthcare services they need

Strategy 1.1.5.4. Individual Market

Stabilize the market, implement policies that increase the mix of younger and healthier consumers purchasing plans through the individual market, and reduce premium increases

Stakeholder(s):

Young Americans

Healthy Americans

Strategy 1.1.5.5. Eligibility & Enrollment

Streamline eligibility and enrollment processes for community supports so that all populations have access to the services they need

1.1.6. Quality & Value

Incentivize healthcare quality and value-based care.

Value-based programs reward healthcare providers with incentive payments for the quality of care they provide. These programs seek to achieve better care for individuals, better health for populations, and lower costs overall. The Department is working to incentivize healthcare quality and value-based care through the following strategies: Note: Additional healthcare quality strategies are in Strategic Objective 1.2.

Strategy 1.1.6.1. Risk & Detection

Promote the application of proven clinical preventive services for high-impact risk factors and early-stage disease detection, through Federal guidelines, quality measurement, and partnerships with accrediting and other organizations

Stakeholder(s):

Accrediting Organizations

Strategy 1.1.6.2. ROI

Improve return on investment of Federal and State spending by encouraging development of payment models that reward value over volume Incentivize better planning, coordination, and management of services across the continuum of care to improve outcomes for people with chronic conditions

Strategy 1.1.6.3. Models

Build out and broaden models that improve quality and reduce costs

1.2. Options, Innovation & Competition

Expand safe, high-quality healthcare options, and encourage innovation and competition

Performance Goals:

- Increase the percentage of hospitals reporting implementation of antibiotic stewardship programs fully compliant with the CDC Core Elements of Hospital Antibiotic Stewardship Programs

- Reduce the all-cause hospital readmission rate for Medicare-Medicaid enrollees
- Meet the following patient safety goals: - Improve hospital patient safety by reducing preventable patient harms - Reduce the standardized infection ratio for central line-associated bloodstream infections in acute care hospitals - Reduce the standardized infection ratio for hospital-onset *Clostridium difficile* infections. Strengthening the Nation's healthcare system cannot be achieved without improving healthcare quality and safety for all Americans. The immediate consequences of poor quality and safety include healthcare-associated infections, adverse drug events, and antibiotic resistance. Healthcare safety is a national priority. When the Office of Inspector General examined - PDF the health records of hospital inpatients in 2008, it determined that hospital care contributed to the deaths of 15,000 Medicare beneficiaries each month. Healthcare-associated infections are infections people get while they are receiving medical treatment or undergoing surgery. At any given time, about 1 in 25 patients have an infection related to hospital care. Infections lead to the loss of tens of thousands of lives and cost the U.S. healthcare system billions of dollars each year. Adverse drug events — injuries resulting from medical intervention related to a drug — result in more than 3.5 million physician office visits, 1 million emergency department visits, and 125,000 hospital admissions each year. Antibiotic overuse has contributed to *Clostridium difficile* infections, the most common microbial cause of healthcare-associated infections, responsible for more than half a million infections and nearly 15,000 deaths in a single year. And each year in the United States, 2 million people become infected with antibiotic-resistant bacteria, directly resulting in the deaths of 23,000 people each year, as well as \$20 billion in increased healthcare costs and \$35 billion in lost productivity. Yet these consequences are preventable. Recognizing the unique challenges of different healthcare settings — including acute care hospitals, ambulatory surgical centers, dialysis centers, and long-term care facilities — HHS has developed specific strategies to reduce the incidence and impact of healthcare-associated infections in these settings. Through surveillance, antibiotic stewardship, diagnostic innovations, and research strategies, HHS is working to combat antibiotic-resistant bacteria. HHS also focuses on three key drug classes — anticoagulants, diabetes, and opioids — to prevent adverse drug events. HHS investments in prevention have yielded both human and economic benefits. From 2010 to 2014, efforts to reduce hospital-acquired conditions and infections have resulted in a decrease of 17 percent nationally, translating to 87,000 lives saved, \$19.8 billion in unnecessary health costs averted, and 2.1 million instances of harm avoided.

Stakeholder(s):**ACL****AHRQ****CDC****CMS****HRSA****OCR****ONC****SAMHSA****Acute Care Hospitals****Ambulatory Surgical Centers****Dialysis Centers****Long-Term Care Facilities**

1.2.1. Incentives

Incentivize safe, high-quality care.

Through the Quality Payment Program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. 114–10), the Department has new ways to provide incentives to pay physicians and other practitioners for providing cost-effective, high-quality care to Medicare beneficiaries, and to provide incentives to physicians to participate in alternative payment models, which reward value over volume. Through these and other efforts, the Department is working to incentivize safe, high-quality care through the following strategies:

Strategy 1.2.1.1. Payment & Delivery

Develop new payment and service delivery model concepts that aim to reduce healthcare costs by speeding the adoption of best practices, encouraging care coordination, and promoting evidence-based care, and expand opportunities for Medicare and Medicaid alternative payment models to incentivize value-based care options

Strategy 1.2.1.2. Preventive Services

Improve provision of, and access to, appropriate preventive services for Medicare beneficiaries, through improved understanding of uptake of preventive benefits, particularly for those individuals who are high risk

Stakeholder(s):

Medicare Beneficiaries

Strategy 1.2.1.3. Metrics

Strengthen the development, implementation, and reporting of measures for reducing health disparities

Strategy 1.2.1.4. Quality Variation

Promote research on how to recognize variation in quality of healthcare provision due to circumstances outside the control of the provider

1.2.2. Safety & Adverse Events

Improve patient safety and prevent adverse events.

The Healthcare-Associated Infections Progress Report found that rates of central line-associated bloodstream infections declined 50 percent from 2008 to 2014, and rates of surgical site infections declined 17 percent, although the rate of catheter-associated urinary tract infections did not change. The 2016 National Healthcare Quality and Disparities Report, which tracks a broad range of patient safety indicators, found that about two-thirds of patient safety measures were improving. The Department continues to work to improve patient safety and prevent adverse events such as healthcare-associated infections and medication harms across the healthcare system through the following strategies:

Stakeholder(s):

Patients

Strategy 1.2.2.1. Research & Innovation

Support research and innovation to strengthen evidence-based recommendations

Strategy 1.2.2.2. Gaps & Risks

Address quality gaps and safety risks for healthcare-associated conditions

Strategy 1.2.2.3. Infections & Antibiotic Resistance

Develop improved methods and strategies to prevent healthcare-associated infections and combat antibiotic resistance

Strategy 1.2.2.4. Tools, Training & Resources

Translate knowledge and evidence into practical tools, training, and other resources to accelerate progress to improve quality and patient safety

1.2.3. Information Technology

Leverage technology solutions to support safe, high-quality care.

The 21st Century Cures Act of 2016 (Pub. L. 114–255) provides the Department with authority to advance the interoperability and usability of health information technology. In 2015, 77.9 percent of office-based physicians had a certified electronic health record system. However, in 2015, only about one-third of physicians had electronically sent, received, integrated, or searched for patient health information with other providers, and only 8.7 percent had performed all four of these activities. In 2015, the Shared Nationwide Interoperability Roadmap was published to enhance the Nation's health information technology infrastructure to support information sharing. The Department will work to leverage technology solutions to support safe, high-quality care through the following strategies:

Strategy 1.2.3.1. Clinical Information

Advance interoperable clinical information flows so that patients, providers, payers, and others can efficiently send, receive, and analyze data across primary care, acute care, specialty care including behavioral healthcare, and post-acute care settings

Stakeholder(s):

Patients

Providers

Payers

Strategy 1.2.3.2. Tools & Workflows

Promote implementation of understandable, functional health information technology tools to support provider and patient decision making, and to support workflows for healthcare providers.

Stakeholder(s):

Healthcare Providers

1.2.4. Teams

Implement team-based approaches to care.

Team-based care is the provision of health services to individuals, families, and communities by at least two health providers who work collaboratively with patients and their caregivers to accomplish shared goals and achieve coordinated, high-quality care. The Department is working to implement team-based approaches to care through the following strategies:

Stakeholder(s):

Healthcare Teams

Strategy 1.2.4.1. Innovation & Evidence

Collaborate with healthcare systems and community partners to facilitate the spread of evidence-based clinical practices and the appropriate incorporation of innovations that advance patient care

Strategy 1.2.4.2. Connections & Transitions

Promote and implement models that connect primary care, acute care, behavioral healthcare, and long-term services and supports, and that use health information technology effectively, to facilitate transitions between care settings, especially for dually eligible Medicare-Medicaid enrollees

Stakeholder(s):

Medicare Enrollees

Medicaid Enrollees

Strategy 1.2.4.3. Behavioral Health

Implement a collaborative model for behavioral health integration with primary care that is team driven, population focused, measurement guided, and evidence based.

1.2.5. Person-Centered Care

Empower patients, consumers, families, and other caregivers to facilitate the delivery and increase the use of person-centered care.

Person-centered care is an approach to service delivery that ensures that services are respectful of, and responsive to, the preferences, needs, and values of people and those who care for them. The Department is working to empower patients, consumers, families, and other caregivers to facilitate the delivery and increase the use of person-centered care through the following strategies:

Stakeholder(s):

Patients

Consumers

Families

Caregivers

Strategy 1.2.5.1. Engagement

Expand the engagement of patients, families, and other caregivers in developing and implementing programs that improve the quality of care and increase access to services available to them

Stakeholder(s):

Patients

Families

Caregivers

Strategy 1.2.5.2. Experience & Outcome Metrics

Promote the development, implementation, and use of experience and outcome measures, including patient-reported data and price transparency data, as appropriate, for use in quality reporting

Strategy 1.2.5.3. Care Planning

Support patient, consumer, and caregiver involvement in care planning, as appropriate, to ensure that care is person centered, responding to the needs and wishes of those being served, including their religious or conscience needs and wishes

Stakeholder(s):

Patients

Consumers

Caregivers

1.2.6. Disparities

Reduce disparities in quality and safety.

While patient safety measures have been improving overall, disparities persist. For example, hospital readmissions for conditions like congestive heart failure and pneumonia are higher for people on Medicaid than for Medicare beneficiaries, yet adverse drug events in hospitals are higher among Medicare beneficiaries than for people on Medicaid. The Department is working to reduce disparities in quality and safety through the

following strategies: Note: Additional strategies to strengthen the healthcare workforce are in Strategic Objective 1.4.

Strategy 1.2.6.1. Health Information Technology

Enhance the use of health information technology among safety-net providers and community-based organizations to inform decision making, better engage people in their care, improve public health outcomes, and increase public health reporting

Stakeholder(s):

Safety-Net Providers

Community-Based Organizations

Strategy 1.2.6.2. Culturally Appropriate Care

Encourage and support a healthcare workforce that delivers culturally appropriate care, across all settings

Stakeholder(s):

Healthcare Workforce

Strategy 1.2.6.3. Person-Centered Care

Increase capacity to provide person-centered care by promoting geriatric-competent, disability-competent, and culturally competent care through training programs that teach these concepts and require practicing them

Strategy 1.2.6.4. Training & Assistance

Promote technical training and assistance to disseminate promising practices around geriatric-competent, disability-competent, and culturally competent care

Strategy 1.2.6.5. Information Levels & Formats

Provide health information in culturally appropriate and health-literacy-appropriate levels, and in alternative formats, such as in languages other than English, to improve access to health information

Strategy 1.2.6.6. Risk Factors

Conduct, fund, and apply research on the role of other risk factors and their impact on health, as appropriate, to improve health outcomes, including access, quality, and safety

1.2.7. Data

Collect, analyze, and apply data to improve access to safe, high-quality healthcare.

The two primary systems for tracking progress toward safe, high-quality healthcare are the National Healthcare Quality and Disparities Report, which directly tracks measures of healthcare quality, and Healthy People, which tracks measures of health. Both reports noted significant variation in the proportion of healthcare quality

measures that were improving in relation to sex, race/ethnicity, socioeconomic status, disability status, and geographic location. The Department will continue to work to collect, analyze, and apply data to improve access to safe, high-quality healthcare through the following strategies:

Strategy 1.2.7.1. Evidence & Improvement

Improve quality in healthcare delivery by helping healthcare organizations apply evidence for continuous policy, process, and outcomes improvement, such as through Medicare's Quality Payment Program

Stakeholder(s):

Healthcare Organizations

Medicare

Strategy 1.2.7.2. Performance Data

Expand measurement and reporting of stratified performance data to identify health disparities, show gaps in access to safe, high-quality healthcare options, and enable quality improvement

Strategy 1.2.7.3. Access, Engagement & Practices

Collect additional data that will allow HHS to identify barriers to access, facilitate consumer engagement, and promote evidence-based practices, to improve access to physical and behavioral health services

Strategy 1.2.7.4. Quality & Disparities

Measure and report on healthcare quality and disparities at the national, State, Tribal, local, territorial, and individual provider level to facilitate a more complete understanding of the factors that may influence healthcare quality and lead to improvements in the healthcare system

Stakeholder(s):

Health Care Providers

Strategy 1.2.7.5. Communication & Coordination

Support communication and coordination between public health practitioners and clinicians to improve use of data and increase use of evidence-based prevention strategies to address risk factors, and their underlying causes, for disease and health conditions, and implement rapid responses to address outbreaks of infectious disease

Stakeholder(s):

Public Health Practitioners

Clinicians

1.3. Access & Options

Improve Americans' access to healthcare and expand choices of care and service options

Performance Goals:

- Track the number of individuals who receive direct services through the Federal Office of Rural Health Policy Outreach grants, subject to the availability of resources
- Improve patient and family engagement by improving shared decision making Increase telebehavioral health encounters nationally among American Indians and Alaska Natives. The Department defines access to health services as "the timely use of personal health services to achieve the best health outcomes." It involves gaining entry into the healthcare system, usually through payment; gaining access to diverse options for receiving treatment, services, and products, including physical locations and online options; and having a trusted relationship with a healthcare provider. Efforts to improve access to care are not limited to physical healthcare. Improving access to behavioral and oral healthcare, including through innovative solutions that use health information technology, also is critical, especially for populations experiencing disparities in access. Lack of access to care presents a myriad of problems with both human and economic costs — including clinically significant delays in care, increased complications, higher treatment costs, and increased hospitalizations. The Department pursues multiple approaches to address barriers to care... To improve outcomes in this objective, HHS is working to address the high cost of care, lack of availability of services, and lack of culturally competent care. Strategies related to promoting affordability and strengthening the workforce are addressed in Strategic Objectives 1.1 and 1.4. This Strategic Objective focuses on how HHS, rather than instituting government mandates, is giving people more control over how they access care, through increasing the spectrum of consumer options and expanding competition among healthcare providers, including by removing barriers to participation in the healthcare sector for religious, faith-based, and other providers.

Stakeholder(s):

American Indians :

Some populations, including American Indians and Alaska Natives, experience unique challenges when attempting to access care, due to factors such as inadequate supply of healthcare providers and geographic barriers.

Alaska Natives

Tribal Populations :

For Tribal populations, the Department plans and constructs healthcare facilities, youth regional treatment centers for substance abuse, small ambulatory care facilities, and other healthcare resources to eliminate geographic barriers that can prevent people from accessing care. In addition, the Department continues to be committed to implementing Executive Order 13166, Title VI of the Civil Rights Act of 1964, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act to support access to care and prevent discriminatory practices, and authorities that protect religious freedom and the exercise of conscience rights.

Uninsured People :

In 2014, 86.7 percent of people younger than age 65 had health insurance, including government and private coverage, and 76.4 percent of people had a usual primary care provider. However, more than 10 percent of all people were unable to obtain or delayed obtaining necessary medical care, dental care, or prescription medicines.

Women :

The 2016 National Health Interview Survey reports that 4.4 percent of people failed to obtain medical care due to cost, with adult women more likely than adult men to have failed to obtain needed medical care due to cost.

ACL

CMS

HRSA

IEA

IHS

OCR

OGA

SAMHSA

1.3.1. Choices

Improve consumer choices.

Executive Order 13765, Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal, and Executive Order 13813, Promoting Healthcare Choice and Competition Across the United States, instituted policies intended to improve consumer choices. In support of these Executive orders, the Department will pursue the following activities:

Stakeholder(s):

Healthcare Consumers

Strategy 1.3.1.1. Costs & Burdens

To the maximum extent permitted by law, waive, defer, grant exemptions from, or delay implementation of any provision or requirement of the Patient Protection and Affordable Care Act that would impose a fiscal burden on any State or cost, fee, tax, penalty, or regulatory burden on individuals, families, healthcare providers, health insurers, patients, recipients of healthcare services, purchasers of health insurance, or makers of medical devices, products, or medications

Stakeholder(s):

States

Individuals

Families

Healthcare Providers

Health Insurers

Patients

Recipients of Healthcare Services

Purchasers of Health Insurance

Makers of Medical Devices

Makers of Medical Products

Makers of Medications

Strategy 1.3.1.2. Limited-Duration Insurance

Propose regulations or revise guidance, consistent with law, to expand the availability of short-term, limited-duration insurance, which is exempt from certain Federal insurance mandates and regulations

Strategy 1.3.1.3. Reimbursements

Propose regulations or revise guidance, to the extent permitted by law and supported by sound policy, to increase the usability of health reimbursement arrangements, to expand employers' ability to offer this option to their employees

Stakeholder(s):

Employers

Employees

1.3.2. Options

Expand healthcare coverage options.

The Department is committed to promoting access to high-quality, affordable healthcare for all Americans, increasing patient choices, and lowering premiums. A key component of current healthcare reform efforts emphasizes price transparency of all healthcare providers, allowing consumers to shop more easily for the best prices for their care. Consumers of healthcare should be able to choose the options that make the most sense for themselves, their families, and their budgets. The Department is working to expand healthcare coverage options through the following strategies:

Strategy 1.3.2.1. Medicare Advantage & Part D

Expand plan choice in the Medicare Advantage and Part D Prescription Drug programs by reducing administrative, regulatory, and operational burdens, while protecting the integrity and soundness of these programs

Stakeholder(s):

Medicare Enrollees

Strategy 1.3.2.2. New & Innovative Products

Promote patient access to new and innovative medical products by conducting timely, patient-centered reviews for coverage

Strategy 1.3.2.3. Coverage Decisions

Make information regarding coverage decisions publicly available where possible

Strategy 1.3.2.4. Physical & Behavioral Care

Improve access of Medicare-Medicaid dual enrollees to fully integrated physical and behavioral care options, such as Medicare-Medicaid Plans, Programs of All-Inclusive Care for the Elderly (PACE), and dual-eligible Special Needs Plans, designed to address the unique healthcare needs of dual-eligible individuals

Stakeholder(s):**Medicare Enrollees****Medicaid Enrollees****Strategy 1.3.2.4. Employment**

Allow State Medicaid programs to promote employment, to help improve health outcomes among recipients of medical assistance

Stakeholder(s):**State Medicaid Programs****Strategy 1.3.2.5. Alzheimer's Disease & Dementias**

Enhance care quality and efficiency by exploring the effectiveness of new models of care and advancing coordinated and integrated health and long-term services and supports for people living with Alzheimer's disease and related dementias

1.3.3. Understanding & Decisions

Improve consumer understanding of healthcare options and consumer-directed healthcare decisions.

Healthcare reform will focus on improving quality and affordable care for all Americans. The Department is committed to strengthening consumers' informed healthcare decision making through cost-quality comparisons and tools to reduce individual and overall costs in healthcare. The Department is pursuing the following strategies to improve consumer understanding of healthcare options and consumer-directed healthcare decisions:

Stakeholder(s):**Healthcare Consumers****Strategy 1.3.3.1. Care & Insurance Options**

Promote information and assistance that is accessible, transparent, and provided in understandable formats to ensure that care and insurance options meet consumers' needs

Strategy 1.3.3.2. Mental Health & Addiction

Collaborate across Federal agencies and stakeholders to ensure effective and coordinated implementation and enforcement of mental health and addiction parity laws

Strategy 1.3.3.3. Payment & Service Delivery

Expand the use of innovative payment and service delivery models, including those to encourage patients to use high-value clinical services and optimize medication use based upon their specific healthcare needs

Strategy 1.3.3.4. Benefits, Fraud & Abuse

Provide information through partners and trusted intermediaries, including Tribes and faith-based and other community organizations, on how to access and use benefits and avoid fraud or abuse

Stakeholder(s):

Tribes

Faith-Based Organizations

Community Organizations

1.3.4. Options

Design healthcare options that are responsive to consumer demands, while removing barriers to participation for faith-based and other community-based providers.

Evidence supports policies of increasing consumer engagement and public awareness as solutions to reducing healthcare costs, but much remains to be done. Americans may be willing to price-shop, but their priorities for maintaining a preferred provider and the challenges of coordinating care across many providers must continue to be studied for their impact on healthcare reform. The Department is designing healthcare options that are responsive to consumer demands, while removing barriers to participation for faith-based and other community-based providers, through the following strategies:

Stakeholder(s):

Faith-Based Providers

Community-Based Providers

Strategy 1.3.4.1. Global Partners

Engage with global partners to learn about effective healthcare models and best practices that could be used domestically for the benefit of the American people

Strategy 1.3.4.2. Ideas, Strategies & Best Practices

Seek ideas, strategies, and best practices from the private sector, Tribes, and faith-based and community organizations that can be introduced to Department-administered programs, to meet evolving consumer needs

Stakeholder(s):

Private Sector

Tribes

Faith-Based Organizations

Community Organizations

1.3.5. Disparities

Reduce disparities in access to healthcare.

Despite the Nations advancements in health and medicine, care is still not equally available and accessible across communities, populations, socioeconomic groups, and ethnicities. Disparities in access to, use of, and quality of care can lead to disparities in health outcomes. For example, American Indians and Alaska Natives born today have a life expectancy that is 4.4 years less than that of the average U.S. population. The Department is working to reduce disparities in access to healthcare through the following strategies:

Strategy 1.3.5.1. Person-Centered Care

Assess person-centered models of care, including patient-centered medical home recognition and care integration, and support the adoption and evolution of such models that reduce expenditures and improve quality

Strategy 1.3.5.2. Enrollment, Retention & Providers

Simplify enrollment, eliminate barriers to retention, and address shortages of healthcare providers who accept Medicare or Medicaid and providers who offer specialized care

Stakeholder(s):

Medicare Providers

Medicaid Providers

Specialized Care Providers

Strategy 1.3.5.3. Coverage Options

Provide consumers more options to shop for coverage in the individual insurance market

Stakeholder(s):

Healthcare Consumers

Strategy 1.3.5.4. Healthcare Access

Provide resources and tools to providers and plans to encourage implementation of activities and strategies to help improve healthcare access

Strategy 1.3.5.5. Chronic Disease

Increase access to preventive services, home and community-based services and social supports, and care management in areas and populations with high chronic disease burdens

Strategy 1.3.5.6. Women's Health

Increase access to preventive services to support women's health, including adaptive mammography equipment in clinics, prenatal/pregnancy care and supports, and lactation accommodations and other breastfeeding supports

Stakeholder(s):

Women

Strategy 1.3.5.7. Healthy Pregnancy

Promote healthy pregnancy by protecting unborn children from harm through proven strategies such as receipt of adequate prenatal care and the identification and treatment of diabetes and hypertension

Stakeholder(s):

Unborn Children

Strategy 1.3.5.8. Individuals & Populations at Risk

Identify individuals and populations at risk for limited healthcare access and assist them to access health services, including prevention, screening, linkages to care, clinical treatment, and relevant support services, including through mobilization of Tribes and faith-based and community organizations

Stakeholder(s):

Individuals at Risk

Populations at Risk

Strategy 1.3.5.9. People with Disabilities

Remove barriers to inclusion and accessibility for people with disabilities in acute care, post-acute care, and community-based settings

Stakeholder(s):

People with Disabilities

1.4. Workforce

Strengthen and expand the healthcare workforce to meet America's diverse needs

Performance Goals: Support field strength of the National Health Service Corps through scholarship and loan repayment agreements. Whether people access healthcare in a doctor's office, in a health center, in a pharmacy, at home, or through a mobile device, they depend on a qualified, competent, responsive workforce to deliver high-quality care. Yet population growth and the aging U.S. population, among other factors, are generating increasing demand for physicians, with demand among the older population expected to grow substantially. From 2014 to 2025, the U.S. population age 65 and older is expected to grow 41 percent, compared with 8.6 percent for the population as a whole and 5 percent for those younger than age 18. Because the elderly have higher healthcare use per capita, compared with younger populations, the increase in demand for healthcare services for older adults is projected to be much greater than the increase in demand for pediatric healthcare. The U.S. Health Workforce Chartbook estimated that more than 14 million individuals — 10 percent of the Nation's workforce — worked for the healthcare sector in 2010. The largest health occupation groups were registered nurses; nursing, psychiatric, and home health aides; personal care aides; physicians; medical assistants and other healthcare support occupations; and licensed practical and licensed vocational nurses. Employment in healthcare occupations is projected to grow 19 percent from 2016 to 2026 much faster than the average for all occupations, because of the aging population and increased access to health insurance and medical assistance.

HHS regularly produces reports projecting growth or deficits in the supply and demand of various occupations in the healthcare workforce. At a national level, by 2025, demand is expected to exceed supply for several critical health professions, including primary care practitioners, geriatricians, dentists, and behavioral health providers, including psychiatrists, mental health and substance abuse social workers, mental health and substance use disorder counselors, and marriage and family therapists. At a State level, the picture is more complex, with some States projected to experience greater deficits in certain healthcare occupations. For example, rural areas experience greater shortages in the oral and behavioral health workforces. HHS works in close partnership with academic institutions, advisory committees, research centers, and primary care offices. These collaborations help HHS make informed decisions on policy and program planning to strengthen and expand the workforce.

Stakeholder(s):

CDC

CMS

HRSA

IHS

OCR

SAMHSA

1.4.1. Data

Collect, analyze, and apply data to understand opportunities to strengthen the healthcare workforce.

The Department provides detailed information on 35 healthcare occupations and occupational groupings, describing variations in age, demographics, work settings, and geographic distribution of the healthcare workforce. The Department will collect, analyze, and apply data to understand opportunities to strengthen the healthcare workforce through the following strategies:

Stakeholder(s):

Healthcare Workforce

Strategy 1.4.1.1. Characteristics, Gaps, Needs & Trends

Conduct monitoring, occupational forecasting, data collection and analysis, and general research on the healthcare workforce to identify the characteristics, gaps, needs, and trends, and determine where to target resources to strengthen the workforce

Strategy 1.4.1.2. Ambulatory Care

Collect data on ambulatory care services in hospital emergency and outpatient departments and ambulatory surgery locations, to estimate the number of physicians needed to provide care

Stakeholder(s):

Physicians

Hospital Emergency Departments

Outpatient Departments

Ambulatory Surgery Locations

1.4.2. Professional Development

Support professional development of the workforce.

Training, fellowships, and other opportunities not only strengthen the healthcare workforce, help them learn new skills, and advance their careers, but also result in better care. The Department is supporting professional development of the workforce through the following strategies:

Stakeholder(s):

Healthcare Workforce

Strategy 1.4.2.1. Safety & Scientific Knowledge

Increase awareness and promote use of clinical decision support and patient-provider communication tools, and share evidence-based practices and training opportunities to provide safety and scientific knowledge to the workforce

Strategy 1.4.2.2. Health Occupations

Expand and transform the healthcare workforce through the training and engagement of emerging health occupations, such as community health workers and promotores de salud, and community partners to enhance the provision of culturally, linguistically, and disability-appropriate services, and increase workforce diversity

Stakeholder(s):

Healthcare Workforce

Community Health Workers

Promotores de Salud

Community Partners

Strategy 1.4.2.3. Clinical Training

Transform clinical training environments to develop a healthcare workforce that maximizes patient, family, and caregiver engagement and improves health outcomes for older adults by integrating geriatrics and primary care

Strategy 1.4.2.4. Competency Training

Increase access to quality trainings for public health workers that address cross-cutting competencies

Stakeholder(s):

Public Health Workers

1.4.3. Provider Shortages

Reduce provider shortages in underserved and rural communities.

Throughout the United States, some geographic areas, populations, and facilities have too few primary care, dental, and mental health providers and services, and are classified as Health Professional Shortage Areas. The Department is working to reduce provider shortages in underserved and rural communities through the following strategies:

Stakeholder(s):**Underserved Communities****Rural Communities****Strategy 1.4.3.1. Primary Care & Behavioral Health Providers**

Support the training, recruitment, placement, and retention of primary care providers and behavioral health providers in underserved and rural communities through scholarships, student loan repayment, local recruitment, externships, and other incentives

Stakeholder(s):**Primary Care Providers****Behavioral Health Providers****Underserved Communities****Rural Communities****Strategy 1.4.3.2. Incentives**

Incentivize healthcare providers to work in underserved and rural areas, including Tribal communities

Stakeholder(s):**Healthcare Providers****Underserved Areas****Rural Areas****Tribal Communities****Strategy 1.4.3.3. Mental Disorders**

Assist primary care practices in integrating services for mental disorders, including substance use disorders, to expand access in underserved and rural communities

Stakeholder(s):**Primary Care Practices****Underserved Communities****Rural Communities****Strategy 1.4.3.4. Behavioral & Oral Health Services**

Improve access to behavioral and oral health services in underserved and rural communities by supporting the recruitment, placement, and retention of behavioral health, dental health, and primary care providers to address workforce shortages, reduce disparities, and ensure an equitable workforce distribution

Stakeholder(s):**Behavioral Health Providers****Dental Care Providers****Primary Care Providers**

Strategy 1.4.3.5. Telehealth & Technology

Use telehealth and technology solutions to increase access to and improve quality of care in rural and underserved areas, including for American Indians and Alaska Natives

Stakeholder(s):

Rural Areas

Underserved Areas

American Indians

Alaska Natives

1.4.4. Religious Freedom

Support religious freedom and ensure removal of barriers to participation in healthcare for healthcare providers with religious beliefs or moral convictions

Executive Order 13798, Promoting Free Speech and Religious Liberty, instituted a policy that protects the freedom of Americans and their organizations to exercise religion and participate fully in civic life without undue interference by the Federal Government. In addition, there are long-standing laws, applicable to HHS and its programs, which protect the religious liberty and conscience rights of healthcare providers and others. In support of religious freedom, and to ensure removal of barriers to participation in healthcare for healthcare providers with religious beliefs or moral convictions, the Department will pursue the following activities:

Stakeholder(s):

Healthcare Providers

Strategy 1.4.4.1. Laws, Regulations & Authorities

Vigorously enforce laws, regulations, and other authorities protecting religious freedom and conscience in HHS-funded, HHS-regulated, HHS-conducted, and/or HHS-administered programs or activities, and engage in related outreach

Strategy 1.4.4.2. Barriers & Burdens

Identify and remove undue barriers to, or burdens imposed on, the exercise of religious beliefs and/or moral convictions by persons or organizations partnering with or served by HHS, and affirmatively accommodate such beliefs and convictions, to ensure full and active engagement of persons of faith or moral conviction and of faith-based organizations in the work of HHS

Stakeholder(s):

Faith-Based Organizations

Persons of Faith

Strategy 1.4.4.3. Participation

Promote equal and nondiscriminatory participation by persons of faith or moral conviction and by faith-based organizations in HHS-funded, HHS-regulated, HHS-conducted, and/or HHS-administered programs or activities, including through outreach, education, and capacity building

Stakeholder(s):

Faith-Based Organizations

Persons of Faith

DEMONSTRATION ONLY

2. Health Protection

Protect the Health of Americans Where They Live, Learn, Work, and Play

Stakeholder(s)

HHS Divisions :

Within HHS, the following divisions are working to achieve this goal:

Administration for Children and Families (ACF)

Administration for Community Living (ACL)

Agency for Healthcare Research and Quality (AHRQ)

Agency for Toxic Substances and Disease Registry (ATSDR)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare & Medicaid Services (CMS)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

National Institutes of Health (NIH)

Office for Civil Rights (OCR)

Office of the Assistant Secretary for Administration (ASA)

Office of the Assistant Secretary for Health (OASH)

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of the Assistant Secretary for Public Affairs (ASPA)

Office of Global Affairs (OGA)

Office of Intergovernmental and External Affairs (IEA)

Office of Security and Strategic Information (OSSI)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Healthy living involves more than avoiding risky behavior and disease; health and wellness improve with healthful eating, regular physical activity, preventive care, and positive relationships. Yet in 2015, 30 percent of adults did not engage in any leisure-time physical activity, and from 2011 to 2014 only 28.9 percent of adults had a healthy weight. The Department invests in health promotion and wellness activities, including health literacy, to help Americans take control over their health. Beyond ensuring Americans have the resources they need to make healthier living choices, health promotion efforts also involve focusing on environmental health and reducing the burden caused by disease and

other conditions. Nine of the 10 leading causes of death in 2015 were caused by communicable and chronic disease—heart disease, cancer, chronic lower respiratory diseases, stroke, Alzheimer’s disease, diabetes, influenza and pneumonia, kidney disease, and suicide. Together, these causes of death accounted for an estimated 74 percent of the 2.6 million deaths recorded in 2015. In some cases, Americans may have multiple chronic conditions at the same time, creating functional limitations and increasing the risk of mortality. Approximately one in four Americans has multiple chronic conditions. In addition to chronic conditions, the Department is working to prevent, treat, and control communicable diseases that pose a threat to the health of Americans. Although rates of new infections of HIV have declined for the last decade, nearly 40,000 people were diagnosed with HIV in 2015. New infections of hepatitis A, as well as acute hepatitis B and hepatitis C and chronic hepatitis B, increased in 2015. Most recently, the Nation has witnessed the emergence and outbreak of communicable diseases including severe acute respiratory syndrome (SARS), pandemic influenza A (H1N1), Ebola, and Zika virus. Millions of adolescents and adults across the Nation are affected by mental and substance use disorders. In 2016, an estimated 44.7 million adults, or 18.3 percent of all adults in the United States aged 18 or older, had a mental illness. Of those 44.7 million adults, an estimated 10.4 million were diagnosed with a serious mental illness. In 2016, approximately 20.1 million people in the United States aged 12 or older had a substance use disorder related to alcohol or illicit drug usage. Of 176.6 million alcohol users, an estimated 17 million have an alcohol use disorder, and excessive alcohol use is responsible for 88,000 deaths each year. The Surgeon General’s Report on Alcohol, Drugs, and Health highlights the important health and social problems associated with alcohol and drug misuse in the United States. The most common substance use disorder among illicit drug users involved marijuana and prescription pain relief medication. The issue of co-occurring mental illness and substance use disorders is also a public health concern. In 2016, an estimated 7.9 million adults aged 18 or older had co-occurring mental and substance use disorders. In 2017, large parts of the United States saw public health emergencies caused by natural disasters, including Hurricanes Harvey, Irma, Maria, and Nate, affecting several southeastern States and territories, and wildfires in California. In addition to natural disasters, the Nation also saw adverse health effects of recent outbreaks of Ebola and Zika virus, calling for raised awareness and actions from both domestic and international partners. Preparing for and addressing the immediate and persisting health impacts that stem from natural disasters, naturally occurring diseases and illnesses, and chemical, biological, radiological, or nuclear agents is critical to securing and maintaining a healthy population. The Department works every day to improve public health. This work is achieved through strategic partnerships with State, Tribal, local, territorial, and nongovernmental organizations within the United States. Partnerships, including with Tribes and faith-based and community organizations, are critical to promoting healthy living and addressing factors that influence the health of Americans. In addition, the Department actively provides leadership and expertise in global health diplomacy to contribute to a safer, healthier world. Through relationships with other Federal agencies and departments, multilateral organizations, foreign governments, ministries of health, civil society groups, and the private sector, the Department creates and maintains the pathways to apply expertise globally, learn from overseas counterparts, and advance policies that protect and promote health within our borders and worldwide.

2.1. Choices

Empower people to make informed choices for healthier living

Health promotion and wellness activities involve providing information and education to motivate individuals, families, and communities to adopt healthy behaviors, which ultimately can improve overall public health. However, the lack of access to and understanding of health information can lead people to make uninformed decisions and engage in risky behavior. Inadequate health literacy can lead Americans to make uninformed health choices and engage in behavior that can put their health at risk, such as smoking tobacco. More than 16 million people have at least one disease caused by smoking. The total economic cost of smoking is more than \$300 billion per year, including \$170 billion in direct medical care for adults and more than \$156 billion in lost productivity. Poor nutrition is another health outcome that affects the lives of Americans due to inadequate health education and lack of exposure to nutrition information. The typical American diet exceeds the recommended levels of or limits on calories from solid fats and added sugars, refined grains, sodium, and saturated fat. Additionally, the typical American intake of vegetables, fruits, whole grains, dairy products, and oils is less than is recommended. In the United States, an estimated 80 percent of people do not meet national physical activity recommendations for aerobic exercise and muscle strengthening. Estimates show that about 45 percent of adults in the United States do not engage in sufficient physical activity to achieve health benefits. The

level of inadequate physical activity - PDF amounts to an estimated \$117 billion in healthcare costs to Americans. Physical inactivity and the resulting health impacts are often due to a lack of health literacy and to health information that is not easy to use or understand. By supporting healthy choices and expanding access to healthier living supports, HHS is helping to curb threats to public health, promote a healthier population, and avoid the economic and human costs of poor health. HHS is working with partners, including faith-based and community organizations, to help people and communities take steps to identify and address priority health issues. The Department supports a series of programs and initiatives aimed at improving nutrition; increasing physical activity; reducing environmental hazards; increasing access to preventive services; and reducing the use of tobacco, alcohol, and illicit drugs and prescription drug abuse. These outcomes are achieved through culturally competent and linguistically appropriate health education, services, and supports made possible through strategic partnerships.

Stakeholder(s):**ACF****ATSDR****CDC****FDA****HRSA****IHS****NIH****OASH****OCR****OGA****SAMHSA****2.1.1. Tobacco**

Reduce tobacco-related death and disease.

Smoking is the leading cause of preventable death, responsible for more than 480,000 deaths per year in the United States. If smoking continues at the current rate among U.S. youth, 5.6 million of today's Americans younger than 18 years of age are expected to die from a smoking-related illness. The Department is working to reduce tobacco-related death and disease through the following strategies:

Strategy 2.1.1.1. Health Effects

Reduce the negative health effects of tobacco use by implementing a comprehensive approach that includes regulating the manufacturing, marketing, and distribution of tobacco products; assisting States to implement proven tobacco-control programs; discouraging people from starting to use tobacco products; and educating parents on the potential harm to their children if the parents smoke

Strategy 2.1.1.1.1. Regulation

Regulate the manufacturing, marketing, and distribution of tobacco products.

Strategy 2.1.1.1.2. Assistance

Assist States to implement proven tobacco-control programs.

Stakeholder(s):

States

Strategy 2.1.1.1.3. Discouragement

Discourage people from starting to use tobacco products.

Strategy 2.1.1.1.4. Education

Educate parents on the potential harm to their children if the parents smoke.

Strategy 2.1.1.2 . Cessation

Reduce the harm caused by tobacco use by educating tobacco users on the availability of smoking cessation programs

Strategy 2.1.1.3 . Underage Access

Reduce underage access to tobacco products by ensuring tobacco is not sold to individuals younger than age 18

2.1.2. Nutrition & Activity

Promote better nutrition and physical activity.

More than one-third of adults in the United States were obese in 2011–2014. For youth aged 2 to 19 years, the prevalence of obesity is about 17 percent, affecting 12.7 million children and adolescents. In that same period, all States had more than 20 percent of adults with obesity. Around \$117 billion in healthcare costs are associated with inadequate physical activity. The Department is promoting better nutrition and physical activity through the following strategies:

Strategy 2.1.2.1. Food Labeling & Nutrition Information

Enhance understanding of how consumers notice, understand, and act on food labeling and nutrition information, including nutrition facts labels, nutrition product claims, and dietary recommendations

Strategy 2.1.2.2 . Obesity

Decrease prevalence of obesity by encouraging breastfeeding, promoting healthful food and beverage consumption, and promoting increased physical activity

Strategy 2.1.2.3. Behaviors & Chronic Diseases

Reduce chronic diseases and related health behaviors that impact older adults and people with disabilities by adapting and implementing evidence-based programs and policies, such as implementing nutrition standards and guidelines

Strategy 2.1.2.4. Health Education

Increase access to health education services, including opportunities to learn about the importance of healthful eating and physical activity

Strategy 2.1.2.5. Wellness, Activity, Literacy & Nutrition

Form public-private partnerships to promote health in academic and religious institutions, such as wellness workshops, physical activity, health literacy, and nutritional excellence programs

Strategy 2.1.2.6. Nutrition Education

Increase collaboration with stakeholders, including industry, consumer, and public health groups, to enhance consumer nutrition education directed toward age and demographic groups with specific needs

2.1.3. Oral Health

Promote oral health.

In 2013 - 2014, more than 14 percent of children had untreated dental decay in their primary or permanent teeth, and only 43.1 percent of children, adolescents, and adults had used the oral healthcare system in the last year. The Department is working to promote oral health through the following strategies:

Strategy 2.1.3.1. Oral Health Literacy

Strengthen oral health literacy, and integrate oral health awareness into clinics, early childhood settings, and social service agencies

Strategy 2.1.3.2. Oral Care

Promote dental screenings and preventive oral care for children and adolescent

2.1.4. Information

Ensure people have the information they need to make healthier living choices.

Health services should be delivered in ways that are easy to understand and that improve health, longevity, and quality of life. The Department is working to ensure people have the information they need to make healthier living choices through the following strategies:

Strategy 2.1.4.1. Language & Formats

Communicate culturally competent and linguistically appropriate messages in plain language, as well as in accessible formats for persons with disabilities, using approaches that leverage new and emerging communications and appropriate messengers, including faith-based and other community organizations

Strategy 2.1.4.2. Understanding

Support programs and build partnerships with organizations (including faith-based and community organizations) that build the health literacy skills of disadvantaged and at-risk populations, and promote proven methods of checking understanding to ensure individuals understand health and prevention information, recommendations, and risk and benefit tradeoffs

Strategy 2.1.4.3. Tools & Resources

Encourage providers to communicate effectively with patients, families, and caregivers by offering tools and resources to assist discussions centered around care and healthier living

Strategy 2.1.4.4. Environmental Hazards

Support development of tools that provide information about potential environmental hazards in the natural and built environments

Strategy 2.1.4.5. Education, Training & Quality

Develop tools and resources that improve health department and healthcare setting efficiency in providing education, training, and quality assurance for screening, treatment, services, and prevention messages

Strategy 2.1.4.6. Choices

Partner with private organizations, including Tribes and faith-based and community organizations, to develop and implement programs to help people make healthy life choices

Strategy 2.1.4.7. Behaviors

Increase awareness of the importance of healthy lifestyle behaviors among patients and caregivers to reduce risk of chronic conditions and other illnesses

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Strategy 2.1.5.7. Behaviors

Increase awareness of the importance of healthy lifestyle behaviors among patients and caregivers to reduce risk of chronic conditions and other illnesses

2.2. Diseases & Conditions

Prevent, treat, and control communicable diseases and chronic conditions

Performance Goals:

- Increase the percentage of Ryan White HIV/AIDS Program clients who are receiving HIV medical care and have had at least one viral load test demonstrating suppression of the virus
- Increase the percentage of adults aged 18 years and older who are vaccinated annually against seasonal influenza
- Continue advanced research and development initiatives for more effective influenza vaccines and the development of safe, broad-spectrum therapeutics for use in seriously ill and/or hospitalized patients, including pediatric patients. Communicable diseases and chronic conditions affect the lives of millions of Americans every day. The emergence and spread of infectious diseases — such as HIV/AIDS, hepatitis, tuberculosis, measles, and human papillomavirus (HPV) — can quickly threaten the stability of public health for communities and place whole populations at risk. The rise of globalization and ease of travel also has made it easier for domestic and international outbreaks — such as recent outbreaks of measles, pandemic influenza A (H1N1), Ebola, Zika, and chikungunya — to create public health challenges. Moreover, the prevalence of chronic conditions — such as diabetes, heart disease, stroke, and cancer — in the United States continues to contribute to the daily struggles of Americans. The occurrence of multiple chronic conditions also exacerbates the adverse health impacts and healthcare costs associated with chronic conditions and their associated health risks. In 2014, an estimated 17.8 million visits to physician offices were due to infectious and parasitic diseases. More than 1.1 million people in the United States are infected with HIV; estimated lifetime treatment costs are more than \$400,000 per person living with HIV. Viral hepatitis affects approximately 4.4 million people - PDF, and curing hepatitis C costs between \$45,000 and \$94,000 per person. Up to 13 million Americans are infected with the bacteria that cause tuberculosis; multiple drug resistant tuberculosis can cost between \$134,000 and \$430,000 to treat. Many Americans are negatively affected by the high costs associated with chronic conditions. According to 2010 Medical Expenditure Panel Survey (MEPS) data, an estimated 86 percent of annual healthcare expenditures are for individuals who have at least one chronic condition. In the 40 years leading up to 2015, heart disease and cancer remained the top two leading causes of death. In 2015, heart disease and cancer alone accounted for an estimated 45 percent of the 2.7 million deaths recorded that year. However, in recent years, data have shown a decrease - PDF in death rates from cardiovascular disease, stroke, and cancer, which can be attributed to increased efforts in prevention, early detection, treatment, and care. The prevention and management of communicable diseases require strategic coordination, collaboration, and mobilization of resources among governmental and nongovernmental partners within and outside of the United States. Similarly, managing chronic conditions requires support for affected individuals, families, caregivers, health professionals, and service providers. HHS programs and initiatives focus on promoting partnerships, educating the public, improving vaccine development and uptake, advancing early detection and prevention methods, and enhancing surveillance and response capacity.

Stakeholder(s):**ACL****ASPA****ASPR****CDC****CMS****FDA****HRSA****IHS****NIH****OASH****OGA****SAMHSA**

2.2.1. Antibiotic Resistance

Reduce the emergence and spread of antibiotic-resistant infections.

Antibiotic-resistant infections are a major health and economic burden for the United States. Patients who survive antibiotic-resistant infections usually require significantly longer hospitalizations, more medical visits, and a lengthier recuperation and experience a higher incidence of long-term disability. The Department has made significant progress in combating antibiotic-resistant infections and in conducting research and development to discover new antibiotics, diagnostics, therapeutics, and vaccines. The Department is working to reduce the emergence and spread of antibiotic-resistant infections through the following strategies:

Strategy 2.2.1.1. Surveillance, Detection & Response

Increase surveillance, early-detection methods (e.g., the use of point-of-care diagnostics), and response capacity, in order to reduce the domestic and international emergence and spread of antibiotic-resistant infections

Strategy 2.2.1.2. Treatment

Expand the study of low-cost, readily available treatment regimens that limit the emergence of drug resistance, by identifying new antibiotic classes and agents, screening existing products, and combining new or existing compounds to treat drug-resistant infections

Strategy 2.2.1.3. Research

Advance preclinical and clinical research to accelerate the translation of promising antibiotic products into safe and effective treatment regimens

Strategy 2.2.1.4. Appropriate Usage

Foster improvements in the appropriate use of antibiotics by improving prescribing practices and promoting antibiotic stewardship across all healthcare settings and in all veterinary settings

Strategy 2.2.1.5. Clinical Testing

Expand the development and clinical testing of potential vaccines to prevent infections by drug-resistant pathogens

Strategy 2.2.1.6. Collaboration & Capacity

Improve international collaboration and capacities for antibiotic resistance prevention, surveillance, and control and for antibiotic research and development

2.2.2. Infectious Diseases

Prevent and control infectious diseases.

Infectious diseases are a major health and economic burden for the United States. Each year in the United States, on average, 5 to 20 percent of the U.S. population gets the flu, a vaccine-preventable illness. Tens of thousands are hospitalized, and thousands die from flu-related illness, resulting in an estimated \$10.4 billion a year in direct medical expenses and an additional \$16.3 billion in lost earnings annually. The Department will work to prevent and control infectious diseases such as influenza through the following strategies:

Strategy 2.2.2.1. Discovery & Implementation

Increase research on vaccine discovery and implementation science on best approaches for enhancing dissemination and uptake of effective vaccines domestically and internationally

Strategy 2.2.2.2. Vaccines

Mobilize resources to support the development, testing, and preparation of vaccines

Strategy 2.2.2.3. Interventions

Implement effective and coordinated public health and healthcare interventions to detect, prevent, and control environmental, person-to-person, and zoonotic transmission of infectious diseases in the United States and globally

Strategy 2.2.2.4. Outbreaks

Respond to outbreaks of infectious diseases to identify their cause, limit their spread, and identify strategies for preventing future outbreaks

2.2.3. Food Safety

Support food safety.

While the American food supply is among the safest in the world, an estimated 48 million cases of foodborne illness occur annually — the equivalent of sickening 1 in 6 Americans each year. Each year, these illnesses result in an estimated 128,000 hospitalizations and 3,000 deaths. The Department will work to support food safety through the following strategies:

Strategy 2.2.3.1. Standards

Work with stakeholders, including food facilities, manufacturers, farmers, and distributors, to implement science-based preventive control standards for domestic and imported foods

Strategy 2.2.3.2. Communications, Outreach & Research

Increase consumer-based communications, outreach, and research on measures to improve consumer behaviors and practices related to food safety

Strategy 2.2.3.3. Research, Analysis & Evaluation

Increase research, data analysis, and systematic evaluation to improve the effectiveness of food safety education in changing unsafe consumer food handling behaviors

2.2.4. Detection & Treatment

Support early detection and treatment of communicable and chronic diseases.

The percentage of adults aged 18 years and over with hypertension who have their blood pressure under control increased by 42 percent between 2001–2004 and 2011–2014, from 35.5 percent to 50.3 percent. In 2010, 58.2 percent of adults aged 50 to 75 years received a colorectal cancer screening, 72.6 percent of women aged 50 to 74 years reported recent mammography, and 80.7 percent of women aged 21 to 65 years reported a recent Pap test (age-adjusted). The Department will work to support early detection and treatment of communicable and chronic diseases through the following strategies: Note: Additional strategies on mental health and substance use are in Strategic Objective 2.3.

Strategy 2.2.4.1 . Prevention

Support access to preventive services including immunizations and screenings, especially for high-risk, high-need populations

Strategy 2.2.4.2. Screening

Support screening for tobacco use, alcohol misuse, substance use disorder, and obesity, and offer counseling and treatment as appropriate

Strategy 2.2.4.3. Chronic Conditions

Improve early detection and treatment of people with multiple chronic conditions, such as heart disease, asthma, diabetes, kidney disease, cancer, chronic pain, and dementia

Strategy 2.2.4.4. HIV Suppression & Prevention

Improve HIV viral suppression and prevention by increasing engagement and re-engagement activities for screening, treatment, care, and support services

Strategy 2.2.4.5. HIV Programs

Implement HIV programs, including prevention, testing, treatment, and retention interventions, provide technical assistance, and conduct research in support of the President's Emergency Plan for AIDS Relief

Strategy 2.2.4.6 . Hepatitis

Increase access to hepatitis B and hepatitis C screening, treatment, and care for people with hepatitis B or hepatitis C infection

Strategy 2.2.4.7. Medical Products

Support the development of new, safe, and effective medical products, including drugs, vaccines, and devices, for the treatment of communicable diseases and chronic conditions

Strategy 2.2.4.8. Opioids & Other Drugs

Prevent the spread of infectious diseases among persons who inject opioids or other drugs by supporting implementation of effective, comprehensive community- and school-based interventions that reduce the infectious risks associated with injection of opioids and other drugs, increase screening and treatment for bloodborne pathogens, and provide access to effective treatment of substance use disorders

Strategy 2.2.4.9. Triage & Screening

Improve triage and screening for the prevention of communicable diseases and the future development of chronic diseases in children through annual health screenings and age-appropriate immunizations for children

2.2.5. Interventions

Support chronic disease management interventions.

Chronic disease management interventions, which involve coordinated healthcare services and communications for populations with conditions in which patient self-care is important, have been clearly shown to improve health outcomes in patients with such diverse conditions as diabetes, heart failure, chronic obstructive pulmonary disease, hypertension, anxiety, and depression. The 2017 National Diabetes Statistics Report estimated that 9.4 percent of the U.S. population had diabetes, with the highest rates among American Indians and Alaska Natives. The Department will work to support chronic disease management interventions through the following strategies:

Strategy 2.2.5.1. Planning, Coordination & Management

Improve planning, coordination, and management of services to better meet the needs of people with complex healthcare needs and chronic health conditions

Strategy 2.2.5.2. Self-Management

Expand participation by older adults and adults with disabilities in self-management education interventions

DEMONSTRATION ONLY

2.3. Mental & Substance Use Disorders

Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support

Performance Goals:

- Meet the following opioid-related goals: - Reduce the age-adjusted annual rate of overdose deaths involving prescription opioids per 100,000 population among States funded through the Prescription Drug Overdose Prevention for States program - Increase the number of persons receiving outpatient medication-assisted treatment for opioid use disorder from a substance use disorder treatment facility - Increase the availability of electronic clinical decision support tools related to safe pain management and opioid prescribing - By 2020, evaluate the efficacy of new or refined interventions to treat opioid use disorders
- Meet the following goals related to mental illness: - Increase the percentage of youth ages 12 to 17 who experienced major depressive episodes in the past year receiving mental health services - Increase the percentage of adults with serious mental illness receiving mental health services — Mental illness and substance abuse create health risks and place a heavy burden on affected individuals and their families. Substance use disorders arise from the recurring use of alcohol and/or drugs, which lead to clinically and functionally significant impairments. Mental disorders are health conditions that involve significant changes in thinking, emotion, and/or behavior and lead to distress and/or problems functioning in social, work, or family activities. Mental and substance use disorders are illnesses that impact people’s ability to go about their daily lives in family, social, and professional settings and place individuals at risk of additional health problems. Mental illness and substance abuse have a known impact on public health. In 2016, an estimated 20.1 million people - PDF aged 12 or older in the United States had a substance use disorder related to alcohol consumption or illicit drug use in the previous year. In 2016, approximately 2 million people had an opioid use disorder - PDF. The number of deaths related to overdose involving opioids, including prescription opioids and heroin, has quadrupled since 1999. The recent increase in deaths appears to be largely a result of use of heroin and synthetic opioids. Between 2015 and 2016 alone, the death rate from synthetic opioids other than methadone, including fentanyl, increased by 100 percent, and the death rate from heroin increased by 19.5 percent. In 2016, one in five American adults experienced a mental illness - PDF, and 13 percent of adolescents met criteria for depression - PDF. The number of emergency department visits that involved mental disorders as the primary diagnosis was approximately 5 million in 2014. In 2014, suicide ranked as the 10th leading cause of death. In the same year, suicide deaths reached 13.4 deaths per 100,000 people. Records show that rates of suicide have steadily increased since the baseline year of 2007 in the United States. HHS works closely with Federal, State, Tribal, local, territorial, and community partners and stakeholders, including faith-based and community organizations, to help identify and address mental health problems and substance use disorders. The Department invests in programs and interventions focused on prevention, screening, and early detection of serious mental illness and substance abuse, including those related to opioid abuse. Other HHS activities involve improving the provision of comprehensive, coordinated, and evidence-based community recovery supports for affected individuals and improving access to treatment options. Continuing to advance research and work in these areas raises awareness and facilitates the adoption of best practices across communities to minimize the negative health impacts caused by mental and substance use disorders.

Stakeholder(s):

ACF

CMS

ACL

FDA

AHRQ

HRSA

CDC

IEA

— continued next page

Stakeholders (continued)

IHS
OCR
SAMHSA

2.3.1. Mental Illness & Substance Abuse

Expand prevention, screening, and early identification of serious mental illness and substance abuse.

The National Survey on Drug Use and Health recently found that, while serious mental illness among age groups 26 and older has remained constant for nearly a decade, the prevalence of serious mental illness, depression, and suicidal thoughts has increased among young adults in recent years. In 2016, approximately 20.1 million people aged 12 or older had a substance use disorder. The Department is expanding prevention, screening, and early identification of serious mental illness and substance abuse through the following strategies:

Strategy 2.3.1.1. Opioids

Apply a public health approach for preventing opioid misuse, opioid addiction, and opioid overdose deaths including through promoting safer prescribing practices

Strategy 2.3.1.2. Recognition, Screening & Identification

Educate and empower individuals and communities, including partnerships with Tribes and faith-based and community organizations, to recognize the signs of serious mental illness and substance abuse to encourage screening and identification of such problems

Strategy 2.3.1.3. Screening

Ensure early screening of children and youth to identify those with or at risk for serious emotional disturbance or substance use disorders, and expand access to integrated mental health or substance use disorder services

Stakeholder(s):

Children

Youth

Strategy 2.3.1.4. Depression, Suicide Risk, Substance Use, Dementia & Other Disorders

Increase screening for depression, suicide risk, substance use, dementia, and other behavioral disorders in schools, emergency departments, and inpatient and outpatient settings

Stakeholder(s):

Schools

Emergency Departments

Inpatient Settings

Outpatient Settings

Strategy 2.3.1.5. Screening & Intervention

Encourage healthcare providers' use of screening and brief intervention approaches for alcohol, opioid, and other substance use disorders to reduce consequences of risky behavior, including effects of harmful substance use in pregnancy

Stakeholder(s):

Healthcare Providers

Strategy 2.3.1.6. Substance Misuse

Support adoption of other evidence-based prevention strategies, including environmental strategies and community capacity/mobilization strategies, to prevent substance misuse and substance use disorders

Strategy 2.3.1.7. Suicides

Prevent suicides and suicide attempts by expanding evidence-based approaches for adults and youth and helping State, Tribal, local, and territorial governments and communities take advantage of the best available evidence to prevent suicide

2.3.2. Care & Treatment

Improve access to high-quality care and treatment for mental and substance use disorders.

In 2016, an estimated 21 million people aged 12 or older needed substance use treatment, but only 3.8 million people received treatment. Of the 3.1 million adolescents with a major depressive episode in the same year, only 1.2 million received treatment. Similarly, of the 16.2 million adults with a major depressive episode in the same year, only 10.6 million received treatment. The Department seeks to improve access to high-quality care and treatment for mental and substance use disorders through the following strategies: Note: Additional behavioral healthcare quality strategies are in Strategic Objective 1.2.

Strategy 2.3.2.1. Care Continuum

Support the integration of the full continuum of behavioral healthcare and primary care and medical systems, and increase the capacity of the specialty behavioral health systems to ensure that the physical health needs of the people they serve are met

Strategy 2.3.2.2. Child & Family Support

Provide integrated child and family supports to parents/guardians with addiction to support healthy child development and preservation of families

Stakeholder(s):

Families

Children

Strategy 2.3.2.3. Mental Illness, Addiction & Depression

Improve adoption and continued refinement of selected evidence-based practices for serious mental illness, medication-assisted treatment for alcohol and opioid addiction, and effective use of psychotherapy and antidepressant medication for depression

Strategy 2.3.2.4. Medications

Improve access to medications that reverse opioid overdose and prevent death

Strategy 2.3.2.5. Treatment

Support efforts to increase engagement in treatment following an opioid overdose

Strategy 2.3.2.6. Clinician Training

Strengthen clinician training on evidence-based practices related to pain management and the prevention and treatment of opioid use disorders to inform clinical management decisions for patients, including effects of opioid use in pregnancy

Stakeholder(s):

Clinicians

2.3.3. Mental Illness & Substance Use Disorders

Improve access to recovery support for people with serious mental illness and substance use disorders

Recovery support is provided through treatment, services, and community-based programs by behavioral healthcare providers, peer providers, family members, friends and social networks, Tribes, and people with experience in recovery. The Department will employ the following strategies to improve access to recovery support for people with serious mental illness and substance use disorders:

Strategy 2.3.3.1. Peer Providers & Paraprofessionals

Work with States to encourage the training, certification, and supervision of peer providers and paraprofessionals

Stakeholder(s):

States

Peer Providers

Paraprofessionals

Strategy 2.3.3.2. Housing, Employment & Education

Encourage broad adoption of evidence-based recovery housing, supported housing, supported employment, and supported education programs

Strategy 2.3.3.3. Recovery Support

Engage individuals and communities, including faith-based and community organizations, to provide social and community recovery support

Stakeholder(s):

Individuals

Communities

Faith-Based Organizations

Community Organizations

Strategy 2.3.3.4. Care

Improve access to a full evidence-based continuum of care for people with mental illness and addiction, including medication-assisted treatment, follow-up from inpatient and residential care, and recovery supports, with a focus on opioid use disorder and serious mental illness

Stakeholder(s):

People with Mental Illness

People with Addiction

2.3.4. Capacity & Collaboration

Build capacity and promote collaboration among States, Tribes, territories, and communities.

The Department values its strong partnerships with external groups to respond to stakeholder needs, and supports investments to build the expertise, infrastructure, and other capacity to reduce the impact of mental health and substance use disorders. The Department is working to build capacity and promote collaboration among States, Tribes, territories, and communities through the following strategies:

Stakeholder(s):

States

Tribes

Territories

Communities

Strategy 2.3.4.1. Capacity

Improve community capacity to provide comprehensive, coordinated, and evidence-based supports for people with serious mental illness, addiction, and serious emotional disturbances with a focus on reducing crises and use of emergency services, hospitalization, and involvement with the criminal justice system

Stakeholder(s):

Communities

Strategy 2.3.4.2. Collaboration

Improve collaboration with Federal and non-Federal stakeholders to promote the health and independence of older adults with or at risk for behavioral health conditions including mental illness, substance use disorders, and suicide

Strategy 2.3.4.3. Relationships

Foster and strengthen relationships with national, regional, and local coalitions, including with Tribes and faith-based and community partners, to encourage their full and robust involvement in addressing the opioid crisis by providing accurate, up-to-date information regarding health and human service activities, resources, and subject matter expertise

Stakeholder(s):

National Coalitions

Regional Coalitions

Local Coalitions

Tribes

Faith-Based Partners

Community Partners

2.3.5. Technology & Innovation

Leverage technology and innovative solutions to improve access to and quality of behavioral healthcare

As described in Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare System, accessing high-quality behavioral healthcare providers in rural or underserved communities can be challenging. The Department is working to leverage technology and innovative solutions, such as telehealth, electronic health records, and health information exchange, to improve access to and quality of behavioral healthcare through the following strategies:

Strategy 2.3.5.1. Decision Support

Develop, test, and disseminate clinical decision supports through electronic health records to use evidence-based mental health and substance use disorder guidelines for preventing and treating mental health and substance use disorders and increase access to appropriate behavioral care services

Strategy 2.3.5.2. Information Exchange

Increase the use of health information exchange to improve the coordination and integration of care, including by increasing the number of behavioral health providers using interoperable electronic health records and by addressing confidentiality policy barriers to health information exchange

Strategy 2.3.5.3. Barriers

Address the barriers, real or perceived, under the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191) and 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, to the appropriate sharing of mental health and substance use disorder information

Strategy 2.3.5.4. Access

Improve access to mental health and substance abuse care for rural and underserved populations, including American Indians and Alaska Natives, by supporting care through telehealth services through regulation and policy clarification and refinement; collaboration with States; and technical assistance, training, and funding opportunities

2.4. Emergencies

Prepare for and respond to public health emergencies.

Performance Goals:

- Increase the percentage of CDC-funded Public Health Emergency Preparedness State and local public health agencies that can convene, within 60 minutes of notification, a team of trained staff that can make decisions about appropriate response and interaction with partners
- Increase the number of new licensed medical countermeasures within the Biomedical Advanced Research and Development Authority. — The health of Americans during public health emergencies and other incidents depends on the effectiveness of preparedness, mitigation, response and recovery efforts. Threats in an increasingly interconnected, complex, and dangerous world include naturally

emerging infectious diseases; frequent and severe weather events; state and nonstate actors that have access to chemical, biological, radiological, or nuclear agents; nonstate actors who commit acts of mass violence; and cyber attacks on healthcare systems and infrastructure. HHS provides strong leadership by setting the strategic direction to improve preparedness, mitigation, response, and recovery capabilities, such as through the National Health Security Strategy and the National Biodefense Strategy. HHS, as the coordinator of Emergency Support Function 8 (ESF 8) and the Health and Social Services Recovery Support Function, works with other departments to establish, evaluate, and conduct preparedness, mitigation, response, and recovery activities to support efforts by States, Tribes, localities, and territories. HHS leads the Federal public health and medical response to emergencies and incidents conducted in accordance with the ESF 8 (Public Health and Medical Services) annex of the National Response Framework and the Health and Social Services annex of the National Disaster Recovery Framework. HHS is working to ensure that a national disaster healthcare system is integrated within the healthcare delivery infrastructure—hospitals, emergency medical services, emergency management, and public health agencies—to provide safe and effective healthcare during emergencies and other disasters. In addition, National Disaster Medical System teams and the U.S. Public Health Service Commissioned Corps complement non-Federal efforts during incidents. HHS supports local Medical Reserve Corps units, which supplement the capacity of States, Tribes, localities, and territories. Through direct services and partnerships with State, Tribal, local, and territorial governments, with faith-based and community organizations, and with the private sector, HHS works to strengthen the Nation’s emergency preparedness, response, and recovery efforts. HHS is engaged in the research, development, and procurement of medical countermeasures, including vaccines, drugs, therapies, and diagnostic tools. HHS collaborates with others to ensure that the appropriate number of safe and effective medical countermeasures are developed and stockpiled and can be easily distributed and used to save lives during an incident. HHS invests in building the capacity of other countries to detect, prevent, and respond to incidents — thus providing early warning to or reducing the impact to the United States. The international public health professionals trained by the Global Disease Detection Operations Center monitor 30 to 40 public health events each day, and can deploy within 24 hours of learning about an outbreak.

Stakeholder(s):**ACF****ACL****ASA****ASPA****ASPR****CDC****CMS****FDA****HRSA****IEA****IHS****NIH****OASH****OCR****OGA****OSSI****SAMHSA**

2.4.1. Preparedness & Response

Promote emergency preparedness and improve response capacity.

Federal statutes, Presidential directives, and strategies set the Nation's approach to preparing for threats and hazards that pose the greatest risk to the security of the United States. National preparedness is a shared responsibility of the government and nongovernmental sectors, as well as individuals. The Department promotes emergency preparedness and improves response capacity through the following strategies:

Strategy 2.4.1.1. Expertise

Provide subject expertise and tools to State, Tribal, local, and territorial governments, health systems and facilities, and faith-based and community organizations, to strengthen their capabilities to provide continuous, safe, and effective healthcare, public health, and social services in the aftermath of disasters and through the recovery period, including when such care or services may need to be delivered in alternate settings or by alternate mechanisms

Stakeholder(s):

State Governments

Tribal Governments

Local Governments

Territorial Governments

Health Systems

Health Facilities

Faith-Based Organizations

Community Organizations

Strategy 2.4.1.2. Data

Develop and implement data-driven approaches that prioritize resources and technical support for underprepared geographical regions and communities to maximize preparedness across the Nation

Strategy 2.4.1.3. Situational Awareness

Expand the use and availability of public health and healthcare emergency response situational awareness tools, including investments in new systems and technologies that support rapid risk assessment, decision making, resource coordination across many levels, and monitoring of the effectiveness of interventions

Strategy 2.4.1.4. Medical Countermeasures

Determine appropriate type and quantities of medical countermeasures, ensure timely access to medical countermeasures during response, and maximize effective utilization of medical countermeasures through clinical guidance and public health communications

Strategy 2.4.1.5. Planning

Assess preparedness to plan for the timely access to and capacity to use medical countermeasures during disasters and other public health emergencies, and establish requirements based on estimated response needs, capacity to use, and desired characteristics of medical countermeasures to protect the public

2.4.2. Response & Recovery

Supports timely, coordinated, and effective response and recovery activities.

The Secretary, through the National Response Framework, leads and coordinates the Federal public health and medical response and provides supplemental support to States, Tribes, localities, and territories that are responding to incidents. The Department supports timely, coordinated, and effective response and recovery activities through the following strategies:

Strategy 2.4.2.1. Risk Reduction

Promote effective disaster risk reduction strategies to mitigate the adverse physical and behavioral health impacts of disasters and public health emergencies

Strategy 2.4.2.2. Information, Coordination & Research

Respond rapidly to limit the impacts of incidents by gathering, analyzing, and disseminating information; coordinating requests for public health and medical services with partners; executing response operations and risk communication plans; and conducting research to inform current and future incident responses

Strategy 2.4.2.3. At-Risk Populations

Ensure that the needs of at-risk populations and those with access and functional needs are met during incidents, through integrated and informed preparedness, response, and recovery activities at the Federal, State, Tribal, local, and territorial levels of government

Stakeholder(s):

At-Risk Populations

Strategy 2.4.2.4. Planning

Provide tools and guidance to interagency, intergovernmental, Tribal, and faith-based and community organizations to improve the Nation's planning, to ensure timely human services response to incidents

Stakeholder(s):

Interagency Organizations

Intergovernmental Organizations

Tribal Organizations

Faith-Based Organizations

Community Organizations

2.4.3. Collaboration, Communication & Coordination

Improve collaboration, communication, and coordination with partners.

Public health emergencies are not confined by geographic borders; response efforts often must engage various States, Tribal governments, localities, or territories. Response efforts must be undertaken in coordination with critical partners, such as hospitals, schools, houses of worship and faith-based organizations, and individual citizens. The Department is working to improve collaboration, communication, and coordination with partners through the following strategies:

Strategy 2.4.3.1. Communication & Media

Provide accurate and timely public health communication and media support to non-Federal stakeholders and leaders, as well as deployed HHS leaders and teams

Stakeholder(s):

Media

Strategy 2.4.3.2. Decision Support

Improve decision support at all levels through active collaboration with State, Tribal, local, and territorial partners to share human health, environmental, zoonotic health, and other relevant information to improve situational awareness

Strategy 2.4.3.3. Healthcare Coalitions

Build resilient healthcare coalitions that integrate efforts of healthcare facilities, emergency medical services, emergency management, and public health agencies

Stakeholder(s):

Healthcare Coalitions

Strategy 2.4.3.4. Communication, Response & Recovery Plans

Jointly develop, exercise, and maintain coordinated risk communication, response, and recovery plans among governments and nongovernmental partners

Strategy 2.4.3.5. Partnerships

Formalize strategic partnerships to better ensure that medical countermeasure products and policies that guide their safe and effective use can be implemented effectively during an incident

2.4.4. Workforce

Strengthen and protect the emergency preparedness and response workforce.

The emergency preparedness and response workforce includes, but is not limited to, those engaged through the National Disaster Medical System, the U.S. Public Health Service Commissioned Corps, the Medical Reserve Corps, volunteer health professionals, mental health and human service workers, and nongovernmental

organizations (including faith-based and community organizations). The Department is strengthening and protecting the emergency preparedness and response workforce through the following strategies:

Stakeholder(s):

Emergency Preparedness Workforce

Emergency Response Workforce

National Disaster Medical System

U.S. Public Health Service Commissioned Corps

Medical Reserve Corps

Volunteer Health Professionals

Mental Health Workers

Human Service Workers

Nongovernmental Organizations :

including faith-based and community organizations

Strategy 2.4.4.1. Hazardous Exposures

Reduce illness and injury due to hazardous exposures in first responders, emergency managers, and public health, healthcare and human services providers, through health and safety training, education, and medical countermeasures

Stakeholder(s):

First Responders

Emergency Managers

Public Health Providers

Healthcare Providers

Human Services Providers

Strategy 2.4.4.2. Training

Train the HHS workforce, and support the training of other partners, to strengthen the health response to incidents and protect communities from domestic and global threats

Stakeholder(s):

HHS Workforce

Strategy 2.4.4.3. Public Health Professionals

Review the U.S. Public Health Service Commissioned Corps structure and modernize how HHS employs public health professionals and responds to public health emergencies

Stakeholder(s):

U.S. Public Health Service Commissioned Corps

Public Health Professionals

Strategy 2.4.4.4. Workforce Gaps

Coordinate with human resources to help fill hard-to-fill assignments, bridge critical workforce gaps, and respond to public health and medical emergencies

Strategy 2.4.4.5. Individuals with Functional & Access Needs

Increase capacity of emergency managers; healthcare, public health, and human services providers; and faith-based and community organizations to address needs of at-risk individuals with functional and access needs during incident preparedness, response, mitigation, and recovery

Stakeholder(s):

Individuals with Functional & Access Needs

Emergency Managers

Healthcare Providers

Public Health Providers

Human Services Providers

Faith-Based Organizations

Community Organizations

Strategy 2.4.4.6. Diverse Populations

Develop cultural and linguistic competency to allow public health officials and emergency managers to better meet the needs of diverse populations and improve the quality of services and health outcomes during and after a disaster

Stakeholder(s):

Diverse Populations

Public Health Officials

Emergency Managers

2.4.5. Global Health

Advance global health security.

HHS is working with other Federal departments, foreign governments, and multilateral organizations to create a world safe and secure from public health threats. The Department is working to advance global health security as a national priority through the following strategies:

Strategy 2.4.5.1. Information, Communication & Response

Respond rapidly to limit the impacts of incidents by using and sharing incident information, coordinating communications with international partners, and conducting response operations, risk communication, and research to respond to emerging and re-emerging diseases; chemical, biological, radiological, and nuclear agents; and other threats to health security

Strategy 2.4.5.2. Preparedness

Enhance international preparedness activities at the national, regional, and global levels to identify gaps, build capacity, and track progress to prevent, detect, and respond to health threats, respecting cultural differences and the inherent dignity of persons from conception to natural death

Strategy 2.4.5.3. Products & Behaviors

Promote and support, where appropriate, the development, deployment, and use of medical products to prevent, mitigate, or treat adverse health effects in response to a global public health emergency, as well as the development, understanding, and use of behaviors or actions that people and communities can take to help slow the spread of disease or limit the impact of threat agents in response to a public health emergency

Strategy 2.4.5.4. Programs

Collaborate with, and provide leadership to, international programs and initiatives to strengthen global preparedness and response to public health and medical emergencies

Strategy 2.4.5.5. Plans

Further develop, exercise, and update plans for responding to global threats that have the potential to impact national health security

3. Well-Being

Strengthen the Economic and Social Well-Being of Americans Across the Lifespan

Stakeholder(s)

Americans

Administration for Children and Families (ACF)

Administration for Community Living (ACL)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare & Medicaid Services (CMS)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

Office of the Assistant Secretary for Health (OASH)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Poverty, unemployment, family disruptions, aging, and disability can threaten independence and self-sufficiency and increase Americans' need for safety-net programs. Violence and preventable injuries threaten the security and social stability of the American people. HHS is committed to supporting the social and economic well-being of all Americans, including those individuals and populations who are at high risk of social and economic challenges. A core component of the HHS mission is the dedication to serve all Americans from conception to natural death, including those individuals and families who face or who are at high risk of economic and social well-being challenges. According to the U.S. Census Bureau, the official poverty rate in 2016 was 12.7 percent, down 0.8 percentage points from 13.5 percent in 2015. Both the percentage of the U.S. population in poverty and the unemployment rate have declined in the last three years. According to the U.S. Department of Labor's Bureau of Labor Statistics, in 2017 the monthly unemployment rate averaged 4.4 percent, down from 4.9 percent in 2016. However, some Americans still experience challenges. According to the 2016 Annual Homeless Assessment Report - PDF, on a single night in 2016, nearly 550,000 people were experiencing homelessness in the United States. Additionally, in 2011, 4.8 million formerly incarcerated individuals were under community supervision. Many individuals returning to the community after serving time experience challenges due to limitations on their eligibility for access to public housing, employment, and healthcare. Job training and social supports are imperative for ensuring that these individuals are able to reintegrate into their communities. Both unintentional injuries and those caused by acts of violence are among the top 15 causes of death for Americans. Nearly 200,000 people in the United States die every year from injuries and violence related to preventable events such as drug overdoses, falls, drowning, and self-harm. Even when people do not die from injuries and violence, many experience long-term effects. Survivors often face lifelong mental, physical, and financial problems. In 2014, 26.9 million people were treated in an emergency department for injuries, and 2.5 million people were hospitalized. In 2013, costs associated with fatal injuries totaled \$214 billion, while nonfatal injuries resulted in \$457 billion in costs. The Department's effort to support all Americans includes empowering families to encourage positive child and youth development. Financial and emotional support can encourage children and youth to continue education and make healthier decisions. In 2010, 71 percent of children younger than 18 were reported to be living with at least one parent who was employed full-time, year round. In 2014, 79.3 percent of adolescents age 12 to 17 surveyed said they had an adult in their lives with whom they can discuss serious problems, up from 78.2 percent in 2013. Over the past 15 years, there has been significant improvement in the teen birth rate. The teen birth rate declined by 63 percent between 1990 and 2015 and is now at a record low. In 1990, the teen birth rate was 60 births per 1,000 teenage girls. By 2015, the rate had dropped to 22 births per 1,000 teenage girls. Some subpopulations are at high risk of poor economic and social outcomes. In 2015, 35 percent of single-parent families had incomes below the poverty line, compared with 8 percent of married couples with children. Over the past decade,

the percentage of children in single-parent families has increased from 32 percent to 35 percent, although the percentage has remained stable since 2011. Additionally, the more than 400,000 children who live in foster homes face a complex set of challenges. Older foster youth who age out of foster care are at a higher risk of teen pregnancy, employment instability, and homelessness. Older Americans and Americans with disabilities also face a number of obstacles. Over the past 10 years, the population 65 and over increased by 30 percent from 36.6 million in 2005 to 47.8 million in 2015, and this age group is projected to more than double to 98 million in 2060. More than 4.2 million older adults lived below the poverty line in 2015. At least 90 percent of older adults receiving help with daily activities receive some form of unpaid care, and about two-thirds receive only unpaid care. Almost 12 percent of working-age adults in the United States have some type of disability. Of these adults, 51 percent had a mobility disability, and 38.3 percent had a cognitive disability. Working-age adults with disabilities are more likely to live in poverty, have less than a high school education, and be unemployed.

3.1. Self-Sufficiency, Responsibility & Opportunity

Encourage self-sufficiency and personal responsibility, and eliminate barriers to economic opportunity

Performance Goals:

- Increase the percentage of adult TANF recipients and former recipients who are newly employed
- Increase the percentage of refugees who are self-sufficient (not dependent on any cash assistance) within the first 6 months after arrival — Strong, economically stable individuals, families, and communities are integral components of a strong America. Many Americans currently experience or are at risk for economic and social instability. The social and health impacts of poverty can include reduced access to nutritious food; fewer educational opportunities and poor educational outcomes; a lack of access to safe and stable housing; increased risk of poor health outcomes including obesity and heart disease; and difficulty obtaining work opportunities. In 2016, a family of three was considered to be living in poverty if they earn less than \$19,105 per year. According to the Census Bureau, the poverty rate in 2016 was 12.7 percent, with 40.6 million people living in poverty; this number was down 0.8 percentage points from 2015. For most demographic groups, the number of people in poverty decreased from 2015, with adults older than 65 the only population group experiencing an increase in the number of people living in poverty. By providing opportunities for work and work supports, the Department is dedicated to improving the education, skills, health, and resources of low-income individuals and families to help them expand their productivity, achieve economic independence, and enhance their economic and health outcomes. To reach this goal, the Department coordinates safety-net programs across the Federal Government; State, local, Tribal, and territorial governments; and faith-based and community organizations. One of the Department's primary programs for families in need is the Temporary Assistance for Needy Families (TANF) program. TANF provides States with block grants to design and operate programs that help needy families reach self-sufficiency, with a focus on preparing parents for work. The Department coordinates with the U.S. Departments of Labor and Education to implement the Workforce Innovation and Opportunity Act, which is designed to help young job seekers and people with disabilities access employment education, training, and support services and match employers with skilled workers.

Stakeholder(s):

ACF

ACL

CMs

3.1.1. Education, Training & Work

Invest in education, training, and work.

In March 2017, nearly 2.5 million people across all 50 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands received cash assistance from TANF programs. The Department invests in education, training, work, and work supports through the following strategies: Note: Additional strategies on supporting independence for people with disabilities are in Strategic Objective 3.4.

Strategy 3.1.1.1. Employment

Invest in evidence-informed practices that enable low-income adults, unemployed noncustodial parents, youth, and individuals with disabilities to prepare for, acquire, and sustain employment, including for fast-growing professions in healthcare

Stakeholder(s):

Low-Income Adults

Unemployed Noncustodial Parents

Youth

Individuals with Disabilities

Strategy 3.1.1.2. Work Participation

Strengthen the required work participation rate standards for States receiving TANF funds, and provide guidance and technical assistance to State TANF programs to engage adult cash assistance recipients who have the capacity to work in work activities

Stakeholder(s):

States

Strategy 3.1.1.3. Stability & Support

Promote innovation in the TANF program to advance the objective of helping families in need find stability and support through the employment and economic independence of adult participants and the healthy development of children whose families receive assistance

Strategy 3.1.1.4. Refugees

Integrate refugees entering the country into American society and connect them with wraparound services and resources, using faith-based and community organizations, to provide economic opportunity and success

Stakeholder(s):

Refugees

Strategy 3.1.1.5. Assistive Technology

Provide assistive technology equipment to people with disabilities, allowing them more self-sufficiency and eliminating barriers to their economic opportunity

Stakeholder(s):

People with Disabilities

Strategy 3.1.1.6. People with Disabilities

Increase the number of employed people with disabilities by encouraging and assisting integration into the greater community's workforce

Stakeholder(s):

People with Disabilities

3.1.2. Low-Income Populations

Reform human services programs to assist low-income populations.

Although the number of people in poverty is shrinking, in 2016, 40.6 million people lived below the poverty line, with 32 percent of these people under the age of 18. The Department is working to reform human services programs to assist low-income populations through the following strategies:

Stakeholder(s):

Low-Income Populations

Strategy 3.1.2.1. Safety-Net Programs

Foster coordination and innovation across safety-net programs, including faith-based and community organizations, to help individuals and families in need to become self-sufficient and end dependency through employment and growth in habits of personal responsibility

Strategy 3.1.2.2. Transitional Services

Increase access to comprehensive services as part of short-term, transitional public welfare services in partnership with other Federal agencies and faith-based and community organizations, including programs to promote social and economic self-sufficiency for American Indians and Alaska Natives

Stakeholder(s):

Federal Agencies

Faith-Based Organizations

Community Organizations

American Indians

Alaska Natives

Strategy 3.1.2.3. Formerly Incarcerated Individuals

Support formerly incarcerated individuals in obtaining and maintaining employment, developing habits of personal responsibility, reconnecting with their children and families, paying child support, and avoiding recidivism

Stakeholder(s):

Formerly Incarcerated Individuals

Strategy 3.1.2.4. Economic Independence

Become a center of excellence in the research and practice of facilitating rapid and sustained economic independence for diverse at-risk populations

Stakeholder(s):

At-Risk Populations

Strategy 3.1.2.5. Personal Responsibility, Education, Employability & Relationships

Support youth as they transition to adulthood by assisting them to develop habits of personal responsibility, to obtain an education, to strengthen employability skills, and to establish and maintain positive, healthy relationships (including through evidence-based or evidence-informed healthy marriage and relationship education)

Stakeholder(s):

Youth

3.1.3. Homelessness

Reduce the incidence of homelessness.

The Department participates in the U.S. Interagency Council on Homelessness, which coordinates the Federal response to homelessness by partnering with 19 Federal agencies, State and local governments, advocates, service providers, and people experiencing homelessness, with a goal of ending all homelessness in America. The Department is working with its partners to reduce the incidence of homelessness through the following strategies:

Strategy 3.1.3.1. Emergency Shelter

Test and invest in models, including emergency shelter and Housing First, to support homeless domestic violence survivors

Stakeholder(s):

Domestic Violence Survivors

Strategy 3.1.3.2. Runaway & Homeless Youth

Strengthen programs for runaway and homeless youth that provide outreach, crisis intervention, shelter, counseling, family reunification, and aftercare services

Stakeholder(s):

Runaway Youth

Homeless Youth

3.2. Injuries & Violence

Safeguard the public against preventable injuries and violence or their results

Performance Goals:

- Increase the percentage of domestic violence program clients who have a safety plan
- Decrease the percentage of children with substantiated or indicated reports of maltreatment that have a repeated substantiated or indicated report of maltreatment within 6 months
- Increase intimate partner (domestic) violence screening among American Indian and Alaska Native females — Injuries and violence affect all Americans regardless of an individual's age, race, or economic status. Preventable injuries and violence — such as falls, homicide stemming from domestic violence, and gang violence — kill more Americans ages 1 to 44 than any other cause, including cancer, HIV, or the flu. Hospitalizations, emergency room visits, and lost productivity caused by injuries and violence cost Americans billions of dollars annually. Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. The Department supports multiple trauma-informed care initiatives to integrate a trauma-informed approach into health, behavioral health, and related systems, to reduce the harmful effects of trauma and violence on individuals, families, and communities. In 2015, the age-adjusted rate of unintentional injuries (43.2 per 100,000) increased 6.7 percent from the rate in 2014. The largest subcomponent of injury mortality is poisoning, with a rate 1.5 times greater than that of motor vehicle traffic deaths. In 2015, the age-adjusted rate of drug overdose deaths was more than 2.5 times the rate in 1999. The pattern of drugs involved in drug overdose deaths also has changed in recent years. In 2010, 29 percent of drug overdose deaths involved natural and semisynthetic opioids, and 12 percent involved methadone. In 2015, the percentage of drug overdose deaths involving these drugs decreased to 24 percent and 6 percent, respectively. In contrast, drug overdose deaths involving heroin increased from 8 percent in 2010 to 25 percent in 2015. Increases also were seen in drug overdose deaths involving synthetic opioids other than methadone, from 8 percent in 2010 to 18 percent in 2015. In 2014, according to the National Center for Health Statistics National Vital Statistics System, nearly 200,000 people died of injuries, including poisoning, resulting in a mortality rate of 62.6 per 100,000. In that same year, 39.5 million (126.3 per 1,000) medically attended injury and poisoning episodes occurred in the United States. In 2013, 1.4 million emergency department visits were due to assault alone. In 2014, 33,594 people died from all firearm-related injuries. In 2013, these issues cost the United States an estimated \$671 billion in medical care and lost productivity.

Stakeholder(s):

ACF

ACL

CDC

IHS

OASH

SAMHSA

3.2.1. Practices

Identify and disseminate evidence-based practices to reduce injuries and violence.

HHS funds 23 State health departments through the Core State Violence and Injury Prevention Program (Core SVIPP), which helps States implement, evaluate, and disseminate strategies that address the most pressing injury and violence issues, including child abuse and neglect, traumatic brain injury, domestic violence, and sexual violence. Core SVIPP aims to decrease injury- and violence-related morbidity and mortality and increase sustainability of injury prevention programs and practices. The Department also is working to identify and disseminate evidence-based practices to reduce injuries and violence through the following strategies:

Strategy 3.2.1.1. Abuse Intervention

Expand knowledge about important abuse intervention models to enhance evidence-based services for older adults and adults with disabilities

Stakeholder(s):

Older Adults

Adults with Disabilities

Strategy 3.2.1.2. Children & Youth Safety

Disseminate evidence-based strategies to keep children and youth safe from violence and injuries -- including child maltreatment, unintentional poisoning, drowning, fires and burns, and infant suffocation

Stakeholder(s):

Children

Youth

Infants

Strategy 3.2.1.3. Foster Care

Ensure more children safely avoid foster care placement by encouraging the availability of effective, accessible family support services to address the issues families face, including the opioid crisis

Stakeholder(s):

Children

Family Support Services

3.2.2. Services

Fund services to support those who have been impacted by injuries and violence.

Homicide is the third leading cause of death for young people ages 15 to 24, with more than 4,000 young people dying by homicide each year. One in four women, and one in nine men, were victims of sexual violence, physical violence, or stalking by an intimate partner, resulting in injury, fear, and a concern for their safety. The Department funds services to support those who have been impacted by injuries and violence, including through the following strategies:

Strategy 3.2.2.1. Centers of Excellence

Fund National Centers of Excellence in Youth Violence Prevention to better understand youth violence, implement and evaluate programs to prevent violence, and promote safe and supportive environments

Strategy 3.2.2.2. Emergency Shelters

Provide support for emergency shelters and related assistance for victims of family violence

Stakeholder(s):

Victims of Family Violence

3.2.3. Abuse, Neglect & Exploitation

Prevent abuse, neglect, and exploitation for older Americans.

An estimated 1 in 10 older adults will be a victim of elder maltreatment. The Department works to prevent abuse, neglect, and exploitation for older Americans through the following strategies: Note: Additional strategies to support older adults are in Strategic Objective 3.4.

Stakeholder(s):

Older Americans

Strategy 3.2.3.1. Elder Justice

Coordinate elder justice activities within HHS and across the Federal Government through the Elder Justice Coordinating Council

Stakeholder(s):

Elder Justice Coordinating Council

Strategy 3.2.3.2. Long-Term Care Facilities

Foster the health, safety, rights, and welfare of individuals who live in long-term care facilities through promoting person-centered quality care, monitoring, and ombudsman programs

Stakeholder(s):

Long-Term Care Facilities

Strategy 3.2.3.3. Resources & Education

Improve access to resources and education to help local communities identify and responding to elder abuse, neglect, and exploitation

Stakeholder(s):

Older Americans

Strategy 3.2.3.4. Maltreatment

Enhance knowledge about preventing elder maltreatment, through research

Strategy 3.2.3.5. Protective Services

Strengthen adult protective services' timely and effectively responses to older adults who are maltreated through practice guidelines, data collection and reporting, and technical assistance

Stakeholder(s):

Adult Protective Services

3.2.4. Partnerships

Expand partnerships with Federal, State, Tribal, local, and territorial government entities and other stakeholders to reduce injuries and violence

The Department works across the Federal Government, and with States, territories, Tribes, and faith-based and community organizations, to address injuries and violence — monitoring accidental and violence-related injuries, supporting research on the factors that put people at risk, creating and evaluating preventative programs, helping partners plan and implement programs, and conducting research on the effective adoption and dissemination of these strategies. The Department is working to expand partnerships with Federal, State, Tribal, local, and territorial government entities and other stakeholders to reduce injuries and violence through the following strategies:

Stakeholder(s):

Federal Government Entities

State Government Entities

Tribal Government Entities

Local Government Entities

Territorial Government Entities

Strategy 3.2.4.1. Pregnant Women

Protect women from harmful exposures before, during, and after pregnancy, such as from domestic violence, tobacco exposure, and alcohol, opioid, and other harmful substance use, and improve outcomes for newborns and pregnant women

Stakeholder(s):

Pregnant Women

Newborns

Strategy 3.2.4.2. Domestic & Dating Violence

Expand interagency partnerships and systems to train healthcare and human service providers to assess for domestic and dating violence and do brief interventions to link victims to safety and support services, including through faith-based and community organizations

Stakeholder(s):

Healthcare Providers

Human Service Providers

Faith-Based Organizations

Community Organizations

Strategy 3.2.4.3. Bullying & Dating Violence

Expand bullying prevention and youth dating violence prevention partnerships with Federal, State, Tribal, local, territorial, and nongovernmental stakeholders to support safety and well-being

Stakeholder(s):**Federal Stakeholders****State Stakeholders****Tribal Stakeholders****Local Stakeholders****Territorial Stakeholders****Nongovernmental Stakeholders****Strategy 3.2.4.4. Gangs**

Expand and strengthen partnerships with Federal, State, local, Tribal, and territorial partners, including faith-based and community organizations, on gang prevention programs as well as investing in youth mentoring and coaching, counseling, and life skills and workforce training

Stakeholder(s):**Federal Partners****State Partners****Local Partners****Tribal Partners****Territorial Partners****Faith-Based Organizations****Community Organizations****Strategy 3.2.4.5. Human Trafficking**

Assess and increase the capacity of medical and behavioral health practitioners, nonprofits, faith-based and community organizations, licensed social workers, child welfare professionals, housing authorities, and public health agencies to provide comprehensive and survivor-informed services for victims of human trafficking

Stakeholder(s):**Medical Practitioners****Behavioral Health Practitioners****Nonprofits****Faith-Based Organizations****Community Organizations****Licensed Social Workers****Child Welfare Professionals****Housing Authorities****Public Health Agencies**

Strategy 3.2.4.6. Child Welfare System

Improve services to children and families in the child welfare system as a result of parental or caretaker opioid or other substance use disorder, including through faith-based and community organizations

Stakeholder(s):

Children

Families

Strategy 3.2.4.7. Cultural Competence

Enhance the cultural competence of the workforce in the delivery of social services to children, youth, and families through research, technical assistance, and training

3.2.5. Data

Collect, analyze, and report national data on the incidence and consequences of injuries and violence

Nearly 192,000 people die from violence and injuries each year — nearly 1 person every 3 minutes. The Department is working to collect, analyze, and report national data on the incidence and consequences of injuries and violence through the following strategies: Note: Additional surveillance strategies are in Strategic Objective 4.1.

Strategy 3.2.5.1. Healthcare Use & Cost

Assess healthcare use and costs associated with violence and unintentional injury, including patient safety events that occur in healthcare settings, to inform actions to prevent injury and violence and describe the return on investment of public health action

Strategy 3.2.5.2. Monitoring

Develop and enhance timely, coordinated data systems to monitor injuries and violence by using expanded surveillance, innovative methods, and new technology, to inform and evaluate national and State prevention activities

Strategy 3.2.5.3. Child Maltreatment

Address gaps in data on prevalence and risk factors for child maltreatment

Stakeholder(s):

Children

3.3. Families & Children

Support strong families and healthy marriage, and prepare children and youth for healthy, productive lives

Performance Goals:

- Reduce the proportion of Head Start preschool grantees receiving a score in the low range on any of the three domains on the basis of the Classroom Assessment Scoring System (CLASS: Pre-K)

- Reduce the proportion of children and adolescents ages 2 through 19 who are obese
- Maintain the proportion of youth living in safe and appropriate settings after exiting ACF-funded Transitional Living Program services
- Increase the number of participants in ACF-funded healthy marriage and relationship education services — Families are the cornerstone of America's social fabric. A strong family can lead to many positive outcomes for the health, social, and economic status of both adults and children. People live longer, have less stress, and are more financially stable in a healthy family environment where both parents are present, share the responsibility of the household, and raise the children. Additionally, in these households, children tend to be healthier, both mentally and physically, and are better able to have their fundamental needs met. The Department supports healthy families and youth development through collaborations across the Federal Government and with States, territories, community partners, Tribal governments, and faith-based organizations. Head Start - PDF served 1.1 million children from birth to age 5 and pregnant women in 2015–2016, and approximately 1.4 million children per month received child care assistance in 2015. Recommendations for best practices for early child development are shared with partners across the country. Transitions from youth to adulthood are supported through the promotion of strength-based approaches, multisector engagement, and youth engagement efforts. Through programs like the Healthy Marriage and Relationship Education Grant Program, the Department funds organizations (including faith-based and community organizations) across the country to provide comprehensive healthy relationship and marriage education services, as well as job and career advancement activities to promote economic stability and overall improved family well-being. Children with involved fathers are more likely to perform well in school, have healthy self-esteem, and display empathy and pro-social behavior, compared with children who have uninvolved fathers. The New Pathways for Fathers and Families funds organizations across the United States to provide responsible-fatherhood activities that strengthen positive father-child engagement, improve employment and economic mobility, and improve relationships (including couple and coparenting) and marriage. The Department also supports reentry efforts for incarcerated fathers. Approximately 1.7 million State and Federal inmates are fathers of minor children. The impacts of incarceration affect the lives and well-being of their children and families. The Responsible Fatherhood Opportunities for Reentry and Mobility program funds grants that are specifically tailored to the needs of fathers transitioning from incarceration to their families and communities. Grants help fathers stabilize their lives, establish or reconnect with their children and families, develop habits of personal responsibility, obtain employment, and achieve economic mobility.

Stakeholder(s):**Families****Children****ACF****ACL****CDC****HRSA****IHS****OASH****SAMHSA**

3.3.1. Children

Support the healthy development and well-being of children.

In 2016, the United States was home to 73.6 million children, a number that is projected to grow to 74.5 million by 2022 and 76 million by 2029. The Department supports the healthy development and well-being of children through the following strategies:

Stakeholder(s):

Children

Strategy 3.3.1.1. Healthy Development

Promote healthy development in young children to avoid behavioral challenges, support school readiness and learning, and offer parents of young children access to evidence-based, culturally appropriate parenting education and supports

Stakeholder(s):

Young Children

Parents

Strategy 3.3.1.2. Quality

Improve the quality of care and education settings through effective professional development, coaching, monitoring for health and safety, provision of comprehensive services, and other training and technical assistance in order to promote positive teacher-child interactions and support children's skill development in all domains, including language, early literacy, numeracy, cognitive, and social-emotional development

Stakeholder(s):

Teachers

Children

Strategy 3.3.1.3. Language Development

To achieve optimal brain development for all children, identify and promote effective approaches for early language development to integrate them into existing programs that reach young children, and leverage partnerships (including with faith-based and community organizations) to encourage broad implementation

Stakeholder(s):

Young Children

Faith-Based Organizations

Community Organizations

Strategy 3.3.1.4. Activity, Play, Nutrition & Contact

Promote increased physical activity and active play, improved nutrition, reduced screen time, and increased interpersonal contact with and between children in child care and early childhood development programs

Stakeholder(s):

Children

Child Care Programs

Early Childhood Programs

Strategy 3.3.1.5. Early Care & Education

Improve access to high-quality early care and education opportunities for young children by improving the quality of existing early care and education settings, including those offered by Tribes and faith-based and community initiatives, and building the supply of high-quality options for families

Stakeholder(s):

Young Children

Early Care Settings

Education Settings

Tribes

Faith-Based Initiatives

Community Initiatives

Strategy 3.3.1.6. Children with Disabilities

Remove barriers to inclusion and accessibility to early child care and education for children with disabilities

Stakeholder(s):

Children with Disabilities

Strategy 3.3.1.7. Programs & Services

Reduce barriers to child and family participation in early childhood programs and services

Stakeholder(s):

Children

Families

Strategy 3.3.1.8. Early Childhood Settings

Provide effective training and technical assistance to help parents and families have greater involvement with teachers, educators, and caregivers to improve the quality of early childhood settings

Stakeholder(s):

Early Childhood Settings

Parents

Families

Teachers

Educators

Caregivers

3.3.2. Adolescents & Young Adults

Support the healthy development and well-being of adolescents and young adults

Through the Interagency Working Group on Youth Programs, the Department collaborates with other Federal departments and agencies to support at-risk youth through adolescence and young adulthood. The Department supports the healthy development and well-being of adolescents and young adults through the following strategies:

Stakeholder(s):

Adolescents

Young Adults

Strategy 3.3.2.1 . Youth Transitions

Support successful youth transitions to adulthood by strengthening relationship and employability skills and the development of habits of personal responsibility

Stakeholder(s):

Youth

Strategy 3.3.2.2 . Relationships

Help youth establish and maintain positive, healthy relationships, including connections with peers and caring adults, through demonstration programs and evidence-based or evidence-informed programs (including programs that provide healthy marriage and relationship education), including programs provided by faith-based and community organizations

Stakeholder(s):

Youth

Peers

Caring Adults

Strategy 3.3.2.3. Mental Illness

Invest in training to support adults in detecting and responding to mental illness in children and youth, including encouraging adolescents and their families to seek treatment

Stakeholder(s):**Adults****Children****Youth****Strategy 3.3.2.4 . Morbidity, Mortality & Risk Behaviors**

Prevent and reduce morbidity, mortality, and key risk behaviors among youth by supporting schools and communities to improve youth skills through sound health education and connection to needed services, and promoting school environments that protect and nurture youth to avoid risk and make positive life choices

Stakeholder(s):**Youth****Schools****Communities****Strategy 3.3.2.5 . Foster Care**

Support efforts to place children in foster care with extended birth family and support these kinship caregivers

Stakeholder(s):**Children****Extended Birth Families****Kinship Caregivers****Strategy 3.3.2.6. Adoptive Families**

Promote efforts to recruit, train, and support adoptive families for children and youth whose birth parents and relatives cannot or will not safely care for them

Stakeholder(s):**Children****Adoptive Families****Strategy 3.3.2.7. Foster Care**

Support efforts to ensure the well-being of children in foster care and those who age out of foster care without a family

Strategy 3.3.2.8. Healthy Decisions

Provide adolescents with information and support to make healthy decisions regarding their health and well-being, including risk avoidance and establishment of positive life choices

Stakeholder(s):

Adolescents

3.3.3. Parents, Guardians & Caregivers

Support parents, guardians, and caregivers.

While most children live with two parents, the Census Bureau estimates that 23 million children live in households with only one parent or no parent at all. The Department supports parents, guardians, and caregivers through the following strategies:

Stakeholder(s):

Parents

Guardians

Caregivers

Strategy 3.3.3.1. Parenting

Improve opportunities for parent participation in an evidence-based parenting curriculum or mentoring programs to improve parenting skills and lead to better learning and development outcomes for children and marital and family stability

Stakeholder(s):

Parents

Families

Strategy 3.3.3.2. Child Development & Parenting

Support efforts, including through Tribes and faith-based and community organizations, to educate parents and caregivers about healthy child development, effective parenting practices, and specific developmental and health concerns faced by their children

Stakeholder(s):

Tribes

Faith-Based Organizations

Community Organizations

Parents

Caregivers

Strategy 3.3.3.3. Fatherhood

Support and engage fathers in innovative program models across agencies to better integrate them into their families' life

Stakeholder(s):

Fathers

Families

Strategy 3.3.3.4. Parental Mental Health & Substance Abuse

Support families with young children by addressing parental mental health or substance abuse

Stakeholder(s):

Parents

Young Children

Strategy 3.3.3.5. Marriages & Relationships

Develop and implement local and national dissemination strategies to communicate the value of healthy marriages and relationships, and of the success sequence, which recommends completing education, obtaining employment, and getting married before a first or subsequent child, across all socioeconomic demographics

3.3.4. Services & Health

Integrate human services and health supports to support the well-being of children, youth, and families.

The Department recognizes that other risk factors like poverty, food insecurity, and housing instability can negatively impact health, and is working to integrate human services and health supports to support the well-being of children, youth, and families through the following strategies:

Strategy 3.3.4.1. Preventive & Primary Healthcare

Ensure more young children become up to date on all age-appropriate preventive and primary healthcare, including sensory and developmental screening, with appropriate referral and intervention

Stakeholder(s):

Young Children

Strategy 3.3.4.2. Service Access

Promote interagency Federal, State, and local coordination, including through Tribes and faith-based and community organizations, to facilitate families' access to services and help them navigate systems of care across the full spectrum of family needs, including housing, education and training, healthcare, child care, social services, and economic supports

Strategy 3.3.4.3. Risks & Choices

Integrate age- and developmentally appropriate strategies into programs designed to help all youth avoid risk and make better choices

Stakeholder(s):**Youth****Strategy 3.3.4.4. Pediatric Care**

Integrate trauma-informed, family-focused behavioral health services with pediatric primary care

3.4. Older Adults, People with Disabilities & Caregivers

Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers

Older adults and people with disabilities face a complex set of difficulties. About one in every seven, or 14.9 percent, of the population is an older American - PDF. Approximately 12 percent of working-age adults in the United States have some type of disability. Of these adults, 51 percent had a mobility disability, and 38.3 percent had a cognitive disability. Older people and people with disabilities often rely on other people to fulfill fundamental needs and complete daily tasks. In order to facilitate adequate care and maximize independence, older adults and people with disabilities of all ages should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. To support older adults, people with disabilities, and the system of friends, family, and community members that support them, the Department collaborates across the Federal Government, with States, Tribes, and territories, and with faith-based and community organizations. Aging and Disability Resource Centers provide a gateway to a broad range of services and supports for older adults and people with disabilities. Centers for Independent Living are community-based centers that offer services to empower and enable people with disabilities to stay in their communities. Every State and territory has an Assistive Technology Act program that can help people find, try, and obtain assistive technology devices and services. Assistive technology includes resources ranging from "low tech" helping tools — like utensils with big handles — to higher-tech solutions like talking computers. The Department also supports caregivers of older Americans and Americans living with disabilities. At least 90 percent of older adults receiving help with daily activities receive some form of unpaid care, and about two-thirds receive only unpaid care. In 2011, an estimated 18 million unpaid caregivers provided 1.3 billion hours of care on a monthly basis to Medicare beneficiaries age 65 and over. Strategies relating to supporting the healthcare needs of older adults and people with disabilities can be found in Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare System and Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play. This Strategic Objective focuses on human services — efforts to support the economic and social well-being of these populations.

Stakeholder(s):**Older Adults****HRSA****People with Disabilities****IHS****Caregivers****OASH****ACF****SAMHSA****ACL****CDC****CMS**

3.4.1. Community Living

Strengthen supports for community living.

Stable housing is foundational to good health and well-being. Accessible, affordable housing is essential to community integration and aging-in-place. For some older adults and people with disabilities, additional assistance is required to support community living. The Department works to strengthen supports for community living through the following strategies:

Strategy 3.4.1.1 . Livable Communities

Support age- and dementia-friendly livable communities to improve quality of life for older adults, families, caregivers, people with disabilities, and the larger community

Stakeholder(s):

Older Adults

Families

Caregivers

People with Disabilities

Strategy 3.4.1.2. Independence

Promote independence of older adults and people with disabilities through improved collaboration, including with Tribes and faith-based and community organizations, to ensure opportunities to live and receive services in the community

Stakeholder(s):

Older Adults

People with Disabilities

Strategy 3.4.1.3. Inclusion & Accessibility

Foster culture change through inclusion and accessibility for children and adults with disabilities and older adults by removing physical and other barriers

Stakeholder(s):

Children with Disabilities

Adults with Disabilities

Older Adults

Strategy 3.4.1.4. Programs

Support programs for people with disabilities and older adults that help protect them from all forms of abuse, including physical, mental, emotional, and financial abuse, and help ensure their ability to exercise their rights to make choices, contribute to their communities, and live independently

Stakeholder(s):

People with Disabilities

Older Adults

Strategy 3.4.1.5. Relationships

Support focused technical assistance to States aimed at forging stronger relationships between State Medicaid agencies, State housing finance agencies, and private partners including faith-based and community organizations with the goal of expanding community-living capacity in States

Stakeholder(s):

State Medicaid Agencies

State Housing Finance Agencies

Private Partners

Faith-Based Organizations

Community Organizations

3.4.2. Care Continuum, Transitions & Coordination

support choice across the care continuum, as well as improved care transitions and care coordination.

In *Olmstead v. L.C.*, the Supreme Court affirmed that under the Americans with Disabilities Act, people with disabilities cannot be unnecessarily segregated and must receive services in the most integrated setting appropriate for their needs. Federal and State efforts following this landmark decision have increased community participation and independence of people with disabilities and older Americans who are living in communities, including those who have transitioned from nursing homes and other institutions. The Department is working to support choice across the care continuum, as well as improved care transitions and care coordination, through the following strategies:

Strategy 3.4.2.1. Collaboration

Promote collaboration among Federal, State, Tribal, local, territorial, and private-sector partners that serve older adults, people with disabilities, and their families and caregivers to improve access to a full range of healthcare services, and home and community-based services

Stakeholder(s):

Older Adults

People with Disabilities

Caregivers

Strategy 3.4.2.2. Transitions

Pursue initiatives and programs to provide support to older adults, people with disabilities, and their families and caregivers as individuals move between the settings that best address their unique needs

Stakeholder(s):

Older Adults

People with Disabilities

Caregivers

Strategy 3.4.2.3. Plans

Increase the proportion of youth with disabilities who have plans in place for transitioning from pediatric to adult care

Stakeholder(s):

Youth with Disabilities

3.4.3. Long-Term Services & Supports

Improve quality and availability of long-term services and supports, including home and community-based services (HCBS)

Approximately 20 percent of older Americans receive assistance with their care needs. Medicaid is the largest source of support for long-term services and supports, with an estimated \$131.4 billion annually expended at the Federal and State levels. The Department is working to improve quality and availability of long-term services and supports, including home and community-based services (HCBS), through the following strategies:

Stakeholder(s):

Community-Based Services (HCBS)

Strategy 3.4.3.1. Performance Measures

Support the development of a core set of performance measures for HCBS that can provide data that can be used in quality and outcome measurement and reporting

Strategy 3.4.3.2. Delivery Models & Flexibility

Support innovative delivery system models and program flexibilities that include HCBS to improve quality, accessibility, and affordability in Medicare and Medicaid

Strategy 3.4.3.3. Person-Centered Care

Consider new person-centered models of care in Medicare and Medicaid that provide an integrated approach to addressing individuals' medical, behavioral, long-term services and supports, and other needs to maintain health, well-being, and independence

Stakeholder(s):

Medicare

Medicaid

Strategy 3.4.3.4. Persons with Dementia

Identify opportunities to accelerate the development, evaluation, translation, implementation, and scaling up of comprehensive care, services, and supports for persons with dementia, families, and other caregivers

Stakeholder(s):

Persons with Dementia

Caregivers

Strategy 3.4.3.5. Long-Term Services & Support

Assist States in strengthening and developing high-performing long-term services and supports systems that focus on the person, provide streamlined access, and empower individuals to participate in community living

Stakeholder(s):

States

Strategy 3.4.3.6. Disaster & Emergency Preparedness

Educate and improve the awareness of HCBS providers of the need to integrate the access and functional needs of older adults and people with disabilities into disaster and public health emergency preparedness, response, mitigation, and recovery

Stakeholder(s):

HCBS Providers

Older Adults

People with Disabilities

3.4.4. Alzheimer's Disease & Dementias

Address Alzheimer's disease and related dementias.

Alzheimer's disease (AD) is an irreversible, progressive brain disease that affects as many as 5.3 million Americans. The prevalence of people with AD doubles for every 5-year interval beyond age 65. Without a preventive treatment or cure, the significant growth in the population over age 85 that is estimated to occur between 2015 and 2050 (from 6.3 million to 19 million) suggests a substantial increase in the number of people with AD. The Department is working to address Alzheimer's disease and related dementias through the following strategies: Note: Additional strategies on preventive care are in Strategic Objectives 1.3 and 4.3.

Strategy 3.4.4.1. Education, Training & Support

Expand supports for people with Alzheimer's disease and related dementias and their families through culturally sensitive education, training, and support; assessing housing and other needs; and assisting families in planning for future care needs

Stakeholder(s):

People with Alzheimer's Disease

People with Dementias

Strategy 3.4.4.2. Diagnosis & Clinical Management

Enhance public awareness and engagement to reduce misperceptions about diagnosis and clinical management

Strategy 3.4.4.3. Data

Improve data to track the burden of Alzheimer's disease and related dementias, identify and monitor trends in associated risk factors, and assist with understanding health disparities

3.4.5. Caregivers

Strengthen supports for caregivers.

Caregivers provide care to people of all ages who live in residential or institutional settings. Caregiving can be both paid and unpaid; a 2009 survey found that approximately 25 percent of adults reported providing care to a person with a long-term illness or disability in the past 30 days. The Department is working to strengthen supports for caregivers through the following strategies:

Stakeholder(s):

Caregivers

Strategy 3.4.5.1. Support

Provide support for unpaid family caregivers, to maximize the health and well-being of the caregivers and the people for whom they provide care

Stakeholder(s):

Unpaid Family Caregivers

Strategy 3.4.5.2. Community Support

Educate and empower community supports, such as faith-based and community organizations, for providing support of all types for caregivers

Stakeholder(s):

Faith-Based Organizations

Community Organizations

Strategy 3.4.5.3. Research Gaps & Findings

Identify research gaps in caregiving, and optimize sharing of research findings

Strategy 3.4.5.4. Caregiver Resources

Improve access to educational and community-based resources that caregivers can use to maintain and/or increase their health and well-being

Stakeholder(s):

Caregivers

3.5.6. Service Disparities

Reduce disparities in services for older adults and people with disabilities.

For people with complex health needs, such as older adults and people with disabilities, accessing high-quality and affordable care — healthcare, as well as assistance for daily living — can be challenging. Geographic disparities, as well as economic constraints, can limit the number and quality of available options. The Department is working to reduce disparities in services for older adults and people with disabilities through the following strategies:

Stakeholder(s):

Older Adults

People with Disabilities

Strategy 3.5.6.1. Rights

Ensure that individual rights are protected and addressed through enforcement of mental health and substance use parity laws, Olmstead, Americans with Disabilities Act, and other protections

Strategy 3.5.6.2. Care Planning

Include culturally appropriate, person- and family-centered care planning in Federal social and healthcare services for older adults and persons with disabilities to protect individual choice and address a person's current and future economic resources, including advance care planning needs

Strategy 3.5.6.3. Monitoring & Reporting

Monitor, using existing data sources, the status of the health, well-being, and independence of older adults and people with disabilities, and improve reporting on these populations

Stakeholder(s):

Older Adults

People with Disabilities

3.5.7. Workforce

Strengthen the workforce providing services to people 65 years old and older.

The number of people 65 years old and older is expected to double between 2000 and 2030. Providing high-quality services to this growing population requires a high-quality workforce. The Department seeks to strengthen the workforce through the following strategies:

Stakeholder(s):

Older Americans

Strategy 3.5.7.1 . Education

Educate the healthcare and service professional workforce on the concerns of a geriatric population to ensure awareness of the unique challenges and issues of older adults

Strategy 3.5.7.2 . Competency

Improve and increase competency in the healthcare and direct service workforce in person-centered approaches and cultural competency

Stakeholder(s):

Healthcare Workforce

Direct Service Workforce

Strategy 3.5.7.3 . Training & Capacity

Strengthen the training and capacity of healthcare providers to recognize, assess, refer, connect, and engage caregivers

Stakeholder(s):

Healthcare Providers

Caregivers

Strategy 3.5.7.4. Partnerships

Strengthen partnerships between academia, health delivery systems, Tribes, and faith-based and community organizations to educate and train the workforce to provide high-quality, culturally competent care

Stakeholder(s):

Academia

Health Delivery Systems

Tribes

Faith-Based Organizations

Community Organizations

4. Science

Foster Sound, Sustained Advances in the Sciences

Stakeholder(s)

Administration for Children and Families (ACF)

Administration for Community Living (ACL)

Agency for Healthcare Research and Quality (AHRQ)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare & Medicaid Services (CMS)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

National Institutes of Health (NIH)

Office for Civil Rights (OCR)

Office of Global Affairs (OGA)

Office of the Assistant Secretary for Health (OASH)

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Substance Abuse and Mental Health Services Administration (SAMHSA)

According to a recent study, the United States makes about 44 percent of the total global biomedical research investments worldwide. Together with foundations, charities, private industry, and State, Tribal, local, and territorial governments, the Department's scientific investments seek to unlock mysteries to improve health and well-being; reduce the burden of death, disease, and disability; and extend and improve quality of life. These scientific investments are to be conducted consistent with the understanding that all human life is valuable and that the human subjects protection regulations apply to all human beings from conception to natural death. Making better decisions in health, public health, and human services often depends on data obtained through surveillance, epidemiology, and laboratory services—at the Federal, State, Tribal, local, and territorial levels. HHS efforts in this area help to track and trace disease outbreaks, connect the data to tell a more complete story of public health issues, and facilitate speedier responses to threats to health and well-being. Success in this domain starts with our scientific workforce. To date, 153 NIH-supported researchers have received Nobel Prizes for their achievements. HHS strives to expand the capacity of the research workforce, and equip them with the tools to make the discoveries of tomorrow. The NIH's Human Genome Project—completed under budget and 2 years ahead of schedule—has led to the discovery of more than 1,800 disease genes and is sparking the development of more powerful, preventive, personalized medical interventions. Basic science and applied research investments—whether intramural or extramural—seek solutions to the health, public health, and human services challenges articulated throughout this Strategic Plan. To be truly effective, these discoveries must be shared, adopted, scaled up, and implemented with fidelity. HHS is working to promote evidence-informed practices in the health, public health, and human services domains. As a steward of the public trust, HHS has a responsibility to promote approaches that will improve health and well-being.

4.1. Surveillance, Epidemiology & Labs

Improve surveillance, epidemiology, and laboratory services

Performance Goals:

- Increase the percentage of laboratory reports on reportable conditions that are received through electronic means nationally
- Increase the percentage of notifiable disease messages transmitted in HL7 format to improve the quality and streamline the transmission of established surveillance data
- Increase the number of people for whom the FDA is able to evaluate product safety through the Mini-Sentinel/Sentinel system — In an increasingly interconnected world, public health threats can quickly escalate from an isolated incident to a regional or even global emergency. A flu outbreak in one State can quickly spread to multiple States — keeping children out of school and adults away from work, and threatening the lives of the very young and very old. Rapid changes in public health patterns — such as the growth in opioid use and overdose — can strain the resources and capacity of first responders, health systems, and communities. Identifying and mitigating urgent and persistent threats to public health depends on the quality of surveillance, epidemiology, and laboratory services—at the Federal, State, and local levels as well as with U.S. territories, Tribes, and international partners. Public health surveillance data, applied epidemiology, and laboratory best practices can guide better decision making to target interventions more responsibly, and ultimately improve health. The Department is dedicated to conducting and funding scientific research that leads to evidence-based, high-quality care and responsive interventions to mitigate health crises. Data and information from surveillance, epidemiology, and laboratory services can aid in the prevention and early intervention of foodborne illnesses, such as listeria and norovirus, and infectious disease outbreaks, such as Zika and Ebola. To achieve this objective, the Department is working to facilitate information exchange to identify risks quickly and efficiently, strengthen the quality and safety of our Nation’s laboratories, and strengthen the alignment of surveillance, epidemiology, and laboratory services. As response rates to surveys fall and primary data collection costs increase, the need to use and leverage new sources of data for public health surveillance becomes critical. Within the Department, efforts are underway to use electronic health records for infectious disease surveillance and to facilitate coding of causes of death on death certificates. At the National Center for Health Statistics, linkages between survey data, mortality data, hospital administrative data, electronic health records, Medicare data, and housing data have been created and should greatly expand public health surveillance opportunities. In addition, HL7 Continuity of Care Document specifications have been published to facilitate the submission of standardized electronic health information to the National Health Care Surveys, enhancing their usability for surveillance.

Stakeholder(s):

ASPR

CDC

CMS

FDA

NIH

OCR

OGA

SAMHSA

4.1.1. Outcomes

Apply surveillance data and epidemiological findings to improve outcomes.

The value of data, as articulated by the HHS Data Council, is its relevance, timeliness, availability when needed, and distinctive contributions. The Department will apply surveillance data and epidemiological findings to improve outcomes through the following strategies:

Strategy 4.1.1.1. Data Standards

Establish data standards and, as appropriate, ensure that Federally conducted or supported healthcare or public health programs, activities, or surveys collect and report data in five specific demographic categories: race, ethnicity, sex, primary language, and disability status

Strategy 4.1.1.2. American Indians & Alaska Natives

Engage with American Indians/Alaska Natives to explore opportunities to improve data collection efforts

Stakeholder(s):

American Indians

Alaska Natives

Strategy 4.1.1.3. Population Health

Collect, analyze, and report granular or disaggregated data to support population health

4.1.2. Health & Human Services

Apply surveillance data and epidemiological findings to improve health, public health, and human services.

In addition to these more general strategies with applicability across settings, the Department will apply surveillance data and epidemiological findings to improve health, public health, and human services through the following strategies:

Strategy 4.1.2.1. Youth

Promote use of youth-focused surveillance and data collection to inform school and community actions that improve the health of adolescents

Stakeholder(s):

Youth

Adolescents

Schools

Communities

Strategy 4.1.2.2. Medical Products

Identify and assess adverse events related to the use of regulated human and animal medical products, including the development and more effective use of large nationally representative database systems, electronic health records, common data models, and natural language processing

Strategy 4.1.2.3. Food

Implement advanced laboratory, epidemiologic, and environmental methods across Federal and State agencies to identify, investigate, and stop foodborne outbreaks sooner and prevent future illness by identifying and addressing gaps in the food safety system

Strategy 4.1.2.4. Influenza

Enhance domestic and global capacity for influenza surveillance to ensure rapid detection and reporting of cases or outbreaks of influenza viruses that have pandemic potential and to monitor trends in seasonal influenza epidemiology

Strategy 4.1.2.5. Opioids

Strengthen understanding of the opioid crisis through better public health surveillance to inform clinical management decisions for patients, including effects of opioid use in pregnancy and neonatal abstinence syndrome

Strategy 4.1.2.6. Behavioral Disparities

Analyze data on behavioral health disparities to increase understanding of factors contributing to disparities, identify disadvantaged and at-risk populations, assess trends, and inform policy and program development

Stakeholder(s):**Disadvantaged Populations****At-Risk Populations****Strategy 4.1.2.7. Emergencies**

Support a data-driven approach to emergency preparedness, response, and recovery

Strategy 4.1.2.8. Injury & Violence

Assess healthcare use and costs associated with violence and unintentional injury, including patient safety events that occur in healthcare settings

Strategy 4.1.2.9. Monitoring

Develop and enhance timely, coordinated data systems to monitor injuries and violence by using expanded surveillance, innovative methods, and new technology to inform and evaluate national and State prevention activities

Stakeholder(s):

States

4.1.3. Data & Information

Facilitate better information sharing, exchange, and alignment of data.

Improving data's value also involves integrating data from two or more sources such as surveys, administrative and claims data, public health surveillance data, and clinical data. The Department is working to facilitate better information sharing, exchange, and alignment of data through the following strategies:

Strategy 4.1.3.1. Data Collection

Improve data collection methodologies and systems for enhancing real-time and local data collection in order to minimize local burden, and improve timeliness, reliability, and comparability of the data, allowing for local public health and healthcare providers to use data for decision making and response mobilization

Stakeholder(s):

Public Health Providers

Healthcare Providers

Strategy 4.1.3.2. Information Exchange

Implement information technology solutions that support timely information exchange among local, State, international, and Federal agencies, healthcare facilities, and laboratories while ensuring that these systems minimize threats to information security

Stakeholder(s):

Local Agencies

International Agencies

International Agencies

Federal Agencies

Healthcare Facilities

Laboratories

Strategy 4.1.3.3. Infectious & Chronic Disease

Modernize domestic and international infectious and chronic disease surveillance systems to improve system interoperability and enable more rapid reporting, data exchange, and use to drive timely public health and medical action and response

Strategy 4.1.3.4. Innovation

Promote new and innovative methods to rapidly collect, store, standardize, share, and analyze data across all levels of government, and with nongovernmental partners, to improve situational awareness and public health surveillance before, during, and after public health and medical emergencies

Strategy 4.1.3.5. Data Collection Strategy

Consistent with any limitations on the use or disclosure of such data, develop and implement a Department-wide data collection strategy to strengthen the capacity of HHS resources; promote synergy across systems; assure efficiencies, quality, utility, and timeliness; and address high-priority data gaps

4.1.4. Quality & Safety

Promote and protect laboratory quality and safety.

Across the Department, laboratories house efforts to find the cures to disease; detect infectious organisms, foodborne outbreaks, and biosecurity threats; screen for genetic and health risks; and identify environmental hazards. Ensuring that laboratories follow safe practices and meet high standards of quality is essential to preserve the integrity of these essential resources. The Department works to promote and protect laboratory quality and safety through the following strategies: Note: Additional strategies to strengthen the scientific workforce and infrastructure are in Strategic Objective 4.2.

Stakeholder(s):

Laboratories

Strategy 4.1.4.1. Professional Development

Provide ongoing professional development opportunities to help the laboratory-based workforce remain on the cutting edge of relevant scientific and technological advancements

Stakeholder(s):

Laboratory Workforce

Strategy 4.1.4.2. Training

Ensure training for laboratory personnel and management, and promote employee safety, security, and occupational health through laboratory evaluations and inspections

Stakeholder(s):

Laboratory Personnel

Laboratory Managers

Strategy 4.1.4.3. Quality & Safety Standards

Review standards for laboratory quality and strengthen guidance to increase patient and laboratory safety

Strategy 4.1.4.4. Capacity

Enhance and sustain national and international laboratory capacity to manage samples, conduct research, and analyze and report test results that leads to the development of interventions associated with disease detection and surveillance

Strategy 4.1.4.5. Technologies

Support the development, implementation, and evaluation of new laboratory technologies (such as telemedicine, metagenomics, next-generation sequencing), and their use for emerging infectious diseases, antimicrobial resistance, food safety, pharmaceutical safety, chronic disease risk factors, and environmental biomonitoring

Strategy 4.1.4.6. Microbiology Laboratories

Develop reporting guidelines for microbiology laboratories, based upon Federal, State, and local requirements, to improve surveillance of antimicrobial resistance

Stakeholder(s):

Microbiology Laboratories

Strategy 4.1.4.7. Regulatory Compliance

Leverage expertise of clinical and public health laboratory partners on improving regulatory compliance to ensure quality laboratory testing operations during emergency response efforts

Stakeholder(s):

Clinical Partners

Public Health Laboratory Partners

4.1.5. Alignment

Strengthen the alignment of surveillance, epidemiology, and laboratory services to improve health outcomes.

Effective surveillance systems not only serve as an early warning system for threats to public health; when aligned with epidemiological and laboratory services, they can investigate and confirm outbreaks to facilitate a speedier response. The Department is strengthening the alignment of surveillance, epidemiology, and laboratory services to improve health outcomes through the following strategies:

Strategy 4.1.5.1. Epidemiological Data

Develop innovative solutions for conducting population health monitoring, risk assessments, and analysis of epidemiological data to improve our understanding of health risk factors and the effectiveness of health interventions

Strategy 4.1.5.2. Partnerships

Foster State, Federal, and international partnerships to improve surveillance and laboratory capacity across the continuum of care to identify and control threats to public health and health security, including infectious disease threats, healthcare-associated infections, antimicrobial-resistant pathogens, and environmental health hazards

Strategy 4.1.5.3. Interventions

Support the private and secure collection, maintenance, analysis, and sharing of information to improve surveillance and expand the evidence base for high-quality care and rapid interventions, through Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104–191) rules and guidance

Strategy 4.1.5.4. Data Science & Information Systems

Enhance domestic and international information systems (e.g., data linkage, shared services, data standards) and apply modern data science methods to provide timely, high-quality, and actionable data for early outbreak detection, rapid response to public health threats, programmatic planning, and targeted interventions for populations at risk

Strategy 4.1.5.5. Outcomes

Improve health and behavioral health outcomes for children and their parents by using surveillance data to build epidemiological capacity in States and counties to identify high-need issues and particular areas of risk, and then responding with appropriate evidence-based interventions and policy development

Stakeholder(s):

Children

Parents

4.2. Workforce & Infrastructure

Expand the capacity of the scientific workforce and infrastructure to support innovative research

Performance Goals:

- By 2021, develop, validate, and/or disseminate three to five new research tools or technologies that enable better understanding of brain function at the cellular and/or circuit level
- Increase the percentage of scientists retained at the FDA after completing fellowship or traineeship programs — Tomorrow's scientific breakthroughs depend on a highly trained and ethical scientific workforce, working in facilities and with tools that foster innovation. Efforts to expand the capacity of the scientific workforce and infrastructure can better prepare the Nation for global health emergencies, extend the reach and impact of scientific investigations, and contribute to research of national or global significance. Through various initiatives and programs, HHS recruits and trains students, recent graduates, and other professionals to conduct rigorous and reproducible research. HHS provides research training and career development opportunities to ensure that highly trained investigators will be available across the range of scientific disciplines necessary to address the Nation's biomedical and scientific research needs. HHS invests in Federal statistical units responsible for national surveys that provide reliable, timely, and policy-relevant information for policy-makers and researchers. HHS also invests in strengthening the research infrastructure, ensuring that

research facilities are constructed, modernized, and equipped with state-of-the-art tools and resources to support the scientific community. A critical component of this objective is HHS leadership in protecting the rights, welfare, and well-being of human subjects involved in research, and in investigating unethical behavior and misconduct in research. These human subjects protections apply to all human beings, from conception to natural death. Through the Federal Policy for the Protection of Human Subjects (The Common Rule, 45 CFR Part 46, Subpart A), the Department describes Institutional Review Boards, informed consent processes, and Assurances of Compliance, as well as additional protections for biomedical and behavioral research involving pregnant women, human fetuses, neonates, prisoners, and children (45 CFR Part 46, Subparts B–D). Scientific integrity is a priority for the Department. Divisions responsible for research have developed policies and procedures to ensure the highest degree of scientific integrity in the research HHS conducts, funds, and supports — to ensure that our research is credible and worthy of the public’s confidence.

Stakeholder(s):**Scientific Workforce****AHRQ****CDC****FDA****NIH****OASH****OGA****SAMHSA****4.2.1. Recruitment, Training & Retention**

Recruit, train, and retain a scientific workforce responsive to future demands.

The Department recognizes that our ability to develop the breakthroughs of tomorrow depends on our ability to recruit the next generation into careers in science, technology, engineering, and math today. The Department is recruiting, training, and retaining a scientific workforce responsive to future demands through the following strategies:

Stakeholder(s):**Scientific Workforce****Strategy 4.2.1.1. Recruitment & Training**

Support fellowships and other training programs in academic, industry, and government settings to help recruit and train early-career scientists, laboratory scientists, public health scientists, and survey statisticians

Stakeholder(s):**Early-Career Scientists****Laboratory Scientists****Public Health Scientists****Survey Statisticians**

Strategy 4.2.1.2. Training & Career Development

Provide research training and career development opportunities to ensure that a diverse pool of highly trained investigators will be prepared for and available across the range of scientific disciplines necessary to address the Nation's biomedical and scientific research needs

Stakeholder(s):

Investigators

Strategy 4.2.1.3. Scientific Workforce Development

Implement and evaluate the effectiveness of scientific workforce development programs, including training and formal mentorship of new scientists, including data scientists, to guide and support staff performance and professional development and to improve the sustainability and quality of workforce programs

Stakeholder(s):

Scientific Workforce

Strategy 4.2.1.4. Training & Fellowships

Conduct joint fellowship programs and other training programs targeted to researchers and regulatory reviewers to provide multidisciplinary training across the interrelated areas of basic and translational science

Strategy 4.2.1.5. Systems & Policies

Ensure administrative systems and policies are aligned with anticipated workforce needs to support comprehensive capacity building and consistent quality improvement programs

4.2.2. Ethics & Responsibilities

Promote ethical and responsible research.

Guidelines for ethical and responsible research consider the boundaries between biomedical and behavioral research and the accepted and routine practice of medicine, risk-benefit criteria, appropriate guidelines for selection of human subjects for participation, and informed consent. The Department promotes ethical and responsible research through the following strategies:

Strategy 4.2.2.1. Peer Reviews

Assess peer review practices and provide the workforce with best practices for peer review

Strategy 4.2.2.2. Human Subjects

Improve human subjects protection, and enforcement of human subjects protection regulations and other laws governing research, especially with respect to research involving human embryos or embryonic stem cells/tissue, fetal tissue, genetic engineering and manipulation of the germ cell, and the creation of chimeras

Stakeholder(s):

Human Subjects

Strategy 4.2.2.3. Guidance & Tools

Provide guidance and tools, including required trainings, to ensure that researchers are able to conduct research ethically, safely, securely, and responsibly

Strategy 4.2.2.4. Rigor, Transparency & Reproducibility

Improve the methodological rigor, transparency, and reproducibility of federally funded research and surveys to strengthen public confidence in federally supported research and survey findings

4.2.3. Innovation

Collaborate with the broader research community to strengthen innovation.

Approximately 84 percent of the NIH budget is dedicated to supporting more than 300,000 members of the research workforce in the extramural biomedical, behavioral, and social science research communities. The Department collaborates with the broader research community to strengthen innovation through the following strategies:

Stakeholder(s):

Research Community

Strategy 4.2.3.1 . Interactions & Collaboration

Facilitate interactions with domestic and international partners to promote basic science and research/educational collaborations and to engage in innovative joint research projects

Strategy 4.2.3.2. Culture

Promote a culture of responsible data sharing, openness, and collaboration to better engage with academia and the private sector, consistent with applicable privacy and security requirements

Stakeholder(s):

Academia

Private Sector

4.2.4. Facilities & Infrastructure

Strengthen core facilities and infrastructure capacity.

Core facilities are centralized shared resources that provide access to instruments, technologies, services, expert consultation, and other services to scientific and clinical investigators. The Department is strengthening core facilities and infrastructure capacity through the following strategies:

Strategy 4.2.4.1. Facilities

Leverage facilities as shared resources, which provide investigators access to advanced technologies through cutting-edge instrumentation operated by appropriately trained staff

Stakeholder(s):

Investigators

Strategy 4.2.4.2. Tools

Ensure that the scientific research workforce has access to modern tools, including resources for data science and scientific computing

Stakeholder(s):

Scientific Research Workforce

Strategy 4.2.4.3. Modernization & Improvement

Support modernization and improvements of research facilities through alterations, renovations, and new equipment purchases

4.3. Basic Science

Advance basic science knowledge and conduct applied prevention and treatment research to improve health and development.

Performance Goals:

- By 2023, develop, optimize, and evaluate the effectiveness of nano-enabled immunotherapy (nano-immunotherapy) for one cancer type
- By 2022, evaluate the safety and effectiveness of one to three long-acting strategies for the prevention of HIV
- By 2020, identify risk and protective alleles that lead to one novel therapeutic approach, drug target, or pathway to prevention for late-onset Alzheimer's disease — The impact of scientific discoveries cannot be underestimated. Research-related gains in average life expectancy between 1970 and 2000 have an economic value of \$3.2 trillion dollars per year. A \$1.00 increase in public basic research stimulates an additional \$8.38 of industry research and development investment after 8 years. Basic science and applied prevention and treatment research are critical not just to the American economy, but to quality of life. Infant mortality has dropped by more than 75 percent since 1960. For children born in 2009, childhood vaccinations are expected to save \$13.5 billion in direct healthcare costs over the course of their lifetimes. The death rate from unintentional injuries - PDF has decreased almost 40 percent since 1969. And a 20-year-old HIV - PDF-positive adult receiving treatment to suppress the virus can expect to live into their early 70s—nearly as long as someone without HIV. For nearly every Strategic Objective in this Strategic Plan, HHS is conducting, supporting, or funding research to expand our knowledge about how to achieve positive outcomes—to improve health and

well-being and extend quality of life. Partnerships with the private sector, academia, and governments at the Federal, State, Tribal, local, and international levels are critical to success in this objective. HHS conducts, funds, and supports a broad and diverse portfolio of biomedical research in a range of scientific disciplines, including basic and translational research, to augment scientific opportunities and innovation for public health needs. HHS works to strengthen basic and applied science and treatment pipelines to assess potential health threats and bolster the fundamental science knowledge in these risk areas to expedite the development of therapies. As described in Strategic Objective 4.2, Expand the capacity of the scientific workforce and infrastructure to support innovative research, research is conducted ethically and responsibly.

Stakeholder(s):**ACL****AHRQ****CDC****FDA****NIH****OASH****4.3.1. Causes of Death**

Reduce the incidence of the leading causes of death.

Heart disease, cancer, chronic lower respiratory diseases, unintentional injuries, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, kidney diseases, and suicide were the 10 leading causes of death in 2016. The Department is working to reduce the incidence of the leading causes of death through the following research strategies:

Strategy 4.3.1.1. Risk Factors

Discern risk factors and mechanisms underlying the leading causes of death to accelerate applied and preventive research solutions

Strategy 4.3.1.2. Studies, Reporting & Testing

Support research to prevent the leading causes of death in adults by improving the quality and specificity of reporting causes of death, developing systematic studies, and testing interventions to determine and prevent the actual causes of death

Strategy 4.3.1.3. Clinical Preventive Services

Develop and test methods to increase adoption by primary care providers of recommendations from the U.S. Preventive Services Task Force for clinical preventive services that address the leading and actual causes of death

Stakeholder(s):

Primary Care Providers

U.S. Preventive Services Task Force

Strategy 4.3.1.4. Interventions

Assess the 5-year health outcomes and adverse events of preventive interventions that target the actual and leading causes of death, to assist the U.S. Preventive Services Task Force in providing evidence-informed recommendations

Stakeholder(s):

U.S. Preventive Services Task Force

4.3.2. Access, Safety & Quality

Invest in research to promote access, patient safety, and healthcare quality.

Strategic Objective 1.2, Expand safe, high-quality healthcare options, and encourage innovation and competition, describes the Department's efforts to improve patient safety and healthcare quality, including within healthcare settings. Strategic Objective 1.3, Improve Americans' access to healthcare and expand choices of care and service options, describes how the Department works to connect the people HHS serves to quality options. To build knowledge about effective approaches, the Department is investing in research to promote access, patient safety, and healthcare quality through the following strategies:

Stakeholder(s):

Patients

Strategy 4.3.2.1. Medical Product Development

Facilitate patient-focused medical product development to inform regulatory decision making

Strategy 4.3.2.2. Data

Conduct and support data collection, research, and evaluations to support healthcare safety, delivery, quality, efficiency, and effectiveness for all populations, including those experiencing healthcare disparities

Strategy 4.3.2.3. Lifestyle, Environment & iology

Conduct research that takes into account individual differences in lifestyle, environment, and biology, to determine new pathways for preventing and treating disease

Strategy 4.3.2.4. Personalized Medicine

Foster and capitalize on advances in personalized medicine to accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all people and addressing unmet medical needs

Strategy 4.3.2.5. Insurance

Support research to provide evidence on how to ensure access to affordable, physical, oral, vision, behavioral, and mental health insurance coverage for children and adults

Stakeholder(s):**Children****Adults****Strategy 4.3.2.6. Medical Products**

Conduct research to facilitate development and availability of innovative, safe, and efficacious human and animal medical products, including development of regulatory science

Strategy 4.3.2.7. Risk Factors

Conduct, fund, and apply research on the role of other risk factors and their impact on health access, quality, and safety

Strategy 4.3.2.8. Outcome Assessment

Facilitate the development and qualification of clinical outcome assessment tools to measure clinical benefit in medical product development

Stakeholder(s):**Medical Product Developers****Strategy 4.3.2.9. Pharmaceutical Technology**

Support and facilitate the adoption of innovative pharmaceutical technology to modernize product development and manufacturing, ensuring the consistent supply of high-quality medicine for patients

Strategy 4.3.2.10. Quality, Access, Disparities & Risks

Produce and promote healthcare delivery methods and interventions that improve care quality, promote healthcare access, reduce disparities, and address other risk factors among populations at risk for poor health outcomes

Strategy 4.3.2.11. Alzheimer's Disease & Dementias

Expand our understanding of the causes of, treatments for, and prevention of Alzheimer's disease and related dementias, including accelerating efforts to identify early and presymptomatic stages and translating findings into medical practice and public health programs

4.3.3. Healthcare Providers

Invest in research on strengthening and supporting healthcare providers.

Strategic Objective 1.4, Strengthen and expand the healthcare workforce to meet America's diverse needs, describes the Department's efforts to recruit, retain, and train the healthcare workforce. To build our knowledge, the Department is investing in research on strengthening and supporting healthcare providers through the following strategies:

Stakeholder(s):**Healthcare Providers****Strategy 4.3.3.1. Clinical Decisions**

Evaluate the adoption, implementation, and impact of clinical decision support systems, and evidence-based guidelines on clinical and community preventive services and treatments to improve both behavioral and physical health and well-being

Strategy 4.3.3.2. Shared Decision Making

Fund research on shared decision making to support healthcare providers' efforts to deliver healthcare services that empower patients, families, and caregivers to implement lifestyle behavior modification aimed at better health and healthcare outcomes

Stakeholder(s):**Healthcare Providers****Patients****Families****Caregivers****Strategy 4.3.3.3. Service Delivery Professionals**

Fund applied research, development, training, and sharing of information and products to improve knowledge and practice of service delivery professionals who are supporting disadvantaged and at-risk populations

Stakeholder(s):**Service Delivery Professionals**

Strategy 4.3.3.4. Systems of Care

Conduct research and disseminate findings on systems of care and strategies such as team-based care, enhanced communication, and improvements in technology that reduce burden and burnout of healthcare professionals and that create healthy workplaces

Stakeholder(s):

Systems of Care

4.3.4. Health & Wellness

Invest in research to promote health and wellness.

Strategic Objective 2.1, Empower people to make informed choices for healthier living, describes the Department's efforts to promote health and wellness in the public. To expand our knowledge base, the Department is investing in research to promote health and wellness through the following strategies:

Strategy 4.3.4.1. Behavior Change

Invest in research and education on behavior change methods, such as effective stress management, proper nutrition, and regular exercise

Strategy 4.3.4.2. Childhood Obesity

Accelerate research and national efforts to implement solutions at the individual, family and community level, including through partnerships with Tribes and faith-based and community organizations, to reduce childhood obesity, including focusing on the pregnancy period to age five in terms of the etiology and interventions

Stakeholder(s):

Children

Tribes

Faith-Based Organizations

Community Organizations

4.3.5. Communicable Diseases

Invest in research to prevent, treat, and control chronic conditions and communicable diseases.

Strategic Objective 2.2, Prevent, treat, and control communicable diseases and chronic conditions, describes the Department's efforts to promote public health on the ground. To develop our understanding about best practices and build the evidence base, the Department is investing in research to prevent, treat, and control chronic conditions and communicable diseases through the following strategies:

Strategy 4.3.5.1. Infectious Diseases

Support basic science and applied prevention and treatment research on approaches to reduce the global burden of infectious diseases such as HIV, viral hepatitis, tuberculosis, malaria, and neglected tropical diseases

Strategy 4.3.5.2. Enteric & Respiratory Diseases

Support basic and applied research to prevent and treat enteric and respiratory diseases

Strategy 4.3.5.3. Vaccines

Conduct basic science and applied research and disseminate findings to maximize the use of age-appropriate vaccines to minimize the burden of preventable diseases across the lifespan

Strategy 4.3.5.4. Prevention, Detection & Investigation

Develop and assess improved methods for rapidly detecting and investigating disease outbreaks and developing new preventive and therapeutic strategies

Strategy 4.3.5.5. High-Impact Interventions

Develop, evaluate, and implement high-impact public health interventions domestically and internationally, and advance policies to increase community and individual engagement in infectious disease prevention efforts

Strategy 4.3.5.6. Social & Behavioral Interventions

Invest in research on the use of specific social and behavioral interventions to prevent, treat, and control communicable and chronic conditions

Strategy 4.3.5.7. Vector-Borne Diseases

Identify, develop, and evaluate effective prevention and control practices for Lyme and other vector-borne diseases

4.3.6. Behavioral Health

Invest in research to improve behavioral health.

Strategic Objective 2.3, Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support, describes the Department's direct supports related to mental health and substance abuse. To expand the knowledge base, the Department is investing in research to improve behavioral health through the following strategies:

Strategy 4.3.6.1. Modifiable Risk Factors

Conduct applied research to identify the most effective health and community-based system interventions that address the modifiable risk factors for prescription opioid misuse, heroin initiation, and opioid use disorder and overdose

Strategy 4.3.6.2. Genomics & Proteomics

Foster integration of behavioral and social science research into research involving acceptability and understanding of genomics and proteomics, to accelerate time-to-trial as well as improve study designs

4.3.7. Public Health Emergencies

Develop the knowledge to support evidence-based interventions for public health emergencies.

Strategic Objective 2.4, Prepare for and respond to public health emergencies, articulates the Department's emergency preparedness and response activities. The Department is developing the knowledge to support evidence-based interventions for public health emergencies through the following strategies:

Strategy 4.3.7.1. Strategies, Interventions & Evaluations

Enhance the portfolio of strategies, interventions, and evaluations to prevent and respond to public health emergencies

Strategy 4.3.7.2. Preparedness & Countermeasures

Accelerate research on novel therapeutics, vaccines, rapid diagnostics, and behavioral interventions to expand evidence-based biomedical countermeasures and preparedness strategies

4.3.8. Research & Evaluation

Invest in research and evaluation to strengthen human services programs.

The Strategic Objectives in Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans Across the Lifespan describe the Department's efforts to provide high-quality, evidence-based human services programs. The Department is investing in research and evaluation to strengthen human services programs through the following strategies:

Strategy 4.3.8.1. Families

Develop evidence on policies and practices that support stable, economically secure families, with a focus on TANF, employment, education and training, behavioral science, and safety-net research

Strategy 4.3.8.2. Prevention Strategies

Invest in rigorous research and evaluation to identify effective violence and injury prevention strategies, and support the adoption of evidence-based practices to address these issues

Strategy 4.3.8.3. Domestic Violence

Invest in rigorous research on and evaluation of domestic violence programs

Stakeholder(s):

Domestic Violence Programs

Strategy 4.3.8.4. Interventions

Invest in research on individual and community-wide interventions and approaches for children, youth, and adults who have experienced adverse childhood experiences, to learn what trauma-informed programs and services demonstrate positive effects

Stakeholder(s):

Children

Youth

Adults

Strategy 4.3.8.5. Children

Conduct applied research and disseminate findings to maximize use of evidence-based strategies to improve the well-being of children at all stages of development, youth, and families

Stakeholder(s):

Children

Youth

Families

Strategy 4.3.8.6 . Housing

Support research and test approaches to effective housing with services for people with disabilities and older adults aimed at maximizing independence, choice, and health

Stakeholder(s):

People with Disabilities

Older Adults

4.4. Dissemination, Implementation & Evaluation

Leverage translational research, dissemination and implementation science, and evaluation investments to support adoption of evidence-informed practices

Performance Goals:

- Increase the percentage of Community-Based Child Abuse Prevention total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices
- By 2020, develop and test the effectiveness of two strategies for translating cancer knowledge, clinical interventions, or behavioral interventions to underserved communities in community-based clinical settings — Translational research, dissemination and implementation science, and evaluation investments help to ensure that critical knowledge from basic and applied research finds its way into practice in clinical, public health, and community settings. Translational research, dissemination, and implementation science help increase understanding about how best to support knowledge, adoption,

and faithful implementation of best practices in the community. Selecting and adopting evidence-based approaches to tackle health, public health, and human services challenges can be a complex undertaking. HHS programs balance requirements to implement high-quality programs with fidelity, while acknowledging the unique needs of specific individuals or target populations, recognizing differences in program and community settings and resources, and respecting linguistic or cultural differences. Understanding threats to successful implementation of a promising practice can help the Department prevent and mitigate those risks early. Evaluation and evidence can support the Department's efforts to improve program performance by applying existing evidence about what works, generating new knowledge, and using experimentation and innovation to test new approaches to program delivery. HHS is committed to integrating evidence into policy, planning, budget, operational, and management decision making. HHS funds multiple types of evaluation and evidence-generating activities; these activities may examine how well a program is implemented, whether it achieves intended outcomes, the overall impact of a program, or all three. Results of these types of activities may be used to plan programs, assess program performance, understand how to improve a program, and inform policy decisions.

Stakeholder(s):**ACF****ACL****AHRQ****CDC****FDA****HRSA****NIH****OASH****SAMHSA****4.4.1. Populations at Risk**

Improve programs for populations at risk for poor health and well-being outcomes.

Numerous factors affect whether an intervention will have a positive health, public health, or human services outcome on individuals or targeted populations, including the selected model of the intervention, the population served, and the fidelity of implementation. The Department works to improve programs for populations at risk for poor health and well-being outcomes through the following strategies:

Stakeholder(s):**Populations at Risk**

Strategy 4.4.1.1. Access & Outcomes

Assess evidence-based practices and service delivery system improvements to increase access to services and improve outcomes for disproportionately affected populations

Stakeholder(s):

Disproportionately Affected Populations

Strategy 4.4.1.2. Settings

Support research conducted in a variety of settings and populations, to improve the quality and utility of evidence generated from HHS investments and the impact of those investments on a broad range of outcomes

Strategy 4.4.1.3. Multifaceted Strategies

Evaluate multifaceted strategies to apply evidence-based interventions to reach disproportionately affected populations and reduce health disparities

Stakeholder(s):

Disproportionately Affected Populations

Strategy 4.4.1.4. Behavioral Health Disparities

Analyze data on behavioral health disparities to increase understanding of factors contributing to disparities, identify disadvantaged and at-risk populations, assess trends, and inform policy and program development

Stakeholder(s):

Disadvantaged Populations

At-Risk Populations

4.4.2. Interventions

Disseminate knowledge about evidence-based interventions.

Dissemination is the intentional, strategic distribution of information and intervention materials to a specific public health or clinical practice audience. HHS is working to disseminate knowledge about evidence-based interventions through a number of strategies:

Strategy 4.4.2.1. Evidence-Based Practices

Increase dissemination and implementation of evidence-based practices and provide training and technical assistance to stakeholders to improve outcomes

Strategy 4.4.2.2. Effectiveness

Systematically review current evidence on the effectiveness of programs and policy, and disseminate findings in easily accessible formats to practitioners and decision-makers

Strategy 4.4.2.3. Outcome Research

Disseminate patient-centered outcome research findings to health professionals and organizations that deliver healthcare

4.4.3. Efficiency & Effectiveness

Invest in programs to determine their efficiency and effectiveness.

Evaluation involves the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about a program, improve program effectiveness, and/or inform decisions about future program development. HHS invests in programs to determine their efficiency and effectiveness through several strategies, including the following:

Strategy 4.4.3.1. Learning Agendas

Encourage the use of learning agendas or other tools to prioritize critical questions that generate evidence to guide decision making and continuous learning, including short- and long-term questions that build a portfolio of evidence about what works for whom

Strategy 4.4.3.2. Learning, Coordination & Collaboration

Foster a culture of learning through opportunities for coordination and collaboration within and across HHS and with external partners

Strategy 4.4.3.3. Improvements

Identify improvements to existing evidence-based programs and policies to share broadly with local communities for public health impact

Strategy 4.4.3.4. Evidence & Policies

Promote the use of common evidence standards, principles and practices for evaluation, and policies that support rigorous, relevant, transparent, independent, and ethical evidence-building activities

4.4.4. Uptake, Adoption & Implementation

Support the uptake, adoption, and implementation of evidence-based interventions

Implementation science is the study of methods to promote the integration of research findings and evidence into healthcare policy and practice. HHS is working to support the uptake, adoption, and implementation of evidence-based interventions through a number of strategies:

Strategy 4.4.4.1. Engagement, Adaptation & Customization

Engage healthcare, public health, and human service system research networks to study and support local adaptation or customization of evidence-based practices

Stakeholder(s):

Healthcare Research Networks

Public Health Research Networks

Human Service System Research Networks

Strategy 4.4.4.2. Tools & Technical Assistance

Develop and disseminate tools and provide technical assistance that supports adoption and implementation of evidence-based practices to improve access to high-quality public health, healthcare, and human services

Strategy 4.4.4.3. Knowledge Translation

Support knowledge translation capacity and practice to ensure that knowledge generated by grantees and others working in the field is used or adopted by its intended users

Stakeholder(s):

Grantees

4.4.5. Change

Accelerate change.

Facilitating the adoption of evidence-based solutions into practice requires active engagement of change agents and innovators across health, public health, and human services domains. The Department works to accelerate change through the following strategies:

Strategy 4.4.5.1. Processes & Obstacles

Promote innovative approaches to translating research into interventions that improve health and well-being, by modernizing processes and removing obstacles to bring more effective practices to more people more quickly

Strategy 4.4.5.2. Platforms for Interaction

Leverage cutting-edge science to support product development strategies, regulatory evaluation, and implementation science by establishing platforms for interaction with academic institutions, other government agencies and their investments, and industry

Stakeholder(s):

Academic Institutions

Government Agencies

5. Management & Stewardship

Promote Effective and Efficient Management and Stewardship

Stakeholder(s)

HHS Divisions :

All operating divisions and staff divisions within HHS are committed to achieving this goal, with the Office of the Assistant Secretary for Financial Resources (ASFR), the Office of the Assistant Secretary for Administration (ASA), the Office of the Chief Technology Officer (CTO), the Office of the General Counsel (OGC), and the Office of Security and Strategic Information (OSSI) playing key roles.

Office of the Assistant Secretary for Financial Resources (ASFR)

Office of the Assistant Secretary for Administration (ASA)

Office of the Chief Technology Officer (CTO)

Office of the General Counsel (OGC)

Office of Security and Strategic Information (OSSI)

This Strategic Goal describes efforts to act as responsible stewards of the financial resources the American taxpayers and Congress entrust to the Department, to support and cultivate top talent, to develop robust and responsive information management systems, and to create a safe and secure environment for human, digital, and physical assets. HHS is responsible for almost a quarter of Federal outlays and administers more grant dollars than all other Federal agencies combined. Ensuring the integrity of direct payments, grants, contracts, and other financial transactions requires strong business processes, effective risk management, and a financial management workforce with the expertise to comply with legislative mandates, including the Federal Managers' Financial Integrity Act of 1982 (Pub. L. 97–255), the Federal Funding Accountability and Transparency Act of 2006 - PDF (Pub. L. 109–282), and the Improper Payments Elimination and Recovery Improvement Act of 2012 (Pub. L. 112–248). More than 91,000 permanent and temporary employees serve the public through the Department, providing direct clinical care, serving as emergency responders, researching cures, working with grantees to improve outcomes, and performing other critical functions. Half of the Department's employees work in Washington, DC, with others serving in States and territories, on Tribal lands, and around the globe. Through a new Federal Human Capital Framework, the Federal Workforce Priorities Report, and annual Human Capital Review sessions with the Office of Personnel Management, required by 5 CFR Part 250, Subpart B, Strategic Human Capital Management, HHS will work to identify and implement strategies to strengthen its workforce. The information technology landscape has changed significantly in this century. How we collect and consume information, how we purchase resources, and even how we interact with each other has been revolutionized by technology—and will continue to evolve and change. The Department's information technology investments focus on accessible, user-friendly design and promote business efficiencies, and also must comply with Office of Management and Budget (OMB) guidance and legislative mandates, such as the Federal Information Security Modernization Act (Pub. L. 113–283). Finally, to accomplish the HHS mission, its staff, data, and infrastructure must be safe and secure. The Department is working to safeguard assets against threats and hazards, whether internal or external, unintentional or malicious, natural or manmade. Securing staff, software, and systems is guided by specific supports, such as Homeland Security Presidential Directive 12, and standards, measurements, and testing promoted by the National Institute of Standards and Technology.

5.1. Financial Management

Ensure responsible financial management

Performance Goals:

- Meet the following goals related to improper payments: - Reduce the percentage of improper payments made under the Medicare Fee-for-Service Program - Reduce the improper payment rate in the Medicaid Program - Reduce the improper payment rate in the Children's Health Insurance Program - Reduce the percentage of improper payments made under Medicare Part C, the Medicare Advantage Program - Reduce the percentage of improper payments made under the Part D Prescription Drug Program — Responsible financial management is the Department's foundation for meeting its commitment to making sure taxpayer dollars are spent wisely. Strong, modern financial systems and practices and targeted investments improve accountability, reporting, and decision making, which can lead to cost savings and efficiencies that improve how the Department manages its public funds. Program integrity is a priority. In 2016, the Department awarded \$1.0 trillion in grants, contracts, loans, and other financial assistance, including Medicare and Medicaid. State, Tribal, local, and territorial governments, and educational, cultural, faith-based, and community organizations, received \$481.9 billion in HHS-funded grants. Large and small vendors were awarded \$24.7 billion in contracts. Effectively managing these funds presents a range of challenges in preventing fraud and abuse, preventing misuse of funds by grantees, streamlining acquisition planning and procurement, and dealing with the root causes of improper payments. While not all improper payments are the result of intentional activity to defraud the government, any improper payment reduces public confidence in the Department's ability to manage its programs. HHS is addressing these and other challenges that come from managing the diverse portfolio of financial agreements, systems, and reporting requirements across its 11 agencies and other offices. The Department is a member of the Healthcare Fraud Prevention Partnership, a voluntary public-private partnership between the Federal Government, State agencies, law enforcement, private health insurance plans, and healthcare anti-fraud associations, to prevent and detect healthcare fraud. HHS works with other Federal agencies to promote and implement practices, including shared services, to simplify the acquisition process and to improve performance and increase savings. As a member of the Chief Financial Officers Council, the Department engages with other Federal departments and agencies to share best practices in consolidating and modernizing financial systems, improving the quality of financial information, and complying with legislation affecting financial operations and organizations. The Department met new governmentwide standards to exchange and report financial information and share its spending data with the public. Leading and implementing these efforts are staff working in the Department's financial management, acquisition, and grants workforce who need to keep up with changing demands. Auditing and acquisitions are mission-critical occupations, and grants management is a mission-critical competency. The Department will expand its training and development efforts to close the skill and knowledge gaps in these positions and strengthen the competencies of all HHS staff with responsibilities that impact the Department's fiscal stewardship.

5.1.1. Streamlining

Streamline business processes.

Each year, the Department publishes its Agency Financial Report, which shares its progress in modernizing financial systems to strengthen system security, reliability, and availability. Among the Department's efforts to streamline business processes are the following strategies:

Strategy 5.1.1.1. Quality Improvement

Use quality improvement principles to review key business processes, and identify opportunities to reduce risk and improve outcomes in areas such as financial management, grant management, and acquisitions

Strategy 5.1.1.2. Recording

Reduce inconsistent recording and incomplete financial data and, thus, reduce efforts required to perform data cleanup and data transformation

Strategy 5.1.1.3. Trust & Stewardship

Preserve public trust and stewardship of taxpayer funding by ensuring effective internal controls and efficient operating policies and procedures are in place that can result in an unqualified audit opinion with no material weaknesses

5.1.2. Risk anagement

Promote effective and efficient risk management across HHS and its programs.

OMB Circular A-11 and OMB Circular A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, charge Federal agencies with implementing an enterprise risk management approach to address significant risks, improve mission delivery, and prioritize corrective actions. The Department promotes effective and efficient risk management across HHS and its programs through the following strategies:

Strategy 5.1.2.1. Risk Assessments

Conduct and use risk assessments within an enterprise risk management framework to improve information sharing and leadership decision making, resulting in risk-informed strategy execution and program implementation

Strategy 5.1.2.2. Partnerships

Use public-private partnerships to prevent and detect fraud and other inappropriate payments across the healthcare industry by sharing fraud-related information and data, promoting best practices, and educating partners

Strategy 5.1.2.3. Medicare & Medicaid

Protect Medicare and Medicaid through prevention and detection of fraud, waste, abuse, and improper payments

Strategy 5.1.2.4. Private Expenditures

Manage the costs associated with governmental imposition of private expenditures through implementation of Executive Order 13771 of January 30, 2017, Reducing Regulation and Controlling Regulatory Costs, by ensuring that, consistent with the Administrative Procedure Act and as informed by the terms of the Executive Order and associated guidance, as appropriate, for every one new regulation issued, at least two prior regulations are identified for elimination, and the cost of planned regulations are managed through a budgeting process

5.1.3. Workforce

Strengthen the financial management, acquisition, and grants workforce

In a Federal department responsible for the administration of more than a trillion taxpayer dollars, the financial management workforce needs to have the skills and competencies to maximize and leverage the Department's financial resources. The Department is strengthening the financial management, acquisition, and grants workforce through the following strategies: Note: Additional strategies on strengthening the workforce are in Strategic Objective 5.2.

Strategy 5.1.3.1. Knowledge Gaps

Reduce knowledge gaps within the financial management, acquisition, and grants workforce by supporting hiring, training, and development programs to strengthen competencies

Strategy 5.1.3.2. Training & Knowledge Transfer

Support knowledge transfer programs and training strategies so that the financial management, acquisition, and grants workforce can respond to challenges and changing demands across the enterprise

Strategy 5.1.3.3. Knowledge Transfer

Develop a financial management, acquisition, and grants workforce that uses cross-functional and knowledge transfer training programs to respond to challenges and changing demands across the HHS enterprise

5.2. Human Capital

Manage human capital to achieve the HHS mission

Performance Goals:

- Increase HHS employee engagement through the Federal Employee Viewpoint Survey
- Decrease the cycle time to hire new employees — As the Department looks to FY 2022 and beyond, it imagines all the achievements that can be reached when workforce performance is heightened, efficiencies achieved, and accountability strengthened. The Department must continue to create a flexible and agile workforce that responds and adapts to change: change in technology, change in society, change in expectations, and change in scientific findings. HHS needs the leaders of tomorrow today. To this end, the Department will build a world-class Federal management team and a workforce ready to collaborate with colleagues within the Department, among other Federal departments, and outside the Federal Government, to seek change that improves and enhances the health and well-being of Americans. The HHS workforce comprises more than 91,000 permanent and temporary employees, serving in every region of the United States, including Tribal communities and the U.S. territories, and 66 countries around the world. To achieve its mission, HHS will need to recruit, hire, and retain a qualified, talented, diverse, and inclusive workforce. As the majority of HHS staff nears retirement eligibility, human resources offices throughout the Department help HHS components to hire the best talent from all segments of society and strengthen succession planning, to ensure the Department can continue to support mission-critical functions. Management will need to help build and maintain the workforce in a way that retains current knowledge, anticipates advances in medicine and technology, and prepares internal staff for future leadership positions. To fulfill the Department's mission, there is a need to recruit, hire, and retain talent with STEM (science,

technology, engineering, and math) skills. Targeted recruitment efforts will become more important as mission-critical positions are vacated. Competition from private industry for new employees will continue to be a challenge in recruitment efforts. An improved and engaged workforce is enhanced by a world-class management team. HHS will strengthen its management team by providing the tools, training, skill development, and empowerment needed to encourage its workforce to work to its highest potential, accountable for its efficiency and effectiveness toward meeting the HHS mission. To keep abreast of advances and lead change in these fields, HHS will continue to bring together the best expertise and talent — to serve the American people the best way possible.

Stakeholder(s):**HHS Employees****5.2.1. Workforce**

Build a high-quality workforce to respond to current and emerging demands.

Among large agencies, HHS was ranked the second "Best Place to Work" in 2017. The Department is working to build a high-quality workforce to respond to current and emerging demands through the following strategies:

Stakeholder(s):**HHS Workforce****Strategy 5.2.1.1. Recruitment**

Deploy creative and strategic recruitment strategies to target talent to fill mission-critical occupations

Strategy 5.2.1.2. Qualifications

Recruit and retain the most qualified candidates to best meet the needs of the populations served by the Department

Strategy 5.2.1.3. Efficiency & Effectiveness

Increase the efficiency and effectiveness of recruitment efforts by partnering with hiring managers and leveraging data to make informed decisions regarding recruitment and retention strategies

Strategy 5.2.1.4. Flexibilities & Incentives

Use existing flexibilities and pursue new retention incentives to ensure HHS retains the highest caliber workforce

Strategy 5.2.1.5. Workforce Planning

Improve workforce planning efforts by integrating succession management activities into efforts to retain employees and manage knowledge transfer within governmentwide and agency-specific mission-critical occupations and other shortfall areas

Strategy 5.2.1.6. Employee Development

Advance employee development by increasing opportunities for cross-training activities, developmental and rotational assignments, mentoring and coaching, and other cross-functional activities

Strategy 5.2.1.7. Development Opportunities

Create and implement development opportunities to provide staff with the leadership, technical, and behavioral skills to succeed in their current and future positions in Federal service

5.2.2. Employee Contributions

Maximize opportunities for employees to contribute to mission success.

In 2017, the Department ranked second among large agencies in employee engagement, according to the Federal Employee Viewpoint Survey. The Department is maximizing opportunities for employees to contribute to mission success through the following strategies:

Stakeholder(s):

HHS Employees

Strategy 5.2.2.1. Diversity & Inclusion

Deploy diversity and inclusion activities to create an environment where people feel valued and can effectively contribute their talents to the mission

Strategy 5.2.2.2. Workforce Composition

Deploy legally permissible strategies to achieve workforce composition goals, including efforts to increase the Veteran workforce and to increase the number of employees with targeted disabilities

Stakeholder(s):

Veterans

Employees with Disabilities

Strategy 5.2.2.3. Feedback & Best Practices

Use employee feedback and best practices from across the Federal Government to identify and develop strategies to act on employee input and increase employee engagement, such as brown-bag lunches, midcycle surveys, improved analytics, and action guides

Strategy 5.2.2.4. Engagement

Increase employee engagement, participation in the Federal Employee Viewpoint Survey, and belief that results will be used to improve the organization, by helping managers devise strategies to increase employee engagement and scores around belief in action

5.2.3. Performance & Accountability

Strengthen performance and accountability.

OMB Memorandum M-17-22, Comprehensive Plan for Reforming the Federal Government and Reducing the Federal Civilian Workforce, charged all Federal agencies with ensuring that supervisors and managers are held accountable for managing employee performance and conduct. The Department is strengthening performance and accountability through the following strategies:

Strategy 5.2.3.1. Supervisory Training

Conduct supervisory training sessions to ensure supervisors are aware of the tools available to engage employees, recognize performance, and strengthen accountability

Stakeholder(s):

HHS Supervisors

Strategy 5.2.3.2. Rewards & Recognition

Enhance and promote reward and recognition tools available throughout HHS

Strategy 5.2.3.3. Performance Management

Strengthen the performance management process, including better ensuring critical elements are directly linked to the work being performed

5.2.4. Human Capital

Leverage technology to support human capital management.

The Department is working to build better, stronger, integrated systems that will save hundreds of hours of labor and bring human resources data, tools, and services into the 21st century. The Department works to leverage technology to support human capital management through the following strategies:

Strategy 5.2.4.1. IT Tools

Deploy new and enhanced information technology tools to strengthen the human capital management program at HHS, to reduce administrative burdens, strengthen the human capital program, and improve reporting capabilities as well as promote uniformity and data transparency, appropriate controls, and enterprise-wide analysis to strengthen decision making

5.3. Information Technology

Optimize information technology investments to improve process efficiency and enable innovation to advance program mission goals

Performance Goals:

- Increase the percentage of systems with an Authority to Operate (ATO)

- Improve the score to an "A" in each of the FITARA-related Scorecard Metrics, per GAO and the House Oversight and Government Reform Committee — New technology is changing how Americans, businesses, governments, and other organizations expect the Federal Government to manage and deliver services. These individuals and entities expect the same innovation, speed, and quality when they interact with HHS. The right technology investments can help reduce costs as the Department becomes more agile and responsive in an environment of rapid change. HHS information technology investments help achieve the Department's mission by acquiring and managing the technology infrastructure and systems for its healthcare and human services programs and mission-support programs. From externally facing websites like HHS.gov to internal applications that manage programs and resources, HHS needs information technology solutions to be modernized, secure, and responsive to customer demands. The HHS Information Technology Strategic Plan 2017 - 2020 and the HHS Implementation Plan for the Federal Information Technology Acquisition Reform Act (FITARA) guide information technology decision making across the Department. The Department's current modernization investments include cloud computing, data center consolidation and improvements, information technology portfolio reviews, shared services, and a digital strategy that makes it easier to access information using HHS websites and tools. HHS is working to increase partnerships with industry, academia, and other organizations to leverage their technology expertise as well. Planning and managing information technology investments is a challenge. HHS will upgrade its legacy systems, increase interoperability to allow systems to exchange information and use the information to make better decisions, and improve the management of its information technology investments to ensure quality service delivery. For example, through the HHS Strategic Plan for Data Center Optimization, the Department is working to reduce costs on infrastructure, curtail excessive energy usage, leverage cloud-based technologies, and minimize or eliminate security risks. Through its participation on the Chief Information Officers (CIO) Council, the Department engages with other Federal departments and agencies to implement information resource management objectives described in the E-Government Act of 2002 (Pub. L. 107-347), the Government Paperwork Elimination Act (Pub. L. 105-277), the Paperwork Reduction Act of 1980 (Pub. L. 96-511), and the Information Technology Management Reform Act of 1996 (Pub. L. 104-106). The Department also has established clear lines of authority among the Office of the Chief Information Officer and CIOs in each of its operating divisions, to ensure shared and transparent responsibility for information technology investments, and more effective management of the information technology portfolio.

5.3.1. Customer Experience

Provide easily understandable, easily accessible information technology solutions.

User-centered design in information technology involves understanding who will be using a resource, what they need, what they value, and their abilities and limitations. The Department's externally facing information technology solutions help States look for early warning data on infectious disease outbreaks, such as flu; share information about health insurance coverage options with older adults and the general population; and provide research data to universities and colleges with which the Department is collaborating to find the cures of the future. The Department is working to provide easily understandable, easily accessible information technology solutions, to improve the customer experience, through the following strategies:

Strategy 5.3.1.1. User-Centered Design

Promote adoption of user-centered design for information technology services targeted to the American public

Strategy 5.3.1.2. Systems

Build multiuse and interconnected systems that are intuitive, usable, and accessible

Strategy 5.3.1.3. Internal Communications

Improve internal communications, including through unified communications technology, to integrate email, voice mail, and other systems, so that staff may access these work supports regardless of division or work location

5.3.2. Modernization

Modernize information technology systems.

About 40 percent of the systems of record at HHS are "legacy" information technology, meaning they are no longer supported by their manufacturers. The Department is working to modernize information technology systems to reduce the risk associated with unsupported or end-of-life systems by identifying opportunities to modernize, decommission, or replace legacy systems, through the following strategies:

Strategy 5.3.2.1. Best Practices

Capitalize on and leverage best practices from divisions within HHS and the private sector to develop enterprise-wide information technology solutions, while minimizing custom application development, maximizing collaboration, and reducing cost

Strategy 5.3.2.2. Computing Services

Support the capability of high-performance computing services, such as sharing large data sets between research institutions, to deliver parallel processing for running advanced application programs efficiently, reliably, and quickly

5.3.3. Assets & Services

Improve acquisition of information technology assets and services.

Informed by FITARA and the Making Electronic Government Accountable By Yielding Tangible Efficiencies (MEGABYTE) Act of 2016 (Pub. L. 114-210), as well as by OMB M-16-12, Category Management Policy 16-1, Improving the Acquisition and Management of Common Information Technology: Software Licensing, the Department is working to improve acquisition of information technology assets and services through the following strategies:

Strategy 5.3.3.1. Purchasing

Implement cost-efficient and effective purchasing of software and services that serve as a bridge between operating systems, databases, and applications

Strategy 5.3.3.2. Acquisition Processes

Align acquisition processes, including those required by the Federal Acquisition Regulation and internal policies, with information technology business models and practices, to remove barriers for purchasing responsive technology in a timely manner to meet ongoing and urgent business needs

5.3.4. Workforce

Strengthen the information technology workforce.

Competing with the private sector is a perennial challenge to recruiting and retaining top talent in the government sphere. The Department is working to strengthen the information technology workforce through the following strategies: Note: Additional strategies on strengthening the workforce are in Strategic Objective 5.2.

Stakeholder(s):

Information Technology Workforce

Strategy 5.3.4.1. Management & Planning

Support ongoing management and planning to optimize use of technology expertise and resources, properly align staffing and responsibilities, and maximize resources

Strategy 5.3.4.2. Training

Implement skills-based workforce training for technology practitioners who design, manage, operate, and support information technology investments

Stakeholder(s):

Technology Practitioners

5.3.5. Decision Making

Optimize HHS capacity for data-driven decision making.

Through the HHS Data Council, operating divisions and staff divisions from across the Department promote a coordinated strategy on data issues, by supporting strong data collection, analysis, and dissemination systems and by collaborating with other health and human services entities on common data interests. But data collected by the Department also include data related to business and operational functions. The Department is optimizing HHS capacity for data-driven decision making through the following strategies:

Strategy 5.3.5.1. Interoperability

Improve system interoperability to allow efficient data sharing; strengthen detection and surveillance of regulated products; reduce risks in manufacturing, production, and distribution of regulated products; and increase regulatory science capacity to effectively evaluate products

Strategy 5.3.5.2. Data

Improve the capture, use, and management of operational and administrative data, including financial management and human capital management systems, by establishing formal processes, rules, and templates to control data sharing and protect sensitive information

5.4. Human, Physical & Digital Assets

Protect the safety and integrity of our human, physical, and digital assets

Performance Goals:

- Decrease the percentage of susceptibility among personnel to phishing
- Increase the number of days since last major incident of personally identifiable information breach — Through dedicated personnel, the vigilance of all of our employees, and physical and technological investments, the Department actively works to protect the safety and integrity of its personnel and the people served through HHS programs. Threats to the people working in and served by the programs, facilities, and systems prevent the Department from focusing on its mission. Breaches of information technology systems can compromise electronic health records and privacy, and cause physical and financial harms to patients and financial harm to people and organizations that do business with HHS. In response to the increased threats to Federal information technology systems and cybersecurity attacks, Federal agencies are responsible for developing an information security program and managing cybersecurity risks for their networks and information technology infrastructure. HHS has implemented plans and processes to address different security incidents, from improper use to web attacks; continue operations during emergencies; and provide training to HHS staff and contractors. Protecting the privacy of personally identifiable information—such as birthdates and Social Security numbers—and securing Federal information systems and critical infrastructure are challenges for Federal agencies. HHS is working to improve how it protects the security and privacy of electronic health information and to consistently address controls that prevent unauthorized use and unauthorized changes to information system resources, monitor building and access control systems, and ensure that all HHS staff and contractors are vetted properly and understand cybersecurity risks. Keeping personal information safe increases trust and confidence in HHS and its information and reporting systems. Yet providing security for HHS involves more than preventing breaches or cybersecurity attacks. The Department’s operating divisions and staff divisions participate in efforts to preserve physical security; personnel security and suitability; security awareness; information security, including the safeguarding of sensitive and classified material; and security and threat assessments. In addition, the Department has established a network of scientific, public health, and security professionals internally, as well as points of contact in other agencies, in the intelligence community, and in the Information Sharing Environment Council. The Department has specialized staff to provide policy direction to facilitate the identification of potential vulnerabilities or threats to security, conduct analyses of potential or identified risks to security and safety, and work with agencies to develop methods to address them.

5.4.1. Safety, Security & Integrity

Identify, assess, remediate, and monitor risks to safety, security, and integrity.

Strategic Goal 5: Promote Effective and Efficient Management and Stewardship has described our efforts to promote integrity in our financial management systems, strengthen our human capital, and optimize our information technology investments. Protecting these assets and mitigating threats to these systems require an enterprise-wide approach. The Department is working to identify, assess, remediate, and monitor risks to safety, security, and integrity through the following strategies:

Strategy 5.4.1.1. Risk Management

Advance an enterprise-wide risk management approach that continually provides situational awareness of HHS's risk posture by effectively identifying, assessing, remediating, and monitoring risks

Strategy 5.4.1.2. Safety & Security

Establish enterprise-wide safety and security models that incorporate best practices from other Federal agencies

5.4.2. Cybersecurity

Protect information technology systems, data, and sensitive information, and prevents, detects, mitigates, and responds to cybersecurity events.

The Federal Information Security Modernization Act (Pub. L. 113–283) and the HHS Information Technology Strategic Plan guide the Department's efforts to protect data and electronic data systems from threats, including those from state actors, hackers, and internal threats. The Department protects information technology systems, data, and sensitive information, and prevents, detects, mitigates, and responds to cybersecurity events, through the following strategies:

Strategy 5.4.2.1. Data Access & Security

Maximize enterprise-level data access and security for stakeholders while ensuring data integrity and privacy in support of streamlined program flexibilities, accountability, and information exchange

Strategy 5.4.2.2. Authentication

Ensure stronger authentication of privileged users to support application security

Stakeholder(s):

Privileged Users

Strategy 5.4.2.3. Intelligence

Improve the sharing of intelligence with Federal and private-sector partners to improve situational awareness and reduce cyberthreats

Strategy 5.4.2.4. Data Access & Usability

Maximize data access and usability to internal and external users while protecting data confidentiality, integrity, and availability, including beneficiary privacy

Strategy 5.4.2.5. Integration

Promote integration of electronic data systems to increase efficiency and minimize redundancy while maintaining appropriate standards for identity management and the protection of personally identifiable information (PII) and protected health information (PHI)

Strategy 5.4.2.6. Risk Management

Use a priority-based risk management approach that focuses on the protection of sensitive data, including PII and PHI data sets, High Value Assets, and mission-essential systems

5.4.3. Continuity of Operations

Execute essential functions, even in the event of an emergency, while protecting the safety of the HHS workforce.

Through Federal Continuity Directives 1 and 2, the Federal Emergency Management Agency mandates that the executive branch prepare a Continuity of Operations Plan to be implemented in the event of service disruptions affecting any facility. The Department will execute essential functions, even in the event of an emergency, while protecting the safety of the HHS workforce, by employing the following strategies:

Strategy 5.4.3.1. Essential Functions

Promote and ensure the execution of essential Federal functions, while providing for the safety and well-being of employees during emergency situations, including continuity of operations and emergency evacuations, and ensure that all safety and emergency plans take into consideration the varying needs of the HHS workforce

Strategy 5.4.3.2. Continuity Plans

Review and update continuity plans and procedures to ensure the safety of our workforce while taking advantage of available technologies, increasing efficiency, and minimizing duplication of efforts

Strategy 5.4.3.3. Information Security

Integrate information security with emergency preparedness efforts, to prepare for broad-scale cyberattacks or security breaches, and proactively engage with stakeholders on best practices in protecting the health of cyberspace

5.4.4. HSPD 12

Protect HHS facilities, information, and infrastructure through implementation of HSPD 12.

Homeland Security Presidential Directive (HSPD) 12 establishes a requirement for all Federal agencies to create and use a governmentwide secure and reliable form of identification for their Federal employees and contractors (a personal identity verification credential). The Department is working to protect HHS facilities, information, and infrastructure through implementation of HSPD 12, as well as the following strategies:

Strategy 5.4.4.1. Infrastructure

Strengthen physical, organizational, and functional infrastructure to maximize HHS's ability to meet increased demands

Strategy 5.4.4.2. Best Practices

Implement best practices in identity and access management to enforce appropriate levels of protection of HHS-owned physical and logical assets and to ensure only authorized users are given access to resources and information

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