

# Public Consultation on the Draft HHS Strategic Plan FY 2022 - 2026

The Department of Health and Human Services (HHS) is seeking public comment on its draft Strategic Plan for Fiscal Years 2022 - 2026. The draft Strategic Plan is provided as part of the strategic planning process under the Government Performance and Results Modernization Act of 2010 (GPRA-MA) (P.L. 111-352) to ensure that HHS stakeholders are given an opportunity to comment on this plan. This document articulates how the Department will achieve its mission through five strategic goals. These five strategic goals are (1) Protect and Strengthen Equitable Access to High Quality and Affordable Health Care, (2) Safeguard and Improve National and Global Health Conditions and Outcomes, (3) Strengthen Social Well-being, Equity, and Economic Resilience, (4) Restore Trust and Accelerate Advancements in Science and Research for All, and (5) Advance Strategic Management to Build Trust, Transparency, and Accountability. Each goal is supported by objectives and strategies.

The strategic planning consultation process is an opportunity for the Department to refine and strengthen the HHS Strategic Plan FY 2022 – 2026. We look forward to receiving your comments... Through November 7, you can comment by email, fax, and mail. We look forward to hearing from you.

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

## Vision

The health and well-being of Americans is enhanced

## Mission

To enhance the health and well-being of Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services

## Values

**Health**

**Well-Being**

**Science**

**Equity**

**Engagement**

**Communication**

**Collaboration**

**Diversity**

**Inclusiveness**

**Learning**

**Accountability**

**Transparency**

**Stewardship**

**Resilience**

**Continuity**

## 1. Healthcare

### *Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare*

#### Stakeholder(s)

##### HHS Divisions :

*Within HHS, the following divisions are working to achieve Strategic Goal 1:*

**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)**

**National Institutes of Health (NIH)**

**Office of the Assistant Secretary for Planning and Evaluation (ASPE)**

**Office of the Assistant Secretary for Health (OASH)**

**Office for Civil Rights (OCR)**

**Office of Global Affairs (OGA)**

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

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

HHS works to protect and strengthen equitable access to high quality and affordable healthcare. Increasing choice, affordability and enrollment in high-quality healthcare coverage is a focus of the Department's efforts in addition to reducing costs, improving quality of healthcare services, and ensuring access to safe medical devices and drugs. HHS also works to expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health. The Department is driving the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families. HHS also bolsters the health workforce to ensure delivery of quality services and care. | Related Executive Orders (EO) and White House Action Plans, Directives, and Memoranda:

- EO 13175: Consultation and Coordination With Indian Tribal Governments
- EO 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government
- EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats
- EO 13995: Ensuring an Equitable Pandemic Response and Recovery
- EO 13996: Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats
- EO 13997: Improving and Expanding Access to Care and Treatments for COVID-19
- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation
- EO 13999: Protecting Worker Health and Safety
- EO 14001: A Sustainable Public Health Supply Chain
- EO 14017: America's Supply Chains
- EO 14008: Tackling the Climate Crisis at Home and Abroad
- EO 14009: Strengthening Medicaid and the Affordable Care Act
- EO 14020: Establishment of the White House Gender Policy Council
- EO 14036: Promoting Competition in the American Economy
- Memorandum on Protecting Women's Health at Home and Abroad
- Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships
- National Strategy for the COVID-19 Response and Pandemic Preparedness
- Path Out of the Pandemic: President Biden's COVID-19 Action Plan

## 1.1. Choice, Affordability & Enrollment

*Increase choice, affordability, and enrollment in high-quality healthcare coverage*

HHS supports strategies to increase choice, affordability, and enrollment in high-quality healthcare coverage. HHS promotes available and affordable healthcare coverage to improve health outcomes in our communities and empowers consumers with high quality healthcare coverage choices. The Department also leverages knowledge and partnerships to increase health coverage enrollment. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

### Stakeholder(s):

#### HHS Divisions :

*Contributing OpDivs and StaffDivs: ACL, AHRQ, ASPE, CMS, HRSA, and OASH work to achieve this objective.*

**ACL**

**AHRQ**

**ASPE**

**CMS**

**HRSA**

**OASH**

### Strategy 1.1. Outcomes

*Promote available and affordable healthcare coverage to improve health outcomes in our communities*

Tactics:

- Enhance and support outreach efforts to inform eligible individuals, of available affordable healthcare insurance options and related cost-saving opportunities, including premium and cost-sharing assistance programs.
- Provide support and assistance to the five U.S. Territories—American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands—to comply with federal requirements of the Affordable Care Act and Medicaid to meet the healthcare needs of their populations.

### Strategy 1.2. Choices

*Empower consumers with choices for high quality healthcare coverage*

Tactics:

- Improve transparency of choice and access to available health coverage options, including Medicare, Medicaid, and Marketplace plans, for all consumers seeking coverage or searching for alternatives
- Promote partnerships and collaborations with states to provide and monitor equitable and timely access to Medicaid and Children's Health Insurance Program (CHIP) providers and services.
- Facilitate enhanced understanding of eligibility, improved screening, and health insurance literacy to bolster enrollment and coverage of underserved populations.

### Strategy 1.3. Enrollment

*Leverage knowledge and partnerships to increase health coverage enrollment*

Tactics:

- Support states, tribes, territories, grantees, faith-based organizations, and other federal award recipients through technical assistance and capacity building to expand pathways to high-quality healthcare coverage for all populations.
- Build the capacity of organizations to navigate the changing healthcare landscape to better support their clients to access and use their health coverage to improve health outcomes.
- Monitor and assess to improve enrollment and retention of eligible individuals in comprehensive public and private coverage, including Medicaid and the Children's Health Insurance Program (CHIP), Qualified Health Plans through an Exchange, and other high-quality comprehensive private insurance.
- Support research, including the application of findings and lessons learned, related to the cost effectiveness and affordability of insurance coverage for diverse populations.

### 1.2. Services, Devices & Drugs

*Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs*

HHS supports strategies to reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs for everyone. HHS develops and implements payment models in partnership with healthcare providers and establishes other incentives to improve quality care while reducing healthcare spending. HHS implements and assesses approaches to improve healthcare quality, and address disparities in healthcare quality, treatment, and outcomes. The Department also improves patient safety, strengthens access to safe and effective medical products and devices, and expands approaches to safely exchange information among patients, providers, and payers. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

#### Stakeholder(s):

##### HHS Divisions :

*Contributing OpDivs and StaffDivs: AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and ONC work to achieve this objective.*

**AHRQ**

**ASPE**

**CDC**

**CMS**

**FDA**

**HRSA**

**IHS**

**NIH**

**OASH**

**ONC**



### Strategy 1.2.1. Payments & Incentives

*Partner with providers to develop payment models and other incentives to expand options for quality care at lower costs*

Tactics:

- Collaborate with states, community-based organizations, and other stakeholders to design innovative, targeted, value-based payment models to increase recruitment of providers that care for predominantly underserved populations and provide them with support to improve their awareness of the benefits of alternative payment models that aim to decrease health inequities.
- Partner with private payers, states, and other regional healthcare organizations to move primary care providers away from fee-for-service and into payment models that support the delivery of effective, comprehensive, patient-centered care for their patients through the testing of models that reward providers for delivering high-quality care, improve health outcomes, and advance healthy equity.
- Provide incentives and flexibilities to states to shift toward more value-based payments in their Medicaid and Children's Health Insurance Program (CHIP) Programs.
- Partner with states and external quality measure development experts to define and encourage use of a core set of metrics to measure provider effectiveness in Medicaid, the Children's Health Insurance Program (CHIP), and pay-for-performance programs, including reliable metrics of access to care, gaps in care, disparities, health equity, and achieving positive outcomes for all populations.

### Strategy 1.2.2. Quality & Disparities

*Implement and assess approaches to improve healthcare quality, and address disparities in healthcare quality, treatment, and outcomes*

Tactics:

- Promote and support implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care by health professionals, health systems and organizations and in HHS programs to improve the quality of care and reduce health disparities by ensuring the provision of services that are respectful of and responsive to individuals' health needs, preferences, culture, and preferred language.
- Improve healthcare quality by defining and tracking progress on core clinical measures that target high-priority health conditions and services, such as cancer, chronic disease, prenatal care, HIV screening, antimicrobial resistance, and immunizations.
- Better understand the barriers and obstacles to using clinical decision support tools that improve health outcomes in healthcare settings.
- Implement an equity impact strategy to support data-driven quality improvement approaches to identify and address health disparities in access to, use of, and outcomes from programs and policies among underserved populations.
- Assess treatment utilization to identify disparities in and barriers to access to effective, appropriate, and quality treatment for underserved populations, and implement policies to address identified disparities.
- Support research and evaluation of expanded use and availability of telehealth and telemedicine, including effects on cost, reimbursement, access, and care outcomes and harms, to inform the long-term approach to using this technology and to improve access to care for underserved populations.
- Engage stakeholders from underserved populations to provide opportunities for input to inform program and policy efforts to improve healthcare quality.
- Engage in tribal and Urban Indian Organization consultation and confer on what improving quality health care services mean.

### Strategy 1.2.3. Safety, Medications & Products

*Strengthen patient safety improvements and access to affordable medications and medical products to reduce spending for consumers and throughout the health care system*

Tactics:

- Collaborate with partners and stakeholders to identify, design, implement, evaluate, and sustain patient safety improvements that address patient risks, hazards, and harm.
- Support patient safety research to prevent threats to patient safety including healthcare-associated infections.
- Improve access to safe and effective prescription drugs, biologics, and medical devices, and lower costs by promoting generic and biosimilar competition, developing over-the-counter medical products, and providing discounts on medicines to safety-net hospitals and clinics.
- Ensure adequate and continued access to safe and effective medical products by developing novel approaches to increase domestic manufacturing capacity, agility, and efficiency, including through partnerships.
- Ensure continued access to safe medical devices and drugs by assessing the role of foreign and U.S. supply chains in addressing shortages of drugs, medical devices, or required ingredients and components, and providing options for strengthening and improving coordination of global supply chain systems.
- Foster innovation by supporting public-private research and prioritizing payment and service delivery models that test ways to reduce program and beneficiary spending on prescription drugs, support increased utilization of biosimilars and generic drugs, and lower overall spending while improving quality and beneficiary health.

### Strategy 1.2.4. Health Information

*Expand approaches to safely exchange health information between patients, providers, and payers*

Tactics:

- Enable individuals to access their health information by ensuring they can view and interact with their data via secure mobile apps, patient portals, and other technologies
- Promote interoperability and data sharing through consensus-based, widely-accepted standards to ensure health information, including social determinants of health information, is available for patient care across healthcare settings, public health, research, and emergency and disaster preparedness, response, and recovery.

#### Stakeholder(s):

**Patients**

**Payers**

**Providers**

### 1.3. Services

*Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health*

HHS invests in strategies to expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health. HHS supports community-based healthcare services to meet the diverse healthcare needs of underserved populations while removing barriers to access to advance health equity and reduce disparities. The Department also works to understand how to best address social determinants of health in its programs. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved

populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

#### Stakeholder(s):

##### HHS Divisions :

*Contributing OpDivs and StaffDivs: ACL, AHRQ, ASPE, CDC, CMS, HRSA, IHS, NIH, SAMHSA, OASH, and OCR work to achieve this objective.*

**ACL**

**AHRQ**

**ASPE**

**CDC**

**CMS**

**HRSA**

**IHS**

**NIH**

**SAMHSA**

**OASH**

**OCR**

### Strategy 1.3.1. Communities

*Support community-based services to meet the diverse healthcare needs of underserved populations*

Tactics:

- Deliver safe, affordable, accessible, quality, value-based primary healthcare to underserved populations through health centers and other community providers.
- Address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and services to improve and increase testing and contact tracing and prevent and control COVID-19 infection or transmission.
- Ensure the provision of safe, culturally-competent care and services for women, with dedicated focus on African American/Black and American Indian/Alaska Native women and people with lower incomes, during maternal, perinatal, prenatal, and postpartum periods of life, including raised awareness of pregnancy-related risk factors and available benefits.
- Work with tribal nations and Urban Indian Health programs to expand and improve pre- and post-natal care on Indian reservations and Urban Indian centers to reduce disparities in maternal and infant mortality and morbidity.
- Promote partnerships to implement programs and outreach that focus on raising awareness and rapidly linking affected individuals to relevant care and treatment services, including persons harmed by substance use disorders and persons with HIV.
- Promote linkages to treatment and interventions aimed at reducing exposure and excessive use of alcohol and other substances to achieve healthier outcomes, including optimal pregnancy outcomes.
- Expand access to oral healthcare, including diagnostic, preventive, and restorative services, and health care settings that provide oral healthcare, and promote collaborative practices to integrate oral health and primary care to improve health outcomes.
- Continue to expand equitable access to quality sexual and reproductive health services, including family planning services.
- Continue to promote and support programs that invest in rural collaborations and encourage efforts designed to improve rural healthcare system capacity and infrastructure to facilitate delivery of equitable healthcare services that can comprehensively address the health, social, and economic needs of a wide range of population groups.

- Extend and enhance the lives of individuals in all communities through improving access to safe organ transplantation, bone marrow transplants, and cord blood transplants.
- Improve access to community-based care by supporting appropriate retention of telehealth flexibilities implemented for the COVID-19 pandemic, increasing access to broadband, and providing technical assistance, training and information for patients and providers on the use of telehealth technologies.
- Facilitate the delivery of technology-based interventions and innovations, including the development and dissemination of electronic health record standards, to enable interoperable data exchange across health and community service providers and emerging artificial intelligence solutions to improve care management.

### Strategy 1.3.2. Equity & Disparities

*Remove barriers to healthcare access to advance health equity and reduce disparities*

Tactics:

- Build capacity of resource centers, healthcare organizations and the health workforce to reduce health and healthcare disparities, including cultural competence capacity to provide culturally and linguistically appropriate services (CLAS).
- Promote adoption of national CLAS standards to enable providers to demonstrate cultural humility through self-awareness and communicate in ways that consider the cultural, health literacy, and language access services needs of their patients.
- In collaboration with private and non-profit organizations, develop patient safety bundles and decision aids like protocols and checklists for health conditions that disproportionately affect underserved populations and work with national accreditation organizations to promote their use in clinics across the nation.
- Collect, use, and monitor data on the prevalence and causes of conditions, including social, environmental, and biological risk factors, and establish partnerships between healthcare providers and community-based social service organizations to address social determinants of health.
- Support state, local, tribal, and territorial jurisdictions to develop multi-sector action plans to address social determinants of health, in sectors such as housing, transportation, and social services, and accelerate actions that lead to improved chronic disease outcomes among persons experiencing health disparities and inequities in communities with the poorest health outcomes.
- Increase access to affordable, accessible housing, and other services that address unmet social needs that contribute to poor health outcomes and reduce unnecessary healthcare expenditures through the HHS and U.S. Department of Housing and Urban Development housing partnership and other partnerships.
- Engage community members to provide input to plan and implement services and programs and conduct participatory research to ensure that activities are tailored and responsive to community needs.

### Strategy 1.3.3. Access & Social Determinants

*Understand barriers to access and the impacts of social determinants of health to develop evidence-based community-based healthcare service delivery models*

Tactics:

- Expand efforts to collect data that improves understanding of the social determinants of health and their implications for delivering equitable and effective health, public health, and human service programs.

- Partner with healthcare organizations, healthcare providers, social service organizations, and other organizations to identify, develop and implement evidence-based community-based healthcare service delivery models to support whole person integrated and coordinated care to improve physical health and behavioral health outcomes.
- Support community-based participatory research, and other research approaches, to examine the effectiveness of community-based service delivery models, in improving health outcomes across populations, including collecting and stratifying data based on race, ethnicity, national origin (including primary language), sex, sexual orientation, gender identity, and pregnancy, age, disability status, and other population variables.
- Support research on telehealth to answer questions related to how it affects access to the care and the quality and cost of care, including for underserved populations.

#### 1.4. Behavioral Health

*Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families*

HHS supports strategies to drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families. HHS is enhancing the ability to serve those in need of behavioral health services by exchanging data, information, and resources while expanding evidence-based integrated systems of behavioral and physical healthcare to improve equitable access to quality care. HHS is also engaging and educating healthcare providers, healthcare professionals, paraprofessionals, other health workforce professionals, and students in these professions to build their practice competence and capacity to address the behavioral and physical health needs of individuals, families, and communities. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

##### Stakeholder(s):

##### HHS Divisions :

*Contributing OpDivs and StaffDivs: ACL, ASPE, AHRQ, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, and SAMHSA work to achieve this objective.*

**ACL**

**ASPE**

**AHRQ**

**CDC**

**CMS**

**FDA**

**HRSA**

**IHS**

**NIH**

**OASH**

**OCR**

**OGA**

**SAMHSA**

### Strategy 1.4.1. Fragmentation

*Strengthen a fragmented behavioral and physical health system to reduce costs, enhance quality care and patient experience, and improve mental health and substance use disorder outcomes for individuals and families*

Tactics:

- Use existing policy levers to encourage clinically-effective integrated care models (e.g. financial incentives to support multidisciplinary team care or co-location of services.).
- Increase equitable access to care, including bi-directional integration, where physical and behavioral health providers coordinate and deliver care, and expand telehealth options.
- Examine how science, data, and evidence support and inform programs and policies across HHS that prioritize behavioral and physical health integration.

### Strategy 1.4.2. Integration

*Expand evidence-based integrated systems of behavioral and physical healthcare to improve equitable access to quality care*

Tactics:

- Assist states and communities with the development and implementation of effective crisis services and systems, including quick, easy, and reliable access to emotional support and crisis counselling and community-based mobile crisis intervention services.
- Expand payment models to support integration of behavioral health and physical healthcare to include other qualified provider types and modalities, including telehealth, across HHS healthcare programs and public payers.
- Support states, tribal, local, territorial, and rural communities to access and develop resources and processes to facilitate wider use of effective evidence-based integrated care models.
- Promote the development of effective educational resources and dissemination approaches to improve public understanding of mental and substance use disorders and when to seek treatment, with a focus on efforts to effectively address overdose death, death by suicide, and non-fatal self-harm.

### Strategy 1.4.3. Connection

*Connect physical health and behavioral health communities to enhance the ability to serve those in need of integrated health services by exchanging data, information, and resources*

Tactics:

- Facilitate collaborations with health officials, behavioral health authorities, and national provider networks to develop sustainable activities and pathways to integration with common performance measures that achieve standards of excellence in integrated care.
- Identify opportunities to expand linkage and use of electronic health records and other related data to identify unmet needs and help improve access, equity, quality, and value.
- Promote research to build the evidence base and best practices, including implementation science research to support the scale up of effective models to identify and treat behavioral and physical health issues of individuals in all healthcare settings, including primary care.
- Strengthen health equity research to highlight the diversity of populations, communities and researchers and to ensure that evidence-based treatments are available across race, ethnicity, national origin (including primary language), sex, sexual orientation, gender identity, pregnancy, geographic location, and other demographics.

### Strategy 1.4.4. Engagement & Education

*Engage and educate healthcare providers, healthcare professionals, paraprofessionals, other health workforce professionals, and students in these professions to build their practice competence and capacity to address the mental health and substance use disorder needs of individuals, families, and communities*

Tactics:

- Support a health workforce including community health workers and peer support specialists knowledgeable in behavioral and physical health interdisciplinary care.
- Enhance the capacity of physical health providers to assess, screen, and treat behavioral health conditions by increasing access to treatments for substance use disorders and other disorders and assisting behavioral health providers to coordinate with individuals, families, and communities.

**Stakeholder(s):**

**Healthcare Providers**

**Healthcare Professionals Paraprofessionals**

**Healthcare Professionals**

**Students**

### 1.5. Workforce

*Bolster the health workforce to ensure delivery of quality services and care*

HHS supports strategies to bolster the health workforce to ensure delivery of quality services and care. HHS is committed to facilitating coordinated efforts to address long-standing barriers to strengthening the health workforce. HHS efforts focus on developing professional development opportunities to learn and use new skills to improve the delivery of quality services and care. HHS is also strengthening the integration of culturally- and linguistically-competent and effective care into the services delivered by the health workforce. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

**Stakeholder(s):**

**Health Workforce**

**CMS**

**HHS Divisions :**

**FDA**

*Contributing OpDivs and StaffDivs: AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, OASH, OGA, and SAMHSA work to achieve this objective.*

**HRSA**

**IHS**

**AHRQ**

**OASH**

**ASPE**

**OGA**

**CDC**

**SAMHSA**

### Strategy 1.5.1. Barriers

*Facilitate coordinated efforts to address long-standing barriers to strengthening the health workforce*

Tactics:



- Fully implement the HHS Health Workforce Strategic Plan to expand supply, ensure equitable distribution, improve quality, and enhance the use of data and evidence to improve program outcomes while strengthening and diversifying the health workforce.

This plan, which is inclusive of workforce occupations defined within the U.S. Department of Labor, Bureau of Labor Statistics Standard Occupational Classification system, defines the health workforce as follows: the occupations include all healthcare providers with direct patient care and support responsibilities, such as: physicians (including primary care physicians, preventive medicine physicians, and specialty physicians), nurses, nurse practitioners, optometrists, physician assistants, pharmacists, dentists, dental hygienists, and other oral health care professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct support professionals, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the U.S. determines appropriate

### Strategy 1.5.2. Learning & Practice

*Develop and promote opportunities to learn and use new skills to improve the delivery of quality services and care*

Tactics:

- Engage multilaterally and bilaterally, including through policy leadership and technical expertise, to advance global efforts to protect and invest in the health workforce.
- Partner with states to develop an access strategy to ensure ample high-quality providers to serve Medicaid and the Children's Health Insurance Program (CHIP) beneficiaries.
- Strengthen the capacity of community health workers (CHWs) to promote access to services, improve the quality and cultural competence of service delivery, and improve health outcomes by establishing partnerships with other federal departments to encourage use of CHWs in community response.
- Provide support and training at the local level for increased use and availability of community emergency medical services workforce to reduce the use of 911 for routine care, reduce the strain on emergency rooms, and mitigate the spread of COVID-19 and other infections.
- Develop and share approaches for providers to deliver telehealth services across state lines, within federal and state parameters.
- Develop and disseminate resources and support convenings to help the health workforce increase its understanding of and access to evidence-informed best practices that improve quality of care and outcomes.
- Support national accreditation and standards for state and local health departments.
- Support academic degree programs and research training opportunities in occupational health nursing, occupational medicine, and related areas to provide qualified personnel to work in industry, labor, academia, and government to improve occupational health and safety for the U.S. workforce.

### Strategy 1.5.3. Culture & Language

*Strengthen the integration of culturally- and linguistically-competent and effective care into the services delivered by the health workforce*

Tactics:



- Partner with states, Federal Qualified Health Centers, clinics, schools, other community based organizations and the private sector to ensure the health workforce is appropriately and adequately trained with culturally-competent, evidence-based strategies and education modules for addressing systemic bias and racism, ableism, and transphobia to reduce health disparities in the communities they serve.
- Coordinate with grant recipients and other funded partners to support training, technical assistance, and use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and Cultural Humility as foundations for effective and equitable provision of healthcare.
- Promote equity and inclusion, including as it relates to race, ethnicity, and gender, in global commitments, resolutions, and strategies affecting the global health workforce.

## 2. Health Conditions & Outcomes

*Safeguard and Improve National and Global Health Conditions and Outcomes*

### Stakeholder(s)

#### HHS Divisions :

*Within HHS, the following divisions are working to achieve Strategic Goal 2:*

**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 of the Assistant Secretary for Health (OASH)**

**Office for Civil Rights (OCR)**

**Office of the Assistant Secretary for Planning and Evaluation (ASPE)**

**Office of the Assistant Secretary for Financial Resources (ASFR)**

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

**Office of Global Affairs (OGA)**

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

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

HHS is dedicated to safeguarding and improving health conditions and health outcomes for everyone. The Department improves capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats, domestically and abroad. The Department protects individuals, families, and communities from infectious disease and prevent non-communicable disease through the development and equitable delivery of effective, innovative, readily available, treatments, therapeutics, medical devices, and vaccines. HHS enhances the promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death. The Department also mitigates the impacts of environmental factors, including climate change, on health outcomes. | Related Executive Orders (EO) and White House Action Plans and Directives:

- EO 12898: Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations.
- EO 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government
- EO 13987: Organizing and Mobilizing the United States Government to Provide a Unified and Effective Response to Combat COVID-19 and to Provide United States Leadership on Global Health and Security
- EO 13990: Protecting Public Health and the Environment and Restoring Science To Tackle the Climate Crisis
- EO 13991: Protecting the Federal Workforce and Requiring Mask-Wearing
- EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats
- EO 13995: Ensuring an Equitable Pandemic Response and Recovery
- EO 13996: Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats
- EO 13997: Improving and Expanding Access to Care and Treatments for COVID-19
- EO 14001 National Strategy for a Resilient Public Health Supply Chain
- EO 14002: Economic Relief Related to the COVID-19 Pandemic
- EO 14008: Tackling the Climate Crisis at Home and Abroad
- EO 14013: Rebuilding and Enhancing Programs to Resettle Refugees and Planning for the Impact of Climate Change on Migration

- American Pandemic Preparedness: Transforming Our Capabilities
- Interim National Security Strategic Guidance, March 2021
- National Security Memorandum on United States Global Leadership to Strengthen the International COVID-19 Response and to Advance Global Health Security and Biological Preparedness
- National Strategy for the COVID-19 Response and Pandemic Preparedness, January 2021
- Path Out of the Pandemic: President Biden’s COVID-19 Action Plan
- U.S. COVID-19 Global Response and Recovery Framework, July 2021

## 2.1. Emergencies, Disasters & Threats

*Improve capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats across the nation and globe*

HHS invests in strategies to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats. HHS leverages opportunities to improve collaboration and coordination, to build capacity and foster readiness for effective emergency and disaster response. HHS advances comprehensive planning for mitigation and response. HHS also applies knowledge gained from the effective and efficient use and application of technology, data, and research to improve preparedness and health and human services outcomes during emergencies and disasters. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

### Stakeholder(s):

#### HHS Divisions :

*Contributing OpDivs and StaffDivs: ACF, ACL, ASPR, ATSDR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OGA, and ONC work to achieve this objective.*

**ACF**

**ACL**

**ASPR**

**ATSDR**

**CDC**

**CMS**

**FDA**

**HRSA**

**IHS**

**NIH**

**OASH**

**OGA**

**ONC**

### Strategy 2.1.1. Collaboration & Coordination

*Leverage opportunities for improved collaboration and coordination to strengthen capacity for effective emergency and disaster readiness, response, and recovery*

Tactics:

- Expand and build HHS support and assistance to state, tribal, local, and territorial partners, and communities to strengthen the capacity and resilience of public health departments and laboratory operations and facilities to meet needs and demand during response and recovery efforts.

- Strengthen the coordination between domestic and international stakeholders and modernization of programs, policies, guidance, and funding mechanisms to support robust emergency and disaster response planning, infrastructure, and capabilities, including disaster human services capabilities.
- Foster collaboration between key partners and stakeholders at the federal, state, tribal, local, and territorial levels, including partner organizations like the Federal Emergency Management Agency, private sector organizations, and global partners like the World Health Organization to increase awareness of opportunities to develop integrated guidance and plans as well as fill gaps in service and critical functions necessary to better anticipate, identify, and promptly respond to threats, emergencies, and disasters.
- Address health disparities and promote trust, and community resilience, especially for underserved communities disproportionately affected by emergencies, by improving engagement and collaboration across federal, state, tribal, local, and territorial stakeholders and community organizations, and with relevant international partners, ensuring response efforts are informed by health and human services equity principles.
- Focus resources on developing the capacity of the HHS emergency response workforce through effective training and technical assistance to improve the Department's readiness to meet the needs and demand of the communities they support during emergency response and recovery efforts.

### Strategy 2.1.2. Mitigation & Response

*Plan for mitigation and response, including the communication and dissemination of information, the development and availability of medical countermeasures, and the use of regulatory flexibilities*

Tactics:

- Advance the development and availability of safe effective medical countermeasures to support preparedness and response efforts, and maximize their effective use by providing comprehensive and accessible guidance and public health communications to critical partners, including distribution and response networks, academic partners, hospital systems, clinical organizations, and the public.
- Build a diverse, agile U.S. public health supply chain while sustaining long-term domestic manufacturing capability for medical countermeasures and medical products to reduce and prevent shortages and ensure continuous supply during times of need.
- Ensure that HHS is prepared to make effective use of available waiver options and systems in place to expand and maximize flexibilities when a public health emergency is declared, ensuring response efforts can scale to readily support communities.
- Facilitate communication and coordination with public and private partners to leverage existing flexibilities and make new flexibilities available for the benefit of response efforts during a public health emergencies and disasters.
- Leverage and expand partnerships with state, tribal, local, and territorial partners and community-based, faith-based, and non-profit organizations as well as international partners to generate and disseminate risk communication and outreach materials that are evidence-based and culturally appropriate to improve awareness, knowledge, and uptake of mitigation measures during emergencies and disasters.
- Disseminate consistent and plain language communications to ensure affected individuals and communities, including those living or working in high-risk areas, are notified in a timely, culturally-tailored manner to minimize risk and ensure their safety.
- Ensure the resilience of the public health industrial base (PHIB) supply chain with improvements in the robustness, visibility and agility of the supply chain in coordination with interagency and private sector partners; wherein robustness includes broadening domestic manufacturing capacity and diversification of sources, visibility includes increased transparency and mapping of PHIB supply chains, and agility is an improved flexibility and responsiveness of actors in the system.

### Strategy 2.1.3. Technology, Data & Research

*Apply lessons learned from the use and application of technology, data, and research to improve preparedness and health and human services outcomes during emergencies and disasters*

Tactics:

- Enhance research, analytic, and learning capabilities through more efficient, accurate, and trusted collection, application, and integration of data from new and existing data streams across a series of disciplines, including demographic, environmental, genetic or genomic, biomedical, economic, geospatial, and ecological data, to better understand health impacts of emergencies and disasters.
- Improve coordination and collaboration efforts with federal, state, tribal, local, territorial, and international partners to enhance integrated surveillance and monitoring capacity to ensure equity in emergency response planning, coordination, and delivery and sustaining global health security.
- Invest in modernizing information technology infrastructure to foster data sharing and interoperability across systems in coordination with partners to ensure data insights are representative, actionable, and readily available to decisionmakers and researchers before, during, and after an emergency or disaster to inform preparedness, response, and forecasting.
- Leverage data collection, monitoring, and reporting systems, including critical demographic data, to improve the production, availability, and equitable supply of necessary countermeasures and medical equipment, including Personal Protective Equipment (PPE), when they are needed during emergencies and disasters.
- Provide training, education, and technical assistance to foster a multidisciplinary cadre of culturally-competent public health and research professionals to conduct studies to better understand the human health impacts, including mental health, of public health emergencies and disasters, especially among especially among groups that are disproportionately affected.
- Support innovative research and development for medical countermeasures, including clinical trials, and data integration capabilities to better prepare for and support safe and healthy outcomes during emergencies and disasters.

## 2.2. Diseases

*Protect individuals, families, and communities from infectious disease and non-communicable disease through development and equitable delivery of effective, innovative, readily available diagnostics, treatments, therapeutics, medical devices, and vaccines*

HHS is working on strategies to protect the public from known and emerging infectious diseases and prevent non-communicable diseases, including cardiovascular diseases, cancer, diabetes, and other chronic conditions. HHS advances the development and delivery of safe, effective, and innovative diagnostics, treatments, therapeutics, medical devices, and vaccines. HHS invests in innovative technology and development to ensure the supply and availability of diagnostics, treatments, therapeutics, medical devices, and vaccines while leveraging resources and collaborations to support and apply research, evaluation, and data insights about non-communicable and infectious disease. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

**Stakeholder(s):****HHS Divisions :**

*Contributing OpDivs and StaffDivs: AHRQ, ASPR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and OGA work to achieve this objective.*

**AHRQ****ASPR****CDC****CMS****FDA****HRSA****IHS****NIH****OASH****OGA****Strategy 2.2.1. Safety & Effectiveness**

*Develop and deliver evidenced-based safe, effective, testing, treatments, therapeutics, medical devices, vaccines, and prevention strategies*

**Tactics:**

- Mobilize resources and collaborations, including domestic, international, and public-private partnerships to support the research, development, testing, manufacture, and equitable distribution of safe and effective prevention strategies, diagnostics, vaccines, therapeutics, and medical devices for non-communicable and infectious disease.
- Increase collaboration with domestic and international partners, including community-based organizations, to improve confidence in vaccines and vaccination uptake rates, especially among disproportionately affected populations.
- Build and support sustainable immunization programs, and capacity at local, national, regional, and global levels to better prevent and respond to disease-specific challenges and meet disease eradication, elimination, and control targets.
- Support evidence-based healthcare delivery models and engage stakeholders across public health and healthcare systems to increase awareness and use of safe and effective treatments and therapeutics in diverse patient populations, including tribal and territorial communities.
- Leverage partnerships and communication networks throughout state, tribal, local, and territorial communities to promote appropriate use of antimicrobials and antimicrobial stewardship across all healthcare and veterinary settings.
- Foster and leverage partnerships with key stakeholders throughout the food production, manufacturing, storage, and distribution enterprise, as well as tribal and Urban Indian Organization partners, to promote and implement science-based preventive control standards for contamination of domestic and imported foods.

**Strategy 2.2.2. Innovation**

*Invest in innovative technology and development to ensure supply and availability of safe and effective diagnostics, treatments, therapeutics, medical products and devices, and vaccines*

**Tactics:**

- Support the development of new, safe, and effective medical products with improved delivery characteristics, such as easier storage conditions, longer shelf-life, and reduced dosing, for the treatment, prevention, and diagnosis of non-communicable and infectious diseases.
- Support the application and use of innovative technologies, including mobilizing industry to advance manufacturing (including flexible on demand and point-of-care manufacturing) and artificial intelligence to accelerate research and manufacturing, to improve quality, address shortages, and speed time-to-market for new diagnostics, treatments, therapeutics, medical products, and vaccines.

- Advance the research and development of accessible, point of care diagnostic testing to detect non-communicable and infectious diseases to ensure that timely, safe, and effective treatments and therapeutics can be delivered equitably to all communities when needed, including underserved communities, tribes, and territories.

### Strategy 2.2.3. Resources & Collaborations

*Leverage resources and collaborations to support and apply research, evaluation, and data insights about non-communicable and infectious disease*

Tactics:

- Engage in research to better understand the overall disease burden and effective strategies for intervention and improved quality of life associated with chronic conditions.
- Build and maintain partnerships, including federal, non-federal, academic and industry partnerships, to promote the development, implementation, evaluation, and availability of vaccines and other treatments to combat antimicrobial resistance and microbial threats.
- Invest in data analysis, research, and evaluation efforts, including opportunities for data sharing and linkages, to better understand the burden of disease in a variety of industry and occupation settings and further the development and implementation of vaccines for high-burden diseases and diseases with epidemic or pandemic potential.
- Support the availability and evaluate the effectiveness of prevention and mitigation measures—including engineering controls, administrative controls, and personal protective equipment—in workplaces across all industry sectors, including those with social, economic, and/or environmental disadvantages that elevate risk and exposure.
- Conduct vaccine safety monitoring and clinical research to keep vaccines safe and provide compensation to people who have been injured by specific vaccines.
- Improve the ability to monitor supply chain shortages and proactively prevent them by improved transparency and data sharing among state, local, tribal, and territorial governments, industry, and federal partners — ensuring supplies are distributed on a priority basis.

### 2.3. Behaviors

*Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death*

HHS supports strategies to promote healthy behaviors to reduce the occurrence and disparities in preventable injury, illness, and death. The Department develops, communicates, and disseminates information to improve health literacy about the benefits of healthy behaviors. HHS leverages resources, partnerships, and collaborations to support healthy behaviors that improve health conditions and reduce disparities in health outcomes. HHS also advance and applies research and data insights to inform evidence-based prevention, intervention, and policy approaches to address disparities in preventable injury, illness, and death. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.



**Stakeholder(s):****HHS Divisions :**

*Contributing OpDivs and StaffDivs: AHRQ, ACL, ASFR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and SAMHSA work to achieve this objective.*

**AHRQ****ACL****ASFR****CDC****CMS****FDA****HRSA****IHS****NIH****OASH****SAMHSA****Strategy 2.3.1. Health Literacy**

*Develop, communicate, and disseminate information to improve health literacy about the benefits of healthy behaviors*

**Tactics:**

- Enhance maternal, infant, and child health through promotion of healthy dietary and physical activity patterns and guidelines while reducing exposure to contaminants and environmental risks, including foodborne pathogens and toxic elements in foods, during pregnancy and in early childhood, particularly in underserved populations.
- Develop targeted public awareness and education for youth and adults about the risks and dangers posed by tobacco, tobacco-like products, and alcohol, to discourage use, while promoting the availability of cessation programs and supports to minimize harm.
- Expand public awareness and education of mental and behavioral health services including the availability of services for prevention and treatment of substance use disorders.
- Support and improve the dissemination and accessibility of information and interventions related to physical activity, healthy eating, food deserts, food insecurity, nutrition, and nutrition labeling to reduce the incidence of related health conditions and chronic diseases.
- Educate the public on best practices and approaches for mitigating and reducing preventable injury in sports and other physical activities, such as concussions and related injuries, including preventable injury in children and youth sports.
- Ensure the public is informed and understands the prevalence, causes, and consequences of social, environmental, and biological risk factors, including related impacts on healthcare costs among underserved populations.

**Strategy 2.3.2. Resources, Partnerships & Collaborations**

*Leverage resources, partnerships, and collaborations to support healthy behaviors that improve health conditions and reduce disparities in health outcomes*

**Tactics:**

- Maximize partnerships with states, community-based organizations, and healthcare organizations to improve safe opioid prescribing and reduce harm by leveraging naloxone distribution, syringe services programs, and integrated service delivery for co-occurring conditions.
- Promote partnerships to implement programs and outreach that focus on raising awareness and rapidly linking affected individuals to relevant care and treatment services, including persons harmed by substance use and persons with HIV.



- Collaborate with states, tribes, and community-based organizations to develop and implement prevention and intervention efforts aimed at addressing substance use challenges faced by adults and youth through evidence-based education and programs.
- Enhance collaborative efforts with states and community and faith-based organizations to raise awareness of mental health and substance use disorders and reduce barriers and increase access to effective prevention programs and treatments, including telemedicine, healthcare integration, and community- and school-based care.
- Support partnerships and collaborations to enhance the promotion of interpersonal and emotional skills among children, youth, and adolescents to prevent adverse childhood experiences, suicide, substance use, and youth violence in communities by supporting the implementation and evaluation of evidence-based programs, including interventions related to health promotion, socioemotional learning, and teen pregnancy.
- Partner with states, tribes, local, and territorial communities, including private and non-profit organizations, to expand tailored prevention education and interventions to reduce health disparities, focusing efforts in addressing disparities in injury, substance use and misuse, illness, morbidity, and mortality rates in underserved populations.
- Engage state level, regional, tribal, territorial, and local providers, programs, and organizations—including medical practitioners, Breastfeeding Coalitions, the Supplemental Nutritional Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—to develop cultural competence training and education materials for healthcare providers who provide services to maternal, perinatal, and postpartum populations, and groups that have been economically and socially marginalized.

### Strategy 2.3.3. Research & Data

*Apply research and data insights to inform evidence-based prevention, intervention, and policy approaches to address disparities in preventable injury, illness, and death*

Tactics:

- Support, enhance, and coordinate research and surveillance efforts to improve identification of key trends and disparities in preventable injury, illness, and death at the national and sub-national levels to inform evidence-based interventions aimed at reducing health disparities.
- Advance health equity through regulatory efforts, where appropriate, and research efforts that utilize implementation science concepts and methods to better integrate effective, evidence-based interventions and actions to reduce substance use, tobacco use, obesity, and promote nutrition, blood pressure control, and physical activity across all populations.
- Support interdisciplinary and innovative research to enhance our understanding of how social, built, and natural environments affect the social determinants of health and inform culturally appropriate evidence-based treatments and supports to improve healthy behaviors in community settings for populations with health disparities.
- Leverage and promote partnerships and collaborations, including public-private partnerships, to support implementation science and research application in the development and implementation of prevention and intervention approaches.
- Promote research to effectively characterize and understand the interactions among the demographic, behavioral, lifestyle, social, cultural, economic, occupational, and environmental factors that influence healthy eating choices in diverse population groups.

## 2.4. Environmental Factors

*Mitigate the impacts of environmental factors, including climate change, on health outcomes*

HHS invests in strategies to mitigate the impacts of environmental factors, including climate change, on health outcomes. HHS detects, investigates, forecasts, monitors, responds to, prevents, and aids in recovery from environmental and hazardous public health threats and their health effects. HHS promotes cross-disciplinary and multi-stakeholder coordination to improve the outcomes of climate change and environmental exposures on workers, communities, and domestic and international systems. Additionally, HHS expands awareness and increases knowledge of environmental hazards and actions that individuals and communities can take to reduce negative health outcomes. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

### Stakeholder(s):

#### HHS Divisions :

*Contributing OpDivs and StaffDivs: ASPR, ATSDR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, and OGA work to achieve this objective.*

**ASPR**

**ATSDR**

**CDC**

**CMS**

**FDA**

**HRSA**

**IHS**

**NIH**

**OASH**

**OCR**

**OGA**

### Strategy 2.4.1. Health Impacts

*Expand ability to predict, monitor, prevent, respond to, and recover from health impacts of environmental changes and threats, utilizing a One Health approach*

Tactics:

- Develop, use, and evaluate analytical, prevention and control tools and models to accurately forecast, prepare for, mitigate, and adapt to environmental and occupational hazards or climate change impacts, including those related to the agricultural ecosystem that have public health implications, including the effects of wind, rainfall, drought, and fire and the impacts on animal populations, the microbial make-up of soil and water, and land use.
- Expand disease surveillance systems, environmental health data collection, and predictive modeling capabilities, and integrate such environmental health data with data from other scientific disciplines (e.g. geoscience, agricultural, land use, animal sciences, and behavioral and social science) to detect changes in risk, incidence, and distribution over time, including environmental impacts on workers and industries, and underserved communities.
- Conduct and support research on the impacts of current and emerging environmental exposures, risk factors, environmental and hazardous public health threats, and climate change to increase understanding of health outcomes on individuals and communities at the national and international level.

- Facilitate research, collaboration, and implementation efforts between public and private healthcare system stakeholders to make healthcare delivery more environmentally sustainable and more resilient to the threats of natural disasters, including extreme weather events, thereby reducing costs and risks from disruption of healthcare operations.
- Translate research findings into the adoption of health policies and evidence-based strategies to prevent environmental and climate change exposures, address health inequities, prepare for and adapt to health risks, and improve health outcomes.
- Enhance collaborations with federal partners and international agriculture, environmental and other sector entities to better address recurring and anticipated issues associated with food production, safety, and availability, food-related disease and mortality, including under-nutrition, infectious and non-communicable diseases, and diarrheal- and vector borne diseases and maternal and child health.

### Strategy 2.4.2. Coordination

*Promote coordination among sectors and levels of government and multi-disciplinary and multi-stakeholder approaches to protect people from health threats arising from climate change and environmental and occupational exposures*

Tactics:

- Support multidisciplinary teams, prioritizing engagement of community stakeholders in affected communities at all stages of environmental and climate change health research and program implementation, to develop intervention strategies and gain understanding of the factors that make those strategies successful and replicable.
- Establish partnerships with federal agencies, state, local, territorial health departments, tribal nations, academic institutions, and community- and faith-based organizations, leveraging environmental health expertise and local capabilities, to conduct environmental, occupational, and climate change health research, build the capacity of impacted communities, and implement programming to reduce the health risks of environmental hazards.

### Strategy 2.4.3. Awareness & Knowledge

*Expand awareness and knowledge of environmental and occupational hazards to inform actions individuals and communities can take to reduce negative health outcomes*

Tactics:

- Build networks and develop tools to educate health providers, employers, workers, and communities about the environmental hazards, including climate change, that impact their local health outcomes and actions to mitigate and manage those impacts.
- Develop and sustain formal and informal collaborations within and across HHS Divisions, other federal agencies, global health entities, and a wide range of partners to address environmental threats and climate change.

### 3. Well-Being, Equity & Resilience

#### *Strengthen Social Well-being, Equity, and Economic Resilience*

##### **Stakeholder(s)**

##### **HHS Divisions :**

*Within HHS, the following divisions are working to achieve Strategic Goal 3:*

**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)**

**Health Resources and Services Administration (HRSA)**

**Indian Health Service (IHS)**

**National Institutes of Health (NIH)**

**Office of the Assistant Secretary for Planning and Evaluation (ASPE)**

**Office for Civil Rights (OCR)**

**Office of the Assistant Secretary for Health (OASH)**

**Office of Global Affairs (OGA)**

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

HHS works to strengthen the economic and social well-being of Americans across the lifespan. HHS provides effective and innovative pathways leading to equitable economic success for all individuals and families. The Department strengthens early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities. HHS expands access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life. HHS also increases safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence. | Related Executive Orders (EO) and White House Action Plans and Memoranda:

- EO 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government
- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation
- EO 13993: Revision of Civil Immigration Enforcement Policies and Priorities
- EO 14000: Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers
- EO 14001: Establishment of Interagency Task Force on the Reunification of Families
- EO 14002: Economic Relief Related to the COVID-19 Pandemic
- EO 14010: Creating a Comprehensive Regional Framework to Address the Causes of Migration, to Manage Migration Throughout North and Central America, and to Provide Safe and Orderly Processing of Asylum Seekers at the United States Border
- EO 14012: Restoring Faith in Our Legal Immigration Systems and Strengthening Integration and Inclusion Efforts for New Americans
- EO 14013: Rebuilding and Enhancing Programs to Resettle Refugees and Planning for the Impact of Climate Change on Migration
- EO 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders
- Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships
- National Strategy for the COVID-19 Response and Pandemic Preparedness
- Path Out of the Pandemic: President Biden's COVID-19 Action Plan

### 3.1. Economic Success

*Provide effective and innovative pathways leading to equitable economic success for all individuals and families*

HHS invests in strategies to provide effective and innovative pathways that lead to equitable economic success for all individuals and families. HHS facilitates system enhancements and partnerships across the federal government to coordinate resources and technical assistance to individuals and families hoping to achieve sustain economic independence. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

#### Stakeholder(s):

##### HHS Divisions :

*Contributing OpDivs and StaffDivs: ACF, ACL, ASPE, CDC, CMS, HRSA, IHS, and OASH work to achieve this objective.*

**ACF**

**ACL**

**ASPE**

**CDC**

**CMS**

**HRSA**

**IHS**

**OASH**

#### Strategy 3.1.1. Systems & Partnerships

*Facilitate system enhancements and partnerships across the federal government to coordinate resources and technical assistance to individuals and families hoping to achieve sustain economic independence*

Tactics:

- Build state, tribe, and territorial capacity to expand safety net program coverage, enforce Section 504 of the Rehabilitation Act, streamline eligibility determination, and improve enrollment in order to provide effective assistance to address the economic conditions of underserved populations
- Encourage states to collaborate across programs and systems so that families hoping to achieve economic security have access to income and housing support, education, and training as well as work supports, such as childcare, transportation, and Medicaid and health insurance.
- Apply knowledge and best practices to help grantees and partners provide services that focus on social determinants of health and factors that affect economic mobility.
- Support naturalization among refugees and inclusion efforts, as called for in the Executive Order 14012: Restoring Faith in Our Legal Immigration Systems and Strengthening Integration and Inclusion Efforts for New Americans, by reducing barriers to the legal immigration system.
- Enable research use of data collected through federal funded programs to accelerate the production of evidence on factors affecting refugees’ resettlement outcomes, including those of refugee youth.
- Invest in low-income, tribal, and communities of color through funding opportunities to promote social and economic self-sufficiency to lessen economic inequalities.
- Expand access to culturally- and linguistically-appropriate employability, economic development, education, and support services for vulnerable refugee populations, through specialized programming and collaboration with federal partners

- Expand the development of resources for communities disproportionately affected by economic inequalities including native and indigenous populations, refugees, and asylees, facilitate the translation of materials for the public to the top five languages currently spoken in the U.S.

### 3.2. Children & Youth

*Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities*

HHS invests in strategies to strengthen early childhood development opportunities to help children and youth thrive equitably within their families and communities. HHS fosters the physical, emotional, intellectual, language, and behavioral development of children and youth while supporting their families and caregivers. HHS implements interventions and multidisciplinary programs to enhance and support early childhood development and learning. HHS also focuses its efforts to improve early childhood development programs, systems, and linkages through the application of data, evidence, and lessons learned. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

**Stakeholder(s):**

<b>Children</b>	<b>CDC</b>
<b>Youth</b>	<b>CMS</b>
<b>Families</b>	<b>FDA</b>
<b>Communities</b>	<b>HRSA</b>
<b>HHS Divisions :</b>	<b>IHS</b>
<i>Contributing OpDivs and StaffDivs: ACF, ACL, ASPE, CDC, CMS, FDA, HRSA, IHS, OASH, NIH, OGA, and SAMHSA work to achieve this objective.</i>	<b>OASH</b>
<b>ACF</b>	<b>NIH</b>
<b>ACL</b>	<b>OGA</b>
<b>ASPE</b>	<b>SAMHSA</b>

#### Strategy 3.2.1. Development

*Foster the physical, emotional, intellectual, language, and behavioral development of children and youth while supporting their families and caregivers*

Tactics:

- Support state and local government agencies, tribes, non-governmental organizations, and other community partners in promoting comprehensive, culturally competent, two-generation, community-based, developmentally appropriate, trauma responsive services that strengthen economic

security, promote protective factors, promote learning, and reduce stress on families, fostering environments that support children, youth, pregnant and expectant persons, and parents.

- Identify and address barriers to maximizing children’s physical, emotional, cognitive, language, and behavioral development, while ensuring knowledge of and access to comprehensive behavioral health services for children, parents, and families.
- Promote programs and leverage strategic family, early learning, school, healthcare, and community-based partnerships to improve early identification of children with developmental delays and disabilities, including mental, behavioral, and developmental disorders, and facilitate linkages to appropriate treatment and services, including IDEA Part C early intervention services for children (aged birth to 36 months) and IDEA Part B services for school-aged children (aged 3 through 21 years of age).
- Advance strengths-based approaches and models to promote protective factors, positive youth development approaches, and evidence-informed programs focusing on improving the physical, social, emotional, cognitive, language, and behavioral health of adolescents, including engaging parents and caregivers, ensuring access to teen-friendly services, and coordinating adolescent- and family-centered services.
- Improve growth and development prospects of children, including enhanced dietary quality and reduction in risk factors for preventable non-communicable disease, through the promotion of healthy eating and dietary guidelines, nutrition education and standards, physical activity, oral health and hygiene, and other feeding and nutrition programs or collaborations aimed at supporting children and families, especially in rural, low-income, and other high-risk areas.
- Coordinate federal interagency efforts and target resources aimed at improving environmental health and healthy development in children by reducing exposure to environmental health risk factors—including food contaminants, lead, mold, toxic chemicals, and potent allergens—and their effects, such as asthma, poisoning, and other sicknesses.
- Expand access to comprehensive sexuality education for young people to ensure accurate and complete information about sexual and reproductive health and rights, and to support child protection.
- Collaborate and coordinate with state, tribal, local, territorial, and other key partners to increase awareness of adverse childhood experiences, build capacity to implement prevention and response policies, programs, and practices based on the best available evidence, provide targeted, culturally appropriate trainings and technical assistance, and use data to inform program planning, implementation, and evaluation of adverse childhood experiences prevention and response strategies.

#### Stakeholder(s):

**Children**

**Families**

**Youth**

**Caregivers**

### Strategy 3.2.2. Homeless Youth

*Support services and programs to improve the social well-being of unaccompanied homeless youth, children and youth who cannot remain in their homes, and refugee children and youth*

Tactics:

- Provide street outreach, emergency shelters and longer-term transitional living and maternity group home services and programs to serve and protect runaway and homeless youth.
- Bridge child welfare experience with expertise in refugee resettlement to improve outcomes for minors who have undergone forced migration and traumatic experiences with foster care placement and services and support the caregivers and community members involved in nurturing their physical and emotional well-being.
- Provide services to facilitate the school performance, psychosocial adjustment, integration, and goal-setting of refugee children and youth, and extend complementary supports to their family members, to strengthen overall family wellbeing.



**Stakeholder(s):****Homeless Youth****Homeless Children****Refugee Children****Refugee Youth****Strategy 3.2.3. Interventions & Programs**

*Implement interventions and multidisciplinary programs that enhance and support early childhood development and learning*

Tactics:

- Promote systems and practices of assessment and intervention, anchored in primary healthcare, that support holistic early childhood development and learning, and child and youth well-being, inclusive of physical, socio-emotional, behavioral, intellectual, cognitive, and language development.
- Align eligibility and program requirements across family-serving health and human service systems, and provide family navigation supports, to reduce burden and gaps in services.
- Improve access to stable and affordable high-quality early care and education settings and participation in early childhood programs of underserved communities and populations and the replication and application of lessons learned from successful programs focused on inclusion practices.
- Develop effective and culturally-informed training and technical assistance informed by evidence and best practices to improve the quality of early childhood and prenatal care services and education programs, including those offered by tribes and faith-based and community initiatives.
- Invest in early childhood development, learning, and care by building the capacity of the staff and workforce supporting the programs and services provided to children and families in these sectors, including programs serving low-income communities and populations.
- Stabilize the early care and education sector to address decreased revenues and increased costs resulting from the COVID-19 pandemic and build back a high-quality supply of programs and providers, particularly in low-income communities.

**Strategy 3.2.4. Data, Evidence & Learning**

*Improve early childhood development programs, systems, and linkages through the application of data, evidence, and lessons learned*

Tactics:

- Facilitate and foster cross-sector partnerships and collaboration across HHS and non-HHS agencies at federal, state, tribal, territorial, and local levels to better integrate planning, programs, policies, financing, and data systems aimed at addressing social determinants of health, integrating family services, reducing disparities, and supporting strong families and communities in equitable ways.
- Empower children, youth, and families with opportunities to engage and have their voices heard in the planning, implementation, and assessment of programs and systems they rely on for care, learning, and other health and well-being supports.
- Promote evidence-based community engagement, dissemination, and implementation of healthcare and human services best practices among underserved populations to leverage reach and reduce gaps in services.
- Leverage research opportunities and access to data, evaluations, and evidence to better inform the development and execution of policies and programs that affect the health, well-being, and livelihoods of children, youth, adolescents, and their families and communities.
- Invest in providing technical assistance to states, tribes, and localities to support the implementation of policy, programs, and approaches, and enhance their capacity to identify, monitor, and address children's learning and developmental needs, including supports for mental health.



- Foster the dissemination and utilization of user-friendly tools to strengthen the enrollment and participation of vulnerable youth in postsecondary education, apprenticeship, and career technical assistance opportunities.
- Utilize an integrated approach to understand the environmental factors and hazards that present a barrier for maximizing program improvement for the benefit of improved health outcomes, safety and resilience, and healthy learning environments for children.
- Conduct and support innovative research, evaluation, and surveillance of adverse childhood experiences to build the evidence base and guide prevention, identification, and response efforts.

### 3.3. Elderly & People with Disabilities

*Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life*

HHS is investing in several strategies to expand access to high-quality services and resources for older adults, people with disabilities, and their caregivers. HHS enhances system capacity to develop processes, policies, and supports that are person centered and provide quality care for older adults and individuals with disabilities, at home or in community-based settings. HHS ensures the availability and equitable access and delivery of evidence-based interventions that focus on research, prevention, treatment, and care of older adults and individuals with disabilities. HHS also supports development and implementation activities to better understand and address the needs of all caregivers across the age and disability spectrum. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

#### Stakeholder(s):

<b>Older Adults</b>	<b>AHRQ</b>
<b>People with Disabilities</b>	<b>ASPE</b>
<b>Caregivers</b>	<b>CDC</b>
<b>HHS Divisions :</b>	<b>CMS</b>
<i>Contributing OpDivs and StaffDivs: ACF, ACL, AHRQ, ASPE, CDC, CMS, IHS, NIH, OASH, and OGA work to achieve this objective.</i>	<b>IHS</b>
<b>ACF</b>	<b>NIH</b>
<b>ACL</b>	<b>OASH</b>
	<b>OGA</b>

### Strategy 3.3.1. System Capacity

*Enhance system capacity to address the health, health related outcomes, and social determinants of health for older adults and individuals with disabilities by developing processes, policies, and supports that are person centered and provide quality care for older adults and individuals with disabilities, at home or in community-based settings*

Tactics:

- Deploy approaches to care, including primary care, that promote health and equitable, goal-directed care and self-determination for older adults, persons with disabilities, and caregivers.
- Enhance states' ability to implement Medicaid Home and Community Based Services (HCBS) and incorporate standardized quality measures to assess and track the adequacy of the HCBS community integration on access, availability, quality, experience of care, health outcomes, and the workforce.
- Support healthcare partners, state, community, profit, and non-profit organizations to expand infrastructure related to needs of older adults, persons with disabilities, and caregivers and improve coordination and communication of resources and services such as in-home services, transportation, digital equipment, broadband access and healthcare to meet the day to day and long-term needs of older adults, persons with disabilities, and caregivers.
- Create pathways for older adults and persons with disabilities from vulnerable immigrant communities, such as refugees and asylees, to access relevant benefits and services, by strengthening the capacity of states, agencies, and providers to deliver services and supply resources that address the needs of these immigrant populations.

### Strategy 3.3.2. Interventions

*Ensure availability and equitable access and delivery of evidence-based interventions that focus on research, prevention, treatment, and care of older adults and individuals with disabilities*

Tactics:

- Establish supportive policies, strengthen communication and partnership initiatives for intervention dissemination and clinical treatment and care gaps, and strategic alliances for improved disease management.
- Coordinate across federal agencies and collaborate with state, local, Tribal, private, and non-profit partners to ensure sufficient availability and equitable distribution, and equity in access to evidence-based interventions that prevent onset of symptoms and/or improve management to people diagnosed with multiple chronic conditions.
- Promote self-management programs and behaviors and expand referral and delivery systems to promote healthcare quality.

### Strategy 3.3.3. Caregivers

*Support the development and implementation activities to better understand and address the needs of all caregivers across the age and disability spectrum*

Tactics:

- Develop and disseminate a National Family Caregiving Strategy as required by the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017.
- Leverage technical assistance and resources to address the needs of older adult, kinship families, non-kinship, minor caregivers, at the federal, state, territorial, tribal and community levels.

**Stakeholder(s):****Caregivers****3.4. Neglect, Abuse & Violence**

*Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence*

HHS increases safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence. The Department continues its efforts to promote coordination across the government to address the full range and multiple forms of neglect, violence, trauma, and abuse across the life span. HHS is building a resource infrastructure to ensure equitable delivery of high-quality services to support affected individuals, families, and communities. HHS also leverages data to inform the development of effective and innovative prevention and intervention models to address neglect, abuse, and violence. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

**Stakeholder(s):****Families****Communities****Victims****HHS Divisions :**

*Contributing OpDivs and StaffDivs: ACF, ACL, ASPE, CDC, HRSA, IHS, NIH, OASH, and SAMHSA work to achieve this objective.*

**Strategy 3.4.1. Coordination**

*Promote coordination across the federal government to address the full range and multiple forms of neglect, violence, trauma, and abuse across the life span, including gender-based violence*

Tactics:

- Increase coordination within HHS OpDivs and StaffDivs and partner with other federal departments on violence prevention and trauma initiatives that create opportunities for an integrated, trauma-informed federal response.
- Engage community health workers to expand outreach and access to interventions for those impacted by neglect, violence, trauma, and abuse.
- Develop national awareness and prevention initiatives focused on violence, trauma, neglect, and abuse as a public health issue.
- Educate and empower families and communities, including tribes and territories, to recognize and respond to signs of violence and trauma and understand the importance of and need for a comprehensive public health approach.

### Strategy 3.4.2. Infrastructure

*Build resource infrastructure to ensure equitable delivery of high-quality services to support affected individuals, families, and communities*

Tactics:

- Strengthen networks and increase resources for state, local, tribal, territorial, community- and faith-based organizations focused on the prevention of and recovery from violence, trauma, neglect, and abuse as they make investments in programmatic advancement, cross-system coordination, equipment, and culturally- and linguistically-appropriate services and service delivery.
- Facilitate and support access to healthcare and behavioral health services for anyone who is surviving domestic violence, dating violence, family violence, and sexual violence, including 24-hour confidential hotline, shelters and programs, and a network of state coalitions and national technical assistance providers.
- Design innovative skills-based training and technical assistance to the networks, grantees, and programs that serve individuals, families, and communities impacted by neglect, violence, trauma, and abuse.
- Create assessment tools and engage stakeholders to identify gaps in prevention, holistic treatment, and integrative care for underserved communities, including tribes and territories.

### Strategy 3.4.3. Data

*Leverage data to inform the development of effective and innovative prevention and intervention models to address neglect, violence, trauma, and violence*

Tactics:

- Strengthen surveillance systems to gather prevalence data across all HHS programs and appropriately identify resources for public health and human services solutions.
- Disseminate evidence-based strategies to promote safe, stable, and nurturing relationships and environments for adults, children, families, older adults, and persons with disabilities, including the communities in which they live.
- Advance the development and use of standards, guidelines, regulations, and electronic reporting to improve the quality and timeliness of public health data collection.
- Establish policy and guidelines that emphasize evidence-based decision making for assisting those who have experienced trauma or violence.
- Support a coordinated program of research focused on refining, testing, and implementing research-informed practices for primary and trauma-related services, including screening, prevention, and treatment across relevant settings that serve youth and adults.
- Address gaps in knowledge about intimate partner violence prevention programs for American Indian and Alaska Native communities, for racial and ethnic specific communities, and for underserved communities

## 4. Science & Research

### *Restore Trust and Accelerate Advancements in Science and Research for All*

HHS is dedicated to restoring trust and accelerating advancements in science and research. The Department is prioritizing science, evidence, and inclusion to improve the design, delivery, and outcomes of HHS programs. It is investing in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs. Strengthening surveillance, epidemiology, and laboratory capacity is another major focus to better understand and equitably address diseases and conditions. HHS is also increasing evidence-based knowledge through improved data collection, use, and evaluation efforts to achieve better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience. | Related Executive Orders (EO) and White House Action Plans and Memoranda:

- EO 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government
- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation as well as new EO for Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders
- EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats
- EO 13995: Ensuring an Equitable COVID-19 Recovery and Response
- EO 13997: Executive Order on Improving and Expanding Access to Care and Treatments for COVID-19
- EO 14020: Establishment of the White House Gender Policy Council
- EO 14035 Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce
- EO 14041: White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity Through Historically Black Colleges and Universities
- Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking
- Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships
- National Strategy for the COVID-19 Response and Pandemic Preparedness
- Path Out of the Pandemic: President Biden's COVID-19 Action Plan Within HHS, all divisions are working to achieve Strategic Goal 4.

#### 4.1. Programs

*Improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion*

HHS works on strategies to improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion. The Department leverages stakeholder engagement, communication, and collaboration to build and implement evidence-based interventions and approaches for stronger health, public health, and human services outcomes. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

**Stakeholder(s):**

**HHS Divisions :**

*Contributing OpDivs and StaffDivs: All OpDivs and StaffDivs contribute to achievement of this objective.*

**Strategy 4.1.1. Engagement, Communication & Collaboration**

*Leverage stakeholder engagement, communication, and collaboration to build and implement evidence-based interventions for stronger health, public health, and human services outcomes*

Tactics:

- Promote an evidence-based approach to the design, redesign, implementation, and quality of HHS programs, to inform decision making, improve oversight, and strengthen data integrity and program fidelity.
- Improve communication and collaboration across HHS to bring together research and evaluation to better inform the translation of evidence throughout the Department.
- Promote sharing of lessons learned between grantees, from grantees to HHS staff, and where applicable, to the broader community.
- Build participation into research agendas by engaging stakeholders, including those with lived experience and citizen scientists, in the design and revision of evaluation and data collection systems and advancing equity amongst researchers and those communities targeted or underrepresented by research efforts.
- Improve communication and access to community members to facilitate transparent flow of information and education regarding HHS programs.

## 4.2. Research & Workforce

*Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs*

HHS is investing strategies to support the research enterprise and the scientific workforce. HHS works to build public trust by upholding scientific integrity and quality. HHS is also working to recruit, retain, and develop a diverse and inclusive scientific workforce to conduct basic and applied research in disease, healthcare, public health, and human services. HHS supports innovation in how research is supported, conducted, and translated into interventions that improve health and well-being. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

### Stakeholder(s):

#### HHS Divisions :

*Contributing OpDivs and StaffDivs: AHRQ, ASPE, ASPR, CDC, FDA, HRSA, NIH, OASH, and OGA work to achieve this objective.*

**AHRQ**

**ASPE**

**ASPR**

**CDC**

**FDA**

**HRSA**

**NIH**

**OASH**

**OGA**

### Strategy 4.2.1. Scientific Integrity

*Uphold scientific integrity to promote public trust in the quality of the research enterprise*

Tactics:

- Ensure the quality and integrity of research findings through education and training of the scientific workforce.
- Strengthen regulatory and compliance capacity to account for the rapid increase in research technology and data capabilities, including investing in HHS offices with oversight of research integrity, human research protections, and animal care and use.
- Develop and implement approaches, including developing and disseminating guidelines, standards, policies, or regulations, that enhance the integrity and quality of HHS-funded research by promoting a climate that incentivizes research conducted responsibly, with rigor and integrity in accordance with these expectations and those of the relevant scientific discipline.
- Promote transparency and awareness by informing the public on efforts across the Department to ensure the scientific integrity in all research and evidence-building activities.



### Strategy 4.2.2. Diversity & Inclusiveness

*Recruit, retain, and develop a diverse and inclusive scientific workforce to conduct basic and applied research in disease, healthcare, public health, and human services*

Tactics:

- Expand and deploy evidence-based training, mentorship interventions, fellowships, and other workforce development initiatives that support scientists, especially underrepresented scientists, through critical points of transition in their career trajectories.
- Increase research and practice opportunities for a diverse range of investigators to address social determinants of health and advance health equity in populations with health disparities.
- Attract, develop, and retain the scientific workforce by establishing a talent management strategic plan with input from government, industry, and academic stakeholders.
- Retain staff with expertise in scientific and research methods using recognition, training, and retention incentives to ensure that the scientific workforce has the skills and expertise necessary to adopt and implement the most innovative statistical and scientific methods.
- Support scientists as they embark on, transition to, and sustain independent research careers to sustain the research enterprise.

**Stakeholder(s):**

**Scientific Workforce**

### Strategy 4.2.3. Interventions

*Support, conduct, and translate research into interventions that improve the health and well-being for all*

Tactics:

- Support and promote the development of partnerships between academic research organizations and health department, healthcare providers, community-based health organizations, and community organizations for relevant rapid implementation research and community-based participatory research to engage communities impacted by the research in the development and dissemination of the research.
- Identify and address barriers to collaboration and data sharing within HHS and other federal agencies, academic and public health partners, and private industry to make it easier to conduct cross-cutting, high impact, transdisciplinary, innovative research.
- Expand the availability and accessibility to tools, technologies, knowledge repositories, and training to ensure the nation's research institutions have the capacity, technology, and infrastructure they need to design and execute impactful research programs that benefit multiple communities to help achieve the HHS mission.
- Partner with educational institutions that serve underserved populations to implement technical assistance outreach programs to increase awareness of research funding opportunities and increase the competitiveness of submitted research applications.
- Promote cross-functional and, importantly, cross-division efforts to identify emerging promising technologies and establish frameworks for the ethical development, study, and use of these technologies.
- Provide research grants for areas that are cutting edge in technology or disease and grow those resources.
- Fund opportunities for research implementing and evaluating community-based and culturally-competent models of healthcare and human services delivery to improve the quality of care received by racial and ethnic minority and sexual minority populations.
- Establish innovative funding opportunities to identify sources for community partners working on areas of concern who can also provide the health and human services communities with best practices in achieving positive results in interventions, treatments, and programs.



- Support research and innovation to strengthen implementation of evidence-based recommendations for preventive health services in public health and healthcare settings among people that have been underserved.

### 4.3. Diseases & Conditions

*Strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions*

HHS supports strategies to strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and health conditions. HHS is focused on expanding capacity to improve laboratory safety and quality, monitor conditions, understanding the needs of various sub-groups of people, and establishing the pipeline for future professionals. HHS is working to modernize surveillance systems for timeliness, accuracy, and analytic reporting while engaging and learning from partners and stakeholders to inform improvements and innovation. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

#### Stakeholder(s):

##### HHS Divisions :

*Contributing OpDivs and StaffDivs: CDC, FDA, IHS, OASH, NIH, OGA, and SAMHSA work to achieve this objective.*

**CDC**

**FDA**

**IHS**

**OASH**

**NIH**

**OGA**

**SAMHSA**

#### Strategy 4.3.1. Capacity

*Expand capacity to improve laboratory safety and quality, detect and prevent public health threats, monitor health conditions, understand the unique needs of various sub-groups of persons, and establish the pipeline for future professionals*

Tactics:

- Advance the development and use of standards, guidelines, and regulations to improve the quality of laboratory testing and public health data collection.
- Leverage existing surveillance efforts to better understand the unique and common needs of various sub-groups of persons by race, ethnicity, national origin (including primary language), sex, sexual orientation, gender identity, pregnancy, education status, income, and other population characteristics.
- Improve capacity for advanced laboratory, epidemiologic, and environmental methods across federal and state agencies to enhance the detection of potential violations throughout the full lifecycle of HHS-regulated products to ensure only safe and effective products reach the public.

- 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.
- Build expertise in cutting edge laboratory, surveillance, and epidemiology techniques to address public health threats and disease conditions, including harmful chemical exposures and diseases, antimicrobial resistance pathogens and other emerging pathogens, healthcare-associated infections, chronic diseases that disproportionately affect specific populations (e.g. sickle cell disease), individuals with disabilities, maternal health, and behavioral health.
- Train and sustain a pipeline of surveillance, epidemiology, laboratory professionals to address current and emerging needs and strengthen connections with clinical workforce development stakeholders.

**Stakeholder(s):****Laboratories****Sub-Groups of Persons****Strategy 4.3.2. Surveillance systems***Modernize surveillance systems for timeliness, accuracy, and analytic reporting*

Tactics:

- Accelerate the development and implementation of technological solutions, tools, and approaches to optimize information, knowledge, and data management, standardization, and quality, while ensuring the protection of personally identifiable information and other privacy concerns and minimizing threats to information security.
- Develop and introduce data standards for geographic information within the notifiable diseases reporting system to scales that are meaningful for assessment of socio-ecologic factors.
- Promote completeness and accuracy of race and ethnicity variables and other population characteristics—including age, disability status, geographic area, socioeconomic status, national origin (including primary language), and sex, sexual orientation, gender identity, and pregnancy—in laboratory data and data submitted for surveillance purposes in order to better explain the burden of disease and health conditions in diverse populations.
- Partner across HHS agencies to utilize nationally collected data to create customized surveillance reports to address the incidence of infectious disease in underserved populations.
- Provide actionable information for public health officials, policy makers, and regulators to establish and evaluate exposure and disease interventions within disproportionately affected communities or populations.

**Strategy 4.3.3. Engagement & Learning***Engage and learn from partners and stakeholders to inform improvements and innovation*

Tactics:

- Strengthen state, federal, international, and public health partnership data and information sharing to improve surveillance and laboratory capacity to identify and better control threats to public health.
- Collaborate with domestic and international partners to develop innovative surveillance, epidemiological, and laboratory approaches that improve situational awareness and communication before, during, and after emergencies and disasters, including food and medical emergencies. Identify and address barriers to participation of underserved populations in epidemiologic studies and enhance use of community-based participatory research to ensure studies are meaningful and beneficial to participants

#### 4.4. Data & Evaluation

*Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience*

HHS invests in strategies to improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience. HHS is establishing a Department-wide approach to improve data collection, close data gaps, transform data, and sharing data for better HHS analysis and evaluation. HHS also fosters collaborations to expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes. HHS is on improving data collection and conducting evaluations to understand the drivers for inequities in health outcomes, social well-being, and economic resilience while working to increase capacity and the use of evaluations at HHS to inform evidence-based decision making. Below is a selection of strategies HHS is implementing. In the context of HHS, this Strategic Plan adopts the definition of underserved populations listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to “populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life”; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

##### Stakeholder(s):

##### HHS Divisions :

*Contributing OpDivs and StaffDivs: ACF, ACL, AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, ONC, and SAMHSA work to achieve this objective.*

**ACF**

**ACL**

**AHRQ**

**ASPE**

**CDC**

**CMS**

**FDA**

**HRSA**

**IHS**

**NIH**

**OASH**

**OCR**

**OGA**

**ONC**

**SAMHSA**

##### Strategy 4.4.1. Analysis & Evaluation

*Establish a Department-wide approach to improve data collection, close data gaps, transform data, and share data for better HHS analysis and evaluation*

Tactics:

- Fully implement Section 4302 of the Affordable Care Act to ensure that all HHS national data collection efforts and surveys collect information germane to social determinants of health, including data on race, ethnicity, primary language, disability status, sex, sexual orientation, gender identity, and pregnancy.
- Identify and address data gaps, including surveillance systems, surveys, and other data collection methodologies, that limit the ability to fully examine and assess social determinants of health, outcomes, and conditions of populations served by the Department’s health, public health or human services programs or services.

- Design common data elements and taxonomies across the Department to consistently categorize data and information, improve data integrity, and ensure trust in data.
- Invest in and promote intra-agency data sharing, including data linkages, interoperability of data, and data harmonization and standardization to leverage data, metrics, and information to improve analysis and evaluation of the Department programs.
- Broaden the use of artificial intelligence, machine learning, predictive modeling, and other new technologies to harness the power of integrated data that can lead to improved health, public health, and human service outcomes.
- Encourage data sharing across the Department to support the research and development of artificial intelligence solutions that can lead to improved public health outcomes.

### Strategy 4.4.2. Data Access & Sharing

*Foster collaborations to broadly expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes*

Tactics:

- Increase data interoperability between federal partners, states, tribes and territorial partners, non-profit organizations, and health information exchange networks to facilitate shared understanding, application, and utility.
- Expand data sharing with state and local health departments, healthcare provider groups, clinical and patient care agencies, consortia developing regional health information exchanges, safety net providers, and other community-based organizations.
- Facilitate data sharing and access to HHS publicly available data by developing public facing platforms and repositories, and to maximize their value ensure they are easy to find, user-friendly, and in machine- readable format.
- Partner with academic research institutes to catalogue and provide access to the Department's data inventory that matches what researchers need to investigate health inequity across communities and the policy impacts on those inequities.
- Foster U.S. and international collaborations to broadly expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes.
- Develop a nationally representative all payer claims database that can be used by providers, consumers, researchers, and policymakers to develop new evidence on the impact of specific types of care on access to care, quality of care and the costs of care for different population subgroups.
- Collaborate and coordinate across HHS Divisions and with other federal departments, states, tribal health facilities, Urban Indian Organizations, and others to improve American Indian/Alaska Native healthcare and status data collection to identify and share best practices to enhance the quality and quantity of American Indian/Alaska Native federal health information system data, including the expansion of social well-being, equity, economic resilience, and population comparison data.

### Strategy 4.4.3. Inequities

*Improve data collection and conduct evaluations to understand the drivers for inequities in health outcomes, social well-being, and economic resilience*

Tactics:

- Better engage and include community stakeholders and those with lived experience into the policymaking, program improvement, and research processes.

- Integrate social determinants of health data into surveillance systems, electronic health records, clinical decision supports, and other data collection points to improve knowledge and ensure equitable access to quality care and service delivery.
- Ensure HHS-funded projects and research studies assess disparities in outcomes in the use of health or human services, including social determinants of health and while protecting personally identifiable information.
- Support expanded research in various settings and among federal agencies to establish the evidence base for community and system level social determinants of health interventions to achieve health equity for historically underserved communities.
- Evaluate healthcare utilization, screening, treatment, and survivorship to identify disparities in health outcomes of individuals belonging to multiple underserved groups to inform program improvement and policy development.

#### **Strategy 4.4.4. Decision Making**

*Strengthen capacity and the use of evaluations at HHS to inform evidence-based decision making*

Tactics:

- Engage in a systematic approach towards building capacity for evaluation and related analyses to ensure the Department is supporting programs that effectively improve the health and well-being of those it serves.

## 5. Strategic Management

*Advance Strategic Management to Build Trust, Transparency, and Accountability*

**Stakeholder(s)**

**HHS Divisions :**

*Within HHS, all divisions are working to achieve Strategic Goal 5.*

HHS is dedicated to advancing strategic management across the Department to build trust, transparency, and accountability. A major focus of the Department is promoting effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices. HHS sustains strong financial stewardship of resources to foster prudent use of resources, accountability, and public trust. HHS works to uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission. The Department also ensures the security of HHS facilities,

technology, data, and information, while advancing environment-friendly practices. | Related Executive Orders (EO) and White House Action Plans and Memoranda:

- EO 13800: Strengthening the Cybersecurity of Federal Networks and Critical Infrastructure
- EO 13859: Maintaining American Leadership in Artificial Intelligence
- EO 13960: Promoting the Use of Trustworthy Artificial Intelligence in the Federal Government
- EO 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government
- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation
- EO 13991: Protecting the Federal Workforce and Requiring Mask-Wearing
- EO 14025: Worker Organizing and Empowerment
- EO 14028: Improving the Nation's Cybersecurity
- EO 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders
- EO 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce
- EO 14041: White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity Through Historically Black Colleges and Universities
- Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking
- Memorandum Condemning and Combating Racism, Xenophobia, and Intolerance Against Asian Americans and Pacific Islanders in the United States
- Path Out of the Pandemic: President Biden's COVID-19 Action Plan

## 5.1. Goals

*Promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices*

HHS is supporting strategies to promote effective enterprise governance and ensure programmatic goals are achieved. HHS is strengthening governance, enterprise risk management, and strategic decision making across the Department to better pursue opportunities and address risks while creating a culture of change to support continuous improvement in program and mission delivery. Below is a selection of strategies HHS is implementing.

### Stakeholder(s):

#### HHS Divisions :

*Contributing OpDivs and StaffDivs: All OpDivs and StaffDivs contribute to achievement of this Objective.*

### Strategy 5.1.1. Governance, Risk & Decision Making

*Strengthen governance, enterprise risk management and strategic decision making across HHS to better pursue opportunities and address risks*

Tactics:

- Mature, integrate, and apply an Enterprise Risk Management (ERM) Framework across the Department and its Divisions to guide collaborative governance within the federated operating environment, leading to more risk informed strategic decision making.
- Strengthen the strategic management and planning capacity of the Department and its Divisions to accelerate programmatic impact to improve health, public health, and human services outcomes.



### Strategy 5.1.2. Culture

*Create a culture of change at HHS to support continuous improvement in program and mission delivery*

Tactics:

- Foster the development and success of “communities of practice” and bodies of knowledge throughout the Department to share information, best practices, and create opportunities to cross organizational boundaries to create innovative, responsive solutions.
- Facilitate collaboration and coordination to increase the use of change management, strategic management, and human-centered design tools and techniques to improve customer experience and program and project management across HHS.

## 5.2. Financial Stewardship

*Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust*

HHS supports strategies to sustain strong financial stewardship of resources. The Department continues to strengthen the financial management environment to prevent and mitigate deficiencies. HHS is focused on upholding accountability, transparency, and financial stewardship of HHS resources to ensure program integrity, effective internal controls, and payment accuracy. The Department is also building an enhanced financial management workforce that is better able to keep pace with changing contexts. Below is a selection of strategies HHS is implementing.

### Stakeholder(s):

#### HHS Divisions :

*Contributing OpDivs and StaffDivs: All OpDivs and StaffDivs contribute to achievement of this objective.*

### Strategy 5.2.1. Deficiencies

*Continue to strengthen the financial management environment to prevent and mitigate deficiencies*

Tactics:

- Leverage artificial intelligence and robotic process automation to improve quality and timeliness of key financial management business processes.
- Engage quality improvement principles to review key business processes and identify opportunities to manage risk and improve outcomes in areas such as financial management, grants management, and acquisitions.
- Build structures to continue transforming financial processes from manual to digital for faster, more accurate workflows at all levels of the organization.
- Facilitate continued collaboration across public and private sectors to adopt and advance nationally supported standards, implementation specifications, and certification criteria.
- Support the integrated business intelligence framework to provide complete, accurate, and timely information to stakeholders in real time.
- Promote the application of financial management policies and procedures to include best practices across HHS to ensure sound internal controls.

### Strategy 5.2.2. Accountability, Transparency & Stewardship

*Uphold accountability, transparency, and financial stewardship of HHS resources to ensure program integrity, effective internal controls, and payment accuracy*

Tactics:

- Implement governance structures to provide accurate and timely financial information that demonstrates HHS accountability to stakeholders and facilitates data-driven operational, budget, and policy decisions that enhance equity for all.
- Strengthen program integrity methods to better prevent fraudulent or improper payments by maintaining and improving oversight programs related to early detection and prevention.
- Invest in technical assistance, capacity-building, and burden reduction to strengthen program outcomes while ensuring program integrity, fiscal discipline, including helping grant recipients improve financial acumen, enterprise risk management, internal controls, and efficient operating policies and procedures to promote equitable access to financial assistance funding, while preventing fraud, waste, and abuse.
- Focus and prioritize audits (such as grantee single audits, Department financial audit, Office of the Inspector General and Government Accountability Office programmatic audits) to increase accountability of HHS programs.
- Define standards of excellence for the HHS financial community and implement a framework for measuring and monitoring success.
- Collaborate across HHS and the private sector to align health information technology investments and advance consensus-based nationally supported standards, implementation specifications, and health information technology certification criteria to improve interoperability of systems and the access, exchange, and use of electronic health information.

### Strategy 5.2.3. Workforce

*Build an enhanced financial management workforce able to keep pace with changing contexts*

Tactics:

- Address financial management workforce infrastructure to focus on adaptations to new technologies and skill requirements, recruitment, and retention.
- Develop training strategies for financial management that improve the transfer of knowledge and sharing of best practices and process across HHS.
- Support financial analysis knowledge management by promoting an accessible repository of financial resources, directives, instructive documents, and standard operating procedures from across HHS.
- Strengthen communities of practice for the federal financial management workforce to improve capability, recruitment, retention, and succession planning across the enterprise.

#### **Stakeholder(s):**

**HHS Financial Management Workforce**

## 5.3. Human Capital

*Uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission*

HHS supports strategies to uphold effective and innovative human capital resource management. HHS is focused on building and sustaining a strong workforce through improved recruitment, hiring, and retention efforts. The Department is leveraging training and professional development opportunities to develop and manage a high-performing workforce while providing leaders and managers with the insight and tools to

effectively carry out change management, organizational learning, and succession planning. Below is a selection of strategies HHS is implementing.

**Stakeholder(s):**

**HHS Divisions :**

*Contributing OpDivs and StaffDivs: All OpDivs and StaffDivs contribute to achievement of this objective.*

**HHS Workforce**

**Strategy 5.3.1. Recruitment, Hiring & Retention**

*Build and sustain a strong workforce through improved recruitment, hiring, and retention efforts*

Tactics:

- Develop and implement the HHS Diversity, Equity, Inclusion and Accessibility (DEIA) Strategic Plan to advance diversity, equity, inclusion, and accessibility in the HHS workforce and remove any potential barriers to diversity, equity, inclusion, and accessibility in the workforce, including establishing a framework to address workplace harassment.
- Leverage incentives and flexibilities to enhance the Department's competitiveness in the job market, and develop mechanisms to the recruitment, hiring, and retention of a high-caliber and qualified workforce.
- Increase diverse demographic representation and promotion outcomes by partnering with hiring managers and leveraging data to make informed decisions regarding recruitment, promotion, and retention strategies consistent with Merit System Principles.
- Facilitate regular engagement between hiring managers, human resources professionals, leaders, and other stakeholders, and support collaborations with public, private, and academic sectors to advance opportunities to recruit, support, and train an ethnically, socially, and experientially diverse workforce.
- Invest in diversity and inclusion efforts, including Employee Resource Groups and interest groups, to increase involvement and participation of the workforce in cultivating a culture of inclusion and equity across the Department.

### Strategy 5.3.2. Training & Professional development

*Leverage training and professional development opportunities to develop and manage a high-performing workforce*

Tactics:

- Ensure better performance and greater job satisfaction by fostering a performance-focused culture aimed at bolstering existing skillsets and competencies while closing the mission-critical skill gap in emerging areas of high value, including both technical and soft skills, that benefit employees in advancing the mission of HHS.
- Increase leaders' and managers' accountability for delivering results in improving diversity and equity outcomes in their hiring practices and promoting a culture that supports employees in identifying, accessing, and receiving professional development opportunities that are unique to their career needs and aspirations.
- Increase access to diversity and inclusion training and developmental opportunities for HHS leaders, managers, and staff to foster a culture of inclusion and equity among an increasingly diverse workforce.

**Stakeholder(s):**

**HHS Workforce**

### Strategy 5.3.3. Insight & Tools

*Provide leaders and managers with the insight and tools to effectively carry out change management, organizational learning, and succession planning*

Tactics:

- Modernize human resource systems, policies, and processes using data and best practices for effective recruitment, staffing, retention, and workforce planning.
- Apply best practices in change management to improve how employees are managed and supported in today's fast-changing workplace environment, contributing to recruitment and retention efforts while promoting transparency, trust, and accountability across the organization.
- Facilitate engagement, collaboration, and communication between HHS leaders, managers, and employees in ensuring a work environment that promotes inclusive policies and flexibilities, such as work schedule flexibilities and remote work opportunities, that are responsive to the Department's evolving needs.
- Promote succession planning for mission-critical occupations to increase organizational resilience and effectiveness by facilitating the regular transfer of institutional knowledge among the workforce.
- Take a data-driven approach to advancing policies that promote diversity, equity, inclusion, and accessibility within the HHS workforce, while protecting the privacy of employees and safeguarding all personally identifiable information and protected health information.
- Support, coordinate, and encourage HHS efforts to conduct research, evaluation, and other evidence-building activities to identify leading practices, and other promising practices, for broadening participation and opportunities for advancement in HHS employment, and to assess and promote the benefits of diversity, equity, inclusion, and accessibility for Federal performance and operations and barriers to achieving these goals.

#### Stakeholder(s):

HHS Leaders

HHS Managers

### 5.4. Security & Environment

*Ensure the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices*

HHS supports strategies to ensure the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices. HHS is focused on shifting the culture of data use across the enterprise to maximize the power of data. The Department is leveraging modernization as a gateway to strengthened cybersecurity and enhanced risk management. HHS also captures and applies lessons learned from real-world experiences to strengthen operational resilience. Below is a selection of strategies HHS is implementing.

#### Stakeholder(s):

**HHS Divisions :**

*Contributing OpDivs and StaffDivs: All OpDivs and StaffDivs contribute to achievement of this objective*

#### Strategy 5.4.1. Data

*Strategically shift the culture of data use across the enterprise towards sharing data to maximize the power of data*

Tactics:

- Evaluate the behaviors, risk-framework, and incentive structure around data sharing and increase the value of data to be an enterprise-level asset for the Department.

- Advance effective data management and ethical data use across the Department by addressing essential elements related to data integrity, quality, privacy, and security.
- Create and utilize strategic frameworks for the trustworthy and ethical deployment of artificial intelligence and machine learning solutions across the Department.

### Strategy 5.4.2. Cybersecurity & Risk Management

*Leverage HHS modernization as a gateway to strengthened cybersecurity and enhanced risk management*

Tactics:

- Modernize legacy information technology infrastructure, processes, and systems and deploying emerging technologies, such as artificial intelligence and machine learning, and zero trust to drive greater operational visibility into potential vulnerabilities across the Department.
- Align information security risk management and information technology modernization efforts with enterprise risk management by sharing opportunities and risks among information security and privacy, information technology, and other management disciplines, which will help HHS to ensure that information security and information technology modernization initiatives directly support mission priorities and HHS stakeholders, and consistently meet mandated requirements.
- Continually improve staff awareness of HHS risk posture and cybersecurity threats through awareness programs.

### Strategy 5.4.3. Resilience & Continuity

*Capture and apply lessons learned from real-world experiences to strengthen operational resilience and continuity to deliver the HHS mission*

Tactics:

- Ensure the continuity of government by protecting employees and safeguarding HHS physical and digital assets during natural or man-made events through viable Continuity of Operations and Occupant Emergency Plans. Implement best practice security measures when modernizing and remodeling workspaces.
- Strategically hire, train, equip and empower the appropriate workforce charged with ensuring the safety and security for all HHS employees, visitors, and assets.

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### Submitter:

**Given Name:**      **Surname:**

**Email:** [HHSPlan@hhs.gov](mailto:HHSPlan@hhs.gov)

**Phone:**

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[www.turnkey.com.au](http://www.turnkey.com.au)