

## **HHS Strategic Plan (2014-2018)**

### **Draft for Public and Congressional Consultation**

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## ***Introduction***

### **Mission**

65 The mission of the U.S. Department of Health and Human Services (HHS) is 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.

70 HHS accomplishes its mission through programs and initiatives that cover a wide spectrum of activities, serving the American public at every stage of life.

### **Organization**

75 HHS is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is responsible for almost a quarter of all federal expenditures and administers more grant dollars than all other federal agencies combined.

Eleven operating divisions, including eight agencies in the United States Public Health Service and three human service agencies, administer HHS's programs. In addition, staff divisions provide leadership, direction, and policy management guidance to the Department.

### **Working with Other Governmental, Nongovernmental, and Private Partners**

80 Through its programming and other activities, HHS works closely with state, local, and U.S. territorial governments. The federal government has a unique legal and political government-to-government relationship with tribal governments and a special obligation to provide services for American Indians and Alaska Natives based on these individuals' relationship to tribal governments. HHS works with tribal governments and with urban Indian and other  
85 organizations to facilitate greater consultation and coordination between state and tribal governments on health and human services.

HHS also has strong partnerships with the private sector and nongovernmental organizations. The Department partners with the private sector, such as regulated industries, academic institutions, trade organizations, and advocacy groups. The Department leverages resources from organizations and individuals with shared interests to enable us to accomplish our mission through strategies that minimize burden and increase the benefits to the American public. This occurs through faith-based and neighborhood partnerships as well as grantees in the private sector, such as academic institutions and community-based nonprofit organizations, which provide many services at the local level. HHS collaborates with other federal departments and international partners to ensure the maximum impact for the public.

### Strategic Plan Development

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

Each of the Department's operating and staff divisions contributed to the development of the Strategic Plan, as reflected in goals, objectives, strategies, and performance indicators. A workgroup with liaisons from across the Department ensured that the Strategic Plan aligns with the Department's annual GPRA reporting in Congressional Budget Justifications and the Summary of Performance and Financial Information, which together fulfill HHS's annual GPRA performance reporting requirements. This Strategic Plan also aligns goals and objectives with priorities of the Administration and the Secretary of HHS, as well as with Departmental and agency priorities.

### Strategic Plan Structure

Chapters 1 through 4 represent four strategic goals:

Goal 1: Strengthen Health Care

Goal 2: Advance Scientific Knowledge and Innovation

Goal 3: Advance the Health, Safety, and Well-Being of the American People

Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

Each chapter presents strategic goals and objectives for the major functions of HHS. Primary strategies for accomplishing HHS's goals are presented within each objective.

Although the goals and objectives presented in the Strategic Plan are separate sections, they are interrelated, and successful achievement of one goal or objective can influence the success of others. Research, evaluation, and innovation (Goal 2) are essential for a strong system of health, public health, and human services (Goals 1 and 3). Program integrity and a strong workforce (Goal 4) are essential to promote health and well-being.

Appendix A provides an organizational chart for HHS; Appendix B describes HHS operating and staff divisions and their primary functions.

### External Risk Factors

The GPRA Modernization Act also requires that agencies identify “key factors external to the agency and beyond its control that could significantly affect the achievement of the strategic goals.” HHS agencies and offices have identified a number of economic, demographic, social, and environmental risk factors; these factors are included in the narratives at the beginning of each goal chapter. These risks include shifts in demographics in the general population and in the health, public health, and human services workforce; the new global regulatory environment; increased and changing demand for services; and challenging fiscal conditions at the state and local levels.

### Goal 1: Strengthen Health Care

In March 2010, the President signed the Patient Protection and Affordable Care Act (P.L. 111–148) and the Health Care Reconciliation Act (P.L. 111–152) into law, collectively referred to as the Affordable Care Act. The Affordable Care Act increases access to care, makes health insurance more affordable, strengthens Medicare, and ensures that Americans have more rights and protections – and more security that health insurance coverage will be available when it is needed. The Affordable Care Act has also given states the option to expand access to Medicaid for low income adults and families. The federal government will pay for 100% of the costs of covering newly eligible adults for three years beginning in 2014 and will never pay less than 90% of the costs.

HHS is responsible for implementing many of the provisions included in the Affordable Care Act that seek to expand coverage, emphasize prevention, improve the quality of health care and patient outcomes across healthcare settings, promote efficiency and accountability, ensure patient safety, and work toward high-value health care. The [Health Insurance Marketplace](#), also known as Exchanges, will help consumers find health insurance that fits their budget. Every health insurance plan in the Marketplace will offer core benefits and increased protections from high out-of-pocket expenses, and consumers will be able to compare their insurance options based on price, benefits, and quality. Lower- and moderate- income families and many small businesses will be eligible for financial assistance to help pay for health insurance. In addition to increased coverage options, the Affordable Care Act prevents insurance companies from forcing families into bankruptcy because of an annual or lifetime limit on benefits, and it makes it illegal for them to discriminate against anyone because of a pre-existing condition. The goal is to lower overall healthcare costs by improving health status among individuals and communities.

HHS is providing the American public with the means to make more informed choices about their health care through resources such as [HealthCare.gov](#), which provides information about health insurance options. HHS is developing evidence-based tools, healthcare provider incentives, and payment reforms that support the delivery of high-quality, effective, and efficient healthcare services; expanding coordinated care through integrated care models; and promoting

165 the meaningful use of electronic health records. HHS also is working to reduce disparities in health and access to health care among vulnerable populations.

170 Within HHS, the following agencies are working to strengthen health care: Administration for Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Office of the Assistant Secretary for Preparedness and Response (ASPR), Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), Office of Medicare Hearings and Appeals (OMHA), and Substance Abuse and Mental Health Services Administration (SAMHSA). HHS  
175 offices supporting the coordination of efforts across the Department include the Office of the Assistant Secretary for Financial Resources (ASFR), Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Office of the Assistant Secretary for Health (OASH), Office for Civil Rights (OCR), and Office of the National Coordinator for Health Information Technology (ONC).

## Objective A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured

The Affordable Care Act is making health insurance coverage more secure, reliable, and more affordable for families, small business owners, and employees. HHS is committed to strengthening and sustaining Medicare, Medicaid, and Children's Health Insurance Program (CHIP), as well as connecting all Americans with quality health care and access to affordable health insurance options through the [Health Insurance Marketplace](#).

Already, millions of Americans benefit from Affordable Care Act provisions. According to the Census Bureau, 48.6 million people in the U.S. were uninsured in 2011, a statistically significant decrease from the nearly 50 million people uninsured in 2010. Recommended preventive services and screenings are now covered by new health plans with no cost sharing, and young adults under age 26 have coverage under their parents' health insurance. The percentage of uninsured young adults declined from 29.8 percent in 2010, to 27.7 percent in 2011.

In implementing the Affordable Care Act, HHS is helping ensure that a Health Insurance Marketplace is established in every state, to reduce the number of uninsured and help eligible individuals receive assistance with the cost of health insurance. HHS is providing guidance, resources, and flexibility for states to enable them to construct competitive, affordable insurance Marketplaces that best meet the needs of their citizens – and is working with states as they expand Medicaid coverage to more low-income Americans. An estimated additional 25 million people will obtain health coverage by 2016 as a result of the policies and provisions of the Affordable Care Act.

HHS is building partnerships among issuers, consumers, communities and other stakeholders, and is working with state insurance agencies to increase oversight activities to strengthen consumer protections against private insurance abuses. The health insurance website at [HealthCare.gov](#) empowers consumers to make informed healthcare decisions about options available to them in their state, while promoting market competition.

Within HHS, ACL, AHRQ, CDC, CMS, IHS, OASH, and ONC will have roles in implementing the following strategies to achieve this objective.

### Strategies

- Help establish state-based Health Insurance Marketplaces in every state to expand access to coverage for individuals and small businesses, reduce administrative expenses, and increase competition;
- Provide coverage with premium- and cost-sharing assistance through the Health Insurance Marketplace for people who cannot afford to purchase insurance on their own;
- Work with states to expand Medicaid coverage to more low-income Americans;
- Reduce the prescription drug coverage gap (the “donut hole”) for those receiving the Medicare Prescription Drug benefit;
- Maximize the participation of small businesses and eligible individuals in affordable health insurance coverage by helping them understand insurance options and providing a simplified enrollment process that is coordinated between the Marketplaces, Medicaid, and CHIP;

- 220 • Work with states, communities, private organizations, and grantees to provide outreach and enrollment assistance, and to enforce the market reform provisions of the Affordable Care Act;
- 225 • Use the increased resources and policy options available through the Children’s Health Insurance Program Reauthorization Act of 2009 (P.L. 111-3) and the Affordable Care Act to augment the ability of states to identify and enroll approximately five million children who are eligible for coverage through Medicaid or CHIP but have not enrolled;
- 230 • Consult with Tribes and tribal organizations to provide outreach, information, and assistance to ensure that American Indians and Alaska Natives are aware of and can benefit from Indian-specific and generally applicable provisions of the Affordable Care Act, as well as benefits available under the [Indian Health Care Improvement Act](#) (P.L. 94-437).
- 235 • Make health insurance more affordable by working with states to establish a rate review process that identifies and reviews unreasonable rate increases by health insurance plans, prohibiting discriminatory premium rates based on health status, occupation, or gender, protecting issuers against the financial risk of enrolling a disproportionate number of individuals with significant medical needs, and requiring insurance companies to spend at least 80% of health insurance premiums on medical care, not on profits and overhead;
- 240 • Increase consumer protections in the private health insurance market by requiring new health plans to implement an appeals process for coverage determinations and by prohibiting insurers from placing lifetime limits on essential health benefits, denying coverage based on pre-existing conditions, and dropping people from coverage when they get sick;
- 245 • Enhance [HealthCare.gov](#), which empowers consumers to make informed choices about healthcare options;
- 250 • Collect data to assess the Affordable Care Act’s effect on coverage of vulnerable populations, the impact on out-of-pocket expenses on the non-elderly, and how coverage obtained through the Health Insurance Marketplaces may affect access to care for those previously insured, and use these analyses to adjust Affordable Care Act programs to maximize their effectiveness; and
- Improve access to mental health and substance abuse disorder treatment services through implementation of the Mental Health Parity and Addiction Equity Act (P.L. 110-343).

## Objective B: Improve healthcare quality and patient safety

As reported in the [National Quality Strategy](#), healthcare-related errors harm millions of American patients each year and needlessly add billions of dollars to healthcare costs. CDC estimates that more than one million healthcare-associated infections occur each year, at a cost of approximately \$30 billion annually. Adverse drug events are estimated to cause more than one million emergency department visits and 125,000 emergent hospital admissions, impacting approximately 1.9 million hospital stays each year. The cost of treating patients who are harmed by adverse drug events is estimated to be as high as \$5 billion annually.

To help Americans receive the best possible health care, HHS is taking action to protect patient safety and improve quality – of medical products and devices, and of care provided in various healthcare settings and by various practitioners. HHS also is working to improve communication between providers and patients to support informed engagement, quality, and safety.

Research and evaluations inform our understanding of where our efforts can have the greatest impact. Internally, and in partnership with leading academic institutions, hospitals, physicians' offices, healthcare systems, and other settings, HHS health services research investigates how people get access to health care, how much care costs, and what happens to patients as a result of the care they receive. HHS produces and disseminates scientific information, evidence-based tools, recommended clinical practices, and other guidelines to facilitate healthcare organizations' efforts to promote a culture of patient safety and optimize patient outcomes. Applied research tests new strategies to protect patients from [healthcare-associated infections](#), antibiotic resistance, and other adverse events.

In practice, HHS employs a range of strategies to ensure the safety of patients and the quality of health care across settings. For example, Medicare evaluations are informing HHS's efforts to improve the quality of care in nursing homes. [Surveillance and laboratory services](#) quickly detect infections and outbreaks. [Federally-funded Health Centers](#) and Ryan White Programs promote quality and patient safety through their distinctive models of care. [Meaningful use of health information technology](#) and [payment incentives to providers](#) further ensure patient safety. Public awareness campaigns promote safe medication use and tackle prescription drug abuse. HHS provides leadership in the identification and reporting of important behavioral health quality measures and measures of access to healthcare services. Healthcare professions training programs help to strengthen the quality of the healthcare workforce. Technical assistance and training materials for nursing homes help improve the quality of care for vulnerable older Americans.

Within HHS, ACL, AHRQ, ASA, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, ONC, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

### Strategies

- Strengthen individual and family engagement as partners in their care by incorporating patient and caregiver preferences and clear and productive communication strategies, improving the experience of care for patients, caregivers and families, integrating health literacy principles, and promoting patient self-management;



- Educate healthcare professionals about [health disparities, cultural competencies, and health literacy](#) as part of a curriculum to promote a culture of safety and quality;
- Identify innovative solutions to minimize harm in all settings, by engaging local front-line providers, patients, and families in multi-stakeholder meetings;
- Invest in health services research to identify the most effective ways to organize, manage, finance, and deliver high quality care, reduce medical errors, and improve outcomes;
- Implement Learning and Action Networks to share best practices for promoting quality, patient safety, prevention, health literacy, and improved care transitions;
- Develop new collaborative models of care that incentivize team-based practice and reduce inappropriate care, and use evidence-based medicine to reduce harm and improve outcomes;
- Work with states to design and test incentives to provide more effective and efficient care, including better coordination of care for Medicare-Medicaid enrollees;
- Implement payment reforms that reward quality care (e.g., care related to provider-preventable conditions), and work with physicians and other care providers and across the public and private sectors;
- Improve the quality of, safety of, and access to care in the IHS healthcare system, long-term services and supports settings, behavioral health services, and acute care hospitals, and through state health departments;
- Assist professional organizations with developing clinical practice guidelines that address care for individuals with multiple chronic conditions to improve their overall health outcomes and reduce adverse events, including medication errors, while respecting patients' goals for their care;
- Educate health care professionals about providing optimal care to and care coordination for individuals with multiple chronic conditions, to improve health status and reduce risks for adverse medical events such as medication error;
- Enhance coordination of Medicare and Medicaid to improve quality, cost, and coordination of care, including behavioral health and long-term services and supports, for Medicare-Medicaid enrollees with chronic conditions and functional impairments;
- Facilitate public and private collaborations to promote safe medication use by identifying specific, preventable medication risks and developing, implementing, and evaluating cross-sector interventions with partners who are committed to safe medication use;
- Increase access to [safe and effective medical products](#);
- Promote effective communication and coordination of care by supporting appropriate discharge planning and care transition, embedding best practices to manage transitions to all practice settings, and enabling effective healthcare system navigation;
- Improve care transitions, including transitions from the inpatient hospital setting to care settings such as the home or nursing homes, to improve quality of care and to reduce readmissions for high risk beneficiaries;
- Expand quality improvement efforts in Medicaid, Medicare, and CHIP and continue to utilize [Quality Improvement Organizations](#), such as [External Quality Review Organizations](#), as well as public reporting and payment changes, to foster reduction of hospital readmissions, hospital-acquired infections and other healthcare-acquired conditions;

- Promote the development and use of child and adult quality measures related to patient safety in the Medicaid, CHIP and Medicare programs;
- Link quality measurement to clinical decision support to help providers more effectively use both to improve health care safety and quality;
- Support the collection of data in order to identify and target issues of harm and inappropriately delivered care within a community or practice location;
- Improve surveillance, domestically and abroad, of adverse events, errors, or near misses in blood, organ, and tissue procedures, transplant-associated parasitic infections, urgent [antimicrobial resistance](#), drug and medical product safety problems, and other major breaches in infection prevention in healthcare;
- Improve surveillance in hospital and non-hospital settings, such as outpatient clinical settings, emergency care, and nursing homes, to identify sources of and control of healthcare-associated infections and other nationally notifiable diseases; and
- Implement new projects under the Health Information Technology Patient Safety Program to promote the healthcare industry's use of health information technology to make care safer, and to improve the safety of health information technology.

### Objective C: Emphasize primary and preventive care, linked with community prevention services

Primary care and public health services are vital components of high quality health care. Community-based services that support health promotion, such as exercise programs, educational classes, self-management training, and nutrition counseling are fundamental for supporting a healthcare system that provides better care for better health while lowering healthcare costs. Integrating primary health care and public health, including linking to community [prevention services](#), can promote efficiency, positively affect individual well-being, and improve population health.

The Affordable Care Act provides a unique opportunity to maximize the value of America's health investment by integrating public health and health care. HHS aims to improve public health surveillance and collect more complete and accurate data, and link clinical care and supportive community-based services and policies. These efforts will improve our ability to reach high-risk populations and support the delivery of comprehensive, culturally acceptable, easily navigated services.

HHS is increasing consumer and provider awareness of recommended preventive screenings and services covered by new health plans without cost-sharing under the Affordable Care Act. The website [healthfinder.gov](http://healthfinder.gov) offers comprehensive, evidence-based, and actionable wellness information and tools to the public. Easy to use, personalized consumer guidance about clinical preventive services covered under the Affordable Care Act can be found at [HealthFinder](#) directly and through links at [HealthCare.gov](http://HealthCare.gov). HHS, through the Center for Medicare and Medicaid Innovation ([Innovation Center](#)) at CMS, has introduced a range of initiatives to support care coordination practices and population-based care. The [patient-centered medical home](#) is one example of a new model that HHS is testing to strengthen healthcare delivery. [Patient-centered medical homes](#) utilize a team-based approach, while emphasizing prevention, [health information technology](#), care coordination, and shared decision making among patients and their providers.

Within HHS, ACL, AHRQ, CDC, CMS, HRSA, IHS, OASH, ONC, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

#### Strategies

- Support rapid communication and coordination between public health practitioners and clinicians to increase use of evidence-based prevention strategies to address risk factors for disease and health conditions;
- Assist state and community efforts to prevent disease, detect it early, manage conditions before they become severe, and provide states and communities the resources they need to promote healthy living;
- Ensure quality delivery of recommended clinical preventive services through the entire continuum from preventive service through diagnostic follow up and treatment;
- Increase the emphasis of [Federally-funded Health Centers](#) on providing preventive services and linking with the public health community;

- Promote Medicare and Medicaid payment and delivery system and health information policies (including [Accountable Care Organizations](#) and [patient-centered medical homes](#)) that value primary care, care management services, and prevention and wellness, throughout the continuum of care;
- Increase access to comprehensive primary, preventive, and specialty services by expanding the number of officially recognized [patient-centered medical homes](#) for children, youth, and adults,
- Promote early entry into primary care, education, and coordinated services for pregnant women and infants;
- Explore pathways to support primary prevention activities to control or eliminate health hazards in housing before people, particularly vulnerable populations such as children and older adults, are affected;
- Promote effective prevention and treatment of chronic disease by increasing the appropriate use of screening and prevention services, particularly for cancer, heart disease and stroke, chronic lower respiratory disease, and unintentional injury;
- Promote development and implementation of preventive health and public health systems approaches that improve the quality of care for, and prevent new chronic conditions among, persons with [multiple chronic conditions](#);
- Expand community-based prevention programs to help improve the health and quality of life of individuals with, and at risk for, chronic diseases and conditions and functional impairments, including mental health problems;
- Increase the use of important preventive services by promoting their availability, monitoring their uptake, and building improvement programs related to them into contracts with [Quality Improvement Organizations](#) and [End Stage Renal Disease Networks](#); and
- Disseminate best practices for use of substance abuse screening and intervention in acute healthcare settings, including screening for excessive alcohol use and brief intervention.

## Objective D: Reduce the growth of healthcare costs while promoting high-value, effective care

Healthcare costs consume a significant amount of our Nation's resources. In the United States, one source of inefficiency is a payment system that rewards medical inputs rather than outcomes, has high administrative costs, and lacks focus on disease prevention. HHS, through the [Innovation Center](#) at CMS, established by the Affordable Care Act, is designing, testing, and evaluating new models of payment and service delivery in the Medicare, Medicaid, and CHIP programs.

The Affordable Care Act is lowering costs for American families and individuals through insurance market reforms that ensure access to preventive care. Through the implementation of healthcare reform, HHS is promoting better care coordination across providers and settings and is empowering informal caregivers who can effectively provide valuable support to their family. CMS is implementing payment reforms to leverage the purchasing power of Medicare and Medicaid and to build an innovative, high-value system that delivers high-quality and efficient care. For example, CMS is establishing value-based payment policies, programs, and initiatives that recognize and reward providers for delivering high-quality and efficient care. Also under the Affordable Care Act, CMS established the Federal Coordinated Health Care Office ([Medicare-Medicaid Coordination Office](#)), which is charged with better integrating Medicare and Medicaid services to improve coordination between Federal and State governments to ensure full access to entitled benefits.

The Department continues its work to identify and promote high-value interventions that yield healthcare savings while building the evidence base healthcare providers, insurers, consumers, states, and policymakers need to improve patient outcomes and reduce disparities in costs and quality between population groups and regions. CMS Innovation Center initiatives will provide a valuable source of information about payment and service delivery models that help improve population health, quality of care, and total cost of care.

Within HHS, AHRQ, CDC, CMS, HRSA, IHS, NIH, ONC, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

### Strategies

- Design, implement, and evaluate healthcare provider value-based payment programs and initiatives that encourage the delivery of high quality and efficient healthcare services throughout the continuum of care;
- Create aligned incentives across Medicaid and Medicare to support healthcare innovation, the development of innovative, person-centered service delivery and payment models that improve quality, increase coordination of care, including long-term services and supports and behavioral health care, and reduce costs;
- Develop, test, refine, and expand successful models that incentivize healthcare providers to become accountable for a patient population and to invest in infrastructure and

redesigned care processes for high quality and efficient service delivery, which include promoting enhanced primary care and bundled payments;

- Improve accessibility and integration of healthcare databases so researchers can identify cost-saving, health-protective, and quality-enhancing practices;
- Improve management of cost information to identify key drivers of high costs and reduce delivery of ineffective and inappropriate care;
- Produce the measures, data analytic tools, and evidence that healthcare providers, insurers, purchasers, states, and policymakers need to improve the quality, value, and affordability of health care and to reduce disparities in costs and quality between population groups and regions;
- Promote quality care for patients by providing data, evidence-based science and guidelines to prevent costly healthcare-associated infections (such as central line-associated bloodstream infections and catheter-associated urinary tract infections) and re-admissions that add to Medicare and Medicaid costs;
- Harness the best ideas from internal and external partners in the community to design, develop, test, and evaluate the most promising innovative payment and service delivery models that encourage high-value, effective care;
- Accelerate diffusion of best practices and successful models by using multiple vehicles to spread knowledge, encouraging model participants to actively participate in dynamic learning networks, sharing early insights and feedback with stakeholders, and developing the operational infrastructure needed to scale models rapidly and efficiently;
- Implement and evaluate the [Medicaid Health Home](#) program, which allows states to build a person-centered health home that integrates and coordinates primary, acute, behavioral health, and long-term services and supports for individuals with chronic conditions, resulting in improved outcomes for beneficiaries and better services and value for Medicaid and other programs, including mental health and substance abuse agencies;
- Evaluate the impact of the [End-Stage Renal Disease Quality Incentive Program](#), a value-based purchasing initiative, to learn from it and expand the model to other care settings; and
- Increase the use of cost-effective remote patient monitoring and [telehealth](#) mechanisms to make specialized and emergency care more available to American Indians and Alaska Natives and other vulnerable and underserved populations.

**Objective E: Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations**

Health disparities among racial and ethnic minority populations persist in the U.S. With the growing diversity of the U.S. population, public health and healthcare providers are increasingly called on to address an individual's social and cultural backgrounds and language or communication needs. Providing culturally and linguistically appropriate care and services can increase the quality and effectiveness of care and services, improve patient satisfaction and compliance, and reduce racial and ethnic health disparities.

Whether it is promoting health for racial and ethnic minorities, children, older adults, people with disabilities, uninsured people, rural populations, persons with Limited English Proficiency or limited health literacy skills, refugees and immigrants, or other historically underserved populations, HHS agencies are playing significant roles in promoting access to care, developing a diverse, culturally competent healthcare workforce, and preventing discriminatory practices.

Through the Affordable Care Act, HHS agencies are working to address health disparities experienced by minority and underserved populations who have historically had limited access to care and poor health outcomes. Coordinated team-based primary medical care with a mix of healthcare professionals, and coordination with public health across federal, state, and local agencies have been proven to improve the quality and effectiveness of care, and reduce healthcare disparities.

HHS released the first [Action Plan to Reduce Racial and Ethnic Health Disparities](#), which builds on the foundation of the Affordable Care Act and charges all HHS operating and staff divisions to heighten the impact of HHS policies and programs to reduce health disparities. The [Action Plan to Reduce Racial and Ethnic Health Disparities](#) focuses on reducing disparities in access to and the quality of care, increasing the diversity and cultural competency of the healthcare and public health workforces, investing in community-based programs to reduce disparities in population health, and increasing the availability and quality of data collected and reported on racial and ethnic minority populations.

HHS supports a number of programs to help develop, distribute, and retain a diverse, culturally competent [workforce](#) – one that is responsive to the evolving needs of the public health and healthcare system and special populations and skilled in productive communication. HHS also actively promotes the adoption and implementation of the enhanced [National Standards for Culturally and Linguistically Appropriate Services](#) in health and health care and the [National Action Plan to Improve Health Literacy](#).

HHS works to address the needs of vulnerable populations by providing awareness of, access to, and payment for high quality primary care and clinical preventive services, and strengthening the primary care workforce to meet the healthcare needs of the Nation. [Federally-funded Health Centers](#) deliver comprehensive, high-quality, cost-effective primary care to patients regardless of their ability to pay, and they advance the model of coordinated, comprehensive, and [patient-centered care](#), coordinating a wide range of medical, dental, behavioral, and social services for underserved populations. HHS is using the [patient-centered medical home](#) model to advance innovative patient care concepts across the HHS healthcare system. [Telehealth](#) and other health [information technology strategies](#) can support quality healthcare delivery in rural communities.



The Older Americans Act (P.L. 89-73) supports HHS's efforts for the aging population with nutrition and supportive home and community-based services, disease prevention and health promotion services, and elder rights programs. The Developmental Disabilities Assistance and Bill of Rights Act (P.L. 95-602) supports HHS efforts to assure that individuals with developmental and intellectual disabilities and their families participate in the design of and have access to needed long-term services and supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. HHS is addressing the community living service and support needs of both the aging population and individuals with disabilities, protecting their individual and civil rights, promoting consistency in community living policy across the federal government, and enhancing access to quality healthcare and long-term services and supports for those individuals.

Within HHS, ACF, ACL, AHRQ, CDC, CMS, FDA, HRSA, IHS, OASH, OCR, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

### *Strategies*

- Monitor access to, and quality of, care across population groups, and work with federal, state, local, tribal, urban Indian, and non-governmental actors to address observed disparities and to encourage and facilitate consultation and collaboration among them;
- Promote expanded access to high-quality, culturally competent healthcare services to improve health literacy and health equity, and address health disparities among populations including racial and ethnic minorities, individuals with disabilities, refugees, and people with Limited English Proficiency and limited health literacy skills;
- Help eliminate racial and ethnic disparities in health care by educating and training physicians, nurses, and allied healthcare professionals on disparities and cultural competency, while increasing workforce diversity in medical and allied healthcare professions;
- Improve access to care through implementation of health insurance market reforms, and prevention and correction of discriminatory actions and practices;
- Conduct outreach and education activities to promote the Health Insurance Marketplaces and expanded Medicaid coverage to minority, underserved, and vulnerable populations;
- Deliver the most appropriate range of services at [Federally-funded Health Centers](#), school-based health centers, [patient-centered medical homes](#), [Health Homes](#), and IHS-funded health programs to enhance access to comprehensive primary and preventive services for historically underserved areas;
- Improve access to mental health and substance abuse treatment services at parity with medical and surgical services;
- Promote access to primary oral healthcare services and oral disease preventive services in settings including [Federally-funded Health Centers](#), school-based health centers, and IHS-funded health programs;
- Leverage the nonprofit hospital [Community Health Needs Assessment](#) process, required by the Affordable Care Act, to improve community environments and related community health status;
- Implement the HHS Strategic Plan in a manner that involves consultation with Tribes; renews and strengthens our partnership with Tribes; also conferring with urban Indian



- 575 organizations and assuring that Plan processes are accountable, transparent, fair, and inclusive;
- Consult with communities experiencing health disparities such as low-income and environmental justice groups;
  - 580 • Evaluate the impact of Affordable Care Act provisions on access to and quality of care for vulnerable populations, as well as on disparities in access and quality;
  - Implement activities of the [HHS Language Access Plan](#), including training staff, consulting with stakeholders, conducting self-assessments, adopting effective methods for providing language assistance services, improving practices for reaching and serving populations with limited English proficiency, and notifying external stakeholders about the availability of language assistance services through the web, social media, or other outreach initiatives; and
  - 585 • Support programs that build the health literacy skills of children, youth, and their families, and promote proven methods of checking patient understanding to ensure patients understand health information, recommendations, and risk and benefit tradeoffs.

## Objective F: Improve health care and population health through meaningful use of health information technology

The meaningful use of health information technology (health IT) offers a range of potential benefits – including improved care coordination, fewer medical errors and improved healthcare quality, reduced healthcare costs, support for reformed payment structures, and improved population health. In addition, a strong health IT infrastructure can help ensure patients’ privacy and safety, guide clinical decisions, and promote prevention and patient engagement.

Health information technology supports many goals of the Affordable Care Act and the successful development and implementation of a nationwide health IT infrastructure where the electronic use and exchange of health information results in more effective, efficient healthcare delivery. In addition, the Food and Drug Administration Safety and Innovation Act (P.L. 112-144) calls for development of a report on an appropriate, risk-based regulatory framework for health IT that promotes innovation. The Health Information and Technology for Economic and Clinical Health (HITECH) provisions of the American Reinvestment and Recovery Act (P.L. 111-5) provided a significant investment to promote adoption and use of health information technology. Incentive payments have dramatically accelerated adoption of new electronic health record systems by doctors, hospitals, and other providers.

HHS supports a variety of initiatives to promote adoption of health IT and standards among healthcare providers. HHS is facilitating nationwide adoption and exchange of electronic health information by providing financial incentives for the Meaningful Use of certified electronic health records technology among eligible medical professionals and hospitals. This combination of better data through health IT and smarter incentives via delivery reform is foundational to HHS’s triple aim of improving healthcare quality, improving population health, and reducing unnecessary healthcare costs.

HHS also supports remote patient monitoring and telehealth technologies, which are helpful for serving rural and tribal communities. HHS also has developed a health history tool for patients and clinicians to assess disease risk based on family history. With a combination of processes and technologies packaged as [Blue Button](#), consumers can download their health data to improve their health and engage with providers about their records and create a more participative and collaborative care decision process.

Within HHS, AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, ONC, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

### Strategies

- Encourage widespread meaningful use of health IT by providers across the care continuum through incentives, grants, certification, and technical assistance;
- Use health IT to improve quality, safety, and preventive services across care settings;
- Use health IT to support the business requirements of alternative and innovative health delivery and payment models, e.g., [Accountable Care Organizations](#) and [patient-centered medical homes](#);
- Increase interoperable health information exchange by healthcare providers across public and private systems;

- Support electronic information exchange for notification and reporting among public health and clinical entities;
- 635 • Engage standards developers, health IT vendors, and other stakeholders to accelerate development, assure availability, and support effective use of consensus standards that meet electronic health information management and exchange needs of consumers and providers throughout the health care system;
- Enhance public awareness about the value and use of health IT through targeted outreach, training, and technical assistance;
- 640 • Work to ensure privacy and security of electronic health information;
- Encourage the health IT vendor community to build security into their products (i.e., privacy by design) by incorporating security functions in certification criteria for electronic health records and other health IT;
- 645 • Assess provider adoption and use of health IT and characteristics of users and systems;
- Improve accessibility and integration of healthcare databases so researchers can identify cost-saving and health protective practices;
- 650 • Work with healthcare technology partners to enhance capacity for electronic surveillance of healthcare-associated infections;
- Promote the use of electronic data, measurement, and clinical decision support tools and provide support for providers using electronic data sources to accurately report quality for local and regional use;
- Inform, engage, empower, and partner with patients to help improve their participation and outcomes;
- 655 • Promote the use of health information technology to help ensure continuity of appropriate care during disasters, especially when patients are transported or evacuated;
- Provide the tools and infrastructure for providers to see local trends in quality and safety using their certified electronic health record technology;
- Provide tools to improve quality at the patient level through clinical decision support and the population level through panel management and registry tools; and
- 660 • Expand the adoption of telehealth technologies, including remote patient monitoring, electronic intensive care units, home health, and telehealth networks, to increase access to health care services for people living in tribal, rural, and other underserved communities, and other vulnerable and hard-to-reach populations.

***Goal 2: Advance Scientific Knowledge and Innovation***

665 Americans are living longer, healthier lives, thanks to significant advances in research. Life  
expectancy is at a record high of 78.7 years. Mortality rates in the U.S. have experienced an  
almost uninterrupted decline since 1960. However, rates of gain are inconsistent between  
670 genders and across age brackets, socioeconomic status, and racial and ethnic groups. HHS's  
health and human service systems continue to face many challenges, from providing access to  
quality health care for all Americans, to reducing the burden of illness and disease, to protecting  
our population from public health threats, to strengthening the social service safety net.

HHS is developing innovative, knowledge-based approaches to address these challenges –  
expanding its scientific understanding of how to advance health care, public health, human  
services, biomedical research, and the availability of safe medical and food products. HHS is  
675 conducting rigorous evaluations of new approaches in science, health care, public health,  
regulatory, and human services that reward efficiency, effectiveness, and sustainability. HHS  
conducts epidemiological surveillance and population-level data collection and analysis to  
improve measurement of risk factors for and occurrence of injury, infectious disease, and chronic  
conditions, including multiple chronic conditions, a leading driver of health care expenditures.

680 HHS focuses on promising strategies with the potential to yield positive results from public  
investments, including using technology to improve collaboration, modernizing the regulatory  
approval process, and expanding behavioral research. In addition, HHS is working to promote  
service integration and delivery, community-based approaches, and collaboration with the  
private sector to advance scientific knowledge.

685 HHS uses internal and external evaluation data to determine how best to increase the pace of  
science and its ultimate use in practice. For example, an evaluation of U.S. Preventive Services  
Task Force recommendations identified complex and interrelated factors that affect the delivery  
and integration of clinical preventive services. HHS leverages our research investments to guide  
the transformation of clinical and translational science programs to reduce the time needed for  
690 laboratory discoveries to become treatments for patients. HHS also uses evaluation findings to  
advance patient care, for example, by determining the effectiveness of health information sites  
geared toward particular populations of interest and the providers who serve them.

HHS continues to monitor progress on its efforts to advance scientific knowledge and implement  
innovative practices. HHS evaluates regulatory science, science management, and the safety  
695 risks and ethical, legal, and societal implications of new technologies. Prevention strategies  
provide the scientific and innovative methodologies needed to recognize emerging threats to  
patient and consumer safety.

Within HHS, the Administration for Children and Families (ACF), Administration for  
Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), the Office of  
700 the Assistant Secretary for Planning and Evaluation (ASPE), Centers for Disease Control and  
Prevention (CDC), Food and Drug Administration (FDA), National Institutes of Health (NIH),  
and Substance Abuse and Mental Health Services Administration (SAMHSA) work both  
independently and collaboratively to use research and development resources to improve health  
care, public health, and human services. These agencies sustain and contribute to a full spectrum  
705 of scientific research and development activities.

**Objective A: Accelerate the process of scientific discovery to improve health**

Medical breakthroughs, fueled by scientific discovery, have made the difference between life and death for countless Americans. Nevertheless, the need for better health interventions remains. Continuing to improve the health and well-being of Americans requires HHS investments, ranging from improving its understanding of fundamental biological processes to identifying the best modes of prevention and treatment. HHS investments have improved the health of many Americans, but the path from basic discovery into safe, effective patient care can be long.

The Department has identified several leverage points to accelerate movement along the pipeline from scientific discovery to more effective patient care. HHS is balancing support for large-scale efforts and smaller investigator-initiated projects, building a strong scientific workforce through career training, and investing in technologies and information systems needed for comprehensive research approaches. HHS provides researchers with access to financial and technical resources to conduct [early-stage drug development](#) for promising new therapies. HHS also supports research that is tied to clinical practice, considering the influence of payment systems and the delivery of services. [Patient-centered research](#) activities help enhance the evidence base for the best preventive, screening, diagnostic, and treatment services. Additionally, HHS is expanding upon patient-centered outcomes research opportunities by building a data infrastructure to support research activities.

HHS will continue to support ethical and responsible research practices, including ensuring the protection of the humans and animals participating in health research. HHS is committed to promoting integrity in research programs and ensuring that truthful, valid research is conducted.

Within HHS, AHRQ, ASPE, ASPR, CDC, NIH, and OASH will have roles in implementing the following strategies to achieve this objective.

**Strategies**

- Expand the knowledge base in [biomedical, behavioral, and implementation science](#) by investing in fundamental and service system research, human capital development, and scientific information systems;
- Support promising biomedical and [public health research](#) to save lives, reduce the burden of individual and [multiple chronic conditions](#), and identify new, more effective [prevention and treatment strategies](#);
- Support research that will increase our understanding of the health and health status of population [sub-groups](#) such as racial and ethnic minorities, persons with disabilities, the reentry population, rural populations and LGBT populations;
- Support research efforts to improve the identification of, and response to, differences in efficacy of pharmaceutical and other care and treatment for under-represented populations;
- Provide training and other resources that facilitate the translation of basic laboratory discoveries into practice improvements;
- Foster and establish the necessary collaboration of government and private sector research activities to achieve fastest possible discovery and promote translation of research into practice;

- Identify critical gaps in knowledge of healthcare-associated infections and implement [prevention research](#) to fill these gaps;
- Develop [evidence-based infection prevention guidelines](#) that provide the scientific foundation for healthcare-associated infection prevention interventions;
- Increase the external validity of intervention trials by ensuring that older adults and individuals with multiple chronic conditions are not unnecessarily excluded;
- Assist in developing the research capacity of individuals and institutes from diverse backgrounds, such as the [Native American Research Centers for Health](#); tribal, and [urban Indian epidemiology programs](#); Historically Black Colleges and Universities; Hispanic-serving institutions; and tribal colleges and universities; and
- Leverage public-private collaborations to adapt translational research to meet the varying needs of diverse communities in culturally and linguistically appropriate ways.

**Objective B: Foster and apply innovative solutions to health, public health, and human services challenges**

HHS investments in research and evaluation have yielded enormous benefit to Americans' health and well-being. We now know that early antiretroviral therapy in people infected with HIV can significantly lower the risk of transmitting HIV to others. We have identified how to create antibodies that could potentially target any strain of influenza virus. And we know that environmental changes implemented at home – like mattress covers and air filters – can help vulnerable children better manage their asthma.

We also know that it is essential to engage others in helping to develop and implement solutions to improve health and well-being. To that end, HHS is utilizing open innovation strategies to enhance how it collaborates with federal, state, local, tribal, urban Indian, nongovernmental, and private sector partners to develop innovative responses to the range of health, public health, and human services challenges we face as a Nation. More effective sharing of health information can improve decision-making, and allow for improved and diagnostic choices for healthcare professionals and service recipients.

As the focus on information plays a larger role, it is expected that the programs of the Department increasingly will be knowledge engines for innovation in our broader economy. As the [Health Data Initiative](#) has demonstrated, unleashing government resources can bring many unexplored opportunities for open innovation in the private sector. At the most recent [Health Datapalooza](#)— a conference at which HHS showcases innovations developed through the use of health and human services data – participants witnessed the development of hundreds of new tools and platforms that use health data to improve public health and the delivery of health care. The [challenge competitions](#) that the Department has engaged in are yet another promising example of how to define key problems and promote the crowdsourcing of solutions to bring about new innovations.

Through the [Open Government](#) initiative, HHS is promoting agency transparency, public participation, and public-private collaboration. HHS is allowing the use of social media tools and strategies for more proactive engagement with the public. This is leading to fundamental changes in the way HHS communicates, connects, and works with the public, allowing for new ways to gather input, feedback and new types of solutions. Information-sharing has been another key theme throughout the Department's efforts. HHS has initiated a number of collaborative learning consortia, collaborative databases, and tools for information sharing to enhance the public, as well as internal capacities, to share information and knowledge.

For example, the FDA Safety and Innovation Act (P.L. 112-144) granted new authorities, reauthorized human drug and device user fees, and authorized new user fees for generic human drugs and products shown to be highly similar (also known as biosimilar) to or interchangeable with an FDA-approved biological product. The new authorities are intended to increase the speed and predictability of medical product reviews, to better protect the drug supply chain, to reduce drug shortages, and to speed the review of more affordable versions of drugs that are essential to holding down healthcare costs. HHS is working to expedite the development of "breakthrough therapies" to treat serious or life-threatening diseases or conditions and that have preliminary clinical evidence indicating that the drug may demonstrate substantial improvement over existing therapies.

Within HHS, ACF, AHRQ, ASPE, ASPR, CDC, NIH, ONC, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

### *Strategies*

- 805       • Support the design and execution of innovative solutions through the use of [challenge and prize competitions](#). Explore new ways to engage communities and leverage public-private partnerships through innovative use of challenge competitions and authorities granted to us under the America Competes Reauthorization Act of 2010 (P.L.111-358);
- 810       • Further strengthen the [Health Data Initiative](#) by promote a community of data users through strategically focused data liberation, appropriate dissemination of data, and data education to enhance the value of the data;
- 815       • Continue to enhance the [HealthData.gov](#) platform to facilitate access to our data, and work with the Health Data Consortium and internal Health data leads to consider strategies for educating users about the data, as well as ways to enable and incentivize the data user marketplace;
- 820       • Expedite the development of breakthrough therapies intended to treat serious and life-threatening diseases or conditions;
- 825       • Develop and implement innovative approaches to address the complex global regulatory environment; improve surveillance, monitoring, analysis, and reporting; and help bring to market new drugs, diagnostics, and biologic products;
- 830       • Use public health data to characterize emerging threats to patient and consumer safety;
- 835       • Explore ways to integrate health data into mobile health technologies and related social networking platforms to more effectively reach healthcare professionals, patients, families and other members of the public; and
- 840       • Work closely with HHS agencies and stakeholders to work through the privacy and regulatory issues associated with use of these new technologies in health care and wellness settings.



**Objective C: Advance the regulatory sciences to enhance food safety, improve medical product development, and support tobacco regulation**

[Regulatory science](#) is the development and use of the scientific tools, standards, and approaches necessary for the assessment of regulated products, such as medical products and foods, to determine safety, quality, and performance. Without advances in regulatory science, promising therapies may be discarded during the development process simply for the lack of tools to recognize their potential. Moreover, obsolete review methods can delay approval of critical treatments unnecessarily. Conversely, many dollars and years may be expended assessing a novel therapy that with better tools might be shown to be unsafe or ineffective at an earlier stage.

Advancements in regulatory science also will help to [prevent foodborne illnesses](#), and when outbreaks of foodborne illness occur, to identify the source of contamination quickly and to limit the impact of the outbreak. Regulatory science innovations will allow for faster access to new medical technologies that treat serious illnesses and improve quality of life. These advances will benefit every American by increasing the accuracy and efficiency of regulatory review and by reducing adverse health events, drug development costs, and the time-to-market for new medical technologies.

The Family Smoking Prevention and Tobacco Control Act (P.L. 111-31) aims to reduce the morbidity and mortality from tobacco use, including the important goal of protecting children and youth from ever starting to use tobacco. Within HHS, NIH and FDA have formed an interagency partnership to foster tobacco regulatory research, using NIH infrastructure for the solicitation, review, and management of research, and FDA resources, authority, and expertise in tobacco regulatory science. Biomedical, behavioral, and social sciences research will provide the scientific evidence needed to better inform HHS regulatory authorities. CDC and FDA have formed an interagency partnership to enhance tobacco-related surveys in the U.S. and conduct laboratory science.

Advancing regulatory science and innovation is an objective shared by a number of agencies within HHS. FDA and NIH are collaborating on an initiative to [fast-track medical innovation](#) to the public. As part of the effort, the agencies established a [Joint NIH-FDA Leadership Council](#) to spearhead collaborative work on important public health and regulatory issues. The Council works together to ensure that regulatory considerations form an integral component of biomedical research planning and that the latest science is integrated into the regulatory review process.

Within HHS, AHRQ, ASPR, CDC, FDA, and NIH will have roles in implementing the following strategies to achieve this objective.

***Strategies***

- Ensure that HHS personnel have the scientific expertise to address new challenges presented by cutting-edge medical technologies, such as nanotechnologies;
- Develop improved methods for rapidly detecting, investigating, and stopping [foodborne contaminants](#);
- Develop science-based standards for preventive controls for food and feed safety across the “[farm to table](#)” continuum;

- 870 • Develop an innovative e-learning system to improve the speed, efficiency, and effectiveness of training and best practice dissemination related to food safety efforts in areas such as restaurant inspection and environmental assessments of foodborne illness outbreaks;
- Promote the development of new antibacterial drugs to address foodborne pathogens of public health importance;
- 875 • Develop strategies, such as changes in [medication packaging](#), to prevent medication overdoses in children in collaboration with public and private partners; and
- Update [medical product review standards](#) and provide new regulatory pathways for new medical technologies, including those intended for use during public health emergencies;
- 880 • Support comprehensive and efficient regulatory review, using high standards of transparency and scientific integrity, of new medical treatments and devices and new tobacco products;
- Develop new knowledge and tools that can help translate basic scientific discoveries into life-saving medicines, and reduce the time, complexity, and cost of medical product development;
- 885 • Support regulatory science to facilitate medical countermeasure development and regulatory review; and
- Expand regulatory science research to support tobacco product regulation.

### Objective D: Increase our understanding of what works in public health and human services practice

890 Working together with its public and private partners, HHS is committed to improving the  
 quality of public health and human service practice by conducting applied, translational, and  
 operations research and evaluations. HHS is committed to using data for decision-making, as  
 well as the responsibility to describe the results achieved. HHS has identified and refined  
 895 approaches that help people make healthy choices, assist communities as they work to improve  
 the health and well-being of their residents, support safety and stability of individuals and  
 families, and help children reach their full potential. HHS also monitors and evaluates programs  
 to assess efficiency and responsiveness and to ensure the effective use of information in strategic  
 planning, program or policy decision-making, and performance improvement. Many HHS  
 agencies are strengthening their evidence-based decision-making; ACF, for example, developed  
 900 an agency evaluation [policy](#) to confirm a commitment to conducting evaluations and to using  
 evidence from evaluations to inform policy and practice.

HHS is committed to identifying and supporting evidence-based prevention strategies based on  
 systematic reviews of the scientific literature and emerging research, such as those recommended  
 by the [Guide to Community Preventive Services](#), a compilation of the recommendations of the  
 905 independent Community Preventive Services Task Force, as well as specific interventions and  
 strategic plans to address priority health issues, such as mental health and substance abuse,  
 HIV/AIDS, and viral hepatitis, such as those included in the [National Registry of Evidence-  
 based Programs and Practices](#), the [National HIV/AIDS Strategy](#) and the [Action Plan for the  
 Prevention, Care, and Treatment of Viral Hepatitis](#). Recommendations are based on systematic  
 910 reviews of the evidence related to the benefits and potential harms of services.

Across HHS, agencies are collaborating with the national [Aging Services Network](#) to implement  
[evidence-based prevention programs](#) to help reduce the risk of disease, disability, and injury  
 among the elderly; disseminating information on best or promising practices, including [19  
 practice models for diabetes](#), models on [health promotion, disease prevention, and injury  
 915 prevention](#), and [Web-based toolkits](#) on implementing evidence-based practices with fidelity;  
 using results of rigorous evaluations to design program improvement strategies for social service  
 programs; and strengthening oral health research to clarify the interrelationships between oral  
 disease and other medical diseases.

By prioritizing funding for evidence-based programs, and developing directories of evidence-  
 920 based programs, implementation toolkits, and other resources, HHS promotes the adoption of  
 these strategies and provides the information the public needs to implement these programs and  
 practices successfully. Some human service programs, such as [teen pregnancy prevention](#) and  
[home visitation programs](#), incorporate requirements for the use of evidence-based programs for  
 grantees. As the chair of the [Interagency Coordinating Committee on the Prevention of  
 925 Underage Drinking](#) (ICCPUD), HHS works with agencies across government to increase  
 emphasis on and knowledge about evidence-based practices in the field of underage drinking.

HHS investments in public health and human service research have yielded many important  
 findings about what works. HHS is working to identify and disseminate promising, effective

930 approaches that are culturally competent and effective for populations with varying  
circumstances and needs.

Within HHS, ACF, ACL, AHRQ, CDC, HRSA, NIH, OASH and SAMHSA will have roles in  
implementing the following strategies to achieve this objective.

*Strategies*

- 935 • Promote rigor, relevance, transparency, independence, and ethics in support of [evaluation  
of existing programs](#) and services research, and incorporate program evaluation efforts  
into program implementation and future policy direction;
- 940 • Support and train researchers, including those from diverse backgrounds, and provide  
communities with tools to adapt research and evaluation techniques to their own  
circumstances, to evaluate programs and practices, and to conduct systematic reviews  
more effectively;
- 945 • Partner with other federal agencies to conduct feasibility studies of evidence-based  
programs to maximize efficiencies in shared work, and identify comprehensive  
approaches to meeting performance standards and programmatic goals that can be  
integrated and sustained within existing practices;
- 950 • Engage with public health leaders, researchers, and professionals from other countries to  
learn from research, policy, and practice in these countries and to support collaborative  
efforts to solve mutual public health challenges;
- Build user-friendly mechanisms for disseminating evaluation findings and  
recommendations to the public;
- 950 • Promote the replication of [evidence-based programs](#) and practices, and assist public  
health and human service programs to implement evidence-based strategies while  
continuing to fund and test innovative approaches in order to expand the evidence base;  
and
- 955 • Develop and promote evidence-based guidelines to prevent healthcare-associated  
infections that improve the quality of care for all patients and serve as the basis for  
prevention tools that can be used by healthcare providers across healthcare settings.

**Objective E: Improve laboratory, surveillance, and epidemiology capacity**

Three critical elements that underpin public health and regulatory practice – laboratory, surveillance, and epidemiological services – enable the public health field to detect emerging threats, monitor ongoing health issues and their risk factors, and identify and evaluate the impact of strategies to prevent disease and promote health. Carrying out these activities requires quality data and specimen collection, evidence-based epidemiology, and accurate and reliable laboratory services across the departments and organizations that make up the Nation’s public health infrastructure.

To this end, HHS is working to [strengthen surveillance systems](#), including the monitoring of healthcare quality to ensure that best practices are used to prevent and treat the leading causes of death and disability.

HHS is building a robust data system that provides data, feedback, and tools directly to health agencies and healthcare facilities to improve practices and ultimately, health. [A data system](#) for public reporting and using electronic data sources for data collection and prevention will enhance the Nation’s ability to monitor trends in critical health measures among priority populations; monitor health status, healthcare, and health policy concerns; and conduct in-depth studies of population health at the community level and for specific subpopulations.

Within HHS, ASPR, CDC, FDA, NIH, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

***Strategies***

- Improve [surveillance](#) in hospital and non-hospital settings, such as outpatient clinical settings, emergency care, and nursing homes, to identify sources of and control of [healthcare-associated infections](#) and other nationally notifiable diseases;
- Implement cutting-edge [information technology](#) solutions that support rapid, secure, and accurate information exchange; of diverse types of information; and linking of information among local, state, [tribal and urban Indian](#), federal public health agencies, healthcare facilities, and laboratories, as well as with international regulatory counterparts, where appropriate;
- Enhance and sustain nationwide and international laboratory capacity to gather, ship, screen, store, and test specimen samples for public health threats and to conduct research and development that lead to interventions for such threats;
- Assist public health laboratories in states, territories, tribal and urban Indian organizations, cities, and counties with expanding their capacity to prepare and respond to [biological terrorism](#) incidents or other emergencies involving accidental or intentional release of biological agents;
- Build and enhance state and local laboratory capacity by providing funding to purchase and maintain state-of-the-art laboratory technology;
- Increase access to and sharing of data, and support for [epidemiology programs](#) at the state, local, and tribal government levels and by urban Indian organizations and other partners;
- Improve accessibility and integration of public and private healthcare databases so researchers can identify cost-saving and health protective practices;

## Goal 2: Advance Scientific Knowledge and Innovation

- 1000 • Strengthen state capacity to combat healthcare-associated infections by providing technical assistance, training, and national laboratory capacity to identify new and emerging healthcare associated pathogens using clinical, environmental, and molecular laboratory methods;
- Build [laboratory](#), surveillance, and epidemiology capacity, and support monitoring and evaluation systems;
- 1005 • Develop the entry-level public health workforce through training programs in epidemiology, laboratory practice, preventive medicine, environmental health services, social determinants of health, public health leadership and management, informatics, and prevention effectiveness at federal, state, local, tribal, and territorial public health agencies; and
- 1010 • Address gaps in foundational public health knowledge and skills of the existing workforce through accessible instructor-led and e-learning courses in public health, surveillance, epidemiology, prevention effectiveness, informatics, and laboratory science.

### *Goal 3: Advance the Health, Safety, and Well-Being of the American People*

1015 Poverty, teen pregnancy, family disruptions, substance abuse, limited health or financial literacy, violence, and trauma continue to be pervasive, harmful, and costly public health and social problems in the United States. Extended periods of unemployment or disability can increase Americans' need for safety net services. As the U.S. population ages, increasing numbers of older adults are experiencing more extended periods of frailty, affecting their ability to stay active and healthy, and to live in the setting of their choice.

1020 Substance abuse and mental illness contribute to many of the nation's social and economic problems, as well as other health concerns. Trauma has been shown to be a serious underlying risk factor for chronic physical diseases and mental and substance use disorders. Naturally occurring and manmade disasters seriously threaten Americans' health, safety, and well-being. In addition, protecting public health requires global cooperation on a host of issues, including  
1025 ensuring the safety of imported products and combating global outbreaks of disease and illness.

HHS programs are addressing the unique needs of vulnerable populations through improved program coordination within HHS and across government agencies, through policy development, evidence-based practice, and research. Underlying each objective in this Goal is a focus on prevention and preparedness – to support health, safety, and well-being across the lifespan; to  
1030 strengthen communities; to mitigate the impacts of chronic and infectious disease; and to build capacity to respond to – and be resilient in the face of – emergencies.

HHS invests in evaluations to understand the impacts of these programs on health, safety, and well-being across the lifespan. These activities include an evaluation of interventions to prevent the maltreatment of older adults, an extensive examination of prevention efforts that focus on  
1035 tobacco and obesity, and continuing work to monitor the effectiveness of the Head Start and Early Head Start Program. Other efforts include assessing states' progress and effectiveness in using evidence-based programs, policies, and practices to prevent substance abuse and mental illness; strengthening the surveillance infrastructure for children's mental health programs; and encouraging child care settings to improve opportunities for physical activity and healthy food  
1040 options. HHS also is working to expand the evidence base on national health security, and is setting priorities for research, evaluation, and quality improvement to improve public health and medical emergency preparedness, response, and recovery efforts.

Within HHS, the Administration for Children and Families (ACF), Administration for Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Office of the  
1045 Assistant Secretary for Planning and Evaluation (ASPE), Office of the Assistant Secretary for Preparedness and Response (ASPR), Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), 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 Global Affairs (OGA), and Substance Abuse and Mental Health Services  
1050 Administration (SAMHSA) are working, together and with other federal departments and agencies, to advance Americans' health, safety and well-being.



**Objective A: Promote the safety, well-being, resilience, and healthy development of children and youth**

1055 Children and youth represented approximately 24 percent of the population in 2011, and they depend on the adults in their lives to keep them safe and to help them achieve their full potential. Yet too many of our young people – our Nation’s future parents, workforce, and leaders – are at risk of poor outcomes, including low educational attainment, teen pregnancy, ill health, violence, lack of labor market success, and premature death.

1060 HHS collaborates with state, local, tribal, urban Indian, nongovernmental, and private sector partners to sustain an essential safety net of services that protect children and youth, promote their emotional health and resilience in the face of adversity or trauma, and ensure their healthy development from birth through the transition to adulthood. Health and early intervention services such as home visiting programs ensure children get off to a good start from infancy.

1065 Early childhood programs, including Head Start, Early Head Start, home visiting, and child care subsidy programs, support healthy child development, foster school readiness, and support working parents struggling to make ends meet. The Administration is focusing on increasing access to high-quality early learning programs and services for children from low-income or disadvantaged families through the continued investment in these programs and the partnership

1070 with the U.S. Department of Education for the Race to the Top-Early Learning Challenge.

Child welfare services, including child abuse prevention activities, foster care, adoption assistance, and new assisted guardianship programs, work with families in which there are safety or neglect concerns, helping children and youth find safe, permanent homes. Services for mental and substance use disorders provide support for those with behavioral healthcare needs. In each

1075 of these service sectors, incorporation of trauma-informed care is essential in order to achieve positive outcomes for these children and families.

Several programs across agencies also promote positive youth development and seek to prevent risky behaviors in youth. Other key programs provide for research, training, and supports that enhance the lives of children and youth with disabilities, and their families, including

1080 interdisciplinary training to professionals on cutting-edge approaches to serving children with autism, or supporting post-secondary education opportunities for youth with developmental disabilities. HHS partners with the U.S. Departments of Labor and Education and the Social Security Administration through the Federal Partners in Transition Interagency Workgroup to improve the transition to adulthood for youth with disabilities. HHS also chairs the Interagency

1085 Working Group on Youth Programs, which brings together 12 federal departments and agencies to improve the coordination, effectiveness, and efficiency of youth-serving programs and to promote effective community-based efforts to reduce the factors that put youth at risk.

Vital research funded by agencies across HHS seeks to understand the risks to children’s safety, health, and well-being and to build evidence about effective interventions to mitigate these risks.

1090 HHS tracks data on youth risk behaviors including dietary and physical activity habits, tobacco, alcohol, and other drug use, injuries and violent deaths among children and youth. HHS agencies collaborate to support efficacy and effectiveness trials of child abuse and neglect interventions, promotion of healthy behaviors and interventions to reduce childhood obesity, as well as a review of the evidence base on teen pregnancy prevention to identify curriculum-based and

1095 youth development program models that reduce teen pregnancy and other behavioral risk factors.



In addition, HHS is working to improve the quality of human services through efforts to strengthen the Nation's human service workforce. HHS provides training and technical assistance; uses data, monitoring, and evaluation efforts strategically; collaborates with other agencies; and promotes the adoption of evidence-based practices.

1100 Within HHS, ACF, ACL, CDC, HRSA, NIH, OASH, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

*Strategies*

- Enhance young children's healthy growth, development, and identity formation through high-quality early care and education and [evidence-based home visitation programs](#);
- 1105 • Promote school readiness and healthy child development through high-quality early education programs that utilize the best evidence-based practice;
- Increase access to evidence-based resources for children with or at risk for developmental delays and disorders;
- Build the capacity of staff in local Head Start and Early Head Start programs to deliver 1110 high-quality, evidence-based services to children and families, and work with states to develop systems for training and ongoing professional development of early childhood educators;
- Invest in [research and rigorous evaluation](#) of innovative public health strategies to promote child development and prevent developmental delays among children in poverty;
- 1115 • [Support parents](#), extended families, and communities to provide children with safe and stable homes and home environments, and [help find permanent families](#) for children whose birth parents cannot care for them safely;
- [Support the safety, well-being, and healthy development](#) of children and youth, including children and youth who have been maltreated, who have disabilities, who are integrating 1120 into U.S. society, and who are experiencing homelessness, including LGBT youth;
- Encourage healthy behaviors and reduce risky behaviors among children and youth;
- Implement evidence-based strategies and test innovative approaches to [reduce teen pregnancy](#) and other associated sexual risk behaviors; decrease rates of sexually 1125 transmitted infections, including HIV; reduce tobacco use, underage drinking, and drug use, including prescription drug abuse; and impact sexual risk behaviors;
- Promote strategies to keep children safe from [unintentional medication overdoses](#);
- Encourage access to drinking water and [healthy, affordable foods](#) in schools and communities, and increase physical activity among youth; and
- 1130 • Implement [evidence-based strategies](#) to reduce the exposure to, build resilience to, and lessen the negative impact of [violence and trauma](#) on children, families, and communities.

**Objective B: Promote economic and social well-being for individuals, families, and communities**

Strong individuals, families, and communities are the building blocks for a strong America.

1135 Promoting economic and social well-being requires attention to a complex set of factors, through  
the collaborative efforts of agencies, policymakers, researchers, providers, community leaders,  
and service recipients. HHS agencies work together and collaborate across federal departments  
to maximize the potential benefits of various programs, services, and policies designed to  
1140 improve the well-being of individuals, families, and communities. With its partners, HHS is  
working to provide a path of opportunity to help families enter the middle class, and to revitalize  
communities to become engines for economic growth and opportunity.

In 2011, [46.2 million Americans lived in poverty](#). Some lack the skills needed to obtain good  
jobs, need supportive services to get or retain jobs, experience unstable family situations or  
unstable housing arrangements, or live in unsafe, unhealthy communities. Distressed  
1145 communities and poverty can reduce the social ties of residents. Lack of employment  
opportunities and low levels of academic achievement can lead to juvenile delinquency,  
substance abuse, and criminal activity – major drivers of community violence and family  
disruption. Unstable or violent couple relationships, lack of involvement by fathers, and  
disconnection from strong, supportive social networks increase the vulnerability of both adults  
1150 and children and weaken communities.

HHS promotes economic and social well-being of families, children, and youth through [income  
support](#), [financial education](#), job training and work activities, [child support](#) and paternity  
establishment, relationship skill-building for couples and co-parents, support for individuals  
experiencing domestic violence, and [assistance in paying for child care](#). State [Temporary  
1155 Assistance for Needy Families](#) (TANF) programs provide critical income assistance to some of  
the Nation's poorest families, while helping mothers and fathers prepare for and secure  
employment. [Child support programs](#) ensure that non-custodial parents meet their financial  
obligations to their children, and provide a substantial share of resources for families. Supportive  
assistance to at-risk populations includes assisting homeless individuals with finding and keeping  
1160 safe housing, enhancing the independence of nursing home residents, and connecting refugees  
and immigrants to mainstream resources. HHS works to ensure that services are within reach of  
even the most vulnerable individuals and families, and that each [state program](#) is accessible to  
all, regardless of race, color, national origin, or disability.

HHS collaborates with other federal departments to support the economic and social well-being  
1165 of individuals, families, and communities. HHS and the U.S. Department of Labor are  
developing strategies to integrate and enhance skills development opportunities to help low-  
income individuals enter and succeed in the workforce. HHS collaborates with the U.S.  
Department of Agriculture to expand access to [nutritional supports](#) for low-income youth and  
families. HHS works closely with the U.S. Department of Housing and Urban Development to  
1170 integrate the Nation's housing, health, and human service delivery system, with particular  
emphasis on housing and homelessness, [home and community based services](#), [community living](#),  
and environmentally safe and livable homes and communities. HHS coordinates efforts with the  
U.S. Departments of Veterans Affairs and Justice to improve outcomes for ex-offenders and their  
families, including specialized approaches for fathers and veterans.

1175 Within HHS, ACF, ACL, CDC, HRSA, and SAMHSA will have roles in implementing the  
following strategies to achieve this objective.

*Strategies*

- Advance individual and family economic security to reduce poverty;
- 1180 • Promote access to, and support employment in, quality jobs that provide a livable wage for individuals and families, especially those receiving assistance, and promote success in those jobs by connecting individuals with training and educational opportunities;
- Provide supportive services, including health and behavioral health services and supports, and wraparound services like employment, housing, caregiver support, and peer recovery supports, to reduce and eliminate barriers to community living for vulnerable  
1185 populations, including individuals with disabilities, older adults, refugees and immigrants, and individuals at risk for homelessness;
- [Foster solutions](#) and advance applied research in supported employment, self-determination skills development, early intervention and prevention for individuals with intellectual and developmental disabilities and their families;
- 1190 • Provide online and technological resources to help refugees, other immigrant populations, and service providers connect with mainstream resources to achieve self-sufficiency;
- Identify and address [substance abuse](#), [mental illness](#), [domestic violence](#) and other family violence, and trauma history early to mitigate more severe future problems;
- Help economically distressed communities to access federal programs and resources to  
1195 address behavioral health needs;
- Build and strengthen partnerships with federal, state, local, tribal, urban Indian organizations and other nongovernmental stakeholders to promote culturally appropriate individual, family, and community well-being for vulnerable populations;
- Encourage [responsible fatherhood](#), [healthy relationships](#), parental responsibility, and  
1200 family stability;
- Provide legal supports, training, and advocacy support to individuals with disabilities and older adults to help protect them from all forms of abuse, including physical, mental, emotional, and financial abuse, and help ensure their ability to exercise their rights to make choices, contribute to society and live independently;
- 1205 • Foster community partnerships with faith-based and community organizations to improve opportunities and delivery of services;
- Promote recruitment and retention strategies that attract qualified, competent, and diverse professionals to the human service workforce; and
- 1210 • Promote training, including cross-system training, continuing education, and technical assistance for human service personnel to help them develop core competencies.

**Objective C: Improve the accessibility and quality of supportive services for people with disabilities and older adults**

Currently, while comprising only [27 percent of Medicaid enrollees, the elderly and individuals with disabilities account for an estimated 64 percent of all program spending](#). According to Census Bureau projections, the older population of the Nation will double in size by 2050, while also becoming more racially and ethnically diverse. [Alzheimer's disease and related dementias](#) affect as many as 5 million people and nearly 40 percent of the population aged 85 and older; the number of older Americans with Alzheimer's disease and related dementias is projected to grow to 13.2 million by 2050.

Over the past decade, policy reforms and initiatives have improved the effectiveness of efforts to promote home and community-based services and to decrease unnecessary reliance on institutional care. The Supreme Court's landmark 1999 *Olmstead* ruling requires states to place qualified individuals with disabilities in community settings—whenever such placements are appropriate, the person does not oppose such placement, and the state can reasonably accommodate the placement. The Americans with Disabilities Act (P.L. 101-336) "[integration regulation](#)" requires that individuals with disabilities receive services in the most integrated setting appropriate to their needs, consistent with the Supreme Court's decision in *Olmstead*. HHS collaborates with the U.S. Department of Justice to advance civil rights enforcement of the Americans with Disabilities Act and the *Olmstead* decision.

HHS is working to improve access to, financial cost of, and quality of long-term services and supports for older adults and people with disabilities. HHS works to ensure that individuals with disabilities and their families have access to culturally competent services and supports that promote independence, productivity, integration, and inclusion in the community. HHS will work to scale and sustain evidence-based health programs for older adults and persons with disabilities. These programs foster self-management and reduce the symptoms and consequences of [multiple chronic conditions](#), and are delivered effectively in community settings. Some of these programs have the potential to reduce healthcare costs. HHS also funds various programs and projects to assist family caregivers.

HHS provides a range of [long-term services and supports](#), including child care, education, transitional services, health care, employment, transportation, [supportive services](#), [nutrition services](#), preventive health services, supportive services to family caregivers, [consumer rights and protection services](#), nutrition and supportive services to American Indians and Alaska Natives, and a national toll-free telephone service that helps callers find senior services in their communities throughout the country. Other programs also work to promote health equity, [improve the accessibility of resources and the quality of life for individuals with disabilities](#), increase the use of preventive services, [build emergency preparedness planning, and conduct state-level surveillance and monitoring activities for people with disabilities](#). [Aging and disability resource centers](#) provide a single point-of-entry to state long-term services and supports and nursing home diversion programs to give consumers a greater role in determining the types of services they receive and the manner in which they receive them.

An efficient [long-term services and supports system](#) cannot exist without a workforce to care for the population in need. A direct care labor force that is well-trained to address the needs of older

adults and persons with disabilities is in high demand. Under the Affordable Care Act, HHS is improving direct care worker training and competencies, encouraging career pathways for existing workers, and providing funding for a nationwide program for national and state background checks on long-term services and supports employees.

HHS is working to strengthen long-term services and supports through research, examining residential care models to understand the changing dynamics of publicly financed long-term services and supports and studying administrative data to produce representative national and state estimates of the supply, use, and characteristics of this sector.

Within HHS, ACL, AHRQ, ASPE, CDC, CMS, HRSA, OCR, OASH and SAMHSA will have roles in implementing the following strategies to achieve this objective.

### *Strategies*

- Collaborate across systems to improve access for individuals with disabilities across the lifespan to a full complement of inclusive, integrated services and supports;
- Leverage public and private resources to enhance home- and community-based services for older individuals, persons with disabilities and their [caregivers](#), as well as supports for elder justice systems for the protection of under-represented [individuals' rights](#);
- Expand options to help consumers prevent and delay the need for institutionalization, including integrating acute, behavioral health, and long-term services and supports to enable home- and community-based services to be more effective at preventing and delaying the need for institutionalization;
- Work closely with states, territories, Tribes, tribal organizations, urban Indian organizations, and other programs to explore flexibilities in the Medicaid program;
- Provide technical assistance to Tribes in the development of long-term services and supports for elders and persons with disabilities across the life span;
- Assist state, tribal, and local programs in designing and implementing improvements to community-based support systems, including improving the coordination of physical and behavioral health services;
- Improve the delivery of community living services in a more uniform, efficient way by increasing the quality and scope of existing systems that serve people with disabilities and older adults;
- Enforce federal laws [prohibiting discrimination](#), consistent with the Supreme Court's decision in *Olmstead*, and improve coordination with the U.S. Department of Housing and Urban Development regarding *Olmstead* matters;
- Enhance the choice and independence of residents of nursing homes, board and care homes, assisted living facilities, and similar adult care facilities through ombudsman services and supports; and
- Enhance coordination to improve services for individuals enrolled in both Medicare and Medicaid, including individuals with chronic conditions and functional impairments;
- In partnership with state and local health departments, implement public health actions to address cognitive health and cognitive impairment for individuals and their care partners;
- Develop options for housing combined with services to enhance aging in place for older adults, and promote the coordination of housing assistance, health care, and supportive services to assist chronically homeless individuals and families with special needs;

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- Work to identify how to prevent [Alzheimer's disease](#) and related dementias and to address the challenges faced by people with these conditions and their caregivers;
- Support family [caregivers](#) to maximize their health and well-being; and
- Promote access to plain language, accessible health information for individuals with disabilities and their caregivers.

## Objective D: Promote prevention and wellness across the lifespan

With an average lifespan of about 78 years, the average American can only expect to live in good health for about 69 of them. Chronic illnesses cause Americans to miss a collective [2.5 billion days of work each year](#), totaling about one trillion dollars in lost productivity. Nationally, about [30 percent of all deaths are caused by heart disease and stroke](#).

HHS works to promote prevention and wellness across its programs and agencies – addressing [chronic diseases](#) and related risk factors, including tobacco use, harmful alcohol use, unhealthy diet and physical inactivity through population and community health activities. HHS also works to support state, local, and tribal public health agencies; [promote health through education](#) and self-management; and conduct outreach to vulnerable populations.

HHS's focus continues to align with the [National Prevention Strategy](#), an interdepartmental effort required by the Affordable Care Act, which aims to encourage the federal government, states, and localities to create environments that promote healthy conditions and combat the behaviors that result in the most deaths, disability, and costs. Efforts like implementing the National Prevention Strategy enable HHS to do more to create healthy communities; raise awareness about, and increase adoption of, prevention strategies; promote services for pregnant women; and strengthen our Nation's public health infrastructure to support these efforts.

Within HHS, ACF, ACL, AHRQ, CDC, FDA, HRSA, IHS, NIH, OASH, and SAMHSA will have roles in implementing the following key strategies to achieve this objective.

### Strategies

- Educate and empower individuals and families to lead [healthy lifestyles](#) and adopt behaviors that can prevent or delay chronic disease, disability, and secondary conditions, increasing quality of life and reducing the need for more costly medical interventions;
- Monitor [Healthy People 2020](#), the Nation's health objectives for the next decade, and promote achievement of the objectives through networks of federal, state, local, and tribal partners.
- Implement the [National Prevention Strategy](#) to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness;
- Increase access and coverage for important evidence-based preventive services, including chronic disease screenings, behavioral health screenings, adult immunizations, well-woman visits, human papillomavirus DNA testing for women 30 years and older, sexually-transmitted infection counseling, HIV screening and counseling, viral hepatitis screening, cancer screening, genetic counseling and testing, and FDA-approved contraception and contraceptive counseling;
- Promote [healthfinder.gov](#) and its collection of prevention and wellness information and tools;
- [Prevent mental illness](#) and foster resilience, with a special focus on at-risk populations;
- Increase access of families and communities to [injury prevention information](#), model programs, and other resources;
- Implement comprehensive, sustained, and evidence-based tobacco control efforts aligned with the [Tobacco Control Strategic Action Plan](#);



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- 1345 • [Prevent substance abuse](#), binge and underage drinking, illegal drug use, and abuse of over-the-counter and prescription medications, using evidence-based strategies, such as those recommended by the [U.S. Preventive Services Task Force](#), the Community Preventive Services Task Force, and the [National Registry of Evidence-based Programs and Practices](#);
- 1350 • Help American children and adults achieve and maintain [healthy weight](#), focusing on where they live, work, learn, play, and worship;
- 1355 • Educate and empower Americans to adopt regular physical activity and good nutrition through policies and programs that support the recommendations of the [Dietary Guidelines for Americans](#) and [Physical Activity Guidelines for Americans](#), reducing the risk of chronic disease and obesity;
- 1360 • Promote effective community strategies for preventing tooth decay, including school-based dental sealant programs and community water fluoridation;
- Support breastfeeding and remove barriers that hinder women who choose to [breastfeed](#), working with hospitals, communities, clinicians, and employers;
- Implement prevention policies, programming, and [interventions to prevent and respond](#) to individuals, families, and communities impacted by domestic violence, [suicide](#), and other forms of [violence and trauma](#);
- Leverage community-based prevention efforts to reduce chronic disease and health disparities, such as the [Community Transformation Grants](#), to expand the evidence-base and knowledge about what works;
- 1365 • Disseminate public health research and practice through [Public Health Reports](#) to improve public health practice in communities;
- Expand and sustain successes achieved in prevention and public health through the [Prevention and Public Health Fund](#);
- 1370 • [Prevent heart attacks and strokes](#) by improving performance on the ABCS – aspirin when appropriate, blood pressure control, cholesterol management, and smoking cessation;
- Help people with chronic conditions, including those with multiple chronic conditions, manage their symptoms (“self-management”); and
- Adopt meaningful clinical quality measures that are consistent with national initiatives to assess the appropriate use of evidence-based clinical preventive services to improve the delivery of care.



1375 **Objective E: Reduce the occurrence of infectious diseases**

Because microbes continually evolve, adapt, and develop resistance to drugs over time, [infectious diseases](#) continue to be a significant health threat in the U.S. and around the world. Infectious diseases include [vaccine-preventable diseases](#), [foodborne illnesses](#); [HIV and AIDS](#) and associated sexually transmitted infections; hepatitis A, B, and C; [tuberculosis](#); [infections acquired in healthcare settings](#), such as methicillin-resistant staphylococcus aureus ([MRSA](#)); threats to health security such as [novel influenza viruses](#) and bioterrorism agents; fungal infections; waterborne diseases; and [infections transmitted by animals and insects](#). Rapid global travel, importation of foods, and changing demographics have increased the ability of these infectious agents to spread quickly. The 2009 H1N1 influenza epidemic exemplifies the speed at which an infectious agent can spread from one location to nearly every corner of the globe.

HHS coordinates and ensures collaboration among the many federal agencies involved in vaccine and immunization activities. The [National Vaccine Plan](#) provides a framework for pursuing the prevention of infectious diseases through immunizations, and articulates priority actions for a number of HHS operating and staff divisions. To fulfill its responsibility for reducing the occurrence and spread of infectious diseases in the U.S. population, HHS provides significant support to state and local governments; works to strengthen infectious disease surveillance, diagnosis, and treatment; and collaborates with federal and international partners to reduce the burden of infectious diseases throughout the world. Basic and applied research, a critical element of the National Vaccine Plan and a priority for HHS, underpins the science behind products and supports our understanding and development of control measures against a wide array of [infectious agents](#).

HHS also supports programs to reduce HIV, hepatitis, and other infectious diseases associated with injection drug use. HHS is responsible for overseeing the coordination of the [National HIV/AIDS Strategy](#) and the [Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis](#), which provide a comprehensive vision of combating potentially fatal infectious diseases. HHS is one of the principal U.S. government agencies implementing the President's Emergency Plan for AIDS Relief ([PEPFAR](#)), and works with international drug regulatory authorities to expedite the review of [generic antiretroviral drugs](#) under PEPFAR. HHS helps to implement the [President's Malaria Initiative](#) to reduce the burden of malaria globally.

The Food Safety Modernization Act (P.L. 111-353) enables HHS to better protect public health by strengthening the [food safety](#) system to reduce the incidence of foodborne disease. HHS works with domestic and international partners to prevent and control foodborne illness outbreaks. ASPR's Biomedical Advanced Research and Development Authority ([BARDA](#)) coordinates interagency efforts to define and rank requirements for [public health medical emergency](#) countermeasures, research, and product development and procurement related to infectious disease threats.

Within HHS, ASPR, CDC, FDA, HRSA, IHS, NIH, OASH, OGA, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

## Strategies

- 1420 • [Prevent the spread of infectious diseases](#) through maintaining strong public health and response systems at home and abroad, expediting the development and approval of vaccines and biologics, and creating incentives to encourage the development of products to prevent, detect, diagnose, and treat emerging infectious diseases and bioterrorism threats, as well as antibiotic-resistant infections;
- 1425 • Support [state](#) and tribal infectious disease and epidemiology capacity-building programs to prevent, investigate, and control healthcare-associated infections, disease outbreaks, and other healthcare threats;
- Work with federal partners to continue to develop, implement, and support laboratory biosafety and biosecurity policies, guidance, and standards to prevent misuse, theft, or loss of biological agents and toxins;
- 1430 • Enhance and strengthen the [vaccine safety system](#) to rapidly identify adverse events after vaccination;
- Remove financial and other barriers to [routine immunizations](#) for children, adolescents, and adults;
- 1435 • Prevent the spread of [HIV infection](#), and increase efforts to make people aware of their status and to enable them to access the full cascade of [HIV care and treatment](#), using innovative, culturally appropriate means, as articulated in the [National HIV/AIDS Strategy](#);
- Prevent and control the spread of viral hepatitis as detailed in the [Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis](#);
- 1440 • Work with federal and [global partners](#) to reduce the spread of HIV, hepatitis A and B, tuberculosis, malaria, and other infectious diseases; build country public health capacity, and improve capabilities to prepare and respond to infectious diseases, other emerging threats and public health emergencies, under the principles of the [U.S. Global Health Initiative](#), the HHS Global Health Strategy, and the CDC Global Health Strategy;
- 1445 • Implement a public health-focused, risk-based approach to [food](#) and feed [safety](#) to secure high rates of compliance with science-based standards, set priorities for prevention, strengthen surveillance and enforcement, and improve response and recovery to protect the safety and security of foods for humans and animals;
- 1450 • Implement strategies to prevent and reduce healthcare-associated infections, as articulated in the [National Action Plan to Prevent Healthcare-Associated Infections](#) and related strategic documents;
- 1455 • Support state, local, and tribal national efforts to reduce healthcare-associated infections by providing data to detect infections and evidence-based guidelines to improve the quality of care and protect patients; and
- Work with state and federal partners to detect emerging and spreading [antimicrobial resistance](#) and respond rapidly to prevent local spread.

**Objective F: Protect Americans' health and safety during emergencies, and foster resilience to withstand and respond to emergencies**

Over the past decade, our Nation has renewed its efforts to address incidents that have threatened health security, such as natural disasters, disease outbreaks, and terrorism. Working with its federal, state, local, tribal, and international partners, HHS has supported capacity-building efforts and strengthened linkages between government, nongovernmental organizations, and the private sector to promote health security at home and abroad. HHS has improved and exercised response capabilities, developed and licensed medical countermeasures, and promoted recovery planning and services. HHS has also prioritized the safety and well-being of the Nation's at-risk populations in the wake of disasters and public health emergencies.

To guide its work, HHS developed the first [National Health Security Strategy](#) (NHSS), a comprehensive framework for how the Nation must coordinate efforts to protect people's health in the case of an emergency. The NHSS maps the current challenges and gaps, and articulates a systems approach for preparedness and response, including identifying responsibilities for all levels of government, communities, families, and individuals as well as private sector and nongovernmental organizations. HHS uses the NHSS to guide what should be done at the federal level to improve federal efforts and best integrate with and support state, local, and tribal efforts. HHS is working with its federal, state, local, tribal, and international partners to build community resilience and strengthen and sustain health and [human service](#) emergency response systems, two primary goals of the NHSS. This includes strengthening and integrating bystander, community, emergency medical services, public health, and healthcare emergency management, response, and recovery capability.

This objective is intricately linked with other objectives that focus on modernizing and improving the access, safety, and quality of health care. Resilient communities and robust systems are important not just for emergencies but for use every day. Similarly, strategies that focus on prevention, integrated systems, and equitable practices will support both preparedness and routine use objectives.

Within HHS, improving health security is a shared responsibility. ASPR serves as the Secretary's principal advisor on matters related to chemical, biological, radiological, nuclear, and explosive terrorist events and other public health emergencies. ASPR also coordinates interagency activities between HHS, other federal partners, and state, local, and tribal officials responsible for [emergency preparedness](#) and the protection of the civilian population in emergencies. Working toward this objective, ASPR, in collaboration with the U.S. Department of Homeland Security, the Federal Emergency Management Agency, and other federal departments and agencies, is addressing the requirements of [Presidential Policy Directive 8 \(PPD 8\) - National Preparedness](#). The goal of PPD 8 is to strengthen the security and resilience of the U.S. through systematic preparation for threats at all levels of government, the private and nonprofit sectors, and individual citizens so that everyone can contribute to safeguarding the Nation from harm. The Department also maintains and supports the Commissioned Corps of the U.S. Public Health Service, a unique, deployable cadre of more than 6,500 uniformed officers with expertise in public health and emergency response. Corps officers stand ready to deploy to national and international emergencies in support of Departmental priorities.

Within HHS, ACF, ACL, AHRQ, ASPR, CDC, CMS, FDA, HRSA, NIH, OASH, OCR, and SAMHSA will have roles in implementing the following strategies to achieve this objective.

*Strategies*

- Strengthen the [capability of hospitals, healthcare coalitions \(including hospitals, long-term services, Federally-funded Health Centers, and other health care organizations and providers\), and human service](#) organizations to plan for, respond to, and recover from natural and man-made emergencies by integrating preparedness efforts into the day-to-day functioning across these organizations and systems;
- Build a [medical countermeasure enterprise](#) to produce medical countermeasures quickly, in the face of any threat, by supporting innovation in development and transformative technologies, increasing domestic manufacturing capacity, better defining regulatory pathways, improving stockpiling and distribution, and consulting end users to understand their needs;
- Modernize federal medical and public health response and recovery strategies and operations to be flexible, fast, efficient, innovative, and responsive to the unique context of each community and each disaster, and improve integration with health and emergency response systems;
- Promote the use of science-based communication practices to ensure that healthcare providers and affected or vulnerable populations have accurate, consistent, actionable, and up-to-date information critical for supporting individual and population health protection, especially during novel outbreaks or emerging health threats;
- Upgrade state, local, and [tribal](#) human services and [public health preparedness](#), response, and recovery capacity;
- Develop a research agenda, evaluation framework, and quality improvement methods for systematically ensuring that exemplary practices are used efficiently and effectively;
- Build strong, sustainable, resilient healthcare systems through strategic policy initiatives, including emergency medical services, emergency departments, hospitals, public health agencies, ambulatory care centers, primary care settings and long-term services and supports facilities;
- Promote an accessible, integrated, efficient, and prepared emergency care system that is patient- and community-centered;
- Enhance response to foodborne outbreaks with more rapid tracing of contaminated foods;
- Develop evidence-based interventions and recommendations, such as personal protective equipment guidance, to protect the Nation's first responders from injury, disease, and death during emergency responses;
- Provide expertise and tools to healthcare facilities to strengthen their capability to provide safe healthcare services during emergencies where local or widespread events might compromise normal functions or when healthcare is delivered in altered settings; and
- Identify and integrate activities related to the needs of children across HHS inter- and intra-governmental disaster planning activities and operations;
- Ensure that the needs of vulnerable populations, including children, individuals with Limited English Proficiency, individuals with disabilities, older adults, refugees and individuals with diverse cultural origins, are met in emergencies, through effective integration of these populations into planning, response, and recovery efforts.

### ***Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs***

1545 As the Nation's largest health insurer and the largest grant-awarding agency in the federal government, HHS places a high priority on ensuring the integrity of its investments. HHS manages [115 programs](#) in basic and applied science, public health, income support, child development, and health and social services, awarding approximately 90,000 grants to states, localities, Tribes and nonprofit organizations annually.

1550 HHS recognizes that ensuring the efficiency and effectiveness of federal programs is more than just allocating and expending resources responsibly. HHS is dedicated to developing the systems, workforce, and infrastructure that can address complicated and emerging challenges, to improve the health and well-being of the Nation. Robust and secure information management systems, collaboration to develop innovative solutions, a highly skilled and diverse workforce, and a commitment to sustainability are all part of that effort.

1555 HHS information management systems work to ensure effective internal controls, timely and reliable financial and performance data for reporting, and system integration. As part of this effort, HHS maintains management systems, processes, and controls that ensure financial accountability; provide useful management information; and meet requirements of federal laws, regulations, and guidance. HHS also complies with Executive Orders and Federal Laws requiring  
1560 departments and agencies to safeguard its personnel, information technology systems, critical infrastructure, and certain categories of sensitive information such as privacy data, proprietary information, and classified national security information.

HHS embraces the power of [Open Government](#), recognizing that with openness comes responsibility and accountability for results. Through [Open Government](#), HHS is promoting  
1565 transparency, participation, and collaboration—vital enablers of success in the HHS mission to improve the health and well-being of all Americans. HHS promotes participation with the broader public and Department staff to develop innovative solutions, to achieve efficiencies and improve program outcomes.

HHS has identified five guiding principles to help us better leverage the creativity of the  
1570 Department's employees and maximize the use of HHS data. These include: 1) deployment of tools and platforms that enable collaboration and enhance peer support, build networks and enable effective knowledge transfer; 2) introducing into the HHS workforce new methods for problem-solving, such as design thinking and lean startup methodologies, which have strong track records of success in the private sector; 3) encouraging management support of employee-  
1575 led entrepreneurship and experimentation; 4) further fueling innovation through open partnerships that leverage communities beyond the Federal government; and 5) developing objective measures to evaluate program results and provide a compass for better decision-making and iterative learning.

HHS is committed to helping recruit, develop, retain, and support a competent and diverse  
1580 workforce to provide effective and efficient services and promote responsible stewardship. HHS recognizes that investments in employee wellness programs, tools for innovative practice, and recruitment strategies to strengthen diversity at HHS are essential to achieving our mission.

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1585 To ensure the sustainability of operations, HHS continues to prioritize the reduction of greenhouse gas emissions to protect the environment and the public's health. HHS also is working to anticipate the consequences of climate change to mitigate the risks experienced by our employees, programs, and the individuals, families, and communities we serve.

1590 HHS is conducting multiple evaluations, including program integrity reviews of states' Medicaid programs to ensure compliance with federal program integrity regulations, provide technical assistance to state's program integrity operations, and identify areas to improve efficiency and effectiveness. HHS continues to enter into contracts that support Medicaid and Medicare integrity efforts and provide support and assistance to states through training and other educational programs. These evaluations will help to ensure that HHS knows how its program dollars are spent and that HHS regularly shares the findings with its partners, stakeholders, and the public.

1595 Every operating and staff division within the Department is committed to ensuring the efficiency, transparency, accountability, and effectiveness of HHS programs.



**Objective A: Strengthen program integrity and responsible stewardship by reducing improper payments, fighting fraud, and integrating financial, performance, and risk management**

1600 Managing more than \$900 billion in public investments is an enormous responsibility—and an opportunity. To improve performance and ensure the responsible stewardship of federal funds, HHS continues to strengthen and integrate financial, performance, and risk management systems. HHS is measuring successes at the program level, and identifying and addressing internal and external threats to success, to maximize the value of federal investments.

1605 Critical to HHS's risk management efforts is a focus on fraud, waste, and abuse. The Affordable Care Act and the Small Business Jobs Act (P.L. 111-240) provide tools to help HHS combat healthcare fraud, waste, and abuse, including the establishment of state-of-the-art fraud detection technology, enhanced provider screening and enrollment requirements, and an enhanced ability to stop fraudulent payments before they are made. The Improper Payments Elimination and  
1610 Recovery Act (P.L. 111-204) improves tools to prevent, reduce, and recover improper payments.

HHS engages in several initiatives to minimize improper payments, target emerging fraud schemes, and establish safeguards to correct programmatic vulnerabilities. HHS has implemented powerful anti-fraud tools and implemented large-scale, innovative improvements to the Medicare program integrity strategy to prevent fraud before it happens. These efforts include  
1615 the nationwide [Senior Medicare Patrol program](#), which recruits and trains volunteers to assist and educate Medicare beneficiaries on preventing, detecting, and reporting healthcare fraud, waste, and abuse. In 2012, the Senior Medicare Patrol program had more than 5,100 volunteers and educated more than 1.5 million people on Medicare fraud, waste, and abuse. In addition, the Senior Medicare Patrol program referred more than 900 potential cases, worth more than \$27.5  
1620 million, to CMS or the OIG.

HHS is working in collaboration with the U.S. Department of Justice to detect Medicare fraud through the Health Care Fraud Prevention and Enforcement Action Team ([HEAT](#)). A key component of HEAT is the Medicare Fraud Strike Force, interagency teams of analysts, investigators, and prosecutors who can target emerging or migrating fraud schemes, including  
1625 fraud by criminals masquerading as healthcare providers or suppliers. Since 2007, the HEAT has [charged more than 1,400 defendants who falsely billed the Medicare program, recovering more than \\$4.6 billion](#). HEAT also has coordinated the largest-ever federal healthcare fraud takedown involving \$530 million in fraudulent billing in 2011.

HHS also is working to improve program integrity across state Medicaid programs. For example,  
1630 the [Medicaid Integrity Program](#) is working on a number of initiatives in collaboration with states, including collaborative audits through the National Medicaid Audit Program, and providing education resources, such as best practices for five therapeutic drug classes that have been identified as having high potential for improper payments.

HHS continues to monitor and assist the efforts of states, territories, and Tribes to prevent  
1635 improper payments in Head Start, Temporary Assistance for Needy Families (TANF), Low Income Home Energy Assistance Program (LIHEAP), foster care, and childcare. For example, HHS encourages state TANF agencies to use employment data from the [National Directory of New Hires](#) to identify unreported and underreported income, thereby reducing improper

1640 assistance payments. In addition, ACF uses Title IV-E [Foster Care Eligibility Reviews](#) to ensure program eligibility of foster care payment recipients.

The Secretary has launched a Department-wide program integrity initiative to ensure that every program prioritizes risk management. Linking financial, programmatic, and performance data helps provide an unprecedented level of transparency and accountability and ensures program efficiency and effectiveness.

1645 HHS promotes research integrity through its program to enhance Responsible Conduct of Research, which is taught to scientists whose institutions receive funds from Public Health Service agencies. HHS also conducts oversight review of institutional investigations of allegations of research misconduct in order to make separate HHS findings designed to protect the health and safety of the public, promote the integrity of Public Health Service-supported  
1650 research and the research process, and conserve public funds.

HHS agencies and offices will contribute to this objective through the following key strategies.

### *Strategies*

- Foster early detection and prevention by focusing on preventing bad actors from enrolling or remaining in Medicare and Medicaid before improper payments are made, while  
1655 ensuring that legitimate providers are able to enroll swiftly and easily;
- Require Medicare and Medicaid providers and suppliers to undergo screening, including enhanced screening for certain high-risk providers and suppliers, and take action to exclude those known to commit fraud;
- Strengthen oversight of Medicaid expenditures by working with state partners to improve financial accountability for managed care and fee-for-service, provider rate setting, accuracy of state claiming, and beneficiary and provider eligibility processes;
- Conduct oversight of Medicare Part C and Part D plan sponsors by conducting audits that detect whether plans are delivering the appropriate healthcare services and medications for which they are being paid;
- Improve contractor accountability, coordination and integration across Medicaid and Medicare program integrity initiatives;
- Improve Medicare and Medicaid payment accuracy by supporting ongoing initiatives that address the causes of improper payments to ensure that in every case Medicare and Medicaid programs pay the right amount, to the right party, for the right recipient in accordance with the law and agency and state policies;
- Enhance end-to-end acquisition management capabilities, including robust requirements development and cost estimating processes and procedures, improved contract management practices, and improved coordination and planning cycles;
- Identify and proactively address internal and external risks to program performance,  
1675 [monitor programs](#), contractors, and grantees vigilantly, pursue prosecution and punishment for those who commit fraud, and remedy program vulnerabilities; and
- Improve support of, and coordination with, law enforcement by working closely with the Office of the Inspector General, the U.S. Department of Justice and the Federal Bureau of Investigation, to focus on prevention, early detection, and data sharing, moving beyond  
1680 the paradigm of pay-and-chase, while continuing an aggressive and robust program of criminal investigation and prosecution;



Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

- Meet White House Cross Agency Cybersecurity goals for trusted internet connection, continuous monitoring, and strong authentication to information technology networks;
- Improve physical security and critical infrastructure protection by identifying HHS critical infrastructure, and updating security policies to provide guidance on mitigation of risk to these facilities, in accordance with Presidential Policy Directive 21, Critical Infrastructure Security and Resilience; and
- Integrate programs and processes for personnel suitability and national security clearance adjudication to improve the quality and timeliness of background investigations.

**Objective B: Enhance access to and use of data to improve HHS programs and support improvements in the health and well-being of the American people**

The Open Government Initiative calls upon federal agencies to establish a system of transparency, participation, and collaboration to ensure the efficiency and effectiveness of government programs. The principles of open government – transparency, participation, and collaboration – are critical in ensuring that HHS achieves its mission of protecting the health of all Americans.

To increase government transparency, HHS has published more government information online in ways that are easily accessible and usable, such as [HealthData.gov](https://www.healthdata.gov). Agencies have developed and disseminated accurate, high-quality, and timely information including the [Data Navigator](#), the [Health Information Technology Dashboard](#), and [FDA-TRACK](#). HHS has focused on increasing the transparency of financial data and has created the [Tracking Accountability in Government Grants \(TAGGS\) System](#).

HHS remains committed to expanding access and use of its data to encourage public participation in the analysis of the health problems facing our Nation. HHS instituted the [Health Data Initiative](#) to encourage and support the creation of innovative solutions using data to address these problems. The [Health Data Initiative](#) will focus on strategic data liberation, appropriate dissemination of data, and data education. HHS will maximize the use of the [HealthData.gov](https://www.healthdata.gov) platform to enable greater access to the data and more robust communications about their value. Finally, HHS will focus data education efforts on both internal and external audiences. HHS has launched the [Health Indicators Warehouse](#), which houses high-quality indicators to support research and applications. The integrated database of national, state, and local indicators includes health outcomes, health determinants, and evidence-based interventions.

HHS continues to support [Healthy People 2020](#), a comprehensive set of ten-year goals for improving the health of all Americans. The Healthy People framework has been expanded to include 42 topics and 1,200 measures. The [Medical Expenditure Panel Survey](#) captures data on health insurance coverage, and access, use, and cost of health services. Data are accessible through publications, summary data tables, and interactive statistical tools and data files. HHS also has launched an initiative to help guide the agency's evolution from a fee-for-service based payer to a value-based purchaser of care that links payments to quality and efficiency of care, rather than sheer volume of services.

Enhanced data access and utilization will bring new transparency to health care to help spark action to improve performance; help those discovering and applying scientific knowledge to locate, combine, and share potentially relevant information across disciplines to accelerate progress; and enhance entrepreneurial value, catalyzing the development of innovative products and services that benefit the public and fuel the private sector's economic growth.

HHS uses data analysis and management to inform decision-making to increase efficiency and effectiveness of programs. Integrating strategic, financial, and programmatic data supports evidence-based decision-making that drives business process improvements and more effective and efficient program operations. For example, the [Performance Improvement and Management System](#) (PIMS) is designed to improve the quality of planning, implementation, and evaluation of funded programs addressing health disparities.

To support collaboration and standardization in data collection and analysis activities, the [HHS Data Council](#) oversees an integrated data collection strategy and the coordination of health data standards, and privacy policy activities. In response to the [Federal Data Center Consolidation Initiative](#), HHS has formed the [HHS Data Center Consolidation Plan](#) to promote enterprise solutions and data center operation policies that will result in efficient data center utilization.

Through the [National Committee on Vital and Health Statistics](#), the [Working Group on HHS Data Access and Use](#) will make recommendations to HHS on improving data access and innovative use, including content, technology, media, and audiences. The Working Group will also advise HHS on promoting and facilitating communication to the public about HHS data, and will facilitate HHS access to expert opinion and public input regarding policies, procedures, and infrastructure to improve data access and use.

HHS is committed to data security and the [protection of personal privacy](#) and confidentiality as a fundamental principle governing the collection and use of data. The [HHS Cybersecurity Program](#) ensures compliance with federal mandates and legislation, including the Federal Information Security Management Act (P.L. 107-247). HHS protects the confidentiality of individually identifiable information in all public data releases, including publication of datasets on the Web.

HHS agencies and offices will contribute to this objective through the following key strategies.

#### *Strategies*

- Assess data needs, gaps, and opportunities; improve data quality; develop plans and recommendations for evaluation and performance information; and identify ways to share existing and new data with the public and key audiences, to the extent authorized under law, in ways that adhere to transparency principles and advance the initiative;
- Coordinate [HHS data collection](#) and analysis activities, and ensure effective long-term planning for surveys and other investments in major data collection;
- [Monitor](#), stimulate, and incorporate innovative and beneficial uses of HHS data through systematic dialogue with key stakeholder groups;
- Expand the focus of [CMS's data environment](#) from claims processing to state-of-the-art data analysis, predictive analytics and information sharing;
- Explore effective ways to gather, share, and analyze data from numerically smaller populations, such as [American Indians and Alaska Natives](#), Asian and Pacific Islander groups, and others, while maintaining the highest standards of data confidentiality;
- Use [Data 2020](#) to track progress toward achieving the Nation's health objectives contained in Healthy People 2020;
- Improve data collection efforts to monitor the health and health status for population subgroups such as racial and ethnic populations, persons with disabilities, the reentry population, rural populations and LGBT populations;
- Ensure that data and Websites are in compliance with Section 508 requirements and are accessible to individuals with disabilities;
- Establish governance within Freedom of Information Act (P.L. 89-487) ([FOIA](#)) operations to promote the proactive publishing of information and include FOIA officers across the Department in transparency and data-sharing planning activities; and
- Enhance internal and external information sharing and safeguarding of national security information in accordance with privacy and civil liberties policies.

**Objective C: Invest in the HHS workforce to help meet America's health and human service needs**

The federal government has been instrumental in responding to the challenges that face our Nation, such as ensuring adequate health care for our citizens, accelerating the process of scientific discovery, and advancing the health, safety, and well-being of the American people. To continue making progress towards these challenges, HHS is engaging in a variety of activities to strengthen its human capital and to address challenges in workforce recruitment, development, and retention.

To build a strong biomedical research workforce, HHS is undertaking [new initiatives](#) to recruit and retain a diverse pool of scientific talent and creativity. HHS recruits talented staff through internships, fellowships, and leadership and research opportunities. HHS continues to promote the [U.S. Public Health Service Commissioned Corps](#) to attract, develop, and retain diverse clinical and public health professionals assigned to federal, state, local, and tribal agencies or international organizations. In response to the Presidential Memorandum, "[Improving the Federal Recruitment and Hiring Process](#)," HHS continues to implement the HHS Accelerated Hiring Process and is preparing guidance on integrating hiring processes to improve the timeliness of background investigations.

HHS operating and staff divisions are developing training curricula for all positions and offering diverse modalities for instruction, such as in-person classroom and online training, on-the-job training, and shadow assignments. HHS also is training managers and employees on the performance feedback process and their respective roles in providing and receiving effective feedback. HHS has launched FedStrive, an enhanced, comprehensive, and integrated health and wellness program, modeled after best practices in private industry, to reduce health risks and improve productivity among its employees.

Building upon the President's updated [Strategy for Innovation](#), HHS established the [HHS Innovation Council](#), with a mission of advancing a culture of innovation and success within HHS. The Innovation Council plays an important role in identifying barriers to innovation and promoting crosscutting solutions involving policy change and project execution. The Innovation Council initiates and oversees a number of crosscutting initiatives to foster innovation among employees, including [HHSignites \(beta\)](#), which provides seed funding for promising ideas; the [HHSinnovates program](#), which recognizes and rewards employee-led innovation; and the [HHSentrepreneurs program](#), which provides a mechanism for allowing agencies to bring in external entrepreneurs to work with internal HHS innovators.

HHS agencies and offices will contribute to this objective through the following key strategies.

***Strategies***

- Recruit, [hire, and retain a talented and diverse HHS workforce](#);
- Promote the Commissioned Corps as a health resource to provide public health services in hard-to-fill assignments as well as to respond to public health emergencies;
- Support a culture of wellness across HHS, including a harassment-free and inclusive workplace;
- [Harness employees' insights and experiences](#) to help develop high-impact solutions to important health, public health, and human services challenges;

Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

- 1820 • Ensure accountability and fair appraisal of HHS workforce and leadership;
- Ensure the HHS workforce have the tools, systems, and resources to perform at the highest levels;
- Provide electronic tools and platforms that can enhance HHS employees' ability to collaborate and share knowledge;
- 1825 • Expand use of platforms such as Yammer (a Department-wide social networking tool) and pilot task management tools and other connectivity platforms to enable better prioritization, increased connection with colleagues across the Department, and more productive work;
- Enhance innovation by allowing HHS employees the freedom to experiment;
- Initiate and expand programs that provide HHS employees with resources and mentoring as well as the evaluation tools necessary to pilot and refine good ideas;
- 1830 • Promote programs such as [HHSentpreneurs program](#) and [HHSignites \(beta\)](#), and develop new initiatives that foster an environment in which employees can effectively innovate;
- Continue to incentivize innovation through providing recognition and rewards for good ideas, including through the Secretary's Innovation Awards program; and
- 1835 • Strengthen the Department's Counterintelligence and Insider Threat programs, and integrate intelligence and security information, to identify vulnerabilities and disrupt insider or external threats that could detrimentally impact our people, facilities, assets, and information or the operational mission.

**Objective D: Improve HHS environmental, energy, and economic performance to promote sustainability**

Executive Order 13514, “[Federal Leadership in Environmental, Energy, and Economic Performance](#),” promotes sustainability in the federal government and sets priorities for the reduction of greenhouse gas emissions. Sustainability is integral to the HHS mission. Conducting our activities in a sustainable manner will benefit Americans today as well as secure the health and well-being of future generations of Americans. HHS seeks to be a leader in promoting sustainability to benefit the Nation’s health and well-being.

By helping to control greenhouse gas emissions generated by our operations – from employee travel to facility construction to patient care and laboratory research – HHS will reduce releases that impact health. Conserving resources through sustainable purchasing operations, management of real property, and recapitalization of building infrastructure and waste management positions can help HHS meet its mission while managing costs. Operational efficiencies, such as reductions in paper, water, and energy use, allow more resources to be devoted to mission-specific purposes. Reuse and recycling efforts can reduce the amount of land devoted to landfills and raw material extraction. Managing waste reduces the level of toxins that enter water sources and food chains. Protecting plant and animal species ensures biodiversity, maintains ecosystems, and offers potential to use these as sources of new medical treatments.

Sustainable facilities improve the health of our staff, patients, and other building occupants. Worker absenteeism, acute disease, and chronic diseases are associated with stressors and pollutants in the indoor environment. Ventilation improvements, green cleaning, and pest management practices can reduce the adverse health effects of toxic chemicals in the environment.

The HHS Senior Sustainability Officer helps ensure that HHS operations promote sustainability and comply with Executive Order 13514. Meeting sustainability goals is a shared responsibility, underpinning the functions of agencies and offices throughout HHS. It also is the responsibility of the individuals directly employed by HHS, as well as its grantees and contractors.

HHS agencies and offices will contribute to this objective through the following key strategies.

***Strategies***

- Reduce energy consumption and greenhouse gas emissions through sustainable management of energy use and other activities;
- Conserve resources through sustainable purchasing, operations, and waste management;
- Promote and protect human and environmental health through sustainability planning, appropriate land use and community design initiatives, and operations;
- Translate research into tools and assessment systems that improve the health and sustainability of environments from the micro to the macro community level;
- Lead, communicate, and engage the community on the benefits of sustainability in all policies and actions; and
- Support research on the relationship between sustainability and human health and well-being.

## 1880 *Appendix A: Organizational Chart*

[HHS Organizational Chart \(Text only version\)](#)

## *Appendix B: Operating and Staff Divisions and Their Functions*

### **Operating Divisions**

1885 The agencies perform a wide variety of tasks and services, including research, public health, food and drug safety, health insurance, and many others, and extend grants and other funding.

#### [Administration for Children and Families \(ACF\)](#)

1890 Mission: To foster health and well-being by providing federal leadership, partnership and resources for the compassionate and effective delivery of human services. ACF grant programs lead the Nation in strengthening economic independence and productivity and in enhancing quality of life for people across the life span.

#### [Administration for Community Living \(ACL\)](#)

1895 Mission: Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. ACL includes the efforts and achievements of the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities in a single agency, with enhanced policy and program support for both cross-cutting initiatives and efforts focused on the unique needs of individual groups such as children with developmental disabilities, adults with physical disabilities, or seniors, including seniors with Alzheimer's.

#### [Agency for Healthcare Research and Quality \(AHRQ\)](#)

1900 Mission: To improve the quality, safety, efficiency, and effectiveness of health care for all Americans. AHRQ funds and conducts health services research to examine how people get access to care, how much care costs, and what happens to patients as a result of care they receive. Information from AHRQ's research is utilized to assist consumers and healthcare providers to make more informed decisions and improve the quality of health care services nationwide.

#### [Agency for Toxic Substances and Disease Registry \(ATSDR\)](#)

1910 Mission: To serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures. ATSDR efforts prevent exposure to such substances, adverse human health effects, and diminished quality of life associated with exposure to hazardous substances.

#### [Centers for Disease Control and Prevention \(CDC\)](#)

1915 Mission: Collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC strengthens existing public health infrastructure while working with partners throughout the Nation and the world.



### Centers for Medicare & Medicaid Services (CMS)

1920 Mission: As an effective steward of public funds, CMS is committed to strengthening and modernizing the nation's health care system to provide access to high quality care and improved health at lower cost. CMS is the largest purchaser of health care in the United States, providing health coverage for more than 100 million individuals. CMS administers Medicare, Medicaid, the Children's Health Insurance Program (CHIP) and new private insurance and private insurance market reform programs.

### Food and Drug Administration (FDA)

1925 Mission: To rigorously assure the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices, and the safety and security of our Nation's food supply, cosmetics, and products that emit radiation. FDA advances the public health by helping to speed innovations and by assisting the public in getting the accurate, science-based information needed on medicines and foods to help prevent disease and improve health. FDA  
1930 also has responsibility to reduce death and disease caused by tobacco by regulating the manufacturing, marketing, and distribution of tobacco products and by educating the public about the harms of tobacco products to prevent initiation and encourage cessation.

### Health Resources and Services Administration (HRSA)

1935 Mission: To improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

### Indian Health Service (IHS)

1940 Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. IHS provides comprehensive health services for American Indians and Alaska Natives, with opportunity for maximum tribal involvement in developing and managing programs to improve their health status and overall quality of life.

### National Institutes of Health (NIH)

1945 Mission: NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. Through its 27 institutes and centers, NIH supports and conducts research, domestically and abroad, into the causes, diagnosis, treatment, control, and prevention of diseases. It also promotes the acquisition and dissemination of medical knowledge to health professionals and the public.

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

1950 Mission: To reduce the impact of substance abuse and mental illness on America's communities. SAMHSA accomplishes this mission by serving as a national voice on mental health and mental illness, substance abuse, and behavioral health systems of care. It coordinates behavioral health surveillance to better understand the impact of substance abuse and mental  
1955 illness on children, individuals, and families, and the costs associated with treatment. SAMHSA also helps to ensure dollars are invested in evidence-based and data-driven programs and initiatives that result in improved health and resilience.



## Office of the Secretary, Staff Divisions

1960 The primary goal of these divisions is to provide leadership, direction, and policy and management guidance to the Department.

### Immediate Office of the Secretary

#### Office of Health Reform (OHR)

1965 Mission: To provide leadership in establishing policies, priorities, and objectives for the federal government's comprehensive effort to implement the Affordable Care Act and improve access to health coverage and care, the quality of such care, and the sustainability and effectiveness of the healthcare system.

### Office of the Deputy Secretary

Mission: To direct operations of the largest civilian department in the Federal Government.

#### Office of Intergovernmental and External Affairs (IEA)

1970 Mission: To serve as the Secretary's liaison to state, local and tribal governments and non-governmental organizations. IEA facilitates communication between the Department and these governmental and non-governmental stakeholders regarding HHS initiatives and policies. IEA serves the dual role of representing the state, local, tribal, and territorial perspective in the federal policy making process as well as clarifying the federal perspective to these governments.

1975

#### Assistant Secretary for Administration (ASA)

1980 Mission: To provide customer-focused solutions, expert consulting and leadership in support of the Department's and other federal agencies' business and administrative operations, including human resources, information technology, security, real property, employee health, equal employment opportunity, and other shared services. As the Senior Sustainability Officer, the ASA advises the Secretary on all aspects of administration and human resource management.

#### Program Support Center (PSC)

1985 Mission: To provide a full range of shared services to HHS and other federal agencies, enabling them to better focus on their core mission. A component of ASA, the PSC is the provider of choice for quality and value in shared services—administrative operations, occupational health services, facilities and logistics, financial management, and strategic acquisition services—across the Federal Government.

#### Assistant Secretary for Financial Resources (ASFR)

1990 Mission: To provide advice and guidance to the Secretary on all aspects of budget, financial management, grants and acquisition management, and the American Recovery and Reinvestment Act (ARRA or Recovery Act) coordination, and to provide for the direction and implementation of these activities across the Department.

[Assistant Secretary for Health](#) (OASH)

- 1995 Mission: To provide senior professional leadership across HHS on cross-cutting public health and science initiatives and on population-based public health and clinical preventive services. OASH serves as the Secretary's primary advisor on matters involving the Nation's public health and oversees the USPHS. OASH comprises core public health offices and the Commissioned Corps, a uniformed service of more than 6,500 health professionals who serve at
- 2000 HHS and other Federal agencies.

[Assistant Secretary for Legislation](#) (ASL)

Mission: To serve the Secretary as the primary link between the Department of Health and Human Services (HHS) and Congress. ASL informs the Congress of Departmental priorities, actions, grants, and contracts.

2005 [Assistant Secretary for Planning and Evaluation](#) (ASPE)

- Mission: To advise the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provide advice and analysis on economic policy. ASPE is responsible for major activities in policy coordination, development of legislation, strategic planning, policy research, program evaluation, and
- 2010 economic analysis.

[Assistant Secretary for Public Affairs](#) (ASPA)

- Mission: To serve as the Department's principal Public Affairs office, lead efforts across the Department to promote transparency, accountability and access to critical public health and human services information to the American people. ASPA coordinates media relations and public service information campaigns throughout the Department and manages the Freedom of
- 2015 Information process for the Department.

[Assistant Secretary for Preparedness and Response](#) (ASPR)

- Mission: To serve as the Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies. ASPR directs the Department's emergency response activities, and it coordinates interagency activities related to emergency preparedness and the protection of the civilian population.
- 2020

[Center for Faith-based and Neighborhood Partnerships](#) (CFBNP)

- Mission: To support robust partnerships between HHS and faith-based and community-based organizations to better serve individuals, families, and communities in need. The Partnership Center works in collaboration with HHS agencies to extend the reach and impact of HHS programs into communities across the country.
- 2025

[Departmental Appeals Board](#) (DAB)

- Mission: To provide the best possible dispute resolution services for the people who appear before the Board, those who rely on the decisions, and the public. DAB provides prompt, fair, and impartial dispute resolution services to parties in many different kinds of disputes involving components of the Department. DAB encourages the use of mediation and other forms of alternative dispute resolution.
- 2030

### Office for Civil Rights (OCR)

2035 Mission: To promote and ensure that all people have equal access to, and the opportunity to participate in and receive services from all HHS-funded programs without facing unlawful discrimination, and that the privacy and security of their health information is protected. OCR investigates complaints, enforces rights, promulgates regulations, develops policy and provides technical assistance and public education to ensure understanding of and compliance with non-

2040 discrimination and health information privacy laws. Through prevention and elimination of unlawful discrimination and by protecting the privacy and security of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by its many programs.

### Office of the General Counsel (OGC)

2045 Mission: To advance the Department's goal of protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. OGC is the legal team for the Department, providing quality representation and legal advice on a wide range of highly visible national issues. OGC supports the development and implementation of the Department's programs by providing the highest quality legal services to the Secretary and

2050 to the Department's agencies and divisions.

### Office of Global Affairs (OGA)

Mission: To support and help guide HHS in international matters. Within HHS, OGA coordinates international health and human services policy, research, and global health diplomacy for the benefit of Americans. OGA represents HHS to other governments, other

2055 federal departments and agencies, international organizations, and the private sector on international issues.

### Office of Inspector General (OIG)

Mission: To protect the integrity of Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries. By conducting independent and objective audits, evaluations, and investigations, OIG provides timely, useful, and reliable

2060 information and advice to Department officials, the Administration, the Congress, and the public.

### Office of Medicare Hearings and Appeals (OMHA)

Mission: To administer the nationwide hearings and appeals for the Medicare program, and to ensure that the American people have equal access and opportunity to appeal and can exercise their rights for healthcare quality and access. Under direct delegation from the Secretary, OMHA administers nationwide hearings for the Medicare program. The Administrative Law Judges (ALJs) within OMHA conduct impartial hearings and issue decisions on behalf of the Secretary on claims determination appeals involving Parts A, B, C, and D of Medicare. ALJs also issue decisions on Medicare entitlement and eligibility appeals.

2065

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

2070 Mission: To improve health and health care for all Americans through use of information and technology. The National Coordinator for Health Information Technology serves as the Secretary's principal advisor on the development, application, and use of health information technology in both the public and private healthcare sectors—technology that will reduce

2075 medical errors, improve quality, and produce greater value for healthcare expenditures.