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2 **HHS Strategic Plan, FY 2018 – 2022**

3 **Draft, September 2017**

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49

50

51 **Introduction**

52

53 **Mission Statement**

54 The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the
55 health and well-being of Americans, by providing for effective health and human services and by
56 fostering sound, sustained advances in the sciences underlying medicine, public health, and
57 social services.

58

59 **Organizational Structure**

60 HHS accomplishes its mission through programs and initiatives that cover a wide spectrum of
61 activities, serving and protecting Americans at every stage of life, beginning at conception.
62 Eleven operating divisions, including eight agencies in the U.S. Public Health Service and three
63 human services agencies, administer HHS's programs. While HHS is a domestic agency working
64 to protect and promote the health and well-being of the American people, the interconnectedness
65 of our world requires that HHS engage globally to fulfill its mission. In addition, staff divisions
66 provide leadership, direction, and policy guidance to the Department.

67 Appendix A includes the organizational chart for HHS. Appendix B briefly describes the
68 functions of all of HHS's operating and staff divisions (OpDivs and StaffDivs), and provides
69 links to the divisions' websites for additional information.

70

71 **Strategic Plan Development**

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

78 All OpDivs and StaffDivs within HHS contributed to the development of this draft of the HHS
79 Strategic Plan FY 2018 – 2022 (Strategic Plan), as reflected in its strategic goals, objectives, and
80 strategies. The Strategic Plan's content aligns with the priorities of the Administration and HHS.

81

82 **Strategic Goals, Objectives, and Strategies**

83 This Strategic Plan describes HHS’s efforts within the context of five broad strategic goals:

- 84 • Strategic Goal 1: Reform, Strengthen, and Modernize the Nation’s Health Care System
- 85 • Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and
- 86 Play
- 87 • Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans across
- 88 the Lifespan
- 89 • Strategic Goal 4: Foster Sound, Sustained Advances in the Sciences
- 90 • Strategic Goal 5: Promote Effective and Efficient Management and Stewardship

91 The strategic goals and associated objectives focus on the major functions of HHS. Primary
92 strategies for accomplishing HHS’s goals are presented within each objective. Although the
93 strategic goals and objectives presented in the Strategic Plan are separate sections, they are
94 interrelated, and successful achievement of one strategic goal or objective can influence the
95 success of others. The Strategic Plan highlights where strategies relate to each other across
96 objectives, and points the reader to additional information in other sections. Multiple divisions
97 within HHS often contribute to successful achievement of a strategic goal or objective; divisions
98 that make these contributions to strategic goals and objectives are listed within the appropriate
99 sections of the Strategic Plan.

100

101 The strategies presented are not intended to be an exhaustive list, but a select set of activities that
102 are intended to lead to good outcomes in each area.

103

104 **Stakeholder Engagement**

105 Under the GPRA Modernization Act, federal agencies are required to consult with Congress and
106 to solicit and consider the views of external parties. HHS will update this section to reflect input
107 received from public and Congressional consultation conducted in the fall of 2017.

108 **Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's**
109 **Health Care System**

110 HHS is dedicated to reforming, strengthening, and modernizing the Nation's health care system.
111 By promoting greater affordability and balancing spending, strengthening health care quality and
112 patient safety, improving access and expanding choices, and investing in the health care
113 workforce, HHS seeks to improve health care outcomes for people we serve. While we may refer
114 to the people we serve as beneficiaries, enrollees, patients, or consumers, our ultimate goal is to
115 improve healthcare outcomes for all people, including the unborn, across healthcare settings.

116 The four objectives in this strategic goal include a selection of strategies HHS is implementing
117 related to health care affordability, quality, access, and a stronger workforce. The strategies
118 presented are not intended to be an exhaustive list, but a curated set of activities that we believe
119 will positively impact health outcomes.

120 Within HHS, the following divisions are working to achieve this goal: Administration for
121 Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Centers for
122 Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food
123 and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian
124 Health Service (IHS), Office for Civil Rights (OCR), Office of the National Coordinator for
125 Health Information Technology (ONC), Office of Medicare Hearings and Appeals (OMHA), and
126 Substance Abuse and Mental Health Services Administration (SAMHSA).

127 **Objective 1.1: Promote affordable health care, while balancing spending on**
128 **premiums, deductibles, and out-of-pocket costs**

129 HHS is supporting multiple strategies to reduce healthcare costs and promote more affordable
130 health care – promoting preventive care to reduce future medical costs, strengthening informed
131 consumer decision-making and price transparency, strengthening and expanding coverage
132 options in order to provide greater choice for consumers, promoting the use of lower cost
133 healthcare options, and incentivizing quality and value-based care. HHS also collects, analyzes,
134 and applies data to improve access to affordable health care. Below is a selection of strategies
135 HHS is implementing.

136

137 **Contributing OpDivs and StaffDivs**

138 AHRQ and CMS work to achieve this objective.

139

140 **Strategies**

141 **Promote preventive care to reduce future medical costs**

- 142 • Reduce downstream costs by implementing high-value, evidence-based prevention
143 interventions to achieve better health outcomes
- 144 • Lower long-term expenditures by promoting evidence-based disease prevention
145 behaviors, activities, and services, particularly for individuals at high risk for
146 development of chronic conditions
- 147 • Reduce avoidable costs by increasing use of primary and secondary preventive health
148 services
- 149 • Reduce need for avoidable medical costs by increasing use of timely prenatal, maternal,
150 and postpartum care
- 151 • Support availability of preventive health services such as screenings, immunizations, and
152 vaccinations by healthcare providers and community partners.

153 *Note: additional strategies on immunizations, vaccinations, and screenings can be found in*
154 *Objectives 2.2, 2.3, and 3.3.*

155

156

157

158 **Strengthen informed consumer decision-making and transparency about the cost of care**

- 159 • Enhance comparison and decision-making tools, including online resources, to help
160 Americans make informed decisions about health insurance coverage options and service
161 cost options
- 162 • Build out and broaden models that allow beneficiaries the option of controlling more of
163 their healthcare dollars
- 164 • Support health literacy tools and partner efforts to promote understanding of health costs
165 and terminology, so that consumers can choose the most appropriate, affordable health
166 plan that meets their health needs
- 167 • Increase education and awareness of coverage options such as Medicaid, Medicare Fee-
168 For-Service, Medicare Advantage, Prescription Drug Plans, and integrated care options
- 169 • Test new payment models on alternative approaches to end-of-life care that incentivize
170 patient and family-centered preferences, while respecting religious beliefs and moral
171 convictions, and promote programmatic payment and quality of care options for advance
172 care planning in support of the physician/patient relationship.

173 **Strengthen coverage options to reduce consumer costs**

- 174 • Implement policies that increase the mix of younger and healthier consumers purchasing
175 plans through the individual market
- 176 • Pursue policies that foster lower premiums by reducing the rate of healthcare cost growth,
177 and decrease average individual health insurance market rate increases
- 178 • Streamline eligibility and enrollment processes for Medicare, Medicaid, and other
179 community supports so that all populations, including individuals most in need, have
180 access to the services they need

181 **Promote higher value and lower cost healthcare options**

- 182 • Promote the use of high-quality, lower cost healthcare providers, such as community
183 health workers, dental therapists, and community organizations, where appropriate
- 184 • Modify payments to achieve greater site neutrality and facilitate appropriate settings,
185 including community settings, of care at a lower cost

186 **Incentivize quality and value-based care**

- 187 • Promote the application of proven clinical preventive services for high impact risk factors
188 and early stage disease detection, through federal guidelines, quality measurement, and
189 partnerships with accrediting organizations, including faith-based and other community
190 organizations

191 • Improve return on investment of federal and state spending by encouraging development
192 of payment models that reward value over volume

193 • Incentivize better planning, coordination, and management of services across the
194 continuum of care to improve outcomes for people with chronic conditions

195 *Note: additional healthcare quality strategies are in Objective 1.2*

196 **Collect, analyze, and apply data to improve access to affordable health care**

197 • Provide information on the prevalence, causes and consequences of high health care
198 financial costs, including social factors that exacerbate costs

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

203 • Track trends in premiums, out-of-pocket payments, deductibles, and out-of-pocket
204 maximums in health plans

205 *Note: additional surveillance strategies are in Objective 4.1*

206 **Objective 1.2: Expand safe, high-quality healthcare options, and encourage**
207 **innovation and competition**

208 HHS works to expand safe, high-quality healthcare options through multiple strategies –
209 preventing adverse health events; incentivizing high-quality care; leveraging technology;
210 implementing coordinated, team-based approaches to care; and empowering patients. HHS is
211 working to reduce disparities in healthcare quality and patient safety, focusing on populations at
212 high risk for poor health outcomes. Research and surveillance efforts also help HHS understand
213 how better to support safe, high-quality care. Below is a selection of strategies HHS is
214 implementing.

215

216 **Contributing OpDivs and StaffDivs**

217 ACL, AHRQ, CDC, CMS, HRSA, OCR, ONC, and SAMHSA work to achieve this objective.

218

219 **Strategies**

220 **Improve patient safety and prevent adverse events such as healthcare-associated infections**
221 **and medication harms across the healthcare system**

- 222 • Improve use of public health and health care data to empower decision-making at
223 national, state, and local levels
- 224 • Enhance the connections between public health and health care for early detection and
225 efficient response to healthcare-associated disease outbreaks
- 226 • Align incentives and promote the use of evidence-based guidelines, strategies,
227 innovation, and public–private partnerships to identify, target, and prevent healthcare-
228 associated infections, antibiotic resistance, and other adverse events in all healthcare
229 settings
- 230 • Support clinicians and other healthcare providers to deliver safer care to their patients
231 through programs that engage public health, healthcare, and private partners (including
232 faith-based and other community organizations) to advance patient safety efforts, prevent
233 healthcare-associated infections, and improve medication prescribing and use
- 234 • Conduct applied research to identify and address quality gaps and patient safety risks for
235 healthcare-associated conditions, and promote the wide-scale implementation and
236 adoption of this evidence to accelerate improvements

- 237 • Support research and innovation to strengthen evidence-based recommendations, address
238 quality gaps and safety risks for healthcare-associated conditions, develop improved
239 methods and strategies to prevent healthcare-associated infections and combat antibiotic
240 resistance, and translate this knowledge and evidence into practical tools, training, and
241 other resources to accelerate progress to improve quality and patient safety

242 **Incentivize safe, high-quality care**

- 243 • Develop new payment and service delivery models that speed the adoption of best
244 practices
- 245 • Improve provision of, and access to, clinically appropriate preventive services to patients
246 in the quality payment program and advanced payment models, through improved
247 understanding of uptake of preventive benefits, particularly for those patients who are
248 high risk
- 249 • Expand opportunities for Medicare and Medicaid alternative payment models to
250 incentivize value-based care options
- 251 • Help beneficiaries access preventive care in community-based settings, while
252 encouraging innovation and competition through use of performance-based payment
- 253 • Develop methods for value-based purchasing to encourage and incentivize improvement
254 among all providers while promoting research on how to recognize variation in
255 performance due to circumstances outside the control of the provider

256 **Leverage technology solutions to support safe, high-quality care**

- 257 • Advance interoperable clinical information flows so providers can efficiently send,
258 receive, and analyze data across primary care, acute care, specialty care including
259 behavioral health care, and post-acute care settings
- 260 • Promote implementation of understandable, functional health information technology
261 tools to support patients in their decision-making, and health care providers and their
262 workflows

263 **Implement coordinated, team-based approaches to care**

- 264 • Collaborate with healthcare systems and community partners to facilitate the spread of
265 evidence-based clinical practices and the appropriate incorporation of innovations, such
266 as data analytic techniques and clinical decision-support
- 267 • Use learning and action networks and training delivery systems to build the capacity of
268 providers to implement improvement activities that address emerging threats to health
269 and safety

- 270 • Promote and implement models that connect primary care, acute care, behavioral health
271 care, and long-term services and supports to facilitate transitions between care settings,
272 especially for dual Medicare-Medicaid enrollees
- 273 • Implement a collaborative model for behavioral health integration with primary care that
274 is team-driven, population-focused, measurement-guided, and evidence-based

275 **Empower patients, families, and other caregivers to facilitate the delivery and increase the**
276 **use of safe, high-quality, person-centered care**

- 277 • Expand the engagement of patients, families, and other caregivers in developing and
278 implementing programs that improve the quality of care and increase access to services
279 available to them
- 280 • Promote the development, implementation, and use of experience and outcome measures,
281 including patient-reported data and price transparency data, as appropriate, for use in
282 quality reporting

283 **Reduce disparities in quality and safety**

- 284 • Enhance the use of health information technology among safety net providers and
285 community-based organizations to inform decision-making, better engage patients in
286 their care, improve public health outcomes, and increase public health reporting
- 287 • Encourage and support workforce solutions that deliver culturally appropriate care,
288 including through extending needed flexibility to states and partners seeking to
289 implement these solutions
- 290 • Increase capacity to provide patient-centered care by promoting geriatric-competent,
291 disability-competent, and culturally-competent care
- 292 • Promote technical training and assistance to disseminate promising practices around
293 geriatric-competent, disability-competent, and culturally-competent care
- 294 • Increase available information in cultural- and health literacy-appropriate levels, and in
295 alternate formats, such as in languages other than English, to improve access to health
296 information
- 297 • Conduct, fund, and apply research on the role of social determinants of health, as
298 appropriate, to improve health outcomes, including access, quality, and safety

299 **Collect, analyze, and apply data to improve access to safe, high-quality health care**

- 300 • Assist healthcare organizations with implementing approaches to improve quality in
301 healthcare delivery by using evidence for continuous policy, process, and outcomes
302 improvement

- 303 • Collect additional data, identify barriers to access, facilitate consumer engagement and
304 promote evidence-based practices, to improve access to physical and behavioral health
305 services
- 306 • Measure and report on healthcare quality and disparities at the national, state, local, and
307 individual provider level to facilitate improvement in the healthcare system
- 308 • Support rapid communication and coordination between public health practitioners and
309 clinicians to increase use of evidence-based prevention strategies to address risk factors,
310 and their underlying causes, for disease and health conditions

311 *Note: additional surveillance strategies are in Objective 4.1*

312 **Objective 1.3: Improve Americans' access to health care and expand choices of**
313 **care and service options**

314 Improving access to health care involves multiple strategies – from improving healthcare
315 coverage options, to improving consumer understanding of options, to designing options
316 responsive to consumer demands, while removing barriers for faith-based and other providers.
317 HHS also is actively working to reduce disparities in healthcare access, creating solutions to
318 promote access for individuals and populations at highest risk. Below is a selection of strategies
319 HHS is implementing.

320

321 **Contributing OpDivs and StaffDivs**

322 ACL, CMS, HRSA, IEA, IHS, OCR, OGA, and SAMHSA work to achieve this objective.

323

324 **Strategies**

325 **Expand coverage options**

- 326 • Expand plan choice in the Medicare Advantage and Part D Prescription Drug Program by
327 reducing administrative, regulatory, and operational burdens, while protecting the
328 integrity and soundness of these programs
- 329 • Conduct timely, comprehensive and transparent reviews of requests for new or expanded
330 Medicare Fee-for-Service coverage of items and services, making decision information
331 readily accessible
- 332 • Support consumer choice and transparency by promoting the availability of a range of
333 individual health insurance plans and other health care payment options, including faith-
334 based options, with different benefit and cost-sharing structures
- 335 • Improve access of dual Medicare-Medicaid beneficiaries to fully integrated physical and
336 behavioral care options

337 **Improve consumer understanding of healthcare options and consumer-directed healthcare**
338 **decisions**

- 339 • Promote information and assistance that is accessible, transparent, and provided in
340 understandable formats to ensure care and insurance options meet patient needs

- 341 • Expand communication and coordination within communities to enable communities to
342 identify community needs and more effective approaches to improve delivery of
343 healthcare services
- 344 • Collaborate across federal agencies and stakeholders to ensure effective and coordinated
345 implementation of mental health parity, especially as it pertains to substance use
346 disorders and serious mental illness
- 347 • Expand the use of innovative payment and service delivery models, including those to
348 encourage patients to use high-value clinical services and optimize medication use based
349 upon their specific healthcare needs
- 350 • Provide information through partners, including faith-based and other community
351 organizations, on how to access and use benefits and avoid situations of falling victim to
352 fraud or abuse

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

- 355 • Test pilot programs and models that partner HHS with consumer-driven demand
356 technologies and companies to address patients as consumers
- 357 • Allow consumers the opportunity to purchase customizable health insurance plans, with
358 cost-sharing and out-of-pocket costs commensurate with benefits chosen
- 359 • Vigorously enforce laws, regulations, and other authorities, especially Executive Order
360 13798 of May 4, 2017, [Promoting Free Speech and Religious Liberty](#), to reduce burdens
361 on the exercise of religious and moral convictions, promote equal and nondiscriminatory
362 participation by faith-based organizations in HHS-funded or conducted activities, and
363 remove barriers to the full and active engagement of faith-based organizations in the
364 work of HHS through targeted outreach, education, and capacity building
- 365 • Implement Executive Order 13798 of May 4, 2017, [Promoting Free Speech and Religious](#)
366 [Liberty](#), and identify and remove barriers to, or burdens imposed on, the exercise of
367 religious beliefs and/or moral convictions by persons or organizations partnering with, or
368 served by HHS, and affirmatively accommodate such beliefs and convictions, to ensure
369 full and active engagement of persons of faith or moral conviction and of faith-based
370 organizations in the work of HHS
- 371 • Promote equal and nondiscriminatory participation by persons of faith or moral
372 conviction and by faith-based organizations in HHS-funded, HHS -regulated, and/or
373 HHS-conducted activities, including through targeted outreach, education, and capacity
374 building.

- 375 • Seek ideas, strategies, and best practices from the private sector and not-for-profit faith-
376 based and community organizations that can be introduced to Department-administered
377 programs, to meet evolving consumer needs
- 378 • Engage with global partners to learn about effective health care models and best practices
379 that could be used domestically for the benefit of the American people

380 Reduce disparities in access to health care

- 381 • Test patient-centered models of care, including patient-centered medical home
382 recognition and care integration, and support the adoption and evolution of such models
383 that reduce expenditures and improve quality of care
- 384 • Simplify enrollment, eliminate barriers to retention, and address shortages of healthcare
385 providers who accept Medicare or Medicaid and providers who offer specialized care
- 386 • Support research to provide evidence on how to ensure access to affordable, physical,
387 oral, vision, behavioral, and mental health insurance coverage for children and adults
- 388 • Identify individuals and populations at risk for limited health care access and assist them
389 to access health services, including prevention, screening, linkages to care, clinical
390 treatment, and relevant support services, including through mobilization of faith-based
391 and community organizations
- 392 • Provide resources and tools to providers and plans to encourage implementation of
393 activities and strategies to help improve healthcare access
- 394 • Remove barriers to inclusion and accessibility for people with disabilities in public health
395 programs (e.g., communication, physical environment, workforce competencies for
396 public health and healthcare professionals)

397 **Objective 1.4: Strengthen and expand the healthcare workforce to meet**
398 **America's diverse needs**

399 HHS is investing in a number of strategies to strengthen and expand the healthcare workforce –
400 from reducing provider shortages, to providing professional development opportunities for the
401 healthcare challenges of today and tomorrow, to removing barriers for health care providers with
402 religious beliefs or moral convictions, to collecting and analyzing data for continuous
403 improvements. Below is a selection of strategies HHS is implementing.

404

405 **Contributing OpDivs and StaffDivs**

406 AHRQ, CDC, CMS, HRSA, IHS, and SAMHSA work to achieve this objective.

407

408 **Strategies**

409 **Reduce provider shortages in underserved and rural communities**

- 410 • Support the training, recruitment, placement, and retention of primary care providers in
411 underserved and rural communities through grants, student loan repayment, local
412 recruitment, and other educational incentives
- 413 • Incentivize healthcare providers to work in underserved and rural areas
- 414 • Assist primary care practices in integrating services for mental health and substance use
415 disorders, to expand access in underserved and rural communities
- 416 • Improve access to behavioral and oral health services in underserved and rural
417 communities by supporting the training, recruitment, placement, and retention of
418 behavioral health, dental health, and primary care providers to address workforce
419 shortages, reduce disparities and ensure an equitable workforce distribution
- 420 • Support development of telehealth models to increase access to care in rural and
421 underserved areas

422 **Support professional development of the healthcare workforce**

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

- 426 • Expand and transform the healthcare workforce through the training and engagement of
427 emerging health occupations, such as community health workers and promotores de
428 salud, and community partners to enhance the provision of culturally-, linguistically-, and
429 disability-appropriate services, and increase workforce diversity
- 430 • Transform clinical training environments to develop a healthcare workforce that
431 maximizes patient, family, and caregiver engagement and improves health outcomes for
432 older adults by integrating geriatrics and primary care
- 433 • Increase access to quality trainings for public health workers that address cross-cutting
434 competencies
- 435 • Remove any barriers to, and promote, full participation in the health care workforce by
436 persons and/or organizations with religious beliefs or moral convictions

437 **Collect, analyze, and apply data to better understand opportunities to strengthen the**
438 **healthcare workforce**

- 439 • Evaluate and monitor the workforce to facilitate occupational forecasting, data collection
440 and analysis, and general research to identify the characteristics, gaps, needs, and trends
441 of the workforce and where to target resources
- 442 • Examine state or tribal models that have allowed providers – such as midwives, nurse
443 practitioners, and dental health therapists – to practice or provide care outside of a
444 physician's or dentist's practice

445 **Strategic Goal 2: Protect the Health of Americans Where They Live,**
446 **Learn, Work, and Play**

447 HHS efforts to improve public health involve close partnerships with state, local, tribal,
448 territorial, and foreign governments and nongovernmental entities, including faith-based and
449 other community organizations, within and outside the United States. Through advancing health
450 promotion and wellness, promoting healthcare access, preventing and controlling communicable
451 and chronic disease, reducing the impact of mental and substance use disorders, and preparing
452 for and responding to public health emergencies and disasters, HHS seeks to improve public
453 health outcomes for the Nation.

454 The four objectives in this strategic goal include a selection of strategies HHS is implementing
455 related to health promotion, communicable and chronic disease, mental and substance use
456 disorders, and public health emergencies.

457 Within HHS, the following divisions are working to achieve this goal: Administration for
458 Children and Families (ACF), Administration for Community Living (ACL), Agency for
459 Healthcare Research and Quality (AHRQ), Agency for Toxic Substances and Disease Registry
460 (ATSDR), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid
461 Services (CMS), Food and Drug Administration (FDA), Health Resources and Services
462 Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), Office
463 for Civil Rights (OCR), Office of the Assistant Secretary for Health (OASH), Office of the
464 Assistant Secretary for Preparedness and Response (ASPR), Office of Global Affairs (OGA),
465 and Substance Abuse and Mental Health Services Administration (SAMHSA).

466 **Objective 2.1: Empower people to make informed choices for healthier living**

467 Promoting public health is more than preventing disease; HHS is working on a number of
468 strategies to help people increase control over and improve their health and well-being, including
469 through faith-based and other community organizations. Health promotion and wellness
470 strategies supported by HHS are often focused on populations at risk for poorer health outcomes,
471 such as older adults, people with disabilities, racial and ethnic minorities, American Indian and
472 Alaska Native populations, people with low socioeconomic status, children, and people with
473 limited English proficiency.

474 HHS seeks to achieve this objective, in part, by removing barriers to, and promoting,
475 participation in HHS conducted, regulated, and funded programs by persons and organizations
476 with religious beliefs or moral convictions and other community organizations – who have
477 historically been the primary funders and deliverers of health care and human services in the
478 United States.

479 By supporting individual healthy choices and expanding access to healthier living supports, HHS
480 is investing in a number of strategies related to health promotion and wellness. Below is a
481 selection of strategies HHS is implementing.

482

483 **Contributing OpDivs and StaffDivs**

484 ACF, ACL, ASPR, ATSDR, CDC, CMS, FDA, HRSA, NIH, OASH, OCR, OGA, and
485 SAMHSA work to achieve this objective.

486

487 **Strategies**

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

- 489 • Communicate culturally competent and linguistically appropriate messages, delivered by
490 appropriate messengers, including faith-based and other community organizations, in
491 plain language and in alternate formats for persons with disabilities, using approaches
492 that leverage new and emerging communications technologies
- 493 • Support programs and build partnerships with organizations that build the health literacy
494 skills of disadvantaged and at-risk populations, and promote proven methods of checking
495 understanding to ensure individuals understand health and prevention information,
496 recommendations, and risk and benefit tradeoffs

- 497 • Encourage providers to communicate effectively with patients, families, and caregivers
498 by offering tools and resources to assist discussions centered around care and healthier
499 living
- 500 • Support development of tools that provide information about potential environmental
501 hazards in the natural and built environments
- 502 • Provide adolescents with information and support to make healthy decisions regarding
503 their health and well-being
- 504 • Develop tools and resources that improve health department and healthcare setting
505 efficiency in providing education, training, and quality assurance for screening,
506 treatment, services and prevention messages
- 507 • Partner with private organizations, including faith-based and community organizations, to
508 develop and implement programs to help people make healthy life choices
- 509 • Increase awareness of the importance of healthy lifestyle behaviors among patients and
510 caregivers for risk reduction of chronic conditions and other illnesses, including for those
511 with or at risk of Alzheimer’s disease and other dementias, across the lifespan

512 Promote better nutrition and physical activity

- 513 • Enhance understanding of how consumers notice, understand, and act on food labeling
514 and nutrition information, including nutrition facts labels, nutrition product claims, and
515 dietary recommendations
- 516 • Decrease prevalence of obesity by encouraging breastfeeding, promoting healthy food
517 and healthy beverage consumption and increased physical activity
- 518 • Reduce chronic diseases and related health behaviors that impact older adults and people
519 with disabilities by adapting and implementing evidence-based programs and policies,
520 such as implementing nutrition standards and guidelines
- 521 • Form public-private partnerships to promote health in schools and houses of worship,
522 such as wellness workshops, physical activity, health literacy, and nutritional excellence
523 programs
- 524 • Increase collaboration with stakeholders, including industry, consumer, and public health
525 groups, to enhance consumer nutrition education directed towards age and demographic
526 groups with specific needs

527 Reduce tobacco-related death and disease

- 528 • Reduce the negative health effects of tobacco use, by implementing a comprehensive
529 approach which includes discouraging people from starting to use tobacco products,

- 530 encouraging tobacco users to quit, educating parents on the potential harm to their
531 children if the parents smoke and on the availability of smoking cessation programs, and
532 reducing the harm caused by tobacco use
- 533 • Reduce underage access to tobacco products by ensuring tobacco is not sold to
534 individuals younger than age 18

535 **Expand access to healthier living supports**

- 536 • Increase access to preventive services, social and supportive services, and care
537 management in areas and populations with high chronic disease burden
- 538 • Increase access to preventive services, to breastfeeding supports, to adaptive
539 mammography equipment in clinics, to women’s health services that improve the
540 incidence of healthy childbirth, including prenatal/pregnancy care and supports, and
541 encourage and support lactation accommodations
- 542 • Support patient, consumer, and caregiver involvement in care planning, as appropriate, to
543 ensure that care is person-centered, responding to the needs and wishes of those being
544 served, including their religious or conscience needs and wishes

545 **Promote healthcare access and reduce health disparities**

- 546 • Develop and disseminate the use of culturally and linguistically competent, accessible
547 approaches to reduce healthcare costs, improve quality of life, and reduce disparities
- 548 • Build partnerships across federal and state, territorial and tribal governments as well as
549 nongovernmental entities, including faith-based and community organizations, to engage
550 with disadvantaged or at-risk populations in healthcare decision making and healthy
551 lifestyles

552

553

554 **Objective 2.2: Prevent, treat, and control communicable diseases and chronic**
555 **conditions**

556 Through research, surveillance, and service delivery, HHS is working on a number of strategies
557 to prevent, treat, and control communicable diseases and chronic conditions. HHS educates
558 individuals, their families, and caregivers to prevent and manage communicable and chronic
559 conditions and to improve health outcomes and well-being. HHS also implements strategies to
560 make data exchange systems interoperable so that data can be shared between systems, data
561 collection can be more efficient, and data can be used for evidence-based and cost-effective
562 health interventions. Below is a selection of strategies HHS is implementing.

563

564 **Contributing OpDivs and StaffDivs**

565 ACF, ACL, ASPA, ASPR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OGA, and SAMHSA
566 work to achieve this objective.

567

568 **Strategies**

569 **Prevent and control infectious diseases**

- 570 • Increase research on vaccine discovery and implementation science on best approaches
571 for enhancing dissemination and uptake of effective vaccines domestically and
572 internationally
- 573 • Mobilize resources to support the development, testing, and preparation of vaccines
- 574 • Develop a comprehensive portfolio of safe and effective vaccines, therapeutics including
575 both pharmaceuticals and non-pharmaceuticals, diagnostics, and medical devices against
576 a broad array of communicable diseases and chronic conditions
- 577 • Implement effective and coordinated public health and health care interventions to detect,
578 prevent, and control environmental, person-to-person, and zoonotic transmission of
579 infectious diseases in the U.S. and globally
- 580 • Respond to outbreaks of infectious diseases to identify their cause, limit their spread, and
581 identify strategies for preventing future outbreaks

582

583

584 **Reduce the emergence and spread of antibiotic-resistant infections**

- 585 • Prevent the emergence and spread of antibiotic-resistant infections domestically and
586 internationally by increasing surveillance, early detection methods, and response capacity
- 587 • Expand the study and use of low-cost, readily available alternatives to antibiotics, as
588 interim solutions to antibiotic resistance
- 589 • Foster improvements in the appropriate use of antibiotics by improving prescribing
590 practices and promoting antibiotic stewardship across all healthcare settings and in all
591 veterinary settings
- 592 • Advance development and use of rapid and innovative diagnostic tests for identification
593 and characterization of infections and resistant bacteria

594 **Prevent or mitigate contamination of food**

- 595 • Work with stakeholders to implement science-based preventive control standards for
596 domestic and imported foods
- 597 • Increase consumer-based communications, outreach, and research on measures to
598 improve consumer food safety-related behaviors and practices
- 599 • Increase research, data analysis, and systematic evaluation to improve the effectiveness
600 of food safety education in changing unsafe consumer food handling behaviors

601 **Support early detection and treatment of communicable and chronic diseases**

- 602 • Increase access to a core set of clinical preventive services including immunizations and
603 screenings, especially for underserved populations
- 604 • Expand screening for tobacco use, alcohol misuse, and obesity, and offer counseling and
605 treatment as appropriate
- 606 • Improve HIV viral suppression and prevention by increasing engagement and re-
607 engagement activities for screening, care, treatment and support services
- 608 • Increase access to hepatitis B and hepatitis C screening, care, and treatment for people
609 with hepatitis B or hepatitis C infection
- 610 • Prevent the spread of infectious diseases among persons who inject opioids or other drugs
611 by supporting implementation of effective, comprehensive community- and school-based
612 interventions that reduce the infectious risks associated with injection of opioids and
613 other drugs, increase screening and treatment for bloodborne pathogens, and provide
614 access to effective treatment of substance use disorder

- 615 • Improve early detection and treatment of those with and at risk for a range of diseases
616 and disorders, including heart attack, stroke, heart failure, asthma, COPD, diabetes,
617 kidney disease, cancer, and chronic pain, through widespread implementation of
618 evidence-based interventions
- 619 • Improve triage and screening for the prevention of communicable diseases and the future
620 development of chronic diseases in children through annual health screenings and age-
621 appropriate immunizations for children

622 *Note: additional mental health and substance use strategies are in Objective 2.3*

623 **Support chronic disease management interventions**

- 624 • Expand participation by older adults and adults with disabilities in self-management
625 education interventions
- 626 • Improve planning, coordination, and management of services to better meet the needs of
627 people with complex health care needs and chronic health conditions

628 **Fund and conduct research on opportunities to prevent, treat, and control chronic**
629 **conditions and communicable diseases**

- 630 • Accelerate research and national efforts to implement solutions at the individual, family
631 and community level, including through partnerships with faith-based and community
632 organizations, to reduce childhood obesity, including focusing on the pregnancy period to
633 age five in terms of the etiology and interventions
- 634 • Develop, evaluate, and implement high-impact public health interventions domestically
635 and internationally, and advance policies to increase community and individual
636 engagement in infectious diseases prevention efforts
- 637 • Invest in research on the use of specific non-pharmacological social and behavioral
638 interventions to prevent, treat, and control communicable and chronic conditions

639 *Note: additional research investment strategies are in Objective 4.3*

640 **Objective 2.3: Reduce the impact of mental and substance use disorders**
641 **through prevention, early intervention, treatment, and recovery support**

642 Through prevention, early intervention, treatment, and recovery supports, as well as
643 collaborations with local, state, and tribal governments and nongovernmental organizations,
644 including faith-based and community organizations, HHS seeks to reduce the impact of mental
645 and substance use disorders and improve outcomes. HHS also is leveraging technology and
646 expanding access to evidence-based supports related to mental and substance use disorders.
647 Below is a selection of strategies HHS is implementing.

648

649 **Contributing OpDivs and StaffDivs**

650 ACF, ACL, AHRQ, CDC, CMS, FDA, HRSA, IEA, IHS, OCR, and SAMHSA work to achieve
651 this objective.

652

653 **Strategies**

654 **Expand prevention, screening, and early identification of serious mental illness and**
655 **substance use disorders**

- 656 • Apply a public health approach for preventing opioid misuse, opioid use disorder, and
657 opioid overdose deaths including through promoting safer prescribing practices
- 658 • Educate and empower individuals and communities, including through partnerships with
659 faith-based and community organizations, to recognize the signs of serious mental illness
660 and substance use disorders, to encourage screening and identification of such problems
- 661 • Ensure early screening of children and youth to identify those with or at risk for serious
662 emotional disturbance and substance use disorders, and expand access to integrated
663 mental health and substance use disorder services
- 664 • Promote healthy development, including social and emotional development, in young
665 children to avoid behavioral problems and promote school readiness and learning
- 666 • Support screening for depression, suicide risk, substance use, overdose risk, and other
667 behavioral disorders in schools, emergency departments, and inpatient and outpatient
668 settings

- 669 • Increase healthcare providers' use of alcohol use disorder screening and brief
670 intervention approaches to reduce consequences of risky behavior, including effects of
671 alcohol use in pregnancy
- 672 • Support adoption of other evidence-based prevention strategies, including environmental
673 strategies, to prevent substance misuse and substance use disorders
- 674 • Increase school- and community-based primary prevention programs, including through
675 faith-based and community organizations, that integrate risk and protective factors for
676 mental health and substance use disorders among youth

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

- 678 • Support the integration of the full continuum of behavioral health care and primary care
679 and medical systems, and increase the capacity of the specialty behavioral health systems
680 to ensure that the physical health needs of the people they serve are met
- 681 • Advance policy, training, practice, research, evaluation, and coordination to mobilize
682 organizations, systems, and communities to implement trauma-informed approaches
- 683 • Provide integrated child and family supports to parents/guardians with substance use
684 disorders to support healthy child development and that families remain intact
- 685 • Improve access to medications that reverse opioid overdose and prevent death and
686 support efforts to increase engagement in treatment following an opioid overdose

687 *Note: additional behavioral health care quality strategies are in Objective 1.2*

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

- 690 • Expand the peer provider workforce by working with states to increase the training,
691 certification, financing, and supervision of peers
- 692 • Support broad adoption of evidence-based supported housing, supported employment,
693 and supported education programs
- 694 • Engage individuals and communities, including through faith-based and community
695 organizations, to provide social and community recovery support
- 696 • Ensure that individual rights are protected including addressing abuse and neglect, parity,
697 Olmstead, Americans with Disabilities Act, and other protections

698 **Build capacity and promote collaboration among states, tribes, and communities**

- 699 • Improve community capacity to provide comprehensive, coordinated, and evidence-based
700 supports for people with serious mental illness, substance use disorders, and serious

701 emotional disturbances with a focus on reducing crises and use of emergency services,
702 hospitalization, and involvement with the criminal justice system

703 • Foster and strengthen relationships with faith-based and community partners to
704 encourage their full and robust involvement in addressing the opioid crisis in their local
705 communities by providing accurate, up-to-date information regarding health and human
706 service activities, resources, and subject matter expertise; and by strengthening national,
707 regional and local coalitions

708 • Promote the health and independence of older adults with or at risk for behavioral health
709 conditions (i.e., mental illness, substance use disorders, suicide) through improved
710 collaboration with federal and non-federal stakeholders

711 **Invest in evaluation and promote evidence-based interventions**

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

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

718 • Improve adoption and continued refinement of selected evidence-based practices for
719 serious mental illness, medication assisted treatment for opioid use disorder, and effective
720 use of psychotherapy and antidepressant medication for depression

721 • Improve access to a full evidence-based continuum of care for people with mental and
722 substance use disorders, including medication-assisted treatment, follow-up from
723 inpatient and residential care, and recovery supports, with a focus on opioid use disorders
724 and serious mental illness

725 • Prevent suicides and suicide attempts by expanding evidence-based approaches for adults
726 and youth

727 **Leverage technology and innovative solutions**

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

732 • Increase the use of health information exchange to improve the coordination and
733 integration of care, including by increasing the number of behavioral health providers

- 734 using interoperable electronic health records and by addressing confidentiality policy
735 barriers to health information exchange
- 736 • Address the barriers, real or perceived, under Health Insurance Portability and
737 Accountability Act (HIPAA) and 42 CFR Part 2, to the sharing of mental health and
738 substance use disorder information, through health information exchange, or otherwise,
739 with other health care providers and with family members and friends of persons
740 suffering with such illnesses
 - 741 • Improve access to mental health and substance use disorder care for rural and
742 underserved populations by supporting care through telehealth services through
743 regulation and policy clarification and refinement, technical assistance, training and
744 funding opportunities

745 **Objective 2.4: Prepare for and respond to public health emergencies**

746 Through direct services and critical partnerships with state, local, tribal, territorial, and foreign
747 governments and nongovernmental entities (including faith-based and community
748 organizations), and the private sector, HHS works to strengthen the Nation’s emergency
749 preparedness, response, and recovery efforts. HHS invests in research and in the public health
750 and health care workforce to support continued improvements in the U.S. government’s
751 preparedness, response, and recovery capacity. In addition, HHS works to promote global health
752 security, enhancing preparedness activities at the country, regional, and global levels to identify
753 gaps, build capacity, and track progress to be able to prevent, detect, and respond to health
754 threats before they reach our Nation. Below is a selection of strategies HHS is implementing.

755

756 **Contributing OpDivs and StaffDivs**

757 ACF, ACL, ASA, ASPR, CDC, CMS, FDA, HRSA, IEA, NIH, OASH, OCR, and OGA work to
758 achieve this objective.

759

760 **Strategies**

761 **Promote emergency preparedness and improve response capacity**

- 762 • Provide expertise and tools to state and local governments, health systems and facilities,
763 and other organizations, including faith-based and community organizations, to
764 strengthen their capabilities to provide continuous, safe, and effective health care, public
765 health services, and/or social services during emergencies and through the recovery
766 period, including when such care or services may need to be delivered in alternate
767 settings or by alternate mechanisms
- 768 • Develop and implement data-driven approaches that prioritize resources and technical
769 support for under-prepared geographical regions and communities to maximize
770 preparedness across the nation
- 771 • Enhance and expand the use and availability of public health and healthcare emergency
772 response situational awareness tools, including investments in new systems and
773 technologies that support rapid risk assessment, decision-making, resource coordination
774 across many levels, and monitoring of the effectiveness of interventions
- 775 • Assess preparedness to plan for and use medical countermeasures during a public health
776 emergency, and establish requirements based on estimated response needs, capacity to
777 use, and desired characteristics of medical countermeasures to protect the public

778 **Support timely, coordinated, and effective response and recovery activities**

- 779 • Promote effective disaster risk reduction strategies to mitigate adverse physical and
780 behavioral health impacts of disasters and public health emergencies
- 781 • Respond rapidly to limit the impacts of incidents by compiling, using, and sharing event
782 information, using health diplomacy to coordinate health requests and communications
783 with international partners, and executing response plans, operations, risk
784 communication, and research to respond to emerging and re-emerging disease threats,
785 and other activities
- 786 • Ensure that the needs of disadvantaged and at-risk populations are met in emergencies,
787 through effective integration of traditionally underserved populations into planning,
788 response, and recovery efforts
- 789 • Engage in planning and improvement activities with interagency, intergovernmental, and
790 other domestic and international stakeholders, including faith-based and community
791 organizations, to support the Nation’s timely response to public health emergencies and
792 delivery of human services following a natural disaster or other public health threat

793 **Improve collaboration and communication with federal and State, Local, Tribal, and**
794 **Territorial (SLTT) partners**

- 795 • Provide accurate and timely public health communication and media support to
796 stakeholders and leadership, including deployed HHS leaders and teams
- 797 • Improve decision support at all levels through active collaboration with state, local, tribal,
798 and territorial partners to share human health, environmental, zoonotic, and other relevant
799 information to improve situational awareness
- 800 • Build resilient healthcare coalitions that integrate efforts of hospitals, emergency medical
801 services, emergency management, and public health agencies
- 802 • Work with partners to develop, exercise, update and maintain risk communication,
803 response, and recovery plans
- 804 • Formalize strategic partnerships to better ensure that medical countermeasure products
805 and policies can be implemented effectively during an incident

806

807

808 **Strengthen and protect the emergency preparedness and response workforce**

- 809 • Reduce illness and injury from hazardous exposures among first responders, emergency
810 managers, public health officials, healthcare and human services providers, and their
811 communities through health and safety training and education
- 812 • Advance and sustain a trained workforce to strengthen public health response to health
813 emergencies to protect U.S. communities from domestic and global threats
- 814 • Develop and implement a vision for the U.S. Public Health Service Commissioned Corps
815 for the twenty-first century, including roles and functions during public health and other
816 emergencies
- 817 • Coordinate with the Commissioned Corps and other HHS human resources to help fill
818 hard-to-fill assignments, bridge critical workforce gaps, and respond to public health
819 emergencies
- 820 • Support health emergency response teams to respond rapidly to international health
821 emergencies
- 822 • Increase capacity of emergency responders, healthcare and human services providers, and
823 public health professionals to address needs of at-risk individuals in disaster and public
824 health emergency preparedness, response, mitigation, and recovery

825 **Advance global health security**

- 826 • Enhance international preparedness activities at the country, regional, and global levels to
827 identify gaps, build capacity, and track progress to prevent, detect, and respond to health
828 threats
- 829 • Enhance international preparedness through medical countermeasures and community
830 mitigation measures, respecting the inherent dignity of persons from conception to
831 natural death
- 832 • Collaborate with, and provide leadership to, international programs and initiatives to
833 strengthen global preparedness and response to public health and medical emergencies
- 834 • Further develop, exercise, and update HHS plans for responding to international health
835 threats which have the potential to impact national health security

836 **Conduct focused research to create the knowledge to support evidence-based interventions**
837 **for public health emergencies**

- 838 • Enhance the portfolio of strategies, interventions, and evaluations to prevent and respond
839 to public health emergencies

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

843 *Note: additional research investment strategies are in Objective 4.3*

844 **Strategic Goal 3: Strengthen the Economic and Social Well-Being of**
845 **Americans across the Lifespan**

846 A core component of the HHS mission is our dedication to serve all Americans from conception
847 to natural death, but especially those individuals and populations facing or at high risk for
848 economic and social well-being challenges, through effective human services. HHS efforts to
849 improve human services include efforts to support socially and economically safe, stable
850 environments for individuals, families, and communities. This strategic goal also focuses on
851 HHS efforts to improve outcomes for children and families, older adults, people with disabilities,
852 and people with limited English proficiency.

853 The strategies presented are not intended to be an exhaustive list, but a curated set of activities
854 that we believe will positively impact human services outcomes.

855 Within HHS, the following divisions are working to achieve this goal: Administration for
856 Children and Families (ACF), Administration for Community Living (ACL), Agency for
857 Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC),
858 Centers for Medicare & Medicaid Services (CMS), Health Resources and Services
859 Administration (HRSA), Indian Health Service (IHS), Office for Civil Rights (OCR), Office of
860 the Assistant Secretary for Health (OASH), and Substance Abuse and Mental Health Services
861 Administration (SAMHSA).

862 **Objective 3.1: Encourage self-sufficiency and personal responsibility, and**
863 **eliminate barriers to economic opportunity**

864 HHS invests in safety net programs as well as programs that seek to assist specific populations
865 who are, or who are at risk of, being unemployed or underemployed – such as youth, people with
866 disabilities, and formerly incarcerated individuals – in preparing for, acquiring, and sustaining
867 employment. HHS implements strategies to strengthen self-sufficiency and independence
868 through personal responsibility and economic opportunity.

869

870 **Contributing OpDivs and StaffDivs**

871 ACF, ACL, and CMS work to achieve this objective.

872

873 **Strategies**

874 **Reform safety net programs to assist disadvantaged and low income populations**

- 875 • Foster coordination and innovation across safety net programs, including faith-based and
876 community organizations, to help individuals and families in need to become self-
877 sufficient
- 878 • Increase access to comprehensive services (i.e., health, behavioral health, student loans,
879 public assistance, and public housing) through short-term, transitional public welfare
880 services and partnerships with other federal agencies and faith-based and community
881 organizations, help formerly incarcerated individuals develop habits of personal
882 responsibility, including obtaining and maintaining employment, reconnecting with their
883 children and families, paying child support, and avoiding recidivism
- 884 • Support youth to transition to adulthood by strengthening personal responsibility,
885 relationship and employability skills, and by increasing knowledge to help youth
886 establish and maintain positive, healthy relationships—including connections with caring
887 adults—through evidence-based or evidence-informed healthy marriage and relationship
888 education

889 **Invest in education, training, work, and work supports**

- 890 • Strengthen the required work participate rate standards for states receiving TANF funds,
891 and provide guidance and technical assistance to state TANF programs to engage adult
892 cash assistance recipients (who have the capacity to work) in work activities

GOAL 3: STRENGTHEN THE ECONOMIC AND SOCIAL WELL-BEING OF AMERICANS ACROSS THE LIFESPAN

- 893 • Reinvigorate the TANF program to advance the objective of helping families in need find
894 stability and support through the employment and economic independence of adult
895 participants and the healthy development of children whose families receive assistance
- 896 • Invest in evidence-informed practices that enable adults, unemployed noncustodial
897 parents, youth, and individuals with disabilities to prepare for, acquire, and sustain
898 employment to enhance economic self-sufficiency and well-being for themselves and
899 their families
- 900 • Provide assistive technology equipment to people with disabilities allowing them more
901 self-sufficiency and eliminating barriers to their economic opportunity
- 902 • Working with faith-based and community organizations, advance independence and
903 economic self-sufficiency of individuals and populations facing economic and social
904 challenges through education, leadership opportunities, protection of rights, training, and
905 capacity building
- 906 • Increase the number of employed people with disabilities by encouraging and assisting
907 integration into the greater community's workforce
- 908 • Integrate refugees entering the country into American society and connect them with
909 wraparound services and resources for economic opportunity and success

910 *Note: additional strategies on supporting independence for people with disabilities are in*
911 *Objective 3.4*

912 Objective 3.2: Safeguard the public against preventable injuries and violence

913 HHS plays a key role in safeguarding the public against preventable injuries and violence –
914 including child maltreatment, unintentional poisoning, domestic violence and dating violence,
915 and falls, abuse, neglect, and exploitation among older adults and people with disabilities. HHS
916 invests in a number of strategies to protect vulnerable groups – including identifying evidence-
917 based practices, collecting and analyzing data, and forging partnerships with state and local
918 stakeholders. Below is a selection of strategies HHS is implementing to improve outcomes and
919 reduce injuries and violence.

920

921 Contributing OpDivs and StaffDivs

922 ACF, ACL, CDC, IHS, and OASH work to achieve this objective.

923

924 Strategies

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

- 926 • Increase access in states and communities to the best available evidence for violence and
927 injury prevention to implement programs to reduce risks across the lifespan
- 928 • Invest in rigorous research and evaluation of falls prevention and violence prevention
929 programs and promotion of evidence-based strategies to reduce injuries among high-risk
930 populations through communication activities and participation with community and
931 industry stakeholders
- 932 • Invest in rigorous research and evaluation to identify effective violence and injury
933 prevention strategies, and support the adoption of evidence-based practices to address
934 these issues
- 935 • Develop the foundation of knowledge about important abuse intervention models to
936 enhance evidence-based services for older adults and adults with disabilities
- 937 • Disseminate evidence-based strategies to keep children and youth safe from violence and
938 injuries – including child maltreatment, unintentional poisoning, drowning, fires and
939 burns, and infant suffocation
- 940 • Invest in rigorous research and evaluation of domestic violence programs, including those
941 provided by faith-based and community organizations, increase support for community
942 based services for victims of domestic and dating violence, and provide training and

943 technical assistance to build their capacity to serve victims of intimate partner abuse,
944 especially those from underserved communities

945 **Expand partnerships with Federal, state, local, tribal, and other stakeholders to reduce**
946 **injuries and violence**

- 947 • Expand interagency partnerships and systems to train health care and human service
948 providers to assess for domestic violence and do brief interventions to link victims to
949 safety and support services, including through faith-based and community organizations
- 950 • Expand bullying and youth dating violence prevention partnerships with Federal, state,
951 local, tribal and non-governmental stakeholders to support safety and well-being
- 952 • Expand and strengthen partnerships with federal, state, and local partners, including faith-
953 based and community organizations, on gang prevention programs as well as investing in
954 youth mentoring and coaching, counseling, and life skills and workforce training

955 **Collect, analyze, and report national data on incidence and consequences of injuries and**
956 **violence**

- 957 • Assess health care use and costs associated with violence and unintentional injury,
958 including patient safety events that occur in healthcare settings
- 959 • Develop and enhance timely, coordinated data systems to monitor injuries and violence
960 by using expanded surveillance, innovative methods, and new technology to inform and
961 evaluate national and state prevention activities

962 *Note: additional surveillance strategies are in Objective 4.1*

963 **Objective 3.3: Support strong families and healthy marriage, and prepare**
964 **children and youth for healthy, productive lives**

965 Through child and youth development activities, support for parents and caregivers, promotion
966 of evidence-based practices, and integration of health and human services efforts, HHS is
967 working to support healthy children and youth and strong families. Below is a selection of
968 strategies HHS is implementing to improve outcomes among children, youth, and families.

969

970 **Contributing OpDivs and StaffDivs**

971 ACF, ACL, AHRQ, CDC, HRSA, IHS, OASH, and SAMHSA work to achieve this objective.

972

973 **Strategies**

974 **Support healthy development and well-being of children and youth**

- 975 • Protect women and their unborn children from harm and harmful exposures during
976 pregnancy, and promote recommended protective prenatal and postpartum behaviors,
977 including encouragement of breast-feeding when possible
- 978 • Address data gaps in prevalence and risk factors for child maltreatment
- 979 • Expand access to infant and early childhood mental health consultation in key early
980 childhood systems, and access to mental health services for children and families
- 981 • Improve services to children and families involved in the child welfare system as a result
982 of a parental or caretaker opioid or other substance use disorder, including through faith-
983 based and community organizations
- 984 • Promote healthy development in young children to avoid behavioral challenges, promote
985 school readiness and learning, and offer parents of young children access to evidence-
986 based, culturally-appropriate parenting education and supports
- 987 • Improve the quality of early childhood development through professional development,
988 parental involvement and coaching, and other training and technical assistance
- 989 • Identify effective approaches for early language development and integrate proven
990 approaches into existing programs that reach children to achieve optimal brain
991 development for all children, and leverage relationships with public and private partners,
992 including faith-based and community organizations, for broad implementation

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- 993 • Promote increased physical activity and active play, improved nutrition, reduced screen
994 time, and increased interpersonal contact with and between children in child care and
995 early childhood development programs
- 996 • Develop the evidence base on interventions or components of programs that moderate the
997 effects of child trauma or high numbers of adverse childhood experiences
- 998 • Working with partners, including faith-based and community organizations, support
999 successful youth transitions to adulthood by strengthening relationship and employability
1000 skills, and by increasing knowledge to help youth establish and maintain positive, healthy
1001 relationships, including connections with caring adults, through evidence-based or
1002 evidence-informed healthy marriage and relationship education, including those
1003 programs provided by faith-based and community organizations

1004 **Support parents, guardians, and caregivers**

- 1005 • Improve opportunities for parent participation in a evidence-based parenting curriculum
1006 or mentoring programs to improve parenting skills and lead to better learning and
1007 development outcomes for children and marital and family stability
- 1008 • Support efforts, including through faith-based and community organizations, to educate
1009 parents and caregivers about healthy child development, effective parenting practices,
1010 and specific developmental and health concerns faced by their children
- 1011 • Support and engage fathers in innovative program models across agencies to better
1012 integrate them into their families' life and thereby unifying families and helping to lift
1013 them out of poverty
- 1014 • Encourage parents and families to maximize involvement with their children, reduce
1015 screen time, and expand conversation and positive family interactions

1016 **Promote coordinated, high-quality, evidence-based human services**

- 1017 • Provide training and technical assistance to help parents and families have greater
1018 involvement with teachers, educators, and caregivers to improve the quality of early
1019 childhood settings
- 1020 • Support faith-based and community organizations to promote strong, healthy family
1021 formation and maintenance through programs that combine marriage and relationship
1022 education services with efforts to address participation barriers, economic stability, and
1023 needs of their participants
- 1024 • Develop and implement local and national dissemination strategies to communicate the
1025 value of healthy marriages and relationships, and of the success sequence, which

1026 recommends completing education, obtaining employment, and getting married before a
1027 first or subsequent child, across all socioeconomic demographics

1028 **Integrate human services and health supports to support well-being of children, youth, and**
1029 **families**

- 1030 • Ensure more young children become up to date on all age-appropriate preventive and
1031 primary health care, including sensory and developmental screening, with appropriate
1032 referral and intervention
- 1033 • Promote interagency federal, state, and local coordination, including through faith-based
1034 and community organization, to facilitate families' access to services and help them
1035 navigate systems of care across the full spectrum of family needs, including housing,
1036 education and training, healthcare, child care, social services, and economic supports
- 1037 • Integrate age- and developmentally-appropriate strategies into programs designed to help
1038 all youth manage risk and make better choices
- 1039 • Integrate trauma-informed, family-focused behavioral health services with pediatric
1040 primary care
- 1041 • Increase access to health education services, such as opportunities to learn about the
1042 importance of healthy eating and physical activity, and parental mental health or
1043 substance use, for families with young children
- 1044 • Remove barriers to inclusion and accessibility to early child care and education for
1045 children with disabilities

1046 **Invest in research and evaluation to strengthen human services programs**

- 1047 • Conduct applied research and disseminate findings to maximize use of evidence-based
1048 strategies to improve the well-being of children at all stages of development, youth and
1049 families
- 1050 • Develop evidence on policies and practices that support stable, economically secure
1051 families

1052 *Note: additional research investment strategies are in Objectives 4.3 and 4.4*

1053 **Objective 3.4: Maximize the independence, well-being, and health of older**
1054 **adults, people with disabilities, and their families and caregivers**

1055 Through enhancing community living opportunities, improving care transitions, strengthening
1056 long-term services and supports, and supporting caregivers and the workforce, including through
1057 partnerships with faith-based and community organizations, HHS is working to maximize the
1058 independence, well-being, and health of older adults and people with disabilities. Below is a
1059 selection of strategies HHS is implementing to improve outcomes related to children and adults
1060 with disabilities, and older adults.

1061

1062 **Contributing OpDivs and StaffDivs**

1063 ACF, ACL, CDC, CMS, HRSA, OASH, and SAMHSA work to achieve this objective.

1064

1065 **Strategies**

1066 **Strengthen supports for community living**

- 1067 • Develop age- and dementia-friendly livable communities to improve quality of life for
1068 older adults, families, caregivers, people with disabilities, and the larger community
- 1069 • Promote independence of older adults and people with disabilities through improved
1070 federal collaboration, including with faith-based and community organizations, to ensure
1071 opportunities to live and receive services in the community
- 1072 • Foster culture change through inclusion and accessibility for children and adults with
1073 disabilities and older adults and removing physical and other barriers
- 1074 • Ensure programs for people with disabilities and older adults help protect them from all
1075 forms of abuse, including physical, mental, emotional, and financial abuse, and help
1076 ensure their ability to exercise their rights to make choices, contribute to their
1077 communities, and live independently

1078 **Support improved care transitions and care coordination**

- 1079 • Promote collaboration among federal, state, local, and private sector partners, including
1080 faith-based and community organizations, that serve older adults, people with disabilities,
1081 and their families and caregivers to improve access to a full range of healthcare services,
1082 and home and community-based services

1083 • Pursue initiatives and programs to provide support to older adults, people with
1084 disabilities, and their families and caregivers as individuals move between institutional
1085 settings and home

1086 • Increase the proportion of youth with disabilities who have plans in place for
1087 transitioning from pediatric to adult care

1088 **Improve quality and availability of long-term services and supports, including home and**
1089 **community-based services (HCBS)**

1090 • Support the development of endorsed performance measures to include a HCBS core set
1091 to measure and quantify processes and outcomes, and enable comparable data for public
1092 reporting and quality measurement

1093 • Permit innovative delivery system models and program flexibilities that include HCBS to
1094 improve quality, accessibility, and affordability in Medicare and Medicaid

1095 • Expand person-centered models of care in Medicare and Medicaid that provide an
1096 integrated approach to addressing individuals' medical, long-term support, and other
1097 needs to maintain health, well-being, and independence

1098 • Identify opportunities to accelerate the development, evaluation, translation,
1099 implementation, and scaling up of comprehensive care, services, and supports for persons
1100 with dementia, families, and other caregivers

1101 • Assist states in strengthening and developing high-performing long-term services and
1102 supports systems that focus on the person, provide streamlined access, and empower
1103 individuals to participate in community living

1104 • Educate and improve the awareness of HCBS providers for integrating the access and
1105 functional needs of older adults and people with disabilities into disaster and public
1106 health emergency preparedness, response, mitigation, and recovery

1107 *Note: additional health care quality strategies are in Objective 1.2, and emergency*
1108 *preparedness and response strategies are in Objective 2.4*

1109 **Strengthen supports for caregivers**

1110 • Expand the availability of, and access to, supports for unpaid family caregivers, to
1111 maximize the health and well-being of the caregivers and the people for whom they
1112 provide care

1113 • Educate and empower community supports, such as faith-based and community
1114 organizations, to provide support of all types for caregivers

1115 • Identify research gaps in caregiving and optimize sharing of research findings

- 1116 • Improve access to educational and community-based resources that caregivers can use to
1117 maintain and/or increase their health and well-being

1118 **Reduce disparities in services for older adults and people with disabilities**

- 1119 • Include culturally appropriate, person- and family-centered care planning in federal social
1120 and healthcare services for older adults and persons with disabilities to protect individual
1121 choice and address a person’s current and future economic resources, including advanced
1122 care planning needs

- 1123 • Monitor, through existing national surveillance systems, the status of the health, well-
1124 being, and independence of older adults and people with disabilities, and improve
1125 reporting on these populations

1126 **Strengthen the workforce**

- 1127 • Educate the healthcare and service professional workforce on the concerns of a geriatric
1128 population to ensure awareness of the unique challenges and issues of older adults

- 1129 • Improve and increase competency in the healthcare and direct service workforce in
1130 person-centered approaches and cultural competency

- 1131 • Strengthen the training and capacity of healthcare providers to recognize, assess, refer,
1132 connect, and engage caregivers

- 1133 • Strengthen partnerships between academia, health delivery systems, and faith-based and
1134 community organizations to educate and train the workforce to provide high-quality,
1135 culturally competent care

1136

1137 **Strategic Goal 4: Foster Sound, Sustained Advances in the Sciences**

1138 This strategic goal describes efforts to improve surveillance, epidemiology, and laboratory
1139 services; strengthen the scientific workforce and infrastructure; advance basic science
1140 knowledge, applied prevention and treatment research, and evaluation; and finally, disseminate,
1141 apply, and leverage knowledge to improve health, public health, and human services outcomes.
1142 The research pursued under this strategic goal is to be conducted consistent with the
1143 understanding that human subjects protection applies to all human beings from conception to
1144 natural death.

1145 The strategies presented are not intended to be an exhaustive list, but a curated set of activities
1146 that describe critical science and research investments and priorities.

1147 Within HHS, the following divisions are working to achieve this goal: Administration for
1148 Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Agency for
1149 Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention
1150 (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration
1151 (FDA), National Institutes of Health (NIH), Office of the Assistant Secretary for Health (OASH),
1152 Office of the Assistant Secretary for Preparedness and Response (ASPR), and Substance Abuse
1153 and Mental Health Services Administration (SAMHSA).

1154 **Objective 4.1: Improve surveillance, epidemiology, and laboratory services**

1155 HHS is dedicated to conducting science that leads to evidence-based, high-quality care and rapid
1156 interventions to mitigate health crises. Data and information from high-quality science aids in the
1157 prevention and early intervention of foodborne illnesses and infectious disease outbreaks such as
1158 Zika and Ebola. Also, surveillance allows us to identify populations and geographic areas with
1159 unusually high levels of chronic or behavioral conditions.

1160 HHS fosters, facilitates, and uses partnerships across all levels of government, including
1161 international, non-governmental, academic, and private institutions to promote the alignment of
1162 surveillance methods and the timely and effective sharing of surveillance data, epidemiological
1163 analyses, laboratory specimens, and data on health system capability and capacity data.

1164 Below is a selection of strategies HHS is implementing to improve surveillance, epidemiology,
1165 and laboratory services.

1166

1167 **Contributing OpDivs and StaffDivs**

1168 ASPR, CDC, CMS, FDA, NIH, OCR, OGA, and SAMHSA work to achieve this objective.

1169

1170 **Strategies**

1171 **Promote and protect laboratory quality and safety**

- 1172 • Ensure training for laboratory personnel and management, and ensure evaluations and
1173 inspections to promote laboratory and employee safety, security, and occupational health
- 1174 • Review standards for laboratory quality and strengthen guidance to increase patient and
1175 laboratory safety
- 1176 • Enhance domestic and international laboratory infrastructures and quality assurance
1177 systems to collect, ship, screen, store, and test specimen samples for public health threats
1178 and interventions for such threats
- 1179 • Support the development, implementation, and evaluation of new laboratory technologies
1180 and their use for emerging infectious diseases, antimicrobial resistance, food safety,
1181 pharmaceutical safety, chronic disease risk factors, and environmental biomonitoring
- 1182 • Leverage expertise and provide resources to improve on laboratory regulatory
1183 requirements and best laboratory practices

- 1184 • Provide essential ongoing professional development opportunities to ensure the
1185 laboratory-based workforce remains on the cutting edge of relevant scientific and
1186 technological advancements
- 1187 • Support the private and secure collection, maintenance, analysis, and sharing of
1188 information to improve surveillance and expand the evidence base for high-quality care
1189 and rapid interventions, through Health Insurance Portability and Accountability Act
1190 (HIPAA) rules and guidance

1191 **Strengthen surveillance and epidemiology to protect health security and improve health**
1192 **outcomes**

- 1193 • Develop innovative solutions for conducting population health monitoring, risk
1194 assessments, and analysis of epidemiological data to improve our understanding of health
1195 risk factors and the effectiveness of health interventions, and to support a data-driven
1196 approach to emergency preparedness, response, and recovery
- 1197 • Foster state, federal, and international partnerships to improve surveillance across the
1198 continuum of care to identify and control infectious disease threats, healthcare-associated
1199 infections, antimicrobial-resistant pathogens, environmental health hazards, and other
1200 threats to public health and health security
- 1201 • Enhance domestic and global capacity for influenza surveillance to ensure rapid detection
1202 and reporting of cases or outbreaks of influenza viruses that have pandemic potential and
1203 to monitor trends in seasonal influenza epidemiology
- 1204 • Promote use of youth-focused surveillance and data collection to inform school and
1205 community actions that improve the health of adolescents
- 1206 • Support and enhance the collection of behavioral health survey and surveillance data to
1207 establish trends and detect aberrations, particularly in response to local or national
1208 disasters, in order to respond to community level emergencies and localized public health
1209 threats
- 1210 • Strengthen understanding of the opioid crisis through better public health surveillance to
1211 inform clinical management decisions for patients, including effects of opioid use in
1212 pregnancy and neonatal abstinence syndrome
- 1213 • Implement advanced laboratory, epidemiologic, and environmental methods across
1214 federal and state agencies to identify, investigate and stop foodborne outbreaks sooner
1215 and prevent future illness by identifying and addressing gaps in the food safety system

1216 *Note: additional strategies on emergency preparedness and response are in Objective 2.4*

1217

1218 **Facilitate information sharing, exchange, and alignment**

- 1219 • Implement information technology solutions that support timely information exchange
1220 among local, state, international, and federal agencies, healthcare facilities, and
1221 laboratories while ensuring that these systems minimize threats to information security
- 1222 • Modernize domestic and international infectious and chronic disease surveillance systems
1223 to improve system interoperability and more rapid reporting, data exchange and use to
1224 drive timely public health and medical action and response
- 1225 • Promote new and innovative methods to rapidly collect, store, standardize, share, and
1226 analyze data across all levels of government, and with non-governmental partners, to
1227 improve situational awareness and public health surveillance before, during, and after
1228 public health and medical emergencies

1229 **Enhance and standardize public health data collection and reporting**

- 1230 • Enhance domestic and international information systems (e.g., data linkage, shared
1231 services, data standards) and apply modern data science methods to provide timely, high
1232 quality, and actionable data for early outbreak detection, rapid response to public health
1233 threats, programmatic planning, and targeted interventions for populations at risk
- 1234 • Improve data collection methodologies and systems for enhancing real time and local
1235 data collection in order to minimize local burden, and improve timeliness, reliability and
1236 comparability of the data, allowing for local public health and healthcare providers to use
1237 data for decision making and response mobilization
- 1238 • Improve surveillance of antimicrobial resistance by developing reporting guidelines for
1239 microbiology laboratories based upon federal, state, and local requirements
- 1240 • Optimize the ascertainment and evaluation of adverse events related to the use of
1241 regulated human and animal medical products, including the development and more
1242 effective use of large nationally representative database systems, electronic health
1243 records, common data models, and natural language processing
- 1244 • Improve health and behavioral health outcomes for children and their parents by building
1245 epidemiological capacity in states and counties to identify high need issues and particular
1246 areas of risk using surveillance data and then responding with appropriate evidence-based
1247 interventions and policy development

1248 *Note: additional strategies on adverse health events are in Objective 1.2*

1249 **Objective 4.2: Expand the capacity of the scientific workforce and**
1250 **infrastructure to support innovative research**

1251 As science and technology advance, it is imperative that research staff and scientists involved in
1252 HHS-conducted or HHS-supported research have the resources needed to conduct high quality
1253 and efficient work. Through various initiatives and programs, HHS recruits and trains students,
1254 recent graduates, and other professionals to conduct rigorous and reproducible research. HHS
1255 invests in Federal statistical units responsible for national surveys that provide reliable, timely
1256 and policy relevant information for policy makers and researchers. Additionally, HHS provides
1257 research training and career development opportunities to ensure that a diverse pool of highly
1258 trained investigators will be available across the range of scientific disciplines necessary to
1259 address the Nation’s biomedical and scientific research needs. HHS invests substantial resources
1260 in research facilities that provide access to instruments, technologies, services, as well as access
1261 to expert consultants.

1262 Below is a selection of strategies HHS is implementing to expand the capacity of the scientific
1263 workforce and infrastructure to support innovative research.

1264

1265 **Contributing OpDivs and StaffDivs**

1266 ACL, AHRQ, ASPR, CDC, FDA, NIH, OASH, and OGA work to achieve this objective.

1267

1268 **Strategies**

1269 **Recruit and retain a scientific workforce responsive to future demands**

- 1270 • Support fellowships and other training programs in academic, industry, and government
1271 settings to help recruit and train early career scientists and survey statisticians
- 1272 • Provide research training and career development opportunities to ensure that a diverse
1273 pool of highly trained investigators will be prepared for and available across the range of
1274 scientific disciplines necessary to address the Nation’s biomedical and scientific research
1275 needs
- 1276 • Explore effectiveness of formal and informal mentorship of new scientists, including data
1277 scientists
- 1278 • Conduct joint fellowship programs targeted to researchers and regulatory reviewers to
1279 provide multidisciplinary training across the interrelated areas of basic and translational
1280 science

- 1281 • Review administrative systems and policies to ensure they are aligned with anticipated
1282 workforce needs

1283 **Promote ethical and responsible research**

- 1284 • Assess peer review practices and provide the workforce with best practices for peer
1285 review
- 1286 • Improve human subjects protection, and enforcement of human subjects protection
1287 regulations and other laws governing research, especially with respect to research
1288 involving human embryos or embryonic stem cells/tissue, fetal tissue, genetic
1289 engineering and manipulation of the germ cell, and the creation of chimeras
- 1290 • Provide guidance and tools, including required trainings, to ensure that researchers are
1291 able to conduct research ethically, safely, securely, and responsibly
- 1292 • Improve the methodological rigor, transparency, and reproducibility of federally-funded
1293 research and surveys and strengthen public confidence in federally-supported research
1294 and survey findings

1295 **Collaborate with the broader research community to strengthen innovation**

- 1296 • Facilitate interactions with domestic and international partners to promote basic science
1297 and research/educational collaborations between federal researchers, and educators, and
1298 the community, and to engage in innovative joint research projects
- 1299 • Promote a culture of responsible data sharing, openness, and collaboration to better
1300 engage with academia and the private sector, consistent with applicable privacy and
1301 security requirements

1302 **Strengthen facilities and infrastructure capacity**

- 1303 • Leverage facilities as shared resources, which provide investigators access to advanced
1304 technologies through cutting-edge instrumentation operated by appropriately trained staff
- 1305 • Ensure that the scientific research workforce has access to modern tools and resources for
1306 data science and scientific computing

1307 **Objective 4.3: Advance basic science knowledge and conduct applied**
1308 **prevention and treatment research to improve health and development**

1309 HHS conducts and funds basic and applied research to gain fundamental knowledge about living
1310 systems, and applies that knowledge to improve health and address a multitude of public health
1311 concerns, including: preventing emerging infectious disease; increasing the effectiveness for
1312 responding to global health threats; encouraging the use of age appropriate vaccines to minimize
1313 the burden of vaccine-preventable diseases across the life span; creating evidence-based
1314 guidelines to improve both behavioral and physical health and well-being; and identifying the
1315 most effective health and community-based interventions to address risk factors for addiction or
1316 substance use disorders. HHS disseminates this information broadly to state and local partners, to
1317 ensure that all Americans, including populations at risk for poor health and well-being outcomes,
1318 also can benefit from these advances. Below is a selection of strategies HHS is implementing to
1319 advance basic science and applied research.

1320

1321 **Contributing OpDivs and StaffDivs**

1322 ACL, AHRQ, ASPR, CDC, FDA, NIH, and OASH work to achieve this objective.

1323

1324 **Strategies**

1325 **Foster a broad and diverse research portfolio to meet public health needs**

- 1326 • Conduct basic science and applied research and disseminate findings to maximize the use
1327 of age appropriate vaccines to minimize the burden of preventable diseases across the life
1328 span
- 1329 • Conduct applied research to identify the most effective health and community-based
1330 system interventions that address the modifiable risk factors for prescription opioid
1331 misuse, heroin initiation, and opioid use disorder and overdose
- 1332 • Develop and assess improved methods for rapidly detecting and investigating disease
1333 outbreaks and developing new preventive and therapeutic strategies
- 1334 • Foster and capitalize on advances in personalized medicine to prevent and improve care
1335 for unmet medical needs
- 1336 • Invest in research and education on behavior change methods, such as effective stress
1337 management, proper nutrition, and regular exercise

- 1338 • Foster integration of behavioral and social science research into research involving
1339 acceptability and understanding of genomics and proteomics, to accelerate time-to-trial as
1340 well as improve study designs
- 1341 • Support a broad and diverse portfolio of biomedical research by supporting a range of
1342 scientific disciplines, including basic and translational research, to augment scientific
1343 opportunities and innovation for public health needs, consistent with human subject
1344 protections, which protect all persons from conception on, and bioethics
- 1345 • Produce and promote patient-centered healthcare delivery methods and interventions that
1346 improve care quality, promote healthcare access, reduce disparities, and address social
1347 determinants of health among populations at risk for poor health outcomes
- 1348 • Support research to identify, implement, and evaluate interventions to reduce health
1349 disparities and improve the health of populations at risk for poor health outcomes

1350 Invest in research to strengthen and support healthcare providers

- 1351 • Strengthen research capacity across the nation and reduce health disparities by building
1352 the capacity to conduct fundamental biomedical research at institutions across all states
- 1353 • Support applied research to evaluate the adoption, implementation, and impact of clinical
1354 decision support systems, and evidence-based guidelines on clinical and community
1355 preventive services and treatments to improve both behavioral and physical health and
1356 well-being
- 1357 • Fund research on shared decision making to support healthcare providers' efforts to
1358 deliver healthcare services that empower patients, families, and caregivers to implement
1359 lifestyle behavior modification aimed at better health and healthcare outcomes
- 1360 • Fund applied research, development, training, and sharing of information and products to
1361 improve knowledge and practice of service delivery professionals who are supporting
1362 disadvantaged and at-risk populations
- 1363 • Conduct research and disseminate findings on systems of care and strategies such as
1364 team-based care, enhanced communication, and improvements in technology that reduce
1365 burden and burnout of healthcare professionals and that create healthy workplaces

1366 Invest in research to prevent and mitigate global threats to health and well-being

- 1367 • Support basic science and applied prevention and treatment research on approaches to
1368 reduce the global burden of HIV, viral hepatitis, enteric and respiratory diseases,
1369 tuberculosis, malaria, and neglected tropical diseases

1370 • Support basic and applied research to prevent and treat emerging and re-emerging
1371 infectious diseases, and decrease time, and increase effectiveness, for responding to
1372 global health threats

1373 • Strengthen basic and applied science and treatment pipelines by collaborating with other
1374 federal agencies to assess potential health threats and bolster the fundamental science
1375 knowledge in these risk areas to expedite the development of therapies

1376 Foster a broad research plan to improve safety and efficacy of products

1377 • Facilitate patient-focused medical product development to inform regulatory decision
1378 making

1379 • Facilitate the development and qualification of clinical outcome assessment tools to
1380 measure clinical benefit in medical product development

1381 • Conduct research to facilitate development and availability of innovative, safe, and
1382 efficacious human and animal medical products, including development of regulatory
1383 science

1384 • Support and facilitate the adoption of innovative pharmaceutical technology to modernize
1385 product development and manufacturing, ensuring the consistent supply of high quality
1386 medicine for patients, and encourage the development of low-cost, high quality generic
1387 pharmaceuticals

1388 Invest in research to reduce the incidence of the leading causes of death

1389 • Support basic and clinical research to discern risk factors for, and the underlying
1390 pathophysiology of, the leading causes of death and accelerate applied and preventive
1391 research solutions

1392 • Support research to prevent the leading causes of death in adults by improving the quality
1393 and specificity of reporting causes of death, developing systematic studies and testing
1394 interventions to determine and prevent the actual causes of death, thereby increasing both
1395 life expectancy and quality of life and reducing healthcare costs

1396 • Support research to develop and test methods to increase adoption by primary care
1397 providers of recommendations from the U.S. Preventive Services Task Force for clinical
1398 preventive services that address the leading and actual causes of death

1399 • Support research to assess the five-year health outcomes and adverse events of preventive
1400 interventions that target the actual and leading causes of death, to assist the U.S.
1401 Preventive Services Task Force in providing evidence-informed recommendations

1402 **Objective 4.4: Leverage translational research, dissemination and**
1403 **implementation science, and evaluation investments to support adoption of**
1404 **evidence informed practices**

1405 HHS is dedicated to ensuring that we are using the lessons learned from our research and
1406 practice to inform how we continue to improve health, healthcare, and human services. Through
1407 collaborations on translational research, including dissemination and implementation science,
1408 and evaluation, HHS is able to promote and support adoption of evidence-informed practices to
1409 improve health and well-being. Below is a selection of strategies HHS is implementing to
1410 leverage translational research, dissemination and implementation science, and evaluation
1411 investments.

1412

1413 **Contributing OpDivs and StaffDivs**

1414 ACF, ACL, AHRQ, CDC, CMS, FDA, HRSA, NIH, OASH, and SAMHSA work to achieve this
1415 objective.

1416

1417 **Strategies**

1418 **Accelerate change through strategic partnerships and innovations**

1419 • Promote innovative approaches to translating research into interventions that improve
1420 health and well-being, by modernizing processes and removing obstacles to bring more
1421 effective practices to more people more quickly

1422 • Leverage cutting edge science to support product development strategies, regulatory
1423 evaluation, and implementation science by establishing platforms for interaction with
1424 academic institutions, other government agencies and their investments, and industry

1425 **Improve programs for populations at risk for poor health and well-being outcomes**

1426 • Assess evidence-based practices and service delivery system improvements to increase
1427 access to services and improve outcomes and quality of life for disproportionately
1428 affected populations

1429 • Support research conducted in a variety of settings and populations, to improve the
1430 quality and utility of evidence generated from HHS investments and the impact of those
1431 investments on a broad range of outcomes

- 1432 • Evaluate multifaceted strategies to apply evidence-based interventions to reach
1433 disproportionately affected populations and reduce health disparities

1434 **Disseminate knowledge**

- 1435 • Increase dissemination and implementation of evidence-based practices and provide
1436 training and technical assistance to stakeholders to improve outcomes
- 1437 • Systematically review current evidence on the effectiveness of programs and policy, and
1438 disseminate these findings in easily accessible formats to practitioners and decision-
1439 makers
- 1440 • Disseminate patient-centered outcome research findings to health professionals and
1441 organizations that deliver health care

1442 **Evaluate HHS programs for efficiency and effectiveness**

- 1443 • Foster a culture of learning through opportunities for coordination and collaboration
1444 within and across HHS and with external partners
- 1445 • Identify improvements to existing evidence-based programs and policies to share broadly
1446 with local communities for public health impact
- 1447 • Encourage the use of learning agendas or other tools to prioritize critical questions that
1448 generate evidence to guide decision making and continuous learning, including short- and
1449 long-term questions that build a portfolio of evidence about what works for whom
- 1450 • Promote the use of common evidence standards, principles and practices for evaluation,
1451 and policies that support rigorous, relevant, transparent, independent, and ethical
1452 evidence-building activities

1453 **Support adoption of evidence-based practices**

- 1454 • Engage healthcare, public health, and human service system research networks to study
1455 and support local adaptation/customization of evidence-based practices
- 1456 • Develop and disseminate tools and provide technical assistance that supports adoption
1457 and implementation of evidence-based practices to improve access to high-quality public
1458 health, healthcare, and human services
- 1459 • Support knowledge translation capacity and practice to ensure that knowledge generated
1460 by grantees and others working in the field is used or adopted by its intended users

1461 **Goal 5: Promote Effective and Efficient Management and Stewardship**

1462 This strategic goal describes HHS efforts to develop the systems, workforce, and infrastructure
1463 to address the health, public health, and human services challenges of today and the future.

1464 Responsible allocation and expenditure of public funds, the development of robust and secure
1465 information management systems, cultivation of a highly skilled and motivated workforce, and a
1466 commitment to safety and security are all part of this management and stewardship goal.

1467 The strategies presented are not intended to be an exhaustive list, but a curated set of activities
1468 that describe the Department's priorities in this area.

1469 All Operating and Staff Divisions within HHS are committed to achieving this goal.

1470 **Objective 5.1: Ensure responsible financial management**

1471 HHS is committed to using its funding wisely and efficiently to fulfill its mission in a changing
1472 environment. Whether streamlining the acquisition process for laboratory supplies, establishing
1473 enterprise-wide solutions, or keeping current with information technology products and services
1474 investments, HHS takes the administration of its funding seriously. HHS will identify laws and
1475 regulations that inhibit accurate identification of improper payments and, as possible, effect
1476 change to address the root causes and improve payment accuracy. Below is a selection of
1477 strategies HHS is implementing to ensure responsible financial management.

1478

1479 **Contributing OpDivs and StaffDivs**

1480 All OpDivs and StaffDivs contribute to achievement of this objective.

1481

1482 **Strategies**

1483 **Streamline business processes to improve financial management**

- 1484 • Use quality improvement principles to review key business processes, and identify
1485 opportunities to reduce risk and improve outcomes in areas such as financial
1486 management, grant management, and acquisitions
- 1487 • Reduce inconsistent recording and incomplete financial data and, thus, reduce efforts
1488 required to perform data cleanup and data transformation
- 1489 • Preserve public trust and stewardship of taxpayer funding by ensuring effective internal
1490 controls and efficient operating policies and procedures are in place that can result in an
1491 unqualified audit opinion with no material weaknesses

1492 **Promote effective and efficient risk management across HHS and its programs**

- 1493 • Conduct and use risk assessments within an enterprise risk management framework to
1494 improve information sharing and leadership decision-making, resulting in risk-informed
1495 strategy execution and program implementation
- 1496 • Use public-private partnerships to prevent and detect fraud and other inappropriate
1497 payments across the healthcare industry by sharing fraud-related information and data,
1498 promoting best practices, and educating partners

- 1499
- 1500
- Preserve the Medicare Trust Fund through prevention and detection of fraud, waste, abuse, and improper payments using program integrity tools, policies, and collaboration
- 1501
- Manage the costs associated with governmental imposition of private expenditures through implementation of Executive Order 13771 of January 30, 2017, [Reducing Regulation and Controlling Regulatory Costs](#), by ensuring that, consistent with the Administrative Procedure Act and as informed by the terms of the Executive Order and associated guidance, for every one new regulation issued, at least two prior regulations are identified for elimination, and the cost of planned regulations are managed through a budgeting process
- 1502
- 1503
- 1504
- 1505
- 1506
- 1507

1508 **Strengthen the financial management, acquisition, and grants workforce**

- 1509
- Reduce knowledge gaps within the financial management, acquisition, and grants workforce by supporting hiring, training, and development programs to strengthen competencies
- 1510
- 1511
- Support knowledge transfer programs and training strategies so that the financial management, acquisition, and grants workforce can respond to challenges and changing demands across the enterprise
- 1512
- 1513
- 1514
- Develop a financial management, acquisition, and grants workforce that uses cross-functional and knowledge transfer training programs to respond to challenges and changing demands across the HHS enterprise
- 1515
- 1516
- 1517

1518 *Note: additional strategies on strengthening the HHS workforce are in Objective 5.2*

1519

1520 **Objective 5.2: Manage human capital to achieve the HHS mission**

1521 A high-quality workforce is essential for achieving the HHS mission. HHS is working to
1522 enhance the quality of our workforce through hiring and retaining a diverse and high caliber
1523 workforce, fostering employee engagement, deploying staff and supervisory training and
1524 professional development opportunities, and creating a stronger focus on performance and
1525 employee accountability. Below is a selection of strategies HHS is implementing to manage our
1526 human capital.

1527 *Note: efforts to support the workforce can be found in Objectives 1.4, 2.4, 3.4, and 4.2*

1528

1529 **Contributing OpDivs and StaffDivs**

1530 All OpDivs and StaffDivs contribute to achievement of this objective.

1531

1532 **Strategies**

1533 **Hire and retain a high-quality workforce to respond to current and emerging demands**

- 1534 • Recruit and retain the most qualified candidates to best meet the needs of the populations
1535 that we serve
- 1536 • Increase the efficiency and effectiveness of recruitment efforts by partnering with hiring
1537 managers to better leverage data, analytics, workforce planning, and succession
1538 management strategies to inform recruitment strategies
- 1539 • Improve workforce planning efforts by targeting mission-critical occupations, and the
1540 occupations that provide crucial administrative and support functions

1541 **Cultivate a diverse workforce and maximize opportunities for employees to contribute to**
1542 **mission success**

- 1543 • Foster a work environment free from unlawful discrimination and harassment that uses
1544 the capabilities of every employee at all organizational levels
- 1545 • Promote diversity and a quality workforce by improving access to reasonable
1546 accommodations and eliminating barriers to diversity

1547

1548

1549 **Promote employee engagement**

- 1550 • Use employee feedback and best practices from across the federal government to identify
1551 and develop strategies to act on employee input and increase employee engagement
- 1552 • Increase employee engagement, participation in the Federal Employee Viewpoint Survey,
1553 and belief that results will be used to improve the organization

1554 **Strengthen employee performance and accountability**

- 1555 • Enhance workforce accountability and inclusion through manager training and a
1556 transparent and impartial appraisal and recognition program
- 1557 • Increase workforce accountability through effective performance measures, enhanced
1558 training, and appropriate administrative actions

1559 **Increase the effectiveness of staff and supervisory training and development opportunities**

- 1560 • Conduct succession planning and workforce development analyses to eliminate skill gaps
1561 in critical positions
- 1562 • Advance employee development by encouraging cross-training activities, developmental
1563 and rotational assignments, mentoring and coaching, and other cross-functional activities
- 1564 • Create and implement development opportunities to provide staff with the leadership,
1565 technical, and behavioral skills to succeed in their current and future positions

1566 **Leverage technology to support human capital management**

- 1567 • Implement enhanced information technology tools to increase transparency, streamline
1568 human resources processes, and attain reliable human capital data
- 1569 • Improve operational efficiency and effectiveness by leveraging technology and
1570 automating business processes, and by increasing and promoting telework and virtual
1571 workforce programs across HHS, as appropriate in light of job responsibilities
- 1572 • Use enterprise-wide technology to the maximum extent possible to solve human
1573 resources operational issues and inefficiencies

1574 **Objective 5.3: Optimize information technology investments to improve**
1575 **process efficiency and enable innovation to advance program mission goals**

1576 Technological advances can rapidly transform information technology systems from innovative
1577 to outdated. To achieve the HHS mission, legacy systems need to be upgraded and the
1578 infrastructure modernized to ensure the quality delivery of HHS services. HHS is working to
1579 increase collaborative partnerships with industry and academia to leverage cutting edge
1580 technology advances. HHS aims to enhance the experience of internal and external customers
1581 interacting with, using, or accessing HHS information technology to improve satisfaction, reduce
1582 burden, improve the overall user experience, and increase productivity. Below is a selection of
1583 strategies HHS is implementing to optimize information technology investments.

1584 *Note: health information technology strategies to improve healthcare quality and access can be*
1585 *found in Objectives 1.2 and 1.3; health information technology strategies to improve mental*
1586 *health and substance use outcomes can be found in Objective 2.3*

1587 **Contributing OpDivs and StaffDivs**

1588 All OpDivs and StaffDivs contribute to achievement of this objective.

1589

1590 **Strategies**

1591 **Improve the customer experience**

- 1592 • Promote adoption of user-centered design for information technology services targeted to
1593 the American public
- 1594 • Engage users and other critical partners to promote usability and accessibility of systems
1595 and data access, throughout the life cycle of information technology projects
- 1596 • Leverage unified communications technology across HHS to promote a mobile, agile
1597 workforce that can be more engaged and participatory regardless of work location

1598 **Modernize information technology systems**

- 1599 • Employ and support management and administration of software and services that serve
1600 as a bridge between operating systems, databases, and applications
- 1601 • Deliver shared services to minimize custom application development, maximize
1602 collaboration, and reduce cost, when appropriate

- 1603 • Support the capability of high performance computing services to deliver parallel
1604 processing for running advanced application programs efficiently, reliably and quickly
- 1605 • Reduce the risk associated with unsupported or end-of-life systems by identifying
1606 opportunities to modernize, decommission, or replace legacy systems

1607 Improve acquisition of information technology assets and services

- 1608 • Align acquisition processes with information technology business models and practices,
1609 to provide the ability for HHS staff to acquire the information technology products and
1610 services to support mission activities more efficiently
- 1611 • Promote strategic sourcing or other procurement vehicles for efficient and cost-effective
1612 provisioning of information technology goods and services
- 1613 • Define, promote, and institutionalize the sharing of common information technology and
1614 business services to reduce new development and unnecessary costs, enable and
1615 encourage common processes, facilitate information sharing, and promote collaboration

1616 Strengthen governance and management of information technology investments

- 1617 • Support ongoing management and planning to optimize use of technology expertise and
1618 resources, properly align staffing and responsibilities, and maximize resources
- 1619 • Implement skills-based workforce training for technology practitioners who design,
1620 manage, operate and support information technology investments

1621 *Note: additional strategies on strengthening the HHS workforce are in Objective 5.2*

1622 Optimize HHS capacity for data-driven decision-making

- 1623 • Improve system interoperability to allow efficient data sharing, strengthen detection and
1624 surveillance of regulated products, reduce risks in manufacturing, production and
1625 distribution of regulated products, and increase regulatory science capacity to effectively
1626 evaluate products
- 1627 • Improve the capture, use, and management of operational and administrative data by
1628 establishing formal processes, rules, and templates to control data sharing and protect
1629 sensitive information

1630 **Objective 5.4: Protect the safety and integrity of our human, physical, and**
1631 **digital assets**

1632 HHS is dedicated to protecting the safety and integrity of our human, physical, and digital assets
1633 through the implementation of physical security, personnel security, insider threat, internal
1634 emergency management programs, cybersecurity and privacy programs, and counterintelligence.
1635 Below is a selection of strategies HHS is implementing to protect the safety, security, and
1636 integrity of our people, facilities, systems, and information.

1637

1638 **Contributing OpDivs and StaffDivs**

1639 All OpDivs and StaffDivs contribute to achievement of this objective.

1640

1641 **Strategies**

1642 **Identify, assess, remediate, and monitor risks to safety, security, and integrity**

- 1643
- 1644 • Advance an enterprise-wide risk management approach that continually provides
1645 situational awareness of HHS's risk posture by effectively identifying, assessing,
1646 remediating, and monitoring HHS risks
 - 1647 • Establish enterprise-wide safety and security models that incorporate best practices from
1648 other federal agencies

1648 **Protect information technology systems, data, and sensitive information, and prevent,**
1649 **detect, mitigate, and respond to cybersecurity events**

- 1650
- 1651 • Maximize enterprise-level data access and security for stakeholders while ensuring data
1652 integrity and privacy in support of streamlined program flexibilities, accountability, and
1653 information exchange
 - 1654 • Ensure stronger authentication of privileged users to support application security
 - 1655 • Improve the sharing of intelligence with federal and private sector partners to improve
1656 situational awareness and reduce cyberthreats
 - 1657 • Maximize data access and usability to internal and external users while protecting data
1658 confidentiality, integrity and availability, including beneficiary privacy
 - 1659 • Promote integration of electronic data systems to increase efficiency and minimize
redundancy while maintaining appropriate standards for identity management and the

1660 protection of personally identifiable information (PII) and protected health information
1661 (PHI)

- 1662 • Use a priority-based risk management approach that focuses on the protection of sensitive
1663 data, including PII and PHI data sets, High Value Assets, and Mission Essential Systems

1664 **Execute essential functions, even in the event of an emergency, while protecting the safety**
1665 **of the HHS workforce**

- 1666 • Promote and ensure the execution of essential federal functions, while providing for the
1667 safety and well-being of employees during emergency situations, including continuity of
1668 operations and emergency evacuations, and ensure that all safety and emergency plans
1669 take into consideration the varying needs of the HHS workforce
- 1670 • Review and update continuity plans and procedures to ensure the safety of our workforce
1671 while taking advantage of available technologies, increasing efficiency, and minimizing
1672 duplication of efforts

1673 **Protect HHS facilities and infrastructure**

- 1674 • Strengthen physical, organizational, and functional infrastructure to maximize HHS's
1675 ability to meet increased demands
- 1676 • Implement best practices in identity and access management to enforce appropriate levels
1677 of protection to HHS-owned physical and logical assets and to ensure only authorized
1678 users are given access to resources and information

1679 **Appendix A: HHS Organizational Chart**

1680 Link to <https://www.hhs.gov/about/agencies/orgchart/index.html>