HHS Strategic Plan

FY 2014 - 2018

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

For the period FY 2014—2018, HHS is publishing its Strategic Plan as a Web document, which will be updated periodically to reflect the Department's strategies, actions, and progress toward its goals. The Web version of the Strategic Plan, rather than focusing on a static set of performance measures, provides priorities, accomplishments, and next steps that are tracked and updated frequently, reinforcing the Strategic Plan's function as a living, vital document that serves a genuine management purpose. The Strategic Plan was last updated March 10, 2014.

Message from HHS

The work of the Department of Health and Human Services has never mattered more than it does today.

As a country, we have an unprecedented opportunity to help more Americans attain the building blocks of healthy and productive lives. As a Department, we are therefore focused on advancing our mission in the present, with an eye toward the future as we look to deliver impact to the American people:

- To help more Americans achieve the security of quality, affordable health care for themselves and for their families;

- To keep food and medical products safe;

- To protect against chronic and infectious diseases;

- To help Americans find jobs;

- To help parents access affordable child care;

- To explore the frontiers of cutting-edge biomedical research; and

- To fulfill our obligations to tribal communities for health care and human services.

To move this mission forward, the men and women of this Department are working tirelessly to prepare for the next public health emergency; to push the outer bounds of innovation and discovery to find that next life-saving treatment or cure; and to help a new generation of Americans grow up healthier, in safe, supportive environments.

We are committed to working smarter and better. Therefore, we relentlessly evaluate our actions and initiatives, asking ourselves and our colleagues: What needs to be changed? What can be done less expensively, faster, more efficiently, and with greater transparency? How can we serve Americans better?

It was with these goals and questions in mind that we developed this Strategic Plan for fiscal years 2014-2018. The Plan reflects the contributions of every operating and staff division and sets forth the Department's overarching goals for the next five years for strengthening health care; advancing scientific knowledge and innovation; advancing the health, safety, and well-being of the American people; and increasing efficiency, transparency, and accountability throughout our Department.

Together, these goals form our vision for how HHS can contribute to an even stronger, healthier, and more prosperous America, both today and tomorrow.

As President Obama has said, "We are and always will be a country that can do great things together."

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Introduction

Overview

The U.S. Department of Health and Human Services (HHS) is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

HHS is responsible for almost a quarter of all federal outlays and administers more grant dollars than all other federal agencies combined. The Department manages programs that cover a vast spectrum of activities that impact health, public health, and human services outcomes throughout the life span. HHS, through its programs and partnerships:

- Provides health care coverage to more than 100 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace;

- Promotes patient safety and health care quality in health care settings and by health care providers, by assuring the safety, effectiveness, quality, and security of foods, drugs, vaccines, and medical devices;

- Eliminates disparities in health, as well as health care access and quality, and protects vulnerable individuals and communities from poor health, public health, and human services outcomes;

- Conducts health, public health, and social science research with the largest source of funding for medical research in the world, while creating hundreds of thousands of high-quality jobs for scientists in universities and research institutions in every state across America and around the globe;

- Leverages health information technology to improve the quality of care and use HHS data to drive innovative solutions to health, public health, and human services challenges;

- Improves maternal and infant health; promotes the safety, well-being, and healthy development of children and youth; and supports young people's successful transition to adulthood;

- Promotes economic and social well-being for individuals, families, and communities, including seniors and individuals with disabilities;

- Supports wellness efforts across the life span, from protecting mental health, to preventing risky behaviors such as tobacco use and substance abuse, to promoting better nutrition and physical activity;

- Prevents and manages the impacts of infectious diseases and chronic diseases and conditions, including the top causes of disease, disability, and death;

- Prepares Americans for, protects Americans from, and provides comprehensive responses to health, safety, and security threats, both foreign and domestic, whether natural or man-made; and

- Serves as responsible stewards of the public's investments.

The HHS Strategic Plan FY 2014-2018 includes strategic goals and associated objectives, strategies, and performance goals that focus on these and other major functions of the Department.

Mission Statement

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

Organizational Structure

HHS accomplishes its mission through programs and initiatives that cover a wide spectrum of activities, serving Americans at every stage of life. Eleven operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies, administer HHS's programs. In addition, staff divisions provide leadership, direction, and policy management guidance to the Department.

Appendix A includes the organizational chart for the Department. Appendix B presents the mission statements and primary functions of all of the Department's operating and staff divisions.

Cross-Agency Collaborations and Public-Private Partnerships

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

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

The narrative and strategies under each strategic goal and objective describe how the Department collaborates with governmental and nongovernmental groups.

Strategic Plan Development

Every four years, HHS updates its Strategic Plan, which describes its work to address complex, multifaceted, and evolving health and human services issues. An agency strategic plan is one of three main elements required by the Government Performance and Results Act (GPRA) of 1993 (P.L. 103-62) and the GPRA Modernization Act of 2010 (P.L. 111-352). An agency strategic plan defines its mission,

goals, and the means by which it will measure its progress in addressing specific national problems over a four-year period.

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

Stakeholder Engagement

Under the GPRA Modernization Act, federal agencies are required to consult with Congress and to solicit and consider the views of external parties. To comply with this mandate, HHS engaged the public through the HHS Open Government website (http://www.hhs.gov/open), a Notice of Availability in the Federal Register, conference calls with tribal leaders, email notices to external stakeholders and HHS.gov subscribers, and social media postings. The public could review the draft on the HHS Open Government website or could request an electronic or paper copy. The public was able to submit comments via mail, fax, email, and the HHS Open Government website. HHS also sought input from Congress and the Office of Management and Budget.

More than 400 comments from the public were received during the six-week public comment period. Input ranged from editorial suggestions to more substantive comments, roughly equally divided among all of the strategic goals and objectives of the draft Plan. In response, HHS coordinated with agencies to incorporate responsive changes into the final Plan.

Strategic Goals, Objectives, and Strategies

The HHS Strategic Plan FY 2014-2018 describes the Department's efforts within the context of four broad strategic goals:

- Strategic Goal 1: Strengthen Health Care
- Strategic Goal 2: Advance Scientific Knowledge and Innovation
- Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People
- Strategic Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

The strategic goals and associated objectives focus on the major functions of HHS. Primary strategies for accomplishing HHS's goals are presented within each objective. Although the strategic goals and objectives presented in the Plan are separate sections, they are interrelated, and successful achievement of one strategic goal or objective can influence the success of others. For example, the application of a promising new scientific discovery (Strategic Goal 2) can affect the quality of health care patients

receive (Strategic Goal 1) or the success of human services programs (Strategic Goal 3). Improving economic well-being and other social determinants of health (Strategic Goal 3) can improve health outcomes (Strategic Goal 1). Responsible management and stewardship of federal resources (Strategic Goal 4) can create efficiencies the Department can leverage to advance its health, public health, research, and human services goals. Multiple agencies within HHS often contribute to successful achievement of a strategic goal or objective; agencies that make these contributions to strategic goals and objectives are listed within the appropriate sections of the Plan.

Performance Tracking

Performance Goals. The GPRA Modernization Act and related guidance from the Office of Management and Budget requires the inclusion of performance goals for each strategic objective in the Strategic Plan. In developing and selecting performance goals, HHS included broad health and human services impact measures as well as more intermediate processes and outputs that have contributed to the achievement of long-term outcomes. HHS personnel regularly monitor more than a thousand performance measures to examine effectiveness and improve program processes. This Strategic Plan includes at the end of each strategic objective a representative set of important performance goals that track progress for those objectives. Progress on these performance goals will be tracked annually through the [Annual Performance Report - PDF](#).

Agency Priority Goals. Among the performance measures monitored by the Department are several measures that support the Department's Priority Goals. These goals are a set of ambitious but realistic performance objectives that the Department will work on to achieve within a 24-month period. Agency Priority Goals support and align with the Strategic Goals and Objectives of the HHS Strategic Plan. The GPRA Modernization Act requires the inclusion of these Federal Goals in the Department's Strategic Plan and Annual Performance Plan. Agency Priority Goals for FY 2014-2015 can be found at http://www.Performance.gov.

Cross-Agency Priority Goals. The GPRA Modernization Act requires that the Department address Cross-Agency Priority (CAP) Goals in its quadrennial Strategic Plan, the Annual Performance Plan, and the Annual Performance Report. The Department's contributions to, and progress on, CAP Goals is available at http://www.Performance.gov.

Contributing Programs for Strategic Objectives

The GPRA Modernization Act requires a central inventory of all federal programs. The federal Program Inventory has the potential to facilitate coordination across programs. This document makes it easier to find programs that can contribute to a shared goal, as well as improve public understanding about what federal programs do and how programs link to budget, performance, and other information.

The [HHS Program Inventory](#) describes each of the 115 programs that HHS administers across its 11 operating divisions, as well as how the program supports the Department's broader strategic goals and objectives.

In developing the program inventory, HHS worked to closely align the list to the Department's budget structure and Treasury accounts. This approach is consistent with how the Department operates and serves the American people and generally reflects the way Congress appropriates funding to HHS. In some cases, the Department aggregated or disaggregated existing structures with the goal of developing a program inventory that resonates with the American public and external partners and closely reflects agency operations.

Evaluation and Research Investments

As part of the HHS mission to provide health and human services to the nation, the Department is committed to continuously improving on the delivery of those services. That goal is accomplished through the evaluation of HHS programs to examine the performance of those programs in achieving their intended objectives. An important component of the HHS evaluation function is communicating the findings and recommendations of completed evaluation studies. The Department produces a *Performance Improvement Report*, available at http://aspe.hhs.gov/evaluation/performance, to make available to its stakeholders and the public summaries of evaluation studies recently completed and others in progress. The Department organizes evaluations by the strategic goals and objectives of the most current HHS Strategic Plan.

Throughout this Plan, narrative sections under strategic goals and objectives describe how evaluations contributed to the strategic directions the Department has chosen to improve health and human services outcomes for the populations it serves. In addition, strategies related to conducting research and evaluations, and applying that knowledge to programs and other efforts, are included throughout the Plan.

External Risk Factors

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

Strategic Goal 1: Strengthen Health Care

In March 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), collectively referred to as the Affordable Care Act. The Affordable Care Act increases access to care, makes health insurance more affordable, strengthens Medicare, and ensures that Americans have more rights and protections — and more security that health insurance coverage will be available when it is needed. The Affordable Care Act has given states the option to expand access to Medicaid for low-income adults and families. The federal government will pay for 100% of the costs of covering newly eligible adults for three years beginning in 2014. The federal amount decreases gradually and becomes 90% of the costs in 2020 and subsequent years.

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

HHS is providing the American public with the means to make more informed choices about their health care through resources such as HealthCare.gov, which provides information about health insurance options. HHS is developing evidence-based tools, health care provider incentives, and payment reforms that support the delivery of high-quality, effective, and efficient health care services; expanding coordinated care through integrated care models; and promoting the meaningful use of electronic health records and other health information technology. HHS also is working to reduce disparities in health and access to health care among vulnerable populations.

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

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

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

Already, millions of Americans benefit from Affordable Care Act provisions. According to the Census Bureau, 48 million people in the United States were uninsured in 2012, a statistically significant decrease from the nearly 50 million people uninsured in 2010. New health plans now cover recommended preventive services and screenings with no cost sharing, and young adults under age 26 can have coverage under their parents' health insurance. The percentage of uninsured young adults declined from 31.4% in 2009 to 27.2% in 2012.

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

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

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

Strategies

- Help establish Health Insurance Marketplaces in every state to expand access to coverage for individuals and small businesses, reduce administrative expenses, and increase competition;

- Provide coverage with premium- and cost-sharing assistance through the Health Insurance Marketplace for people who cannot afford to purchase insurance on their own;

- Work with states to expand Medicaid coverage to more low-income Americans;

- Reduce the prescription drug coverage gap (the "donut hole") for those receiving the Medicare Prescription Drug benefit;

- Maximize the participation of small businesses and eligible individuals in affordable health insurance coverage by helping them understand insurance options including cost, available tax credits, and benefit levels, and providing a simplified enrollment process that is coordinated between the Marketplaces, Medicaid, and CHIP;

- Work with states, communities, private organizations, and grantees to provide outreach and enrollment assistance and to enforce the market reform provisions of the Affordable Care Act;

- Use the increased resources and policy options available through the Children's Health Insurance Program Reauthorization Act of 2009 (P.L. 111-3) and the Affordable Care Act to augment the ability of states to identify and enroll children who are eligible for coverage through Medicaid or CHIP but have not enrolled;

- Consult with tribes and tribal organizations to provide outreach, information, and assistance to ensure that American Indians and Alaska Natives are aware of and can benefit from Indian-specific and generally applicable provisions of the Affordable Care Act, as well as benefits available under the Indian Health Care Improvement Act (P.L. 94-437);

- Work with states to establish a process that reviews rates and identifies unreasonable rate increases by health insurance plans; prohibit discriminatory premium rates based on health status, occupation, gender, or sexual orientation; protect issuers against the financial risk of enrolling a disproportionate number of individuals with significant medical needs; and require insurance companies to spend at least 80% or 85% of health insurance premiums on medical care and quality-improving activities, not on profits and overhead, and to report how they spend premiums;

- Increase consumer protections in the private health insurance market by requiring new health plans to implement an appeals process for coverage determinations and by prohibiting insurers from placing lifetime limits on essential health benefits, denying coverage based on pre-existing conditions, and dropping people from coverage when they get sick;

- Enhance HealthCare.gov, which empowers consumers to make informed choices about health care options;

- Collect data to assess the Affordable Care Act's impact on out-of-pocket expenses of the previously uninsured non-elderly, and how coverage obtained effective January 1, 2014 and beyond in the individual and small group health insurance markets may affect access to care for those previously insured, and use these analyses to adjust Affordable Care Act programs to maximize their effectiveness; and

- Improve access to mental health and substance abuse disorder treatment services through implementation of the Mental Health Parity and Addiction Equity Act (P.L. 110-343).

Performance Goals

- Maintain or exceed percent of beneficiaries in Medicare fee-for-service who report access to care.

- Maintain or exceed percent of beneficiaries in Medicare Advantage who report access to care.

- Improve availability and accessibility of health insurance coverage by increasing enrollment of eligible children in CHIP and Medicaid.

- Reduce the average out-of-pocket share of prescription drug costs while in the Medicare Part D Prescription Drug Benefit coverage gap for non-Low-Income Subsidy Medicare beneficiaries who reach the gap and have no supplemental coverage in the gap.

- Maintain the number of months to produce the Insurance Component tables following data collection (Medical Expenditure Panel Survey-Insurance Component (MEPS-IC)).

- Increase the percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services.

- Track the number of individuals who have confirmed enrollment through the Affordable Insurance Exchanges.

- Reduce the percentage of the nonelderly (civilian, noninstitutionalized) United States population who are uninsured.

Objective B: Improve health care quality and patient safety

As reported in the [National Strategy for Quality Improvement in Health Care - PDF](#), health care-related errors harm millions of American patients each year and needlessly add billions of dollars to health care costs. CDC estimates that more than 1 million health care-associated infections occur each year, at a cost of approximately $30 billion annually. Adverse drug events are estimated to cause more than 1 million emergency department visits and 125,000 hospital admissions, impacting approximately 1.9 million hospital stays each year. The cost of treating patients who are harmed by adverse drug events is estimated to be as high as $5 billion annually.

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

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

HHS employs a range of strategies to ensure patient safety and health care quality across settings. Surveillance and laboratory services quickly detect infections and outbreaks. [Federally funded Health Centers](#) and community-based Ryan White Programs promote quality and patient safety through their distinctive models of care. [Meaningful use of health information technology](#) and payment incentives to providers further ensure patient safety. Public awareness campaigns promote safe medication use and address prescription drug abuse. Health care professions training programs help to strengthen the quality of the health care workforce. Technical assistance and training materials for nursing homes help improve the quality of care for vulnerable older Americans.

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

Strategies

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

- Identify innovative solutions to minimize harm in all settings by engaging local front-line providers, patients, and families in multi-stakeholder meetings;

- Implement Learning and Action Networks to share best practices for promoting quality, patient safety, prevention, health literacy, and improved care transitions;

- Facilitate public and private collaborations to promote safe medication use by identifying specific, preventable medication risks and by developing, implementing, and evaluating cross-sector interventions with partners who are committed to safe medication use;

- Expand quality improvement efforts in Medicaid, Medicare, and CHIP, and continue to utilize Medicare Quality Improvement Organizations and External Quality Review Organizations in Medicaid, as well as public reporting and payment changes, to foster reduction of hospital readmissions, hospital-acquired infections, and other health care-acquired conditions;

- Develop new collaborative models of care that incentivize team-based practice and reduce inappropriate care, and use evidence-based medicine to reduce harm and improve outcomes;

- Work with states to design and test incentives to provide more effective and efficient care, including better coordination of care for Medicare-Medicaid enrollees;

- Enhance coordination of Medicare and Medicaid to improve quality, cost, and coordination of care, including behavioral health and long-term services and supports, for Medicare-Medicaid enrollees with chronic conditions and functional impairments;

- Implement payment reforms that reward quality and efficiency of care (e.g., care related to provider-preventable conditions), and work with physicians and other care providers and across the public and private sectors;

- Improve the quality of, safety of, and access to care in long-term services and supports settings, behavioral health services, and acute care hospitals, and through state health departments;

- For American Indians and Alaska Natives that access healthcare through the IHS system, increase access to high-quality preventive and clinical care services;

- Educate health care professionals about health disparities, cultural competencies, and health literacy as part of a curriculum to promote a culture of safety and quality;

- Educate health care professionals about providing optimal care to and care coordination for individuals with multiple chronic conditions, to improve health status and reduce risks for adverse medical events such as medication errors;

- Assist professional organizations in developing clinical practice guidelines that address care for individuals with multiple chronic conditions to improve their overall health outcomes and reduce adverse events, including medication errors, while respecting patients' goals for their care;

- Promote quality care for patients by providing data, evidence-based science, and guidelines to prevent costly health care-associated infections (e.g., central line-associated bloodstream infections and catheter-associated urinary tract infections) and readmissions that add to Medicare and Medicaid costs;

- Promote effective communication and coordination of care by supporting appropriate discharge planning and care transition, embedding best practices to manage transitions to all practice settings, and enabling effective health care system navigation;

- Improve care transitions, including transitions from the inpatient hospital setting to care settings such as the home or nursing homes, to improve quality of care and to reduce readmissions for high-risk beneficiaries;

- Invest in health services research to identify the most effective ways to organize, manage, finance, and deliver high-quality care, reduce medical errors, and improve outcomes;

- Promote the development and use of child and adult quality measures related to patient safety in the Medicaid, CHIP, and Medicare programs;

- Promote the development of patient experience and patient-reported outcome measures for use across all programs and settings;

- Link quality measurement to clinical decision support to help providers more effectively use both to improve health care safety and quality;

- Support data collection in order to identify and target issues of harm and inappropriately delivered care within a community or practice location, or to a disparate patient population;

- Improve surveillance in hospital and non-hospital settings, such as outpatient clinical settings, emergency care, and nursing homes, to identify sources of and control of health care-associated infections, urgent antimicrobial threats, and other nationally notifiable diseases; and

- Implement new projects under the Health Information Technology Patient Safety Program - PDF 🗗 to promote the health care industry's use of health information technology to make care safer and to improve the safety of health information technology.

Performance Goals

- Reduce the central line-associated bloodstream infection standardized infection ratio.

- Increase the number of hospitals and other selected health care settings that report into the National Healthcare Safety Network.

- Improve children's health care quality across Medicaid and CHIP.

- Improve adult health care quality across Medicaid.

- Decrease the prevalence of pressure ulcers in nursing homes.

- Increase the number of users of research using AHRQ-supported research tools to improve patient safety culture.

- [Reduce hospital-acquired catheter-associated urinary tract infections](#).

- Decrease the percentage of long-stay nursing home residents receiving an antipsychotic medication.

- Review and act on original ANDA submissions within the established time frame.

- Increase the percentage of health centers with at least one site recognized as a patient centered medical home.

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

- Decrease the total morphine milligram equivalents dispensed.

- Increase the number of prescriptions dispensed for naloxone.

- Increase the number of unique patients receiving prescriptions for buprenorphine and naltrexone in a retail setting.

Related Topics

- [National Strategy for Quality Improvement in Health Care - PDF](#) ⧉

- [Partnership for Patients](#)

- [National Action Plan to Prevent Health Care-Associated Infections](#)

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

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

The Affordable Care Act provides a unique opportunity to maximize the value of America's health investment by integrating public health approaches and health care service delivery. HHS aims to improve public health surveillance and collect more complete and accurate data and to link clinical care and supportive community-based services and policies. These efforts will improve the Department's ability to reach high-risk populations and support the delivery of comprehensive, culturally acceptable, and easily navigated services. HHS, through the Center for Medicare & Medicaid Innovation (Innovation Center) at CMS, has introduced a range of initiatives to support care coordination practices and population-based care. The Comprehensive Primary Care Initiative is one example of a new model that HHS is testing to strengthen health care delivery. The Comprehensive Primary Care Initiative utilizes a team-based approach while emphasizing prevention, health information technology, care coordination, and shared decision-making among patients and their providers.

HHS is increasing consumer and provider awareness of recommended preventive screenings and services covered by new health plans without cost sharing under the Affordable Care Act. The website healthfinder.gov offers comprehensive, evidence-based, and actionable wellness information and tools to the public. Easy-to-use, personalized consumer guidance about clinical preventive services covered under the Affordable Care Act can be found at healthfinder.gov directly and through links at HealthCare.gov.

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

Strategies

- Support rapid communication and coordination between public health practitioners and clinicians to increase use of evidence-based prevention strategies to address risk factors for disease and health conditions;

- Assist state and community efforts to prevent disease, detect it early, manage conditions before they become severe, and provide states and communities the resources they need to promote healthy living;

- Ensure quality delivery of recommended clinical preventive services through the entire continuum from preventive service through diagnostic follow-up and treatment;

- Increase the emphasis of Federally funded Health Centers on providing preventive services and linking with the public health community;

- Promote Medicare and Medicaid payment and delivery system and health information policies (including Accountable Care Organizations and primary care initiatives) that value primary care, care management services, and prevention and wellness, throughout the continuum of care;

- Expand the number of officially recognized patient-centered medical homes for children, youth, and adults to increase access to comprehensive primary, preventive, and specialty services;

- Increase the use of preventive services by promoting their availability, monitoring their uptake, and utilizing related improvement programs, such as Medicare Quality Improvement Organizations and End-Stage Renal Disease Networks;

- Promote early entry into primary care, education, and coordinated services for pregnant women and infants;

- Explore pathways to support primary prevention activities to control or eliminate health hazards in housing before people, particularly vulnerable populations such as children and older adults, are affected;

- Continue to work in partnership with states to build upon recent progress in improving access to oral health care among children and adolescents enrolled in Medicaid and CHIP;

- Promote effective prevention and treatment of chronic disease by increasing the appropriate use of screening and prevention services, particularly for cancer, heart disease and stroke, chronic lower respiratory disease, and unintentional injury;

- Promote development and implementation of preventive health and public health systems approaches that improve the quality of care for, and prevent new chronic conditions among, persons with multiple chronic conditions;

- Increase access to primary care and preventive services, particularly among vulnerable populations, by helping individuals who are newly insured, including those covered through the Health Insurance Marketplaces and Medicaid, to access health care providers;

- Expand community-based prevention programs to help improve the health and quality of life of individuals with, and at risk for, chronic diseases and conditions and functional impairments, including mental health problems; and

- Disseminate best practices for use of substance abuse screening and intervention in acute health care settings, including screening for excessive alcohol use and brief intervention.

Performance Goals

- Increase the proportion of adults (ages 18 and older) that engage in leisure-time physical activity.

- Percentage of pregnant Health Center patients beginning prenatal care in the first trimester.

Related Topic

- [Million Hearts](#)

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

Health care costs consume a significant amount of our nation's resources. In the United States, one source of inefficiency is a payment system that rewards medical inputs rather than outcomes, has high administrative costs, and lacks focus on disease prevention. HHS, through the Innovation Center at CMS, established by the Affordable Care Act, identifies, tests, evaluates, and expands, as appropriate, innovative payment and service delivery models that can reduce program expenditures for Medicare, Medicaid, and CHIP, while improving or preserving beneficiary health and quality of care. CMS Innovation Center initiatives will provide valuable information for payment and service delivery changes that will help improve the quality of care, while reducing the total cost of care for CMS beneficiaries.

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

The Department continues its work to identify and promote high-value interventions yielding health care savings while building the evidence base that health care providers, insurers, consumers, states, and policymakers need to improve patient outcomes and reduce disparities in costs and quality between population groups and regions. The Affordable Care Act authorizes CMS, on behalf of HHS, to adopt and implement standards for certain transactions that achieve greater uniformity in the transmission of health information, enabling providers and payers to process financial and administrative transactions faster and at a lower cost than paper transactions.

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

Strategies

- Harness the best ideas from internal and external partners in the community to design, develop, test, and evaluate the most promising innovative payment and service delivery models that encourage high-value, effective care;

- Design, implement, and evaluate health care provider value-based payment programs and initiatives that encourage the delivery of high-quality and efficient health care services throughout the continuum of care;

- Implement and evaluate the [Medicaid Health Home](#) program, which allows states to build a person-centered health home that integrates and coordinates services and supports for individuals with chronic conditions, resulting in improved outcomes for beneficiaries and better services and value for Medicaid and other programs;

- Develop, test, refine, and expand successful models that incentivize health care providers to become accountable for a patient population and to invest in infrastructure and redesigned care processes for high-quality and efficient service delivery, which include promoting enhanced primary care and bundled payments;

- Evaluate the impact of the [End-Stage Renal Disease Quality Incentive Program](#), a value-based purchasing initiative, to learn from it and expand the model to other care settings;

- Create aligned incentives across Medicaid and Medicare to support health care innovation — the development of innovative, person-centered service delivery and payment models that improve quality, increase coordination of care, including long-term services and supports and behavioral health care, and reduce costs;

- Improve accessibility and integration of health care databases so researchers can identify cost-saving, health-protective, and quality-enhancing practices;

- Improve management of health care cost information to identify key drivers of high costs and reduce delivery of ineffective and inappropriate care;

- Produce the measures, data analytic tools, and evidence that health care providers, insurers, purchasers, states, and policymakers need to improve the quality, value, and affordability of health care and to reduce disparities in costs and quality between population groups and regions;

- Promote and test community-based models to improve care transitions from the hospital to other care settings, improve quality of care, reduce readmissions, and document measurable savings;

- Adopt and implement Affordable Care Act provisions to standardize administrative claims transactions and to achieve greater interoperability between administrative and clinical data;

- Accelerate diffusion of best practices and successful models by using multiple vehicles to spread knowledge, encouraging model participants to actively participate in dynamic learning networks, sharing early insights and feedback with stakeholders, and developing the operational infrastructure needed to scale models rapidly and efficiently; and

- Promote improved quality of care across Medicare Advantage organizations by requiring the implementation of projects that address reduction of cardiovascular disease and 30-day all-cause hospital readmissions for Medicare enrollees.

Performance Goals

- Reduce all-cause hospital readmission rates for Medicare beneficiaries by 1% over the previous year's target rate.

- Increase the amount of savings by State AIDS Drug Assistance Program (ADAP) participation in cost-saving strategies on medications.

- Increase the percentage of Medicare Fee-for-Service payments tied to alternative payment models.

Related Topics

- Strategy for Accelerating Health Information Exchange

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

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

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

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

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

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

HHS works to address the needs of vulnerable populations by providing awareness of, access to, and payment for high-quality primary care and clinical preventive services and by strengthening the primary care workforce to meet the nation's health care needs. Federally funded Health Centers deliver comprehensive, high-quality, and cost-effective primary care to patients regardless of their ability to pay. Many have received formal recognition as patient-centered medical homes, coordinating a wide

range of medical, dental, behavioral, and social services for underserved populations. IHS is using the patient-centered medical home model to advance innovative patient care concepts across the IHS health care system. Telemedicine and other health information technology strategies can support quality health care delivery in rural communities.

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

HHS is working with the U.S. Departments of Defense and Veterans Affairs, the National Guard, states, and community-based organizations to improve access to needed behavioral health care and supportive services for active duty, guard, reserve, and veterans and their families.

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

Strategies

- Monitor access to and quality of care across population groups, and work with federal, state, local, tribal, urban Indian, and nongovernmental actors to address observed disparities and to encourage and facilitate consultation and collaboration among them;

- Evaluate the impact of Affordable Care Act provisions on access to and quality of care for vulnerable populations, as well as on disparities in access and quality;

- Leverage the nonprofit hospital Community Health Needs Assessment process, required by the Affordable Care Act, to improve community environments and related community health status;

- Promote expanded access to high-quality, culturally competent health care services to improve health equity, and address health disparities among populations including racial and ethnic minorities, individuals with disabilities, refugees, lesbian, gay, bisexual, and transgender (LGBT) individuals, and people with Limited English Proficiency and limited health literacy skills;

- Support programs that build the health literacy skills of children, youth, and their families, and promote proven methods of checking patient understanding to ensure patients understand health information, recommendations, and risk and benefit tradeoffs;

- Help eliminate disparities in health care by educating and training physicians, nurses, and allied health care professionals on disparities and cultural competency while increasing workforce diversity in medical and allied health care professions;

- Implement activities of the HHS Language Access Plan - PDF, including training staff, consulting with stakeholders, conducting self-assessments, adopting effective methods for providing language assistance services, improving practices for reaching and serving populations with Limited English Proficiency, and notifying external stakeholders about the availability of language assistance services through the Web, social media, or other outreach initiatives;

- Improve access to care through implementation of health insurance market reforms, and prevention and correction of discriminatory actions and practices;

- Conduct outreach and education activities to promote the Health Insurance Marketplaces and expanded Medicaid coverage to minority, underserved, and vulnerable populations;

- Deliver the most appropriate range of services at Federally funded Health Centers, school-based health centers, patient-centered medical homes, Health Homes, and IHS-funded health programs to enhance access to comprehensive primary and preventive services for historically underserved areas;

- Improve access to mental health and substance abuse treatment services at parity with medical and surgical services;

- Promote access to primary oral health care services and oral disease preventive services in settings including Federally funded Health Centers, school-based health centers, and IHS-funded health programs that have comprehensive primary oral health care services, and state and community-based programs that improve oral health, especially for children, pregnant women, older adults, and people with disabilities;

- Improve access to comprehensive primary and preventive medical services to historically underserved areas and support Federally-funded Health Centers, the range of services offered by these centers, and increased coordination with partners at the community level including the Aging Services Network;

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

- Implement the HHS Strategic Plan in a manner that involves consulting with tribes; renewing and strengthening the Department's partnership with tribes; conferring with urban Indian organizations; and ensuring that Plan processes are accountable, transparent, fair, and inclusive;

- Consult with communities experiencing health disparities such as low-income groups and groups promoting environmental justice;

- Support efforts to ensure access to health care services by participating in coordinated transportation planning, particularly in rural areas, with a special emphasis placed on coordinated transportation funding efforts at all levels; and

- Promote and test integrated care models that integrate primary care, acute care, behavioral health care, and long-term services and supports to provide comprehensive, coordinated, and quality care for older adults and people with disabilities.

Performance Goals

- Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities.

- Increase the percentage of children receiving Systems of Care mental health services who report positive functioning at six-month follow-up.

- Increase the number of people receiving direct services through the office of Rural Health Policy Outreach Grants.

- Number of patients served by Health Centers.

- Maintain the proportion of persons served by the Ryan White HIV/AIDS Program who are racial/ethnic minorities.

- Increase the number of adult volunteer potential donors of blood stem cells from minority race or ethnic groups.

- Reduce infertility among women attending Title X family planning clinics by identifying chlamydia infection through screening of females ages 15 to 24.

- Increase the number of American Indian and Alaska Native patients with diagnosed diabetes who achieve Good Glycemic Control (A1c less than 8.0%).

- Increase the proportion of adults ages 18 and over who are screened for depression.

- Increase the number of program participants exposed to substance abuse prevention education services.

- Implement recommendations from tribes annually to improve the tribal consultation process.

- Field strength of the National Health Service Corps through scholarship and loan repayment agreements.

- Percentage of individuals supported by Bureau of Health Professions Programs who completed a primary care training program and are currently employed in underserved areas.

- Increase the percentage of office-based physicians who are electronically sharing patient information with any providers outside their organization.

- Increase the percentage of non-federal acute care hospitals that are electronically exchanging patient health information with any providers outside their organization.

Related Topics

- [Action Plan to Reduce Racial and Ethnic Health Disparities - PDF](#)

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

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

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

HHS supports a variety of initiatives to promote adoption of health IT and standards among health care providers. HHS is facilitating nationwide adoption and exchange of electronic health information by providing financial incentives for the meaningful use of certified electronic health record technology among eligible medical professionals and hospitals. This combination of better data through health IT and smarter incentives through delivery reform is foundational to HHS's triple aim of improving health care quality, improving population health, and reducing unnecessary health care costs. Incentive payments have dramatically accelerated adoption of new electronic health record systems by doctors, hospitals, and other providers.

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

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

Strategies

- Encourage widespread meaningful use of health IT by providers across the care continuum through incentives, grants, certification, and technical assistance;

- Enhance public awareness about the value and use of health IT through targeted outreach, training, and technical assistance;

- Expand the adoption of telemedicine technologies, including remote patient monitoring, electronic intensive care units, home health, and telemedicine networks, to increase access to health care services for people living in tribal, rural, and other underserved communities, and other vulnerable and hard-to-reach populations;

- Use health IT to support the business requirements of alternative and innovative health delivery and payment models, e.g., Accountable Care Organizations and patient-centered medical homes;

- Increase interoperable health information exchange by health care providers across public and private systems;

- Engage standards developers, health IT vendors, and other stakeholders to accelerate development, assure availability, and support effective use of consensus standards that meet electronic health information management and exchange needs of consumers and providers throughout the health care system;

- Support electronic information exchange for notification and reporting among public health and clinical entities;

- Encourage the health IT vendor community to build security into their products (i.e., privacy by design) by incorporating security functions in certification criteria for electronic health records and other health IT;

- Work to ensure privacy and security of electronic health information;

- Assess provider adoption and use of health IT and characteristics of users and systems;

- Improve accessibility and integration of health care databases so researchers can identify cost-saving and health protective practices;

- Work with health care technology partners to enhance capacity for electronic surveillance of health care-associated infections;

- Promote the use of electronic data, measurement, and clinical decision support tools, and provide support for providers using electronic data sources to accurately report health care quality for local and regional use;

- Provide the tools and infrastructure for providers to see local trends in quality and safety using their certified electronic health record technology;

- Increase the use of cost-effective remote patient monitoring and telemedicine mechanisms to make specialized and emergency care more available to American Indians and Alaska Natives and to other vulnerable and underserved populations;

- Inform, engage, empower, and partner with patients to help improve their participation and outcomes;

- Provide tools to improve quality at the patient level through clinical decision support and at the population level through panel management and registry tools; and

- Promote the use of health IT to help ensure continuity of appropriate care during disasters, especially when patients are transported or evacuated.

Performance Goals

- Increase the percentage of public health agencies that can receive production Electronic Laboratory Reporting (ELR) Meaningful Use compliant messages from certified Electronic Health Record (EHR) technology used by eligible hospitals.

- Increase the percent of office-based primary care physicians who have adopted electronic health records (basic).

- Identify three key design principles that can be used by health IT designers to improve Personal Health Information Management (PHIM).

- Increase the number of eligible providers (professionals and hospitals) who receive an incentive payment from the CMS Medicare and Medicaid EHR Incentive Programs for the successful adoption or meaningful use of certified EHR technology.

Strategic Goal 2: Advance Scientific Knowledge and Innovation

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

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

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

HHS monitors progress on its efforts to advance scientific knowledge and implement innovative practices. HHS evaluates regulatory science, science management, and the safety risks and ethical, legal, and societal implications of new technologies. HHS uses internal and external evaluation data to determine how best to increase the pace of science and its ultimate use in practice. For example, an evaluation of U.S. Preventive Services Task Force recommendations identified complex and interrelated factors that affect the delivery and integration of clinical preventive services. HHS leverages its research investments to guide the transformation of clinical and translational science programs to reduce the time needed for laboratory discoveries to become treatments for patients. HHS also uses evaluation findings to advance patient care, for example, by determining the effectiveness of health information sites geared toward particular populations of interest and the providers who serve them.

In addition to its communication efforts, HHS works with many partners to bring the rich evidence base of biomedical and behavioral research into clinical and community practice, both in terms of treatment and prevention and in policymaking that affects public health. Research supported by HHS is not only yielding many benefits right now, but it will also have a long-term impact on the future of our nation's health, economy, and communities.

Within HHS, the Administration for Children and Families (ACF), Administration for Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Office of the Assistant Secretary

for Planning and Evaluation (ASPE), Office of the Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), National Institutes of Health (NIH), Office of the Assistant Secretary for Health (OASH), Office of the National Coordinator for Health Information Technology (ONC), and Substance Abuse and Mental Health Services Administration (SAMHSA) work both independently and collaboratively to use research and development resources to improve health care, public health, and human services. These agencies sustain and contribute to a full spectrum of scientific research and development activities.

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

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

Within HHS, NIH pursues its mission to seek fundamental knowledge about the nature and behavior of living systems and to apply that knowledge to enhance health, lengthen life, and reduce illness and disability by conducting and supporting biomedical and behavioral research across a broad spectrum of scientific disciplines and approaches. NIH research has made possible many important advances in fundamental knowledge.

HHS investments in basic biomedical and behavioral research make it possible to more accurately characterize the causes of disease onset and progression, design preventive interventions, develop better diagnostic tests, and discover new treatments and cures. From the incremental advances in the understanding of a given disease to the groundbreaking discoveries that revolutionize approaches for treating or preventing it, investments in basic research have yielded inestimable rewards and benefits to public health.

Just as important as basic biomedical research is the translation of basic biological discoveries into clinical applications that can benefit all. Translational research is a complex process that involves a series of intricate steps. These steps range from the discovery of basic information about the causes of disease; to an assessment of whether that information has the potential to lead to a clinical advance; to the development and optimization of therapeutics to test in human trials; and, ultimately, to the application of the approved therapy, device, or diagnostic in the real world. As an important part of its mission, HHS engages in a broad-based effort to ensure that scientific findings are communicated rapidly and clearly to the public.

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

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

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

Strategies

- Expand the knowledge base in biomedical, behavioral, and implementation science by investing in fundamental and service system research, human capital development, and scientific information systems;

- Support promising biomedical and public health research to save lives, reduce the burden of individual and multiple chronic conditions - PDF 🔗, and identify new, more effective prevention and treatment strategies;

- Expedite the development of breakthrough therapies intended to treat serious and life-threatening diseases or conditions;

- Support research that will increase our understanding of the health and health status of population subgroups such as racial and ethnic minorities, persons with disabilities, the reentry population, rural populations, and lesbian, gay, bisexual, and transgender (LGBT) populations;

- Support research efforts to improve the identification of and response to differences in efficacy of pharmaceutical and other care and treatment for underrepresented populations;

- Increase the external validity of intervention trials by ensuring that older adults and individuals with multiple chronic conditions are not unnecessarily excluded;

- Provide training and other resources that facilitate the translation of basic laboratory discoveries into practice improvements;

- Foster and establish the necessary collaboration of government and private sector research activities to achieve fastest-possible discovery and promote translation of research into practice;

- Identify critical gaps in knowledge of health care-associated infections, and implement prevention research to fill these gaps;

- Develop evidence-based infection prevention guidelines that provide the scientific foundation for interventions for prevention of health care-associated infections;

- Assist in developing the research capacity of individuals and institutes from diverse backgrounds, such as the Native American Research Centers for Health; tribal, and urban Indian

epidemiology programs; Historically Black Colleges and Universities; Hispanic-serving institutions; and tribal colleges and universities; and

- Leverage public-private collaborations to adapt translational research to meet the varying needs of diverse communities in culturally and linguistically appropriate ways.

Performance Goals

- Provide research training for predoctoral trainees and fellows that promotes greater retention and long-term success in research careers.

- Provide research training for postdoctoral fellows that promotes greater retention and long-term success in research careers.

- Identify two molecular-targeted therapies for disorders of the immune system in children.

- Identify and characterize two molecular pathways of potential clinical significance that may serve as the basis for discovering new medications for preventing and treating asthma exacerbations.

- Establish and evaluate a process to prioritize compounds that have not yet been adequately tested for more in-depth toxicological evaluation.

- Identify genetic factors that enhance or reduce the risk of development and progression of chronic obstructive pulmonary disease (COPD) and validate new genetic and clinical criteria that may be added to COPD classification and contribute to better and/or earlier diagnosis or prognosis of the disease.

- Complete pre-commercial development of a point-of-care technology targeted for use in primary care setting.

- Identify circuits within the brain that mediate reward for drugs, non-drug rewards such as food or palatable substances, and aversion to drug effects, and determine the degree of overlap between these circuits.

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

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

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

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

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

For example, the Food and Drug Administration Safety and Innovation Act (P.L. 112-144) granted new authorities, reauthorized human drug and device user fees, and authorized new user fees for generic human drugs and products shown to be highly similar (also known as biosimilar) to or interchangeable with an FDA-approved biological product. The new authorities are intended to increase the speed and predictability of medical product reviews, to better protect the drug supply chain, to reduce drug shortages, and to speed the review of more affordable versions of drugs that are essential to holding down health care costs. HHS is working to expedite the development of "breakthrough therapies" that

have preliminary clinical evidence indicating that the drug may demonstrate substantial improvement over existing therapies to treat serious or life-threatening diseases or conditions.

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

Strategies

- Support the design and execution of innovative solutions, including through the use of challenge and prize competitions. Explore new ways to engage communities and leverage public-private partnerships through innovative use of challenge competitions and authorities granted to HHS under the America Competes Reauthorization Act of 2010 (P.L.111-358);

- Further strengthen the Health Data Initiative by promoting a community of data users through strategically focused data liberation, appropriate dissemination of data, and data education to enhance the value of the data;

- Continue to enhance the HealthData.gov platform to facilitate access to our data, and work with the Health Data Consortium and internal health data leads to consider strategies for educating users about the data, as well as ways to enable and incentivize the data user marketplace;

- Develop and implement innovative approaches to address the complex global regulatory environment; improve surveillance, monitoring, analysis, and reporting; and help bring to market new drugs, diagnostics, and biologic products;

- Use public health data to identify emerging threats to patient and consumer safety;

- Explore ways to integrate health data into mobile health technologies and related social networking platforms to more effectively reach health care professionals, patients, families, and other members of the public; and

- Work closely with HHS agencies and stakeholders to work through the privacy and regulatory issues associated with use of these new technologies in health care and wellness settings.

Performance Goals

- Increase the number of opportunities for the public to co-create solutions through open innovation.

- Increase the number of innovative solutions developed across the Department in collaboration with the HHS IDEA Lab.

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

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

Biomedical, behavioral, and social sciences research will provide the scientific evidence needed to better inform HHS regulatory authorities. These advances will benefit every American by increasing the accuracy and efficiency of regulatory review and by reducing adverse health events, drug development costs, and the time-to-market for new medical technologies. Advances in regulatory science also can help to prevent foodborne illnesses, and when outbreaks of foodborne illness occur, can help to identify the source of contamination quickly and to limit the impact of the outbreak. Regulatory science innovations will allow for faster access to new medical technologies that treat serious illnesses and improve quality of life.

The Family Smoking Prevention and Tobacco Control Act (P.L. 111-31) aims to reduce the morbidity and mortality from tobacco use, including the important goal of preventing children and youth from ever starting to use tobacco. Within HHS, NIH and FDA have formed an interagency partnership to foster tobacco regulatory research, using NIH infrastructure for the solicitation, review, and management of research, and FDA resources, authority, and expertise in tobacco regulatory science. CDC and FDA have formed an interagency partnership to enhance tobacco-related surveys in the United States and to conduct laboratory science.

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

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

Strategies

- Ensure that HHS personnel have the scientific expertise to address new challenges presented by cutting-edge medical technologies, such as nanotechnologies;

- Develop improved methods for rapidly detecting, investigating, and stopping foodborne contaminants;

- Develop science-based standards for preventive controls for food and feed safety across the "farm to table" continuum;

- Develop an innovative e-learning system to improve the speed, efficiency, and effectiveness of training and best practice dissemination related to food safety efforts in areas such as restaurant inspection and environmental assessments of foodborne illness outbreaks;

- Promote the development of new antibacterial drugs to address foodborne pathogens of public health importance;

- Increase access to safe and effective medical products;

- Develop such strategies as changes in medication packaging to prevent medication overdoses in children in collaboration with public and private partners;

- Update medical product review standards, and provide new regulatory pathways for new medical technologies, including those intended for use during public health emergencies;

- Support comprehensive and efficient regulatory review of new medical treatments and devices and new tobacco products by using high standards of transparency and scientific integrity;

- Develop and disseminate tools that can help translate basic scientific discoveries into life-saving medicines, and reduce the time, complexity, and cost of medical product development;

- Support regulatory science to facilitate medical countermeasure development and regulatory review; and

- Expand regulatory science research to support tobacco product regulation.

Performance Goals

- Decrease the average number of days to serotype priority pathogens in food (screening only).

- Develop biomarkers to assist in characterizing an individual's genetic profile to minimize adverse events and maximize therapeutic care.

- Complete review and action on original New Animal Drug Applications (NADAs) and reactivations of such applications received during the fiscal year.

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

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

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

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

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

HHS investments in public health and human services research have yielded many important findings about what works. HHS is working to identify and disseminate promising, effective approaches that are culturally competent and effective for populations with varying circumstances and needs.

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

Strategies

- Promote rigor, relevance, transparency, independence, and ethics in support of evaluation of existing programs and services research, and incorporate program evaluation efforts into program implementation and future policy direction;

- Support and train researchers, including those from diverse backgrounds, and provide communities with tools to adapt research and evaluation techniques to their own circumstances, to evaluate programs and practices, and to conduct systematic reviews more effectively;

- Promote the replication of evidence-based programs and practices, and help public health and human services programs to implement evidence-based strategies, while continuing to fund and test innovative approaches to expand the evidence base, such as teen pregnancy prevention, home visiting, and chronic disease self-management initiatives;

- Promote and advance the development of research and evidence-based interventions that will help protect individuals across the life span from abuse, including physical, mental, emotional, and financial abuse;

- Partner with other federal agencies to conduct feasibility studies of evidence-based programs to maximize efficiencies in shared work, and identify comprehensive approaches to meeting performance standards and programmatic goals that can be integrated and sustained within existing practices;

- Develop and promote evidence-based guidelines to prevent health care-associated infections that improve the quality of care for all patients and serve as the basis for prevention tools that can be used by health care providers across health care settings;

- Work with and support interdisciplinary education, research, and public service entities to address issues, find solutions, and advance basic and applied research related to the needs of individuals with developmental disabilities and their families, including areas like supported employment, self-determination skills development, early intervention, and prevention;

- Engage with public health leaders, researchers, and professionals from other countries to learn from research, policy, and practice in these countries and to support collaborative efforts to solve mutual public health challenges;

- Build user-friendly mechanisms for disseminating evaluation findings and recommendations to the public; and

- Evaluate and provide recommendations on existing and innovative programs for adolescents and young adults, including the most vulnerable youth and young parents.

Performance Goals

- Identify three effective system interventions generating the implementation, sustainability, and ongoing improvement of research-tested interventions across health care systems.

- Increase the percentage of Community-Based Child Abuse Prevention (CBCAP) total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.

- Increase access to and awareness of the Guide to Community Preventive Services, and Task Force Findings and Recommendations for public health leaders, practitioners, and partners, using page views as proxy for use.

Objective E: Improve laboratory, surveillance, and epidemiology capacity

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

To this end, HHS is working to strengthen surveillance systems, including the monitoring of health care quality to ensure that best practices are used to prevent and treat the leading causes of death and disability.

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

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

Strategies

- Improve surveillance in hospital and non-hospital settings, such as outpatient clinical settings, emergency care, and nursing homes, to identify sources of and control of healthcare-associated infections and other nationally notifiable diseases;

- Improve surveillance, domestically and abroad, of adverse events, errors, or near misses in blood, organ, and tissue procedures, transplant-associated parasitic infections, urgent antimicrobial resistance, drug and medical product safety problems, and other major breaches in infection prevention in health care;

- Build and enhance state and local laboratory capacity by providing funding to develop, implement, and maintain state-of-the-art laboratory diagnostics;

- Strengthen state capacity to combat health care-associated infections by providing technical assistance, training, and national laboratory capacity to identify new and emerging health care-associated pathogens using clinical, environmental, and molecular laboratory methods;

- Assist public health laboratories in states, territories, tribal and urban Indian organizations, cities, and counties in expanding their capacity to prepare and respond to biological terrorism incidents or other emergencies involving accidental or intentional release of biological agents;

- Increase access to and sharing of data, and support for epidemiology programs at the state, local, and tribal government levels and by urban Indian organizations and other partners;

- Implement cutting-edge information technology solutions that support rapid, secure, and accurate information exchange of diverse types of information and link information among local, state, tribal and urban Indian, federal public health agencies, health care facilities, and laboratories, as well as with international regulatory counterparts, where appropriate;

- Enhance and sustain nationwide and international laboratory capacity to collect, ship, screen, store, and test specimen samples for public health threats and to conduct research and development that lead to interventions for such threats;

- Improve accessibility and integration of public and private health care databases so researchers can identify cost-saving and health protective practices;

- Develop the entry-level public health workforce through training programs in epidemiology, laboratory practice, preventive medicine, environmental health services, social determinants of health, public health leadership and management, informatics, and prevention effectiveness at federal, state, local, tribal, and territorial public health agencies; and

- Address gaps in foundational public health knowledge and skills of the existing workforce through accessible instructor-led and e-learning courses in public health, surveillance, epidemiology, prevention effectiveness, informatics, and laboratory science.

Performance Goals

- Increase the number of states that report all CD4 and viral load values for HIV surveillance purposes.

- Increase the number of CDC trainees in state, tribal, local, and territorial public health agencies.

- Increase epidemiology and laboratory capacity within global health ministries through the Field Epidemiology Training Program by increasing the number of new epidemiology residents.

- Increase epidemiology and laboratory capacity within global health ministries through the Field Epidemiology Training Program by increasing the number of total graduates.

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

Poverty, teen pregnancy, family disruptions, substance abuse, mental illness, limited health or financial literacy, violence, and trauma continue to be pervasive, harmful, and costly public health and social problems in the United States. Extended periods of unemployment or disability can increase Americans' need for safety net services. As the U.S. population ages, increasing numbers of older adults are experiencing extended periods of frailty, affecting their ability to stay active and healthy and to live in the setting of their choice. Naturally occurring and man-made disasters threaten Americans' health, safety, and well-being. In addition, protecting public health requires international cooperation on a host of issues, including ensuring the safety of imported products and combating global outbreaks of disease and illness.

HHS programs are addressing the unique needs of vulnerable populations through improved program coordination within HHS and across government agencies, through policy development, evidence-based practice, and research.

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

Underlying each objective in this goal is a focus on prevention and preparedness — to support health, safety, and well-being across the life span; to strengthen communities; to mitigate the impacts of chronic and infectious disease; and to build capacity to respond to — and be resilient in the face of — emergencies.

Within HHS, the Administration for Children and Families (ACF), Administration for Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Office of the Assistant Secretary for Planning and Evaluation (ASPE), Office of the Assistant Secretary for Preparedness and Response (ASPR), Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), Office of the Assistant Secretary for Health (OASH), Office for Civil Rights (OCR), Office of Global Affairs (OGA), and Substance Abuse and Mental Health Services Administration (SAMHSA) are working, together and with other federal departments and agencies, to advance Americans' health, safety, and well-being.

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

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

HHS collaborates with state, local, tribal, urban Indian, nongovernmental, and private sector partners to sustain an essential safety net of services that protect children and youth, promote their emotional health and resilience in the face of adversity or trauma, and ensure their healthy development from birth through the transition to adulthood. Health and early intervention services such as home visiting programs ensure children get off to a good start from infancy. Early childhood programs, including Head Start, Early Head Start, home visiting, and child care subsidy programs, support healthy child development, foster school readiness, and support working parents struggling to make ends meet. The Administration is focusing on increasing access to high-quality early learning programs and services for children from low-income or disadvantaged families through the continued investment in these programs and the partnership with the U.S. Department of Education for the Race to the Top-Early Learning Challenge.

Child welfare services, including child abuse prevention activities, foster care, adoption assistance, and new assisted guardianship programs, work with families in which there are safety or neglect concerns, helping children and youth find safe, permanent homes. To focus on social and emotional well-being is to attend to children's behavioral, social, and emotional functioning — those skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy and positive ways. Services for mental and substance use disorders provide support for those with behavioral health care needs. In each of these service sectors, incorporation of an evidence-based, trauma-informed service array is essential in order to achieve positive outcomes for these children and families.

Several programs across agencies also promote positive youth development and seek to prevent risky behaviors in youth. Other key programs provide for research, training, and supports that enhance the lives of children and youth with disabilities, and their families. These programs include interdisciplinary training to professionals on cutting-edge approaches to serving children with autism or support for postsecondary education opportunities for youth with developmental disabilities. HHS partners with the U.S. Departments of Labor and Education and the Social Security Administration through the Federal Partners in Transition Interagency Workgroup to improve the transition to adulthood for youth with disabilities. HHS also chairs the Interagency Working Group on Youth Programs, which brings together 12 federal departments and agencies to improve the coordination, effectiveness, and efficiency of youth-serving programs and to promote effective community-based efforts to reduce the factors that put youth at risk.

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

data on youth risk behaviors including dietary and physical activity habits, tobacco, alcohol, and other drug use, unprotected sexual activity, and injuries and violent deaths among children and youth. HHS agencies collaborate to support the efficacy and effectiveness trials of child abuse and neglect interventions; the promotion of healthy behaviors and interventions to reduce childhood obesity; a review of the evidence base on teen pregnancy prevention to identify curriculum-based and youth development program models that reduce teen pregnancy and other behavioral risk factors; and a review of the evidence-base on home visiting program models to identify effective programs for mothers and children from birth to age 5.

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

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

Strategies

- Enhance young children's healthy growth, development, and identity formation through high-quality early care and education and evidence-based home visiting programs;

- Promote school readiness and healthy child development through high-quality early education programs that utilize the best evidence-based practice;

- Build the capacity of staff in local Head Start and Early Head Start programs to deliver high-quality, evidence-based services to children and families, and work with states to develop systems for training and ongoing professional development of early childhood educators;

- Support parents, extended families, and communities to provide children with safe and stable homes and home environments, and help find permanent families for children whose birth parents cannot care for them safely;

- Support the safety, well-being, and healthy development of children and youth, including children and youth who have been maltreated, who have disabilities, who are integrating into U.S. society, and who are experiencing homelessness, including lesbian, gay, bisexual, and transgender (LGBT) youth and other vulnerable populations;

- Improve the early identification of developmental delays and disorders in early childhood, and increase access to evidence-based resources for children with or at risk for developmental delays and disorders;

- Promote cultural competency training for social service providers in the unique needs and experiences of LGBT youth, especially youth in foster care, youth experiencing homelessness,

youth in juvenile detention, and youth in congregate living facilities related to mental health and substance abuse issues;

- Invest in research and rigorous evaluation of innovative public health strategies to promote child development and prevent developmental delays among children in poverty;

- Support program development, research, and training that enhance the lives of children and youth with developmental and intellectual disabilities, and their families, such as demonstrating emerging and promising behavioral supports and practices in schools, providing interdisciplinary training to professionals on cutting-edge approaches to serving children with autism, or supporting postsecondary education opportunities for youth with developmental disabilities;

- Encourage healthy behaviors and reduce risky behaviors among children and youth, and equip young people with the skills to make reasonable decisions about their health and well-being;

- Implement evidence-based, evidence-informed, and medically accurate strategies, and test innovative approaches to reduce teen pregnancy and other associated sexual risk behaviors, decrease rates of sexually transmitted infections such as HIV, and reduce tobacco use, underage drinking, and drug use, including prescription drug abuse;

- Provide evidence-based materials and information to families, schools, community-based organizations, and health care providers on how to develop healthy relationships, to promote an understanding of healthy relationships and human sexuality;

- Promote strategies to keep children safe from unintentional medication overdoses;

- Encourage access to drinking water and healthy, affordable foods in schools and communities, and increase physical activity among youth;

- Disseminate information and provide technical assistance to promote understanding of the impact of trauma and toxic stress on brain development and subsequent physical, mental, and emotional health consequences, and utilization of screening and assessment to match needs to appropriate trauma interventions and trauma-informed strategies; and

- Engage in research to expand the evidence base of effective trauma interventions and trauma-informed care, and implement evidence-based strategies to reduce the exposure to, build resilience to, and lessen the negative impact of violence and trauma on children, families, and communities.

Performance Goals

- Maintain the proportion of youth living in safe and appropriate settings after exiting ACF-funded Transitional Living Program (TLP) services.

- Of all children who exit foster care in less than 24 months, increase the percentage who exit to permanency (reunification, living with a relative, guardianship, or adoption).

- Of all children who exit foster care after 24 or more months, increase the percentage who exit to permanency (reunification, living with a relative, guardianship, or adoption).

- For those children who had been in foster care less than 12 months, maintain the percentage that has no more than two placement settings.

- Increase the number of children served by the Maternal and Child Health Block Grant.

- Increase the percentage of children receiving trauma-informed services who report positive functioning at six-month follow-up.

- Increase the number of children with severe emotional disturbance receiving services from the Children's Mental Health Initiative.

- Decrease the percentage of middle and high school students who report current substance abuse.

- [Increase the number of states that implement Quality Rating and Improvement Systems (QRIS) that meet high quality benchmarks.](#)

- [Reduce the proportion of Head Start grantees receiving a score in the low range on the basis of the Classroom Assessment Scoring System (CLASS: Pre-K).](#)

- [Increase the percent of teachers in Head Start and Early Head Start that have a BA or higher.](#)

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

Strong individuals, families, and communities are the building blocks for a strong America. Promoting economic and social well-being requires attention to a complex set of factors, through the collaborative efforts of agencies, policymakers, researchers, providers, community leaders, and service recipients. With its partners, HHS is working to provide a path of opportunity to help families leave poverty and enter the middle class and to revitalize communities to become engines for economic growth and opportunity.

In 2012, 46.5 million Americans lived in poverty. Some lack the skills needed to obtain good jobs, need supportive services to get or retain jobs, experience unstable family situations or unstable housing arrangements, or live in unsafe, unhealthy communities. Distressed communities and poverty can reduce the social ties of residents. Lack of employment opportunities and low levels of academic achievement can lead to juvenile delinquency, substance abuse, and criminal activity — major drivers of community violence and family disruption. Unstable or violent couple relationships, lack of involvement by fathers, and disconnection from strong, supportive social networks increase the vulnerability of both adults and children and weaken communities.

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

HHS agencies work together and collaborate across federal departments to maximize the potential benefits of various programs, services, and policies designed to improve the social and economic well-being of individuals, families, and communities. HHS and the U.S. Department of Labor are developing strategies to integrate and enhance skills development opportunities to help low-income individuals enter and succeed in the workforce. HHS collaborates with the U.S. Department of Agriculture to expand access to nutritional supports for low-income youth and families. HHS works closely with the U.S. Department of Housing and Urban Development to integrate the nation's housing, health, and human services delivery system, with particular emphasis on housing and homelessness, home- and community based services, community living, and environmentally safe and livable homes and communities. HHS coordinates efforts with the U.S. Departments of Veterans Affairs and Justice to improve outcomes for ex-offenders and their families, including specialized approaches for fathers and veterans.

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

Strategies

- Advance individual and family economic security to reduce poverty;

- Promote access to, and support employment in, quality jobs that provide a livable wage for individuals and families, especially those receiving assistance, and promote success in those jobs by connecting individuals with training and educational opportunities;

- Provide supportive services, including health and behavioral health services and supports, and wraparound services like employment, housing, caregiver support, and peer recovery supports, to reduce and eliminate barriers to community living for vulnerable populations, including individuals with disabilities, older adults, the lesbian, gay, bisexual, and transgender (LGBT) community, refugees and immigrants, and individuals at risk for homelessness;

- Help economically distressed communities to access federal programs and resources to address behavioral health needs;

- Build and strengthen partnerships with federal, state, local, tribal, urban Indian organizations, and other nongovernmental stakeholders to promote culturally appropriate individual, family, and community well-being for vulnerable populations;

- Provide legal supports, training, and advocacy support to individuals with disabilities and older adults to help protect them from all forms of abuse, including physical, mental, emotional, and financial abuse, and help ensure their ability to exercise their rights to make choices, contribute to society, and live independently;

- Foster community partnerships with faith-based and community organizations to improve opportunities and delivery of services;

- [Advance applied research](#) in supported employment, self-determination skills development, early intervention, and prevention for individuals with intellectual and developmental disabilities and their families;

- Provide online and technological resources to help refugees, other immigrant populations, and service providers connect with mainstream resources to achieve self-sufficiency;

- Identify and address [substance abuse, mental illness](#), [domestic violence](#), elder abuse, family violence, and trauma history early, to prevent more severe problems in the future;

- Encourage [responsible fatherhood](#), [healthy relationships](#), parental responsibility, and family stability;

- Promote and support the use of volunteers in areas such as nutrition and transportation;

- Promote recruitment and retention strategies that attract qualified, competent, and diverse professionals to the human service workforce; and

- Promote training including cross-system training, continuing education, and technical assistance for human service personnel to help them develop core competencies.

Performance Goals

- Increase the recipiency targeting index score for Low Income Home Energy Assistance Program (LIHEAP) households having at least one member 60 years or older.

- Increase the recipiency targeting index score for LIHEAP households having at least one member 5 years or younger.

- Increase the percentage of Family Violence Prevention and Services Act state subgrant-funded domestic violence program clients who report improved knowledge of safety planning.

- Increase the percentage of refugees who are not dependent on any cash assistance within the first six months (180 days) after arrival.

- Increase the percentage of refugees entering employment through ACF-funded refugee employment services.

- Maintain the Title IV-D (child support) collection rate for current support.

- Increase the percentage of newly employed adult TANF recipients.

- Increase the number of caregivers served through the National Family Caregiver Support Program.

- Increase the percentage of homeless clients receiving services who were currently employed or engaged in productive activities.

- Increase the percentage of homeless clients receiving services who had a permanent place to live in the community.

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

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

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

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

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

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

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

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

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

Strategies

- Collaborate across systems to improve access for individuals with disabilities across the life span to a full complement of inclusive, integrated services and supports;

- Leverage public and private resources to enhance home- and community-based services for older individuals, persons with disabilities, and their caregivers, as well as supports for elder justice systems for the protection of the rights of vulnerable individuals, and prevention of abuse, neglect, and exploitation of older adults and individuals with disabilities;

- Assist state, tribal, and local programs in designing and implementing improvements to community-based support systems that enable people with disabilities, older adults, and others with long-term illnesses to live and participate in the community, including improving the coordination of physical and behavioral health services;

- In partnership with state and local health departments, implement public health actions to address cognitive health and cognitive impairment for individuals and their care partners;

- Encourage and support efforts to include people with disabilities and older adults in human services planning and implementation efforts, such as the planning and delivery of coordinated transportation services, to improve access to employment, health care services, and participation in the community;

- Work closely with states, territories, tribes, tribal organizations, urban Indian organizations, and other programs to explore flexibilities in the Medicaid program through specific demonstration projects, grant programs, incentives programs, other Medicaid programmatic and funding mechanisms, and policy changes;

- Provide technical assistance to tribes in the development of long-term services and supports for elders and persons with disabilities across the life span;

- Expand options to help consumers prevent and delay the need for institutionalization, including integrating acute, behavioral health, and long-term services and supports to enable home- and community-based services to be more effective at preventing and delaying the need for institutionalization;

- In partnership with states, implement programs and policies that help states balance their Medicaid long-term service delivery systems by expanding access to an array of home- and community-based services and by reducing dependence on institutional care;

- Improve the delivery of community living services in a more uniform, efficient way by strengthening the reach and effectiveness of state "no wrong door" systems and increasing the quality and scope of existing systems that serve people with disabilities and older adults, including individuals with Alzheimer's disease;

- Enhance coordination to improve services for individuals enrolled in both Medicare and Medicaid, including individuals with chronic conditions and functional impairments;

- Develop options for housing combined with services to enhance aging in place for older adults, and promote the coordination of housing assistance, health care, and supportive services to assist chronically homeless individuals and families with special needs;

- Enhance the choice and independence of residents of nursing homes, board and care homes, assisted-living facilities, and similar adult care facilities through ombudsman services and supports;

- Support access to accessible and affordable transportation options;

- Expand access to supports for family caregivers to maximize the health and well-being of the caregivers and the people for whom they provide care;

- Work to identify how to prevent Alzheimer's disease and related dementias and to address the challenges faced by people with these conditions and their caregivers;

- Promote access to plain language, accessible health information for individuals with disabilities and their caregivers;

- Devise culturally appropriate prevention and intervention strategies for abuse, neglect, and exploitation of older adults and individuals with disabilities in community, clinical, and long-term care settings; and

- Enforce federal laws prohibiting discrimination on the basis of disability that require individuals with disabilities to receive services in the most integrated setting appropriate to their needs, consistent with the Supreme Court's decision in *Olmstead*, and improve coordination with the U.S. Department of Housing and Urban Development regarding *Olmstead* matters.

Performance Goals

- Reduce the percentage of caregivers who participate in the National Family Caregiver Support Program who report difficulty in obtaining services.

- Increase the percentage of older persons with severe disabilities who receive home-delivered meals.

- Maintain at 90% or higher the percentage of clients receiving home-delivered meals who rate services good to excellent.

- Maintain at 90% or higher the percentage of clients receiving transportation services who rate services good to excellent.

- Maintain at 90% or higher the percentage of clients receiving Family Caregiver Support Services who rate services good to excellent.

- Increase the number of Projects for Assistance in Transition from Homelessness (PATH) providers trained on Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.

- Increase the percentage of complaints of alleged abuse, neglect, and rights violations substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, and elimination of other barriers to personal decision-making, as a result of Protection and Advocacy for Individuals with Mental Illness (PAIMI) service involvement.

Objective D: Promote prevention and wellness across the life span

With an average life span of about 78 years, the average American can only expect to live in good health for about 69 of them. Chronic illnesses cause Americans to miss a collective 2.5 billion days of work each year, totaling about $1 trillion in lost productivity. Nationally, about 30 percent of all deaths are caused by heart disease and stroke.

HHS works to promote prevention and wellness across its programs and agencies by addressing chronic diseases and related risk factors, including tobacco use, harmful alcohol use, unhealthy diet, and physical inactivity through population and community health activities. HHS also works to support state, local, and tribal public health agencies; promote health through education and self-management; and conduct outreach to vulnerable populations. HHS works with its partners to educate and empower individuals and families to lead healthy lifestyles and to adopt behaviors that can prevent or delay chronic disease, disability, and secondary conditions, increasing quality of life and reducing the need for more costly medical interventions.

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

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

Strategies

- Monitor Healthy People 2020, the nation's health objectives for the next decade, and promote achievement of the objectives through networks of federal, state, local, and tribal partners.

- Implement the National Prevention Strategy ⧉ to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness;

- Implement comprehensive, sustained, and evidence-based tobacco control efforts aligned with the Tobacco Control Strategic Action Plan - PDF ⧉;

- Increase access and coverage for important evidence-based preventive services, including chronic disease screenings, behavioral health screenings, adult immunizations, well-woman visits, human papillomavirus DNA testing for women 30 years and older, sexually transmitted infection counseling, HIV screening and counseling, viral hepatitis screening, cancer screening, genetic counseling and testing, and FDA-approved contraception and contraceptive counseling;

- Prevent substance abuse, binge and underage drinking, illegal drug use, and abuse of over-the-counter and prescription medications, using evidence-based strategies, such as those recommended by the U.S. Preventive Services Task Force, the Community Preventive Services Task Force, and the National Registry of Evidence-based Programs and Practices;

- Prevent 1 million heart attacks and strokes by aligning public and private initiatives across the United States; emphasizing cardiovascular health for patients, providers, communities, and other stakeholders; improving performance on the ABCS — aspirin when appropriate, blood pressure control, cholesterol management, and smoking cessation — and improving clinical performance;

- Help people with chronic conditions, including those with multiple chronic conditions, manage their symptoms ("self-management");

- Increase access of families and communities to injury prevention information, model programs, and other resources;

- Prevent mental illness and foster resilience, with a special focus on at-risk populations;

- Help American children and adults achieve and maintain healthy weight, focusing on where they live, work, learn, play, and worship;

- Educate and empower Americans to adopt regular physical activity and good nutrition through policies and programs that support the recommendations of the Americans and Physical Activity Guidelines for Americans, reducing the risk of chronic disease, falls, and obesity;

- Through the Environmental Justice Strategy, build healthy and resilient communities, reduce disparities in health and well-being associated with environmental factors, identify and address disproportionately high and adverse human health and environmental effects on minority and low-income populations and American Indians and Alaska Natives, and encourage the fair treatment and meaningful involvement of affected parties;

- Promote effective community and building design strategies for promoting physical activity and reducing exposures to environmental health threats;

- Promote effective community strategies for preventing tooth decay, including school-based dental sealant programs and community water fluoridation;

- Promote and implement effective community strategies for preventing vision loss and blindness among persons with the greatest risk, including children, older adults, and minorities, through public education and awareness, community- and school-based vision screening and referral to eye care programs, and other public health interventions;

- Support breastfeeding and remove barriers that hinder women who choose to breastfeed, working with hospitals, communities, clinicians, and employers;

- Implement prevention policies, programming, and interventions to prevent and respond to individuals, families, and communities impacted by domestic violence, elder abuse, suicide, and other forms of violence and trauma;

- Leverage community-based prevention efforts to reduce chronic disease and health disparities, such as the Community Transformation Grants, to expand the evidence-base and knowledge about what works;

- Disseminate public health research and practice through Public Health Reports to improve public health practice in communities;

- Promote healthfinder.gov and its collection of prevention and wellness information and tools;

- Expand and sustain successes achieved in prevention and public health through the Prevention and Public Health Fund;

- Incorporate culturally competent materials and strategies into all efforts to educate and empower individuals and families to lead healthy lifestyles; and

- Adopt meaningful clinical quality measures that are consistent with national initiatives to assess the appropriate use of evidence-based clinical preventive services to improve the delivery of care.

Performance Goals

- Increase the percentage of Early Head Start children completing all medical screenings.

- Reduce the proportion of adults (aged 18 and over) who are current cigarette smokers.

- Reduce the proportion of adolescents (grades 9 through 12) who are current cigarette smokers.

- Increase the total number of tobacco compliance check inspections of retail establishments in States under contract.

- Increase the number of American Indian and Alaska Native patients, 22 and older, with coronary heart disease who are assessed for five cardiovascular disease risk factors.

- Increase the number of calls answered by the suicide hotline.

- Increase the percentage of adults with severe mental illness receiving homeless support services who report positive functioning at six-month follow-up.

- Reduce the annual adult combustible tobacco consumption in the United States (cigarette equivalents per capita)

- Increase the number of individuals referred to mental health or related services.

- Statin therapy for the prevention and treatment of cardiovascular disease among American Indians and Alaska Natives.

Related Topics

- [National Prevention Strategy](#) ⊡

- [Tobacco Control Strategic Action Plan - PDF](#) ⊡

- [Million Hearts](#)

- [Environmental Justice Strategy](#)

Objective E: Reduce the occurrence of infectious diseases

Because microbes continually evolve, adapt, and develop resistance to drugs over time, infectious diseases remain a significant health threat in the United States and around the world. Infectious diseases include, but are not limited to, vaccine-preventable diseases; foodborne illnesses; HIV and AIDS and associated sexually transmitted infections; hepatitis A, B, and C; tuberculosis; infections acquired in health care settings, such as methicillin-resistant staphylococcus aureus (MRSA); threats to health security such as novel influenza viruses and bioterrorism agents; fungal infections; waterborne diseases; and infections transmitted by animals and insects. Rapid global travel, importation of foods, and changing demographics have increased the ability of these infectious agents to spread quickly. The 2009 H1N1 influenza pandemic exemplifies the speed at which an infectious agent can spread from one location to nearly every corner of the globe.

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

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

The Food Safety Modernization Act (P.L. 111-353) enables HHS to better protect public health by strengthening the food safety system to reduce the incidence of foodborne disease. HHS works with domestic and international partners to prevent and control foodborne illness outbreaks. For example, the Partnership for Food Protection (PFP), a domestically focused collaboration of professionals from HHS, other federal agencies including USDA/FSIS, and state and local government agencies, developed the PFP Strategic Plan for 2015-2020, to implement recommendations from a workshop that convened all 50 states on food safety topics.

In addition, HHS regularly partners with other federal agencies including USDA and EPA to improve food safety and defense capabilities by supporting the Food Emergency Response Network as well as the National Antimicrobial Resistance Monitoring System. Under the Canada- United States Regulatory Cooperation Council (RCC), HHS has worked with the Canadian Food Inspection Agency (CFIA) in several areas including food safety, laboratory cooperation, information sharing, and animal drugs.   The

RCC Joint Action Plan contains, among other things, a plan for HHS and CFIA to finalize the assessment of each other's food safety systems (excluding meat, poultry and egg products) and establish a food safety "systems recognition" arrangement based on the results.

ASPR's Biomedical Advanced Research and Development Authority (BARDA) coordinates interagency efforts to define and rank requirements for public health medical emergency countermeasures, research, and product development and procurement related to infectious disease threats.

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

Strategies

- Prevent the spread of infectious diseases through maintaining strong public health and response systems at home and abroad, expediting the development and approval of vaccines and other biologics, and creating incentives to encourage the development of products to prevent, detect, diagnose, and treat emerging infectious diseases and bioterrorism threats, as well as antibiotic-resistant infections;

- Support state and tribal infectious disease and epidemiology capacity-building programs to prevent, investigate, and control health care-associated infections, disease outbreaks, and other health care threats;

- Implement strategies to prevent and reduce health care-associated infections, as articulated in the National Action Plan to Prevent Health Care-Associated Infections and related strategic documents;

- Support state, local, and tribal efforts to reduce health care-associated infections by providing data to detect infections and evidence-based guidelines to improve the quality of care and protect patients;

- Work with state and federal partners to detect emerging and spreading antimicrobial resistance and respond rapidly to prevent local spread;

- Work with federal partners to continue to develop, implement, and support laboratory biosafety and biosecurity policies, guidance, and standards to prevent misuse, theft, or loss of biological agents and toxins;

- Enhance and strengthen the vaccine safety system to rapidly identify adverse events after vaccination;

- Remove financial and other barriers to routine immunizations for children, adolescents, and adults;

- Prevent the spread of HIV infection, and increase efforts to make people aware of their status and to enable them to access the full cascade of HIV care and treatment, using innovative, culturally appropriate means, as articulated in the National HIV/AIDS Strategy;

- Prevent and control the spread of viral hepatitis as detailed in the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis - PDF 🖻;

- Work with federal and global health partners to achieve polio eradication; reduce the spread of HIV, hepatitis A and B, tuberculosis, malaria, and other infectious diseases; build country public health capacity; and improve capabilities to prepare and respond to infectious diseases, other emerging threats, and public health emergencies, under the principles of the HHS Global Health Strategy and the CDC Global Health Strategy; and

- Implement a public health-focused, risk-based approach to food and feed safety to secure high rates of compliance with science-based standards, set priorities for prevention, strengthen surveillance and enforcement, and improve response and recovery to protect the safety and security of foods for humans and animals.

Performance Goals

- Achieve and sustain immunization coverage in children 19 to 35 months of age for one dose of measles, mumps and rubella (MMR) vaccine.

- Increase the percentage of adults aged 18 years and older who are vaccinated annually against seasonal influenza.

- Increase the proportion of American Indian and Alaska Native patients, aged 19 to 35 months, who receive the following childhood immunizations: 4 DTaP (diphtheria, tetanus, and acellular pertussis); 3 IPV (polio); 1 MMR (measles, mumps, and rubella); 3 or 4 Hib (Haemophilus influenzae type b); 3 HepB (hepatitis B); 1 varicella (chicken pox); and 4 pneumococcal conjugate.

- Increase the number of adults and children internationally with advanced HIV infection receiving antiretroviral therapy (ART).

- Reduce the proportion of persons with an HIV diagnosis at later stages of disease within three months of diagnosis.

- Decrease the rate of cases of tuberculosis among U.S.-born persons (per 100,000 population).

- Reduce the incidence (per 100,000 population) of health care-associated invasive MRSA infections.

- Decrease the rate of Salmonella Enteritidis illness in the population.

- Reduce the incidence of infection with key foodborne pathogens: Listeria monocytogenes.

Related Topics

- [National Vaccine Plan](#)

- [National HIV/AIDS Strategy](#)

- [HHS Global Health Strategy](#)

- [National Action Plan to Prevent Health Care-Associated Infections](#)

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

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

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

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

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

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

Strategies

- Strengthen the [capability of hospitals, health care coalitions (including hospitals, long-term services, Federally funded Health Centers, and other health care organizations and providers), and human service](#) organizations to plan for, respond to, and recover from natural and man-made emergencies by integrating preparedness efforts into the day-to-day functioning across these organizations and systems;

- Modernize federal medical and public health response and recovery strategies and operations to be flexible, fast, efficient, innovative, and responsive to the unique context of each community and each disaster, and improve integration with health and emergency response systems;

- Upgrade state, local, and [tribal](#) human services and public health preparedness, response, and recovery capacity;

- Build strong, sustainable, resilient health care systems through strategic policy initiatives, including emergency medical services, emergency departments, hospitals, public health agencies, ambulatory care centers, primary care settings, and long-term services and supports facilities;

- Promote an accessible, integrated, efficient, and prepared emergency care system that is patient- and community-centered;

- Provide expertise and tools to health care facilities to strengthen their capability to provide safe health care services during emergencies where local or widespread events might compromise normal functions or when health care is delivered in altered settings; and

- Build a [medical countermeasure enterprise](#) to produce medical countermeasures quickly, in the face of any threat, by supporting innovation in development and transformative technologies, increasing domestic manufacturing capacity, facilitating regulatory review, improving stockpiling and distribution, and consulting end users to understand their needs;

- Ensure that the needs of vulnerable populations, including children, individuals with Limited English Proficiency, individuals with disabilities, older adults, refugees, and individuals with diverse cultural origins, are met in emergencies, through effective integration of these populations into planning, response, and recovery efforts;

- Promote the use of science-based communication practices to ensure that health care providers and affected or vulnerable populations have accurate, consistent, actionable, and up-to-date information critical for supporting individual and population health protection, especially during novel outbreaks or emerging health threats;

- Develop a research agenda, evaluation framework, and quality improvement methods for systematically ensuring that exemplary practices are used efficiently and effectively;

- Develop evidence-based interventions and recommendations, such as personal protective equipment guidance, to protect the nation's first responders from injury, disease, and death during emergency responses; and

- Enhance response to foodborne outbreaks with more rapid tracing of contaminated foods.

Performance Goals

- Increase the percentage of public health agencies that directly receive CDC Public Health Emergency Preparedness funding that can convene within 60 minutes of notification a team of trained staff who can make decisions about appropriate response and interaction with partners.

- Increase laboratory surge capacity in the event of terrorist attack on the food supply (measured by radiological and chemical samples per week).

- Increase the number of new Chemical, Biological, Radiological, and Nuclear (CBRN) threats and emerging infectious disease (EID) medical countermeasures (MCMs) under Emergency Use Authority (EUA) or licensed.

- Enhance influenza vaccine production.

Related Topics

- National Health Security Strategy

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

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

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

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

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

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

HHS has identified five guiding principles to help leverage the creativity of the Department's employees and maximize the use of HHS data. These include deploying tools and platforms that enable

collaboration and enhance peer support, build networks, and enable effective knowledge transfer; introducing into the HHS workforce new methods for problem-solving, such as design thinking and lean startup methodologies, which have strong track records of success in the private sector; encouraging management support of employee-led entrepreneurship and experimentation; fueling innovation through open partnerships that leverage communities beyond the federal government; and developing objective measures to assess program results and provide a compass for better decision-making and iterative learning.

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

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

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

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

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

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

HHS is working in collaboration with the U.S. Department of Justice to detect Medicare fraud through the Health Care Fraud Prevention and Enforcement Action Team (HEAT). A key component of HEAT is the Medicare Fraud Strike Force, interagency teams of analysts, investigators, and prosecutors who can target emerging or migrating fraud schemes, including fraud by criminals masquerading as health care providers or suppliers. Since 2007, HEAT has charged more than 1,400 defendants who falsely billed the Medicare program, recovering more than $4.6 billion. HEAT also has coordinated the largest-ever federal health care fraud takedown involving $530 million in fraudulent billing in 2011. In 2013, CMS launched the Healthcare Fraud Prevention Partnership (HFPP) with OIG within HHS, the U.S. Department of Justice, and the Federal Bureau of Investigation, private health insurance companies, and other health care and anti-fraud groups and associations. The efficacy of CMS in identifying and preventing fraud, waste, and abuse in the Medicare and Medicaid programs will be significantly enhanced by developing relationships and working together with private insurers and other stakeholders with a similar goal.

HHS also is working to improve program integrity across state Medicaid programs. For example, the Medicaid Integrity Program is working on a number of initiatives in collaboration with states, including collaborative audits through the National Medicaid Audit Program, and is providing education resources. The Medicaid Integrity Institute is one of the most significant achievements for CMS in

Medicaid program integrity. At the Medicaid Integrity Institute, CMS has a unique opportunity to offer substantive training, technical assistance, and support to states in a structured learning environment. From its inception in 2008, CMS has offered free courses to train more than 4,000 state employees and officials from 50 states, the District of Columbia, and Puerto Rico, to assist them in combating Medicaid provider fraud, waste, and abuse.

HHS continues to monitor and assist the efforts of states, territories, and tribes to prevent improper payments in Head Start, Temporary Assistance for Needy Families (TANF), Low Income Home Energy Assistance Program (LIHEAP), foster care, and child care. For example, HHS encourages state TANF agencies to use employment data from the National Directory of New Hires to identify unreported and underreported income, thereby reducing improper assistance payments. In addition, ACF uses Title IV-E Foster Care Eligibility Reviews to ensure program eligibility of foster care payment recipients.

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

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

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

Strategies

- Foster early detection and prevention of improper payments by focusing on preventing bad actors from enrolling or remaining in Medicare and Medicaid before improper payments are made, while ensuring that legitimate providers are able to enroll swiftly and easily;

- Improve Medicare and Medicaid payment accuracy by supporting ongoing initiatives that address the causes of improper payments to ensure that in every case Medicare and Medicaid programs pay the right amount, to the right party, for the right beneficiary, in accordance with the law and agency and state policies;

- Require Medicare and Medicaid providers and suppliers to undergo screening, including enhanced screening for certain high-risk providers and suppliers, and take action to exclude those known to have committed fraud;

- Strengthen oversight of Medicaid expenditures by working with state partners to improve financial accountability for managed care and fee-for-service, provider rate setting, accuracy of state claiming, and beneficiary and provider eligibility processes;

- Conduct oversight of Medicare Part C and Part D plan sponsors by conducting audits that detect whether plans are delivering the appropriate health care services and medications for which they are being paid;

- Improve contractor accountability, coordination, and integration across Medicaid and Medicare program integrity initiatives;

- Use public-private partnerships to prevent and detect fraud across the health care industry by sharing fraud-related information and data between the public and private sectors, promoting best practices, and educating the public and private sectors partners in fraud prevention;

- Enhance end-to-end acquisition management capabilities, including robust requirements development and cost-estimating processes and procedures, improved contract management practices, and improved coordination and planning cycles;

- Identify and proactively address internal and external risks to program performance, monitor programs, contractors, and grantees vigilantly, pursue prosecution and punishment for those who commit fraud, and remedy program vulnerabilities;

- Improve support of, and coordination with, law enforcement by working closely with OIG, the U.S. Department of Justice, and the Federal Bureau of Investigation to focus on prevention, early detection, and data sharing, moving beyond the paradigm of pay-and-chase, while continuing an aggressive and robust program of criminal investigation and prosecution;

- Meet White House Cross-Agency Priority Cybersecurity goals for trusted Internet connection, continuous monitoring, and strong authentication to information technology networks;

- Improve physical security and critical infrastructure protection by identifying HHS critical infrastructure and by updating security policies to provide guidance on mitigation of risk to these facilities, in accordance with Presidential Policy Directive 21, Critical Infrastructure Security and Resilience; and

- Integrate programs and processes for personnel suitability and national security clearance adjudication to improve the quality and timeliness of background investigations.

Performance Goals

- Decrease under-enrollment in Head Start programs, thereby increasing the number of children served per dollar.

- Decrease improper payments in the Title IV-E foster care program by lowering the national error rate.

- Reduce total amount of subgrantee Community Services Block Grant (CSBG) administrative funds expended each year per total subgrantee CSBG funds expended per year.

- For Home and Community-based Services including Nutrition and Caregiver services, increase the number of clients served per million dollars of Title III OAA funding.

- Reduce the percentage of improper payments made under the Medicare Fee-for-Service Program.

- Reduce the percentage of improper payments made under the Part C Medicare Advantage Program.

- Reduce the percentage of improper payments made under the Part D Prescription Drug Program.

- Increase the percentage of Medicare providers and suppliers identified as high risk that receive an administrative action.

- Estimate the improper payment rate in the Medicaid program.

- Estimate the improper payment rate in the Children's Health Insurance Program (CHIP).

- Improve the average survey results from appellants reporting good customer service on a scale of one to five at the Administrative Judge Medicare Appeals level.

- Unprivileged Users 2 Factor Authentication.

- Privileged Users 2 Factor Authentication.

- Increase the number of innovative acquisitions for IT services throughout the Department in collaboration with the HHS IDEA Lab.

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

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

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

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

HHS continues to support Healthy People 2020, a comprehensive set of 10-year goals for improving the health of all Americans. The Healthy People framework has been expanded to include 42 topics and 1,200 measures. The Medical Expenditure Panel Survey captures data on health insurance coverage, and access, use, and cost of health services. Data are accessible through publications, summary data tables, and interactive statistical tools and data files. HHS also has launched an initiative to help guide the agency's evolution from a fee-for-service-based payer to a value-based purchaser of care that links payments to quality and efficiency of care, rather than sheer volume of services.

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

HHS uses data analysis and management to inform decision-making to increase efficiency and effectiveness of programs. Integrating strategic, financial, and programmatic data supports evidence-based decision-making that drives business process improvements and more effective and efficient

program operations. For example, the Performance Improvement and Management System (PIMS) is designed to improve the quality of planning, implementation, and evaluation of funded programs addressing health disparities.

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

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

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

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

Strategies

- Assess data needs, gaps, and opportunities; improve data quality; develop plans and recommendations for evaluation and performance information; and identify ways to share existing and new data with the public and key audiences, to the extent authorized under law, in ways that adhere to transparency principles and advance the initiative;

- Coordinate HHS data collection and analysis activities, and ensure effective long-term planning for surveys and other investments in major data collection;

- Improve data collection efforts to monitor the health and health status for population subgroups such as racial and ethnic populations, persons with disabilities, the reentry population, rural populations, and lesbian, gay, bisexual, and transgender (LGBT) populations;

- Explore effective ways to gather, share, and analyze data from numerically smaller populations, such as American Indians and Alaska Natives, Asian and Pacific Islander groups, and others, while maintaining the highest standards of data confidentiality;

- Monitor, stimulate, and incorporate innovative and beneficial uses of HHS data through systematic dialogue with key stakeholder groups;

- Monitor efforts to increase access to transportation and its effects on quality of life, and share the data with federal partners, including the Veterans Health Administration and the U.S. Departments of Labor and Transportation;

- Expand the focus of CMS's data environment from claims processing to state-of-the-art data analysis, predictive analytics, and information sharing;

- Use Data 2020 to track progress toward achieving the nation's health objectives contained in Healthy People 2020;

- Ensure that data and websites are in compliance with Section 508 requirements and are accessible to individuals with disabilities;

- Establish governance within Freedom of Information Act (P.L. 89-487) (FOIA) operations to promote the proactive publishing of information and include FOIA officers across the Department in transparency and data-sharing planning activities; and

- Enhance internal and external information sharing and safeguarding of national security information in accordance with privacy and civil liberties policies.

Performance Goals

- Decrease the number of months required to produce Medical Expenditure Survey data files (point-in-time, utilization, and expenditure files) for public dissemination following data collection.

- Increase the electronic media reach of CDC Vital Signs through use of mechanisms such as the CDC website and social media outlets, as measured by page views at http://www.cdc.gov/vitalsigns, social media followers, and texting and email subscribers.

- Increase the combined count of webpage hits, hits to the locator, and hits to the Substance Abuse and Mental Health Data Archive (SAMHDA) for SAMHSA-supported data sets.

- Increase the number of strategically relevant data sets published across the Department as part of the Health Data Initiative.

- Increase the number of consumers for whom Consumer Assessment of Healthcare Providers and Systems survey data is collected.

- Expand access to the results of scientific research.

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

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

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

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

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

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

Strategies

- Recruit, hire, and retain a talented and diverse HHS workforce;

- Promote the Commissioned Corps as a health resource to provide public health services in hard-to-fill assignments as well as to respond to public health emergencies;

- Support a culture of wellness and safety across HHS, including a harassment-free and inclusive workplace;

- Harness employees' insights and experiences to help develop high-impact solutions to important health, public health, and human services challenges;

- Ensure accountability and fair appraisal of HHS workforce and leadership;

- Ensure the HHS workforce has the tools, systems, and resources to perform at the highest levels;

- Provide electronic tools and platforms that can enhance HHS employees' ability to collaborate and share knowledge;

- Expand use of platforms such as Yammer (a Departmentwide social networking tool) and pilot task management tools and other connectivity platforms to enable better prioritization, increased connection with colleagues across the Department, and more productive work;

- Initiate and expand programs that provide HHS employees with resources and mentoring as well as the evaluation tools necessary to pilot and refine good ideas;

- Enhance innovation by allowing HHS employees the freedom to experiment;

- Promote programs such as HHSentrepreneurs program and HHSignite (beta), and develop new initiatives that foster an environment in which employees can effectively innovate;

- Continue to incentivize innovation through providing recognition and rewards for good ideas, including through the Secretary's Innovation Awards program; and

- Strengthen the Department's Counterintelligence and Insider Threat programs, and integrate intelligence and security information, to identify vulnerabilities and disrupt insider or external threats that could detrimentally impact the Department's staff, facilities, assets, and information or the operational mission.

Performance Goals

- Increase HHS employee engagement.

- Attract, hire, develop, and retain a diverse and inclusive workforce.

- Increase the top talent at HHS through recruitment, training and retention.

- Increase hiring speed (i.e., the percentage of hires made within 80 days).

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

When President Obama signed Executive Order 13514, "[Federal Leadership in Environmental, Energy, and Economic Performance - PDF](#) ⧉," on October 5, 2009, he committed the federal government to take a leadership role in promoting sustainability and responding to climate change. Actions called for in the order, such as reducing greenhouse gas emissions and conserving water and other resources, will help build a clean energy economy while contributing to sustainability and mitigating climate change. The order also requires each federal agency to evaluate risks and vulnerabilities associated with both short and long-term impacts of climate change on its ability to carry out its mission. [Sustainability is integral to the HHS mission.](#) Conducting activities in a sustainable manner will benefit Americans today as well as secure the health and well-being of future generations of Americans. HHS seeks to be a leader in promoting sustainability to benefit the Nation's health and well-being.

By helping to control greenhouse gas emissions generated by HHS operations — from employee travel, to facility construction, to patient care and laboratory research — HHS will reduce releases that impact health. Sustainable purchasing, management and consolidation of existing buildings and leased space, and increasing reuse and recycle options to decease solid waste can help HHS meet its health mission while managing costs. Operational efficiencies, such as reductions in paper, water, and energy use, allow more resources to be devoted to mission-specific purposes. Reuse and recycling efforts will reduce the amount of land devoted to landfills, air emissions from waste incinerators, and raw material extraction. Managing waste reduces the level of toxic substances that enter water sources and food chains. Protecting plant and animal species ensures biodiversity, maintains ecosystems, and offers potential to use these as sources of new medical treatments.

Sustainable facilities improve the safety and health of HHS staff, the populations HHS serves, and other building occupants. Worker absenteeism, acute disease, and chronic diseases are associated with stressors and pollutants in the indoor environment. Efforts are underway to promote healthy, sustainable, and climate-resilient buildings that contribute to wellness and patient safety and that protect investments in health infrastructure and communities. Ventilation improvements, green cleaning, and pest management practices can reduce the adverse health effects of toxic chemicals in the environment. HHS is exploring options to control or eliminate health hazards in housing, health care facilities, and other settings. HHS also is studying the environmental health impacts that can be mitigated through reduction or elimination of toxins in the built environment to reduce exposures in homes, schools, and communities. Additionally, HHS is working to improve access to and compatibility of health data for integration with climate and environmental data to enhance environmental health protection and climate resilience.

Climate change is already impacting human health in the United States and will continue to do so in the future. Hazards linked to climate change include increases in the frequency and severity of heat waves, droughts, wildfires, heavy rainfall, and flooding; changes in rates and ranges of infectious and allergic diseases; and threats to communities from rising sea levels and coastal erosion. Individuals and communities with underlying vulnerabilities that contribute to poor health, such as poverty, being very young or old, having pre-existing health (including behavioral health) conditions, and living in vulnerable geographic areas, may be the most at risk of harm from climate change. The Department has

dual roles to play in reducing its environmental impact while facilitating understanding of and adapting to climate change. Through these actions, HHS will set the example of responsible stewardship and improve individual and community resilience, supporting a healthier future for the American people.

Meeting sustainability goals, in compliance with Executive Order 13514, is a shared responsibility, underpinning the functions of agencies and offices throughout HHS. It also is the responsibility of the individuals directly employed by HHS, as well as its grantees and contractors. HHS will work to educate its grantees on sustainability and climate resilience-related guidance and best practices and will build partnerships with complementary efforts such as the National Prevention Strategy, Environmental Justice Strategy, and Healthy People 2020.

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

Strategies

- Integrate sustainability and climate change resilience into the Department's health and human services mission;

- Lead, communicate, and engage the community on the benefits of sustainability in all policies and actions;

- Conserve resources through sustainable purchasing, operations, and waste management;

- Promote and protect human and environmental health through sustainability planning, appropriate land use and community design initiatives, and operations;

- Improve the quality of facilities where health care is provided to reduce negative environmental exposures from building materials and to create settings that contribute to physical and psychosocial well-being;

- Improve access to and compatibility of health data for integration with climate and environmental data to enhance environmental health protection and climate resilience;

- Consider sustainability, climate resilience, and health factors in Capital Investment Planning;

- Promote sustainable laboratory practices within the HHS intramural and extramural research and development programs;

- Incorporate sustainability principles into laboratory and health facility construction grants, projects, and programs;

- Translate research into tools and assessment systems that improve the health and sustainability of environments from the micro to the macro community level;

- Review and update policies and guides (e.g., emergency response and continuity plans and procedures, laboratory procedures, procurement planning, and personal and electronic property disposal) to better integrate sustainable and climate change considerations;

- Install meters to measure and monitor industrial, landscaping, and agricultural water use; and

- Support research on the relationship between sustainability and human health and well-being.

Performance Goals

- Increase the percentage of HHS employees on telework or on Alternative Work Schedule.

- Reduce HHS fleet emissions.

- Ensure Power Management is enabled in 100% of HHS computers, laptops, and monitors.

Appendix B: Operating and Staff Divisions and Their Functions

Operating Divisions

The Department's 11 operating divisions have responsibility for administering a wide variety of health and human services and conducting life-saving research for the nation.

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

Administration for Community Living (ACL)
Mission: To maximize the independence, well-being, and health of older adults, people with disabilities across the life span, and their families and caregivers. ACL includes the efforts and achievements of the Administration on Aging, the Office on Disability, and the Administration on Intellectual and Developmental Disabilities in a single agency, with enhanced policy and program support for both crosscutting initiatives and efforts focused on the unique needs of individual groups such as children with developmental disabilities, adults with physical disabilities, or seniors, including seniors with Alzheimer's disease and related dementias.

Agency for Healthcare Research and Quality (AHRQ)
Mission: To produce evidence to make health care safer, higher quality, more accessible, and more affordable for all Americans, and to work with HHS and other partners to make sure that the evidence is understood and used. AHRQ funds and conducts health services research to examine how people get access to care, how much care costs, and what happens to patients as a result of care they receive. Information from AHRQ's research is utilized to assist consumers and health care providers in making more informed decisions and in improving the quality of health care services nationwide.

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

Centers for Disease Control and Prevention (CDC)
Mission: Collaborating to create the expertise, information, and tools that people and communities need to protect their health — through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC strengthens existing public health infrastructure while working with partners throughout the nation and the world.

[Centers for Medicare & Medicaid Services](#) **(CMS)**

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

[Food and Drug Administration](#) **(FDA)**

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

[Health Resources and Services Administration](#) **(HRSA)**

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

[Indian Health Service](#) **(IHS)**

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

[National Institutes of Health](#) **(NIH)**

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

[Substance Abuse and Mental Health Services Administration](#) **(SAMHSA)**

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

Office of the Secretary, Staff Divisions

The primary goal of the Department's staff divisions is to provide leadership, direction, and policy and management guidance to the Department.

Immediate Office of the Secretary

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

Office of the Deputy Secretary
Mission: To direct operations of the largest civilian department in the federal government.

Office of Intergovernmental and External Affairs **(IEA)**
Mission: To serve as the Secretary's liaison to state, local, and tribal governments and nongovernmental organizations. IEA facilitates communication between the Department and these governmental and nongovernmental stakeholders regarding HHS initiatives and policies. IEA serves the dual role of representing the state, local, tribal, and territorial perspectives in the federal policymaking process as well as clarifying the federal perspective to these governments.

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

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

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

Assistant Secretary for Health **(OASH)**
Mission: To provide senior professional leadership across HHS on crosscutting public health and science initiatives and on population-based public health and clinical preventive services. OASH serves

as the Secretary's primary advisor on matters involving the nation's public health. OASH comprises core public health offices and oversees the U.S. Public Health Service (USPHS) Commissioned Corps, a uniformed service of more than 6,500 health professionals who serve at HHS and other federal agencies.

[Assistant Secretary for Legislation](#) **(ASL)**
Mission: To serve the Secretary as the primary link between HHS and Congress. ASL informs Congress of Departmental priorities, actions, grants, and contracts.

[Assistant Secretary for Planning and Evaluation](#) **(ASPE)**
Mission: To advise the Secretary on policy development in health, disability, human services, data, and science and to provide advice and analysis on economic policy. ASPE is responsible for major activities in policy coordination, development of legislation, strategic planning, policy research, program evaluation, and economic analysis.

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

[Assistant Secretary for Preparedness and Response](#) **(ASPR)**
Mission: To serve as the Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies. ASPR directs the Department's emergency response activities, and it coordinates interagency activities related to emergency preparedness and the protection of the civilian population.

[Center for Faith-based and Neighborhood Partnerships](#) **(CFBNP)**
Mission: To support robust partnerships between HHS and faith-based and community-based organizations to better serve individuals, families, and communities in need. The Partnership Center works in collaboration with HHS agencies to extend the reach and impact of HHS programs into communities across the country.

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

[Office for Civil Rights](#) **(OCR)**
Mission: To promote and ensure that all people have equal access to, and the opportunity to participate in and receive services from all HHS-funded programs without facing unlawful discrimination and that the privacy and security of their health information is protected. OCR investigates complaints, enforces rights, promulgates regulations, develops policy, and provides technical assistance and public education to ensure understanding of and compliance with nondiscrimination and health information privacy laws. Through preventing and eliminating unlawful discrimination and by protecting the privacy and

security of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by its many programs.

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

Office of Global Affairs (OGA)
Mission: To promote the health of the world's population by advancing the Secretary's and the Department's global strategies and partnerships, thus serving the health of the people of the United States. Within HHS, OGA coordinates international health and human services policy, research, and global health diplomacy for the benefit of Americans. OGA represents HHS to other governments, other federal departments and agencies, international organizations, and the private sector on international issues.

Office of Inspector General (OIG)
Mission: To protect the integrity of HHS programs as well as the health and welfare of program beneficiaries. By conducting independent and objective audits, evaluations, and investigations, OIG provides timely, useful, and reliable information and advice to Department officials, the Administration, Congress, and the public.

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

Office of the National Coordinator for Health Information Technology (ONC)
Mission: To improve health and health care for all Americans through the use of information and technology. The National Coordinator for Health Information Technology serves as the Secretary's principal advisor on the development, application, and use of health information technology in both public and private health care sectors — technology that will reduce medical errors, improve quality, and produce greater value for health care expenditures.

Appendix C: Updates to HHS Strategic Plan FY 2014 – 2018

For the period FY 2014—2018, HHS is publishing its Strategic Plan as a Web document, which will be updated periodically to reflect the Department's strategies, actions, and progress toward its goals. Below is a summary of changes to the plan since its original publication in March 2014.

April 2014

- The section on Cross-Agency Priority Goals was updated to reflect current contributions of the Department.

- Agencies contributing to the achievement of Goal 1, Objective A, Goal 1, Objective F, and Goal 2, Objective A were updated.

- The performance measure on all-cause hospital readmissions for Goal 1, Objective D was updated to be more precise.

February 2015

- The Secretary's Message was replaced.

- References to the Secretary's Strategic Initiatives were removed.

- Collaborations between FDA and other key stakeholders were added to Goal 3, Objective E

February 2016

- Performance Goals in Objectives 1A, 1B, 1D, 1E, 2B, 3A, 3D, 3E, 3F, 4A, 4B, and 4C were updated. This includes updating the Agency Priority Goals to the new set for 2016-2017, and aligning performance goals with the Department's Annual Performance Plan and Report.