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Strategic Plan for Fiscal Years 2010–2015

DRAFT

Message from the Secretary

10 This is an exciting time for the Department of Health and Human Services. Whether it's providing millions of children, families, and seniors with access to high-quality health care, helping people find jobs and parents find affordable child care, keeping the food on Americans' shelves safe and infectious diseases at bay, or exploring new frontiers of biomedical research, we are working every day to give Americans the building blocks they need to live healthy, successful lives.

15 To achieve these goals, we must always keep an eye on the future – to prepare for the next public health emergency, to pursue the next lifesaving cure, and to support the development of the next generation of Americans. But we must also frequently look closer at old programs and existing services and ask: What needs to be changed? How can we serve Americans better? What can be done less expensively, faster, and with greater transparency?

20 It was with these questions in mind that we developed this Strategic Plan for Fiscal Years 2010-2015. It reflects the contributions of every operating and staff division, and it sets forth the Department's overarching goals for the next five years:

- Transform Health Care
- Advance Scientific Knowledge and Innovation
- 25 • Advance the Health, Safety, and Well-Being of the American People
- Increase Efficiency, Transparency, and Accountability of HHS Programs
- Strengthen the Nation's Health and Human Services Infrastructure and Workforce

Together, these goals form our vision for how our department can contribute to an even stronger, healthier, and more prosperous America in the years to come.

30 Achieving this vision will not be easy. But with these goals in hand, we have a clear direction. And we look forward to the challenge of building on our successes to serve Americans even better.

That work begins now.

35 Kathleen Sebelius
Secretary
Health and Human Services

Table of Contents

| | |
|---|-----------|
| Introduction | 1 |
| Goal 1: Transform Health Care | 5 |
| Objective A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured | 8 |
| Objective B: Improve health care quality and patient safety | 11 |
| Objective C: Emphasize primary and preventive care linked with community prevention services | 13 |
| Objective D: Reduce the growth of health care costs while promoting high-value, effective care | 15 |
| Objective E: Ensure access to quality, culturally competent care for vulnerable populations | 17 |
| Objective F: Promote the adoption and meaningful use of health information technology | 20 |
| Goal 2: Advance Scientific Knowledge and Innovation | 22 |
| Objective A: Accelerate the process of scientific discovery to improve patient care | 26 |
| Objective B: Foster innovation at HHS to create shared solutions | 28 |
| Objective C: Invest in the regulatory sciences to improve food and medical product safety | 30 |
| Objective D: Increase our understanding of what works in public health and human service practice | 32 |
| Goal 3: Advance the Health, Safety, and Well-Being of the American People | 34 |
| Objective A: Ensure the safety, well-being, and healthy development of children and youth | 37 |
| Objective B: Promote economic and social well-being for individuals, families, and communities | 41 |
| Objective C: Improve the accessibility and quality of supportive services for people with disabilities and older adults | 43 |
| Objective D: Promote prevention and wellness | 46 |
| Objective E: Reduce the occurrence of infectious diseases | 50 |
| Objective F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies | 56 |

| | |
|---|-----------|
| Goal 4: Increase Efficiency, Transparency, and Accountability of HHS Programs | 60 |
| Objective A: Ensure program integrity and responsible stewardship of resources | 63 |
| Objective B: Fight fraud and work to eliminate improper payments | 68 |
| Objective C: Use HHS data to improve the health and well-being of the American people | 70 |
| Objective D: Improve HHS environmental, energy, and economic performance to promote sustainability | 72 |
| Goal 5: Strengthen the Nation’s Health and Human Service Infrastructure and Workforce | 74 |
| Objective A: Invest in the HHS workforce to help meet America’s health and human service needs today and tomorrow | 77 |
| Objective B: Ensure that the Nation’s health care workforce can meet increased demands | 79 |
| Objective C: Enhance the ability of the public health workforce to improve public health at home and abroad | 81 |
| Objective D: Strengthen the Nation’s human service workforce | 83 |
| Objective E: Improve national, state, local, and tribal surveillance and epidemiology capacity | 85 |
| Appendix A: HHS Organizational Chart, HHS Operating and Staff Divisions and Their Functions | 87 |
| Appendix B: Performance Measures Summary Table | 95 |
| Appendix C: Acronyms | 107 |

40 Introduction

Mission

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.

Organization

Eleven operating divisions, including eight agencies in the United States Public Health Service (USPHS) and three human service agencies, administer HHS's programs. In addition, staff divisions provide leadership, direction, and policy and management guidance to the Department. Appendix A of the *HHS Strategic Plan for Fiscal Years 2010–2015 (Strategic Plan)* describes HHS operating and staff divisions and their primary functions. Since the publication of the last *Strategic Plan*, HHS has created several new offices, including the Office of Consumer Information and Insurance Oversight (OCIO), the Office of Recovery Act Coordination (ORAC) within the Office of the Assistant Secretary for Financial Resources (ASFR), and the Office of Health Reform (OHR). Appendix A provides descriptions of these offices, as well as an organizational chart.

HHS accomplishes its mission through several hundred programs and initiatives that cover a wide spectrum of activities, serving the American public at every stage of life. HHS is responsible for almost a quarter of all Federal expenditures¹ and administers more grant dollars than all other Federal agencies combined. Through its programming and other activities, HHS works closely with state, local, tribal, and U.S. territorial governments as well as nongovernmental organizations. Grantees in the private sector, such as academic institutions and faith-based and neighborhood partnerships, provide many HHS-funded services at the local level. HHS also works closely with other Federal departments and international partners to coordinate its efforts to ensure the maximum impact for the public.

Strategic Plan Development

Every 3 years, HHS updates its strategic plan, which describes its work to address complex, multifaceted, and ever-evolving health and human service issues. An agency strategic plan is one of three main elements required by the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). An agency's strategic plan defines its missions, goals, and the means by which it will measure its progress in addressing specific national problems, needs, or challenges related to its mission over the course of at least five years.

Each of the Department's operating and staff divisions contributed to the development of the *Strategic Plan*, as reflected in goals, objectives, strategies, evaluations, and performance

¹ Calculated using *FY 2011 President's Budget, Historical Table 4.2 Outlays by Agency*

75 indicators. The process emphasized creating alignment between the long-range *Strategic Plan*
and annual GPRA reporting in the Department’s *Congressional Budget Justifications* and the
Summary of Performance and Financial Information, which together fulfill HHS’s GPRA annual
performance reporting requirements. This *Strategic Plan* also aligns goals and objectives with
80 departmental and agency priorities.

In developing and selecting performance measures, HHS included broad health and human
service impact measures as well as more intermediate processes and outcomes 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
85 processes. This *Strategic Plan* includes a selection of important milestones and broad
outcomes and provides links to full sets of performance measures to demonstrate progress.

Among the performance measures monitored by the Department are several measures that
support the Department’s High Priority Performance Goals. The High Priority Performance
Goals, which were established with the President’s FY 2010 budget request, are a set of
90 ambitious, but realistic, performance objectives that the Department will accomplish by the
end of FY 2011. The HHS High Priority Performance Goals support and are aligned with the
goals and objectives in the Strategic Plan (more information is available at
USAPerformance.gov).

Using the Web to Present and Track Progress

95 For the period FY 2010—2015, 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, will provide priorities, accomplishments, and next steps that will be
tracked and updated frequently, reinforcing the *Strategic Plan*’s function as a living, vital
100 document that serves a genuine management purpose.

The Obama administration is advancing the concept of Open Government to establish a system
of transparency, public participation, and collaboration. In support of that goal, the *Strategic
Plan* will be posted on the HHS Website and provide links to the array of programming and
initiatives that HHS will undertake in the next 5 years. As a result, HHS, its stakeholders, and
105 the broader public will have access to the most current information possible.

Consultation

Agencies are required under GPRA to consult with the Congress and solicit and consider the
views of external parties. To comply with this, HHS will consult widely with stakeholders to
garner input on the *Strategic Plan*. HHS will invite public comment on the *Strategic Plan*
110 through the HHS Open Government Website (<http://www.hhs.gov/open>).

Structure

Chapters 1 through 5 present the five strategic goals:

Goal 1: Transform Health Care

115 Goal 2: Advance Scientific Knowledge and Innovation

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

Goal 4: Increase Efficiency, Transparency, and Accountability of HHS Programs

Goal 5: Strengthen the Nation’s Health and Human Services Infrastructure and Workforce

120 Each chapter presents strategic goals and objectives for the major functions of HHS. Primary strategies for accomplishing HHS’s goals are presented by goal and objective.

125 Each chapter also features initiatives (*Strategic Initiatives*) and areas for interagency collaboration (*Interagency Collaboration*) that have been identified by the Secretary as key for advancing the Department’s mission, as well as links to the Secretary’s Priorities on the HHS Website, which provides additional descriptions of these efforts.

Appendix B provides a set of performance measures for each objective that will be monitored for the *Strategic Plan*.

130 Evaluation

The Strategic Plan includes a description of program evaluations used to establish or revise strategic goals, as well as planned evaluations and how they relate to agency decisionmaking about programs and operations.

135 Evaluations are integral to the HHS mission. HHS conducts high-quality program evaluations to learn more about the effectiveness of interventions and uses the findings to improve program performance and operations, as well as identify and promote evidence-based programs and practice. These comprehensive studies are an important component of the HHS strategy to improve overall effectiveness by assessing which programs are effective, well designed, and well managed. Each goal chapter describes how these evaluations contributed to the
140 development of goals and objectives.

145 HHS coordinates evaluation planning with other Departmentwide planning activities. Completed evaluation studies help programs determine the means and strategies they will use to achieve HHS strategic goals and objectives. Program evaluations also may identify data that programs can use to measure performance. HHS divisions use findings from their evaluations to support GPRA annual performance reporting to the Congress and program budget

justifications across HHS programs. Evaluation findings provide key sources of information and evidence about the success of programs and interventions.

External Risk Factors

150 GPRA also requires “identification of those 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 which are included in the narratives at the beginning of each goal chapter. These risks include changing demographics in the population and the health, public health, and human services workforce; increased demand for services; and challenging fiscal conditions at the state
155 and local levels.

An Opportunity

160 HHS welcomes this opportunity to update its *Strategic Plan for Fiscal Years 2010–2015* to highlight new initiatives advanced through the Obama administration, which have significant impacts on health care, public health, human services, and research. New efforts are aligning Federal departments with external stakeholders and ensuring openness and transparency of Government operations. The chapters that follow provide an overview of the significant work HHS plans to undertake in the coming 5 years, as well as links to additional detail on these efforts.

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Goal 1:

Transform Health Care

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After decades of asking, “When are we going to fix our broken health insurance system?” we finally have an answer: “starting now.”

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—HHS Secretary Kathleen Sebelius

Goal 1: Transform Health Care

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

Objective B: Improve health care quality and patient safety

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

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

Objective E: Ensure access to quality, culturally competent care for vulnerable populations

Objective F: Promote the adoption and meaningful use of health information technology.

185 On March 23, 2010, the President signed the Patient Protection and Affordable Care Act (Affordable Care Act) (P.L. 111-148) into law, transforming and modernizing our health care system. The Act will make health insurance coverage more secure and reliable for Americans who have it, make coverage more affordable for families and small business owners, and bring down skyrocketing health care costs that have strained our Federal budget. Americans have waited decades for this day to come. And it will be remembered long into the future as the moment when our country overcame significant obstacles to give every American access to stable health insurance.

190 HHS is responsible for implementing many of the health reform changes included in the Affordable Care Act. HHS will help transform and modernize the health care system to improve patient outcomes, promote efficiency and accountability, ensure patient safety, encourage shared responsibility, and work toward a high-value health care system. HHS also will improve access to culturally competent, quality health care for uninsured, underserved, vulnerable, 195 older, and special needs populations. These reforms and the resulting improvements in the care provided on a day-to-day basis also will improve our foundation for emergency preparedness. A stronger health care system will enhance our Nation’s ability to provide extra medical care capacity when needed. Additionally, individuals and communities will be more resilient in the face of emergencies when they are healthy and have access to quality care on a 200 regular basis.

A critical part of HHS’s strategy is to give the American public the means to make more informed choices to ensure optimal health care by improving transparency regarding the

quality and costs of health services, better coordinating care, fostering patient-centered care, and promoting consumers' participation in their health and health care.

205 HHS has made extensive use of program evaluation findings to identify new, and refine existing, priorities for transforming the health care system. For example, findings from previously completed Medicare post-acute care evaluations have led to the refinement of HHS's approaches to reducing costs while promoting high-value care. Evaluations of primary care services have helped to identify the need for linkages between primary care and community prevention services. Findings from evaluations of medical product clinical trials and postmarket surveillance have helped to inform new medical product efficacy and patient safety activities.

210 HHS will continue to use evaluation information to monitor progress on its efforts to transform health care. For example, HHS plans to conduct evaluations of the Children's Health Insurance Program (CHIP); pharmacovigilance practices at the Food and Drug Administration (FDA); early childhood home visitation programs; and newly developed nursing home tools to reduce falls, pressure ulcers, and emergency room visits.

The Secretary has identified the [transformation of health care](#) as one of her Strategic Initiatives.

220 HHS's Administration on Aging (AoA), Agency for Healthcare Research and Quality (AHRQ), Assistant Secretary for Preparedness and Response (ASPR), Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), FDA, Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), and Substance Abuse and Mental Health Services Administration (SAMHSA) all have significant roles to play in transforming health care. The Office of the Assistant Secretary for Planning and Evaluation (ASPE), Office of Consumer Information and Insurance Oversight (OCIIO), Office for Civil Rights (OCR), Office on Disability (OD), Office of Health Reform (OHR), Office of the National Coordinator for Health Information Technology (ONC), and Office of Public Health and Science (OPHS) also are critical to advancing this goal.

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

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Under health care reform, families have guaranteed choices of quality, affordable health insurance if they lose their jobs, switch jobs, move, or become sick.

—HHS Secretary Kathleen Sebelius

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Today, more than 45 million Americans still lack access to affordable health insurance. Additionally, many individuals who do have health insurance have gaps in coverage such as exclusions for preexisting conditions, or they may be one step away from losing coverage because of a change in employment. Individuals with health insurance face increasingly high premiums and medical costs that drive some to bankruptcy or force choices between maintaining health insurance coverage and paying for other household essentials.

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The Affordable Care Act will provide relief from skyrocketing health insurance costs and ensure Americans have secure, stable, and affordable health insurance. Starting in 2010, HHS will implement new regulations affecting the health insurance market aimed at increasing consumer protections and creating a more competitive insurance market. This increased oversight of the insurance industry will help ensure that individuals are getting what they pay for and will make the health care system more responsive to the needs of its patients, health care providers, and other stakeholders.

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Health insurance reform will create health insurance exchanges that pool together millions of individuals and small businesses and their employees to increase purchasing power and competition in the insurance market, a luxury that only large employers currently enjoy. Increased purchasing power and competition, in turn, will make premiums more affordable. The exchanges also will reduce administrative costs for individuals and small businesses and their employees by enabling them to make more straightforward comparisons of the prices, benefits, and quality of health plans.

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The Affordable Care Act requires the establishment of a Web portal through which individuals and small businesses can obtain information about the insurance coverage options available to them in their states. The Web portal will help consumers navigate their options in the individual and small business private insurance markets, as well as help them determine if they may be eligible for a variety of existing public programs, including existing state high-risk pools, new high-risk pools called for in the Affordable Care Act, Medicaid, and CHIP. The portal will be branded with its own web address, include information and links to the Medicaid and CHIP programs, and provide information on private health insurance options available in a person's or small business's geographic area. The portal will also improve coverage transparency by providing consumers with meaningful information about what health insurance covers and how it works.

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270 Within HHS, agencies and offices such as CMS, OCIIO, OCR, and OHR will work together to
implement the reforms prescribed in the law to make affordable coverage more accessible.
275 HHS will use the following key strategies over the next 5 years to make coverage more secure
for those who have insurance and to extend affordable coverage to the uninsured.

Strategies

- 275 • Create state-based health insurance exchanges that will increase purchasing power,
reduce administrative expenses, and increase competition to make premiums more
affordable;
- Provide subsidized coverage through health insurance exchanges to people who cannot
afford to purchase insurance on their own;
- Expand Medicaid coverage to more low-income Americans;
- 280 • Ensure access to health insurance by prohibiting insurers from placing lifetime limits on
what they will pay for medical care, prohibiting insurers from denying coverage based
on preexisting conditions, and prohibiting discrimination;
- Prohibit insurance companies from dropping people from coverage when they get sick;
- Establish high-risk pools to provide affordable insurance for Americans who are
uninsured and have a preexisting condition;
- 285 • Work with states to establish a rate review process that identifies and remedies
unreasonable rate increases by health insurance plans;
- Create a fully-accessible health insurance Web portal that will be designed to empower
consumers by increasing informed choice and promoting market competition;
- 290 • Require insurance companies to spend the majority of health insurance premiums on
medical care, not on profits and overhead;
- Require new health plans to implement an appeals process for coverage determination;
and
- 295 • Establish and support consumer assistance programs in every state to help consumers
resolve problems, help consumers make informed coverage choices, track consumer
experiences in health insurance, and regularly report data to regulators to strengthen
oversight and accountability.

*Strategic Initiative***300 Transform Health Care**

305 With the Affordable Care Act, HHS has an opportunity to improve the health of millions of Americans. As the principal Federal agency in charge of improving Americans' health and implementing the Affordable Care Act, HHS will seek to drive down costs, put more money in the hands of the American people, and ensure all Americans receive the health care services they need and deserve. These actions will increase transparency, eliminate waste, and put Americans back in charge of their health care.

310 HHS will enroll eligible children and hard-to-serve populations in health insurance programs; make coverage more stable and secure through insurance market reforms; and establish health insurance exchanges that allow individuals and small businesses to compare plans, buy insurance at affordable prices, and access subsidized health insurance coverage.

315 HHS will strengthen program integrity efforts that combat Medicare, Medicaid, and CHIP fraud, waste, and abuse; move Medicare to a system that rewards efficient, effective care and reduces delivery system fragmentation; better align Medicare reimbursement rates with provider costs; and encourage widespread adoption and meaningful use of health information technology while ensuring the privacy and security of electronic health records.

HHS will establish Medicare and Medicaid payment and delivery system policies that value primary care and promote prevention and wellness; develop programs that expand the primary care workforce and encourage health care providers to practice in health professional shortage areas; and promote healthy lifestyles, emotional health, and evidence-based disease prevention programs.

320 HHS will support patient-centered research; implement payment reforms that reward quality care and reduce health care-associated infections; and institute delivery system reforms that encourage care coordination and improved patient outcomes.

325 HHS will institute policies that encourage care management for patients eligible for both Medicare and Medicaid and patients with chronic illnesses; reduce disparities associated with patients' gender, race, ethnicity, and socioeconomic status; ensure parity for mental and substance use disorders in health insurance; improve early detection and treatment of mental health and substance use disorders; and promote coordinated, evidence-based care for individuals with behavioral health issues.

HHS will improve the accessibility and quality of health and support services to enable people with disabilities and seniors with impaired functioning to live in community settings.

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Objective B: Improve health care quality and patient safety

We want to build a health care system that delivers high-quality care to every American, not just the ones who can afford to go to our fanciest hospitals.

—HHS Secretary Kathleen Sebelius

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Innovative therapies and cutting-edge technologies are fundamental to medical care in the United States. However, there are numerous opportunities for improvement that could significantly impact the health of the American people. The gap between the best possible care and care that is routinely delivered is considerable. Although there have been modest improvements in the quality of care, the pace is slow, especially in the areas of preventive services and chronic disease management. Of particular concern is the continued slow progress in the area of patient safety and health care-associated infections as well as the persistent geographic variation in quality of care delivered. Disparities in care remain prominent; uninsured patients receive considerably lower quality care than insured patients on several dimensions.

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HHS is committed to improving health care quality and patient safety for all Americans. FDA protects the Nation's health by ensuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products, and medical devices. SAMHSA regulates the safe use of methadone for addiction treatment. HHS also ensures quality of care and patient safety through surveillance activities at FDA and CDC. AHRQ develops strategies to strengthen quality measurement and improvement and oversees the operations of a task force focused on patient safety. OPHS coordinates the efforts of agencies to improve health care quality and public health quality with a special emphasis on reducing the burden of healthcare-associated infections, and serves as the focal point for implementation of a national strategy to prevent healthcare-associated infections.

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IHS improves the quality of care in the clinical, public health, and preventive services it provides to American Indians and Alaska Natives. IHS's Improving Patient Care Initiative supports tribal, IHS, and urban Indian health programs to improve quality and access to care through development of an Indian health system medical home. Elements of this medical home have been defined over the past three years by participants from 38 IHS, tribal, and urban Indian pilot sites that have identified the set and sequence of changes that have enabled them to provide better chronic care; improve management of chronic conditions; produce a better care experience for patients, families and communities; and maintain financial viability.

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CMS is currently transforming itself from a payer of claims into an agency that positively promotes quality of care for its beneficiaries. Examples include the development of physician and hospital quality reporting systems that allow rewarding providers who enhance the quality of care; nursing home initiatives that have reduced the incidence of bed sores and dehydration

370 among residents; initiatives to eliminate payment for services that result in hospital readmission or medical errors (“never-events”).

In addition, ASPR works to improve the health system’s capacity to provide equitable access to safe, quality care when an emergency requires the rapid expansion of health care delivery. OCR enforces civil rights laws to prevent discrimination in the delivery of health care on the basis of race, color, national origin, disability, age, and in many instances, gender and religion.

375 Within HHS, AHRQ, CDC, CMS, FDA, HRSA, IHS, OCR, OPHS, and SAMHSA will work to improve health care quality and patient safety for all Americans, using the following key strategies.

Strategies

- Increase the availability of patient-centered outcomes research to give patients and practitioners evidence on the most effective medical options;
- 380 • Implement payment reforms that reward quality care;
- Reduce healthcare-associated infections, adverse drug events, and other complications of health care delivery through quality and safety promotion efforts;
- Improve the quality of and access to care in the IHS system by implementing the Improving Patient Care initiative, which focused on creating a medical home for patients;
- 385 • Improve medical products and patient safety surveillance to enhance patient safety and quality of care;
- Improve patient safety through the surveillance of adverse events, errors, or near misses in blood, organ, and tissue procedures; and
- 390 • Improve the quality and safety of health care delivery through Patient Safety Organizations.

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

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The biggest change we can make isn't how we provide health care—it's when. Right now we have a sick care system, and we need to invest in a health care system.

—HHS Secretary Kathleen Sebelius

400 Both improved access to primary care services and more effective public health measures are critical to ensuring that individuals have access to high-quality services at the place and time that best meets their needs. It is important that people be informed of existing community services that support health promotion, such as exercise programs, educational classes, self-management training, and nutrition counseling. If diagnosed with diseases or adverse health
405 conditions, they can be linked to these same community services to enable them to take a holistic approach to improving their health.

The Affordable Care Act expands insurance coverage for Americans and supports improvements in primary care and makes new investments in community-based prevention. As part of this effort, HHS will focus on creating key linkages between the health care system and
410 effective community prevention services that support healthy living and disease management.

Basic and applied research at NIH and CDC enables identification of the services that have the greatest potential to be effective in community settings. HRSA and SAMHSA programs deliver health care services to millions of Americans, including vulnerable and underserved
415 populations. CMS programs provide payment for recommended preventive services through Medicare, Medicaid, and CHIP.

Within HHS, AHRQ, AoA, CDC, CMS, FDA, HRSA, IHS, NIH, and SAMHSA are committed to the effort to emphasize primary and preventive care, with a focus on community prevention services. These agencies will use the following strategies.

Strategies

- 420 • Increase the emphasis of Community Health Centers on providing preventive services and linking with the public health community;
- Remove financial barriers to accessing recommended preventive health services by providing health insurance that includes coverage of these services at no cost to the patient;
- 425 • 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 to build resilience and skills to cope with risk factors for behavioral health disorders;

- Promote emotional health by creating prevention-prepared communities that take coordinated action to prevent and reduce mental illness and substance abuse;
- 430 • Ensure the delivery of recommended evidence-based preventive screenings and services with no copayment, through all public and private health plans;
- Build and operate programs to identify, evaluate, disseminate, and promote effective clinical preventive services for chronic disease prevention and control;
- 435 • Increase access to comprehensive primary, preventive and specialty services by expanding the number of medical homes for children, youth, and adults; and
- Establish Medicare and Medicaid payment and delivery system policies that value primary care and promote prevention and wellness in a fiscally responsible way.

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

Reform will drive down premiums for families and limit out-of-pocket costs that eat into the family budget.

—HHS Secretary Kathleen Sebelius

445 Health care costs consume an ever-increasing amount of our Nation’s resources, straining family, business, and Government budgets. Rising premiums hurt the competitiveness of American businesses and erode workers’ take-home pay. Health care costs take up a growing share of Federal and state budgets and imperil the Government’s long-term fiscal outlook. The sources of inefficiency in the United States that are leading to rising health care costs include
450 payment systems that reward medical inputs rather than outcomes, contain high administrative costs, and lack focus on disease prevention.

The Affordable Care Act will bring down costs for families, businesses, and government with the broadest package of health care cost-cutting measures that ever has been enacted. As part of health reform implementation, HHS will lower costs for American families through insurance
455 market reforms that will ensure that preventive care is available for all Americans. These reforms also will set limits on what insurance companies can require consumers to pay for their care out-of-pocket.

HHS will transform Medicare from a system that rewards volume of service to one that rewards efficient, effective care; reduces delivery system fragmentation; and better aligns
460 reimbursement rates with provider costs. Efforts to strengthen program integrity in Medicare and Medicaid and to encourage widespread adoption and meaningful use of health information technology throughout the health care system also will help reduce the growth of health care costs.

465 Within HHS, AHRQ, ASPE, CMS, FDA, HRSA, and SAMHSA have significant roles to play in realizing this objective. HHS will use the following key strategies to reduce the growth of health care costs while promoting high-value, effective care.

Strategies

- Produce the measures, data, tools, and evidence that health care providers, insurers, purchasers, and policymakers need to improve the value and affordability of health care
470 and to reduce disparities in costs and quality between population groups and regions;
- Develop and disseminate data and evidence-based information tools to inform policy and practice to improve the efficiency and quality of health care (i.e., evidence-based, high-value services recommended by the *Community Guide* and *Guide to Clinical Preventive Services*);

- 475
- Design, implement, and evaluate health care provider incentives that encourage the delivery of effective and efficient health care services;
 - Create new models of care including health delivery mechanisms or payment methods that align provider incentives with health system quality goals; and
- 480
- Reform the Medicare and Medicaid payment systems to reward high-value services instead of high-volume services.

Objective E: Ensure access to quality, culturally competent care for vulnerable populations

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In a reformed system, more Americans will get the care they need, regardless of their race, ethnicity, or primary language, and the quality of care will improve.

—HHS Secretary Kathleen Sebelius

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A number of HHS programs help make health care more available to those people whose circumstances call for special attention, including older adults; people with disabilities; the uninsured; low-income people; individuals with limited English proficiency; individuals with mental and substance abuse disorders; and children, particularly those with special health care needs. In other instances, people have difficulty accessing high-quality care because they have low incomes or live in remote areas. These difficulties are especially acute for American Indians and Alaska Natives who experience health disparities and challenges in accessing quality care. Military families may experience difficulty in accessing needed and appropriate care. Lesbian, gay, bisexual, and transgender individuals may face problems in seeking and receiving care that meets their needs. The *2009 National Healthcare Disparities Report* issued by AHRQ finds that for many measures, racial and ethnic minorities have more limited access to care and receive care of lower quality. Data from some HRSA Community Health Centers indicates that disparity gaps exist for racial and ethnic minorities regardless of economic status.

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CMS programs open the door to health services for older adults, people with disabilities, and many low-income adults and children. CMS sets requirements for providers that help ensure a common level of health care quality. Through demonstration projects and other innovations, CMS seeks to find better ways to deliver high-quality care. Service delivery programs in HRSA, IHS, and SAMHSA help enhance the availability of care in areas of high need. These agencies strive to improve the quality of care their programs deliver. AHRQ regularly monitors health care quality and disparities, and through its grants and contracts, focuses on improving how care is delivered.

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When fully implemented, the Affordable Care Act will provide for expanded access to insurance coverage, making care more accessible for vulnerable populations that are currently uninsured. For example, the *High Risk Pools* program will provide health care coverage to many individuals with preexisting conditions who are uninsured; the establishment of health insurance exchanges will provide access to subsidized health insurance coverage. As stated earlier, the Affordable Care Act also contains many provisions directed at improving health care quality, in existing HHS programs and in the health care system generally. One provision of particular significance is the requirement within the Affordable Care Act to establish a program for measuring and reporting on the quality of care adults receive under Medicaid. This effort parallels a similar program addressing the quality of care children receive under Medicaid and CHIP that was enacted in the CHIP Reauthorization Act of 2009 (P.L. 111-3). Expanded funding

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for HRSA’s community health centers, which serve large numbers of ethnic and racial minorities, will make primary care more accessible across the Nation in inner cities, underserved suburbs, and rural areas. Civil rights protections in the Affordable Care Act will ensure equal access to health care programs and activities for individuals regardless of race, color, national origin, disability, gender, and age. The Act contains many provisions that will help patients receive help in managing their care and successfully navigating a complex health system.

HHS, through a Departmental Oral Health Initiative, is promoting the incorporation of oral health care services and oral disease prevention into primary health care delivery sites. Good oral health is essential to good overall health, while poor oral health negatively impacts the quality of life, including pain, lost productivity at school and work, and implications for future disease patterns. HHS will promote policies to integrate oral health into primary care, including prevention, and improved health literacy. Improved availability of oral health services, including disease prevention, treatment, and health promotion/education should be promoted for poor and underserved populations, as well as the population at large.

The U.S. Government has a unique legal and political relationship with Indian tribal governments and a special obligation to provide health services for American Indians and Alaska Natives. The Affordable Care Act contains the reauthorization of the Indian Health Care Improvement Act, which modernizes and updates a range of authorities for programs and functions operated by IHS, Tribes, tribal organizations, and urban Indian organizations. On November 5, 2009, the President issued a Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation, and HHS follows its consultation policy to partner with Tribes on how it ensures access to quality health care for American Indians and Alaska Natives.

The Affordable Care Act highlights minority health by formally establishing minority health offices in the Department’s agencies and contains provisions to improve data collected, analyzed and reported by the Department’s programs on race, ethnicity, gender, age, primary language, and disability status which will help the Department better target its efforts in the years to come.

Within HHS, AHRQ, AoA, CDC, CMS, HRSA, IHS, OClIO, OCR, OD, OPHS, and SAMHSA have significant roles to play in realizing this objective. HHS will use the following key strategies to ensure access to quality, culturally competent care for vulnerable populations.

Strategies

- Monitor access to and quality of care across population groups, and work with Federal, state, local, tribal, and nongovernmental actors to address observed disparities;
- Promote expanded access to quality and culturally competent health care services to populations that have experienced health disparities, including African Americans,

Latinos, American Indians and Alaska Natives, individuals with disabilities, and refugees, as well as others in areas of high need;

- 560 • Improve access to quality care through the prevention and correction of discriminatory actions and practices;
- Increase access to comprehensive primary and preventive services by expanding the number of Community Health Centers and the services offered by these centers;
- 565 • Support concentrated approaches to quality improvement in service delivery programs, and build a comparable focus on improvement in the quality of behavioral health services;
- Implement quality improvement provisions of the Affordable Care Act and evaluate their impact;
- Expand quality improvement efforts in Medicare, Medicaid, and CHIP;
- 570 • Increase access to primary oral health care services and oral disease preventive services by expanding the number of Health Centers, School Based Health Centers, and Indian Health Service funded health programs that have comprehensive primary oral health care services, and expand State and community-based programs that improve oral health, especially for children and pregnant women;
- 575 • Implement the *Strategic Plan* in a manner that complies with the President’s Memorandum for the Heads of Executive Departments and Agencies of November 5, 2009 on tribal consultation; renews and strengthens our partnership with Tribes; in the context of national health reform, brings reform to IHS; improves the quality of and access to care for Indian people; and is accountable, transparent, fair, and inclusive; and
- 580 • Work with the Departments of Defense and Veterans Affairs, the National Guard, and states to improve access to needed behavioral health and supportive services for active, guard, reserve, and veteran men and women and their families.

585 **Objective F: Promote the adoption and meaningful use of health information technology**

590 *Health care in our country is community-based. We are committed to making sure that health providers have the necessary support within their communities to maximize the use of health IT to improve the care they provide to their patients.*

—HHS Secretary Kathleen Sebelius

At the heart of HHS’s strategy to transform and modernize the health care system is the use of data to improve health care quality, reduce unnecessary health care costs, decrease paperwork, expand access to affordable care, improve population health, and support reformed payment structures. The nation’s health information technology infrastructure will enable the flow of information to power these critical efforts—making possible the types of fundamental changes in access and health care delivery proposed in the Affordable Care Act.

600 HHS has taken a leading role in realizing health information technology’s potential benefits. The *Health Information Technology for Economic and Clinical Health* (HITECH) provision of the Recovery Act committed billions for our health care system to adopt and use health information technology. This unprecedented investment in health information technology propelled a range of initiatives, including proposed regulations on meaningful use of health information technology and standards; and funding of regional extension centers, state health information exchanges, and Beacon communities. The rapid “wiring” of American health care that will take place under the law will do more than simply digitize paper-based work. It will facilitate new means of improving the quality, efficiency, and patient-centeredness of care.

610 Augmenting this investment are a range of programs across the Department, including the electronic prescribing and personal health record programs at CMS and HHS’s health care workforce programs. HRSA’s expanded telehealth programs use video and telecommunication technologies to help health care professionals diagnose, treat, and monitor patients, bringing services to people who live in rural or other areas where necessary medical expertise is not available.

615 HHS has identified the adoption and meaningful use of health information technology nationwide as a top priority for changing the health care system and making health care more accessible, affordable, and safe for all Americans.

620 ONC serves as the Secretary’s principal advisor charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. In addition to ONC, many HHS agencies and offices play a significant part in the advancement of health information technology for improving health care quality and efficiency and reducing costs. These agencies and offices, including AHRQ, AoA,

ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OCR, and SAMHSA, are contributing to this objective through the following strategies.

Strategies

- 625 • Encourage widespread adoption and meaningful use of health information technology through incentives and grants;
- Endorse the active participation of consumers in accessing and engaging with their health information;
- Inspire confidence and trust in health information technology by ensuring the privacy and security of electronic health information;
- 630 • Encourage innovation, support pilots that demonstrate health IT-enabled reform, and develop policies, standards, and services that will enable the appropriate re-use of information to support quality, public health, and research; and
- 635 • Enhance communication and support a public awareness campaign about the value of health information technology for outreach to all health care stakeholders, including providers, payers, and consumers of care.

Goal 2:

Advance Scientific Knowledge and Innovation

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We will also work across government and with nongovernment partners to promote better mechanisms to measure and evaluate programs and improve outcomes, to create knowledge about what works, and to disseminate why it works. And we will work to create a more effective government by breaking down barriers to innovation.

—President Barack Obama

Goal 2: Advance Scientific Knowledge and Innovation

Objective A: Accelerate the process of scientific discovery to improve patient care

Objective B: Foster innovation at HHS to create shared solutions

Objective C: Invest in the regulatory sciences to improve food and medical product safety

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

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Americans are living longer, healthier lives, thanks to significant advances in health-related research. Life expectancy is at a record high of 77.7 years. Mortality rates in the U.S. have experienced an almost uninterrupted decline since 1960. However, rates of gain are inconsistent between the genders and across age brackets, socioeconomic status, and racial and ethnic groups.

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HHS's health and human service systems continue to face many challenges, from providing access to quality health care for all Americans, to protecting our population from known and unknown public health threats, to maximizing the impact of the social service safety net.

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Effectively addressing these challenges requires that HHS employ innovative, knowledge-based approaches. To do so, HHS must expand its scientific understanding of how to best advance health care, public health, human services, biomedical research, and the availability of safe medical and food products. Chief among these efforts will be the identification, implementation, and rigorous evaluation of new approaches in science, health care, public health, and human services that reward efficiency, effectiveness, and sustainability.

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

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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, a previous evaluation of FDA's capacity to support current and future regulatory needs led HHS to prioritize investments in the regulatory sciences as a new objective. An evaluation of AHRQ's prevention portfolio identified crucial gaps in knowledge about the safety and effectiveness of clinical preventive services.

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Information from studies supported by NIH will guide the transformation of clinical and translational science programs to reduce the time needed for laboratory discoveries to become treatments for patients. HHS will also use findings from evaluations to advance patient care,

for example, by determining the effectiveness of health information sites geared toward minority populations and their providers.

690 HHS will continue to use evaluations to monitor progress on its efforts to advance scientific knowledge and implement innovative practices. HHS plans to evaluate regulatory science, science management, and the safety risks and ethical, legal, and societal implications of new technologies.

695 A number of HHS operating and staff divisions, including AHRQ, CDC, FDA, NIH, and SAMHSA work both independently and collaboratively to use research and development resources to improve health, public health, and human services. These agencies sustain and contribute to a full spectrum of scientific research and development activities.

*Strategic Initiative***700 Accelerate the process of scientific discovery to improve patient care**

705 As part of its mission to improve the health of the American people, HHS invests in each step of the process that starts with basic scientific discovery and ends with the development and provision of better diagnostics, treatments, and preventive strategies to significantly improve patient care. These steps can be very complex, which can mean that promising scientific discoveries move quite slowly toward practical application as a new diagnostic, treatment, or proven prevention regimen. The good news is that HHS has learned what problems can arise in this process and has begun to develop solutions. The Department has identified the steps necessary to advance scientific breakthroughs to improve patient care.

710 HHS will accelerate biomedical discovery through innovative methodologies and technology. HHS will continue to support fundamental discoveries that expand the knowledge base in the biomedical and behavioral sciences. Also of critical importance is ongoing cross-agency development of information systems capable of storing, organizing, and sharing vast amounts of data with researchers around the globe, which will accelerate scientific discovery.

715 HHS will [facilitate fast-tracking of medical innovations](#) to integrate biomedical research planning and regulatory review. HHS also will support training of regulatory scientists to develop the skills necessary to integrate research planning and regulation of resulting biomedical products. HHS will develop cross-agency initiatives to support regulatory science to enhance the safety, quality, and efficiency of clinical research and medical product approval.

720 HHS is exploring new partnerships that can help academic investigators to translate basic science into new therapies—effectively “de-risking” projects for commercial development. HHS is providing researchers with large-scale screening resources to facilitate identification of small molecules that may have activity against a disease target. HHS is also providing resources for preclinical evaluation of promising therapeutics and is building a national network of clinical research centers to enable clinical trials of promising compounds.

725 HHS supports patient-centered research to identify high-quality, high-value drugs, surgeries, and other treatment options. HHS also supports research on personalized medicine, behavioral science, health economics, and health disparities, and will conduct health services research, an essential facet of a complete evidence-based health care system. By examining and enhancing the most effective ways to integrate preventive, screening, diagnostic, and treatment health services into community practice, HHS further supports more effective individualized prevention efforts, as well as methods to deliver the right care to the right patient at the right time, regardless of race, ethnicity or socioeconomic status.

730 HHS will develop a comprehensive plan for more effectively disseminating health information to the public. Importantly, HHS will carefully examine the effectiveness of information tailored to underserved populations, which often have greater risk of certain diseases and conditions. HHS will ensure that information reaches underserved populations to improve health status.

Objective A: Accelerate the process of scientific discovery to improve patient care

We'll help researchers navigate the regulatory process and give regulators the scientific tools they need to quickly assess a treatment's risks and benefits. For Americans, this is going to mean that new and safer treatments are available sooner.

—HHS Secretary Kathleen Sebelius

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 to better patient care takes too long.

The Department has identified several leverage points to accelerate movement along the pipeline from scientific discovery to more effective patient care. NIH will balance support for large-scale efforts and smaller investigator-initiated projects, develop a strong scientific workforce through career training, and invest in technologies and information systems needed for comprehensive research approaches. HHS will provide researchers with access to financial and technical resources through NIH to conduct early stage drug development for promising new therapies. A joint effort of FDA and NIH will improve regulatory review to facilitate the efficient approval of safe new medical products. Patient-centered research activities through NIH and AHRQ will help enhance the evidence base for the best preventive, screening, diagnostic, and treatment services.

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

Secretary Sebelius has identified the [acceleration of scientific research](#) as one of her Strategic Initiatives.

Within HHS, AHRQ, ASPE, ASPR, CDC, FDA, NIH, and OPHS have significant roles to play in advancing science to improve health and well-being for Americans. HHS will use the following key strategies to accelerate the process of scientific discovery to improve patient care.

Strategies

- 775
- Expand the knowledge base in biomedical and behavioral sciences by investing in fundamental and service system research, human capital development, and scientific information systems;
 - Support promising biomedical research to save lives, reduce the burden of chronic diseases, and identify new and more effective prevention strategies;
 - Foster evidence-based health care through research;
- 780
- Promote translation of research into practice;
 - Provide access to resources that facilitate the translation of basic laboratory discoveries into therapies and services research into practice improvements; and
 - Support comprehensive and efficient regulatory review of new medical treatments.

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Objective B: Foster innovation within HHS to create shared solutions

One way to come up with ideas is to put a lot of experts in a room and have them come up with a list of policies, but this Administration is committed to casting a wider net.

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—HHS Secretary Kathleen Sebelius

HHS depends on collaboration to realize its goals. Every day, HHS agencies work collaboratively with their Federal, state, local, tribal, nongovernmental, and private sector partners to improve the health and well-being of Americans. HHS is using technology to identify new approaches to enable citizens to contribute their ideas to the work of government that will yield innovative solutions to our most pressing health and human service challenges. HHS employs an array of innovative participation and collaboration mechanisms to improve delivery of consumer information on patient safety and health, provide medical research connections and collaborations for patient engagement, provide technology for teamwork, and find creative ideas in the workplace. These innovations include engaging Web 2.0 technologies with several functional capabilities, including blogging to rate and rank ideas and priorities, crowdsourcing to identify public opinion and preferences, group collaboration tools such as file-sharing services, idea generation tools, mobile technologies such as text messaging, and online competitions.

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Innovation is a key element of HHS's intra-agency Open Government initiative. Through this initiative, the Obama administration is promoting agency transparency, public participation, and public-private collaboration across Federal departments. More information on HHS's strategies to [foster Open Government](#) can be found in Goal 4.

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Operating and staff divisions, including AHRQ, ASPE, CDC, CMS, FDA, IHS, SAMHSA, and the Office of the National Coordinator for Health Information Technology (ONC), are contributing to making HHS more open and innovative. HHS will use the following key strategies to foster innovation.

Strategies

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- Deliver computerized geography-based inventories of patient care services to help patients determine which services are available at the nearest site and determine locations and travel distances to other sites where services may be available;
- Establish a *Community of Practice for Participation and Collaboration* that will enable HHS Open Government innovators to share experiences, policies, and tools, and will increase dissemination of best practices and knowledge throughout the HHS workforce;
- Expand the functionality of personal health records as a way to deliver personalized health and behavioral health information directly to consumers;

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- Employ high-tech options (i.e., text messaging and cell phone applications) to reach health care professionals, patients, and other members of the public to share alerts and safety information that may affect both treatment and diagnostic choices for health care professional and service recipient;
- 825
- Harness employees’ insights and experiences to help develop high-impact solutions to important public health challenges; and
 - Establish a Center for Medicare and Medicaid innovation within CMS as provided for under the Affordable Care Act.

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Objective C: Invest in the regulatory sciences to improve food and medical product safety

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We've all been following the remarkable advances in biomedical sciences led by NIH with great enthusiasm for years. However, much more can be done to speed the progress from new scientific discoveries to treatments for patients. Collaboration between NIH and FDA, including support for regulatory science, will go a long way toward fostering access to the safest and most effective therapies for the American people.

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—HHS Secretary Kathleen Sebelius

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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, and outmoded review methods can delay approval of critical treatments unnecessarily. Conversely, many dollars and years may be expended assessing a novel therapy that with better tools might be shown to be unsafe or ineffective at an earlier stage.

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

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Advancing regulatory science and innovation is an objective shared by a number of agencies within HHS. FDA and NIH are collaborating on an initiative to fast-track medical innovation to the public. As part of the effort, the agencies established a *Joint NIH-FDA Leadership Council* to spearhead collaborative work on important public health issues. The *Joint Leadership 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.

Other agencies promoting regulatory science and innovation include AHRQ, CDC, and HRSA. HHS will employ the following strategies to improve food and medical product safety.

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Strategies

- Ensure that HHS personnel have the scientific expertise to address new challenges presented by cutting-edge medical technologies, such as nanotechnologies;
- 870 • Update medical product review standards and provide new regulatory pathways for new medical technologies;
- Implement a new, public health-focused approach to food safety that prioritizes prevention, strengthens surveillance and enforcement, and improves response and recovery;
- Develop improved methods for rapidly detecting foodborne contaminants;
- 875 • Develop science-based standards for preventive controls for food safety across the “farm to table” continuum;
- Develop tools to modernize product development through enhanced support of partnerships; and
- 880 • Create structural supports to strengthen FDA’s leadership and coordination for cross-cutting efforts in emerging technologies.

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

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It's not enough just to expand programs. We also need to increase the quality of the programs. That's why we're also supporting efforts to identify what works, and then helping those programs spread.

—HHS Secretary Kathleen Sebelius

890 Working together with its public and private partners, HHS is committed to improving the
 quality of public health and human service practice by conducting applied, translational, and
 operations research and evaluations. HHS uses research and evaluation evidence to inform
 policy and program implementation efforts as well. HHS has identified and refined approaches
 895 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 decisionmaking, and program improvement.

900 CDC's *Guide to Community Preventive Services* and SAMHSA's *National Registry of Evidence-
 based Programs and Practices* are ever-expanding resources of expert recommendations on
 evidence-based interventions to improve public health. Recommendations are based on
 systematic reviews of the evidence related to the benefits and potential harms of services. AoA
 is working with its national Aging Services Network to implement evidence-based prevention
 programs at the community level that have proven effective in reducing the risk of disease,
 905 disability, and injury among the elderly. The Administration for Children and Families (ACF) and
 SAMHSA use rigorous evaluations of social service programs for children and families to design
 program improvement strategies. SAMHSA has developed Web-based toolkits on
 implementing evidence-based practices with fidelity. Through the prioritization of funding for
 evidence-based programs, directories of evidence-based programs, implementation toolkits,
 910 and other resources, HHS promotes the adoption of these strategies and provides the
 information the public needs to implement these programs and practices successfully. Some
 human service programs, such as teen pregnancy prevention and home visitation programs,
 require the use of evidence-based programs by grantees.

915 HHS investments in public health and human service research have yielded many important
 findings about what works. HHS will work to identify promising and effective approaches that
 are culturally competent and that reach vulnerable populations.

A number of HHS agencies are involved in advancing this objective, including ACF, AHRQ, AoA,
 CDC, HRSA, IHS, NIH, and SAMHSA. HHS will implement the following strategies to increase its
 understanding of what works in public health and human service practice.

920 **Strategies**

- Promote and support evaluation of existing programs and services research, and incorporate program evaluation efforts into program implementation and future policy direction;
- Support and train researchers to evaluate programs and practices and conduct systematic reviews;
- Strengthen oral-health research and use evidence-based oral health promotion and disease prevention in order to clarify the interrelationships between oral disease and other medical diseases;
- Build user-friendly mechanisms for disseminating evaluation findings and recommendations to the public; and
- Promote adoption of evidence-based programs and practices, and assist public health and human service programs to implement evidence-based strategies while continuing to experiment to expand the evidence base.

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Goal 3:

Advance the Health, Safety, and Well-Being of Our People

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First, we're investing in kids. Second, we're focusing on prevention. Third, we're fostering innovation. Fourth, we can't do this alone.

—HHS Secretary Kathleen Sebelius

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

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

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

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

Objective D: Promote prevention and wellness

Objective E: Reduce the occurrence of infectious diseases

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

Over the last few decades, the Nation has made substantial advancements in ensuring the public health, safety, and well-being of the American people, but there is still more to be done.

960 Poverty, teen pregnancy, family disruptions, violence, and trauma continue to be pervasive,
harmful, and costly public health problems in the United States. Trauma has been shown to be
a serious, underlying risk factor for chronic physical diseases and mental and substance use
disorders. Substance abuse and mental illness contribute to many of the Nation's social and
economic problems, as well as other health concerns. Naturally occurring and manmade
965 disasters seriously threaten Americans' health, safety, and well-being.

As the U.S. population ages, there are increasing numbers of older adults to serve—adults who
are experiencing more extended periods of frailty, affecting their ability to stay active and
healthy. Economic downturns can increase the demand for services from safety net providers
at the same time that services are in short supply in response to shrinking state and local
970 budgets. In addition, protecting public health requires global cooperation on a host of issues,
including ensuring the safety of imported products.

In response to these challenges, HHS is working to implement evidence-based strategies to
strengthen families and improve outcomes for children, adults, and communities. Underlying
each objective and strategy is a focus on prevention. For example, early childhood programs
975 support healthy child development, foster school readiness, and support working parents
struggling to make ends meet. Youth development strategies not only prevent and reduce risky
behaviors, but also build skills and assets. HHS programs are addressing the unique needs of
vulnerable populations through improved program coordination, policy development,
evidence-based practice, and research.

980 Prevention is a cornerstone of our response to emergencies. Healthy, informed communities
with strong social networks and robust health systems are much better equipped than
communities without these advantages to withstand and recover from adversity.

985 Ongoing and future evaluation efforts will help HHS to understand program impacts on health,
safety, and well-being. These activities include an evaluation of methods to prevent falls
among older people, an extensive examination of the Recovery Act-funded *Communities*
Putting Prevention to Work initiative that focuses on tobacco prevention and physical activity
and nutrition improvement efforts, continuing work to monitor the effectiveness of the Early
Head Start program, and an assessment of states' progress and effectiveness in using evidence-
990 based programs, policies, and practices to prevent substance abuse and mental illness. HHS
has a number of evaluations in progress on employment retention and advancement, including
welfare-to-work efforts, which will provide information to help reduce child poverty and
advance family economic security.

995 The evidence base for public health preparedness, however, is limited. HHS will therefore
prioritize research, evaluation, and quality improvement to improve emergency management
and response.

HHS seeks to advance Americans' health, safety, and well-being through the coordinated effort
of several HHS agencies and offices, including ACF, AoA, ASPR, CDC, HRSA, NIH, OPHS, and
SAMHSA, as well as collaborative efforts with other Federal departments and agencies.

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

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We're moving forward with a broad agenda to increase opportunity and security for America's children and youth. We are committed to working with the public to make sure children and youth have not just a roof over their head, but safe and loving homes where they can reach their full potential.

—HHS Secretary Kathleen Sebelius

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Children and youth 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 workforce, parents, and civic leaders—are at risk of adverse outcomes.

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HHS partners with state, local, and tribal service providers to sustain an essential safety net of services that protect children and youth and promote their healthy development from the cradle through the transition to adulthood. Health and early intervention services ensure children get off to a good start from infancy. Early childhood programs, including Head Start, enhance the school readiness of preschool children. Child welfare services, including child abuse prevention activities, foster care, adoption, and new assisted guardianship programs, target those families in which there are safety or neglect concerns. Services for mental and substance use disorders provide support for those with behavioral health care needs. In each of these service sectors, incorporation of trauma-informed care is essential in order to achieve positive outcomes for these children and families. Additionally, several programs across agencies promote positive youth development and seek to prevent risky behaviors in youth.

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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 ameliorate these risks. CDC tracks data on injuries and violent deaths among children and youth. This agency has recently conducted a meta-analysis of the current research literature on parent training programs to identify components associated with effective models. Four agencies—ACF, CDC, NIH, and SAMHSA—have collaborated to fund efficacy and effectiveness trials of child abuse and neglect interventions. Several agencies concerned with youth have collaborated to review the evidence base on teen pregnancy prevention. These agencies have identified a range of curriculum-based and youth development program models that reduce teen pregnancy or associated behavioral risk factors.

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The Secretary has identified [early childhood development](#) as a Strategic Initiative and [unintended and teen pregnancy prevention](#) as an area for interagency collaboration.

A wide range of HHS agencies support these activities, including ACF, CDC, CMS, HRSA, IHS, NIH, OPHS, and SAMHSA. HHS agencies will employ the following strategies to ensure the safety, well-being, and healthy development of children and youth.

Strategies

- 1040
 - Enhance young children’s healthy growth and development through high-quality early care and education and evidence-based home visitation programs;
 - Encourage healthy behaviors and reduce risky behaviors among children and youth;
 - Implement evidence-based strategies to reduce teen pregnancy;
 - Support parents to provide children with safe and stable homes;
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 - Ensure the safety, well-being, and healthy development of children and youth, including children with disabilities, children experiencing homelessness, and children who have been maltreated;
 - Help find permanent families for children whose birth parents cannot care for them safely; and
- 1050
 - Implement evidence-based strategies to reduce the exposure to and impact of violence and trauma on children, families, and communities.

*Strategic Initiative*1055 **Promote early childhood health and development**

Children’s early experiences are critical in shaping the foundation for their long-term development and growth. Young children are capable of tremendous growth and resilience, even in the face of adversity. Nurturing and responsive relationships with parents and caregivers, and challenging and engaging learning environments at home and in early care and education settings can help promote positive outcomes in young children. HHS is committed to providing high-quality early care and education for young children as well as to helping parents support children’s health and development.

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HHS will work to foster high quality in its early care and education programs, including Early Head Start, [Head Start](#) and the [Child Care and Development Fund](#). HHS will revise the Head Start Program Performance Standards and improve training for teachers and program directors, utilizing the latest research. HHS will ensure that Head Start programs meet the educational, health, and nutritional needs of the children and families they serve. HHS will promote the use of Quality Rating Improvement Systems in child care programs, which can provide families with valuable information about the quality of child care providers while encouraging providers to invest in quality improvements and assisting them in such efforts.

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HHS will encourage states to bring together key decisionmakers to improve early education across settings (e.g., prekindergarten, private preschools, Head Start, center-based child care, and family child care) through the [State Advisory Councils on Early Childhood](#), a new effort funded under the Recovery Act. HHS will identify strategies for promoting high-quality systems of early learning across settings in states through the Early Learning and Development Inter-Departmental Initiative. These efforts can foster state and local connections between early learning programs and those providing high-quality health, nutrition, mental health, and family support services, as well as connections between early learning programs and elementary schools.

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HHS will increase access to early learning programs as well as home visiting programs that can help parents respond to their children’s developmental and health needs. Revisions to the [Head Start Program Performance Standards](#) and other efforts by the Department will ensure programs are available to respond to the unique needs of special populations, such as dual language learners, children with disabilities, and American Indian and Alaska Native children. HHS will develop place-based strategies and encourage systemwide investments for serving children from birth to age eight in low-income and resource-poor communities through the *Early Learning Communities* Initiative.

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HHS will strengthen home visitation services provided by states to families of young children through implementation of the *Maternal, Infant, and Early Childhood Home Visiting Program* funded in the Affordable Care Act. Revised Head Start Program Performance Standards will emphasize encouraging family engagement in children’s learning through support for partnerships between early childhood programs, parents, and families and through support for family literacy activities.

1090 *Interagency Collaboration*

Reduce teen and unintended pregnancy

1095 Teen parents and their children are more likely to face a range of challenges and adverse conditions when it comes to the health and economic security of themselves and their children. More than 60 percent of teen mothers live in poverty at the time of their child's birth, and there are substantial disparities in the educational attainment of teen mothers compared with young women who delay childbearing. And children of teen parents face significant disadvantages as well, including lower average school achievement and greater risk of abuse and neglect.

In addressing these strategies, HHS will draw upon the expertise of agencies across the Department, including ACF, ASPE, CDC, HRSA, NIH, and OPHS.

1100 HHS will employ a comprehensive, evidence-based approach to reducing teen pregnancy. Under the new [Teen Pregnancy Prevention Program](#), HHS will fund the replication of models that have been rigorously evaluated and shown to be effective at reducing teen pregnancy or other behavioral risk factors as well as research and demonstration projects designed to test innovative strategies to prevent teen pregnancy. By conducting high-quality evaluations of both types of approaches—those replicating evidence-based models and innovative strategies—this initiative will expand the evidence base and uncover new ways to address this issue. Additional funding made under the Affordable Care Act will provide formula grants to states to fund evidence-based models and test new strategies as well. ACF, ASPE, CDC, and OPHS will each play a role in these efforts.

1110 HHS efforts will focus on demographic groups who have the highest [teen pregnancy rates](#), including Hispanic, African-American, and American Indian youth, and will target services to high-risk, vulnerable, and culturally underrepresented youth populations. Such populations include youth in foster care, runaway and homeless youth, youth with HIV/AIDS, youth living in areas with high teen birth rates, delinquent youth, and youth who are disconnected from usual service delivery systems.

1115 HHS will ensure access to a broad range of family planning and related preventive health services, including patient education and counseling; sexually transmitted infection (STI) and Human Immunodeficiency Virus (HIV) prevention education, testing, and referral. Community health centers, Title X family planning clinics, and public programs can provide services. HHS-funded health services under the Title X family planning program will encourage family participation in the decision of minors to seek family planning services and provide counseling to minors on ways to resist attempts to coerce them into engaging in sexual activity.

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

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We are committed to creating the opportunity for all Americans to grab the first rung on the ladder to the middle class. That includes investing in strategies to make work pay, expanding access to affordable housing, and helping low-income Americans build the job skills to succeed in the workforce.

1130

—President Barack Obama

Strong individuals, families, and communities are the building blocks for a strong America. Unfortunately, many face challenges that affect their economic and social well-being. Vulnerable families need a path of opportunity to help them enter the middle class, and communities need to be revitalized to become engines for economic growth and opportunity.

1135

Many vulnerable Americans live in poverty, lack the skills needed to obtain good jobs, need supportive services to get or retain jobs, experience unstable family situations, or live in unsafe, unhealthy communities. Community disorganization and poverty can reduce the social capital of residents and can lead to a lack of accountability and trust in public services and institutions like public safety and education. Lack of employment opportunities and low levels of academic achievement can lead to juvenile delinquency, substance abuse, and criminal activity that are major drivers of community violence and family disruption.

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Promoting economic and social well-being requires attention to a complex set of factors, through the collaborative efforts of agencies, policymakers, researchers, and providers. HHS agencies work together and collaborate across Federal departments to maximize the potential benefits of various programs, services, and policies designed to improve the well-being of individuals, families, and communities. Many HHS agencies fund essential human services to those who are least able to help themselves, typically through the Department's state, local, and tribal partners.

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ACF is the principal agency responsible for promoting economic and social well-being of families, children, and youth through income support, financial education and asset-based strategies, job training and work activities, child support enforcement, 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 parents prepare for and secure employment. OCR works to ensure that each state TANF program is accessible to all, regardless of race, color, national origin, or disability. SAMHSA and HRSA also provide essential supportive services to particularly vulnerable individuals and families.

1155

HHS collaborates with other Federal departments to support the economic and social well-being of individuals and families. HHS is working closely with the U.S. Department of Housing and Urban Development (HUD) to integrate the Nation's housing, health, and human service

1160 delivery system, with particular emphasis on homelessness, community living, and livable homes and communities. In addition, HHS is collaborating with HUD and the U.S. Departments of Veterans Affairs and Labor in efforts to end homelessness among veterans.

1165 HHS is coordinating 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. There are approximately 7.4 million children who have a parent in prison, in jail, or under correctional supervision. 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. And HHS is collaborating with USDA to expand access to nutritional supports for low-income youth and families.

1170 Within HHS, agencies including ACF, HRSA, IHS, and SAMHSA will employ the following strategies to promote economic and social well-being for individuals, families, and communities.

Strategies

- Advance individual and family economic security to reduce poverty;
- 1175 • Promote access to quality jobs that provide a livable wage for all individuals and families, and to training and educational opportunities that promote success in those jobs;
- Provide supportive services, such as health and behavioral health, and wraparound services like employment, housing, and peer recovery supports, to reduce and eliminate
- 1180 barriers for vulnerable populations, including individuals with disabilities and individuals at risk for homelessness;
- Identify and address substance abuse and mental illness early, to reduce the likelihood of more severe future problems;
- Help economically distressed communities to access federal programs and resources to
- 1185 address behavioral health needs;
- Build and strengthen partnerships with Federal, state, local, tribal, and nongovernmental stakeholders to promote individual, family, and community well-being for vulnerable populations;
- Encourage responsible fatherhood, healthy relationships, parental responsibility, and
- 1190 family stability; and
- Foster community partnerships to improve opportunities and delivery of services.

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

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We invite all of our public and private partners—other Federal agencies, states, consumers, advocates, providers, and others to join us in embracing equal opportunity and putting an end to unjustified institutionalization for people with disabilities and chronic illnesses and older Americans.

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—HHS Secretary Kathleen Sebelius

HHS programs and initiatives have special significance for older adults and people of all ages who experience disabilities. Older adults and individuals with disabilities may need services and supports to assist them in performing routine activities of daily living such as eating and dressing. Improving access to and quality of supports and services for older people and people with disabilities is an HHS policy priority.

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Over the past decade, a number of policy reforms and initiatives have improved the effectiveness of efforts to promote home and community-based services (HCBS) and 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 and the state can reasonably accommodate the placement. Congressional funding for the CMS *Real Choice Systems Change* grants assists States in improving community-based support systems that enable people with disabilities to participate fully in community life.

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AoA provides a number of services to older individuals and persons with disabilities, including supportive services, nutrition services, preventive health services, supportive services to family caregivers, senior rights protection services, nutrition and supportive services to American Indians and Alaska Natives, and a national toll-free telephone service that helps callers find senior services in their communities throughout the country. AoA also funds aging and disability resource centers to improve access to long-term care services and nursing home diversion programs to give consumers a greater role in determining the types of services and the manner in which they receive them.

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OCR investigates and resolves complaints alleging violations of the Americans with Disabilities Act’s (ADA) “integration regulation,” which 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*. OCR also collaborates with the U.S. Department of Justice to advance civil rights enforcement of the ADA and the *Olmstead* decision.

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Other recent developments include providing consumers who receive publicly funded long-term services and supports with the option to manage those services for themselves at home. Authorization of the *Money Follows the Person* Grant program contributes Federal funds to

1230 states to provide HCBS to former Medicaid nursing home residents. Another promising new development integrates acute and long-term care services to enable HCBS to be more effective at preventing and delaying the need for institutionalization.

1235 An efficient long-term care system is organized around the needs of the individual rather than around the settings where care is delivered. The long-term care system of the future will provide coordinated, high-quality care; optimize choice and independence; and use health information technology to improve coordination and quality of care. In an effort to facilitate this system transformation, HHS works with states, territories, and tribes to expand choices to persons who need long-term care services.

1240 To address gaps in long-term care coverage and assist families in paying for services, the Affordable Care Act included the *Community Living Assistance Services and Supports (CLASS)* program, a voluntary insurance program for individuals who have become functionally impaired. CLASS will provide cash to these individuals to pay for services and supports that they need to maximize their independence. HHS will administer the CLASS program.

1245 Residential care (services and supports provided outside nursing homes or an individual's home) is an important and growing option. Understanding how residential care fits into the range of long-term care options is important because the aging of the population is likely to increase the demand for these services. HHS is systematically examining residential care models to understand the changing dynamics of publicly financed long-term care.

1250 Among the agencies and offices contributing to the achievement of this objective are ACF, AHRQ, AOA, ASPE, CMS, CDC, HRSA, IHS, OCR, OD, and SAMHSA. HHS will employ the following strategies to improve supportive services for people with disabilities.

Strategies

- 1255 • Across the lifespan, collaborate across systems to streamline access for individuals with disabilities to a full complement of inclusive, integrated services and supports (child care, education, transitional services, health care, employment, transportation, and housing);
- 1260 • Build partnerships that leverage public and private resources to enhance home- and community-based services and supports for older individuals, and for persons with disabilities and their caregivers, as well as supports for elder justice systems for the protection of vulnerable individuals' rights;
- Work closely with states, territories, and tribes to achieve more flexibility in the Medicaid program through the *Money Follows the Person* Grant Program, and other grant programs and policy changes;

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- 1265
- Assist states in designing and implementing improvements to community-based support systems that enable people with disabilities and long-term illnesses to live and participate in the community;
 - 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;
- 1270
- Improve the coordination of long-term care services with physical and behavioral health services by fostering innovative approaches to delivering integrated care;
 - 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
- 1275
- Improve services for individuals with chronic conditions and functional impairments by enhancing coordination of Medicare and Medicaid, since many of these individuals are dually eligible.

Objective D: Promote prevention and wellness

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Keeping Americans healthy is one of this Administration's top priorities. And that doesn't mean the absence of disease. It means creating the conditions that produce mental and physical well-being.

—HHS Secretary Kathleen Sebelius

1285 HHS works to promote prevention and wellness across its programs and agencies. As the Nation's principal prevention agency, CDC has primary responsibility for addressing chronic diseases through population and community health activities, working to support state, local, and tribal public health agencies, promoting health through education, and conducting outreach to vulnerable populations. Historic new investments, such as the *Prevention and*
 1290 *Public Health Investment Fund* from the Affordable Care Act, will allow HHS to do more to create healthy communities, raise awareness about and increase adoption of prevention strategies, and strengthen our Nation's public health infrastructure to support these efforts.

Over the next several years, HHS's focus will be on creating environments that promote healthy behaviors to address the chronic diseases and health conditions—tobacco use, overweight and
 1295 obesity, and mental and substance use disorders—that result in the most deaths, disability, and costs.

The Secretary has identified [tobacco prevention and control](#) and [promotion of healthy weight](#) as two of her Strategic Initiatives.

1300 Across HHS, agencies and offices including ACF, AoA, CDC, FDA, HRSA, IHS, NIH, OPHS, and SAMHSA contribute to its efforts to promote health and wellness. These programs will engage in the following strategies to realize this objective.

Strategies

- Implement comprehensive, sustained, and evidence-based efforts to prevent and reduce tobacco use;
- 1305 • Help Americans achieve and maintain healthy weight, focusing on where they live, work, learn, and play;
- Prevent substance abuse, including prescription drug abuse, and mental illness, and foster community resilience, with a special focus on at-risk populations;
- 1310 • Leverage the *Communities Putting Prevention to Work* initiative to jump start community-based prevention and wellness efforts and increase HHS's knowledge about what works;

- Implement prevention policies, programming, and interventions to prevent and respond to individuals, families and communities impacted by violence;
- 1315 • Expand and sustain investments in prevention and public health through the *Prevention and Public Health Investment Fund*;
- Educate and empower individuals and families to lead healthy lifestyles and adopt behaviors that can prevent or delay chronic disease, disability, and secondary conditions, thereby increasing quality of life and reducing the need for more costly medical interventions; and
- 1320 • Launch *Healthy People 2020*, the Nation’s health objectives for the next decade, and leverage the objectives through networks of Federal, state, local, and tribal partners.

*Strategic Initiative*1325 **Prevent and reduce tobacco use**

1330 Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general. Quitting smoking has both immediate and long-term benefits for Americans and their loved ones. Despite progress in reducing tobacco use, more than [20 percent of Americans still smoke](#), and smoking rates that have been falling for decades have now plateaued. The good news is that HHS knows what it will take to get those numbers dropping again—comprehensive, sustained, and accountable tobacco control efforts based on evidence-based interventions.

HHS has incorporated the following set of actions into its Tobacco Strategic Action Plan and will implement these activities to prevent and reduce tobacco use.

1335 HHS will continue to support efforts to build state and local capacity to implement proven policy interventions. HHS efforts will include supporting comprehensive quit line services; focusing greater attention on populations with a disproportionate burden of use and dependence; and increasing local, state, and tribal enforcement of tobacco regulation.

1340 HHS will develop a comprehensive communication agenda to promote a culture change around tobacco use, including [national campaigns to prevent and reduce youth tobacco use](#), and will increase knowledge about the evidence base for, and availability of, treatment options. HHS will unify communication and education campaigns employed across agencies.

1345 HHS will develop and implement new research and surveillance activities to address gaps in knowledge about [what works in tobacco prevention and control](#), including in regulatory science, evolving product changes, industry practices, and public perception. We will also develop new prevention and treatment interventions for high-risk populations, and remove barriers to accessing these interventions.

HHS will ensure that its health care providers offer cessation advice and referrals; enhance health care professionals' knowledge and adoption of effective treatments; and provide more powerful incentives to health care providers and others to promote cessation treatment.

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*Strategic Initiative***Help Americans achieve and maintain healthy weight**

1355 Today, about two-thirds of U.S. adults and almost [one-third of U.S. children are overweight or obese](#), increasing their risk for chronic diseases, including heart disease, type 2 diabetes, certain cancers, stroke, and arthritis. Almost 10 percent of all medical spending goes to treat obesity-related conditions. In order to reverse the obesity epidemic in the United States, HHS must employ a comprehensive approach that includes both clinical and public health strategies and touches people where they live, work, learn, and play. In support of nutritional health and a healthy weight for all Americans, HHS has identified the following set of actions for all to achieve a healthy weight, reversing obesity, at any age and stage of life.

1360 HHS will improve program standards for nutrition, physical activity, and television viewing time and will promote adoption of these standards in child care settings through state licensing programs. HHS also will support access to safe, developmentally appropriate play spaces for children’s physical activity. The Department will expand proven Head Start health programs to child care centers and other early childhood settings; implement assessment tools in funded programs; and provide a focal point for information about nutrition, physical activity, and television time.

1370 HHS, working collaboratively with the U.S. Departments of Education and Agriculture, will develop and implement school-based interventions to improve school food, nutritional health, and physical activity. By revitalizing the [President’s Council on Physical Fitness and Sports](#) and promoting the [President’s Fitness Challenge](#), HHS will renew attention to children’s fitness and nutritional health.

HHS will identify and implement policy changes that help employees make healthy choices and will help workplaces across the Nation to become healthier by promoting proven programs like [LEANWorks!](#) This free resource helps worksites design obesity prevention and control programs.

1375 The Department will develop training tools to enhance awareness, knowledge, and skills for health care providers and others. HHS will describe covered obesity-related services under Medicaid and the [Children’s Health Insurance Program](#) and will emphasize healthy weight interventions in pilot and demonstration programs. HHS also will support new health services research and programs focused on healthy weight in priority populations, increasing understanding of the forces contributing to obesity, and developing and implementing strategies for the prevention and treatment of obesity.

1380 HHS will implement interventions that improve physical activity and nutrition through the [Communities Putting Prevention to Work](#) initiative and will work to identify and disseminate model programs that work across domains in a community. A childhood obesity prevention and reduction demonstration project will connect the clinical care and community service systems to help children achieve and maintain healthy weight and good nutrition.

1385 HHS will help consumers understand nutrition information on packaged foods by working with industry to develop new guidance for front-of-pack nutrition labeling. Health reform provisions will enable calorie information on menus at chain restaurants and vending machines to be shared. In addition, HHS will collaborate with its public and private sector partners to encourage the reduction of salt and trans fats in the food supply.

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Objective E: Reduce the occurrence of infectious diseases

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We have never been in a stronger position to create new and better vaccines, or—thanks to the lessons learned with the flu and the opportunities we’ve created with health insurance reform, the Recovery Act, and other programs—to make more of a difference in public health.

—HHS Secretary Kathleen Sebelius

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Because microbes continually evolve, adapt, and develop resistance to drugs over time, infectious diseases continue to be a significant health threat in the United States and around the world. 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.

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Addressing infectious diseases is a priority for HHS. Infectious diseases include vaccine-preventable diseases, foodborne illnesses; HIV and AIDS and associated STIs; tuberculosis; infections acquired in health care settings, such as Methicillin-Resistant Staphylococcus Aureus (MRSA); novel influenza viruses; and infections transmitted by animals and insects.

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HHS coordinates and ensures collaboration among the many Federal agencies involved in vaccine and immunization activities. CDC has primary responsibility for reducing the occurrence and spread of infectious diseases in the U.S. population. CDC provides significant support to state and local governments; works to strengthen infectious disease surveillance, diagnosis, and treatment; and partners with Federal and international partners to reduce the burden of infectious diseases throughout the world. The *National Vaccine Plan* provides a framework for pursuing the prevention of infectious diseases through immunizations.

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FDA and CDC work together to prevent and control foodborne illness outbreaks, and FDA works with international drug regulatory authorities to expedite the review of generic antiretroviral drugs under the *President’s Emergency Plan for AIDS Relief* (PEPFAR). NIH conducts basic and applied research that enables understanding and development of control measures against a wide array of infectious agents. SAMHSA supports programs to reduce HIV, hepatitis, and other infectious diseases associated with injection drug use. ASPR’s Biomedical Advanced Research and Development Authority (BARDA) coordinates interagency efforts to define and prioritize requirements for public health medical emergency countermeasures, research, and product development and procurement related to infectious disease threats.

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Healthcare-associated infections (HAIs), infections that patients acquire while receiving treatment for medical or surgical conditions, exact a significant toll on human life. The prevention and reduction of HAIs is a top priority for HHS; together, AHRQ, CDC, CMS, OPHS, and other HHS experts are collaborating to implement strategies to prevent and reduce HAIs.

The Secretary has identified [food safety](#) as one of her Strategic Initiatives and [HIV and AIDS](#) and [global health](#) as key areas for interagency collaboration.

1430 Within HHS, agencies such as CDC, FDA, and NIH have primary responsibility for reducing the occurrence of infectious diseases. Other HHS agencies and offices that contribute to efforts to combat infectious diseases include ASPR, CMS, HRSA, IHS, OPHS, and SAMHSA. HHS will implement the following strategies to realize this objective.

Strategies

- 1435
- Prevent the spread of HIV infection, and increase efforts to make people aware of their status and enable them to access HIV care and treatment;
 - Conduct an outreach campaign, accessible to all populations, to prevent the spread of infectious diseases;
- 1440
- Modernize and implement a twenty-first century food safety system that is flexible and responsive to current and emerging threats;
 - Increase the capacity of state infectious disease programs to prevent, investigate, and control health care-associated infections;
 - Remove financial and other barriers to routine immunizations for children, adolescents, and adults; and
- 1445
- Work with Federal and global partners to reduce the spread of HIV, tuberculosis, malaria, and other infectious diseases in developing nations.

*Interagency Collaboration*1450 **Improve global health**

[Global health](#) plays a critical role in the national security of the U.S. population and in the security of populations worldwide. As our world and economies become more integrated, we must think about health globally, because diseases know no borders.

1455 The President understands the significant role the U.S. Government plays in improving global health. Accordingly, he has called for increased investments in global health programs and an overall reorientation of all U.S. Government health assistance. New emphasis is being placed on ownership of programs by the countries we are working in, strategic integration and coordination across the activities and agencies, programming that focuses on women, strengthening of host countries' health systems, and a focus on monitoring and evaluation.

1460 HHS has significant scientific, technical, and regulatory expertise in global health matters. Its experience helps ensure that activities are informed by research, disease surveillance, public health service delivery, medical product and food safety, and best practices to strengthen health systems. HHS is collaborating with its partners and the White House on several issues in global health, including advancing global pandemic preparedness and response, combating bioterrorism, and implementing the [President's Global Health Initiative](#).

1470 The Global Health Initiative invests \$63 billion over 6 years in a comprehensive approach to our health assistance programs, recognizing that healthy societies are stable societies. Many effective, long-standing programs, such as the [President's Emergency Plan for AIDS Relief](#) and the [President's Malaria Initiative](#), are part of the Global Health Initiative. HHS, through ASPR, CDC, NIH, FDA, HRSA, and other agencies and offices, is pursuing the following actions to improve global health.

HHS is working with countries to promote information sharing about known diseases and public health events of international concern. As we saw with the H1N1 public health emergency, rapid identification and control of emerging infectious diseases help promote health abroad, prevent the international spread of disease, and protect the health of the U.S. population.

1475 Chronic, noncommunicable diseases, including diabetes and obesity, tobacco use, and mental and substance use disorders are among the leading causes of death and disability worldwide. HHS is collaborating with other countries to implement tested strategies to fight these and other noncommunicable diseases.

1480 HHS, under the leadership of its [Office of Global Health Affairs](#), is implementing a coordinated global health strategy. This strategy maximizes HHS's substantial global health assets and brings cohesion to its work, in support of the President's efforts to improve global health.

*Strategic Initiative***1485 Implement a 21st century food safety system**

Americans count on the safety of their food. Yet, all too often, outbreaks of foodborne illness threaten our health. It has been estimated that [one in four Americans suffers from a foodborne illness each year](#).

1490 Over the last decade, new challenges have emerged from novel disease agents, increasing globalization of the food supply chain, and an aging U.S. population. Concurrently over the last decade, HHS also has improved techniques and surveillance to detect foodborne illness. HHS has an urgent mission to strengthen the food safety system, which will require Federal leadership and strong cooperation from the regulatory, public health, public, and private sectors.

1495 Working in collaboration with Federal food safety partners and the [President's Food Safety Working Group](#), HHS is working to develop a [food safety](#) system that is flexible and responsive to current and emerging threats in the 21st century.

Too often in the past, the food safety system has focused on reacting to problems rather than preventing harm in the first place. HHS will prioritize prevention and implement sensible measures designed to prevent problems before they occur. Key to this approach will be setting rigorous standards for food safety and working with the food industry to ensure it meets these standards.

1500 High-quality information will help determine which foods are at highest risk; which solutions should be put into place to reduce risk; and which agencies should be responsible. Such information comes from routine surveillance, outbreak investigations, and scientific studies.

1505 HHS, working in tandem with its Federal, state, and local regulatory and public health partners, will prioritize crucial inspection and enforcement activity across the world; support safety efforts by states, localities, and businesses at home; and enhance data collection and analysis to guide these efforts and evaluate their outcomes. HHS agencies will work together to maximize interagency collaboration and accountability.

1510 [Our goal is to limit the number, scale, and duration of foodborne outbreaks](#). HHS will work with its Federal, state, and local partners to strengthen public health and regulatory systems to enhance our ability to detect outbreaks and to detect them faster, use food tracing systems to identify source and distribution of product, remove product from the market, and conduct root cause analysis to correct the problem and inform future prevention efforts. HHS will also work on communications following an outbreak to help restore consumer confidence in the food supply.

1515 *Interagency Collaboration*

Support the National HIV/AIDS Strategy

1520 Over the nearly 30 years since the AIDS epidemic began, HHS has been working closely with its partners to [respond to the HIV and AIDS crisis](#) in the United States. Because of these efforts, HHS now has better diagnostic capabilities that enable testing of more people, more quickly. HHS also has more effective treatments that allow people living with HIV to enjoy longer, healthier lives.

1525 However, HIV and AIDS continue to exact a significant toll on Americans of all ages. An estimated [1.1 million Americans are living with HIV today](#). The face of HIV and AIDS has also changed over the last three decades—from a disease primarily affecting younger men who have sex with men to a disease that disproportionately affects Black and Latino men and women, men who have sex with men in all racial and ethnic groups, and older Americans. HHS must expand its efforts to prevent new infections, ensure access to appropriate care and treatment for those living with HIV and AIDS, and focus on those communities most affected.

1530 HHS is participating with Federal partner agencies and the White House Office of National AIDS Policy on the development of a National HIV/AIDS Strategy. HHS will work to reduce the number of new HIV cases in the United States; increase access to care and optimize health outcomes for people living with HIV; and reduce HIV-related disparities, including disparities related to infection rates and access to treatments.

1535 Implementing this National Strategy will require coordinated effort across the U.S. Government and with partners in the public and private sectors. HHS will support new research at NIH; enhanced surveillance, behavioral research, and prevention activities at [CDC](#); regulatory work at FDA; and support for care, treatment, and wraparound services provided by [HRSA](#) and SAMHSA. OCR works to prevent discrimination on the basis of disability, including HIV/AIDS, by enforcing Federal laws prohibiting such discrimination by providers and other entities receiving Federal financial assistance.

1540 Other HHS agencies and offices, including AHRQ, ACF, AoA, CMS, IHS, and OPHS will contribute significantly to HHS's prevention and treatment efforts. HHS also will work closely with other Federal agencies, including the U.S. Departments of Housing and Urban Development, Veterans Affairs, Defense, and Labor.

1545 HHS-supported research has resulted in new AIDS drugs and HIV diagnostics, as well as new program strategies for addressing the HIV and AIDS epidemic. However, more work is needed to identify vaccine candidates and better treatments. HHS also needs to enhance surveillance and support significant behavioral research to identify effective interventions to prevent the spread of HIV in high-risk and other affected groups.

1550 Individuals who know their status can be linked to care and treatment resources earlier in their course of disease, which will improve their likelihood of living healthier, longer lives. When HIV-positive individuals know their status, they are also less likely to engage in risky behaviors that will transmit HIV to others. HHS will increase support for efforts to increase routine testing of adults and pregnant women so that more people know their status.

In addition to increasing testing, HHS must improve linkages to care and treatment for those who test positive for HIV. HHS will work to improve coordination and referral systems that link people living

1555 with HIV and AIDS to medical care, prevention information to reduce onward transmission, and relevant wraparound services, such as counseling and treatment for mental and substance use disorders.

Objective F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies

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We want to create a system that can respond to any threat as quickly as possible.

—HHS Secretary Kathleen Sebelius

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Over the past decade, our Nation has renewed its efforts to address large-scale incidents that have threatened human health, 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. HHS has improved and exercised response capabilities and developed plans for medical countermeasures. However, HHS must do more to ensure the health and safety of Americans in the face of unexpected and emerging threats.

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To guide its work, HHS developed the first *National Health Security Strategy*, a comprehensive framework for how the entire Nation must work together to protect people's health in the case of an emergency. The strategy lays out current challenges and gaps, and articulates a systems approach for preparedness and response, including identifying responsibilities for all levels of government, communities, families, and individuals. HHS will use this strategy as a guide for

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determining what should be done at the federal level to improve Federal efforts and best integrate with and support tribal, state, and local efforts. Over the next 5 years, HHS will work with its Federal, state, local, tribal, and international partners to achieve two goals of the *National Health Security Strategy*, building community resilience and strengthening and sustaining health and emergency response systems. Resilient communities and robust systems

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are important not just for emergencies but for daily use. This objective is intricately linked with other objectives to modernize and improve access, safety, and quality of health care. Similarly, strategies that focus on prevention, integrated systems, and equitable practices will support both preparedness and routine use objectives.

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The Secretary has identified [protecting the health and safety of Americans in emergencies](#) as one of her Strategic Initiatives.

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Within HHS, improving health security is a shared responsibility. ASPR serves as the Secretary's principal advisor on matters related to bioterrorism 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. OCR plays a key role in protecting the civil rights of persons with limited English proficiency, individuals with disabilities, and individuals from diverse cultural origins in emergency preparedness, response, and recovery efforts. Agencies and offices across HHS, including ACF, CDC, FDA, NIH, and OPHS, will employ an array of strategies to advance this objective.

1595 **Strategies**

- Strengthen the capability of hospitals and health care systems to plan for, respond to, and recover from natural and manmade emergency events;
- Strengthen the capability of human service systems to plan for, respond to, and recover from natural and manmade emergency events;

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- Modernize the medical countermeasure enterprise with more promising discoveries, advanced development, robust manufacturing, better stockpiling, and advanced distribution practices in the United States and abroad;
- Upgrade state, local, and tribal public health and human services preparedness, response, and recovery capacity;

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- Develop systems to evaluate progress and learn from experiences;
- Develop a research agenda, evaluation framework, and quality improvement methods for systematically ensuring that exemplary practices are used efficiently and effectively;
- Enhance accessible communication strategies to ensure that appropriate messages are received by and from the public to facilitate community resilience in response to emergencies; and

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- Ensure that the needs of vulnerable populations, including individuals with limited English proficiency, individuals with disabilities, and individuals with diverse cultural origins, are met in emergencies, through their effective integration into planning, response, and recovery efforts.

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*Strategic Initiative***Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies**

1620 Over the past decade, HHS has improved the Nation's ability to address the public health and medical consequences of large-scale emergencies, including behavioral health impacts on communities and responders. Nonetheless, many challenges remain. HHS has developed a *National Health Security Strategy* to guide efforts to address the current gaps in national, state, local, and tribal preparedness and response capabilities as well as to build and foster more resilient communities and individuals. HHS

1625 has identified key strategic areas within the National Health Security Strategy to improve its ability to prepare and protect Americans in public health emergencies.

HHS will promote community empowerment and support efforts to develop community plans; community capabilities to shelter, sustain themselves, and provide medical and other care; and active community engagement in local decisionmaking.

1630 HHS will promote efforts to develop a strong, well-trained workforce able to mount an effective response, including support for improvements in preparedness-related education, additional hiring of qualified staff, and preregistration of competent volunteers.

1635 HHS will improve the Nation's ability to understand and use information related to health threats as well as health system and response resources. HHS will also improve information sharing across Federal, state, and local entities to create a common picture of the incident and operating environment.

1640 HHS will work to improve the ability of the health care system to expand its efforts in mass care situations while ensuring provision of the highest standard of care possible for the greatest number of patients. HHS will work to identify and develop strategies to meet emergency response for scarce resources (e.g. blood, cellular products, and tissues) or items that can not be stockpiled. HHS will also work to increase public understanding and use of self-triage and self-care tools that reduce health care system demands.

1645 HHS will work to ensure secure, sustainable, and redundant systems for sharing of information both among responders at all levels of government and between responders and the public. HHS will strive to improve communications, especially with respect to underserved populations, such as those with limited English proficiency, individuals with disabilities, and individuals from diverse cultural origins, across all sectors, from government emergency response systems to private sector and community-based organizations.

1650 HHS will work toward integrating efforts for countermeasure research, manufacturing, dispensing, and safety and effectiveness tracking. HHS will foster stronger engagement and participation with all stakeholders and will prioritize investments with the greatest potential to improve national health security, prevent or limit the spread of disease, and limit the clinical impact of a health incident.

HHS will work to reduce the emerging threats from common pathogens in our food, water, biologicals (blood, organs, tissue and vaccines), and air through improved information sharing, surveillance, and coordinated action across human, animal, and food and agricultural agencies and sectors.

1655 HHS will work to ensure that recovery is included in planning at all levels and will promote the goal of ensuring that individuals and communities can recover from an incident through, at a minimum, the restoration of services, providers, facilities, and infrastructure.

1660 HHS, acting in concert with other U.S. Government agencies, will work closely with global partners to address common threats around the world, enhance national capacities to detect and respond to these threats, and learn from each other's experiences.

HHS will develop and implement a research and evaluation agenda to support identification of empirical standards, policy, and guidance to increase the knowledge base for preparedness, response, and recovery.

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Goal 4:

Increase Efficiency, Transparency, and Accountability of HHS Programs

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My administration is committed to creating an unprecedented level of openness in government. We will work together to ensure the public trust and establish a system of transparency, public participation, and collaboration. Openness will strengthen our democracy and promote efficiency and effectiveness in government.

—President Barack Obama

Goal 4: Increase Efficiency, Transparency, and Accountability of HHS Programs

Objective A: Ensure program integrity and responsible stewardship of resources

Objective B: Fight fraud and work to eliminate improper payments

Objective C: Leverage HHS data for maximum public good

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

1690 As the largest grant-awarding agency in the Federal Government and the Nation’s largest health insurer, HHS places a high priority on ensuring the integrity of its investments. HHS manages several hundred programs in basic and applied science, public health, income support, child development, and health and social services, awarding more than 75,000 grants annually. Its responsibilities are driven by complex scientific and technologic issues that require sophisticated analyses of exponentially growing amounts of information. Robust and secure information technology infrastructure and information management systems are required to support mission-critical activities, such as personalized medicine applicants and analysis of product marketing applications.

1700 Promoting program integrity and increasing transparency of HHS’s efforts requires the expertise of staff across HHS, working both independently and in close collaboration. HHS provides ongoing training and guidance for staff who oversee grants and contracts and uses established internal administrative procedures. HHS uses its grants management information system to report all grant award data across agencies, review program announcements, and review audits and resolution of grants audit findings.

1705 HHS financial 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.

1710 HHS also 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 the United States.

HHS’s Open Government efforts will break new ground in enabling the public to give feedback to HHS programs. HHS can help stakeholders contribute knowledge and experience to help it do jobs better, and HHS can support new kinds of collaborative teamwork that will deliver

1715 better results for our citizens. HHS will move forward toward new strategies, new tools, and a new culture of public participation and collaboration in its affairs.

1720 Planned evaluations of HHS activities in this goal include a study of Medicare anti-fraud efforts to identify areas to improve effectiveness and efficiency. More broadly, HHS has monitoring and evaluation activities ongoing for its Recovery Act programs and its new Open Government initiatives. 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 works to increase its efficiency, transparency, and accountability through the effort of every agency and office, including CMS, the Office of the Inspector General (OIG), and ASFR.

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Objective A: Ensure program integrity and responsible stewardship of resources

Our program integrity and oversight efforts will promote efficiency and effectiveness in the management and operation of more than 300 programs in HHS.

—HHS Deputy Secretary William Corr

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Managing more than \$900 billion in public investments is an enormous responsibility—and an opportunity. Stewardship of Federal funds is more than just ensuring that resources are allocated and expended responsibly. If Federal investments are managed with integrity and vigilance, the benefit to the public is improved health and enhanced well-being.

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Responsible stewardship of new resources, such as funds provided by the Recovery Act, involves allocating these resources in an effective way and for activities that generate the highest benefits. Recovery Act funds have had an immediate impact on the lives of individuals and communities across the country affected by the economic crisis and the loss of jobs. HHS is playing a major role in all of these aspects of the Recovery Act by helping to create jobs in industries from health care to research and development; supporting struggling families through expanding access to health insurance; and making long-term investments in areas such as health information technology, biomedical and patient-centered health research, and prevention and wellness efforts.

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HHS has placed a strong emphasis on protecting program integrity and the well-being of program beneficiaries by identifying opportunities to improve program efficiency and effectiveness. HHS is making every effort to ensure that when it makes payments to individuals and businesses as program beneficiaries, grantees, or contractors, or on behalf of program beneficiaries, that the right recipient is receiving the right payment for the right reason at the right time. Internal controls and risk assessment activities are evolving and being strengthened across programs, including Medicare, Medicaid, Head Start, TANF, Low Income Home Energy Assistance Program (LIHEAP), foster care, and child care, to strengthen the integrity and accountability of payments.

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The Secretary has identified [implementing the Recovery Act](#) and [ensuring program integrity](#) as Strategic Initiatives. HHS is also collaborating to [foster openness and transparency in government](#).

All agencies and offices in HHS, including CMS, OIG, and ASFR, are focused on ensuring the integrity of HHS programs, and will employ the following strategies.

1760 **Strategies**

- Ensure that individuals and entities that seek to participate as providers and suppliers in health care programs understand, and will comply with, financial integrity standards prior to their enrollment in health care programs;

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- Establish payment methodologies that are reasonable and responsive to changes in the marketplace;

- Assist health care providers and suppliers in adopting practices that promote compliance with program requirements, including quality and safety standards;

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- Increase the identification and dissemination of best practices in internal controls to ensure that funds disbursed for health and human service programs are used for their intended purposes; and

- Work with states, localities, and grantees to strengthen the integrity and accountability of payments to health care and human service programs.

1775 *Strategic Initiative*

Implement the Recovery Act

The [American Recovery and Reinvestment Act \(Recovery Act\)](#) was designed to create and save jobs, give families immediate relief, and make investments that lay the foundation for long-term economic growth.

1780 HHS is playing a major role in all of these aspects of the Recovery Act by helping to create jobs in industries from health care to research and development; supporting struggling families through the provision of health insurance and subsidized employment opportunities; and making long-term investments in areas such as health information technology, biomedical and comparative effectiveness research, and prevention and wellness efforts.

1785 These early investments in improving our health system in the Recovery Act will serve as the cornerstone of HHS's efforts to implement the new health reform law and put Americans back in control of their own health care. To get the most out of these investments, HHS needs to award Recovery Act funds as rapidly as possible while ensuring that funds are spent wisely and that the public can follow the Department's progress.

1790 HHS has established the following key Secretarial strategies for the ongoing implementation of the Recovery Act. These strategies will ensure that HHS makes great strides in improving access to health and social services, stimulating job creation, and transforming our health care system.

1795 HHS will award funds expeditiously to states and local communities. Overall, the Recovery Act enables HHS to award \$142 billion; HHS is putting these funds to work as expeditiously as possible while maintaining high standards of program quality and integrity. In the first year, HHS has obligated \$70 billion and will be announcing and awarding an additional \$32 billion in 2010 and \$40 billion in the 2011–2019 period.

1800 HHS will measure program performance and ensure program integrity. The Recovery Act invests billions of dollars in HHS programs, so it is incumbent on HHS and its agencies to ensure that these funds are spent wisely and for the purposes intended by the Recovery Act. All Recovery Act funds have performance targets and goals associated with them. HHS will ensure that funds are invested appropriately and will collect information about program performance to track achievements.

1805 HHS will inform the public about results. As its grantees and contractors implement programs funded by the Recovery Act, HHS will provide information about program performance to the public, members of the Congress, and state and local communities.

*Strategic Initiative***1810 Ensure Program Integrity and Responsible Stewardship**

HHS is committed to being a responsible steward of every dollar in the HHS budget. America's hard-working citizens deserve to know that the Department is spending the monies they are investing in a healthier and brighter future as carefully and productively as the dollars they spend in their own family budgets—with accountability for results, honest disclosure of potential conflicts of interest, no allowance for waste or abuse, and ensuring that the public trust is awarded only to those individuals, institutions, grantees, and service providers with the highest ethical standards.

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HHS is therefore launching a Departmentwide program integrity initiative to ensure that every program and office in HHS prioritizes the identification of systemic vulnerabilities and opportunities for waste and exploitation, and implements heightened oversight. HHS will consult closely with OIG to help review plans across each part of the Department and create a first-time ever Secretary's Council on Program Integrity.

1820

The Council on Program Integrity will look at all areas within the Department - from Medicare and Medicaid, to Head Start and LIHEAP, to medical research and the public health grants - to conduct risk assessments of programs or operations most vulnerable to waste, fraud, or abuse; enhance existing program integrity initiatives or create new ones; share best program integrity practices throughout HHS; and measure the results of our efforts.

1825

*Interagency Collaboration***Foster Open Government**

1830 President Obama is committed to creating an unprecedented level of openness in government. The key elements of Open Government include:

- Transparency – providing information to the public that can be used to hold the Government accountable and generate significant benefit for citizens;
- Participation – enabling citizens to contribute their ideas to the work of government; and

1835 • Collaboration – providing opportunities for internal and external stakeholders to work together toward better solutions.

Above all, an open government is a government that works better-- one that leverages the principles of transparency, participation, and collaboration to deliver better results to the American people.

1840 To advance these principles, the President has issued an [Open Government Directive](#), which directs executive departments and agencies to take specific actions to promote transparency, participation, and collaboration. In response to this Directive, HHS has developed a comprehensive [HHS Open Government Plan](#). As articulated by the Plan, HHS has directed two coordinating bodies to lead ongoing efforts to implement the concepts described above: the HHS Innovation Council, which oversees implementation

1845 of the collaboration and participation elements of HHS's Open Government Plan; and the HHS Data Council, which coordinates all HHS health and human service data collection and analysis activities. As detailed in its Open Government Plan, HHS will undertake bold actions to foster Open Government in the coming months, including the following:

1850 HHS will undertake significant and specific new actions to present its massive collections of data in accessible formats that allow and encourage the fullest use of data, ensuring greater transparency of programs and greater accountability for results while assuring that appropriate data privacy and security protections are in place. Ensuring the transparency and accessibility of HHS's vast stores of data can help increase awareness of health and human service issues, generate insights into how to improve health and well-being, help improve HHS performance, and provide the basis for new products and services that can benefit the American people.

1855 HHS will provide new venues and opportunities to share experiences, policies, helpful tools, and best practices across the public and private sectors. Cutting-edge approaches such as public competitions and crowdsourcing will be used to promote innovation in delivery of consumer information on patient safety and health, medical research collaborations, and user-friendly information services for health care delivery. Consumer information can help promote the affordability and accessibility of health care,

1860 promote breakthroughs in medical research and, ultimately, help save lives.

HHS will work energetically to promote a culture of innovation, including the launch of a new Secretary's Innovation Awards program, which will recognize and reward extraordinary achievements by employees who innovate how HHS operates in ways that advance its mission. Employees who demonstrate powerful ways to harness the power of transparency, participation, and collaboration to improve the results delivered by HHS will be leading candidates for Innovation Awards on an ongoing basis.

1865

Objective B: Fight fraud and work to eliminate improper payments

This administration has zero tolerance for criminals who steal from taxpayers, endanger patients, and jeopardize Medicare's future. At a time when many families are scraping together every last dollar to pay their medical bills, fraud, waste, and abuse in our health care system are unacceptable.

—HHS Secretary Kathleen Sebelius

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HHS strives to allocate resources in the most efficient manner possible by minimizing inappropriate payments, targeting emerging fraud schemes by provider and type of service, and establishing safeguards to correct programmatic vulnerabilities. Reducing fraud, waste, and abuse in HHS program spending for health care, social services, and scientific research is a top priority for the Department.

1880

HHS is strengthening efforts to identify and eliminate improper payments. Internal controls and other risk assessment activities are focused on identifying and eliminating systemic weaknesses that lead to erroneous payments. HHS investments in cutting-edge technology and data mining technologies will allow for the analysis of potential fraud with unprecedented speed and efficiency. HHS will receive snapshots of fraudulent claims activity in real time, and complete in a matter of days analyses that previously took months or years.

1885

HHS efforts to combat health care fraud, waste, and abuse include provider education, data analysis, audits, investigations, and enforcement. In addition, HHS is working in collaboration with the U.S. Department of Justice through the establishment and operation of the *Health Care Fraud Prevention and Enforcement Action Team (HEAT)* task force. CMS works with OIG and the U.S. Department of Justice on this joint effort. To date, the HEAT task force has conducted concentrated investigations in Baton Rouge, Brooklyn, Detroit, Houston, Los Angeles, Tampa and Miami.

1890

HHS is monitoring and assisting the efforts of states, territories, and tribes to prevent and control error and improper payments in Head Start, TANF, LIHEAP, foster care, and child care. For example, TANF agencies use child support data from the National Directory of New Hires (NDNH) to identify unreported and underreported income, thereby reducing improper assistance payments. In addition, ACF uses Title IV-E Foster Care Eligibility Reviews to ensure that children for whom Federal foster care payments are claimed are program eligible and are placed with eligible foster care providers. In addition to CMS and ACF, every agency and office in the Department is focused on fighting fraud and eliminating abuse and improper payments through a number of strategies described below.

1895

1900

1905 **Strategies**

- Monitor programs vigilantly, prosecute and punish those who commit fraud, and remedy program vulnerabilities;
- Require designated providers and suppliers to implement HHS-developed compliance programs and to undergo screening, including advanced screening for certain types of high-risk providers and suppliers;

1910

- Use data to develop better predictive indicators, restructure automated edits, and enhance medical record review efforts in Medicare;
- Hold states accountable for producing results and implementing controls to address risks and errors, and help and enable states to become more effective in ensuring the integrity of their programs; and

1915

- Disseminate best practices in preventing, measuring, or reducing improper payments.

1920 **Objective C: Use HHS data to improve the health and well-being of the American people**

*We aim to be just as open about sharing what we've learned.
There is no greater mission than working together to keep our
populations safe.*

1925 —HHS Secretary Kathleen Sebelius

1930 Transparency and data sharing are of fundamental importance to HHS and its ability to achieve its mission. HHS's vast stores of data are a remarkable national resource that can be used to help citizens better understand what the Department does and hold the public and private sectors accountable. HHS data and information is used to increase awareness of health and human service issues and generate insights into how to improve health and well-being. By making data and information more useful and more available, HHS promotes public and private sector innovation and action and provides the basis for new products and services that can benefit the Americans.

1935 Several core principles guide HHS's plan for leveraging its data, including publishing more Government information online in ways that are easily accessible and usable; developing and disseminating accurate, high-quality, and timely information; fostering the public's use of the information HHS provides; and advancing a culture of data sharing at HHS.

1940 HHS is strongly committed to the protection of personal privacy and confidentiality as a fundamental principle governing the collection and use of data. HHS protects the confidentiality of individually identifiable information in all public data releases, including publication of datasets on the Web. As new approaches evolve, HHS will incorporate them into its data release policies.

1945 By employing these processes for data prioritization, release, and monitoring, HHS intends to increase the value derived from its information resources in several ways. Consumers will be able to access information and benefit directly from using it personally. Public administrators may use information resources to inform service delivery and improve customer satisfaction.

1950 Information resources also 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 new products and services that benefit the public and, in the process of doing so, generate private market economic growth fueled by innovation.

1955 One particularly innovative project being launched by HHS in 2010 is the *Community Health Data Initiative*. The project will develop an integrated Web-based, user-friendly, relational database and query system of national-, state-, and local-level health indicators, including health outcomes and health determinants, along with evidence-based public health or policy

1960 interventions. Database users will be able to compare their indicators, as data permit, with those of other groups of interest, either by geography or by population characteristics, such as age, income, sex, race, and ethnicity. Users will access multiple options for selecting and viewing data and will allow open access to the public with feature sets designed and optimized for distinct user populations.

1965 The HHS Data Council coordinates all health and human services data collection and analysis activities, including an integrated data collection strategy, coordination of health data standards and health and human services and privacy policy activities. The HHS Data Council and agencies and offices including ACF, AHRQ, AoA, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, ONC, OPHS, and SAMHSA will use the following strategies to achieve this objective.

Strategies

- Coordinate HHS data collection and analysis activities, and ensure effective long-range planning for surveys and other investments in major data collection;
- 1970 • Proactively identify opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on <http://www.data.gov>;
- Include staff with data expertise on Strategic Initiatives and cross-departmental priorities to provide knowledge of HHS data; assess data needs, gaps, and opportunities; develop plans and recommendations for evaluation and performance information; and identify ways to share existing and new data with the public and key audiences in ways that adhere to transparency principles and advance the initiative;
- 1975 • Engage in a proactive new program of monitoring, stimulating, and incorporating innovative and beneficial uses of HHS data through systematic dialogue with key stakeholder groups;
- 1980 • Expand the focus of CMS's data environment from claims processing to state-of-the-art data analysis and information sharing;
- Establish governance within Freedom of Information Act (FOIA) operations to promote the proactive publishing of information and include FOIA officers across the Department in transparency and data-sharing planning activities;
- 1985 • Implement the *Community Health Data Initiative* to provide multiple methods for selecting and viewing data and allow open and fully accessible public access; and
- Use *Data 2020* to track progress toward achieving the Nation's health objectives contained in *Healthy People 2020*.

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

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As we've learned more about the connection between greenhouse gas emissions and public health, we've been expanding our activities across the department. This is not an afterthought for my department; it's a natural extension of our broader public health strategy.

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—HHS Secretary Kathleen Sebelius

Executive Order 13514, "Federal Leadership in Environmental, Energy, and Economic Performance," promotes sustainability in the Federal government and prioritizes the reduction of greenhouse gas emissions. Sustainability is integral to the HHS mission. Conducting our activities in a sustainable manner will benefit Americans today as well as secure the health and well-being of future generations of Americans. In carrying out the Executive Order, HHS will be a leader in promoting the co-benefits of sustainability to health and well-being.

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HHS efforts to reduce greenhouse gas emissions will protect our environment and the public's health. Our operations produce greenhouse gases that are associated with negative health impacts resulting from alternations of our climate, ecosystems, food and water supplies, and other aspects of the physical environment. These gases and other air, water, and land contaminants are generated from energy production and use, employee travel and commuting, facility construction and maintenance, and mission activities, such as patient care and laboratory research.

2010

By controlling greenhouse gas emissions, HHS will reduce other releases that directly impact health. For example, mercury released with greenhouse gases from combustion of fossil fuels in power plants may contribute to the reduced cognitive ability of children in surrounding areas. Research findings have also shown that air pollution is associated with higher rates of asthma and other allergic responses, morbidity from cardiopulmonary and respiratory disease, and other adverse health outcomes.

2020

By conserving resources through sustainable purchasing operations and waste management positions, HHS can meet its mission while managing costs. Reductions in paper, water, and energy use and efficiency in operations allow more resources to be devoted to mission-specific purposes. Managing waste reduces the level of toxins that enter water sources and food chains. Reuse and recycling efforts can reduce the amount of land devoted to landfills and raw material extraction. Preserving biodiversity conserves plant and animal species that are part of delicate ecosystems and may also be sources of new medical treatments.

2025

Sustainable facilities improve the health of our staff, patients, and other building occupants. Worker absenteeism, acute disease, and chronic diseases are associated with stressors and

2030 pollutants in the indoor environment. Ventilation improvements and green cleaning and pest management practices can reduce the adverse health effects of toxic chemicals in the environment.

2035 The Senior Sustainability Officer in the Office of the Secretary helps ensure that HHS operations promote sustainability and comply with Executive Order 13514. However, meeting our sustainability goals is a shared responsibility, underpinning the functions of agencies and offices throughout HHS. It is also the responsibility of the individuals directly employed by HHS, as well as its grantees and contractors.

To integrate sustainability into the HHS mission and to implement Executive Order 13514, HHS agencies and offices will employ the following strategies.

Strategies

- 2040
 - Reduce greenhouse gas emissions through sustainable management of energy use and other activities;
 - Conserve resources through sustainable purchasing, operations, and waste management;
- 2045
 - Promote and protect human and environmental health through sustainability planning and operations;
 - Lead, communicate, and engage the community on the benefits of sustainability in all policies and actions; and
 - Support research on the relationship between sustainability and human health and well-being.

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Goal 5:

Strengthen the Nation’s Health and Human Service Infrastructure and Workforce

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We at the Department of Health and Human Services consider it our mission to address the looming health professional workforce shortage and to recruit, train, and retain competent health and human service professionals across America.

—HHS Secretary Kathleen Sebelius

Goal 5: Strengthen the Nation’s Health and Human Services Infrastructure and Workforce

Objective A: Invest in the HHS workforce to meet America’s health and human service needs today and tomorrow

Objective B: Ensure that the Nation’s health care workforce can meet increased demands

Objective C: Improve the recruitment, retention, and training of our domestic and global public health workforce

Objective D: Strengthen the Nation’s human service workforce

Objective E: Improve national, state, local, and tribal surveillance and epidemiology capacity

2075 Currently, the Nation faces shortages of critical health care workers, including primary care physicians, nurses, behavioral health and long-term care workers, as well as public health and human service professionals, and this problem is anticipated to increase in the coming years. More than 64 million people currently live in a primary care health professional shortage area. More than half of the counties in the U.S. have no behavioral health worker at all. With the implementation of the Affordable Care Act, demand for services of primary care professionals

2080 will increase substantially. As the population ages, the pool of “working age” adults who can fill these vacancies will dwindle.

2085 These concerns come at a time when demand for services is increasing, the aging of the population means that there are more frail seniors in need of care, and the health care system is grappling with quality of care concerns. Natural and manmade disasters can strain existing health care, public health, and human services workforce capacity, and require rapid identification and deployment of skilled professionals to affected areas. In addition, all health professions will need to be responsive to new challenges and realize the potential of new technologies. Innovative approaches, including improved preparation of primary care practitioners and enhanced use of mid-level professionals such as nurse practitioners and physician assistants, will be required to meet the increased demand. Additionally, new

2090 approaches using peer mentors, recovery coaches, and care managers will be needed for persons with long-term care needs.

2095 Through implementation of the Affordable Care Act, HHS will address many of these workforce issues. HHS will fund scholarships and loan repayment programs to increase the number of primary care physicians, nurses, physician assistants, mental health providers, and dentists in the areas of the country that need them most. With a comprehensive approach focusing on retention and enhanced educational opportunities, HHS will address the continuing need for a

2100 highly skilled, diverse nursing workforce. Through new incentives and recruitment under the Affordable Care Act, HHS will increase the supply of public health professionals so that the Nation is better prepared for health emergencies. HHS will work with state and local governments to develop health workforce recruitment strategies and expand critical and timely access to care by funding the expansion, construction, and operation of Community Health Centers throughout the United States.

2105 Providers, policymakers, and consumers are likely to consider a broad range of strategies to address gaps in infrastructure and workforce: engaging students at younger ages, improving wages and benefits of direct care workers, tapping new worker pools, strengthening the skills that new workers bring at job entry, and providing more useful continuing education and training.

2110 Findings from HHS’s analyses of health and human services workforce issues were the impetus for this goal. Reviews of nursing and nursing assistant studies, data on state and local public health workforce shortages, and information on the impact of the health professions training programs informed the development of the workforce and infrastructure goal and objectives. HHS will continue to monitor national workforce issues and conduct evaluations on topics such as access to specialty care for clients of HRSA’s Primary Care Centers and a study of the HIV
2115 clinician workforce.

HHS is committed to helping recruit, train, develop, retain, and support a competent workforce. Among the operating and staff divisions contributing to these efforts are ACF, AoA, the Office of the Assistant Secretary for Administration (ASA), ASPE, CMS, HRSA, IHS, OD, OPHS, and SAMHSA.

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Objective A: Invest in the HHS workforce to help meet America’s health and human service needs today and tomorrow

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My heroes have always been the people who served others and worked hard to make a difference in their communities. At the Department of Health and Human Services, I’m privileged to work alongside more than 84,000 of those heroes every day.

—HHS Secretary Kathleen Sebelius

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The United States has overcome challenges in our history because men and women of good will, keen minds, and strong hearts have always stepped forward to aid their Nation through service, both in civilian government and in our Armed Forces. The Civil Service of today carries forward that proud American tradition. Whether it is defending our homeland, restoring confidence in our financial system and administering a historic economic recovery effort, ensuring adequate health care for our veterans and fellow citizens, or searching for cures to the most vexing diseases, we are fortunate to have our best and our brightest engaged in these efforts. People are our most important resource for facing any challenge.

2135

HHS is engaging in a variety of activities to strengthen its human capital and address challenges in recruitment and retention with a specific emphasis on workforce diversity and succession planning. HHS is focusing on human capital development to inspire innovative approaches to recruitment, retention, and ongoing development of Federal workers. Combined with a focus on opportunities to align multiple training programs supported by HHS, the Department will enhance its capacity to address current and emerging challenges.

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HHS faces the same recruitment and retention challenges encountered by health care systems nationwide. As one of the seven Uniformed Services of the United States, the USPHS Commissioned Corps is a specialized career system designed to attract, develop, and retain health professionals who may be assigned to Federal, state, local, or tribal agencies or international organizations. The mission of the Commissioned Corps is to protect, promote, and advance the health and safety of our Nation. The Commissioned Corps achieves its mission through rapid and effective response to public health needs, leadership and excellence in public health practices, and advancement of public health science, including onsite support and services during natural and manmade disasters. HHS will continue to invest in the Commissioned Corps to improve health care services to medically underserved populations; prevent and control disease and identify and correct health hazards in the environment; promote healthy lifestyles for the Nation's citizens; improve the Nation's mental health; ensure that drugs and medical devices are safe and effective; conduct biomedical, behavioral, and health services research; and work with other nations on global health problems and their solutions.

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2160 The Commissioned Corps is not the only group experiencing challenges in recruitment and retention. Other health and human service agencies, including IHS, are also working diligently to improve capacity to meet America’s health and human services needs now and in the future. All HHS agencies and offices are committed to investing in its workforce through the following strategies.

Strategies

- 2165 • Recruit and hire a talented and diverse HHS workforce that is representative of the American people HHS serves, by promoting innovative and coordinated approaches to recruiting and hiring students, mid-career professionals, and retirees to meet agency talent needs, and helping veterans and individuals with targeted disabilities identify skills that match Federal opportunities;
- 2170 • Create a climate of innovation, opportunity, and success within HHS that capitalizes on the cultural, professional, ethnic, and personal diversity of our workforce;
- 2175 • Ensure the HHS workforce and its leaders are fully accountable, fairly appraised, and have the tools, systems, and resources to perform at the highest levels to achieve superior results; and
- Recruit and retain Commissioned Corps officers and other emergency response personnel to provide ongoing health care, and train and equip them to respond to emerging public health threats so that they can improve response operations to medical emergencies and urgent public health needs.

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Objective B: Ensure that the Nation’s health care workforce can meet increased demands

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Health care reform cannot happen without an adequate supply of well-trained, well-distributed providers. We are targeting investments in primary care, nursing, faculty development, and equipment purchases that will shore up the workforce as we prepare for reform.

—HHS Secretary Kathleen Sebelius

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The factors placing demands on our health care workforce include the aging of the Nation’s population, accompanied by a greater burden of chronic disease; an increasingly diverse population; the need to incorporate scientific advances into standard medical practice; and the challenge of translating health care reform into effective access to care, particularly for the newly insured. In addition, while the movement toward electronic health records holds the promise of improving both the quality and the efficiency of care over the long term, transitions

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will require support for successful implementation. These challenges play out against a backdrop of persisting problems. Our health professions workforce is not well distributed geographically. Too many areas find themselves without needed doctors, dentists, and behavioral health and other health care professionals. Rural areas face the difficulties of low population density and long distances to care, which are especially problematic in Indian Country. There is need for greater primary care capacity, but doctors are apt to choose other specialties, in part because educational debt levels have grown and primary care and behavioral health practitioners have lower incomes compared with most specialists. The composition of our health professions workforce does not reflect that of the Nation racially or ethnically. There are chronic shortages in some health professions and intermittent shortages in others. Direct care and personal care workers are in short supply, and have demanding jobs, low wages, and limited opportunities for professional growth. Finally, data on the health professions workforce are limited and scattered as are analytic tools for workforce modeling, planning, and policy development.

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CMS now makes the largest financial investment in the health professions workforce through supporting the graduate medical education of physicians. CMS also uses various payment incentives to help encourage providers to practice in underserved areas. HRSA and IHS offer programs that provide scholarships and loan repayment in exchange for employment in underserved areas. HRSA also provides support to medical, nursing, and other health professional schools to improve specialty and geographic distribution and to encourage innovation in the education and training of the health professions workforce.

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The Affordable Care Act authorizes many new activities and modifications to existing activities related to the Nation’s current workforce challenges. Its provisions affect agencies and offices

2220 across the Department. The Act authorized the creation of the independent *Health Care Workforce Commission*, to guide the identification and resolution of workforce issues across the Federal Government. Through its interactions with the Commission, the Department’s workforce programs and issues will have new public prominence. Another requirement of the Act is the opportunity to develop demonstration projects to address the needs of the health care profession. ACF will fund projects that provide TANF recipients and other low-income individuals with training that will prepare them to enter and advance in the health care sector.

2225 These training programs will prepare participants for employment within the health care sector in positions that pay well, and will provide employment in areas that are expected to experience labor shortages or be in high demand.

2230 Within HHS, ACF, CMS, HRSA, IHS, SAMHSA, and others are working on this objective. The following strategies will be implemented to ensure that the Nation’s health care workforce can meet increased demands.

Strategies

- Improve HHS’s ability to monitor and assess the adequacy of the Nation’s health professions workforce;
- 2235 • Implement strategies to address the Nation’s workforce needs following health reform and evaluate their effectiveness;
- Expand the primary oral health care team and promote models that incorporate new providers, expanded scope of existing providers, and utilization of medical providers to provide evidence-based oral health preventive services where appropriate;
- 2240 • Address persisting problems of workforce shortages, lack of diversity, and maldistribution; and
- Build primary care and behavioral health capacity, especially in underserved areas, through focused use of scholarship and loan repayment programs.

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Objective C: Enhance the ability of the public health workforce to improve public health at home and abroad

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Reducing the burden of chronic disease, collecting and using health data to inform decisionmaking and research, and building an interdisciplinary public health workforce are critical components to successful prevention efforts.

—HHS Secretary Kathleen Sebelius

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For at least a decade, the U.S. has experienced worsening workforce shortages in the public health professions. Predicted personnel shortages in research, information sciences, health promotion, preparedness, epidemiology, and the laboratory sciences will affect critical core public health capacities.

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Differences in the training requirements, goals, and objectives of varied public health programs reduce the flexibility of the public health workforce and its ability to serve in different settings. As a result, there is a need for greater standardization in curricula and more clearly defined objectives.

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Workforce issues also are critical to improve global public health capacity and minimize global health threats that may affect Americans here at home. With the global nature of disease and illness, greater public health capacity is needed to support health diplomacy activities, detect and contain emerging health threats, and respond rapidly to outbreaks and other health incidents. The emergence of new and more virulent virus strains, inadequate sanitation, and global migration are among the factors stretching our public health workforce. Within HHS, ASPR is working to support the PAHPA mandate to examine gaps in an effective and prepared public health workforce, identify ways to develop a sustainable workforce, and keep them protected during emergencies.

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The Affordable Care Act establishes new programs to support training of entry-level and mid-career public health professionals in Government service at the Federal, state, local, and tribal levels. The Act also authorizes expansion of existing CDC workforce programs that contribute to the public health ranks in the areas of epidemiology, laboratory science, and informatics. And the Act provides substantial new funding for the National Health Service Corps.

ASPR, CDC, HRSA, IHS, NIH, OPHS, and SAMHSA are working to achieve this objective through the following strategies.

Strategies

- 2280
- Build public health capacity to detect threats and improve health through improved public health surveillance and laboratory capacity;
 - Support public health at the state, tribal, local, and territorial levels to increase the public health workforce;
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- Promote efforts to ensure the health workforce is ready to respond to major health incidents; and
 - Act in concert with other U.S. Government agencies and global partners to address common public health threats throughout the world, enhance capacities to detect and respond to these threats, and learn from each other’s experiences.
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Objective D: Strengthen the Nation’s human service workforce

These are important jobs. And we need to offer the kind of financial incentives and professional support that will bring great people into the profession, get them to stay, and help them develop their skills. We can’t settle for average or uncertain results. Our future prosperity requires more.

—HHS Secretary Kathleen Sebelius

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The Nation’s human service workforce serves some of the most vulnerable populations in the United States. These workers can be found in early childhood and afterschool programs; domestic violence and child protection services; programs for individuals, youth, and families experiencing homelessness; teen pregnancy prevention programs; care for older adults; programs addressing behavioral health issues, including mental illness and substance abuse; and a range of other community-based services. Human service workers promote economic and social self-sufficiency and the healthy development of children and youth.

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In addition to the difficulty of addressing the complex issues of individuals and families, the human service workforce faces a number of challenges: high staff turnover rates, poorly developed or undefined core competencies and professional development guidelines, and unclear compensation expectations and career trajectories. Both demographic changes and the recent economic recession are impacting efforts to improve the well-being of Americans. As our population ages, the percentage of people age 18 to 64 is expected to decline, shrinking the potential supply of human service workers. The population is growing more racially and ethnically diverse, reinforcing the need to equip the human service workforce with the necessary cultural and linguistic skills to be responsive to Americans’ needs. And finally, as the Nation recovers from the economic recession, we face challenges of securing economic and housing stability for large numbers of families while also strengthening the capacity of the human service safety net.

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HHS is working to strengthen the human service workforce and improve the quality of human services through training and technical assistance; strategic use of data, monitoring, and evaluation efforts; collaboration with other agencies; and the promotion of evidence-based practices. For example, child care administrators are using expanded Child Care and Development Fund (CCDF) resources from the Recovery Act to provide professional development opportunities for child care teachers to enhance the quality of child care.

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ACF and HRSA are dedicated to strengthening the Nation’s human service workforce through the following strategies.

Strategies

- Promote recruitment strategies that attract qualified, competent, and diverse professionals to the human service workforce;
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- Promote training, cross-system training, continuing education, and technical assistance for human service personnel to help them develop core competencies;
 - Improve the cultural competence of the Nation’s human service workforce;
 - Foster the use of evidence-based practices in human services to professionalize the field; and
- 2335
- Use data and evaluation in human service programming to inform professional development and future practice.

2340 **Objective E: Improve national, state, local, and tribal surveillance and epidemiology capacity**

2345 *We've made it a priority to fortify the systems we use to identify and track disease—in this country and around the world. If we are going to meet the global challenges posed by influenza and a host of other infectious diseases, surveillance, epidemiology, and laboratory services must be state-of-the-art.*

—HHS Secretary Kathleen Sebelius

2350 Three critical elements underpin public health practice: surveillance, epidemiology, and laboratory services. Carrying out these activities requires quality data and specimen collection, evidence-based epidemiology, and adequate laboratory services across the national, state, local, and tribal departments and organizations that make up the Nation's public health infrastructure. These 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.

2355 To achieve this objective, HHS is working to strengthen surveillance systems at the national, state, local, and tribal levels, 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.

2360 HHS is working toward a robust data system that provides data, feedback, and tools directly to national, state, local, and tribal health agencies and health care facilities to improve practices and, therefore, health. A data system for public reporting and using electronic data sources for data collection and prevention will enhance the ability of the U.S. to monitor trends in critical health measures among priority populations; monitor health status, health care, and health policy concerns at the national, state, local, and tribal levels; and conduct indepth studies of population health at the community level and for specific subpopulations.

2365 Responsibility for these activities rests with several HHS agencies. CDC leads HHS by providing funding and technical assistance to states and localities as well as by providing capacity at the national level to ensure that links across entities work effectively together. Other HHS agencies and offices, including ASPR, FDA, IHS, NIH, and SAMHSA, are working to realize this objective through the following strategies.

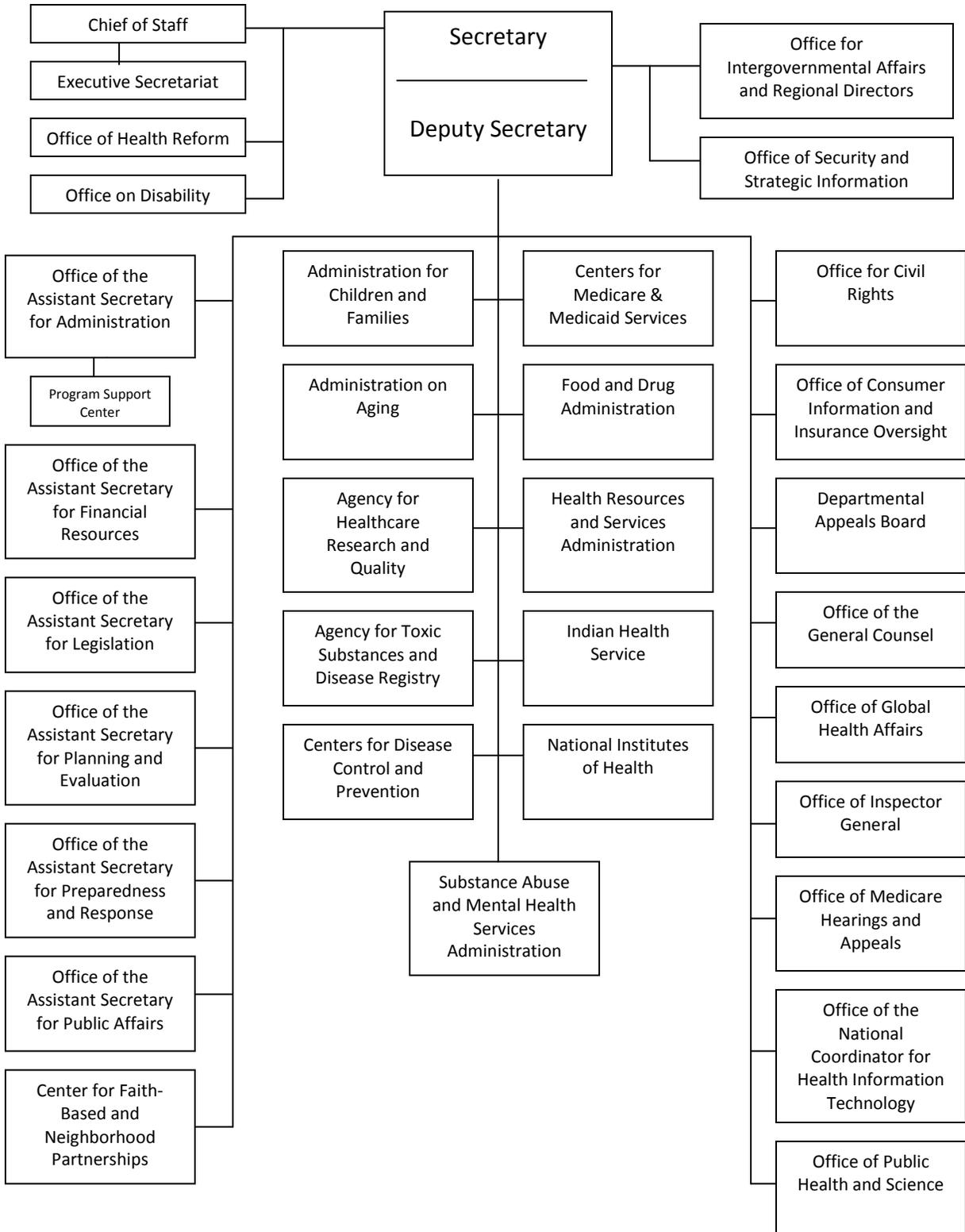
2370 **Strategies**

- Improve surveillance in outpatient clinical settings to identify sources and control of healthcare-associated infections;
- Implement cutting-edge information technology solutions that support rapid, secure, and accurate information exchange; diverse types of information; and linking of

- 2375 information among local, state, and Federal public health agencies, health care facilities, and laboratories;
- Enhance and sustain nationwide and international laboratory capacity to gather, ship, screen, and test specimen samples for public health threats and to conduct research and development that lead to interventions for such threats;
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- Work with public health laboratories in states, territories, tribes, cities, and counties to assist them in expanding their chemical laboratory capacity to prepare and respond to chemical terrorism incidents or other emergencies involving chemicals;
 - Build and enhance state and local laboratory capacity by providing funding to purchase and maintain state-of-the-art laboratory technology; and
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- Build epidemiology, surveillance, and laboratory capacity, and support monitoring and evaluation systems that measure HIV prevalence and incidence, behavior change, and population health status.
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Appendix A: U.S. Department of Health and Human Services Organizational Chart

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Appendix A: HHS Operating and Staff Divisions and Their Functions

2400 *Operating Divisions:*

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

Administration for Children and Families (ACF)

<http://www.acf.hhs.gov>

2405 *To promote the economic and social well-being of families, children, individuals, and communities. ACF grant programs lead the Nation in strengthening economic independence and productivity and enhancing quality of life for people across the lifespan.*

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov>

2410 *To support, conduct, and disseminate research that improves access to care and the outcomes, quality, cost, and utilization of health care services. Information from AHRQ's research on outcomes, quality, costs, use, and access helps people make more informed decisions and improves the value of the health care services they receive.*

Administration on Aging (AoA)

<http://www.AoA.gov>

2415 *To promote the dignity and independence of older people and to help society prepare for an aging population. AoA serves as the primary Federal focal point and advocacy agent for older Americans through a network of state and area agencies on aging and grants to states, tribal organizations, and other community service providers.*

Agency for Toxic Substances and Disease Registry (ATSDR)

<http://www.atsdr.cdc.gov>

2420 *To serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease-related exposures to toxic substances. ATSDR efforts prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances.*

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

2430 *To promote health and quality of life by preventing and controlling disease, injury, and disability. CDC strengthens existing public health infrastructure while working with partners throughout the Nation and the world.*

Centers for Medicare & Medicaid Services (CMS)

<http://www.cms.gov>

2435 *To ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries.* CMS serves as the primary source of health care coverage for seniors and a large population of medically vulnerable individuals and acts as a catalyst for enormous changes in the availability and quality of health care for all Americans.

Food and Drug Administration (FDA)

<http://www.fda.gov>

2440 *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 assisting the public in getting the accurate, science-based information they need to use medicines and foods to improve health.

Health Resources and Services Administration (HRSA)

<http://www.hrsa.gov>

2445 *To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.* HRSA focuses on uninsured, underserved, and special needs populations in its goals and program activities.

Indian Health Service (IHS)

<http://www.ihs.gov>

2450 *To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/ANs) to the highest level.* IHS provides comprehensive health services for AI/AN people, with opportunity for maximum tribal involvement in developing and managing
2455 programs to improve their health status and overall quality of life.

National Institutes of Health (NIH)

<http://www.nih.gov>

2460 *To employ science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.* NIH, through its 27 institutes and centers, supports and conducts research, domestically and abroad, into the causes, diagnosis, treatment, control, and prevention of diseases and promotes the acquisition and dissemination of medical knowledge to health professionals and the public.

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov>

2465 *To reduce the impact of substance abuse and mental illness on America's communities.* SAMHSA accomplishes this mission by providing leadership; developing service capacity; communicating with the public; setting standards; and improving practice in communities
2470 and in primary and specialty care settings.

Office of the Secretary:

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

Immediate Office of the Secretary

- 2475 **Office on Disability (OD)**
<http://www.hhs.gov/od>
To oversee the coordination, development, and implementation of programs and special initiatives within HHS that impact people with disabilities. OD serves as focus of advocacy activities undertaken on behalf of persons with disabilities.
- 2480 **Office of Health Reform (OHR)**
To provide leadership in establishing policies, priorities, and objectives for the Federal Government’s comprehensive effort to improve access to health care, the quality of such care, and the sustainability of the health care system. OHR coordinates closely with the White House Office of Health Reform.
- 2485 **Office of the Deputy Secretary**
<http://www.hhs.gov/deputysecretary/>
To direct operations of the largest civilian department in the Federal Government.
- 2490 **Office of Intergovernmental Affairs (IGA)**
<http://www.hhs.gov/intergovernmental/>
To facilitate communication regarding HHS initiatives as they relate to state, local, tribal, and U.S. territorial governments. IGA serves the dual role of representing the state, local, tribal, and territorial perspective in the Federal policymaking process as well as clarifying the Federal perspective to these governments.
- 2495 **Office of Security and Strategic Information (OSSI)**
To provide broad Departmentwide policy direction, standards setting, coordination, and performance assessment for organizational components within HHS. OSSI focuses on physical security; personnel security and suitability; security awareness; information security, including the safeguarding of classified material and classification management; communication security; security and threat assessments; and strategic information programs and activities.
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- 2505 **Assistant Secretary for Administration (ASA)**
<http://www.hhs.gov/asa>
To help bring about improvements and effectiveness that can be achieved by structuring HHS as a united department, in support of the Secretary’s goals. ASA advises the Secretary on all aspects of administration and human resource management. The ASA is the Senior Sustainability Officer.

2510 **Program Support Center (PSC)**

<http://www.psc.gov>

To provide a full range of support services to the HHS and other Federal agencies, allowing them to focus on their core mission. The PSC, a component of ASA, is the provider of choice for quality and value in shared services—administrative operations,

2515 *Federal occupational health, and strategic acquisition services—across the Federal Government.*

Assistant Secretary for Financial Resources (ASFR)

<http://www.hhs.gov/asfr>

2520 *To provide advice and guidance to the Secretary on budget, financial management, and information technology, and to provide for the direction and coordination of these activities throughout the Department. ASFR provides oversight of the administrative and financial organizations and activities of the Department, including production of the Department’s financial statements and the annual performance plan and report under GPR.*

Office of Recovery Act Coordination (ORAC)

<http://www.hhs.gov/asfr/orac/>

2525 *To ensure HHS meets the requirements of the American Recovery and Reinvestment Act of 2009 (Recovery Act or ARRA) pertaining to Mandatory, Formula, and Discretionary Grants funds that come to HHS for distribution. ORAC, a component of ASFR,*

2530 *coordinates and oversees all Recovery Act activities for the Department, including reporting, establishing and tracking performance outcomes; mitigating risks; and providing information to the public.*

Assistant Secretary for Health (ASH), Office of Public Health and Science (OPHS)

<http://www.hhs.gov/ophs/>

2535 *To provide senior professional leadership across HHS on cross-cutting public health and science initiatives and on population-based public health and clinical preventive services. The Office of Public Health and Science (OPHS) is under the direction of the ASH, who serves as the Secretary's primary advisor on matters involving the Nation's public health and oversees the USPHS. OPHS comprises core public health offices and the Commissioned Corps, a uniformed service of more than 6,500 health professionals who serve at HHS and*

2540 *other Federal agencies.*

Assistant Secretary for Legislation (ASL)

<http://www.hhs.gov/asl>

2545 *To advise the Secretary and the Department on congressional legislation and to facilitate communication between the Department and the Congress. ASL informs the Congress of Departmental priorities, actions, grants, and contracts.*

Assistant Secretary for Planning and Evaluation (ASPE)

<http://www.hhs.gov/aspe>

2550 *To provide advice and support to the Secretary on the development and analysis of cross-cutting, population-based health and human services policies. ASPE is responsible for major activities in policy coordination, development of legislation, strategic planning, policy research, evaluation, and economic analysis.*

Assistant Secretary for Public Affairs (ASPA)

<http://www.hhs.gov/aspa/>

2555 *To serve as the Secretary's principal counsel on public affairs matters and to provide centralized leadership and guidance for public affairs activities within HHS. 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)

<http://www.hhs.gov/aspr>

2560 *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 coordinates interagency activities related to emergency preparedness and the protection of the civilian population.*

Center for Faith-Based and Neighborhood Partnerships (CFBNP)

<http://www.hhs.gov/fbci>

2565 *To create an environment within HHS that welcomes the participation of faith-based and community-based organizations as valued and essential partners assisting Americans in need. CFBNP leads the Department's efforts to better use faith-based and community-based organizations to provide effective human services.*

Departmental Appeals Board (DAB)

<http://www.hhs.gov/dab>

2575 *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)

<http://www.hhs.gov/ocr>

2580 *To ensure that people have equal access to, and opportunity to participate in and receive services from, all HHS programs without facing unlawful discrimination, and that the privacy of their health information is protected while ensuring access to care. Through prevention and elimination of unlawful discrimination, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by its many programs.*

2585 **Office of Consumer Information and Insurance Oversight (OCIIO)**

<http://www.hhs.gov/ociio>

To ensure compliance with the new insurance market rules of the Affordable Care Act. OCIIO will oversee the new medical loss ratio rules, assist states in reviewing insurance rates, provide guidance and oversight for the state-based insurance exchanges, administer the temporary high-risk pool program and the early retiree reinsurance program, compile and maintain data for an internet portal providing information on insurance options, establish consumer assistance programs in every state, and establish standards for more understandable and uniform health insurance documents and definitions.

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Office of the General Counsel (OGC)

<http://www.hhs.gov/ogc>

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 the Department's agencies and divisions.

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Office of Global Health Affairs (OGHA)

<http://www.hhs.gov/ogha>

To promote the health of the world's population by advancing HHS global strategies and partnerships, thus serving the health of the people of the United States. OGHA represents HHS to other governments, other Federal departments and agencies, international organizations, and the private sector on international and refugee health issues.

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Office of Inspector General (OIG)

<http://oig.hhs.gov>

To protect the integrity of HHS programs, as well as the health and welfare of the beneficiaries of those programs. By conducting independent and objective audits, evaluations, and investigations, OIG provides timely, useful, and reliable information and advice to Department officials, the Administration, the Congress, and the public.

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Office of Medicare Hearings and Appeals (OMHA)

<http://www.hhs.gov/omha>

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. OMHA, under direct delegation from the Secretary, 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.

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- 2625 **Office of the National Coordinator for Health Information Technology (ONC)**
<http://healthit.hhs.gov/>
To provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the ability of consumers to manage their care and safety.
- 2630 The National Coordinator for Health Information Technology serves as the Secretary’s principal advisor on the development, application, and use of health information technology in both the public and private health care sectors that will reduce medical errors, improve quality, and produce greater value for health care expenditures.

Appendix B: HHS Performance Measures

| | | Most Recent Result | FY 2015 Target | Source |
|--|---|-----------------------------|---|---|
| Goal 1: Transform Health Care | | | | |
| Objective A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured | | | | |
| The strategies and actions in this objective are closely tied to the insurance coverage and related provisions in the Affordable Care Act. HHS currently is working to develop a set of meaningful performance measures for this objective that reflect the breadth of work being undertaken by HHS. New performance measures for this objective will be incorporated into the HHS Strategic Plan once this work has been completed. | | | | |
| Objective B: Improve health care quality and patient safety | | | | |
| 1.B.1 | AHRQ: Increase the number of Patient Safety Organizations (PSOs) listed by HHS Secretary | 75 listed PSOs (FY 2009) | 85 | AHRQ PSO website, http://www.pso.ahrq.gov/ |
| 1.B.2 | CMS: Protect the health of Medicare beneficiaries by increasing the percentage of dialysis patients with fistulas as their vascular access for hemodialysis | 40% (FY 2006) | 62% of Medicare dialysis patients will receive arteriovenous fistula as their vascular access for hemodialysis | Data submitted by the dialysis facilities Large dialysis facilities submit directly to CMS through a file transfer The 18 ESRD Networks collect data from independent dialysis facilities |
| 1.B.3 | CDC: Increase the number of hospitals and other selected health care settings that report into the National Healthcare Safety Network (NHSN) | 2,619 (all types) (FY 2010) | 31,000 health care facilities | National Healthcare Safety Network (NHSN) |
| 1.B.4 | FDA: Expand FDA capacity to evaluate medical product safety and effectiveness by leveraging health information technology standards and systems | TBD | Complete final rule requiring eCTD submission of commercial investigational new drug (IND) applications. Conduct analysis to optimize review business processes to leverage new availability of standardized electronic data and new tools | CDER Systems |

| | | Most Recent Result | FY 2015 Target | Source |
|---|--|---------------------------|----------------|--|
| Goal 1: Transform Health Care | | | | |
| Objective C: Emphasize primary and preventive care linked with community prevention services | | | | |
| 1.C.1 | HRSA: Increase percentage of pregnant women who receive prenatal care in the first trimester | 69.0% (FY 2006) | TBD | National Vital Statistics Reports |
| Objective D: Reduce the growth of health care costs while promoting high-value, effective care | | | | |
| 1.D.1 | CMS: Review and appropriately value potentially misvalued codes (i.e., high expenditure or high cost) under the Medicare Physician Fee Schedule system for analysis under misvalued code process | TBD | 80% | Annual Physician Fee Schedule Regulation |
| Objective E: Ensure access to quality, culturally competent care for vulnerable populations | | | | |
| 1.E.1 | CMS: Decrease the number of uninsured children by working with states to enroll eligible children in Medicaid and CHIP | TBD | TBD | Statistical Enrollment Data System (SEDS) and CMS-2082 data; baseline and targets will be developed in the near future |
| 1.E.2 | IHS: Increase the proportion of adults ages 18 and over who are screened in IHS funded clinical facilities for depression | 44% (FY 2009) | 60% | Clinical Reporting System (CRS) |
| 1.E.3 | AoA: Increase the number of pilot sites administering Aging and Disability Resource Centers (ADRCs) | 197 (FY 2008) | 320 | ADRC discretionary grant semi-annual reports |
| 1.E.4 | HRSA: Increase the number of patients served by Health Centers ² | 17.1 million (FY 2008) | TBD | HRSA Bureau of Primary Health Care's Uniform Data System |
| 1.E.5 | HHS currently is working to develop meaningful performance measure(s) in support of the tribal consultation process. New performance measure(s) for this objective will be incorporated into the HHS Strategic Plan once this work has been completed. | | | |

² This measure also represents a HHS High Priority Performance Goal. More information is available at USAPerformance.gov.

| | | Most Recent Result | FY 2015 Target | Source |
|--|---|---|--|--|
| Goal 1: Transform Health Care | | | | |
| Objective F: Promote the adoption and meaningful use of health information technology | | | | |
| HHS currently is working to develop a meaningful set of performance measures for the adoption and meaningful use of health information technology. New performance measures for this objective will be incorporated into the HHS Strategic Plan once this work has been completed. | | | | |
| Goal 2: Advance Scientific Knowledge and Innovation | | | | |
| Objective A: Accelerate the process of scientific discovery to improve patient care | | | | |
| 2.A.1 | NIH: Make freely available to researchers the results of high-throughput biological assays screened against a library of 300,000 unique compounds, and the detailed information on the molecular probes that are developed through that screening process | The Molecular Libraries Small Molecule Repository (MLSMR) contains 341,830 unique compounds (FY 2009) | Make freely available to researchers the results of 300 high-throughput biological assays screened against a library of 300,000 unique compounds, and the detailed information on the molecular probes that are developed through that screening process | NIH Roadmap Molecular Libraries Small Molecule Repository http://mli.nih.gov/mli/com-pound-repository/ |
| 2.A.2 | AHRQ: Increase the cumulative number of Effective Health Care (EHC) Program products available for use by clinicians, consumers, and policymakers | 6 Systematic Reviews 13 Summary Guides 16 Effective Health Care Research Reports (FY 2009) | 53 Systematic Reviews 83 Summary Guides 110 Effective Health Care Research Reports | AHRQ Effective Health Care Program Web Site: http://effectivehealthcare.ahrq.gov/ |
| 2.A.3 | NIH: 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 | A SNP (-251) in the Interleukin-8 gene was identified and found to be associated with exacerbations of asthma in children (FY 2009) | Characterize two molecular pathways of potential clinical significance that may serve as the basis for discovering new medications for preventing and treating asthma exacerbations | Progress reports or publications |
| Objective B: Foster innovation within HHS to create shared solutions | | | | |
| 2.B.1 | Increase number of identified opportunities for public engagement and collaboration across agencies | TBD | TBD | Data collection associated with development of Open Government Plan |

| | | Most Recent Result | FY 2015 Target | Source |
|--|---|--------------------|---|---------------------------------------|
| Goal 2: Advance Scientific Knowledge and Innovation | | | | |
| Objective B: Foster innovation within HHS to create shared solutions | | | | |
| 2.B.2 | Increase number of high-value data sets and tools that are published by HHS | TBD | TBD | HHS Data Council |
| 2.B.3 | Increase number of participation and collaboration tools and activities conducted by the participation and collaboration community of practice | TBD | TBD | HHS Innovation Council |
| Objective C: Invest in the regulatory sciences to improve food and medical product safety | | | | |
| 2.C.1 | FDA: Promote innovation and predictability in the development of safe and effective nanotechnology-based products by establishing scientific standards and evaluation frameworks to guide nanotechnology-related regulatory decisions | TBD | Publish at least two guidances related to the safe use of nanoparticles in cosmetic products and nanotechnologies in foods. | Office of the Chief Scientist systems |
| Objective D: Increase our understanding of what works in public health and human service practice | | | | |
| 2.D.1 | CDC: Increase the number of Community Guide reviews | 13 (FY 2009) | 20 | Program Data |

| | | Most Recent Result | FY 2015 Target | Source |
|--|---|--|--|--|
| Goal 3: Advance the Health, Safety, and Well-Being of the American People | | | | |
| Objective A: Ensure the safety, well-being, and healthy development of children and youth | | | | |
| 3.A.1 | ACF: Take actions to strengthen the quality of early childhood programs by advancing recompetition, implementing improved performance standards and improving training and technical assistance system in Head Start; promoting community efforts to integrate early childhood services; and by expanding the number of states with QRIS that meet high quality benchmarks for Child Care and other early childhood programs developed by HHS in coordination with the Department of Education ³ | Published request for proposals for improved state training and technical assistance system (March 2010) Convened series of meetings between HHS and ED to develop first draft of ideal components of a QRIS (March 2010) | Targets for QRIS performance are not yet available Targets will be established once quality benchmarks are finalized and baseline data is collected | QRIS data from state submissions from the National Child Care Information Center, Office of Head Start Monitoring Reviews |
| 3.A.2 | ACF: Increase the number of low-income children receiving federal support for access to high quality early care and education settings, including Head Start, Early Head Start (EHS), and Child Care ⁴ | 18,467 additional EHS children and 10,375 Head Start served (3/31/10) 108,000 (estimated) children receiving child care subsidies supported by Recovery Act funds (12/31/09) (FY 2009) | Increase the number of low-income children receiving CCDF subsidies above the 1.6 million served in an average month in FY 2008 | The Head Start Enterprise System and Child Care Bureau Information System (CCBIS) from state monthly case-level administrative data report (ACF-801) |
| 3.A.3 | SAMHSA: Improve outcomes for children with trauma-related mental health issues | 76% (FY 2009) | 79% | Grantee data from SAMHSA's National Child Traumatic Stress Network |

³ This measure also represents a HHS High Priority Performance Goal. More information is available at USAPerformance.gov.

⁴ This measure also represents a HHS High Priority Performance Goal. More information is available at USAPerformance.gov.

| | | Most Recent Result | FY 2015 Target | Source |
|--|---|--------------------|---|---|
| Goal 3: Advance the Health, Safety, and Well-Being of the American People | | | | |
| Objective B: Promote economic and social well-being for individuals, families, and communities | | | | |
| 3.B.1 | ACF: Increase the percentage of adult TANF recipients who become newly employed | 34.6% (FY 2008) | 1.9 percentage points over FY 2009 result | National Directory of New Hires (NDNH) |
| 3.B.2 | ACF: Maintain the collection rate for current child support orders | 62% (FY 2008) | 63%* | Office of Child Support Enforcement (OCSE) Form 158 |
| 3.B.3 | ACF: Increase the percentage of refugees entering employment through ACF-funded refugee employment services | 40% (FY 2009) | 60% | Performance Report (Form ORR-6) |
| Objective C: Improve the accessibility and quality of supportive services for people with disabilities and older adults | | | | |
| 3.C.1 | AoA: Maintain at least 90% of Older Americans Act clients from selected home and community based services who rate services good to excellent | > 91.03% (FY 2008) | 90% | National Survey |
| 3.C.2 | AoA: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement | 60.6 (FY 2008) | 65 | State Program report, National Survey |
| Objective D: Promote prevention and wellness | | | | |
| 3.D.1 | CDC: Reduce the proportion of adolescents (grades 9-12) who are current cigarette smokers | 19.5% (FY 2009) | 17.5% | Youth Risk Behavior Surveillance (YRBS) and the National Youth Tobacco Survey |
| 3.D.2 | SAMHSA: Reduce underage drinking in America (as measured by the percentage of youth age 12-20 who report drinking in the past month) | 26.4% (FY 2008) | 23.8% (represents a 10% reduction) | National Household Survey on Drug Use and Health (NSDUH) |

| | | Most Recent Result | FY 2015 Target | Source |
|--|--|---|--|---|
| Goal 3: Advance the Health, Safety, and Well-Being of the American People | | | | |
| Objective D: Promote prevention and wellness | | | | |
| 3.D.3 | CDC: Increase the number of states with policies to improve nutritional quality of competitive foods in schools | 27 (FY 2009) | 42 | National Association of State Boards of Education (NASBE) policy database |
| 3.D.4 | SAMHSA: Increase behavioral health outcomes (as measured by the SAMHSA National Outcome Measures) for military members and their families served through SAMHSA supported programs | TBD | 60% | SAMHSA Performance Measure Measurement system(s) (TRAC, SAIS, CSAMS) |
| 3.D.5 | CDC: Increase epidemiology and laboratory capacity within global health ministries through the Field Epidemiology (and Laboratory) Training Program (FELTP) | 2,166 total graduates 134 active trainees (FY 2009) | 3,166 total graduates 219 active trainees | Program and Administrative Data |
| Objective E: Reduce the occurrence of infectious diseases | | | | |
| 3.E.1 | FDA: Reduce the rate of illness caused by Salmonella Enteritidis ⁵ | 2.5 cases per 100,000 (3 year average FY 2007 – FY 2009) | 1.8 cases per 100,000 | FoodNet system |
| 3.E.2 | CDC: Reduce the estimated number of cases of invasive MRSA infection | 89,785 (FY 2008) | 56,152 | Active Bacterial Core Surveillance |
| 3.E.3 | CDC: Reduce the Central Line Associated Blood Stream Infection (CLABSI) standardized infection ration (SIR) | 0.8 (FY 2010) | 0.4 | National Healthcare Safety Network |

⁵ This measure also represents a HHS High Priority Performance Goal. More information is available at USAPerformance.gov.

| | | Most Recent Result | FY 2015 Target | Source |
|---|---|---|---|--|
| Goal 3: Advance the Health, Safety, and Well-Being of the American People | | | | |
| Objective E: Reduce the occurrence of infectious diseases | | | | |
| 3.E.3 | HRSA: Increase proportion of racial and ethnic minorities served in Ryan White HIV/AIDS-funded programs | 73% (FY 2008) | Proportion of racial and ethnic minorities in Ryan White HIV/AIDS-funded programs served exceeds representation in national AIDS prevalence data by 5 percentage points | HRSA HIV/AIDS Bureau's Ryan White HIV/AIDS Program Services Report |
| Objective F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies | | | | |
| 3.F.1 | CDC: Increase the percentage of state public health agencies that can convene within 60 minutes of notification a team of trained staff that can make decisions about appropriate response and interaction with partners ⁶ | 70% (FY 2009) | 100% | Division of State and Local Readiness (DSLRL) |
| Goal 4: Increase Efficiency, Transparency, and Accountability of HHS Programs | | | | |
| Objective A: Ensure program integrity and responsible stewardship of resources | | | | |
| 4.A.1 | Ensure that ARRA Recipients submit at least 98% of expected quarterly reports required under Section 1512 of the Recovery Act | 99% response rate (Quarter ending 03/31/2010) (19,874 reports submitted out of 20,079 expected) | 98% | Recovery.gov |
| 4.A.2 | OMHA: Maintain the average survey results from appellants reporting good customer service on a scale of 1-5 at the ALJ Medicare Appeals level | 4.30 (FY 2009) | 4.30 | Appellate Climate Survey |

⁶ This measure also represents a HHS High Priority Performance Goal. More information is available at USAPerformance.gov.

| | | Most Recent Result | FY 2015 Target | Source |
|--|--|--------------------|----------------|---|
| Goal 4: Increase Efficiency, Transparency, and Accountability of HHS Programs | | | | |
| Objective B: Fight fraud and work to eliminate improper payments | | | | |
| 4.B.1 | CMS: At least 10% of Medicare enrollment site visits of targeted “high risk” providers and suppliers will result in an administrative action (e.g., revocation, deactivation, suspension of payment) | TBD | TBD | Internet-based Provider Enrollment, Chain, and Ownership System (PECOS), National Claims History Data, Services Tracking Analysis and Reporting System (STARS), Medicaid Statistical Information System (MSIS), Medicare/Medicaid Data Match Project (Medi-Medi) databases – to identify high risk provider types (e.g., Durable Medical Equipment (DME), community mental health centers (CMHC), home health agencies (HHA), with high claim volume or spiking billing, high volume of complaints, etc. in designated high risk areas (e.g., Health Care Fraud Prevention and Enforcement Action Teams (HEAT) cities, 7 MDE Stop Gap States, etc.) |
| 4.B.2 | CMS: Increase the Medicaid Integrity Program Return on Investment (ROI) | 175% (FY 2009) | TBD | Medicaid Integrity Contractors will compile the data on audits where overpayments are identified and recouped; Results from State system audits identifying overpayments using algorithms |
| 4.B.3 | ACF: Decrease improper payments in the title IV-E foster care program by lowering the national error rate | 4.7% (FY 2009) | 3.7% | Regulatory IV-E Foster Care Eligibility Reviews |

| | | Most Recent Result | FY 2015 Target | Source |
|--|---|--|------------------------------------|----------------------------------|
| Goal 4: Increase Efficiency, Transparency, and Accountability of HHS Programs | | | | |
| Objective C: Use HHS data to improve the health and well-being of the American people | | | | |
| 4.C.1 | CDC: Ensure the timely release of <i>MMWR Vital Signs</i> editions on the five leading causes of death | 0 (FY 2009) | 5 <i>MMWR Vital Signs</i> releases | Program data |
| 4.C.2 | AHRQ: Reduce the average number of field staff hours required to collect data per respondent household for the MEPS | 13.0 field staff hours (FY 2009) | 12.75 field staff hours | Interviewer pay reporting system |
| Objective D: Improve HHS environmental, energy, and economic performance to promote sustainability | | | | |
| 4.D.1 | Increase percentage of employees who use telework or an alternative work schedule (AWS) to reduce commuting by four days per pay period | TBD | 20% | Departmentwide Data Calls |
| 4.D.2 | Reduce total HHS fleet emissions by 2% | 13,778 MT CO ₂ e (FY 2008) | 100% | PSC |
| 4.D.3 | Ensure power management is enabled in 100% of HHS computers, laptops, and monitors | 32% (FY 2010) | 100% | Departmentwide Data Calls |
| Goal 5: Strengthen the National Health and Human Service Infrastructure and Workforce | | | | |
| Objective A: Invest in the HHS workforce to help meet America's health and human service needs today and tomorrow | | | | |
| 5.A.1 | Reduce HHS-wide hiring lead times from their current levels to 65 days or less (Time from receipt of the complete recruitment request in the HR Office to the date the employee enters on duty) | 130 days | 65 days | Capital HR |

| | | Most Recent Result | FY 2015 Target | Source |
|--|---|---------------------|----------------|--|
| Goal 5: Strengthen the National Health and Human Service Infrastructure and Workforce | | | | |
| Objective A: Invest in the HHS workforce to help meet America's health and human service needs today and tomorrow | | | | |
| 5.A.2 | OPHS: Increase the percentage of Officers that meet Corps readiness requirements, thus expanding the capability of the individual Officer | 94.4% (FY 2009) | TBD | Program data |
| 5.A.3 | OPHS: Increase the percentage of Officers that are deployable in the field, thus expanding the capability of the Corps | 79.4% (FY 2009) | TBD | Program data |
| Objective B: Ensure that the Nation's health care workforce can meet increased demands | | | | |
| 5.B.1 | HRSA: Expand the field strength of the National Health Service Corps (NHSC) | 4,808 (FY 2009) | 9,025 | HRSA Bureau of Clinician Recruitment and Service's Management Information Support System |
| Objective C: Enhance the ability of the public health workforce to improve public health at home and abroad | | | | |
| 5.C.1 | CDC: Increase the number of CDC trainees in state, tribal, local, and territorial public health agencies | 92 | 197 | Program and administrative data |
| Objective D: Strengthen the Nation's human service workforce | | | | |
| 5.D.1 | ACF: Increase the percentage of teachers with AA, BA, Advanced Degree, or a degree in a field related to early childhood education | 77.1% (FY 2009) | 100% | Program Information Report (PIR) |
| 5.D.2 | SAMHSA: Increase the number of individuals trained by SAMHSA's Science and Services (e.g., ATTCs, CAPT, Medical Residency) Program | 48,297 (FY 2009) | 49,746 | Data from SAMHSA's three Science and Services Programs |

| | | Most Recent Result | FY 2015 Target | Source |
|---|--|------------------------------------|----------------|---|
| Goal 5: Strengthen the National Health and Human Service Infrastructure and Workforce | | | | |
| Objective E: Improve national, state, local, and tribal surveillance and epidemiology capacity | | | | |
| 5.E.1 | CDC: Increase the counties and communities that implement evidence-based policies and interventions as a result of their county health ranking | Baseline to be established in 2010 | TBD | Association of State and Territorial Health Officials |

2635 Appendix C: Acronyms

| | |
|--------|---|
| ACF | Administration for Children and Families |
| ADA | Americans with Disabilities Act |
| ADD | Administration on Developmental Disabilities |
| ADRC | Aging and Disability Resource Center |
| AFCARS | Adoption and Foster Care Analysis Reporting System |
| AFL | Adolescent Family Life |
| AHRQ | Agency for Healthcare Research and Quality |
| AI/AN | American Indian and Alaska Native |
| ALJ | Administrative Law Judge |
| AoA | Administration on Aging |
| ARRA | American Recovery and Reinvestment Act of 2009 |
| ASA | Office of the Assistant Secretary for Administration |
| ASFR | Office of the Assistant Secretary for Financial Resources |
| ASH | Assistant Secretary for Health |
| ASL | Assistant Secretary for Legislation |
| ASPA | Assistant Secretary for Public Affairs |
| ASPE | Office of the Assistant Secretary for Planning and Evaluation |
| ASPR | Office of the Assistant Secretary for Preparedness and Response |
| ATSDR | Agency for Toxic Substances and Disease Registry |
| ATTCs | Addiction Technology Transfer Center |
| AWS | Alternative Work Schedule |
| BARDA | Biomedical Advanced Research and Development Authority |
| CAPT | Center for the Application of Prevention Technologies |
| CCBIS | Child Care Bureau Information System |
| CDC | Centers for Disease Control and Prevention |
| CDER | Center for Drug Evaluation and Research |
| CFBNP | Center for Faith-Based and Neighborhood Partnerships |
| CHIP | Children’s Health Insurance Program |
| CLABSI | Central Line-Associated Bloodstream Infection |
| CLASS | Community Living Assistance Services and Supports |
| CMHC | Community Mental Health Center |
| CMS | Centers for Medicare & Medicaid Services |
| CSAMS | CSAP Prevention Service Accountability Monitoring System |

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|----------|--|
| DAB | Departmental Appeals Board |
| DME | Durable Medical Equipment |
| DSLRL | Division of State and Local Readiness |
| eCTD | Electronic Common Technical Document |
| EHC | Effective Health Care |
| EHS | Early Head Start |
| EO | Executive Order |
| ESRD | End Stage Renal Disease |
| FDA | Food and Drug Administration |
| FELTP | Field Epidemiology and Laboratory Training Program |
| FOA | Funding Opportunity Announcement |
| FOIA | Freedom of Information Act |
| FY | Fiscal Year |
| GPRA | Government Performance and Results Act of 1993 (Public Law 103-62) |
| HAI | Healthcare-associated infections |
| HCBS | Home- and community-based services |
| HEAT | Health Care Fraud Prevention and Enforcement Action Team |
| HHA | Home Health Aide |
| HHS | U.S. Department of Health and Human Services |
| HITECH | Health Information Technology for Economic and Clinical Health Act |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome |
| HRSA | Health Resources and Services Administration |
| HUD | U.S. Department of Housing and Urban Development |
| IGA | Office of Intergovernmental Affairs |
| IHS | Indian Health Service |
| IND | Investigational New Drug |
| MLR | Medical Loss Ratio |
| MLSMR | Molecular Libraries Small Molecule Repository |
| MRC | Marine Medical Reserve Corps |
| MRSA | Methicillin-Resistant Staphylococcus Aureus |
| MSIS | Medicaid Statistical Information System |
| NASBE | National Association of State Boards of Education |
| NDNH | National Directory of New Hires |
| NHSN | National Healthcare Safety Network |
| NIH | National Institutes of Health |

| | |
|--------|--|
| NSDUH | National Household Survey on Drug Use and Health |
| OAH | Office of Adolescent Health |
| OCIIO | Office of Consumer Information and Insurance Oversight |
| OCR | Office for Civil Rights |
| OCSE | Office of Child Support Enforcement |
| OD | Office on Disability |
| OGC | Office of the General Counsel |
| OGHA | Office of Global Health Affairs |
| OHR | Office of Health Reform |
| OIG | Office of Inspector General |
| OMB | Office of Management and Budget |
| OMH | Office of Minority Health |
| OMHA | Office of Medicare Hearings and Appeals |
| ONC | Office of the National Coordinator for Health Information Technology |
| OPA | Office of Population Affairs |
| OPHS | Office of Public Health and Science |
| ORAC | Office of Recovery Act Coordination |
| ORR | Office of Refugee Resettlement |
| OSG | Office of the Surgeon General |
| OSSI | Office of Security and Strategic Information |
| PECOS | Provider Enrollment, Chain, and Ownership System |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PHSA | Public Health Service Act |
| PIR | Program Information Report |
| PSC | Program Support Center |
| PSO | Patient Safety Organizations |
| QRIS | Quality Rating and Improvement System |
| ROI | Return on Investment |
| SAIS | Services Accountability Improvement System |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SEDS | Statistical Enrollment Data System |
| SNP | Special Needs Plan |
| STARS | Services Tracking Analysis and Reporting System |
| STI | Sexually Transmitted Infection |
| TANF | Temporary Assistance for Needy Families |

| | |
|-------|-------------------------------------|
| TBD | To be determined |
| TRAC | Treatment Research AIDS Center |
| USPHS | United States Public Health Service |