

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

STRATEGIC PLAN

FISCAL YEARS 2010 – 2015



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Message from the Secretary



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.

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?

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
- 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.

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.

Kathleen Sebelius
Secretary
Health and Human Services

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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.

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.

Organization

The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is responsible for almost a quarter of all Federal expenditures and administers more grant dollars than all other Federal agencies combined.¹

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

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 (OCIIO), 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 also provides descriptions of these offices as well as an organizational chart.

Working with Other Governmental, Nongovernmental, and Private Partners

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

HHS also has strong partnerships with the private sector and nongovernmental organizations. The Department works with partners in the private sector, such as regulated industries, academic institutions, trade organizations, and advocacy groups. The Department recognizes that leveraging resources from organizations and individuals with shared interests allows HHS to accomplish its mission in ways that are the least burdensome and most beneficial to the American public. 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 strategic plan defines its missions, goals, and the means by which it will measure its progress in addressing specific national problems, needs, or mission-related challenges over at least 5 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 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 priorities of the Administration and the HHS Secretary, Kathleen Sebelius as well as with 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. As part of this process, HHS has developed an array of meaningful measures to track the new priorities and activities of the groundbreaking the Patient Protection and Affordable Care Act (Affordable Care Act)

(Public Law 111-148). This historic legislation provides an exciting performance management opportunity for HHS, and HHS is committed to using these measures to monitor our progress and to ensure that the promise of the Affordable Care Act is fulfilled for the American people.

HHS personnel regularly monitor more than a thousand performance measures to examine effectiveness and to improve program 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. These goals, established with the President's FY 2010 budget request, are a set of ambitious, but realistic, performance objectives that the Department will accomplish by the end of FY 2012. The HHS High Priority Performance Goals support, and are aligned with, the goals and objectives in the Strategic Plan (for more information, visit <http://www.goal.performance.gov>).





Using the Web to Present and Track Progress

For the period FY 2010–2015, HHS is publishing its Strategic Plan in HTML format, which will be updated periodically to reflect the Department’s strategies, actions, and progress toward its goals. This 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 document that serves a genuine management purpose.

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

Consultation with the Congress and External Parties

Under GPRA, Federal agencies are required to consult with the Congress and to solicit and consider the views of external parties. To comply with this mandate, HHS consulted widely with stakeholders to garner input on the Strategic Plan. HHS invited public comment on the Strategic Plan through the HHS Open Government Web site (<http://www.hhs.gov/open>). To this end, HHS published a Notice of Availability on the Strategic Plan public comment period in the Federal Register. HHS also sought input from the Congress and the OMB.

Nearly three hundred comments were received during the public comment period—the vast majority (245) through the Open Government Web site. The remaining comments were received by e-mail and fax. Comments came from individuals and organizations. Input ranged from editorial suggestions to more substantive comments, and in response, HHS incorporated many changes and additions into the final plan.



Organization of This Publication

Goal 1: Transform Health Care

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

Each chapter on a specific goal presents strategic goals and objectives for the major functions of HHS. Primary strategies for accomplishing HHS's goals are presented by goal and objective.

Although the goals and objectives presented in the Strategic Plan exist as separate sections, they are interrelated, and successful achievement of one goal or objective can impact the success of others. Research, evaluation, and innovation (described in Goal 2) are essential for a strong system of health, public health, and human services (in Goals 1 and 3). Program integrity and a strong workforce (in Goals 4 and 5) are essential to promote health and well-being.

Select objectives also provide links to 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.

Appendix B provides a set of performance measures for each objective that will be monitored for the Strategic Plan. And finally, Appendix C lists acronyms presented in this publication.

Program Evaluation

The Strategic Plan includes a description of program evaluations used to establish or revise strategic goals. Moreover, the Strategic Plan discusses planned evaluations and narratives on how they relate to agency decision-making on programs and operations.

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

HHS coordinates evaluation planning with other Department wide 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 can be used to measure program 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

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; these factors are included in the narratives at the beginning of each goal chapter. These risks include changing demographics in the general population and in the health, public health, and human services workforce; increased demand for services; and challenging fiscal conditions at the State and local levels.

An Opportunity to Highlight New and Planned Administration Initiatives and Agency Operations

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 five years as well as links to additional detail on these efforts.



Strategic 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

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

— HHS Secretary Kathleen Sebelius

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 healthcare system. The Affordable Care Act makes health insurance coverage more secure and reliable for Americans who have it, makes coverage more affordable for families and small business owners, and brings down skyrocketing healthcare costs that have strained our Federal budget. Americans have waited decades for this day to come. It will be remembered long into the future as the moment when our country overcame significant obstacles to give every American access to secure, stable, and affordable health insurance.

HHS is responsible for implementing many of the health reform changes included in the Affordable Care Act. HHS is transforming and modernizing the healthcare system to improve patient outcomes, promoting efficiency and accountability, ensuring patient safety, encouraging shared responsibility, and working toward a high-value healthcare system. HHS also is improving access to culturally competent, quality health care for uninsured, underserved, vulnerable, older, and special needs populations. These reforms and the resulting improvements in the care provided on a day-to-day basis also improve our foundation for emergency preparedness. A stronger healthcare system will enhance our Nation's ability to provide extra medical care capacity when needed. Individuals and communities also will be more resilient in the face of emergencies if they are healthy and have access to quality care on a regular basis.

The Secretary has identified the transformation of health care as one of her Strategic Initiatives. 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 care, fostering patient-centered care, and promoting consumers' participation in their health and health care.





HHS has made extensive use of program evaluation findings to identify new, and refine existing, priorities for transforming the healthcare 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 post-market surveillance have helped to inform new medical product efficacy and patient safety activities.

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.

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), Food and Drug Administration (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 (OCIO), 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 the Assistant Secretary for Health (OASH) also are critical to advancing this goal.

Strategic Goal 1: Objective A

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

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



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 pre-existing 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.

The *Affordable Care Act* provides relief from skyrocketing health insurance costs and ensures 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 at creating a more competitive insurance market. This increased oversight of the insurance industry helps to ensure that individuals are getting what they pay for; this oversight also will make the healthcare system more responsive to the needs of its patients, healthcare providers, and other stakeholders.

Health insurance reform creates 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 are reducing 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.

The *Affordable Care Act* establishes a Web portal through which individuals and small businesses can obtain information about the insurance coverage options available to them in their states. The portal helps consumers navigate their options in the individual and small business private insurance markets; it also helps 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 and by the Medicaid and CHIP Programs. The portal is branded with its own Web address, includes information and links to State Medicaid and CHIP Programs, and provides information on private health insurance options available in an individual's or small business's geographic area. The portal also improves coverage transparency by providing consumers with meaningful information about what health insurance covers and how it works.

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

STRATEGIES

- 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;
- Increase the number of young adults under age 26 who are covered as a dependent on their parent's employer-sponsored insurance policy;
- Expand Medicaid coverage to more low-income Americans;
- Reduce the prescription drug coverage gap ("donut hole") for those receiving the Medicare Part D Prescription Drug Benefit;
- 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 pre-existing conditions, and prohibiting discriminatory premium rates based on health status;
- Prohibit insurance companies from dropping people from coverage when they get sick;
- Establish the Pre-Existing Condition Insurance Plan Program to provide affordable insurance for Americans who are uninsured and have a pre-existing condition;
- 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;
- 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;
- 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; and
- Work with tribes, HHS tribal advisory bodies, and other tribal and urban Indian groups and programs to provide outreach, information, and assistance to assure that AI/ANs, and the entities that serve them, are aware of, and able to use the benefits available under the Indian Health Care Improvement Act and other Indian-specific and generally applicable provisions of the Affordable Care Act.



Strategic Goal 1: Objective B

Improve healthcare quality and patient safety

We want to build a healthcare 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

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 the care that is routinely delivered is considerable. Despite modest improvements in the quality of care, the pace is slow, especially for preventive services and chronic disease management. Of particular concern is the continued slow progress in the area of patient safety and healthcare-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.

HHS is committed to improving health care quality and patient safety for all Americans through its operating and staff divisions. 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. OASH coordinates the efforts of agencies to improve healthcare 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 health care-associated infections.

IHS improves the quality of care in the clinical, public health, and preventive services it provides to AI/ANs in a number of ways. Strategies include providing training and support for innovative uses of paraprofessionals — to enable members of American Indian and Alaska Native communities to have access to a wider range of culturally and linguistically appropriate services. IHS's Improving Patient Care Initiative supports tribal, IHS, and urban Indian health programs to improve quality and access to care through the development of an American Indian and Alaska Native health system medical home.

CMS is currently transforming itself from a payer of claims into an agency that positively promotes the quality of care for its beneficiaries. Examples include the development of physician and hospital quality reporting systems that will support linking payments to the quality and efficiency of care; nursing home initiatives that have reduced the incidence of bed sores and dehydration among residents; initiatives to eliminate payment for certain medical errors (“never-events”); and payment incentives to avoid healthcare-acquired conditions and readmissions.

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 healthcare 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.

Within HHS, AHRQ, CDC, CMS, FDA, HRSA, IHS, OCR, OASH, and SAMHSA will work to improve healthcare 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;
- Implement payment reforms that reward quality care and work with physicians and practitioners, and across the public and private sectors, in quality improvement efforts;
- Reduce healthcare-associated infections, adverse drug events, and other complications of healthcare delivery through quality and safety promotion efforts;
- Improve the quality of, and access to, care in the IHS system as well as patient safety by approaches such as implementing the Improving Patient Care initiative, which focuses on creating a medical home for patients;
- 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
- Improve the quality and safety of healthcare delivery through Patient Safety Organizations.



Strategic Goal 1: Objective C

Emphasize primary and preventive care linked with community prevention services

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

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 individuals 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 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, supports improvements in primary care, and makes new investments in community-based prevention. As part of this effort, HHS is focused on creating key linkages between the healthcare system and 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 healthcare services to millions of Americans, including vulnerable and underserved 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 key strategies.



STRATEGIES

- Increase the emphasis of 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;
- Promote early entry into primary care, education, and coordinated services for pregnant women and infants;
- 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;
- Build community and individual resilience and skills to cope with risk factors for behavioral health disorders;
- Disseminate best practices for use of substance abuse screening and intervention in acute healthcare settings;
- Promote emotional health by creating prevention-prepared communities that take coordinated action to prevent and reduce mental illness and substance abuse;
- Support rapid communication and coordination between public health practitioners and clinicians to increase use of evidence-based prevention strategies to address risk factors and conditions;
- Build and operate programs to identify, evaluate, disseminate, and promote effective clinical preventive services;
- 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 (including accountable care organizations, medical homes, and bundled payments) that value primary care and promote prevention and wellness in a fiscally responsible way.

Strategic Goal 1: Objective D

Reduce the growth of healthcare 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

Healthcare 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. Healthcare costs take up a growing share of Federal and State budgets and imperil the Government's long-term fiscal outlook. In the United States, the sources of inefficiency that are leading to rising healthcare costs include payment systems that reward medical inputs rather than outcomes, contain high administrative costs, and lack focus on disease prevention.

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





HHS is transforming Medicare from a system that rewards volume of service to one that rewards efficient, effective care; reduces delivery system fragmentation; and better aligns 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 healthcare system also help reduce the growth of healthcare costs.

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

STRATEGIES

- Produce the measures, data, tools, and evidence that healthcare providers, insurers, purchasers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions;
- Develop and disseminate data and evidence-based information tools needed to inform policy and practice and 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);
- Increase the use of cost-effective telehealth mechanisms to make specialized care more available to AI/AN and other underserved populations;
- Design, implement, and evaluate healthcare provider incentives that encourage the delivery of effective, efficient healthcare services;
- Create new models of care including health delivery mechanisms, payment methods, or insurance Exchanges that align provider incentives with healthcare system quality and efficiency goals; and
- Reform the Medicare and Medicaid payment systems to reward high-value services instead of high-volume services.



Strategic Goal 1: Objective E

Ensure access to quality, culturally competent care for vulnerable populations

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

With the increasing diversity of the U.S. population, healthcare providers are increasingly called on to address their patient's unique social and cultural experience and language needs. Provision of culturally competent care can increase quality and effectiveness, increase patient satisfaction, improve patient compliance, and reduce racial and ethnic health disparities.

A number of HHS programs help make health care more available to people whose circumstances call for special attention, including older adults; children; people with disabilities; uninsured populations; and persons with Limited English Proficiency. For instance, to help healthcare professionals provide the highest quality of care to every patient regardless of race, ethnicity, cultural background, or the ability to speak English, the Office of Minority Health has developed a free interactive Web-based training course, *A Physician's Practical Guide to Culturally Competent Care*, for physicians, nurses, nurse practitioners, and other healthcare providers.

While Medicare generally does not reimburse language services (except in the case of outpatient psychotherapy), some Medicare Advantage plans make translators available to their enrollees.



Moreover, the Federal Government gives each State the option of receiving matching funds for the provision of language assistance services to Medicaid and CHIP beneficiaries.

In other instances, people may also have difficulty accessing high-quality care because they have low incomes or live in remote areas. For example, IHS, tribal, and urban Indian organization providers face challenges in addressing the needs of AI/ANs who experience health disparities and lack access to various kinds of care.

Military families may experience difficulty in accessing the needed and appropriate care. Lesbian, gay, bisexual, and transgender individuals may face problems in seeking and receiving care that meets their needs. The AHRQ-issued 2009 National Healthcare Disparities Report finds that, for many measures, racial and ethnic minorities have more limited access to care and receive lower quality care. Data from some HRSA Community Health Centers indicates that disparity gaps exist for racial and ethnic minorities regardless of economic status.

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 healthcare 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 healthcare quality and disparities, and through its grants and contracts, focuses on improving how care is delivered.

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, OCIIO's Pre-Existing Condition Insurance Plan Program provides healthcare coverage to many individuals with pre-existing conditions who are uninsured; the establishment of health insurance Exchanges provides access to subsidized health insurance coverage. As stated earlier, the Affordable Care Act also contains many provisions directed at improving healthcare quality, in existing HHS programs and in the healthcare 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 the Medicaid and CHIP Programs that was enacted in the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (P.L. 111-3). Expanded funding for HRSA's community health centers, which serve large numbers of ethnic and racial minorities, makes primary care more accessible across the Nation in inner cities, underserved suburbs, and rural areas. Civil rights protections in the Affordable Care Act ensures equal access to healthcare programs and activities for individuals regardless of race, color, national origin, disability, gender, and age. The Affordable Care Act contains many provisions to help patients receive help in managing their care and in successfully navigating a complex health system.

Through its Departmental Oral Health Initiative, HHS is promoting the incorporation of oral healthcare services and oral disease prevention into primary healthcare delivery sites. Good oral health is essential to good overall health; conversely, 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 and education should be promoted for poor and underserved populations as well as for the population at large.

Given our Government's unique legal and political relationship with tribal governments, it has a special obligation to provide health services for American Indians and Alaska Natives (AI/ANs). HHS follows the President's 2009 tribal consultation policy to partner with tribes to ensure access to quality health care for AI/ANs. In addition, the Affordable Care Act contains the permanent 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. The Affordable Care Act also includes other provisions that address the unique circumstances and needs of tribes and AI/AN individuals. As provisions of the new law are implemented, HHS is partnering with tribes and tribal organizations through tribally operated health programs, urban Indian organizations, and healthcare providers on how to ensure access to a broader array of health care for AI/ANs.

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—provisions that will help the Department better target its efforts in the years to come.

Within HHS, ACF, AHRQ, AoA, CDC, CMS, HRSA, IHS, OCIIO, OCR, OD, OASH, 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 elderly and vulnerable populations.



STRATEGIES

- Monitor access to, and quality of, care across population groups, and work with Federal, State, local, tribal, urban Indian, and non-governmental actors to address observed disparities and to encourage and facilitate consultation and collaboration among them;
- Promote expanded access to quality and culturally competent healthcare services to populations that have experienced health disparities, including African Americans, Latinos, AI/AN; individuals with disabilities; refugees as well as to populations with Limited English Proficiency;
- Improve access to quality care through the prevention and correction of discriminatory actions and practices;
- Increase access to comprehensive primary and preventive services to historically underserved areas by expanding the number of Community Health Centers and the range of services offered by these centers;
- 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;
- Improve access to mental health and substance abuse treatment through the implementation of the Wellstone and Domenici Mental Health Parity and Addiction Equity Act of 2008 and the

development of the essential and benchmark packages under the Affordable Care Act;

- Expand quality improvement efforts in Medicare, Medicaid, and CHIP and continue to utilize Quality Improvement Organizations, as well as public reporting and payment changes, to foster reduction of hospital-acquired infections and other healthcare-acquired conditions;
- Increase access to primary oral healthcare services and to oral disease preventive services by expanding access to health centers, school-based health centers, and Indian Health Service funded health programs that have comprehensive primary oral healthcare services, and State and community-based programs that improve oral health, especially for children and pregnant women;
- 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 AI/AN individuals; and is accountable, transparent, fair, and inclusive; and
- Work with the Departments of Defense and Veterans Affairs, the National Guard, and the States to improve access to needed behavioral health and supportive services for active, guard, reserve, and veterans and their families.

Strategic Goal 1: Objective F

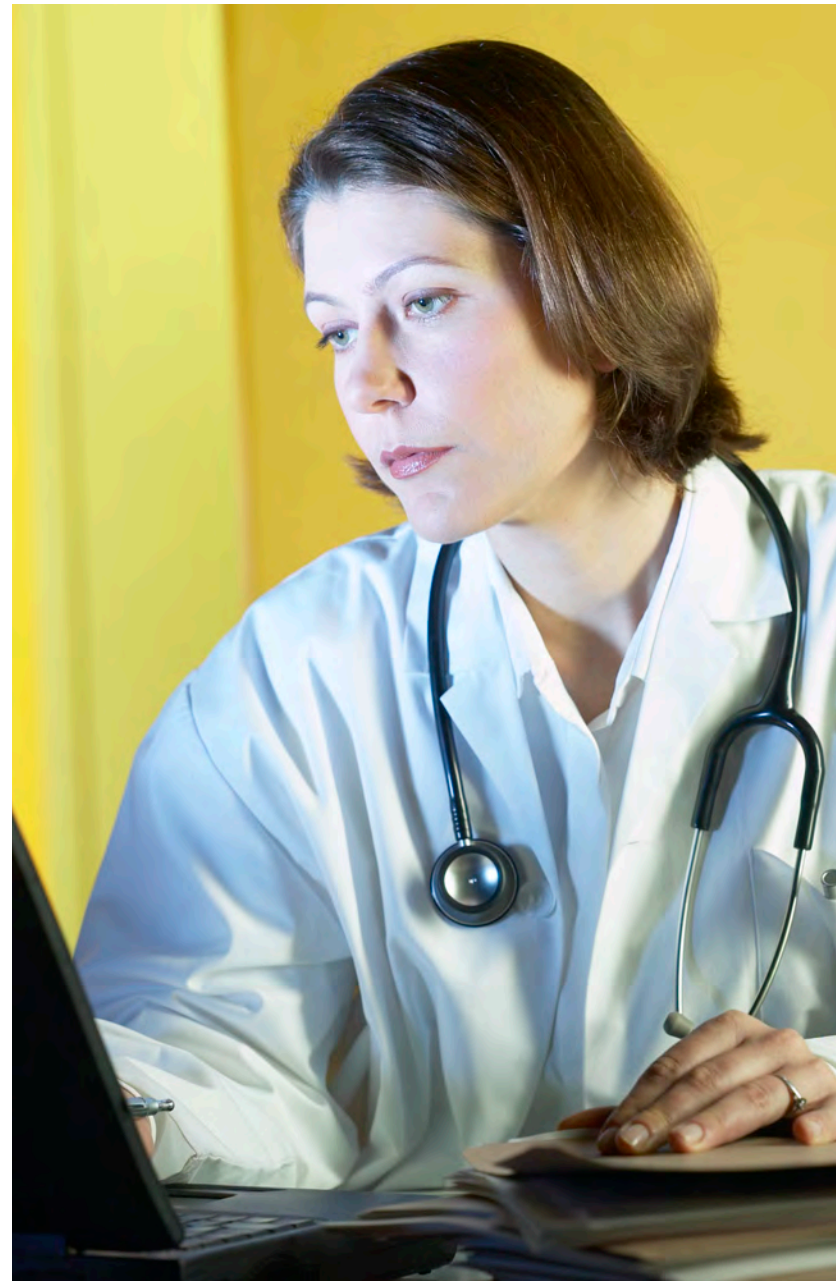
Promote the adoption and meaningful use of health information technology

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

HHS has taken a leading role in realizing health information technology's potential benefits. The Health Information Technology for Economic and Clinical Health (HITECH) provisions of the Recovery Act committed billions for our healthcare system to adopt and use health information technology. This unprecedented investment in health information technology propelled a range of initiatives, including regulations on the meaningful use of health information technology and standards; and the funding of regional extension centers, State health information Exchanges, and Beacon communities. The rapid "wiring" of American health care, which 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.

Augmenting this investment are a range of programs across the Department, including the electronic prescribing and personal health record programs at CMS, IHS's continued expansion and deployment of its electronic health records system, and HHS's healthcare workforce programs. Expanded telehealth programs at HRSA and at IHS use video and telecommunication technologies to help healthcare professionals diagnose, treat, and monitor patients, thus bringing services to people who live in tribal, rural, or other areas where necessary medical expertise is not available.

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

The Office of the National Coordinator for Health Information Technology (ONC) serves as the Secretary's principal advisor charged with coordinating 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 healthcare quality and efficiency and for 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 key strategies.

STRATEGIES

- Encourage widespread adoption and meaningful use of health information technology through incentives, grants, and technical assistance;
- 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;
- Encourage innovation; support pilots that demonstrate health information technology enabled reform; and develop policies, standards, and services that will enable the appropriate re-use of information to support quality, public health, and research;
- Support and promote use of telehealth to provide access to modern technology and healthcare specialty resources for tribal, rural, and other underserved communities;
- Explore the use of mobile technology to provide timely and culturally appropriate health information to vulnerable and hard-to-reach populations; and
- Enhance communication and support a public awareness campaign about the value of health information technology for outreach to all healthcare stakeholders, including providers, payers, and consumers of care.



Strategic 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

We will also work across government and with non-government 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



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 United States 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.

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

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.

HHS will focus on promising strategies with the potential to yield positive results from public investments. These strategies include 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.



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 set priorities for 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. 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 particular populations of interest and the providers who serve them.

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.

A number of HHS operating and staff divisions, including ACF, AHRQ, CDC, FDA, IHS, 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 Goal 2: 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 currently, the path from basic discovery into safe, effective patient care can be long.

The Department has identified several leverage points to accelerate movement along the pipeline from scientific discovery to more effective patient care. 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. HHS also will support research that is tied to clinical practice, considering the influence of payment systems and the delivery of services. 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. OASH is just one of the agencies within HHS that is committed to promoting integrity in research programs and ensuring that truthful, 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, IHS, NIH, and OASH 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

- 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, more effective prevention and treatment strategies;
 - Support research efforts to improve the identification of, and response to, differences in efficacy of pharmaceutical and other care and treatment for under-represented populations;
 - Assist in developing the research capacity of individuals and institutes from diverse backgrounds, such as the Native American Research Centers for Health; tribal, and urban Indian epidemiology programs; Historically Black Colleges and Universities; Hispanic-serving institutions; and tribal colleges and universities;
 - Foster evidence-based health care through research;
 - Promote translation of research into practice, including fostering government and private sector collaboration, and adapt it to the varying needs of diverse communities in culturally and linguistically appropriate ways;
- Foster and obtain the necessary collaboration of government and private sector research activity to achieve fastest possible discovery;
 - 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.



Strategic Goal 2: Objective B

Foster innovation 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.

—HHS Secretary Kathleen Sebelius

HHS depends on collaboration to realize its goals. Every day, HHS agencies work collaboratively with their Federal, State, local, tribal, urban Indian, non-governmental, 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. HHS is supporting and evaluating innovative programs such as Text4baby, an innovative health education service that provides underserved pregnant women and new mothers with evidence-based health messages using mobile technology.

Innovation is a key element of HHS's intraagency 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.

Operating and staff divisions, including AHRQ, ASPE, CDC, CMS, FDA, IHS, SAMHSA, and ONC, are contributing to making HHS more open and innovative. HHS will use the following key strategies to foster innovation.

STRATEGIES

- 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;
- Employ high-tech options (i.e., text messaging and cell phone applications) to reach healthcare professionals, patients, and other members of the public to share alerts and safety information that may affect both treatment and diagnostic choices for healthcare professional and service recipient;
- Use Web-based tools to improve surveillance, monitoring, analysis, and reporting;
- Harness employees' insights and experiences to help develop high-impact solutions to important public health challenges;
- Support community members in developing and sharing solutions to meet their own unique needs; and
- Establish a Center for Medicare and Medicaid Innovation within CMS as provided for under the Affordable Care Act.



Strategic Goal 2: Objective C

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

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.

—HHS Secretary Kathleen Sebelius

Regulatory science is the development and use of the scientific tools, standards, and approaches necessary for the assessment of regulated products, such as medical products and foods, to determine safety, quality, and performance. Without advances in regulatory science, promising therapies may be discarded during the development process simply for the lack of tools to recognize their potential; moreover, 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.

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

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 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 key strategies to improve food and medical product safety.

STRATEGIES

- Ensure that HHS personnel have the scientific expertise to address new challenges presented by cutting-edge medical technologies, such as nanotechnologies;
- Update medical product review standards and provide new regulatory pathways for new medical technologies;
- Adhere to high standards of transparency and scientific integrity in medical product innovation, development, and regulatory review;
- Implement a new, public health-focused approach to food safety that sets priorities for prevention, strengthens surveillance and enforcement, and improves response and recovery;
- Develop improved methods for rapidly detecting foodborne contaminants;
- 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
- Create structural supports to strengthen FDA’s leadership and coordination for cross-cutting efforts in emerging technologies.





Strategic Goal 2: Objective D

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

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

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 that help people make healthy choices, assist communities as they work to improve the health and well-being of their residents, support safety and stability of individuals and families, and help children reach their full potential. HHS also monitors and evaluates programs to assess efficiency and responsiveness and to ensure the effective use of information in strategic planning, program or policy decision making, and program improvement.

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, disability, and injury among the elderly. IHS is disseminating information on best or promising practices, including 19 practice models for diabetes and other models on health promotion, disease prevention, and injury prevention. 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. By prioritizing funding for evidence-based programs, directories of evidence-based programs, implementation toolkits, and other resources, HHS promotes the adoption of these strategies and provides the information the public needs to implement these programs and practices successfully. Some human service programs, such as teen pregnancy prevention and home visitation programs, incorporate requirements for the use of evidence-based programs for grantees.

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

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.

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, including those from diverse backgrounds, and provide communities with tools to adapt research and evaluation techniques to their own circumstances, to evaluate programs and practices, and to conduct systematic reviews more effectively;
- Strengthen oral health research and use evidence-based oral health promotion and disease prevention to clarify the interrelationships between oral disease and other medical diseases;
- Build user-friendly mechanisms for disseminating evaluation findings and recommendations to the public, including those who may lack Internet access; 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.



Strategic Goal 3:

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

- Objective A:** Promote the safety, well-being, resilience, 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 in response to emergencies

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

Over the past 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.

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 man made 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 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 to improve outcomes for children, adults, and communities. Underlying each objective and strategy is a focus on prevention. For example, with rare exceptions, breastfeeding provides the best nutrition for infants and is an important public health strategy for promoting the health of infants and mothers. Early childhood programs 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.





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.

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 on 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-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.

The evidence base for public health preparedness, however, is limited. Thus, HHS will set priorities for 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, CMS, HRSA, IHS, NIH, OASH, and SAMHSA, as well as collaborative efforts with other Federal departments and agencies.



Strategic Goal 3: Objective A

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

We're moving forward with a broad agenda to increase opportunity and security for America's children and youth. We're 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

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.

HHS partners with State, local, tribal, urban Indian, and other service providers to sustain an essential safety net of services that protect children and youth, promote their resilience in the face of adversity, and ensure their healthy development from birth 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 healthcare 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. Several programs across agencies also promote positive youth development and seek to prevent risky behaviors in youth.

Vital research funded by agencies across HHS seeks to understand the risks to children's safety, health, and well-being and to build evidence about effective interventions to mitigate these risks. 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 on a review of 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. HHS is working with the Departments of Education and Agriculture to foster effective government coordination that will support children's health, nutrition, and safety in schools.

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, OASH, and SAMHSA. HHS agencies will employ the following key strategies to ensure the safety, well-being, and healthy development of children and youth.



STRATEGIES

- Enhance young children's healthy growth, development, and identity formation through high-quality early care and education and through evidence-based home visitation programs;
- Encourage healthy behaviors and reduce risky behaviors among children and youth;
- Implement evidence-based strategies and test innovative approaches to reduce teen pregnancy, decrease rates of sexually transmitted infections, and impact sexual risk behaviors;
- Support parents, extended families, and communities to provide children with safe and stable homes;
- 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
- Advance the science and continue to build an evidence base for effective prevention and intervention strategies with children and youth through the innovation and evaluation of innovative, promising strategies;
- Implement evidence-based strategies to reduce the exposure to, build resilience to, and lessen the negative impact of violence and trauma on children, families, and communities.



Strategic Goal 3: Objective B

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

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.

— 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.

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 of, and trust in, public institutions like those dedicated to 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. Unstable couple relationships, lack of involvement by fathers, and disconnection from strong supportive

social networks increase the vulnerability of both adults and children and weaken communities.

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.

ACF is the principal agency responsible for promoting the 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 and paternity establishment, relationship skill-building for couples and co-parents, and assistance in paying for child care. State Temporary Assistance for Needy Families (TANF) and child support programs provide critical income assistance to some of the Nation's poorest families, while helping mothers and fathers prepare for and secure employment. OCR works to ensure that each State 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.

HHS collaborates with other Federal departments to support the economic and social well-being of individuals, families, and communities. HHS is involved in several White House-led interdepartmental efforts, including workgroups on urban policy and youth violence. In addition, 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 delivery system,

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

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. About 7.4 million children 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. HHS is collaborating with the U.S. Department of Agriculture to expand access to nutritional supports for low-income youth and families. HHS also chairs the Interagency Working Group on Youth Programs, which brings together twelve Federal departments and agencies to improve the coordination, effectiveness, and efficiency of youth-serving programs and to promote effective community-based efforts to reduce the factors that put youth at risk.

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

STRATEGIES

- Advance individual and family economic security to reduce poverty;
- 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 wrap around services like employment, housing, and peer recovery supports, to reduce and eliminate barriers for vulnerable populations, including individuals with disabilities and individuals at risk for homelessness;
- Identify and address substance abuse, mental illness, and trauma history early to reduce the likelihood of more severe future problems;
- Help economically distressed communities to access Federal programs and resources to address behavioral health needs;
- Build and strengthen partnerships with Federal, State, local, tribal, urban Indian organizations and other non-governmental stakeholders to promote culturally appropriate individual, family, and community well-being for vulnerable populations;
- Encourage responsible fatherhood, healthy relationships, parental responsibility, and family stability; and
- Foster community partnerships to improve opportunities and delivery of services.





Strategic Goal 3: Objective C

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

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.

— 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 the quality of, supports and services for older adults and people with disabilities is an HHS policy priority.

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 to decrease unnecessary reliance on institutional care. The Supreme Court's landmark 1999 Olmstead ruling requires States to place qualified individuals with disabilities in community settings—whenever such placements are appropriate and the State can reasonably accommodate the placement. Congressional funding for the CMS Real Choice Systems Change grants assists States and tribal grantees in improving

community-based support systems that enable people with disabilities to participate fully in community life.

AoA provides a number of services to older adults 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 AI/ANs, 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—a single point-of-entry into the array of services available in the long-term care system—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.

IHS works with tribes to meet AI/ANs elder care needs as well as services to people with disabilities through grants, contracts, compacts, technical assistance, and shared services. The agency also provides competitive grants for tribes and tribal organizations to conduct long-term care planning for their communities and to develop community-based services, using innovative types of personnel such as the Community Health Representative. CMS supports AI/ANs long-term care data and policy analysis projects. IHS and CDC collaborate on community approaches to elder fall prevention.

Through grants, technical assistance, and information-sharing, the Administration on Developmental Disabilities (ADD) within ACF works with the ADD network of State entities (State Developmental Disabilities Councils, Protection and Advocacy Systems, University Centers on Excellence in Developmental Disabilities) to ensure that individuals with developmental disabilities and their families have access to culturally competent services and supports that



promote independence, productivity, integration, and inclusion in the community. These supports include child care, education, transitional services, health care, employment, transportation, and housing. ADD also funds various programs and projects to help individuals with disabilities live self-determined lives and to assist family caregivers.

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 Department of Justice to advance civil rights enforcement of the ADA and the *Olmstead* decision.

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 States to transition Medicaid-covered nursing home residents to the community. 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.

An efficient long-term care system cannot exist without a workforce to care for the population in need. There is significant demand for a direct care labor force that is well-trained to address the needs of older adults and persons with disabilities. Under the Affordable Care Act, HHS is improving direct care worker training and competencies and encouraging career pathways for the existing workers. The Affordable Care Act also provides numerous opportunities for direct care workers to access more affordable health care.

To address gaps in long-term care coverage and assist families in paying for services, the Affordable Care Act includes the Community Living Assistance Services and Supports (CLASS) Program, a national voluntary long-term care insurance program for actively employed individuals. CLASS benefits help individuals maintain their independence in home and community-based or institutional settings by allowing individuals to purchase long-term care assistance and other non-medical services and supports.

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.

Housing is consistently ranked as the primary barrier to community living for those with declining health and limited mobility. The most frequently cited problems are lack of affordable, accessible, integrated housing; rental subsidies; and ways to link these to individuals who need them in a timely fashion. HHS and HUD are working together to reduce barriers to affordable and accessible housing.

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 key strategies to improve supportive services for individuals with disabilities.



STRATEGIES

- Across the life span, 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);
- 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, tribes, tribal organizations, urban Indian organizations, and other programs to achieve more flexibility in the Medicaid program through the Money Follows the Person Grant Program and in Medicaid through the Medicaid Home & Community First Choice Option, Medicaid Home & Community-Based Services State Plan Option, State Balancing Incentive Payments Program, other grant programs, other Medicaid programmatic and funding mechanisms and policy changes;
- Assist State, tribal, and local programs 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;

- 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;
- Improve services for individuals with chronic conditions and functional impairments by enhancing coordination of Medicare and Medicaid, because many of these individuals are dually eligible;
- Improve the delivery of community living services in a more uniform, efficient way by increasing the number of single-entry point and "no wrong door" systems and the quality and scope of existing systems that serve people with disabilities and older adults;
- Improve coordination between HHS and HUD regarding Olmstead matters;
- Develop options for housing combined with services to enhance aging in place for older adults; and
- Promote the coordination of housing assistance, health care, and supportive services to assist chronically homeless individuals and families with special needs.





Strategic Goal 3: Objective D

Promote prevention and wellness

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

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 Public Health Investment Fund from the Affordable Care Act, allows HHS to do more to create healthy communities; raise awareness about, and increases adoption of, prevention strategies; promotes services for pregnant women; and strengthens 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 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.

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

STRATEGIES

- Implement comprehensive, sustained, and evidence-based efforts to prevent and reduce tobacco use;
- Help American children and adults achieve and maintain healthy weight, focusing on where they live, work, learn, and play;
- Encourage insurance providers to cover preventive services and offer certain rewards or incentives for healthy living;
- Support breastfeeding and remove barriers that hinder women who choose to breastfeed, working with family members, communities, clinicians, healthcare systems, and employers;
- Prevent substance abuse, underage drinking, illegal drug use, and abuse of over-the-counter and prescription medications, using evidence-based strategies, including community-level interventions;
- Prevent mental illness and foster community resilience, with a special focus on at-risk populations;
- Increase access of families and communities to injury prevention information, model programs, and other resources;
- 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;
- Explore the use of rewards or employee incentives for participating in employee wellness programs and assess the effectiveness and impact of wellness programs, policies, and priorities in worksite settings;
- Implement prevention policies, programming, and interventions to prevent and respond to individuals, families, and communities impacted by domestic violence, suicide, and other forms of violence and trauma;



- 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
- 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 Goal 3: Objective E

Reduce the occurrence of infectious diseases

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

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.

Addressing infectious diseases is a priority for HHS. Infectious diseases include vaccine-preventable diseases, foodborne illnesses; HIV and AIDS and associated STIs; hepatitis A and B; tuberculosis; infections acquired in healthcare settings, such as methicillin-resistant staphylococcus aureus (MRSA); novel influenza viruses; and infections transmitted by animals and insects.

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 collaborates 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.

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 and IHS support 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 rank requirements for public health medical emergency countermeasures, research, and product development and procurement related to infectious disease threats.

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, OASH, 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.

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, OASH, and SAMHSA. HHS will implement the following key strategies to realize this objective.

STRATEGIES

- Prevent the spread of HIV infection, and increase efforts to make people aware of their status and to enable them to access HIV care and treatment, using innovative, culturally appropriate means;
- Conduct an outreach campaign, accessible to all populations, to prevent the spread of infectious diseases;
- Modernize and implement a twenty-first century food safety system that is flexible and responsive to current and emerging threats;
- Support State and tribal infectious disease and epidemiology capacity-building programs to prevent, investigate, and control healthcare-associated infections, disease outbreaks, and other healthcare threats;
- Identify, disseminate information, and encourage utilization of best practices to prevent healthcare-associated infections;
- Remove financial and other barriers to routine immunizations for children, adolescents, and adults; and
- Work with Federal and global partners to reduce the spread of HIV, hepatitis A and B, tuberculosis, malaria, and other infectious diseases in developing nations, under the U.S. Global Health Initiative.



Strategic Goal 3: Objective F

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

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

—HHS Secretary Kathleen Sebelius

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.

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 determining what should be done at the Federal level to improve Federal efforts and best integrate with and support State, local, and tribal 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—that is, building community resilience and strengthening and sustaining health and emergency response systems. This includes strengthening the Federal medical and public health response capability. Resilient communities and robust systems are important not just for emergencies but for daily use. This objective is intricately linked with other objectives to modernize and improve the 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.

The Secretary has identified protecting the health and safety of Americans in emergencies as one of her Strategic Initiatives.

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 OASH, will employ an array of key strategies to advance this objective.

STRATEGIES

- Strengthen the capability of hospitals and healthcare systems to plan for, respond to, and recover from natural and man-made emergency events;
- Strengthen the capability of human service systems to plan for, respond to, and recover from natural and manmade emergency events;
- 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;
- Strengthen the Federal medical and public health response capability and to improve integration with health and emergency response systems;
- Upgrade State, local, and tribal public health and human services preparedness, response, and recovery capacity;
- 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
- 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.

Strategic 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

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



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.

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.

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.

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 all Americans.



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

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 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.

Planned evaluations of HHS activities in this goal include program integrity reviews of States' Medicaid programs to ensure compliance with Federal program integrity regulations, provide technical assistance to State's program integrity operations, and identify areas to improve effectiveness and efficiency. Further, HHS will continue to enter into contracts that support Medicaid integrity efforts and provide support and assistance to States through training and other educational programs. These evaluations will help to ensure that HHS knows how its program dollars are spent and that HHS regularly shares the findings with its partners, stakeholders, and the public.

HHS 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.





Strategic Goal 4: 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

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.

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, families, and communities across the country affected by the economic crisis and unemployment. 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, American Indian and Alaska Native healthcare improvements, as well as prevention and wellness efforts.

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.



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 ACF, ASFR, CMS, and OIG are focused on ensuring the integrity of HHS programs, and will employ the following key strategies.

STRATEGIES

- Ensure that individuals and entities that seek to participate as providers and suppliers in healthcare programs understand, and will comply with, financial integrity standards before enrolling in healthcare programs;
- Establish payment methodologies that are reasonable and responsive to changes in the marketplace;
- Assist healthcare providers and suppliers in adopting practices that promote compliance with program requirements, including quality and safety standards;
- 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.

Strategic Goal 4: 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

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. These activities are not one-time efforts to reduce fraud and improper payments; rather, the activities reflect our long-term commitment to continuously reduce system waste and inefficiencies.

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.



HHS efforts to combat healthcare fraud, waste, and abuse include provider education, data analysis, audits, investigations, and enforcement. In addition, HHS is working in collaboration with the 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.

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 employment 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 key strategies described below.

STRATEGIES

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



- Use data to develop better predictive indicators, restructure automated edits, and enhance medical record review efforts in Medicare to help stop known schemes before payment is made;
- Increase coordination among Federal departments, including increased health-related data sharing among agencies;
- 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
- Disseminate best practices in preventing, measuring, or reducing improper payments.



Strategic Goal 4: Objective C

Leverage HHS data for maximum public good

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.

—HHS Secretary Kathleen Sebelius

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 Americans.

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.

HHS is strongly committed to data security and 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.

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.

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 innovative products and services that benefit the public and, in the process of doing so, fuel the private sector's economic growth.

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 a query system of national, State, and local-level health indicators, including health outcomes and health determinants, along with evidence-based public health or policy 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. Moreover, the database will grant the public open access with feature sets designed and optimized for distinct user populations.

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, OASH, and SAMHSA, will use the following key 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;
- 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;
- Explore effective ways to gather, share, and analyze data from numerically smaller populations, such as AI/AN, Asian and Pacific Islander groups, and others, while maintaining the highest standards of data confidentiality;
- 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;
- 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;
- Implement the Community Health Data Initiative to provide multiple methods for selecting and viewing data and to allow open, fully accessible public access; and
- Use Data 2020 to track progress toward achieving the Nation's health objectives contained in Healthy People 2020.



Strategic Goal 4: Objective D

Improve HHS environmental, energy, and economic performance to promote sustainability

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.

—HHS Secretary Kathleen Sebelius

Executive Order 13511, "Federal Leadership in Environmental, Energy, and Economic Performance," promotes sustainability in the Federal Government and sets priorities for the reduction of greenhouse gas emissions. Sustainability is integral to the HHS mission. Conducting our activities in a sustainable manner will benefit Americans today as well as secure the health and well-being of future generations of Americans. In carrying out the Executive Order, HHS will be a leader in promoting the co-benefits of sustainability to health and well-being.

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 alterations 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.

By helping to control greenhouse gas emissions, HHS will reduce other releases that directly impact health. For example, mercury released with greenhouse gases from the 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.

By conserving resources through sustainable purchasing operations, management of real property and recapitalization of building infrastructure and waste management positions, HHS can meet its mission while managing costs. Operational efficiencies, such as reductions in paper, water, and energy use, allow more resources to be devoted to mission-specific purposes. 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. Protecting plant and animal species ensures biodiversity, maintains delicate ecosystems, and offers the potential to use these as sources of new medical treatments.

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

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 key strategies.

STRATEGIES

- Reduce energy consumption and greenhouse gas emissions through sustainable management of energy use and other activities;
- Conserve resources through sustainable purchasing, operations, and waste management;
- Promote and protect human and environmental health through sustainability planning 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.



Strategic Goal 5:

Strengthen the Nation's Health and Human Service 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:** Enhance the ability of the public health workforce to improve public health at home and abroad
- Objective D:** Strengthen the Nation's human service workforce
- Objective E:** Improve national, state, local, and tribal surveillance and epidemiology capacity

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



Currently, areas in the Nation face shortages of critical healthcare workers, including primary care physicians, nurses, behavioral health and long-term care workers, as well as public health and human service professionals. Moreover, 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, and others live in smaller areas with health professional shortages. More than half of the counties in the United States have no behavioral health worker at all. With the implementation of the Affordable Care Act and the resulting expansion of health insurance coverage, demand for services of primary care professionals will increase substantially.

These concerns come at a time when demand for services is increasing—particularly with an aging population with more frail seniors in need of care—and the healthcare system is grappling with

quality of care concerns. Natural and manmade disasters can strain existing health care, public health, and human service 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 the enhanced use of mid-level professionals, such as nurse practitioners and physician assistants, will be required to meet the increased demand. Moreover, new approaches using peer mentors, recovery coaches, and care managers will be needed for persons with long-term care needs.

HHS is addressing many of these workforce issues. Through implementation of the Affordable Care Act, 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 is addressing the continuing need for a highly skilled, diverse nursing workforce. HHS is working with State, local, and tribal governments to develop health workforce training, recruitment, and retention strategies and to expand critical, timely access to care by funding the expansion, construction, and operation of Health Centers throughout the United States.

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.

Goal 5: Strengthen the Nation's Health and Human Service Infrastructure and Workforce

Findings from HHS's analyses of health and human service workforce issues were the impetus for this goal. Reviews of nursing and nursing assistant studies; data on State, local, and tribal public health workforce shortages; and information on the impact of the health professions training programs informed the workforce development and infrastructure goal and objectives. HHS will continue to monitor national workforce issues and conduct evaluations on topics such as the HIV clinician workforce and access to specialty care for clients of HRSA's Health Centers.

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, OASH, and SAMHSA.





Strategic Goal 5: Objective A

Invest in the HHS workforce to meet America's health and human service needs today and tomorrow

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

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 Uniformed Services. 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.

HHS is engaging in a variety of activities to strengthen its human capital and to 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 training, 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. HHS also is developing a culture of wellness among its employees. HHS has launched an enhanced, comprehensive and integrated health and wellness program, modeled after best practices in private industry; this program seeks to reduce health risks and improve productivity among its employees.

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, tribal, and urban Indian organization 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, effective response to public health needs, leadership and excellence in public health practices, and the 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 healthcare 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.

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 key strategies.





STRATEGIES

- Recruit, hire, and retain a talented and diverse HHS workforce that is representative of the American people HHS serves, by promoting innovative and coordinated approaches to recruiting, hiring, training, and retaining 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;
- Create a climate of innovation, opportunity, and success within HHS that capitalizes on the cultural, professional, ethnic, and personal diversity of our workforce and strengthen all segments of the multigenerational workforce;
- Create a culture of wellness across HHS by assessing existing onsite health and wellness programs, and develop plans to expand and enhance programs across HHS that meet established Healthy People 2010 objectives for comprehensive worksite wellness programs and best practices in the industry;
- 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.

Strategic Goal 5: Objective B

Invest in the HHS workforce to meet America's health and human service needs today and tomorrow

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



The factors placing demands on our healthcare 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 healthcare 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 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 physician, dentists, and behavioral health and other healthcare professionals. Rural and remote areas face the difficulties of low population density and long distances to care, which are especially problematic in Indian Country. Despite the need for greater primary care capacity, physicians 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.

HHS supports health workforce training efforts across the educational spectrum. 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. IHS also supports programs to increase the numbers of AI/AN health professionals through its scholarship program and grants to educational institutions for the Indians into Medicine, Indians into Nursing, and Indians into Psychology programs and through the operation of extern programs to allow IHS scholarship recipients and other AI/AN health professional students to obtain real-world clinical experience with IHS and tribal health professionals in their chosen disciplines.

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 across the Department. The Affordable Care 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 have new public prominence. Another requirement of the Affordable Care Act is the opportunity to develop demonstration projects to address the needs of the healthcare profession. ACF is funding projects that provide TANF recipients and other low-income individuals with training that will prepare them to enter and advance in the healthcare sector. These training programs will prepare participants for employment within the healthcare sector in positions that pay well, and will provide employment in areas that are expected either to experience labor shortages or to be in high demand or in remote or isolated rural communities.

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

STRATEGIES

- Improve HHS's ability to monitor and assess the adequacy of the Nation's health professions workforce in shortage areas and in those smaller communities likely to experience health professional shortages;
- Implement strategies to address the Nation's workforce needs following health reform and the reauthorization of the Indian Health Care Improvement Act and to evaluate their effectiveness;
- Explore ways to meet expanding health and human service needs in underserved communities by training and making greater use of mid-level professionals and telelink technologies, expanding the primary care teams, and promoting models that incorporate new providers and interagency collaborations;
- Expand the primary oral healthcare 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;
- Address persisting problems of workforce shortages, lack of diversity, maldistribution, and lack of access to care that meets cultural and linguistic needs; and
- Build primary care and behavioral health capacity, especially in underserved areas, remote and isolated rural areas, and among groups underrepresented in the health professions, through the focused use of scholarship and loan repayment programs as well as extern, intern, fellowship, and other training and experiential opportunities.





Strategic Goal 5: Objective C

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

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

For at least a decade, the United States 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. The current public health workforce is inadequate to meet the needs of the U.S. population and shortages are predicted to reach 250,000 by 2020.

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, a need exists for greater standardization in curricula and more clearly defined objectives.

Workforce issues also are critical to improve global public health capacity and to 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.

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 Affordable Care 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 Affordable Care Act provides substantial new funding for the National Health Service Corps.

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



STRATEGIES

- 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, urban Indian, local, and territorial levels to increase the public health workforce;
- 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.



Strategic Goal 5: 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

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.

In addition to the difficulty of addressing the complex issues of individuals, families, and communities, 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 ages 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 all 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.

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.

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

STRATEGIES

- Promote recruitment and retention strategies that attract qualified, competent, and diverse professionals to the human service workforce;
- 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
- Use data and evaluation in human service programming to inform professional development and future practice.



Strategic Goal 5: Objective E

Improve national, state, local, and tribal surveillance and epidemiology capacity

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

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.

To achieve this objective, HHS is working to strengthen surveillance systems at the national, State, local, and tribal levels, including the monitoring of healthcare quality to ensure that best practices are used to prevent and treat the leading causes of death and disability.

HHS is working toward a robust data system that provides data,



feedback, and tools directly to national, State, local, and tribal health agencies, urban Indian organizations, and healthcare facilities to improve practices— and thus, health. A data system for public reporting and using electronic data sources for data collection and prevention will enhance the ability of the United States 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 in-depth studies of population health at the community level and for specific subpopulations.

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 key strategies.

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 information among local, State, tribal and urban Indian, and Federal public health agencies, healthcare 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;
- Work with public health laboratories in States, territories, tribal and urban Indian organizations, 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;
- Increase access to and sharing of data, and support for epidemiology programs at the State, local, and tribal government levels and by urban Indian organizations and other partners; and
- Build epidemiology, surveillance, and laboratory capacity, and support monitoring and evaluation systems that measure HIV prevalence and incidence, behavior change, and population health status.



Strategic Plan

Appendices

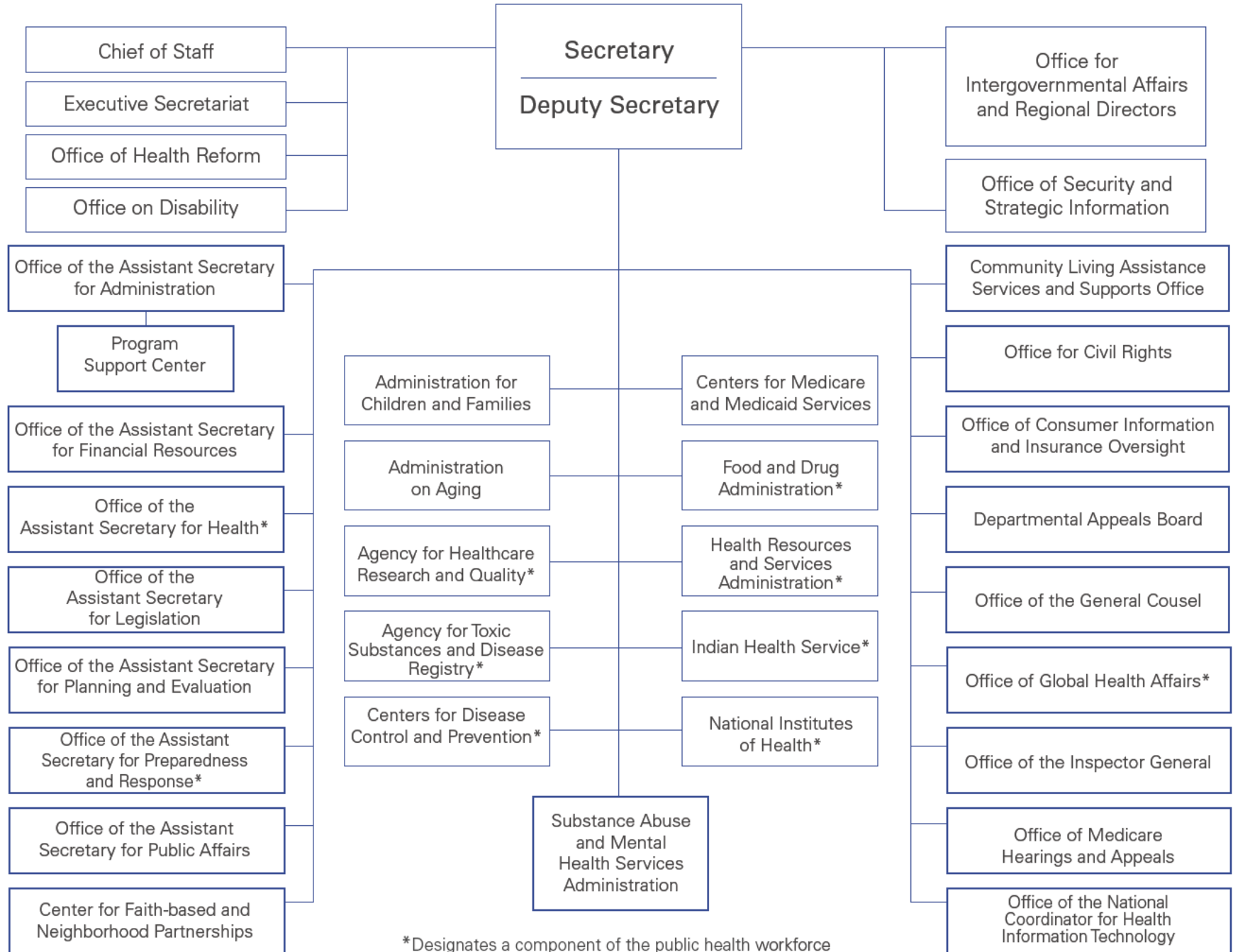
Appendix A: Organizational Chart for U.S. Department of Health and Human Services Operating and Staff Divisions, Operating & Staff Divisions & Their Functions

Appendix B: Performance Measures Summary Table

Appendix C: Acronyms



Appendix A: Organizational Chart for U.S. Department of Health and Human Services Operating and Staff Divisions



*Designates a component of the public health workforce

Appendix A: HHS Operating and Staff Divisions and Their Functions

Operating Divisions

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

Administration for Children and Families (ACF)

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

Mission: 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 in enhancing quality of life for people across the life span.

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov>

Mission: To support, conduct, and disseminate research that improves access to care and the outcomes, quality, cost, and utilization of healthcare services.

Information from AHRQ's research on outcomes, quality, costs, use, and access helps people make more informed decisions, and it improves the value of the healthcare services they receive.

Administration on Aging (AoA)

<http://www.AoA.gov>

Mission: 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 provides grants to States, tribal organizations, and other community service providers.

Agency for Toxic Substances and Disease Registry (ATSDR)

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

Mission: 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 to such substances, adverse human health effects, and diminished quality of life associated with exposure to hazardous substances.

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

Mission: 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>

Mission: To ensure effective, up-to-date healthcare coverage and to promote quality care for beneficiaries.

CMS serves as the primary source of healthcare coverage for seniors and a large population of medically vulnerable individuals, and it acts as a catalyst for improvements in the availability and quality of health care for all Americans.

Food and Drug Administration (FDA)

<http://www.fda.gov>

Mission: To rigorously assure the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices, and the safety and security of our Nation's food supply, cosmetics, and products that emit radiation.

FDA advances the public health by helping to speed innovations and by assisting the public in getting the

accurate, science-based information needed on medicines and foods to help prevent disease and improve health.

Health Resources and Services Administration (HRSA)

<http://www.hrsa.gov>

Mission: 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>

Mission: 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 programs to improve their health status and overall quality of life.

National Institutes of Health (NIH)

<http://www.nih.gov>

Mission: 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.

Through its 27 institutes and centers, NIH supports and conducts research, domestically and abroad, into the causes, diagnosis, treatment, control, and prevention of diseases. It also promotes the acquisition and dissemination of medical knowledge to health professionals and the public.

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov>

Mission: 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 and in primary and specialty care settings.

Office of the Secretary, Staff Divisions

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

Immediate Office of the Secretary

Office on Disability (OD)

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

Mission: 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.

Office of Health Reform (OHR)

Mission: 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 healthcare system.

OHR coordinates closely with the White House Office of Health Reform to achieve its mission.

Office of the Deputy Secretary

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

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

Office of Intergovernmental Affairs (IGA)

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

Mission: 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.

Office of Security and Strategic Information (OSSI)

Mission: 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.

Assistant Secretary for Administration (ASA)

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

Mission: 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.

As the Senior Sustainability Officer, the ASA advises the Secretary on all aspects of administration and human resource management.

Program Support Center (PSC)

<http://www.psc.gov>

Mission: To provide a full range of support services to HHS and other Federal agencies, allowing them to focus on their core mission.

A component of ASA, the PSC is the provider of choice for quality and value in shared services—administrative operations, occupational health services, information technology support, financial management, and strategic acquisition services—across the Federal Government.

Assistant Secretary for Financial Resources (ASFR)

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

Mission: To provide advice and guidance to the Secretary on budget and financial management, 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 GPRA.

Office of Recovery Act Coordination (ORAC)

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

Mission: To ensure HHS meets the requirements of the American Recovery and Reinvestment Act of 2009 (Recovery Act, or ARRA) pertaining to formula (or mandatory) and discretionary grant funds that come to HHS for distribution.

A component of ASFR, ORAC 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)

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

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

Assistant Secretary for Legislation (ASL)

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

Mission: 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>

Mission: 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, program evaluation, and economic analysis.

Assistant Secretary for Public Affairs (ASPA)

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

Mission: 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>

Mission: To serve as the Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies.

ASPR directs the Department's emergency response activities, and it coordinates interagency activities related to emergency preparedness and the protection of the civilian population.

Center for Faith-based and Neighborhood Partnerships (CFBNP)

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

Mission: To create an environment within HHS that welcomes the participation of faith-based and community-based organizations as valued, essential partners assisting Americans in need. CFBNP leads the

Department's efforts to support partnerships with faith-based and community-based organizations to better serve individuals, families, and communities in need.

Departmental Appeals Board (DAB)

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

Mission: To provide the best possible dispute resolution services for the people who appear before the board, those who rely on the decisions, and the public.

DAB provides prompt, fair, and impartial dispute resolution services to parties in many different kinds of disputes involving components of the Department. DAB encourages the use of mediation and other forms of alternative dispute resolution.

Office for Civil Rights (OCR)

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

Mission: To ensure that all Americans 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.

Office of Community Living Assistance Services and Supports (CLASS)

Mission: To oversee the development and implementation of the CLASS program (a national voluntary long-term care insurance program) established by the Affordable Care Act.

The CLASS office establishes program and oversight entities, develops regulatory schedules, issues regulations and guidance, establishes interagency and intergovernmental task forces, establishes and conducts an outreach campaign, designs the benefit plan, establishes a financial management system, establishes an information management system, establishes eligibility determination standards and processes, and establishes procedures for administering benefits.

Office of Consumer Information and Insurance Oversight (OCIIO)

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

Mission: To ensure compliance with the new insurance market rules of the Affordable Care Act. OCIIO oversees the new medical loss ratio rules, assists States in reviewing insurance rates, provides guidance and oversight for the state-based insurance Exchanges, administers the Pre-Existing Condition Insurance Plan Program and the early retiree reinsurance program, compiles and maintains data for an Internet portal providing information on insurance options, establishes

consumer assistance programs in every State, and establishes standards for more understandable, uniform health insurance documents and definitions.

Office of the General Counsel (OGC)

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

Mission: To advance the Department's goal of protecting the health of all Americans and of providing essential human services, especially for those who are least able to help themselves.

OGC is the legal team for the Department, providing quality representation and legal advice on a wide range of highly visible national issues. OGC supports the development and implementation of the Department's programs by providing the highest quality legal services to the Secretary and to the Department's agencies and divisions.

Office of Global Health Affairs (OGHA)

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

Mission: 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.

Office of Inspector General (OIG)

<http://oig.hhs.gov>

Mission: 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.

Office of Medicare Hearings and Appeals (OMHA)

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

Mission: To administer the nationwide hearings and appeals for the Medicare program, and to ensure that the American people have equal access and opportunity to appeal and can exercise their rights for healthcare quality and access.

Under direct delegation from the Secretary, OMHA administers nationwide hearings for the Medicare program. The Administrative Law Judges (ALJs) within OMHA conduct impartial hearings and issue decisions on behalf of the Secretary on claims determination appeals involving Parts A, B, C, and D of Medicare. ALJs also issue decisions on Medicare entitlement and eligibility appeals.

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

<http://healthit.hhs.gov/>

Mission: 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.

The National Coordinator for Health Information Technology serves as the Secretary's principal advisor on the development, application, and use of health information technology in both the public and private healthcare sectors—technology that will reduce medical errors, improve quality, and produce greater value for healthcare expenditures.

Appendix B: Performance Measures Summary Table

		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				
1.A.1	Increase the proportion of legal residents under age 65 covered by health insurance by establishing healthcare insurance Exchanges and implementing Medicaid expansions	84% (FY 2008)	93% of legal residents with insurance coverage ²	Current Population Survey
1.A.1 Interim Goal	Increase the number of young adults ages 19 to 25 who are covered as a dependent on their parent's employer-sponsored insurance policy	6.8 million (FY 2008)	7.9 million (FY 2013) ³	Current Population Survey
1.A.2	Reduce the average out-of-pocket share of prescription drug costs while in the Medicare Part D Prescription Drug Benefit coverage gap for non-Low Income Subsidy (LIS) Medicare beneficiaries who reach the gap and have no supplemental coverage in the gap	100% of cost paid out-of-pocket while in coverage gap (FY 2010)	48% of cost paid out-of-pocket while in coverage gap	Reconciled Prescription Drug Event (PDE) data
Objective B: Improve healthcare quality and patient safety				
1.B.1	Increase the number of Patient Safety Organizations (PSOs) listed by HHS Secretary	75 listed PSOs (FY 2009)	85	AHRQ PSO Web site, http://www.pso.ahrq.gov/
1.B.2	Protect the health of Medicare beneficiaries by increasing the percentage of dialysis patients with fistulas as their vascular access for hemodialysis	54% (FY 2009)	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 End Stage Renal Disease (ESRD) Networks collect data from independent dialysis facilities
1.B.3	Increase the number of hospitals and other selected healthcare settings that report into the National Healthcare Safety Network (NHSN)	2,619 (all types) (FY 2010)	31,000 healthcare facilities	National Healthcare Safety Network (NHSN)

²Target provided from Douglas W. Elmendorf, Director, Congressional Budget Office, to the Honorable Nancy Pelosi, Speaker, U.S. House of Representatives, in letter dated March 20, 2010.

³ Cannot project beyond 2013 because young adults may prefer to get their own policies in the Exchanges once they are available.

		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	Increase the proportion of individuals who receive Affordable Care Act–targeted clinical preventive services			
	Proportion of privately insured children under age 18 who receive appropriate preventive services			
	Proportion of privately insured children ages 10–17 who received a well-child check-up in the past 12 months	71.4% (FY 2008)	75%	National Health Interview Survey (NHIS)
	Proportion of privately insured adults under age 65 who receive appropriate preventive services			
	Colorectal cancer screening for privately insured adults ages 50–64	64.7% ⁴ (FY 2010)	70%	NHIS
	Flu shot in last year for privately insured adults ages 50–64	41.9% (FY 2008)	50%	NHIS
	Proportion of Medicare beneficiaries who receive appropriate preventive services			
	Colorectal cancer screening for Medicare enrollees ages 50–75	63.8% (FY 2007)	70%	Medicare Current Beneficiary Survey (MCBS)

⁴ Data from first quarter 2010. Baseline will be updated with full year 2010 data when available.

		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.2	Identify three key factors influencing the scaling up of research-tested interventions across large networks of services systems such as primary care, specialty care, and community practice	Variables for measuring implementation include organizational culture and climate, capacity for organizational change, dimensions of supervisory adherence to treatment principles, and adherence to clinical guidelines (FY 2009)	Identify three key factors that influence the scaling up of research-tested interventions across large networks of services systems, such as primary care, specialty care, and community practice	Progress reports and publications
1.C.3	Increase percentage of pregnant women who receive prenatal care in the first trimester	69% (FY 2006)	72%	National Vital Statistics Reports
Objective D: Reduce the growth of healthcare costs while promoting high-value, effective care				
1.D.1	Reduce unnecessary hospital readmission rates among Medicare beneficiaries	TBD (Hospital readmission rate among Medicare beneficiaries in FY 2012)	Reduce all-cause hospital readmission rates by 5% per year from 2012 to 2015	Medicare claims data
1.D.2	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
1.D.3	HHS currently is working to develop meaningful performance measure(s) in support of reducing the incidence of hospital-acquired conditions in Medicare and Medicaid. New performance measure(s) for this objective will be incorporated into the HHS Strategic Plan once this work has been completed.			
1.D.4	HHS currently is working to develop meaningful performance measure(s) in support of delivery system reform in Medicare. New performance measure(s) for this objective will be incorporated into the HHS Strategic Plan once this work has been completed.			

		Most Recent Result	FY 2015 Target	Source
Goal 1: Transform Health Care				
Objective E: Ensure access to quality, culturally competent care for vulnerable populations				
1.E.1	Broaden availability and accessibility of health insurance coverage by increasing enrollment of eligible children in CHIP and Medicaid.	CHIP: 7,717,317 (FY 2009) Medicaid: 31,440,320 (FY 2008)	TBD	Statistical Enrollment Data System (SEDS) and CMS-2082 data; targets will be developed in the near future
1.E.2	Increase the proportion of adults ages 18 and older who are screened in IHS-funded clinical facilities for depression	44% (FY 2009)	60%	Clinical Reporting System (CRS)
1.E.3	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	Increase the number of patients served by Health Centers ⁵	18.8 million (FY 2009)	38.7 million	HRSA Bureau of Primary Health Care's Uniform Data System
1.E.5	Implement recommendations from Tribes annually to improve the consultation process.	0 (FY 2009)	At least 3 recommendations	Routine IHS Tribal consultation documentation for HHS consultation report and IHS Director's Activities database
Objective F: Promote the adoption and meaningful use of health information technology				
1.F.1	Increase the percentage of eligible primary care professionals participating in Medicare and Medicaid who receive meaningful use payments ⁶	TBD (FY 2011)	TBD	CMS Meaningful Use Registration and Attestation System
1.F.2	Increase the percentage of office-based primary care physicians who have adopted EHRs (basic).	TBD	TBD	National Ambulatory Medical Care Survey (NAMCS)

⁵This measure also represents a HHS High Priority Performance Goal. More information is available at <http://www.goals.performance.gov>.

⁶ Includes Medicaid incentive payments for adopting, implementing, and upgrading certified EHR technology in the first year.

		Most Recent Result	FY 2015 Target	Source
Goal 2: Advance Scientific Knowledge and Innovation				
Objective A: Accelerate the process of scientific discovery to improve patient care				
2.A.1	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	The NIH 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 Molecular Libraries Small Molecule Repository (an NIH Roadmap project) http://mli.nih.gov/mli/compound-repository/
2.A.2	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	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

		Most Recent Result	FY 2015 Target	Source
Goal 2: Advance Scientific Knowledge and Innovation				
Objective B: Foster innovation to create shared solutions				
2.B.1	Increase the number of identified opportunities for public engagement and collaboration across agencies	TBD	TBD	Data collection associated with development of Open Government Plan
2.B.2	Increase the number of high-value data sets and tools that are published by HHS	TBD	TBD	HHS Data Council
2.B.3	Increase the number of participation and collaboration tools and the activities conducted by the participation and collaboration community of practice	TBD	TBD	HHS Innovation Council
Objective C: Foster innovation to create shared solutions				
2.C.1	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	Increase the number of annual 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	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 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 ⁷	Head Start: Published Funding Opportunity Announcement for four National Training and Technical Assistance Centers (June 2010) Child Care/QRIS: Notice of Proposed Rulemaking submitted to the Office of Management and Budget (June 2010)	Child Care/QRIS: Targets for QRIS performance are not yet available Targets will be established once quality benchmarks are finalized and baseline data is collected	Head Start: Office of Head Start Monitoring Reviews Child Care/QRIS: QRIS data from state submissions to the ACF Child Care Bureau
3.A.2	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 ⁸	10,766 additional Head Start children served 34,270 additional EHS children served (June 2010) 195,000 (estimated) children receiving child care subsidies supported by Recovery Act funds (June 2010)	Increase the number or percentage of low-income children receiving Child Care and Development Fund (CCDF) subsidies who are enrolled in high-quality care settings	The Head Start Enterprise System and Child Care Bureau Information System (CCBIS) from state monthly case-level administrative data report (ACF-801) The ACF Child Care Bureau plans to revise the case level administrative data report (ACF-801) to support new reporting on the quality of care for children receiving Child Care and Development Fund subsidies
3.A.3	Improve outcomes for children with trauma-related mental health issues	76% (FY 2009)	79%	Grantee data from SAMHSA's National Child Traumatic Stress Network

⁷This measure also represents a HHS High Priority Performance Goal. More information is available at <http://www.goals.performance.gov>.

⁸This measure also represents a HHS High Priority Performance Goal. More information is available at <http://www.goals.performance.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	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	Maintain the collection rate for current child support orders	62% (FY 2009)	62%	Child Support Enforcement Annual Data Report (Form OCSE 157), Office of Child Support Enforcement (OCSE)
3.B.3	Increase the percentage of refugees entering employment through ACF-funded refugee employment services	40% (FY 2009)	60%	Performance Report (ORR-6)
Objective C: Improve the accessibility and quality of supportive services for people with disabilities and older adults				
3.C.1	Increase the number of individuals enrolled in CLASS	0 (FY 2009)	7.7 million	Program data from the agency administering CLASS
3.C.2	Maintain at least 90% of Older Americans Act clients from selected home and community-based services who rate services "good" to "excellent"	0 (FY 2009)	90%	National Survey

		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.1	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	Reduce underage drinking in America (as measured by the percentage of youth ages 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)
3.D.3	Increase the number of States with policies to improve nutritional quality of competitive foods (foods and beverages available or sold outside of the federally-reimbursed school meals programs) in schools	27 (FY 2009)	42	National Association of State Boards of Education (NASBE) policy database
3.D.4	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	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

		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.1	Reduce the rate of illness caused by <i>Salmonella enteritidis</i> ⁹	2.5 cases per 100,000 (3-year average, FY 2007–2009)	1.8 cases per 100,000	FoodNet system
3.E.2	Reduce the estimated number of cases of invasive MRSA infection	89,785 (FY 2008)	56,152	Active Bacterial Core Surveillance
3.E.3	Reduce the Central Line Associated Blood Stream Infection (CLABSI) standardized infection ratio	0.8 (FY 2010)	0.4	National Healthcare Safety Network
3.E.4	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	Increase the percentage of State public health agencies that can convene—within 60 minutes of notification—a team of trained staff that can decide on appropriate response and interaction with partners ¹⁰	70% (FY 2009)	100%	Division of State and Local Readiness (DSLRL)
3.F.2	Increase the number of new medical countermeasures for CBRN and emerging infectious diseases under EUA or licensed	CBRN Licensed: 4 EUA: 4 EID: Licensed: 6 EUA: 1 (FY 2009)	CBRN: Licensed: Plus 4 EUA: Plus 2 EID: Licensed: Plus 5 EUA: TBD ¹¹	ASPR contract files

⁹ This measure also represents a HHS High Priority Performance Goal. More information is available at <http://www.goals.performance.gov>.

¹⁰ This measure also represents a HHS High Priority Performance Goal. More information is available at <http://www.goals.performance.gov>.

¹¹ EID (pandemic influenza) products would be eligible for use in a public health emergency under EUA in advance.

		Most Recent Result	FY 2015 Target	Source
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 96% 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	Maintain the average survey results from appellants reporting good customer service (on a 1–5 scale) at the ALJ Medicare Appeals level	4.30 (FY 2009)	4.30	Appellate Climate Survey
Objective B: Fight fraud and work to eliminate improper payments				
4.B.1	Prevent Medicare fraud and abuse by strengthening CMS provider enrollment actions Increase the percentage of administrative actions taken on Medicare enrollment site visits to targeted high-risk providers and suppliers	TBD	25%	Developmental ¹²

¹² During FY 2011, in coordination with CMS, the Medicare Administrative Contractors (MACs) and Zone Program Integrity Contractors (ZPICs) will develop a methodology for computing Risk Indicators for Part A and B providers and suppliers similar to the National Supplier Clearinghouse's (NSC's) Fraud Level Indicators for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers and utilize them to identify "high risk" providers. For this measure, Risk Indicators will be defined per the proposed regulations at 42 CFR Parts 424, 431, 438, 455, and 457 Medicare, Medicaid, and Children's Health Insurance Programs; Additional Screening, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers; CMS-6028-P. Medicare contractors will utilize CMS-developed reporting requirements to compile the data on the numbers of targeted "high risk" enrollment site visits conducted and the percentage which resulted in an administrative action and to track and report the results of the administrative actions (e.g., dollars denied as a result of prepayment review). While the goal is national, based on the aggregate number of "high risk" site enrollment site visits conducted, individual contractors will be strongly encouraged to meet and exceed the national goal to the extent appropriate for the provider population in their jurisdiction.

		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 (continued)				
4.B.2	Increase the Medicaid Integrity Program Return on Investment (ROI)	175% (FY 2009)	180%	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	Decrease improper payments in 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
Objective C: Ensure program integrity and responsible stewardship of resources				
4.C.1	Increase the electronic media reach of CDC Vital Signs through the use of mechanisms such as CDC.gov and social media outlets	250,000 (FY 2010)	509,355 (5% over FY 2014)	The data source for this measure is Omniture [®] web analytics, which is a software product that provides consolidated and accurate statistics about interactions with CDC.gov and social media outlets as individuals seek and access information about CDC Vital Signs.
4.C.2	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)	13,502 MT CO ₂ e	PSC
4.D.3	Ensure power management is enabled in 100% of HHS computers, laptops, and monitors	32% (FY 2010)	100%	Departmentwide Data Calls

		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.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 (FY 2009)	65 days	Capital HR
Objective B: Ensure that the Nation's healthcare workforce can meet increased demands				
5.B.1	Expand the field strength of the National Health Service Corps (NHSC) ¹³	4,808 (FY 2009)	9,025	HRSA Bureau of Clinician Recruitment and Service's Management Information Support System
5.B.2	The number of primary care providers who complete their education through HRSA's Bureau of Health Professions-supported programs with FY 2010 Prevention and Public Health funding	0 (New program in FY 2010)	500 primary care physicians 600 physician assistants 600 nurse practitioners	HRSA grantee reporting
Objective C: Enhance the ability of the public health workforce to improve public health at home and abroad				
5.B.1	Increase the number of CDC trainees in State, tribal, local, and territorial public health agencies	119 (FY 2009)	198	Program and administrative data

¹³This measure represents a HHS High Priority Performance Goal. More information is available at <http://www.goals.performance.gov>.

		Most Recent Result	FY 2015 Target	Source
Goal 5: Strengthen the National Health and Human Service Infrastructure and Workforce				
Objective D: Strengthen the Nation's human service workforce				
5.D.1	Increase the percentage of Head Start teachers with AAs, BAs, advanced degrees, or a degree in a field related to early childhood education	87.4% (FY 2009)	100%	Head Start Program Information Report (PIR)
5.D.2	Increase the number of individuals trained by SAMHSA's Science and Services Program (e.g., ATTCs, CAPT, Medical Residency)	48,297 (FY 2009)	49,746	Data from SAMHSA's three science and Services programs
Objective E: Improve national, State, local, and tribal surveillance and epidemiology capacity				
5.E.1	Increase the number of 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

Appendix C: Acronyms

AA	Associate in Arts degree	BARDA	Biomedical Advanced Research and Development Authority
ACF	Administration for Children and Families	CAPT	Center for the Application of Prevention Technologies
ADA	Americans with Disabilities Act	CBRN	Chemical, Biological, Radiological, and Nuclear
ADD	Administration on Developmental Disabilities	CCBIS	Child Care Bureau Information System
ADRC	Aging and Disability Resource Center	CCDF	Child Care and Development Fund
AHRQ	Agency for Healthcare Research and Quality	CDC	Centers for Disease Control and Prevention
AI/AN	American Indian and Alaska Native	CDER	Center for Drug Evaluation and Research
ALJ	Administrative Law Judge	CFBNP	Center for Faith-Based and Neighborhood Partnerships
AoA	Administration on Aging	CHIP	Children's Health Insurance Program
ARRA	American Recovery and Reinvestment Act of 2009	CLABSI	Central Line-Associated Bloodstream Infection
ASA	Office of the Assistant Secretary for Administration	CLASS	Community Living Assistance Services and Supports
ASFR	Office of the Assistant Secretary for Financial Resources	CMHC	Community Mental Health Center
ASH	Assistant Secretary for Health	CMS	Centers for Medicare & Medicaid Services
ASL	Assistant Secretary for Legislation	CRS	Clinical Reporting System
ASPA	Assistant Secretary for Public Affairs	CSAMS	SAMHSA CSAP Prevention Service Accountability Monitoring System
ASPE	Office of the Assistant Secretary for Planning and Evaluation	DAB	Departmental Appeals Board
ASPR	Office of the Assistant Secretary for Preparedness and Response	DME	Durable Medical Equipment
ATSDR	Agency for Toxic Substances and Disease Registry	DSLRL	Division of State and Local Readiness
ATTCs	Addiction Technology Transfer Center	eCTD	Electronic Common Technical Document
AWS	Alternative Work Schedule	EHC	Effective Health Care
BA	Bachelor of Arts degree	EHS	Early Head Start

EID	Emerging Infectious Disease	LIS	Low Income Subsidy
ESRD	End Stage Renal Disease	MCBS	Medicare Current Beneficiary Survey
EUA	Emergency Use Authorization	MEPS	Medical Expenditure Panel Survey
FDA	Food and Drug Administration	MLSMR	Molecular Libraries Small Molecule Repository
FELTP	Field Epidemiology and Laboratory Training Program	MMWR	Morbidity and Mortality Weekly Report
FOIA	Freedom of Information Act	MRSA	Methicillin-Resistant Staphylococcus Aureus
FY	Fiscal Year	MSIS	Medicaid Statistical Information System
GPRA	Government Performance and Results Act of 1993 (Public Law 103-62)	NASBE	National Association of State Boards of Education
HAI	Healthcare-associated infections	NDNH	National Directory of New Hires
HCBS	Home- and community-based services	NHIS	National Health Interview Survey
HEAT	Health Care Fraud Prevention and Enforcement Action Team	NHSC	National Health Service Corps
HHA	Home Health Agency	NHSN	National Healthcare Safety Network
HHS	U.S. Department of Health and Human Services	NIH	National Institutes of Health
HITECH	Health Information Technology for Economic and Clinical Health Act	NSDUH	National Household Survey on Drug Use and Health
HIV/ AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome	OASH	Office of the Assistant Secretary for Health
HRSA	Health Resources and Services Administration	OCHIO	Office of Consumer Information and Insurance Oversight
HUD	U.S. Department of Housing and Urban Development	OCR	Office for Civil Rights
IGA	Office of Intergovernmental Affairs	OCSE	Office of Child Support Enforcement
IHS	Indian Health Service	OD	Office on Disability
IND	Investigational New Drug	OGC	Office of the General Counsel
LIHEAP	Low Income Home Energy Assistance Program	OGHA	Office of Global Health Affairs

OHR	Office of Health Reform
OIG	Office of Inspector General
OMB	Office of Management and Budget
OMHA	Office of Medicare Hearings and Appeals
ONC	Office of the National Coordinator for Health Information Technology
ORAC	Office of Recovery Act Coordination
ORR	Office of Refugee Resettlement
OSSI	Office of Security and Strategic Information
PAHPA	Pandemic and All-Hazards Preparedness Act
PDE	Prescription Drug Event
PECOS	Provider Enrollment, Chain, and Ownership System
PEPFAR	President's Emergency Plan for AIDS Relief
PIR	Program Information Report
PSC	Program Support Center
PSO	Patient Safety Organization
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
SIR	Standardized Infection Ratio

SNP	Single Nucleotide Polymorphism
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
USDA	U.S. Department of Agriculture
USPHS	United States Public Health Service
YRBS	Youth Risk Behavior Surveillance



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