1 HHS Strategic Plan, FY 2022 – 2026

2 Draft, September 2021

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Introduction

Public Consultation on the Draft HHS Strategic Plan FY 2022 - 2026

The Department of Health and Human Services (HHS) is seeking public comment on its draft Strategic Plan for Fiscal Years 2022 - 2026. The draft Strategic Plan is provided as part of the strategic planning process under the Government Performance and Results Modernization Act of 2010 (GPRA-MA) (P.L. 111-352) to ensure that HHS stakeholders are given an opportunity to comment on this plan.

This document articulates how the Department will achieve its mission through five strategic goals. These five strategic goals are (1) Protect and Strengthen Equitable Access to High Quality and Affordable Health Care, (2) Safeguard and Improve National and Global Health Conditions and Outcomes, (3) Strengthen Social Well-being, Equity, and Economic Resilience, (4) Restore Trust and Accelerate Advancements in Science and Research for All, and (5) Advance Strategic Management to Build Trust, Transparency, and Accountability. Each goal is supported by objectives and strategies.

The strategic planning consultation process is an opportunity for the Department to refine and strengthen the HHS Strategic Plan FY 2022 – 2026. We look forward to receiving your comments by November 7, 2021.

Mission Statement

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

Organizational Structure

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

Appendix A includes a public link to the organizational chart for HHS. Appendix B includes a public link to brief descriptions of the functions of all of HHS's operating and staff divisions (OpDivs and StaffDivs), which also link to the divisions' websites for additional information.

Strategic Plan Development

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

All OpDivs and StaffDivs within HHS contributed to the development of this draft of the HHS Strategic Plan FY 2022 – 2026 (Strategic Plan), as reflected in its strategic goals, objectives, and strategies.

Strategic Goals, Objectives, and Strategies

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

- Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

- Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes

- Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience

- Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All

- Strategic Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability

The strategic goals and associated objectives focus on the major functions of HHS. High-level strategies for accomplishing HHS's goals are presented within each objective. Although the strategic goals and objectives presented in the Strategic Plan are separate sections, they are interrelated, and successful achievement of one strategic goal or objective can influence the success of others. Multiple divisions within HHS often contribute to successful achievement of a strategic goal or objective; divisions that make these contributions to strategic goals and objectives are listed within the appropriate sections of the Strategic Plan.

The strategies presented are not intended to be an exhaustive list, but a select set of high-level strategies that are intended to lead to positive outcomes in each area.

127 The strategic goals, objectives, and strategies align with Administration priorities and
128 terminology identified in Executive Orders, White House Action Plans, Directives, and
129 Memoranda.

130 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
131 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
132 through the Federal Government to refer to "populations sharing a particular characteristic, as
133 well as geographic communities, who have been systematically denied a full opportunity to
134 participate in aspects of economic, social, and civic life"; this definition includes individuals
135 who belong to underserved communities that have been denied such treatment, such as Black,
136 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
137 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
138 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
139 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
140 to more than one underserved community and face intersecting barriers.

Stakeholder Engagement

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142 Under the GPRA Modernization Act, federal agencies are required to consult with Congress and
143 tribes, and to solicit and consider the views of external parties. HHS will update this section to
144 reflect input received from public, tribal, and congressional consultation conducted in the fall of
145 2021.

Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

HHS works to protect and strengthen equitable access to high quality and affordable healthcare. Increasing choice, affordability and enrollment in high-quality healthcare coverage is a focus of the Department's efforts in addition to reducing costs, improving quality of healthcare services, and ensuring access to safe medical devices and drugs. HHS also works to expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health. The Department is driving the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families. HHS also bolsters the health workforce to ensure delivery of quality services and care.

Related Executive Orders (EO) and White House Action Plans, Directives, and Memoranda:

- EO 13175: Consultation and Coordination With Indian Tribal Governments
- EO 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government
- EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats
- EO 13995: Ensuring an Equitable Pandemic Response and Recovery
- EO 13996: Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats
- EO 13997: Improving and Expanding Access to Care and Treatments for COVID-19
- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation
- EO 13999: Protecting Worker Health and Safety
- EO 14001: A Sustainable Public Health Supply Chain
- EO 14017: America's Supply Chains
- EO 14008: Tackling the Climate Crisis at Home and Abroad
- EO 14009: Strengthening Medicaid and the Affordable Care Act
- EO 14020: Establishment of the White House Gender Policy Council
- EO 14036: Promoting Competition in the American Economy
- Memorandum on Protecting Women's Health at Home and Abroad

177   • Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships

178   • National Strategy for the COVID-19 Response and Pandemic Preparedness

179   • Path Out of the Pandemic: President Biden's COVID-19 Action Plan

180   Within HHS, the following divisions are working to achieve Strategic Goal 1: Administration for
181   Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Centers for
182   Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food
183   and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian
184   Health Service (IHS), National Institutes of Health (NIH), Office of the Assistant Secretary for
185   Planning and Evaluation (ASPE), Office of the Assistant Secretary for Health (OASH), Office
186   for Civil Rights (OCR), Office of Global Affairs (OGA), Office of the National Coordinator for
187   Health Information Technology (ONC), and Substance Abuse and Mental Health Services
188   Administration (SAMHSA).

Objective 1.1: Increase choice, affordability, and enrollment in high-quality healthcare coverage

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190

191 HHS supports strategies to increase choice, affordability, and enrollment in high-quality
192 healthcare coverage. HHS promotes available and affordable healthcare coverage to improve
193 health outcomes in our communities and empowers consumers with high quality healthcare
194 coverage choices. The Department also leverages knowledge and partnerships to increase health
195 coverage enrollment. Below is a selection of strategies HHS is implementing.

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201 who belong to underserved communities that have been denied such treatment, such as Black,
202 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
203 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
204 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
205 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
206 to more than one underserved community and face intersecting barriers.

207

Contributing OpDivs and StaffDivs

208

209 ACL, AHRQ, ASPE, CMS, HRSA, and OASH work to achieve this objective.

210

Strategies

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Promote available and affordable healthcare coverage to improve health outcomes in our communities

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214 • Enhance and support outreach efforts to inform eligible individuals, of available
215   affordable healthcare insurance options and related cost-saving opportunities, including
216   premium and cost-sharing assistance programs.

217 • Provide support and assistance to the five U.S. Territories—American Samoa, the
218   Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin
219   Islands—to comply with federal requirements of the Affordable Care Act and Medicaid
220   to meet the healthcare needs of their populations.

Empower consumers with choices for high quality healthcare coverage

- Improve transparency of choice and access to available health coverage options, including Medicare, Medicaid, and Marketplace plans, for all consumers seeking coverage or searching for alternatives

- Promote partnerships and collaborations with states to provide and monitor equitable and timely access to Medicaid and Children's Health Insurance Program (CHIP) providers and services.

- Facilitate enhanced understanding of eligibility, improved screening, and health insurance literacy to bolster enrollment and coverage of underserved populations.

Leverage knowledge and partnerships to increase health coverage enrollment

- Support states, tribes, territories, grantees, faith-based organizations, and other federal award recipients through technical assistance and capacity building to expand pathways to high-quality healthcare coverage for all populations.

- Build the capacity of organizations to navigate the changing healthcare landscape to better support their clients to access and use their health coverage to improve health outcomes.

- Monitor and assess to improve enrollment and retention of eligible individuals in comprehensive public and private coverage, including Medicaid and the Children's Health Insurance Program (CHIP), Qualified Health Plans through an Exchange, and other high-quality comprehensive private insurance.

- Support research, including the application of findings and lessons learned, related to the cost effectiveness and affordability of insurance coverage for diverse populations.

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

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244

245 HHS supports strategies to reduce costs, improve quality of healthcare services, and ensure
246 access to safe medical devices and drugs for everyone. HHS develops and implements payment
247 models in partnership with healthcare providers and establishes other incentives to improve
248 quality care while reducing healthcare spending. HHS implements and assesses approaches to
249 improve healthcare quality, and address disparities in healthcare quality, treatment, and
250 outcomes. The Department also improves patient safety, strengthens access to safe and effective
251 medical products and devices, and expands approaches to safely exchange information among
252 patients, providers, and payers. Below is a selection of strategies HHS is implementing.

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263 to more than one underserved community and face intersecting barriers.

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265

Contributing OpDivs and StaffDivs

266

267 AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and ONC work to achieve this
268 objective.

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Strategies

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Partner with providers to develop payment models and other incentives to expand options for quality care at lower costs

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273 • Collaborate with states, community-based organizations, and other stakeholders to design
274 innovative, targeted, value-based payment models to increase recruitment of providers

275   that care for predominantly underserved populations and provide them with support to
276   improve their awareness of the benefits of alternative payment models that aim to
277   decrease health inequities.

278   • Partner with private payers, states, and other regional healthcare organizations to move
279   primary care providers away from fee-for-service and into payment models that support
280   the delivery of effective, comprehensive, patient-centered care for their patients through
281   the testing of models that reward providers for delivering high-quality care, improve
282   health outcomes, and advance healthy equity.

283   • Provide incentives and flexibilities to states to shift toward more value-based payments in
284   their Medicaid and Children's Health Insurance Program (CHIP) Programs.

285   • Partner with states and external quality measure development experts to define and
286   encourage use of a core set of metrics to measure provider effectiveness in Medicaid, the
287   Children's Health Insurance Program (CHIP), and pay-for-performance programs,
288   including reliable metrics of access to care, gaps in care, disparities, health equity, and
289   achieving positive outcomes for all populations.

290   **Implement and assess approaches to improve healthcare quality, and address disparities in**
291   **healthcare quality, treatment, and outcomes**

292   • Promote and support implementation of the National Standards for Culturally and
293   Linguistically Appropriate Services in Health and Health Care by health professionals,
294   health systems and organizations and in HHS programs to improve the quality of care and
295   reduce health disparities by ensuring the provision of services that are respectful of and
296   responsive to individuals' health needs, preferences, culture, and preferred language.

297   • Improve healthcare quality by defining and tracking progress on core clinical measures
298   that target high-priority health conditions and services, such as cancer, chronic disease,
299   prenatal care, HIV screening, antimicrobial resistance, and immunizations.

300   • Better understand the barriers and obstacles to using clinical decision support tools that
301   improve health outcomes in healthcare settings.

302   • Implement an equity impact strategy to support data-driven quality improvement
303   approaches to identify and address health disparities in access to, use of, and outcomes
304   from programs and policies among underserved populations.

305   • Assess treatment utilization to identify disparities in and barriers to access to effective,
306   appropriate, and quality treatment for underserved populations, and implement policies to
307   address identified disparities.

308   • Support research and evaluation of expanded use and availability of telehealth and
309   telemedicine, including effects on cost, reimbursement, access, and care outcomes and

310 harms, to inform the long-term approach to using this technology and to improve access
311 to care for underserved populations.

312 • Engage stakeholders from underserved populations to provide opportunities for input to
313 inform program and policy efforts to improve healthcare quality.

314 • Engage in tribal and Urban Indian Organization consultation and confer on what
315 improving quality health care services mean.

316 **Strengthen patient safety improvements and access to affordable medications and medical**
317 **products to reduce spending for consumers and throughout the health care system**

318 • Collaborate with partners and stakeholders to identify, design, implement, evaluate, and
319 sustain patient safety improvements that address patient risks, hazards, and harm.

320 • Support patient safety research to prevent threats to patient safety including healthcare-
321 associated infections.

322 • Improve access to safe and effective prescription drugs, biologics, and medical devices,
323 and lower costs by promoting generic and biosimilar competition, developing over-the-
324 counter medical products, and providing discounts on medicines to safety-net hospitals
325 and clinics.

326 • Ensure adequate and continued access to safe and effective medical products by
327 developing novel approaches to increase domestic manufacturing capacity, agility, and
328 efficiency, including through partnerships.

329 • Ensure continued access to safe medical devices and drugs by assessing the role of
330 foreign and U.S. supply chains in addressing shortages of drugs, medical devices, or
331 required ingredients and components, and providing options for strengthening and
332 improving coordination of global supply chain systems.

333 • Foster innovation by supporting public-private research and prioritizing payment and
334 service delivery models that test ways to reduce program and beneficiary spending on
335 prescription drugs, support increased utilization of biosimilars and generic drugs, and
336 lower overall spending while improving quality and beneficiary health.

337 **Expand approaches to safely exchange health information between patients, providers, and**
338 **payers**

339 • Enable individuals to access their health information by ensuring they can view and
340 interact with their data via secure mobile apps, patient portals, and other technologies

341 • Promote interoperability and data sharing through consensus-based, widely-accepted
342 standards to ensure health information, including social determinants of health

343   information, is available for patient care across healthcare settings, public health,
344   research, and emergency and disaster preparedness, response, and recovery.

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health

HHS invests in strategies to expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health. HHS supports community-based healthcare services to meet the diverse healthcare needs of underserved populations while removing barriers to access to advance health equity and reduce disparities. The Department also works to understand how to best address social determinants of health in its programs. Below is a selection of strategies HHS is implementing.

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Contributing OpDivs and StaffDivs

ACL, AHRQ, ASPE, CDC, CMS, HRSA, IHS, NIH, SAMHSA, OASH, and OCR work to achieve this objective.

Strategies

Support community-based services to meet the diverse healthcare needs of underserved populations

- Deliver safe, affordable, accessible, quality, value-based primary healthcare to underserved populations through health centers and other community providers.

- Address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and

services to improve and increase testing and contact tracing and prevent and control COVID-19 infection or transmission.

- Ensure the provision of safe, culturally-competent care and services for women, with dedicated focus on African American/Black and American Indian/Alaska Native women and people with lower incomes, during maternal, perinatal, prenatal, and postpartum periods of life, including raised awareness of pregnancy-related risk factors and available benefits.

- Work with tribal nations and Urban Indian Health programs to expand and improve pre- and post-natal care on Indian reservations and Urban Indian centers to reduce disparities in maternal and infant mortality and morbidity.

- Promote partnerships to implement programs and outreach that focus on raising awareness and rapidly linking affected individuals to relevant care and treatment services, including persons harmed by substance use disorders and persons with HIV.

- Promote linkages to treatment and interventions aimed at reducing exposure and excessive use of alcohol and other substances to achieve healthier outcomes, including optimal pregnancy outcomes.

- Expand access to oral healthcare, including diagnostic, preventive, and restorative services, and health care settings that provide oral healthcare, and promote collaborative practices to integrate oral health and primary care to improve health outcomes.

- Continue to expand equitable access to quality sexual and reproductive health services, including family planning services.

- Continue to promote and support programs that invest in rural collaborations and encourage efforts designed to improve rural healthcare system capacity and infrastructure to facilitate delivery of equitable healthcare services that can comprehensively address the health, social, and economic needs of a wide range of population groups.

- Extend and enhance the lives of individuals in all communities through improving access to safe organ transplantation, bone marrow transplants, and cord blood transplants.

- Improve access to community-based care by supporting appropriate retention of telehealth flexibilities implemented for the COVID-19 pandemic, increasing access to broadband, and providing technical assistance, training and information for patients and providers on the use of telehealth technologies.

- Facilitate the delivery of technology-based interventions and innovations, including the development and dissemination of electronic health record standards, to enable interoperable data exchange across health and community service providers and emerging artificial intelligence solutions to improve care management.

Remove barriers to healthcare access to advance health equity and reduce disparities

412

413 • Build capacity of resource centers, healthcare organizations and the health workforce to
414   reduce health and healthcare disparities, including cultural competence capacity to
415   provide culturally and linguistically appropriate services (CLAS).

416 • Promote adoption of national CLAS standards to enable providers to demonstrate cultural
417   humility through self-awareness and communicate in ways that consider the cultural,
418   health literacy, and language access services needs of their patients.

419 • In collaboration with private and non-profit organizations, develop patient safety bundles
420   and decision aids like protocols and checklists for health conditions that disproportionally
421   affect underserved populations and work with national accreditation organizations to
422   promote their use in clinics across the nation.

423 • Collect, use, and monitor data on the prevalence and causes of conditions, including
424   social, environmental, and biological risk factors, and establish partnerships between
425   healthcare providers and community-based social service organizations to address social
426   determinants of health.

427 • Support state, local, tribal, and territorial jurisdictions to develop multi-sector action
428   plans to address social determinants of health, in sectors such as housing, transportation,
429   and social services, and accelerate actions that lead to improved chronic disease
430   outcomes among persons experiencing health disparities and inequities in communities
431   with the poorest health outcomes.

432 • Increase access to affordable, accessible housing, and other services that address unmet
433   social needs that contribute to poor health outcomes and reduce unnecessary healthcare
434   expenditures through the HHS and U.S. Department of Housing and Urban Development
435   housing partnership and other partnerships.

436 • Engage community members to provide input to plan and implement services and
437   programs and conduct participatory research to ensure that activities are tailored and
438   responsive to community needs.

439 **Understand barriers to access and the impacts of social determinants of health to**
440 **develop evidence-based community-based healthcare service delivery models**

441 • Expand efforts to collect data that improves understanding of the social determinants of
442   health and their implications for delivering equitable and effective health, public health,
443   and human service programs.

444 • Partner with healthcare organizations, healthcare providers, social service organizations,
445   and other organizations to identify, develop and implement evidence-based community-

446	based healthcare service delivery models to support whole person integrated and
447	coordinated care to improve physical health and behavioral health outcomes.
448	
449	• Support community-based participatory research, and other research approaches, to
450	examine the effectiveness of community-based service delivery models, in improving
451	health outcomes across populations, including collecting and stratifying data based on
452	race, ethnicity, national origin (including primary language), sex, sexual orientation,
453	gender identity, and pregnancy, age, disability status, and other population variables.
454	• Support research on telehealth to answer questions related to how it affects access to the
455	care and the quality and cost of care, including for underserved populations.

Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families

HHS supports strategies to drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families. HHS is enhancing the ability to serve those in need of behavioral health services by exchanging data, information, and resources while expanding evidence-based integrated systems of behavioral and physical healthcare to improve equitable access to quality care. HHS is also engaging and educating healthcare providers, healthcare professionals, paraprofessionals, other health workforce professionals, and students in these professions to build their practice competence and capacity to address the behavioral and physical health needs of individuals, families, and communities. Below is a selection of strategies HHS is implementing.

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Contributing OpDivs and StaffDivs

ACL, ASPE, AHRQ, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, and SAMHSA work to achieve this objective.

Strategies

Strengthen a fragmented behavioral and physical health system to reduce costs, enhance quality care and patient experience, and improve mental health and substance use disorder outcomes for individuals and families

489	•	Use existing policy levers to encourage clinically-effective integrated care models (e.g.
490		financial incentives to support multidisciplinary team care or co-location of services.).
491	•	Increase equitable access to care, including bi-directional integration, where physical and
492		behavioral health providers coordinate and deliver care, and expand telehealth options.
493	•	Examine how science, data, and evidence support and inform programs and policies
494		across HHS that prioritize behavioral and physical health integration.

495 Expand evidence-based integrated systems of behavioral and physical healthcare to
496 improve equitable access to quality care

497	•	Assist states and communities with the development and implementation of effective
498		crisis services and systems, including quick, easy, and reliable access to emotional
499		support and crisis counselling and community-based mobile crisis intervention services.
500	•	Expand payment models to support integration of behavioral health and physical
501		healthcare to include other qualified provider types and modalities, including telehealth,
502		across HHS healthcare programs and public payers.
503	•	Support states, tribal, local, territorial, and rural communities to access and develop
504		resources and processes to facilitate wider use of effective evidence-based integrated care
505		models.
506	•	Promote the development of effective educational resources and dissemination
507		approaches to improve public understanding of mental and substance use disorders and
508		when to seek treatment, with a focus on efforts to effectively address overdose death,
509		death by suicide, and non-fatal self-harm.

510 Connect physical health and behavioral health communities to enhance the ability to serve
511 those in need of integrated health services by exchanging data, information, and resources

512	•	Facilitate collaborations with health officials, behavioral health authorities, and national
513		provider networks to develop sustainable activities and pathways to integration with
514		common performance measures that achieve standards of excellence in integrated care.
515	•	Identify opportunities to expand linkage and use of electronic health records and other
516		related data to identify unmet needs and help improve access, equity, quality, and value.
517	•	Promote research to build the evidence base and best practices, including implementation
518		science research to support the scale up of effective models to identify and treat
519		behavioral and physical health issues of individuals in all healthcare settings, including
520		primary care.
521	•	Strengthen health equity research to highlight the diversity of populations, communities
522		and researchers and to ensure that evidence-based treatments are available across race,

523 ethnicity, national origin (including primary language), sex, sexual orientation, gender
524 identity, pregnancy, geographic location, and other demographics.

525 **Engage and educate healthcare providers, healthcare professionals, paraprofessionals,**
526 **other health workforce professionals, and students in these professions to build their**
527 **practice competence and capacity to address the mental health and substance use disorder**
528 **needs of individuals, families, and communities**

529 • Support a health workforce including community health workers and peer support
530 specialists knowledgeable in behavioral and physical health interdisciplinary care.

531 • Enhance the capacity of physical health providers to assess, screen, and treat behavioral
532 health conditions by increasing access to treatments for substance use disorders and other
533 disorders and assisting behavioral health providers to coordinate with individuals,
534 families, and communities.

Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care

HHS supports strategies to bolster the health workforce to ensure delivery of quality services and care. HHS is committed to facilitating coordinated efforts to address long-sanding barriers to strengthening the health workforce. HHS efforts focus on developing professional development opportunities to learn and use new skills to improve the delivery of quality services and care. HHS is also strengthening the integration of culturally- and linguistically-competent and effective care into the services delivered by the health workforce. Below is a selection of strategies HHS is implementing.

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Contributing OpDivs and StaffDivs

AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, OASH, OGA, and SAMHSA work to achieve this objective.

Strategies

Facilitate coordinated efforts to address long-standing barriers to strengthening the health workforce

- Fully implement the HHS Health Workforce Strategic Plan to expand supply, ensure equitable distribution, improve quality, and enhance the use of data and evidence to improve program outcomes while strengthening and diversifying the health workforce.

566	This plan, which is inclusive of workforce occupations defined within the U.S.
567	Department of Labor, Bureau of Labor Statistics [Standard Occupational Classification](#)
568	[system,](#) defines the health workforce as follows: the occupations include all healthcare
569	providers with direct patient care and support responsibilities, such as: physicians
570	(including primary care physicians, preventive medicine physicians, and specialty
571	physicians), nurses, nurse practitioners, optometrists, physician assistants, pharmacists,
572	dentists, dental hygienists, and other oral health care professionals, allied health
573	professionals, doctors of chiropractic, community health workers, health care
574	paraprofessionals, direct support professionals, psychologists and other behavioral and
575	mental health professionals (including substance abuse prevention and treatment
576	providers), social workers, physical and occupational therapists, certified nurse
577	midwives, podiatrists, the EMS workforce (including professional and volunteer
578	ambulance personnel and firefighters who perform emergency medical services), licensed
579	complementary and alternative medicine providers, integrative health practitioners,
580	public health professionals, and any other health professional that the Comptroller
581	General of the U.S. determines appropriate

582 **Develop and promote opportunities to learn and use new skills to improve the delivery of**
583 **quality services and care**

584 • Engage multilaterally and bilaterally, including through policy leadership and technical
585   expertise, to advance global efforts to protect and invest in the health workforce.

586 • Partner with states to develop an access strategy to ensure ample high-quality providers
587   to serve Medicaid and the Children's Health Insurance Program (CHIP) beneficiaries.

588 • Strengthen the capacity of community health workers (CHWs) to promote access to
589   services, improve the quality and cultural competence of service delivery, and improve
590   health outcomes by establishing partnerships with other federal departments to encourage
591   use of CHWs in community response.

592 • Provide support and training at the local level for increased use and availability of
593   community emergency medical services workforce to reduce the use of 911 for routine
594   care, reduce the strain on emergency rooms, and mitigate the spread of COVID-19 and
595   other infections.

596 • Develop and share approaches for providers to deliver telehealth services across state
597   lines, within federal and state parameters.

598 • Develop and disseminate resources and support convenings to help the health workforce
599   increase its understanding of and access to evidence-informed best practices that improve
600   quality of care and outcomes.

601 • Support national accreditation and standards for state and local health departments.

602	•	Support academic degree programs and research training opportunities in occupational
603		health nursing, occupational medicine, and related areas to provide qualified personnel to
604		work in industry, labor, academia, and government to improve occupational health and
605		safety for the U.S. workforce.

606 Strengthen the integration of culturally- and linguistically-competent and effective care
607 into the services delivered by the health workforce

608	•	Partner with states, Federal Qualified Health Centers, clinics, schools, other community
609		based organizations and the private sector to ensure the health workforce is appropriately
610		and adequately trained with culturally-competent, evidence-based strategies and
611		education modules for addressing systemic bias and racism, ableism, and transphobia to
612		reduce health disparities in the communities they serve.

613	•	Coordinate with grant recipients and other funded partners to support training, technical
614		assistance, and use of the National Standards for Culturally and Linguistically
615		Appropriate Services (CLAS) in Health and Health Care and Cultural Humility as
616		foundations for effective and equitable provision of healthcare.

| 617 | • | Promote equity and inclusion, including as it relates to race, ethnicity, and gender, in |
| 618 | | global commitments, resolutions, and strategies affecting the global health workforce. |

Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes

HHS is dedicated to safeguarding and improving health conditions and health outcomes for everyone. The Department improves capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats, domestically and abroad. The Department protects individuals, families, and communities from infectious disease and prevent non-communicable disease through the development and equitable delivery of effective, innovative, readily available, treatments, therapeutics, medical devices, and vaccines. HHS enhances the promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death. The Department also mitigates the impacts of environmental factors, including climate change, on health outcomes.

Related Executive Orders (EO) and White House Action Plans and Directives:

- EO 12898: Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations.

- EO 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government

- EO 13987: Organizing and Mobilizing the United States Government to Provide a Unified and Effective Response to Combat COVID-19 and to Provide United States Leadership on Global Health and Security

- EO 13990: Protecting Public Health and the Environment and Restoring Science To Tackle the Climate Crisis

- EO 13991: Protecting the Federal Workforce and Requiring Mask-Wearing

- EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats

- EO 13995: Ensuring an Equitable Pandemic Response and Recovery

- EO 13996: Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats

- EO 13997: Improving and Expanding Access to Care and Treatments for COVID-19

- EO 14001 National Strategy for a Resilient Public Health Supply Chain

- EO 14002: Economic Relief Related to the COVID-19 Pandemic

- EO 14008: Tackling the Climate Crisis at Home and Abroad

650   •   EO 14013: Rebuilding and Enhancing Programs to Resettle Refugees and Planning for
651   the Impact of Climate Change on Migration

652   •   American Pandemic Preparedness: Transforming Our Capabilities

653   •   Interim National Security Strategic Guidance, March 2021

654   •   National Security Memorandum on United States Global Leadership to Strengthen the
655   International COVID-19 Response and to Advance Global Health Security and
656   Biological Preparedness

657   •   National Strategy for the COVID-19 Response and Pandemic Preparedness, January
658   2021

659   •   Path Out of the Pandemic: President Biden's COVID-19 Action Plan

660   •   U.S. COVID-19 Global Response and Recovery Framework, July 2021

661 Within HHS, the following divisions are working to achieve Strategic Goal 2: Administration for
662 Children and Families (ACF), Administration for Community Living (ACL), Agency for
663 Healthcare Research and Quality (AHRQ), Agency for Toxic Substances and Disease Registry
664 (ATSDR), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid
665 Services (CMS), Food and Drug Administration (FDA), Health Resources and Services
666 Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), Office
667 of the Assistant Secretary for Health (OASH), Office for Civil Rights (OCR), Office of the
668 Assistant Secretary for Planning and Evaluation (ASPE), Office of the Assistant Secretary for
669 Financial Resources (ASFR), Office of the Assistant Secretary for Preparedness and Response
670 (ASPR), Office of Global Affairs (OGA), Office of the National Coordinator for Health
671 Information Technology (ONC), and Substance Abuse and Mental Health Services
672 Administration (SAMHSA).

Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats across the nation and globe

HHS invests in strategies to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats. HHS leverages opportunities to improve collaboration and coordination, to build capacity and foster readiness for effective emergency and disaster response. HHS advances comprehensive planning for mitigation and response. HHS also applies knowledge gained from the effective and efficient use and application of technology, data, and research to improve preparedness and health and human services outcomes during emergencies and disasters. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

ACF, ACL, ASPR, ATSDR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OGA, and ONC work to achieve this objective.

Strategies

Leverage opportunities for improved collaboration and coordination to strengthen capacity for effective emergency and disaster readiness, response, and recovery

- Expand and build HHS support and assistance to state, tribal, local, and territorial partners, and communities to strengthen the capacity and resilience of public health departments and laboratory operations and facilities to meet needs and demand during response and recovery efforts.

706   •   Strengthen the coordination between domestic and international stakeholders and
707   modernization of programs, policies, guidance, and funding mechanisms to support
708   robust emergency and disaster response planning, infrastructure, and capabilities,
709   including disaster human services capabilities.

710   •   Foster collaboration between key partners and stakeholders at the federal, state, tribal,
711   local, and territorial levels, including partner organizations like the Federal Emergency
712   Management Agency, private sector organizations, and global partners like the World
713   Health Organization to increase awareness of opportunities to develop integrated
714   guidance and plans as well as fill gaps in service and critical functions necessary to better
715   anticipate, identify, and promptly respond to threats, emergencies, and disasters.

716   •   Address health disparities and promote trust, and community resilience, especially for
717   underserved communities disproportionately affected by emergencies, by improving
718   engagement and collaboration across federal, state, tribal, local, and territorial
719   stakeholders and community organizations, and with relevant international partners,
720   ensuring response efforts are informed by health and human services equity principles.

721   •   Focus resources on developing the capacity of the HHS emergency response workforce
722   through effective training and technical assistance to improve the Department's readiness
723   to meet the needs and demand of the communities they support during emergency
724   response and recovery efforts.

725 **Plan for mitigation and response, including the communication and dissemination of**
726 **information, the development and availability of medical countermeasures, and the use of**
727 **regulatory flexibilities**

728   •   Advance the development and availability of safe effective medical countermeasures to
729   support preparedness and response efforts, and maximize their effective use by providing
730   comprehensive and accessible guidance and public health communications to critical
731   partners, including distribution and response networks, academic partners, hospital
732   systems, clinical organizations, and the public.

733   •   Build a diverse, agile U.S. public health supply chain while sustaining long-term
734   domestic manufacturing capability for medical countermeasures and medical products to
735   reduce and prevent shortages and ensure continuous supply during times of need.

736   •   Ensure that HHS is prepared to make effective use of available waiver options and
737   systems in place to expand and maximize flexibilities when a public health emergency is
738   declared, ensuring response efforts can scale to readily support communities.

739   •   Facilitate communication and coordination with public and private partners to leverage
740   existing flexibilities and make new flexibilities available for the benefit of response
741   efforts during a public health emergencies and disasters.

742 • Leverage and expand partnerships with state, tribal, local, and territorial partners and
743 community-based, faith-based, and non-profit organizations as well as international
744 partners to generate and disseminate risk communication and outreach materials that are
745 evidence-based and culturally appropriate to improve awareness, knowledge, and uptake
746 of mitigation measures during emergencies and disasters.

747 • Disseminate consistent and plain language communications to ensure affected individuals
748 and communities, including those living or working in high-risk areas, are notified in a
749 timely, culturally-tailored manner to minimize risk and ensure their safety.

750 • Ensure the resilience of the public health industrial base (PHIB) supply chain with
751 improvements in the robustness, visibility and agility of the supply chain in coordination
752 with interagency and private sector partners; wherein robustness includes broadening
753 domestic manufacturing capacity and diversification of sources, visibility includes
754 increased transparency and mapping of PHIB supply chains, and agility is an improved
755 flexibility and responsiveness of actors in the system.

756 **Apply lessons learned from the use and application of technology, data, and research to**
757 **improve preparedness and health and human services outcomes during emergencies and**
758 **disasters**

759 • Enhance research, analytic, and learning capabilities through more efficient, accurate, and
760 trusted collection, application, and integration of data from new and existing data streams
761 across a series of disciplines, including demographic, environmental, genetic or genomic,
762 biomedical, economic, geospatial, and ecological data, to better understand health
763 impacts of emergencies and disasters.

764 • Improve coordination and collaboration efforts with federal, state, tribal, local, territorial,
765 and international partners to enhance integrated surveillance and monitoring capacity to
766 ensure equity in emergency response planning, coordination, and delivery and sustaining
767 global health security.

768 • Invest in modernizing information technology infrastructure to foster data sharing and
769 interoperability across systems in coordination with partners to ensure data insights are
770 representative, actionable, and readily available to decisionmakers and researchers
771 before, during, and after an emergency or disaster to inform preparedness, response, and
772 forecasting.

773 • Leverage data collection, monitoring, and reporting systems, including critical
774 demographic data, to improve the production, availability, and equitable supply of
775 necessary countermeasures and medical equipment, including Personal Protective
776 Equipment (PPE), when they are needed during emergencies and disasters.

777   •   Provide training, education, and technical assistance to foster a multidisciplinary cadre of
778   culturally-competent public health and research professionals to conduct studies to better
779   understand the human health impacts, including mental health, of public health
780   emergencies and disasters, especially among especially among groups that are
781   disproportionately affected.

782   •   Support innovative research and development for medical countermeasures, including
783   clinical trials, and data integration capabilities to better prepare for and support safe and
784   healthy outcomes during emergencies and disasters.

Objective 2.2: Protect individuals, families, and communities from infectious disease and non-communicable disease through development and equitable delivery of effective, innovative, readily available diagnostics, treatments, therapeutics, medical devices, and vaccines

HHS is working on strategies to protect the public from known and emerging infectious diseases and prevent non-communicable diseases, including cardiovascular diseases, cancer, diabetes, and other chronic conditions. HHS advances the development and delivery of safe, effective, and innovative diagnostics, treatments, therapeutics, medical devices, and vaccines. HHS invests in innovative technology and development to ensure the supply and availability of diagnostics, treatments, therapeutics, medical devices, and vaccines while leveraging resources and collaborations to support and apply research, evaluation, and data insights about non-communicable and infectious disease. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

AHRQ, ASPR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and OGA work to achieve this objective.

Strategies

Develop and deliver evidenced-based safe, effective, testing, treatments, therapeutics, medical devices, vaccines, and prevention strategies

- Mobilize resources and collaborations, including domestic, international, and public-private partnerships to support the research, development, testing, manufacture, and

818　　equitable distribution of safe and effective prevention strategies, diagnostics, vaccines,
819　　therapeutics, and medical devices for non-communicable and infectious disease.

820　• Increase collaboration with domestic and international partners, including community-
821　　based organizations, to improve confidence in vaccines and vaccination uptake rates,
822　　especially among disproportionately affected populations.

823　• Build and support sustainable immunization programs, and capacity at local, national,
824　　regional, and global levels to better prevent and respond to disease-specific challenges
825　　and meet disease eradication, elimination, and control targets.

826　• Support evidence-based healthcare delivery models and engage stakeholders across
827　　public health and healthcare systems to increase awareness and use of safe and effective
828　　treatments and therapeutics in diverse patient populations, including tribal and territorial
829　　communities.

830　• Leverage partnerships and communication networks throughout state, tribal, local, and
831　　territorial communities to promote appropriate use of antimicrobials and antimicrobial
832　　stewardship across all healthcare and veterinary settings.

833　• Foster and leverage partnerships with key stakeholders throughout the food production,
834　　manufacturing, storage, and distribution enterprise, as well as tribal and Urban Indian
835　　Organization partners, to promote and implement science-based preventive control
836　　standards for contamination of domestic and imported foods.

837　**Invest in innovative technology and development to ensure supply and availability of safe**
838　**and effective diagnostics, treatments, therapeutics, medical products and devices, and**
839　**vaccines**

840　• Support the development of new, safe, and effective medical products with improved
841　　delivery characteristics, such as easier storage conditions, longer shelf-life, and reduced
842　　dosing, for the treatment, prevention, and diagnosis of non-communicable and infectious
843　　diseases.

844　• Support the application and use of innovative technologies, including mobilizing industry
845　　to advance manufacturing (including flexible on demand and point-of-care
846　　manufacturing) and artificial intelligence to accelerate research and manufacturing, to
847　　improve quality, address shortages, and speed time-to-market for new diagnostics,
848　　treatments, therapeutics, medical products, and vaccines.

849　• Advance the research and development of accessible, point of care diagnostic testing to
850　　detect non-communicable and infectious diseases to ensure that timely, safe, and
851　　effective treatments and therapeutics can be delivered equitably to all communities when
852　　needed, including underserved communities, tribes, and territories.

Leverage resources and collaborations to support and apply research, evaluation, and data insights about non-communicable and infectious disease

- Engage in research to better understand the overall disease burden and effective strategies for intervention and improved quality of life associated with chronic conditions.

- Build and maintain partnerships, including federal, non-federal, academic and industry partnerships, to promote the development, implementation, evaluation, and availability of vaccines and other treatments to combat antimicrobial resistance and microbial threats.

- Invest in data analysis, research, and evaluation efforts, including opportunities for data sharing and linkages, to better understand the burden of disease in a variety of industry and occupation settings and further the development and implementation of vaccines for high-burden diseases and diseases with epidemic or pandemic potential.

- Support the availability and evaluate the effectiveness of prevention and mitigation measures—including engineering controls, administrative controls, and personal protective equipment—in workplaces across all industry sectors, including those with social, economic, and/or environmental disadvantages that elevate risk and exposure.

- Conduct vaccine safety monitoring and clinical research to keep vaccines safe and provide compensation to people who have been injured by specific vaccines.

- Improve the ability to monitor supply chain shortages and proactively prevent them by improved transparency and data sharing among state, local, tribal, and territorial governments, industry, and federal partners — ensuring supplies are distributed on a priority basis.

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death

HHS supports strategies to promote healthy behaviors to reduce the occurrence and disparities in preventable injury, illness, and death. The Department develops, communicates, and disseminates information to improve health literacy about the benefits of healthy behaviors. HHS leverages resources, partnerships, and collaborations to support healthy behaviors that improve health conditions and reduce disparities in health outcomes. HHS also advance and applies research and data insights to inform evidence-based prevention, intervention, and policy approaches to address disparities in preventable injury, illness, and death. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

AHRQ, ACL, ASFR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and SAMHSA work to achieve this objective.

Strategies

Develop, communicate, and disseminate information to improve health literacy about the benefits of healthy behaviors

- Enhance maternal, infant, and child health through promotion of healthy dietary and physical activity patterns and guidelines while reducing exposure to contaminants and environmental risks, including foodborne pathogens and toxic elements in foods, during pregnancy and in early childhood, particularly in underserved populations.

907   • Develop targeted public awareness and education for youth and adults about the risks and
908   dangers posed by tobacco, tobacco-like products, and alcohol, to discourage use, while
909   promoting the availability of cessation programs and supports to minimize harm.

910   • Expand public awareness and education of mental and behavioral health services
911   including the availability of services for prevention and treatment of substance use
912   disorders.

913   • Support and improve the dissemination and accessibility of information and interventions
914   related to physical activity, healthy eating, food deserts, food insecurity, nutrition, and
915   nutrition labeling to reduce the incidence of related health conditions and chronic
916   diseases.

917   • Educate the public on best practices and approaches for mitigating and reducing
918   preventable injury in sports and other physical activities, such as concussions and related
919   injuries, including preventable injury in children and youth sports.

920   • Ensure the public is informed and understands the prevalence, causes, and consequences
921   of social, environmental, and biological risk factors, including related impacts on
922   healthcare costs among underserved populations.

923 **Leverage resources, partnerships, and collaborations to support healthy behaviors that**
924 **improve health conditions and reduce disparities in health outcomes**

925   • Maximize partnerships with states, community-based organizations, and healthcare
926   organizations to improve safe opioid prescribing and reduce harm by leveraging naloxone
927   distribution, syringe services programs, and integrated service delivery for co-occurring
928   conditions.

929   • Promote partnerships to implement programs and outreach that focus on raising
930   awareness and rapidly linking affected individuals to relevant care and treatment services,
931   including persons harmed by substance use and persons with HIV.

932   • Collaborate with states, tribes, and community-based organizations to develop and
933   implement prevention and intervention efforts aimed at addressing substance use
934   challenges faced by adults and youth through evidence-based education and programs.

935   • Enhance collaborative efforts with states and community and faith-based organizations to
936   raise awareness of mental health and substance use disorders and reduce barriers and
937   increase access to effective prevention programs and treatments, including telemedicine,
938   healthcare integration, and community- and school-based care.

939   • Support partnerships and collaborations to enhance the promotion of interpersonal and
940   emotional skills among children, youth, and adolescents to prevent adverse childhood
941   experiences, suicide, substance use, and youth violence in communities by supporting the

942   implementation and evaluation of evidence-based programs, including interventions
943   related to health promotion, socioemotional learning, and teen pregnancy.

944   • Partner with states, tribes, local, and territorial communities, including private and non-
945   profit organizations, to expand tailored prevention education and interventions to reduce
946   health disparities, focusing efforts in addressing disparities in injury, substance use and
947   misuse, illness, morbidity, and mortality rates in underserved populations.

948   • Engage state level, regional, tribal, territorial, and local providers, programs, and
949   organizations—including medical practitioners, Breastfeeding Coalitions, the
950   Supplemental Nutritional Assistance Program (SNAP), and the Special Supplemental
951   Nutrition Program for Women, Infants, and Children (WIC)—to develop cultural
952   competence training and education materials for healthcare providers who provide
953   services to maternal, perinatal, and postpartum populations, and groups that have been
954   economically and socially marginalized.

955   **Apply research and data insights to inform evidence-based prevention, intervention, and**
956   **policy approaches to address disparities in preventable injury, illness, and death**

957   • Support, enhance, and coordinate research and surveillance efforts to improve
958   identification of key trends and disparities in preventable injury, illness, and death at the
959   national and sub-national levels to inform evidence-based interventions aimed at reducing
960   health disparities.

961   • Advance health equity through regulatory efforts, where appropriate, and research efforts
962   that utilize implementation science concepts and methods to better integrate effective,
963   evidence-based interventions and actions to reduce substance use, tobacco use, obesity,
964   and promote nutrition, blood pressure control, and physical activity across all
965   populations.

966   • Support interdisciplinary and innovative research to enhance our understanding of how
967   social, built, and natural environments affect the social determinants of health and inform
968   culturally appropriate evidence-based treatments and supports to improve healthy
969   behaviors in community settings for populations with health disparities.

970   • Leverage and promote partnerships and collaborations, including public-private
971   partnerships, to support implementation science and research application in the
972   development and implementation of prevention and intervention approaches.

973   • Promote research to effectively characterize and understand the interactions among the
974   demographic, behavioral, lifestyle, social, cultural, economic, occupational, and
975   environmental factors that influence healthy eating choices in diverse population groups.

Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

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977

978 HHS invests in strategies to mitigate the impacts of environmental factors, including climate
979 change, on health outcomes. HHS detects, investigates, forecasts, monitors, responds to,
980 prevents, and aids in recovery from environmental and hazardous public health threats and their
981 health effects. HHS promotes cross-disciplinary and multi-stakeholder coordination to improve
982 the outcomes of climate change and environmental exposures on workers, communities, and
983 domestic and international systems. Additionally, HHS expands awareness and increases
984 knowledge of environmental hazards and actions that individuals and communities can take to
985 reduce negative health outcomes. Below is a selection of strategies HHS is implementing.

986 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
987 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
988 through the Federal Government to refer to "populations sharing a particular characteristic, as
989 well as geographic communities, who have been systematically denied a full opportunity to
990 participate in aspects of economic, social, and civic life"; this definition includes individuals
991 who belong to underserved communities that have been denied such treatment, such as Black,
992 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
993 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
994 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
995 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
996 to more than one underserved community and face intersecting barriers.

997

Contributing OpDivs and StaffDivs

998

999 ASPR, ATSDR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, and OGA work to achieve
1000 this objective.

1001

Strategies

1002

Expand ability to predict, monitor, prevent, respond to, and recover from health impacts of
environmental changes and threats, utilizing a One Health approach

1003
1004

1005 • Develop, use, and evaluate analytical, prevention and control tools and models to
1006   accurately forecast, prepare for, mitigate, and adapt to environmental and occupational
1007   hazards or climate change impacts, including those related to the agricultural ecosystem
1008   that have public health implications, including the effects of wind, rainfall, drought, and

| 1009 | | fire and the impacts on animal populations, the microbial make-up of soil and water, and |
| 1010 | | land use. |

1011	•	Expand disease surveillance systems, environmental health data collection, and predictive
1012		modeling capabilities, and integrate such environmental health data with data from other
1013		scientific disciplines (e.g. geoscience, agricultural, land use, animal sciences, and
1014		behavioral and social science) to detect changes in risk, incidence, and distribution over
1015		time, including environmental impacts on workers and industries, and underserved
1016		communities.

1017	•	Conduct and support research on the impacts of current and emerging environmental
1018		exposures, risk factors, environmental and hazardous public health threats, and climate
1019		change to increase understanding of health outcomes on individuals and communities at
1020		the national and international level.

1021	•	Facilitate research, collaboration, and implementation efforts between public and private
1022		healthcare system stakeholders to make healthcare delivery more environmentally
1023		sustainable and more resilient to the threats of natural disasters, including extreme
1024		weather events, thereby reducing costs and risks from disruption of healthcare operations.

1025	•	Translate research findings into the adoption of health policies and evidence-based
1026		strategies to prevent environmental and climate change exposures, address health
1027		inequities, prepare for and adapt to health risks, and improve health outcomes.

1028	•	Enhance collaborations with federal partners and international agriculture, environmental
1029		and other sector entities to better address recurring and anticipated issues associated with
1030		food production, safety, and availability, food-related disease and mortality, including
1031		under-nutrition, infectious and non-communicable diseases, and diarrheal- and vector
1032		borne diseases and maternal and child health.

1033	**Promote coordination among sectors and levels of government and multi-disciplinary and**
1034	**multi-stakeholder approaches to protect people from health threats arising from climate**
1035	**change and environmental and occupational exposures**

1036	•	Support multidisciplinary teams, prioritizing engagement of community stakeholders in
1037		affected communities at all stages of environmental and climate change health research
1038		and program implementation, to develop intervention strategies and gain understanding
1039		of the factors that make those strategies successful and replicable.

1040	•	Establish partnerships with federal agencies, state, local, territorial health departments,
1041		tribal nations, academic institutions, and community- and faith-based organizations,
1042		leveraging environmental health expertise and local capabilities, to conduct
1043		environmental, occupational, and climate change health research, build the capacity of

| 1044 | impacted communities, and implement programming to reduce the health risks of |
| 1045 | environmental hazards. |

Expand awareness and knowledge of environmental and occupational hazards to inform actions individuals and communities can take to reduce negative health outcomes

- Build networks and develop tools to educate health providers, employers, workers, and communities about the environmental hazards, including climate change, that impact their local health outcomes and actions to mitigate and manage those impacts.

- Develop and sustain formal and informal collaborations within and across HHS Divisions, other federal agencies, global health entities, and a wide range of partners to address environmental threats and climate change.

Strategic Goal 3: Strengthen Social Well-Being, Equity, and Economic Resilience

HHS works to strengthen the economic and social well-being of Americans across the lifespan. HHS provides effective and innovative pathways leading to equitable economic success for all individuals and families. The Department strengthens early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities. HHS expands access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life. HHS also increases safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence.

Related Executive Orders (EO) and White House Action Plans and Memoranda:

- EO 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation

- EO 13993: Revision of Civil Immigration Enforcement Policies and Priorities

- EO 14000: Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers

- EO 14001: Establishment of Interagency Task Force on the Reunification of Families

- EO 14002: Economic Relief Related to the COVID-19 Pandemic

- EO 14010: Creating a Comprehensive Regional Framework to Address the Causes of Migration, to Manage Migration Throughout North and Central America, and to Provide Safe and Orderly Processing of Asylum Seekers at the United States Border

- EO 14012: Restoring Faith in Our Legal Immigration Systems and Strengthening Integration and Inclusion Efforts for New Americans

- EO 14013: Rebuilding and Enhancing Programs to Resettle Refugees and Planning for the Impact of Climate Change on Migration

- EO 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders

- Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships

- National Strategy for the COVID-19 Response and Pandemic Preparedness

- Path Out of the Pandemic: President Biden's COVID-19 Action Plan

1086   Within HHS, the following divisions are working to achieve Strategic Goal 3: Administration for
1087   Children and Families (ACF), Administration for Community Living (ACL), Agency for
1088   Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC),
1089   Centers for Medicare & Medicaid Services (CMS), Health Resources and Services
1090   Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), Office
1091   of the Assistant Secretary for Planning and Evaluation (ASPE), Office for Civil Rights (OCR),
1092   Office of the Assistant Secretary for Health (OASH), Office of Global Affairs (OGA), and
1093   Substance Abuse and Mental Health Services Administration (SAMHSA).

Objective 3.1: Provide effective and innovative pathways leading to equitable economic success for all individuals and families

HHS invests in strategies to provide effective and innovative pathways that lead to equitable economic success for all individuals and families. HHS facilitates system enhancements and partnerships across the federal government to coordinate resources and technical assistance to individuals and families hoping to achieve sustain economic independence. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

ACF, ACL, ASPE, CDC, CMS, HRSA, IHS, and OASH work to achieve this objective.

Strategies

Facilitate system enhancements and partnerships across the federal government to coordinate resources and technical assistance to individuals and families hoping to achieve sustain economic independence

- Build state, tribe, and territorial capacity to expand safety net program coverage, enforce Section 504 of the Rehabilitation Act, streamline eligibility determination, and improve enrollment in order to provide effective assistance to address the economic conditions of underserved populations

- Encourage states to collaborate across programs and systems so that families hoping to achieve economic security have access to income and housing support, education, and

1126		training as well as work supports, such as childcare, transportation, and Medicaid and
1127		health insurance.
1128	•	Apply knowledge and best practices to help grantees and partners provide services that
1129		focus on social determinants of health and factors that affect economic mobility.
1130	•	Support naturalization among refugees and inclusion efforts, as called for in the
1131		Executive Order 14012: Restoring Faith in Our Legal Immigration Systems and
1132		Strengthening Integration and Inclusion Efforts for New Americans, by reducing barriers
1133		to the legal immigration system.
1134	•	Enable research use of data collected through federal funded programs to accelerate the
1135		production of evidence on factors affecting refugees' resettlement outcomes, including
1136		those of refugee youth.
1137	•	Invest in low-income, tribal, and communities of color through funding opportunities to
1138		promote social and economic self-sufficiency to lessen economic inequalities.
1139	•	Expand access to culturally- and linguistically-appropriate employability, economic
1140		development, education, and support services for vulnerable refugee populations, through
1141		specialized programming and collaboration with federal partners
1142	•	Expand the development of resources for communities disproportionately affected by
1143		economic inequalities including native and indigenous populations, refugees, and asylees,
1144		facilitate the translation of materials for the public to the top five languages currently
1145		spoken in the U.S.
1146		

Objective 3.2: Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities

HHS invests in strategies to strengthen early childhood development opportunities to help children and youth thrive equitably within their families and communities. HHS fosters the physical, emotional, intellectual, language, and behavioral development of children and youth while supporting their families and caregivers. HHS implements interventions and multidisciplinary programs to enhance and support early childhood development and learning. HHS also focuses its efforts to improve early childhood development programs, systems, and linkages through the application of data, evidence, and lessons learned. Below is a selection of strategies HHS is implementing.

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Contributing OpDivs and StaffDivs

ACF, ACL, ASPE, CDC, CMS, FDA, HRSA, IHS, OASH, NIH, OGA, and SAMHSA work to achieve this objective.

Strategies

Foster the physical, emotional, intellectual, language, and behavioral development of children and youth while supporting their families and caregivers

- Support state and local government agencies, tribes, non-governmental organizations, and other community partners in promoting comprehensive, culturally competent, two-generation, community-based, developmentally appropriate, trauma responsive services

1180   that strengthen economic security, promote protective factors, promote learning, and
1181   reduce stress on families, fostering environments that support children, youth, pregnant
1182   and expectant persons, and parents.

1183   •   Identify and address barriers to maximizing children's physical, emotional, cognitive,
1184   language, and behavioral development, while ensuring knowledge of and access to
1185   comprehensive behavioral health services for children, parents, and families.

1186   •   Promote programs and leverage strategic family, early learning, school, healthcare, and
1187   community-based partnerships to improve early identification of children with
1188   developmental delays and disabilities, including mental, behavioral, and developmental
1189   disorders, and facilitate linkages to appropriate treatment and services, including IDEA
1190   Part C early intervention services for children (aged birth to 36 months) and IDEA Part B
1191   services for school-aged children (aged 3 through 21 years of age).

1192   •   Advance strengths-based approaches and models to promote protective factors, positive
1193   youth development approaches, and evidence-informed programs focusing on improving
1194   the physical, social, emotional, cognitive, language, and behavioral health of adolescents,
1195   including engaging parents and caregivers, ensuring access to teen-friendly services, and
1196   coordinating adolescent- and family-centered services.

1197   •   Improve growth and development prospects of children, including enhanced dietary
1198   quality and reduction in risk factors for preventable non-communicable disease, through
1199   the promotion of healthy eating and dietary guidelines, nutrition education and standards,
1200   physical activity, oral health and hygiene, and other feeding and nutrition programs or
1201   collaborations aimed at supporting children and families, especially in rural, low-income,
1202   and other high-risk areas.

1203   •   Coordinate federal interagency efforts and target resources aimed at improving
1204   environmental health and healthy development in children by reducing exposure to
1205   environmental health risk factors—including food contaminants, lead, mold, toxic
1206   chemicals, and potent allergens—and their effects, such as asthma, poisoning, and other
1207   sicknesses.

1208   •   Expand access to comprehensive sexuality education for young people to ensure accurate
1209   and complete information about sexual and reproductive health and rights, and to support
1210   child protection.

1211   •   Collaborate and coordinate with state, tribal, local, territorial, and other key partners to
1212   increase awareness of adverse childhood experiences, build capacity to implement
1213   prevention and response policies, programs, and practices based on the best available
1214   evidence, provide targeted, culturally appropriate trainings and technical assistance, and
1215   use data to inform program planning, implementation, and evaluation of adverse
1216   childhood experiences prevention and response strategies.

Support services and programs to improve the social well-being of unaccompanied homeless youth, children and youth who cannot remain in their homes, and refugee children and youth

- Provide street outreach, emergency shelters and longer-term transitional living and maternity group home services and programs to serve and protect runaway and homeless youth.

- Bridge child welfare experience with expertise in refugee resettlement to improve outcomes for minors who have undergone forced migration and traumatic experiences with foster care placement and services and support the caregivers and community members involved in nurturing their physical and emotional well-being.

- Provide services to facilitate the school performance, psychosocial adjustment, integration, and goal-setting of refugee children and youth, and extend complementary supports to their family members, to strengthen overall family wellbeing.

Implement interventions and multidisciplinary programs that enhance and support early childhood development and learning

- Promote systems and practices of assessment and intervention, anchored in primary healthcare, that support holistic early childhood development and learning, and child and youth well-being, inclusive of physical, socio-emotional, behavioral, intellectual, cognitive, and language development.

- Align eligibility and program requirements across family-serving health and human service systems, and provide family navigation supports, to reduce burden and gaps in services.

- Improve access to stable and affordable high-quality early care and education settings and participation in early childhood programs of underserved communities and populations and the replication and application of lessons learned from successful programs focused on inclusion practices.

- Develop effective and culturally-informed training and technical assistance informed by evidence and best practices to improve the quality of early childhood and prenatal care services and education programs, including those offered by tribes and faith-based and community initiatives.

- Invest in early childhood development, learning, and care by building the capacity of the staff and workforce supporting the programs and services provided to children and families in these sectors, including programs serving low-income communities and populations.

1251 • Stabilize the early care and education sector to address decreased revenues and increased
1252 costs resulting from the COVID-19 pandemic and build back a high-quality supply of
1253 programs and providers, particularly in low-income communities.

1254 **Improve early childhood development programs, systems, and linkages through the**
1255 **application of data, evidence, and lessons learned**

1256 • Facilitate and foster cross-sector partnerships and collaboration across HHS and non-
1257 HHS agencies at federal, state, tribal, territorial, and local levels to better integrate
1258 planning, programs, policies, financing, and data systems aimed at addressing social
1259 determinants of health, integrating family services, reducing disparities, and supporting
1260 strong families and communities in equitable ways.

1261 • Empower children, youth, and families with opportunities to engage and have their voices
1262 heard in the planning, implementation, and assessment of programs and systems they rely
1263 on for care, learning, and other health and well-being supports.

1264 • Promote evidence-based community engagement, dissemination, and implementation of
1265 healthcare and human services best practices among underserved populations to leverage
1266 reach and reduce gaps in services.

1267 • Leverage research opportunities and access to data, evaluations, and evidence to better
1268 inform the development and execution of policies and programs that affect the health,
1269 well-being, and livelihoods of children, youth, adolescents, and their families and
1270 communities.

1271 • Invest in providing technical assistance to states, tribes, and localities to support the
1272 implementation of policy, programs, and approaches, and enhance their capacity to
1273 identify, monitor, and address children's learning and developmental needs, including
1274 supports for mental health.

1275 • Foster the dissemination and utilization of user-friendly tools to strengthen the enrollment
1276 and participation of vulnerable youth in postsecondary education, apprenticeship, and
1277 career technical assistance opportunities.

1278 • Utilize an integrated approach to understand the environmental factors and hazards that
1279 present a barrier for maximizing program improvement for the benefit of improved health
1280 outcomes, safety and resilience, and healthy learning environments for children.

1281 • Conduct and support innovative research, evaluation, and surveillance of adverse
1282 childhood experiences to build the evidence base and guide prevention, identification,
1283 and response efforts.

Objective 3.3: Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life

HHS is investing in several strategies to expand access to high-quality services and resources for older adults, people with disabilities, and their caregivers. HHS enhances system capacity to develop processes, policies, and supports that are person centered and provide quality care for older adults and individuals with disabilities, at home or in community-based settings. HHS ensures the availability and equitable access and delivery of evidence-based interventions that focus on research, prevention, treatment, and care of older adults and individuals with disabilities. HHS also supports development and implementation activities to better understand and address the needs of all caregivers across the age and disability spectrum. Below is a selection of strategies HHS is implementing.

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Contributing OpDivs and StaffDivs

ACF, ACL, AHRQ, ASPE, CDC, CMS, IHS, NIH, OASH, and OGA work to achieve this objective.

Strategies

Enhance system capacity to address the health, health related outcomes, and social determinants of health for older adults and individuals with disabilities by developing processes, policies, and supports that are person centered and provide quality care for older adults and individuals with disabilities, at home or in community-based settings

1317 • Deploy approaches to care, including primary care, that promote health and equitable,
1318 goal-directed care and self-determination for older adults, persons with disabilities, and
1319 caregivers.

1320 • Enhance states' ability to implement Medicaid Home and Community Based Services
1321 (HCBS) and incorporate standardized quality measures to assess and track the adequacy
1322 of the HCBS community integration on access, availability, quality, experience of care,
1323 health outcomes, and the workforce.

1324 • Support healthcare partners, state, community, profit, and non-profit organizations to
1325 expand infrastructure related to needs of older adults, persons with disabilities, and
1326 caregivers and improve coordination and communication of resources and services such
1327 as in-home services, transportation, digital equipment, broadband access and healthcare
1328 to meet the day to day and long-term needs of older adults, persons with disabilities, and
1329 caregivers.

1330 • Create pathways for older adults and persons with disabilities from vulnerable immigrant
1331 communities, such as refugees and asylees, to access relevant benefits and services, by
1332 strengthening the capacity of states, agencies, and providers to deliver services and
1333 supply resources that address the needs of these immigrant populations.

1334 **Ensure availability and equitable access and delivery of evidence-based interventions that**
1335 **focus on research, prevention, treatment, and care of older adults and individuals with**
1336 **disabilities**

1337 • Establish supportive policies, strengthen communication and partnership initiatives for
1338 intervention dissemination and clinical treatment and care gaps, and strategic alliances for
1339 improved disease management.

1340 • Coordinate across federal agencies and collaborate with state, local, Tribal, private, and
1341 non-profit partners to ensure sufficient availability and equitable distribution, and equity
1342 in access to evidence-based interventions that prevent onset of symptoms and/or improve
1343 management to people diagnosed with multiple chronic conditions.

1344 • Promote self-management programs and behaviors and expand referral and delivery
1345 systems to promote healthcare quality.

1346 **Support the development and implementation activities to better understand and address**
1347 **the needs of all caregivers across the age and disability spectrum**

1348 • Develop and disseminate a National Family Caregiving Strategy as required by the
1349 Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of
1350 2017.

1351   • Leverage technical assistance and resources to address the needs of older adult, kinship
1352   families, non-kinship, minor caregivers, at the federal, state, territorial, tribal and
1353   community levels.

1354

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

HHS increases safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence. The Department continues its efforts to promote coordination across the government to address the full range and multiple forms of neglect, violence, trauma, and abuse across the life span. HHS is building a resource infrastructure to ensure equitable delivery of high-quality services to support affected individuals, families, and communities. HHS also leverages data to inform the development of effective and innovative prevention and intervention models to address neglect, abuse, and violence. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

ACF, ACL, ASPE, CDC, HRSA, IHS, NIH, OASH, and SAMHSA work to achieve this objective.

Strategies

Promote coordination across the federal government to address the full range and multiple forms of neglect, violence, trauma, and abuse across the life span, including gender-based violence

- Increase coordination within HHS OpDivs and StaffDivs and partner with other federal departments on violence prevention and trauma initiatives that create opportunities for an integrated, trauma-informed federal response.

- Engage community health workers to expand outreach and access to interventions for those impacted by neglect, violence, trauma, and abuse.

- Develop national awareness and prevention initiatives focused on violence, trauma, neglect, and abuse as a public health issue.

- Educate and empower families and communities, including tribes and territories, to recognize and respond to signs of violence and trauma and understand the importance of and need for a comprehensive public health approach.

Build resource infrastructure to ensure equitable delivery of high-quality services to support affected individuals, families, and communities

- Strengthen networks and increase resources for state, local, tribal, territorial, community- and faith-based organizations focused on the prevention of and recovery from violence, trauma, neglect, and abuse as they make investments in programmatic advancement, cross-system coordination, equipment, and culturally- and linguistically-appropriate services and service delivery.

- Facilitate and support access to healthcare and behavioral health services for anyone who is surviving domestic violence, dating violence, family violence, and sexual violence, including 24-hour confidential hotline, shelters and programs, and a network of state coalitions and national technical assistance providers.

- Design innovative skills-based training and technical assistance to the networks, grantees, and programs that serve individuals, families, and communities impacted by neglect, violence, trauma, and abuse.

- Create assessment tools and engage stakeholders to identify gaps in prevention, holistic treatment, and integrative care for underserved communities, including tribes and territories.

Leverage data to inform the development of effective and innovative prevention and intervention models to address neglect, violence, trauma, and violence

- Strengthen surveillance systems to gather prevalence data across all HHS programs and appropriately identify resources for public health and human services solutions.

- Disseminate evidence-based strategies to promote safe, stable, and nurturing relationships and environments for adults, children, families, older adults, and persons with disabilities, including the communities in which they live.

1420 • Advance the development and use of standards, guidelines, regulations, and electronic
1421   reporting to improve the quality and timeliness of public health data collection.

1422 • Establish policy and guidelines that emphasize evidence-based decision making for
1423   assisting those who have experienced trauma or violence.

1424 • Support a coordinated program of research focused on refining, testing, and
1425   implementing research-informed practices for primary and trauma-related services,
1426   including screening, prevention, and treatment across relevant settings that serve youth
1427   and adults.

1428 • Address gaps in knowledge about intimate partner violence prevention programs for
1429   American Indian and Alaska Native communities, for racial and ethnic specific
1430   communities, and for underserved communities

Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All

HHS is dedicated to restoring trust and accelerating advancements in science and research. The Department is prioritizing science, evidence, and inclusion to improve the design, delivery, and outcomes of HHS programs. It is investing in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs. Strengthening surveillance, epidemiology, and laboratory capacity is another major focus to better understand and equitably address diseases and conditions. HHS is also increasing evidence-based knowledge through improved data collection, use, and evaluation efforts to achieve better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience.

Related Executive Orders (EO) and White House Action Plans and Memoranda:

- EO 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government

- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation as well as new EO for Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders

- EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats

- EO 13995: Ensuring an Equitable COVID-19 Recovery and Response

- EO 13997: Executive Order on Improving and Expanding Access to Care and Treatments for COVID-19

- EO 14020: Establishment of the White House Gender Policy Council

- EO 14035 Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce

- EO 14041: White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity Through Historically Black Colleges and Universities

- Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking

- Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships

- National Strategy for the COVID-19 Response and Pandemic Preparedness

- Path Out of the Pandemic: President Biden's COVID-19 Action Plan

1463   Within HHS, all divisions are working to achieve Strategic Goal 4.

Objective 4.1: Improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion

HHS works on strategies to improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion. The Department leverages stakeholder engagement, communication, and collaboration to build and implement evidence-based interventions and approaches for stronger health, public health, and human services outcomes. Below is a selection of strategies HHS is implementing.

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Contributing OpDivs and StaffDivs

All OpDivs and StaffDivs contribute to achievement of this objective.

Strategies

Leverage stakeholder engagement, communication, and collaboration to build and implement evidence-based interventions for stronger health, public health, and human services outcomes

- Promote an evidence-based approach to the design, redesign, implementation, and quality of HHS programs, to inform decision making, improve oversight, and strengthen data integrity and program fidelity.

- Improve communication and collaboration across HHS to bring together research and evaluation to better inform the translation of evidence throughout the Department.

1495   •   Promote sharing of lessons learned between grantees, from grantees to HHS staff, and
1496   where applicable, to the broader community.

1497   •   Build participation into research agendas by engaging stakeholders, including those with
1498   lived experience and citizen scientists, in the design and revision of evaluation and data
1499   collection systems and advancing equity amongst researchers and those communities
1500   targeted or underrepresented by research efforts.

1501   •   Improve communication and access to community members to facilitate transparent flow
1502   of information and education regarding HHS programs.

Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs

HHS is investing strategies to support the research enterprise and the scientific workforce. HHS works to build public trust by upholding scientific integrity and quality. HHS is also working to recruit, retain, and develop a diverse and inclusive scientific workforce to conduct basic and applied research in disease, healthcare, public health, and human services. HHS supports innovation in how research is supported, conducted, and translated into interventions that improve health and well-being. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

AHRQ, ASPE, ASPR, CDC, FDA, HRSA, NIH, OASH, and OGA work to achieve this objective.

Strategies

Uphold scientific integrity to promote public trust in the quality of the research enterprise

- Ensure the quality and integrity of research findings through education and training of the scientific workforce.

1533 • Strengthen regulatory and compliance capacity to account for the rapid increase in
1534   research technology and data capabilities, including investing in HHS offices with
1535   oversight of research integrity, human research protections, and animal care and use.

1536 • Develop and implement approaches, including developing and disseminating guidelines,
1537   standards, policies, or regulations, that enhance the integrity and quality of HHS-funded
1538   research by promoting a climate that incentivizes research conducted responsibly, with
1539   rigor and integrity in accordance with these expectations and those of the relevant
1540   scientific discipline.

1541 • Promote transparency and awareness by informing the public on efforts across the
1542   Department to ensure the scientific integrity in all research and evidence-building
1543   activities.

1544 **Recruit, retain, and develop a diverse and inclusive scientific workforce to conduct basic**
1545 **and applied research in disease, healthcare, public health, and human services**

1546 • Expand and deploy evidence-based training, mentorship interventions, fellowships, and
1547   other workforce development initiatives that support scientists, especially
1548   underrepresented scientists, through critical points of transition in their career trajectories.

1549 • Increase research and practice opportunities for a diverse range of investigators to address
1550   social determinants of health and advance health equity in populations with health
1551   disparities.

1552 • Attract, develop, and retain the scientific workforce by establishing a talent management
1553   strategic plan with input from government, industry, and academic stakeholders.

1554 • Retain staff with expertise in scientific and research methods using recognition, training,
1555   and retention incentives to ensure that the scientific workforce has the skills and expertise
1556   necessary to adopt and implement the most innovative statistical and scientific methods.

1557 • Support scientists as they embark on, transition to, and sustain independent research
1558   careers to sustain the research enterprise.

1559 **Support, conduct, and translate research into interventions that improve the health and**
1560 **well-being for all**

1561 • Support and promote the development of partnerships between academic research
1562   organizations and health department, healthcare providers, community-based health
1563   organizations, and community organizations for relevant rapid implementation research
1564   and community-based participatory research to engage communities impacted by the
1565   research in the development and dissemination of the research.

1566	•	Identify and address barriers to collaboration and data sharing within HHS and other
1567		federal agencies, academic and public health partners, and private industry to make it
1568		easier to conduct cross-cutting, high impact, transdisciplinary, innovative research.
1569	•	Expand the availability and accessibility to tools, technologies, knowledge repositories,
1570		and training to ensure the nation's research institutions have the capacity, technology, and
1571		infrastructure they need to design and execute impactful research programs that benefit
1572		multiple communities to help achieve the HHS mission.
1573	•	Partner with educational institutions that serve underserved populations to implement
1574		technical assistance outreach programs to increase awareness of research funding
1575		opportunities and increase the competitiveness of submitted research applications.
1576	•	Promote cross-functional and, importantly, cross-division efforts to identify emerging
1577		promising technologies and establish frameworks for the ethical development, study, and
1578		use of these technologies.
1579	•	Provide research grants for areas that are cutting edge in technology or disease and grow
1580		those resources.
1581	•	Fund opportunities for research implementing and evaluating community-based and
1582		culturally-competent models of healthcare and human services delivery to improve the
1583		quality of care received by racial and ethnic minority and sexual minority populations.
1584	•	Establish innovative funding opportunities to identify sources for community partners
1585		working on areas of concern who can also provide the health and human services
1586		communities with best practices in achieving positive results in interventions, treatments,
1587		and programs.
1588	•	Support research and innovation to strengthen implementation of evidence-based
1589		recommendations for preventive health services in public health and healthcare settings
1590		among people that have been underserved.

Objective 4.3: Strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions

HHS supports strategies to strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and health conditions. HHS is focused on expanding capacity to improve laboratory safety and quality, monitor conditions, understanding the needs of various sub-groups of people, and establishing the pipeline for future professionals. HHS is working to modernize surveillance systems for timeliness, accuracy, and analytic reporting while engaging and learning from partners and stakeholders to inform improvements and innovation. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

CDC, FDA, IHS, OASH, NIH, OGA, and SAMHSA work to achieve this objective.

Strategies

Expand capacity to improve laboratory safety and quality, detect and prevent public health threats, monitor health conditions, understand the unique needs of various sub-groups of persons, and establish the pipeline for future professionals

- Advance the development and use of standards, guidelines, and regulations to improve the quality of laboratory testing and public health data collection.

- Leverage existing surveillance efforts to better understand the unique and common needs of various sub-groups of persons by race, ethnicity, national origin (including primary

language), sex, sexual orientation, gender identity, pregnancy, education status, income, and other population characteristics.

- Improve capacity for advanced laboratory, epidemiologic, and environmental methods across federal and state agencies to enhance the detection of potential violations throughout the full lifecycle of HHS-regulated products to ensure only safe and effective products reach the public.

- Identify and assess adverse events related to the use of regulated human and animal medical products, including the development and more effective use of large nationally representative database systems, electronic health records, common data models, and natural language processing.

- Build expertise in cutting edge laboratory, surveillance, and epidemiology techniques to address public health threats and disease conditions, including harmful chemical exposures and diseases, antimicrobial resistance pathogens and other emerging pathogens, healthcare-associated infections, chronic diseases that disproportionately affect specific populations (e.g. sickle cell disease), individuals with disabilities, maternal health, and behavioral health.

- Train and sustain a pipeline of surveillance, epidemiology, laboratory professionals to address current and emerging needs and strengthen connections with clinical workforce development stakeholders.

Modernize surveillance systems for timeliness, accuracy, and analytic reporting

- Accelerate the development and implementation of technological solutions, tools, and approaches to optimize information, knowledge, and data management, standardization, and quality, while ensuring the protection of personally identifiable information and other privacy concerns and minimizing threats to information security.

- Develop and introduce data standards for geographic information within the notifiable diseases reporting system to scales that are meaningful for assessment of socio-ecologic factors.

- Promote completeness and accuracy of race and ethnicity variables and other population characteristics—including age, disability status, geographic area, socioeconomic status, national origin (including primary language), and sex, sexual orientation, gender identity, and pregnancy—in laboratory data and data submitted for surveillance purposes in order to better explain the burden of disease and health conditions in diverse populations.

- Partner across HHS agencies to utilize nationally collected data to create customized surveillance reports to address the incidence of infectious disease in underserved populations.

1658 • Provide actionable information for public health officials, policy makers, and regulators
1659   to establish and evaluate exposure and disease interventions within disproportionately
1660   affected communities or populations.

1661

Engage and learn from partners and stakeholders to inform improvements and innovation

- Strengthen state, federal, international, and public health partnership data and information sharing to improve surveillance and laboratory capacity to identify and better control threats to public health.

- Collaborate with domestic and international partners to develop innovative surveillance, epidemiological, and laboratory approaches that improve situational awareness and communication before, during, and after emergencies and disasters, including food and medical emergencies.

- Identify and address barriers to participation of underserved populations in epidemiologic studies and enhance use of community-based participatory research to ensure studies are meaningful and beneficial to participants

Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience

HHS invests in strategies to improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience. HHS is establishing a Department-wide approach to improve data collection, close data gaps, transform data, and sharing data for better HHS analysis and evaluation. HHS also fosters collaborations to expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes. HHS is on improving data collection and conducting evaluations to understand the drivers for inequities in health outcomes, social well-being, and economic resilience while working to increase capacity and the use of evaluations at HHS to inform evidence-based decision making. Below is a selection of strategies HHS is implementing.

In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the Federal Government to refer to "populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life"; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers.

Contributing OpDivs and StaffDivs

ACF, ACL, AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, ONC, and SAMHSA work to achieve this objective.

Strategies

Establish a Department-wide approach to improve data collection, close data gaps, transform data, and share data for better HHS analysis and evaluation

- Fully implement Section 4302 of the Affordable Care Act to ensure that all HHS national data collection efforts and surveys collect information germane to social determinants of health, including data on race, ethnicity, primary language, disability status, sex, sexual orientation, gender identity, and pregnancy.

- Identify and address data gaps, including surveillance systems, surveys, and other data collection methodologies, that limit the ability to fully examine and assess social determinants of health, outcomes, and conditions of populations served by the Department's health, public health or human services programs or services.

- Design common data elements and taxonomies across the Department to consistently categorize data and information, improve data integrity, and ensure trust in data.

- Invest in and promote intra-agency data sharing, including data linkages, interoperability of data, and data harmonization and standardization to leverage data, metrics, and information to improve analysis and evaluation of the Department programs.

- Broaden the use of artificial intelligence, machine learning, predictive modeling, and other new technologies to harness the power of integrated data that can lead to improved health, public health, and human service outcomes.

- Encourage data sharing across the Department to support the research and development of artificial intelligence solutions that can lead to improved public health outcomes.

Foster collaborations to broadly expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes

- Increase data interoperability between federal partners, states, tribes and territorial partners, non-profit organizations, and health information exchange networks to facilitate shared understanding, application, and utility.

- Expand data sharing with state and local health departments, healthcare provider groups, clinical and patient care agencies, consortia developing regional health information exchanges, safety net providers, and other community-based organizations.

- Facilitate data sharing and access to HHS publicly available data by developing public facing platforms and repositories, and to maximize their value ensure they are easy to find, user-friendly, and in machine- readable format.

- Partner with academic research institutes to catalogue and provide access to the Department's data inventory that matches what researchers need to investigate health inequity across communities and the policy impacts on those inequities.

1739   •   Foster U.S. and international collaborations to broadly expand data access and sharing to
1740   create more opportunities to use HHS data to increase knowledge of health, public health,
1741   and human service outcomes.

1742   •   Develop a nationally representative all payer claims database that can be used by
1743   providers, consumers, researchers, and policymakers to develop new evidence on the
1744   impact of specific types of care on access to care, quality of care and the costs of care for
1745   different population subgroups.

1746   •   Collaborate and coordinate across HHS Divisions and with other federal departments,
1747   states, tribal health facilities, Urban Indian Organizations, and others to improve
1748   American Indian/Alaska Native healthcare and status data collection to identify and share
1749   best practices to enhance the quality and quantity of American Indian/Alaska Native
1750   federal health information system data, including the expansion of social well-being,
1751   equity, economic resilience, and population comparison data.

1752 **Improve data collection and conduct evaluations to understand the drivers for inequities in**
1753 **health outcomes, social well-being, and economic resilience**

1754   •   Better engage and include community stakeholders and those with lived experience into
1755   the policymaking, program improvement, and research processes.

1756   •   Integrate social determinants of health data into surveillance systems, electronic health
1757   records, clinical decision supports, and other data collection points to improve knowledge
1758   and ensure equitable access to quality care and service delivery.

1759   •   Ensure HHS-funded projects and research studies assess disparities in outcomes in the
1760   use of health or human services, including social determinants of health and while
1761   protecting personally identifiable information.

1762   •   Support expanded research in various settings and among federal agencies to establish the
1763   evidence base for community and system level social determinants of health interventions
1764   to achieve health equity for historically underserved communities.

1765   •   Evaluate healthcare utilization, screening, treatment, and survivorship to identify
1766   disparities in health outcomes of individuals belonging to multiple underserved groups to
1767   inform program improvement and policy development.

1768 **Strengthen capacity and the use of evaluations at HHS to inform evidence-based decision**
1769 **making**

1770   •   Engage in a systematic approach towards building capacity for evaluation and related
1771   analyses to ensure the Department is supporting programs that effectively improve the
1772   health and well-being of those it serves.

Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability

HHS is dedicated to advancing strategic management across the Department to build trust, transparency, and accountability. A major focus of the Department is promoting effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices. HHS sustains strong financial stewardship of resources to foster prudent use of resources, accountability, and public trust. HHS works to uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission. The Department also ensures the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

Related Executive Orders (EO) and White House Action Plans and Memoranda:

- EO 13800: Strengthening the Cybersecurity of Federal Networks and Critical Infrastructure

- EO 13859: Maintaining American Leadership in Artificial Intelligence

- EO 13960: Promoting the Use of Trustworthy Artificial Intelligence in the Federal Government

- EO 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

- EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation

- EO 13991: Protecting the Federal Workforce and Requiring Mask-Wearing

- EO 14025: Worker Organizing and Empowerment

- EO 14028: Improving the Nation's Cybersecurity

- EO 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders

- EO 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce

- EO 14041: White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity Through Historically Black Colleges and Universities

- Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking

1804 • Memorandum Condemning and Combating Racism, Xenophobia, and Intolerance
1805 Against Asian Americans and Pacific Islanders in the United States

1806 • Path Out of the Pandemic: President Biden's COVID-19 Action Plan

1807 Within HHS, all divisions are working to achieve Strategic Goal 5.

Objective 5.1: Promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices

HHS is supporting strategies to promote effective enterprise governance and ensure programmatic goals are achieved. HHS is strengthening governance, enterprise risk management, and strategic decision making across the Department to better pursue opportunities and address risks while creating a culture of change to support continuous improvement in program and mission delivery. Below is a selection of strategies HHS is implementing.

Contributing OpDivs and StaffDivs

All OpDivs and StaffDivs contribute to achievement of this Objective.

Strategies

Strengthen governance, enterprise risk management and strategic decision making across HHS to better pursue opportunities and address risks

- Mature, integrate, and apply an Enterprise Risk Management (ERM) Framework across the Department and its Divisions to guide collaborative governance within the federated operating environment, leading to more risk informed strategic decision making.
- Strengthen the strategic management and planning capacity of the Department and its Divisions to accelerate programmatic impact to improve health, public health, and human services outcomes.

Create a culture of change at HHS to support continuous improvement in program and mission delivery

- Foster the development and success of "communities of practice" and bodies of knowledge throughout the Department to share information, best practices, and create opportunities to cross organizational boundaries to create innovative, responsive solutions.
- Facilitate collaboration and coordination to increase the use of change management, strategic management, and human-centered design tools and techniques to improve customer experience and program and project management across HHS.

Objective 5.2: Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust

HHS supports strategies to sustain strong financial stewardship of resources. The Department continues to strengthen the financial management environment to prevent and mitigate deficiencies. HHS is focused on upholding accountability, transparency, and financial stewardship of HHS resources to ensure program integrity, effective internal controls, and payment accuracy. The Department is also building an enhanced financial management workforce that is better able to keep pace with changing contexts. Below is a selection of strategies HHS is implementing.

Contributing OpDivs and StaffDivs

All OpDivs and StaffDivs contribute to achievement of this objective.

Strategies

Continue to strengthen the financial management environment to prevent and mitigate deficiencies

- Leverage artificial intelligence and robotic process automation to improve quality and timeliness of key financial management business processes.

- Engage quality improvement principles to review key business processes and identify opportunities to manage risk and improve outcomes in areas such as financial management, grants management, and acquisitions.

- Build structures to continue transforming financial processes from manual to digital for faster, more accurate workflows at all levels of the organization.

- Facilitate continued collaboration across public and private sectors to adopt and advance nationally supported standards, implementation specifications, and certification criteria.

- Support the integrated business intelligence framework to provide complete, accurate, and timely information to stakeholders in real time.

- Promote the application of financial management policies and procedures to include best practices across HHS to ensure sound internal controls.

Uphold accountability, transparency, and financial stewardship of HHS resources to ensure program integrity, effective internal controls, and payment accuracy

1869   •   Implement governance structures to provide accurate and timely financial information
1870   that demonstrates HHS accountability to stakeholders and facilitates data-driven
1871   operational, budget, and policy decisions that enhance equity for all.

1872   •   Strengthen program integrity methods to better prevent fraudulent or improper payments
1873   by maintaining and improving oversight programs related to early detection and
1874   prevention.

1875   •   Invest in technical assistance, capacity-building, and burden reduction to strengthen
1876   program outcomes while ensuring program integrity, fiscal discipline, including helping
1877   grant recipients improve financial acumen, enterprise risk management, internal controls,
1878   and efficient operating policies and procedures to promote equitable access to financial
1879   assistance funding, while preventing fraud, waste, and abuse.

1880   •   Focus and prioritize audits (such as grantee single audits, Department financial audit,
1881   Office of the Inspector General and Government Accountability Office programmatic
1882   audits) to increase accountability of HHS programs.

1883   •   Define standards of excellence for the HHS financial community and implement a
1884   framework for measuring and monitoring success.

1885   •   Collaborate across HHS and the private sector to align health information technology
1886   investments and advance consensus-based nationally supported standards,
1887   implementation specifications, and health information technology certification criteria to
1888   improve interoperability of systems and the access, exchange, and use of electronic health
1889   information.

1890 **Build an enhanced financial management workforce able to keep pace with changing**
1891 **contexts**

1892   •   Address financial management workforce infrastructure to focus on adaptations to new
1893   technologies and skill requirements, recruitment, and retention.

1894   •   Develop training strategies for financial management that improve the transfer of
1895   knowledge and sharing of best practices and process across HHS.

1896   •   Support financial analysis knowledge management by promoting an accessible repository
1897   of financial resources, directives, instructive documents, and standard operating
1898   procedures from across HHS.

1899   •   Strengthen communities of practice for the federal financial management workforce to
1900   improve capability, recruitment, retention, and succession planning across the enterprise.

1901 **Objective 5.3: Uphold effective and innovative human capital resource**
1902 **management resulting in an engaged, diverse workforce with the skills and**
1903 **competencies to accomplish the HHS mission**

1904 HHS supports strategies to uphold effective and innovative human capital resource management.
1905 HHS is focused on building and sustaining a strong workforce through improved recruitment,
1906 hiring, and retention efforts. The Department is leveraging training and professional
1907 development opportunities to develop and manage a high-performing workforce while providing
1908 leaders and managers with the insight and tools to effectively carry out change management,
1909 organizational learning, and succession planning. Below is a selection of strategies HHS is
1910 implementing.

1911

Contributing OpDivs and StaffDivs

1913 All OpDivs and StaffDivs contribute to achievement of this objective.

1914

Strategies

1916 **Build and sustain a strong workforce through improved recruitment, hiring, and retention**
1917 **efforts**

1918 • Develop and implement the HHS Diversity, Equity, Inclusion and Accessibility (DEIA)
1919 Strategic Plan to advance diversity, equity, inclusion, and accessibility in the HHS
1920 workforce and remove any potential barriers to diversity, equity, inclusion, and
1921 accessibility in the workforce, including establishing a framework to address workplace
1922 harassment.

1923 • Leverage incentives and flexibilities to enhance the Department's competitiveness in the
1924 job market, and develop mechanisms to the recruitment, hiring, and retention of a high-
1925 caliber and qualified workforce.

1926 • Increase diverse demographic representation and promotion outcomes by partnering with
1927 hiring managers and leveraging data to make informed decisions regarding recruitment,
1928 promotion, and retention strategies consistent with Merit System Principles.

1929 • Facilitate regular engagement between hiring managers, human resources professionals,
1930 leaders, and other stakeholders, and support collaborations with public, private, and
1931 academic sectors to advance opportunities to recruit, support, and train an ethnically,
1932 socially, and experientially diverse workforce.

1933	• Invest in diversity and inclusion efforts, including Employee Resource Groups and interest groups, to increase involvement and participation of the workforce in cultivating a culture of inclusion and equity across the Department.
1934	
1935	

Leverage training and professional development opportunities to develop and manage a high-performing workforce

- Ensure better performance and greater job satisfaction by fostering a performance-focused culture aimed at bolstering existing skillsets and competencies while closing the mission-critical skill gap in emerging areas of high value, including both technical and soft skills, that benefit employees in advancing the mission of HHS.

- Increase leaders' and managers' accountability for delivering results in improving diversity and equity outcomes in their hiring practices and promoting a culture that supports employees in identifying, accessing, and receiving professional development opportunities that are unique to their career needs and aspirations.

- Increase access to diversity and inclusion training and developmental opportunities for HHS leaders, managers, and staff to foster a culture of inclusion and equity among an increasingly diverse workforce.

Provide leaders and managers with the insight and tools to effectively carry out change management, organizational learning, and succession planning

- Modernize human resource systems, policies, and processes using data and best practices for effective recruitment, staffing, retention, and workforce planning.

- Apply best practices in change management to improve how employees are managed and supported in today's fast-changing workplace environment, contributing to recruitment and retention efforts while promoting transparency, trust, and accountability across the organization.

- Facilitate engagement, collaboration, and communication between HHS leaders, managers, and employees in ensuring a work environment that promotes inclusive policies and flexibilities, such as work schedule flexibilities and remote work opportunities, that are responsive to the Department's evolving needs.

- Promote succession planning for mission-critical occupations to increase organizational resilience and effectiveness by facilitating the regular transfer of institutional knowledge among the workforce.

- Take a data-driven approach to advancing policies that promote diversity, equity, inclusion, and accessibility within the HHS workforce, while protecting the privacy of

1966		employees and safeguarding all personally identifiable information and protected health
1967		information.
1968	•	Support, coordinate, and encourage HHS efforts to conduct research, evaluation, and
1969		other evidence-building activities to identify leading practices, and other promising
1970		practices, for broadening participation and opportunities for advancement in HHS
1971		employment, and to assess and promote the benefits of diversity, equity, inclusion, and
1972		accessibility for Federal performance and operations and barriers to achieving these
1973		goals.

Objective 5.4: Ensure the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices

HHS supports strategies to ensure the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices. HHS is focused on shifting the culture of data use across the enterprise to maximize the power of data. The Department is leveraging modernization as a gateway to strengthened cybersecurity and enhanced risk management. HHS also captures and applies lessons learned from real-world experiences to strengthen operational resilience. Below is a selection of strategies HHS is implementing.

Contributing OpDivs and StaffDivs

All OpDivs and StaffDivs contribute to achievement of this objective.

Strategies

Strategically shift the culture of data use across the enterprise towards sharing data to maximize the power of data

- Evaluate the behaviors, risk-framework, and incentive structure around data sharing and increase the value of data to be an enterprise-level asset for the Department.

- Advance effective data management and ethical data use across the Department by addressing essential elements related to data integrity, quality, privacy, and security.

- Create and utilize strategic frameworks for the trustworthy and ethical deployment of artificial intelligence and machine learning solutions across the Department.

Leverage HHS modernization as a gateway to strengthened cybersecurity and enhanced risk management

- Modernize legacy information technology infrastructure, processes, and systems and deploying emerging technologies, such as artificial intelligence and machine learning, and zero trust to drive greater operational visibility into potential vulnerabilities across the Department.

- Align information security risk management and information technology modernization efforts with enterprise risk management by sharing opportunities and risks among information security and privacy, information technology, and other management disciplines, which will help HHS to ensure that information security and information

| 2005 | technology modernization initiatives directly support mission priorities and HHS |
| 2006 | stakeholders, and consistently meet mandated requirements. |

| 2007 | • Continually improve staff awareness of HHS risk posture and cybersecurity threats |
| 2008 | through awareness programs. |

2009 Capture and apply lessons learned from real-world experiences to strengthen operational
2010 resilience and continuity to deliver the HHS mission

2011	• Ensure the continuity of government by protecting employees and safeguarding HHS
2012	physical and digital assets during natural or man-made events through viable Continuity
2013	of Operations and Occupant Emergency Plans.

| 2014 | • Implement best practice security measures when modernizing and remodeling |
| 2015 | workspaces. |

| 2016 | • Strategically hire, train, equip and empower the appropriate workforce charged with |
| 2017 | ensuring the safety and security for all HHS employees, visitors, and assets. |

2018

2019 ## Appendix A: HHS Organizational Chart

2020 Link to https://www.hhs.gov/about/agencies/orgchart/index.html

2021 **Appendix B: HHS Agencies and Offices**

2022 Link to https://www.hhs.gov/about/agencies/hhs-agencies-and-offices/index.html