

1 HHS Strategic Plan, FY 2022 – 2026

2 **Draft, September 2021**

3 Table of Contents

4 Draft, September 2021..... 1

5 Introduction..... 4

6 Public Consultation on the Draft HHS Strategic Plan FY 2022 - 2026..... 4

7 Mission Statement 4

8 Organizational Structure 4

9 Strategic Plan Development..... 5

10 Strategic Goals, Objectives, and Strategies..... 5

11 Stakeholder Engagement..... 6

12 Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare ... 7

13 Objective 1.1: Increase choice, affordability, and enrollment in high-quality healthcare coverage..... 9

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

15 devices and drugs.....11

16 Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and

17 culturally-competent healthcare services while addressing social determinants of health.....15

18 Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and

19 expand access to mental health and substance use disorder treatment and recovery services for

20 individuals and families19

21 Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care.....22

22 Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes.....25

23 Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from

24 emergencies, disasters, and threats across the nation and globe27

25 Objective 2.2: Protect individuals, families, and communities from infectious disease and non-

26 communicable disease through development and equitable delivery of effective, innovative, readily

27 available diagnostics, treatments, therapeutics, medical devices, and vaccines31

28 Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence and disparities in

29 preventable injury, illness, and death.....34

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

31 outcomes.....37

32 Strategic Goal 3: Strengthen Social Well-Being, Equity, and Economic Resilience.....40

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

34 individuals and families42

35 Objective 3.2: Strengthen early childhood development and expand opportunities to help children
36 and youth thrive equitably within their families and communities44

37 Objective 3.3: Expand access to high-quality services and resources for older adults and people with
38 disabilities, and their caregivers to support increased independence and quality of life48

39 Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to
40 neglect, abuse, and violence, while supporting those who have experienced trauma or violence51

41 Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All54

42 Objective 4.1: Improve the design, delivery, and outcomes of HHS programs by prioritizing science,
43 evidence, and inclusion56

44 Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in
45 the development of innovations that broaden our understanding of disease, healthcare, public health,
46 and human services resulting in more effective interventions, treatments, and programs.....58

47 Objective 4.3: Strengthen surveillance, epidemiology, and laboratory capacity to understand and
48 equitably address diseases and conditions61

49 Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge
50 that leads to better health outcomes, reduced health disparities, and improved social well-being,
51 equity, and economic resilience65

52 Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability68

53 Objective 5.1: Promote effective enterprise governance to ensure programmatic goals are met
54 equitably and transparently across all management practices.....70

55 Objective 5.2: Sustain strong financial stewardship of HHS resources to foster prudent use of
56 resources, accountability, and public trust71

57 Objective 5.3: Uphold effective and innovative human capital resource management resulting in an
58 engaged, diverse workforce with the skills and competencies to accomplish the HHS mission73

59 Objective 5.4: Ensure the security of HHS facilities, technology, data, and information, while
60 advancing environment-friendly practices.....76

61 Appendix A: HHS Organizational Chart78

62 Appendix B: HHS Agencies and Offices79

63

64

65 **Introduction**

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

67 The Department of Health and Human Services (HHS) is seeking public comment on its draft
68 Strategic Plan for Fiscal Years 2022 - 2026. The draft Strategic Plan is provided as part of the
69 strategic planning process under the Government Performance and Results Modernization Act of
70 2010 (GPRMA) (P.L. 111-352) to ensure that HHS stakeholders are given an opportunity to
71 comment on this plan.

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

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

82 **Mission Statement**

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

87 **Organizational Structure**

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

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

97 **Strategic Plan Development**

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

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

107 **Strategic Goals, Objectives, and Strategies**

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

- 109 • Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and
110 Affordable Healthcare
- 111 • Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and
112 Outcomes
- 113 • Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience
- 114 • Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research
115 for All
- 116 • Strategic Goal 5: Advance Strategic Management to Build Trust, Transparency, and
117 Accountability

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

125 The strategies presented are not intended to be an exhaustive list, but a select set of high-level
126 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.

141 **Stakeholder Engagement**

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.

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

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

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

- 158 • EO 13175: Consultation and Coordination With Indian Tribal Governments
- 159 • EO 13985: Advancing Racial Equity and Support for Underserved Communities through
160 the Federal Government
- 161 • EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-
162 Consequence Public Health Threats
- 163 • EO 13995: Ensuring an Equitable Pandemic Response and Recovery
- 164 • EO 13996: Establishing the COVID-19 Pandemic Testing Board and Ensuring a
165 Sustainable Public Health Workforce for COVID-19 and Other Biological Threats
- 166 • EO 13997: Improving and Expanding Access to Care and Treatments for COVID-19
- 167 • EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or
168 Sexual Orientation
- 169 • EO 13999: Protecting Worker Health and Safety
- 170 • EO 14001: A Sustainable Public Health Supply Chain
- 171 • EO 14017: America's Supply Chains
- 172 • EO 14008: Tackling the Climate Crisis at Home and Abroad
- 173 • EO 14009: Strengthening Medicaid and the Affordable Care Act
- 174 • EO 14020: Establishment of the White House Gender Policy Council
- 175 • EO 14036: Promoting Competition in the American Economy
- 176 • 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).

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

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.

196 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
197 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
198 through the Federal Government to refer to “populations sharing a particular characteristic, as
199 well as geographic communities, who have been systematically denied a full opportunity to
200 participate in aspects of economic, social, and civic life”; this definition includes individuals
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

208 **Contributing OpDivs and StaffDivs**

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

210

211 **Strategies**

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

- 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.

221 **Empower consumers with choices for high quality healthcare coverage**

- 222 • Improve transparency of choice and access to available health coverage options,
223 including Medicare, Medicaid, and Marketplace plans, for all consumers seeking
224 coverage or searching for alternatives
- 225 • Promote partnerships and collaborations with states to provide and monitor equitable and
226 timely access to Medicaid and Children’s Health Insurance Program (CHIP) providers
227 and services.
- 228 • Facilitate enhanced understanding of eligibility, improved screening, and health
229 insurance literacy to bolster enrollment and coverage of underserved populations.

230 **Leverage knowledge and partnerships to increase health coverage enrollment**

- 231 • Support states, tribes, territories, grantees, faith-based organizations, and other federal
232 award recipients through technical assistance and capacity building to expand pathways
233 to high-quality healthcare coverage for all populations.
- 234 • Build the capacity of organizations to navigate the changing healthcare landscape to
235 better support their clients to access and use their health coverage to improve health
236 outcomes.
- 237 • Monitor and assess to improve enrollment and retention of eligible individuals in
238 comprehensive public and private coverage, including Medicaid and the Children’s
239 Health Insurance Program (CHIP), Qualified Health Plans through an Exchange, and
240 other high-quality comprehensive private insurance.
- 241 • Support research, including the application of findings and lessons learned, related
242 to the cost effectiveness and affordability of insurance coverage for diverse populations.

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

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.

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

264

265

266 **Contributing OpDivs and StaffDivs**

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

269

270 **Strategies**

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

- 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.

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

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

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

365

366 **Contributing OpDivs and StaffDivs**

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

369

370 **Strategies**

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

- 373 • Deliver safe, affordable, accessible, quality, value-based primary healthcare to
374 underserved populations through health centers and other community providers.
- 375 • Address COVID-19 related health disparities and advance health equity by expanding
376 state, local, US territorial, and freely associated state health department capacity and

- 377 services to improve and increase testing and contact tracing and prevent and control
378 COVID-19 infection or transmission.
- 379 • Ensure the provision of safe, culturally-competent care and services for women, with
380 dedicated focus on African American/Black and American Indian/Alaska Native women
381 and people with lower incomes, during maternal, perinatal, prenatal, and postpartum
382 periods of life, including raised awareness of pregnancy-related risk factors and available
383 benefits.
 - 384 • Work with tribal nations and Urban Indian Health programs to expand and improve pre-
385 and post-natal care on Indian reservations and Urban Indian centers to reduce disparities
386 in maternal and infant mortality and morbidity.
 - 387 • Promote partnerships to implement programs and outreach that focus on raising
388 awareness and rapidly linking affected individuals to relevant care and treatment services,
389 including persons harmed by substance use disorders and persons with HIV.
 - 390 • Promote linkages to treatment and interventions aimed at reducing exposure and
391 excessive use of alcohol and other substances to achieve healthier outcomes, including
392 optimal pregnancy outcomes.
 - 393 • Expand access to oral healthcare, including diagnostic, preventive, and restorative
394 services, and health care settings that provide oral healthcare, and promote collaborative
395 practices to integrate oral health and primary care to improve health outcomes.
 - 396 • Continue to expand equitable access to quality sexual and reproductive health services,
397 including family planning services.
 - 398 • Continue to promote and support programs that invest in rural collaborations and
399 encourage efforts designed to improve rural healthcare system capacity and infrastructure
400 to facilitate delivery of equitable healthcare services that can comprehensively address
401 the health, social, and economic needs of a wide range of population groups.
 - 402 • Extend and enhance the lives of individuals in all communities through improving access
403 to safe organ transplantation, bone marrow transplants, and cord blood transplants.
 - 404 • Improve access to community-based care by supporting appropriate retention of
405 telehealth flexibilities implemented for the COVID-19 pandemic, increasing access to
406 broadband, and providing technical assistance, training and information for patients and
407 providers on the use of telehealth technologies.
 - 408 • Facilitate the delivery of technology-based interventions and innovations, including the
409 development and dissemination of electronic health record standards, to enable
410 interoperable data exchange across health and community service providers and emerging
411 artificial intelligence solutions to improve care management.

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

- 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 disproportionately
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.

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

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

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

480

481 **Contributing OpDivs and StaffDivs**

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

484

485 **Strategies**

486 **Strengthen a fragmented behavioral and physical health system to reduce costs, enhance**
487 **quality care and patient experience, and improve mental health and substance use disorder**
488 **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.

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

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

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

555

556 **Contributing OpDivs and StaffDivs**

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

559

560 **Strategies**

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

- 563 • Fully implement the HHS Health Workforce Strategic Plan to expand supply, ensure
564 equitable distribution, improve quality, and enhance the use of data and evidence to
565 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.

619 **Strategic Goal 2: Safeguard and Improve National and Global Health** 620 **Conditions and Outcomes**

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

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

- 631 • EO 12898: Federal Actions to Address Environmental Justice in Minority Populations
632 and Low-Income Populations.
- 633 • EO 13985: Advancing Racial Equity and Support for Underserved Communities through
634 the Federal Government
- 635 • EO 13987: Organizing and Mobilizing the United States Government to Provide a
636 Unified and Effective Response to Combat COVID-19 and to Provide United States
637 Leadership on Global Health and Security
- 638 • EO 13990: Protecting Public Health and the Environment and Restoring Science To
639 Tackle the Climate Crisis
- 640 • EO 13991: Protecting the Federal Workforce and Requiring Mask-Wearing
- 641 • EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-
642 Consequence Public Health Threats
- 643 • EO 13995: Ensuring an Equitable Pandemic Response and Recovery
- 644 • EO 13996: Establishing the COVID-19 Pandemic Testing Board and Ensuring a
645 Sustainable Public Health Workforce for COVID-19 and Other Biological Threats
- 646 • EO 13997: Improving and Expanding Access to Care and Treatments for COVID-19
- 647 • EO 14001 National Strategy for a Resilient Public Health Supply Chain
- 648 • EO 14002: Economic Relief Related to the COVID-19 Pandemic
- 649 • 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).

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

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

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

694

695 **Contributing OpDivs and StaffDivs**

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

698

699 **Strategies**

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

- 702 • Expand and build HHS support and assistance to state, tribal, local, and territorial
703 partners, and communities to strengthen the capacity and resilience of public health
704 departments and laboratory operations and facilities to meet needs and demand during
705 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.

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

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

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

808

809 **Contributing OpDivs and StaffDivs**

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

812

813 **Strategies**

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

- 816 • Mobilize resources and collaborations, including domestic, international, and public-
817 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.

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

- 855 • Engage in research to better understand the overall disease burden and effective strategies
856 for intervention and improved quality of life associated with chronic conditions.
- 857 • Build and maintain partnerships, including federal, non-federal, academic and industry
858 partnerships, to promote the development, implementation, evaluation, and availability of
859 vaccines and other treatments to combat antimicrobial resistance and microbial threats.
- 860 • Invest in data analysis, research, and evaluation efforts, including opportunities for data
861 sharing and linkages, to better understand the burden of disease in a variety of industry
862 and occupation settings and further the development and implementation of vaccines for
863 high-burden diseases and diseases with epidemic or pandemic potential.
- 864 • Support the availability and evaluate the effectiveness of prevention and mitigation
865 measures—including engineering controls, administrative controls, and personal
866 protective equipment—in workplaces across all industry sectors, including those with
867 social, economic, and/or environmental disadvantages that elevate risk and exposure.
- 868 • Conduct vaccine safety monitoring and clinical research to keep vaccines safe and
869 provide compensation to people who have been injured by specific vaccines.
- 870 • Improve the ability to monitor supply chain shortages and proactively prevent them by
871 improved transparency and data sharing among state, local, tribal, and territorial
872 governments, industry, and federal partners — ensuring supplies are distributed on a
873 priority basis.

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

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

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

895

896 **Contributing OpDivs and StaffDivs**

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

899

900 **Strategies**

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

- 903 • Enhance maternal, infant, and child health through promotion of healthy dietary and
904 physical activity patterns and guidelines while reducing exposure to contaminants and
905 environmental risks, including foodborne pathogens and toxic elements in foods, during
906 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.

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

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

998 **Contributing OpDivs and StaffDivs**

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

1001

1002 **Strategies**

1003 **Expand ability to predict, monitor, prevent, respond to, and recover from health impacts of**
1004 **environmental changes and threats, utilizing a One Health approach**

- 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.

1046 **Expand awareness and knowledge of environmental and occupational hazards to inform**
1047 **actions individuals and communities can take to reduce negative health outcomes**

- 1048 • Build networks and develop tools to educate health providers, employers, workers, and
1049 communities about the environmental hazards, including climate change, that impact
1050 their local health outcomes and actions to mitigate and manage those impacts.
- 1051 • Develop and sustain formal and informal collaborations within and across HHS
1052 Divisions, other federal agencies, global health entities, and a wide range of partners to
1053 address environmental threats and climate change.

1054 **Strategic Goal 3: Strengthen Social Well-Being, Equity, and Economic**
1055 **Resilience**

1056 HHS works to strengthen the economic and social well-being of Americans across the lifespan.
1057 HHS provides effective and innovative pathways leading to equitable economic success for all
1058 individuals and families. The Department strengthens early childhood development and expand
1059 opportunities to help children and youth thrive equitably within their families and communities.
1060 HHS expands access to high-quality services and resources for older adults and people with
1061 disabilities, and their caregivers to support increased independence and quality of life. HHS also
1062 increases safeguards to empower families and communities to prevent and respond to neglect,
1063 abuse, and violence, while supporting those who have experienced trauma or violence.

1064 *Related Executive Orders (EO) and White House Action Plans and Memoranda:*

- 1065 • EO 13985: Advancing Racial Equity and Support for Underserved Communities Through
1066 the Federal Government
- 1067 • EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or
1068 Sexual Orientation
- 1069 • EO 13993: Revision of Civil Immigration Enforcement Policies and Priorities
- 1070 • EO 14000: Supporting the Reopening and Continuing Operation of Schools and Early
1071 Childhood Education Providers
- 1072 • EO 14001: Establishment of Interagency Task Force on the Reunification of Families
- 1073 • EO 14002: Economic Relief Related to the COVID-19 Pandemic
- 1074 • EO 14010: Creating a Comprehensive Regional Framework to Address the Causes of
1075 Migration, to Manage Migration Throughout North and Central America, and to Provide
1076 Safe and Orderly Processing of Asylum Seekers at the United States Border
- 1077 • EO 14012: Restoring Faith in Our Legal Immigration Systems and Strengthening
1078 Integration and Inclusion Efforts for New Americans
- 1079 • EO 14013: Rebuilding and Enhancing Programs to Resettle Refugees and Planning for
1080 the Impact of Climate Change on Migration
- 1081 • EO 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native
1082 Hawaiians, and Pacific Islanders
- 1083 • Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships
- 1084 • National Strategy for the COVID-19 Response and Pandemic Preparedness
- 1085 • 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).

1094 **Objective 3.1: Provide effective and innovative pathways leading to equitable**
1095 **economic success for all individuals and families**

1096 HHS invests in strategies to provide effective and innovative pathways that lead to equitable
1097 economic success for all individuals and families. HHS facilitates system enhancements and
1098 partnerships across the federal government to coordinate resources and technical assistance to
1099 individuals and families hoping to achieve sustain economic independence. Below is a selection
1100 of strategies HHS is implementing.

1101 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1102 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1103 through the Federal Government to refer to “populations sharing a particular characteristic, as
1104 well as geographic communities, who have been systematically denied a full opportunity to
1105 participate in aspects of economic, social, and civic life”; this definition includes individuals
1106 who belong to underserved communities that have been denied such treatment, such as Black,
1107 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1108 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1109 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1110 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1111 to more than one underserved community and face intersecting barriers.

1112

1113 **Contributing OpDivs and StaffDivs**

1114 ACF, ACL, ASPE, CDC, CMS, HRSA, IHS, and OASH work to achieve this objective.

1115

1116 **Strategies**

1117 **Facilitate system enhancements and partnerships across the federal government to**
1118 **coordinate resources and technical assistance to individuals and families hoping to achieve**
1119 **sustain economic independence**

- 1120 • Build state, tribe, and territorial capacity to expand safety net program coverage, enforce
1121 Section 504 of the Rehabilitation Act, streamline eligibility determination, and improve
1122 enrollment in order to provide effective assistance to address the economic conditions of
1123 underserved populations
- 1124 • Encourage states to collaborate across programs and systems so that families hoping to
1125 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

1147 **Objective 3.2: Strengthen early childhood development and expand**
1148 **opportunities to help children and youth thrive equitably within their families**
1149 **and communities**

1150 HHS invests in strategies to strengthen early childhood development opportunities to help
1151 children and youth thrive equitably within their families and communities. HHS fosters the
1152 physical, emotional, intellectual, language, and behavioral development of children and youth
1153 while supporting their families and caregivers. HHS implements interventions and
1154 multidisciplinary programs to enhance and support early childhood development and learning.
1155 HHS also focuses its efforts to improve early childhood development programs, systems, and
1156 linkages through the application of data, evidence, and lessons learned. Below is a selection of
1157 strategies HHS is implementing.

1158 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1159 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1160 through the Federal Government to refer to “populations sharing a particular characteristic, as
1161 well as geographic communities, who have been systematically denied a full opportunity to
1162 participate in aspects of economic, social, and civic life”; this definition includes individuals
1163 who belong to underserved communities that have been denied such treatment, such as Black,
1164 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1165 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1166 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1167 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1168 to more than one underserved community and face intersecting barriers.

1169

1170 **Contributing OpDivs and StaffDivs**

1171 ACF, ACL, ASPE, CDC, CMS, FDA, HRSA, IHS, OASH, NIH, OGA, and SAMHSA work to
1172 achieve this objective.

1173

1174 **Strategies**

1175 **Foster the physical, emotional, intellectual, language, and behavioral development of**
1176 **children and youth while supporting their families and caregivers**

- 1177 • Support state and local government agencies, tribes, non-governmental organizations, and
1178 other community partners in promoting comprehensive, culturally competent, two-
1179 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.

1217 **Support services and programs to improve the social well-being of unaccompanied**
1218 **homeless youth, children and youth who cannot remain in their homes, and refugee**
1219 **children and youth**

- 1220 • Provide street outreach, emergency shelters and longer-term transitional living and
1221 maternity group home services and programs to serve and protect runaway and homeless
1222 youth.
- 1223 • Bridge child welfare experience with expertise in refugee resettlement to improve
1224 outcomes for minors who have undergone forced migration and traumatic experiences
1225 with foster care placement and services and support the caregivers and community
1226 members involved in nurturing their physical and emotional well-being.
- 1227 • Provide services to facilitate the school performance, psychosocial adjustment,
1228 integration, and goal-setting of refugee children and youth, and extend complementary
1229 supports to their family members, to strengthen overall family wellbeing.

1230 **Implement interventions and multidisciplinary programs that enhance and support early**
1231 **childhood development and learning**

- 1232 • Promote systems and practices of assessment and intervention, anchored in primary
1233 healthcare, that support holistic early childhood development and learning, and child and
1234 youth well-being, inclusive of physical, socio-emotional, behavioral, intellectual,
1235 cognitive, and language development.
- 1236 • Align eligibility and program requirements across family-serving health and human
1237 service systems, and provide family navigation supports, to reduce burden and gaps in
1238 services.
- 1239 • Improve access to stable and affordable high-quality early care and education settings and
1240 participation in early childhood programs of underserved communities and populations
1241 and the replication and application of lessons learned from successful programs focused
1242 on inclusion practices.
- 1243 • Develop effective and culturally-informed training and technical assistance informed by
1244 evidence and best practices to improve the quality of early childhood and prenatal care
1245 services and education programs, including those offered by tribes and faith-based and
1246 community initiatives.
- 1247 • Invest in early childhood development, learning, and care by building the capacity of the
1248 staff and workforce supporting the programs and services provided to children and
1249 families in these sectors, including programs serving low-income communities and
1250 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.

1284 **Objective 3.3: Expand access to high-quality services and resources for older**
1285 **adults and people with disabilities, and their caregivers to support increased**
1286 **independence and quality of life**

1287 HHS is investing in several strategies to expand access to high-quality services and resources for
1288 older adults, people with disabilities, and their caregivers. HHS enhances system capacity to
1289 develop processes, policies, and supports that are person centered and provide quality care for
1290 older adults and individuals with disabilities, at home or in community-based settings. HHS
1291 ensures the availability and equitable access and delivery of evidence-based interventions that
1292 focus on research, prevention, treatment, and care of older adults and individuals with
1293 disabilities. HHS also supports development and implementation activities to better understand
1294 and address the needs of all caregivers across the age and disability spectrum. Below is a
1295 selection of strategies HHS is implementing.

1296 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1297 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1298 through the Federal Government to refer to “populations sharing a particular characteristic, as
1299 well as geographic communities, who have been systematically denied a full opportunity to
1300 participate in aspects of economic, social, and civic life”; this definition includes individuals
1301 who belong to underserved communities that have been denied such treatment, such as Black,
1302 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1303 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1304 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1305 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1306 to more than one underserved community and face intersecting barriers.

1307

1308 **Contributing OpDivs and StaffDivs**

1309 ACF, ACL, AHRQ, ASPE, CDC, CMS, IHS, NIH, OASH, and OGA work to achieve this
1310 objective.

1311

1312 **Strategies**

1313 **Enhance system capacity to address the health, health related outcomes, and social**
1314 **determinants of health for older adults and individuals with disabilities by developing**
1315 **processes, policies, and supports that are person centered and provide quality care for**
1316 **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

1355 **Objective 3.4: Increase safeguards to empower families and communities to**
1356 **prevent and respond to neglect, abuse, and violence, while supporting those**
1357 **who have experienced trauma or violence**

1358 HHS increases safeguards to empower families and communities to prevent and respond to
1359 neglect, abuse, and violence, while supporting those who have experienced trauma or violence.
1360 The Department continues its efforts to promote coordination across the government to address
1361 the full range and multiple forms of neglect, violence, trauma, and abuse across the life span.
1362 HHS is building a resource infrastructure to ensure equitable delivery of high-quality services to
1363 support affected individuals, families, and communities. HHS also leverages data to inform the
1364 development of effective and innovative prevention and intervention models to address neglect,
1365 abuse, and violence. Below is a selection of strategies HHS is implementing.

1366 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1367 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1368 through the Federal Government to refer to “populations sharing a particular characteristic, as
1369 well as geographic communities, who have been systematically denied a full opportunity to
1370 participate in aspects of economic, social, and civic life”; this definition includes individuals
1371 who belong to underserved communities that have been denied such treatment, such as Black,
1372 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1373 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1374 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1375 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1376 to more than one underserved community and face intersecting barriers.

1377

1378 **Contributing OpDivs and StaffDivs**

1379 ACF, ACL, ASPE, CDC, HRSA, IHS, NIH, OASH, and SAMHSA work to achieve this
1380 objective.

1381

1382 **Strategies**

1383 **Promote coordination across the federal government to address the full range and multiple**
1384 **forms of neglect, violence, trauma, and abuse across the life span, including gender-based**
1385 **violence**

- 1386 • Increase coordination within HHS OpDivs and StaffDivs and partner with other federal
1387 departments on violence prevention and trauma initiatives that create opportunities for an
1388 integrated, trauma-informed federal response.
- 1389 • Engage community health workers to expand outreach and access to interventions for
1390 those impacted by neglect, violence, trauma, and abuse.
- 1391 • Develop national awareness and prevention initiatives focused on violence, trauma,
1392 neglect, and abuse as a public health issue.
- 1393 • Educate and empower families and communities, including tribes and territories, to
1394 recognize and respond to signs of violence and trauma and understand the importance of
1395 and need for a comprehensive public health approach.

1396 **Build resource infrastructure to ensure equitable delivery of high-quality services to**
1397 **support affected individuals, families, and communities**

- 1398 • Strengthen networks and increase resources for state, local, tribal, territorial, community-
1399 and faith-based organizations focused on the prevention of and recovery from violence,
1400 trauma, neglect, and abuse as they make investments in programmatic advancement,
1401 cross-system coordination, equipment, and culturally- and linguistically-appropriate
1402 services and service delivery.
- 1403 • Facilitate and support access to healthcare and behavioral health services for anyone who
1404 is surviving domestic violence, dating violence, family violence, and sexual violence,
1405 including 24-hour confidential hotline, shelters and programs, and a network of state
1406 coalitions and national technical assistance providers.
- 1407 • Design innovative skills-based training and technical assistance to the networks, grantees,
1408 and programs that serve individuals, families, and communities impacted by neglect,
1409 violence, trauma, and abuse.
- 1410 • Create assessment tools and engage stakeholders to identify gaps in prevention, holistic
1411 treatment, and integrative care for underserved communities, including tribes and
1412 territories.

1413 **Leverage data to inform the development of effective and innovative prevention and**
1414 **intervention models to address neglect, violence, trauma, and violence**

- 1415 • Strengthen surveillance systems to gather prevalence data across all HHS programs and
1416 appropriately identify resources for public health and human services solutions.
- 1417 • Disseminate evidence-based strategies to promote safe, stable, and nurturing relationships
1418 and environments for adults, children, families, older adults, and persons with disabilities,
1419 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

1431 **Strategic Goal 4: Restore Trust and Accelerate Advancements in Science**
1432 **and Research for All**

1433 HHS is dedicated to restoring trust and accelerating advancements in science and research. The
1434 Department is prioritizing science, evidence, and inclusion to improve the design, delivery, and
1435 outcomes of HHS programs. It is investing in the research enterprise and the scientific
1436 workforce to maintain leadership in the development of innovations that broaden our
1437 understanding of disease, healthcare, public health, and human services resulting in more
1438 effective interventions, treatments, and programs. Strengthening surveillance, epidemiology, and
1439 laboratory capacity is another major focus to better understand and equitably address diseases
1440 and conditions. HHS is also increasing evidence-based knowledge through improved data
1441 collection, use, and evaluation efforts to achieve better health outcomes, reduced health
1442 disparities, and improved social well-being, equity, and economic resilience.

1443 *Related Executive Orders (EO) and White House Action Plans and Memoranda:*

- 1444 • EO 13985: Advancing Racial Equity and Support for Underserved Communities through
1445 the Federal Government
- 1446 • EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or
1447 Sexual Orientation as well as new EO for Advancing Equity, Justice, and Opportunity for
1448 Asian Americans, Native Hawaiians, and Pacific Islanders
- 1449 • EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-
1450 Consequence Public Health Threats
- 1451 • EO 13995: Ensuring an Equitable COVID-19 Recovery and Response
- 1452 • EO 13997: Executive Order on Improving and Expanding Access to Care and Treatments
1453 for COVID-19
- 1454 • EO 14020: Establishment of the White House Gender Policy Council
- 1455 • EO 14035 Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce
- 1456 • EO 14041: White House Initiative on Advancing Educational Equity, Excellence, and
1457 Economic Opportunity Through Historically Black Colleges and Universities
- 1458 • Memorandum on Restoring Trust in Government Through Scientific Integrity and
1459 Evidence-Based Policymaking
- 1460 • Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships
- 1461 • National Strategy for the COVID-19 Response and Pandemic Preparedness
- 1462 • Path Out of the Pandemic: President Biden’s COVID-19 Action Plan

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

1464 **Objective 4.1: Improve the design, delivery, and outcomes of HHS programs by**
1465 **prioritizing science, evidence, and inclusion**

1466 HHS works on strategies to improve the design, delivery, and outcomes of HHS programs by
1467 prioritizing science, evidence, and inclusion. The Department leverages stakeholder
1468 engagement, communication, and collaboration to build and implement evidence-based
1469 interventions and approaches for stronger health, public health, and human services outcomes.
1470 Below is a selection of strategies HHS is implementing.

1471 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1472 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1473 through the Federal Government to refer to “populations sharing a particular characteristic, as
1474 well as geographic communities, who have been systematically denied a full opportunity to
1475 participate in aspects of economic, social, and civic life”; this definition includes individuals
1476 who belong to underserved communities that have been denied such treatment, such as Black,
1477 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1478 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1479 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1480 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1481 to more than one underserved community and face intersecting barriers.

1482

1483 **Contributing OpDivs and StaffDivs**

1484 All OpDivs and StaffDivs contribute to achievement of this objective.

1485

1486 **Strategies**

1487 **Leverage stakeholder engagement, communication, and collaboration to build and**
1488 **implement evidence-based interventions for stronger health, public health, and human**
1489 **services outcomes**

- 1490 • Promote an evidence-based approach to the design, redesign, implementation, and quality
1491 of HHS programs, to inform decision making, improve oversight, and strengthen data
1492 integrity and program fidelity.
- 1493 • Improve communication and collaboration across HHS to bring together research and
1494 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.

1503 **Objective 4.2: Invest in the research enterprise and the scientific workforce to**
1504 **maintain leadership in the development of innovations that broaden our**
1505 **understanding of disease, healthcare, public health, and human services**
1506 **resulting in more effective interventions, treatments, and programs**

1507 HHS is investing strategies to support the research enterprise and the scientific workforce. HHS
1508 works to build public trust by upholding scientific integrity and quality. HHS is also working to
1509 recruit, retain, and develop a diverse and inclusive scientific workforce to conduct basic and
1510 applied research in disease, healthcare, public health, and human services. HHS supports
1511 innovation in how research is supported, conducted, and translated into interventions that
1512 improve health and well-being. Below is a selection of strategies HHS is implementing.

1513 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1514 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1515 through the Federal Government to refer to “populations sharing a particular characteristic, as
1516 well as geographic communities, who have been systematically denied a full opportunity to
1517 participate in aspects of economic, social, and civic life”; this definition includes individuals
1518 who belong to underserved communities that have been denied such treatment, such as Black,
1519 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1520 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1521 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1522 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1523 to more than one underserved community and face intersecting barriers.

1524

1525 **Contributing OpDivs and StaffDivs**

1526 AHRQ, ASPE, ASPR, CDC, FDA, HRSA, NIH, OASH, and OGA work to achieve this
1527 objective.

1528

1529 **Strategies**

1530 **Uphold scientific integrity to promote public trust in the quality of the research enterprise**

- 1531 • Ensure the quality and integrity of research findings through education and training of the
1532 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.

1591 **Objective 4.3: Strengthen surveillance, epidemiology, and laboratory capacity**
1592 **to understand and equitably address diseases and conditions**

1593 HHS supports strategies to strengthen surveillance, epidemiology, and laboratory capacity to
1594 understand and equitably address diseases and health conditions. HHS is focused on expanding
1595 capacity to improve laboratory safety and quality, monitor conditions, understanding the needs of
1596 various sub-groups of people, and establishing the pipeline for future professionals. HHS is
1597 working to modernize surveillance systems for timeliness, accuracy, and analytic reporting while
1598 engaging and learning from partners and stakeholders to inform improvements and innovation.
1599 Below is a selection of strategies HHS is implementing.

1600 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1601 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1602 through the Federal Government to refer to “populations sharing a particular characteristic, as
1603 well as geographic communities, who have been systematically denied a full opportunity to
1604 participate in aspects of economic, social, and civic life”; this definition includes individuals
1605 who belong to underserved communities that have been denied such treatment, such as Black,
1606 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1607 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1608 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1609 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1610 to more than one underserved community and face intersecting barriers.

1611

1612 **Contributing OpDivs and StaffDivs**

1613 CDC, FDA, IHS, OASH, NIH, OGA, and SAMHSA work to achieve this objective.

1614

1615 **Strategies**

1616 **Expand capacity to improve laboratory safety and quality, detect and prevent public health**
1617 **threats, monitor health conditions, understand the unique needs of various sub-groups of**
1618 **persons, and establish the pipeline for future professionals**

- 1619 • Advance the development and use of standards, guidelines, and regulations to improve
1620 the quality of laboratory testing and public health data collection.
- 1621 • Leverage existing surveillance efforts to better understand the unique and common needs
1622 of various sub-groups of persons by race, ethnicity, national origin (including primary

1623 language), sex, sexual orientation, gender identity, pregnancy, education status, income,
1624 and other population characteristics.

1625 • Improve capacity for advanced laboratory, epidemiologic, and environmental methods
1626 across federal and state agencies to enhance the detection of potential violations
1627 throughout the full lifecycle of HHS-regulated products to ensure only safe and effective
1628 products reach the public.

1629 • Identify and assess adverse events related to the use of regulated human and animal
1630 medical products, including the development and more effective use of large nationally
1631 representative database systems, electronic health records, common data models, and
1632 natural language processing.

1633 • Build expertise in cutting edge laboratory, surveillance, and epidemiology techniques to
1634 address public health threats and disease conditions, including harmful chemical
1635 exposures and diseases, antimicrobial resistance pathogens and other emerging
1636 pathogens, healthcare-associated infections, chronic diseases that disproportionately
1637 affect specific populations (e.g. sickle cell disease), individuals with disabilities, maternal
1638 health, and behavioral health.

1639 • Train and sustain a pipeline of surveillance, epidemiology, laboratory professionals to
1640 address current and emerging needs and strengthen connections with clinical workforce
1641 development stakeholders.

1642 **Modernize surveillance systems for timeliness, accuracy, and analytic reporting**

1643 • Accelerate the development and implementation of technological solutions, tools, and
1644 approaches to optimize information, knowledge, and data management, standardization,
1645 and quality, while ensuring the protection of personally identifiable information and other
1646 privacy concerns and minimizing threats to information security.

1647 • Develop and introduce data standards for geographic information within the notifiable
1648 diseases reporting system to scales that are meaningful for assessment of socio-ecologic
1649 factors.

1650 • Promote completeness and accuracy of race and ethnicity variables and other population
1651 characteristics—including age, disability status, geographic area, socioeconomic status,
1652 national origin (including primary language), and sex, sexual orientation, gender identity,
1653 and pregnancy—in laboratory data and data submitted for surveillance purposes in order
1654 to better explain the burden of disease and health conditions in diverse populations.

1655 • Partner across HHS agencies to utilize nationally collected data to create customized
1656 surveillance reports to address the incidence of infectious disease in underserved
1657 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

1662 **Engage and learn from partners and stakeholders to inform improvements and innovation**

- 1663 • Strengthen state, federal, international, and public health partnership data and information
1664 sharing to improve surveillance and laboratory capacity to identify and better control
1665 threats to public health.
- 1666 • Collaborate with domestic and international partners to develop innovative surveillance,
1667 epidemiological, and laboratory approaches that improve situational awareness and
1668 communication before, during, and after emergencies and disasters, including food and
1669 medical emergencies.
- 1670 • Identify and address barriers to participation of underserved populations in epidemiologic
1671 studies and enhance use of community-based participatory research to ensure studies are
1672 meaningful and beneficial to participants

1673 **Objective 4.4: Improve data collection, use, and evaluation, to increase**
1674 **evidence-based knowledge that leads to better health outcomes, reduced**
1675 **health disparities, and improved social well-being, equity, and economic**
1676 **resilience**

1677 HHS invests in strategies to improve data collection, use, and evaluation, to increase evidence-
1678 based knowledge that leads to better health outcomes, reduced health disparities, and improved
1679 social well-being, equity, and economic resilience. HHS is establishing a Department-wide
1680 approach to improve data collection, close data gaps, transform data, and sharing data for better
1681 HHS analysis and evaluation. HHS also fosters collaborations to expand data access and sharing
1682 to create more opportunities to use HHS data to increase knowledge of health, public health, and
1683 human service outcomes. HHS is on improving data collection and conducting evaluations to
1684 understand the drivers for inequities in health outcomes, social well-being, and economic
1685 resilience while working to increase capacity and the use of evaluations at HHS to inform
1686 evidence-based decision making. Below is a selection of strategies HHS is implementing.

1687 In the context of HHS, this Strategic Plan adopts the definition of *underserved populations* listed
1688 in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities
1689 through the Federal Government to refer to “populations sharing a particular characteristic, as
1690 well as geographic communities, who have been systematically denied a full opportunity to
1691 participate in aspects of economic, social, and civic life”; this definition includes individuals
1692 who belong to underserved communities that have been denied such treatment, such as Black,
1693 Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
1694 and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender,
1695 and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and
1696 persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong
1697 to more than one underserved community and face intersecting barriers.

1698

1699 **Contributing OpDivs and StaffDivs**

1700 ACF, ACL, AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, ONC, and
1701 SAMHSA work to achieve this objective.

1702

1703 **Strategies**

1704 **Establish a Department-wide approach to improve data collection, close data gaps,**
1705 **transform data, and share data for better HHS analysis and evaluation**

- 1706 • Fully implement Section 4302 of the Affordable Care Act to ensure that all HHS national
1707 data collection efforts and surveys collect information germane to social determinants of
1708 health, including data on race, ethnicity, primary language, disability status, sex, sexual
1709 orientation, gender identity, and pregnancy.
- 1710 • Identify and address data gaps, including surveillance systems, surveys, and other data
1711 collection methodologies, that limit the ability to fully examine and assess social
1712 determinants of health, outcomes, and conditions of populations served by the
1713 Department's health, public health or human services programs or services.
- 1714 • Design common data elements and taxonomies across the Department to consistently
1715 categorize data and information, improve data integrity, and ensure trust in data.
- 1716 • Invest in and promote intra-agency data sharing, including data linkages, interoperability
1717 of data, and data harmonization and standardization to leverage data, metrics, and
1718 information to improve analysis and evaluation of the Department programs.
- 1719 • Broaden the use of artificial intelligence, machine learning, predictive modeling, and
1720 other new technologies to harness the power of integrated data that can lead to improved
1721 health, public health, and human service outcomes.
- 1722 • Encourage data sharing across the Department to support the research and development
1723 of artificial intelligence solutions that can lead to improved public health outcomes.

1724 **Foster collaborations to broadly expand data access and sharing to create more**
1725 **opportunities to use HHS data to increase knowledge of health, public health, and human**
1726 **service outcomes**

- 1727 • Increase data interoperability between federal partners, states, tribes and territorial
1728 partners, non-profit organizations, and health information exchange networks to facilitate
1729 shared understanding, application, and utility.
- 1730 • Expand data sharing with state and local health departments, healthcare provider groups,
1731 clinical and patient care agencies, consortia developing regional health information
1732 exchanges, safety net providers, and other community-based organizations.
- 1733 • Facilitate data sharing and access to HHS publicly available data by developing public
1734 facing platforms and repositories, and to maximize their value ensure they are easy to
1735 find, user-friendly, and in machine- readable format.
- 1736 • Partner with academic research institutes to catalogue and provide access to the
1737 Department's data inventory that matches what researchers need to investigate health
1738 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.

1773 **Goal 5: Advance Strategic Management to Build Trust, Transparency, and**
1774 **Accountability**

1775 HHS is dedicated to advancing strategic management across the Department to build trust,
1776 transparency, and accountability. A major focus of the Department is promoting effective
1777 enterprise governance to ensure programmatic goals are met equitably and transparently across
1778 all management practices. HHS sustains strong financial stewardship of resources to foster
1779 prudent use of resources, accountability, and public trust. HHS works to uphold effective and
1780 innovative human capital resource management resulting in an engaged, diverse workforce with
1781 the skills and competencies to accomplish the HHS mission. The Department also ensures the
1782 security of HHS facilities, technology, data, and information, while advancing environment-
1783 friendly practices.

1784 *Related Executive Orders (EO) and White House Action Plans and Memoranda:*

- 1785 • EO 13800: Strengthening the Cybersecurity of Federal Networks and Critical
1786 Infrastructure
- 1787 • EO 13859: Maintaining American Leadership in Artificial Intelligence
- 1788 • EO 13960: Promoting the Use of Trustworthy Artificial Intelligence in the Federal
1789 Government
- 1790 • EO 13985: Advancing Racial Equity and Support for Underserved Communities Through
1791 the Federal Government
- 1792 • EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or
1793 Sexual Orientation
- 1794 • EO 13991: Protecting the Federal Workforce and Requiring Mask-Wearing
- 1795 • EO 14025: Worker Organizing and Empowerment
- 1796 • EO 14028: Improving the Nation's Cybersecurity
- 1797 • EO 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native
1798 Hawaiians, and Pacific Islanders
- 1799 • EO 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce
- 1800 • EO 14041: White House Initiative on Advancing Educational Equity, Excellence, and
1801 Economic Opportunity Through Historically Black Colleges and Universities
- 1802 • Memorandum on Restoring Trust in Government Through Scientific Integrity and
1803 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.

1808 **Objective 5.1: Promote effective enterprise governance to ensure**
1809 **programmatic goals are met equitably and transparently across all**
1810 **management practices**

1811 HHS is supporting strategies to promote effective enterprise governance and ensure
1812 programmatic goals are achieved. HHS is strengthening governance, enterprise risk
1813 management, and strategic decision making across the Department to better pursue opportunities
1814 and address risks while creating a culture of change to support continuous improvement in
1815 program and mission delivery. Below is a selection of strategies HHS is implementing.

1816

1817 **Contributing OpDivs and StaffDivs**

1818 All OpDivs and StaffDivs contribute to achievement of this Objective.

1819

1820 **Strategies**

1821 **Strengthen governance, enterprise risk management and strategic decision making across**
1822 **HHS to better pursue opportunities and address risks**

- 1823 • Mature, integrate, and apply an Enterprise Risk Management (ERM) Framework across
1824 the Department and its Divisions to guide collaborative governance within the federated
1825 operating environment, leading to more risk informed strategic decision making.
- 1826 • Strengthen the strategic management and planning capacity of the Department and its
1827 Divisions to accelerate programmatic impact to improve health, public health, and human
1828 services outcomes.

1829 **Create a culture of change at HHS to support continuous improvement in program and**
1830 **mission delivery**

- 1831 • Foster the development and success of “communities of practice” and bodies of
1832 knowledge throughout the Department to share information, best practices, and create
1833 opportunities to cross organizational boundaries to create innovative, responsive
1834 solutions.
- 1835 • Facilitate collaboration and coordination to increase the use of change management,
1836 strategic management, and human-centered design tools and techniques to improve
1837 customer experience and program and project management across HHS.

1838 **Objective 5.2: Sustain strong financial stewardship of HHS resources to foster**
1839 **prudent use of resources, accountability, and public trust**

1840 HHS supports strategies to sustain strong financial stewardship of resources. The Department
1841 continues to strengthen the financial management environment to prevent and mitigate
1842 deficiencies. HHS is focused on upholding accountability, transparency, and financial
1843 stewardship of HHS resources to ensure program integrity, effective internal controls, and
1844 payment accuracy. The Department is also building an enhanced financial management
1845 workforce that is better able to keep pace with changing contexts. Below is a selection of
1846 strategies HHS is implementing.

1847

1848 **Contributing OpDivs and StaffDivs**

1849 All OpDivs and StaffDivs contribute to achievement of this objective.

1850

1851 **Strategies**

1852 **Continue to strengthen the financial management environment to prevent and mitigate**
1853 **deficiencies**

- 1854 • Leverage artificial intelligence and robotic process automation to improve quality and
1855 timeliness of key financial management business processes.
- 1856 • Engage quality improvement principles to review key business processes and
1857 identify opportunities to manage risk and improve outcomes in areas such as financial
1858 management, grants management, and acquisitions.
- 1859 • Build structures to continue transforming financial processes from manual to digital for
1860 faster, more accurate workflows at all levels of the organization.
- 1861 • Facilitate continued collaboration across public and private sectors to adopt and advance
1862 nationally supported standards, implementation specifications, and certification criteria.
- 1863 • Support the integrated business intelligence framework to provide complete, accurate,
1864 and timely information to stakeholders in real time.
- 1865 • Promote the application of financial management policies and procedures to include best
1866 practices across HHS to ensure sound internal controls.

1867 **Uphold accountability, transparency, and financial stewardship of HHS resources to**
1868 **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

1912 **Contributing OpDivs and StaffDivs**

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

1914

1915 **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
1934 interest groups, to increase involvement and participation of the workforce in cultivating
1935 a culture of inclusion and equity across the Department.

1936 **Leverage training and professional development opportunities to develop and manage a**
1937 **high-performing workforce**

- 1938 • Ensure better performance and greater job satisfaction by fostering a performance-
1939 focused culture aimed at bolstering existing skillsets and competencies while closing the
1940 mission-critical skill gap in emerging areas of high value, including both technical and
1941 soft skills, that benefit employees in advancing the mission of HHS.
- 1942 • Increase leaders' and managers' accountability for delivering results in improving
1943 diversity and equity outcomes in their hiring practices and promoting a culture that
1944 supports employees in identifying, accessing, and receiving professional development
1945 opportunities that are unique to their career needs and aspirations.
- 1946 • Increase access to diversity and inclusion training and developmental opportunities for
1947 HHS leaders, managers, and staff to foster a culture of inclusion and equity among an
1948 increasingly diverse workforce.

1949 **Provide leaders and managers with the insight and tools to effectively carry out change**
1950 **management, organizational learning, and succession planning**

- 1951 • Modernize human resource systems, policies, and processes using data and best practices
1952 for effective recruitment, staffing, retention, and workforce planning.
- 1953 • Apply best practices in change management to improve how employees are managed
1954 and supported in today's fast-changing workplace environment, contributing to
1955 recruitment and retention efforts while promoting transparency, trust, and accountability
1956 across the organization.
- 1957 • Facilitate engagement, collaboration, and communication between HHS leaders,
1958 managers, and employees in ensuring a work environment that promotes inclusive
1959 policies and flexibilities, such as work schedule flexibilities and remote work
1960 opportunities, that are responsive to the Department's evolving needs.
- 1961 • Promote succession planning for mission-critical occupations to increase organizational
1962 resilience and effectiveness by facilitating the regular transfer of institutional knowledge
1963 among the workforce.
- 1964 • Take a data-driven approach to advancing policies that promote diversity, equity,
1965 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.

1974 **Objective 5.4: Ensure the security of HHS facilities, technology, data, and**
1975 **information, while advancing environment-friendly practices**

1976 HHS supports strategies to ensure the security of HHS facilities, technology, data, and
1977 information, while advancing environment-friendly practices. HHS is focused on shifting the
1978 culture of data use across the enterprise to maximize the power of data. The Department is
1979 leveraging modernization as a gateway to strengthened cybersecurity and enhanced risk
1980 management. HHS also captures and applies lessons learned from real-world experiences to
1981 strengthen operational resilience. Below is a selection of strategies HHS is implementing.

1982

1983 **Contributing OpDivs and StaffDivs**

1984 All OpDivs and StaffDivs contribute to achievement of this objective.

1985

1986 **Strategies**

1987 **Strategically shift the culture of data use across the enterprise towards sharing data to**
1988 **maximize the power of data**

- 1989 • Evaluate the behaviors, risk-framework, and incentive structure around data sharing and
1990 increase the value of data to be an enterprise-level asset for the Department.
- 1991 • Advance effective data management and ethical data use across the Department by
1992 addressing essential elements related to data integrity, quality, privacy, and security.
- 1993 • Create and utilize strategic frameworks for the trustworthy and ethical deployment of
1994 artificial intelligence and machine learning solutions across the Department.

1995 **Leverage HHS modernization as a gateway to strengthened cybersecurity and enhanced**
1996 **risk management**

- 1997 • Modernize legacy information technology infrastructure, processes, and systems and
1998 deploying emerging technologies, such as artificial intelligence and machine learning,
1999 and zero trust to drive greater operational visibility into potential vulnerabilities across
2000 the Department.
- 2001 • Align information security risk management and information technology modernization
2002 efforts with enterprise risk management by sharing opportunities and risks among
2003 information security and privacy, information technology, and other management
2004 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>