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

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

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- Six events were declared Public Health Emergencies of International Concern between 2007 and 2020: the 2009 H1N1 influenza pandemic, Ebola (West African outbreak 2013–2015, outbreak in Democratic Republic of Congo 2018–2020), poliomyelitis (2014 to present), Zika (2016) and COVID-19 (2020 to present). (Source: Public health emergencies of international concern: a historic overview <<https://pubmed.ncbi.nlm.nih.gov/33284964/>>)
- The United States has sustained 308 weather and climate disasters since 1980 where overall costs exceeded \$1 billion. As of October 8, 2021, 18 such events resulted in the deaths of 538 people, with many more affected. Human-caused disasters, including chemical releases, industrial and mining accidents, transportation and maritime disasters, mass shootings and terrorist incidents, among others, harm thousands of people in the United States and around the world each year. (Source: Billion-Dollar Weather and Climate Disasters <<https://www.ncdc.noaa.gov/billions/>>)
- The 2020 global pandemic caused by SARS-CoV-2 and previous coronavirus outbreaks underscores the critical need to develop vaccines capable of broad protection against multiple coronavirus strains, including newly emerging viruses and variants. NIH established a multidisciplinary research program specifically to design and advance pan-coronavirus vaccine candidates. (Source: NIAID Issues New Awards to Fund “Pan-Coronavirus” Vaccines <<https://www.niaid.nih.gov/news-events/niaid-issues-new-awards-fund-pan-coronavirus-vaccines>>)
- Many rural communities are experiencing increases in COVID-19 cases and similar challenges as are urban areas, but rural healthcare systems also face unique considerations compared to their urban counterparts. Workforce and other resource shortages, socioeconomic factors that compound resident health risks, and other public health issues often complicate the ability to plan for and respond to natural and human-caused emergencies in rural areas. (Source: Rural Health and COVID-19 - PDF <<https://files.asprtracie.hhs.gov/documents/aspr-tracie-rural-health-and-covid-19.pdf>>)

- Over the course of the COVID-19 pandemic, non-Hispanic American Indian or Alaska Native, non-Hispanic Black, and Hispanic populations experienced significantly higher rates of hospitalization due to COVID-19 compared to non-Hispanic Whites. (Source: Disparities in Hospitalizations <<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-hospitalization.html>>) Hispanic or Latino, non-Hispanic Black, and non-Hispanic American Indian or Alaska Native people also have a disproportionate burden of COVID-19 deaths among specific age groups across the lifespan—children, youth, adults, and older adults. (Source: Disparities in Deaths <<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html>>)
- CDC's Global Rapid Response Team members deployed to support surveillance activities internationally, repatriation flights from Japan, as well as preparedness and response activities in Asia and Africa. Since CDC activated its emergency operations center (EOC) to respond to COVID-19 on January 6, 2020, GRRT has deployed over 250 responders on 498 deployments for more than 19,000 person-days to 40 states, Washington D.C., tribal nations, and four territories, as well as CDC's EOC in Atlanta, Georgia. (Source: Global Rapid Response Team Expands Scope to U.S. Response <<https://www.cdc.gov/globalhealth/healthprotection/fieldupdates/fall-2020/grrt-response-covid.html>>)
- The COVID-19 pandemic revealed vulnerabilities in the global medical supply chain that required HHS to expand and enhance the Strategic National Stockpile's capability to respond to a nationwide emerging infectious disease, now and in the future. (Source: Response to the COVID-19 Pandemic <<https://www.phe.gov/about/sns/covid/pages/default.aspx>>)
- Medical emergency responders (e.g., doctors and nurses) enrolled in a Department of Health and Human Services program can be called up and sent to help states and localities in a public health emergency. (Source: Public Health Preparedness: HHS Should Take Actions to Ensure It Has an Adequate Number of Effectively Trained Emergency Responders <<https://www.gao.gov/products/gao-20-525>>)

- HHS is currently implementing recommendations to ensure it has an adequate number of effectively trained emergency responders. HHS responded to COVID-19, in part, by deploying responders enrolled in the National Disaster Medical System (NDMS) <<https://www.phe.gov/preparedness/responders/ndms/pages/default.aspx>>. NDMS is the main program through which HHS enrolls responders to assist with the federal medical and public health response to public health emergencies. HHS deploys NDMS responders to provide, among other things, patient care and movement. (Source: Public Health Preparedness: HHS Should Take Actions to Ensure It Has an Adequate Number of Effectively Trained Emergency Responders <<https://www.gao.gov/products/gao-20-525>>) In 2020 alone, the NIEHS Worker Training Program provided health and safety training to more than 25,000 people engaged in hazmat disaster preparedness and infectious disease response. (Source: Where We Train: Worker Training Program <<https://tools.niehs.nih.gov/wetp/locations/index.cfm>>)

Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Centers of Excellence in Regulatory Science and Innovation (CERSI) Cooperative Agreement Grant Program, Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) Joint Oversight Committee <<http://www.carb-x.org/> </disclaimer.html>, Domestic Mutual Reliance <<https://www.fda.gov/federal-state-local-tribal-and-territorial-officials/national-integrated-food-safety-system-ifss-programs-and-initiatives/domestic-mutual-reliance>>, European Medicines Agency (EMA) COVID-19 <<https://www.fda.gov/news-events/fda-voices/partnering-european-union-and-global-regulators-covid-19>>, Expert Committee on Biological Standardization <<https://www.who.int/groups/expert-committee-on-biological-standardization>> </disclaimer.html>, FDA and the Department of Defense (DoD) [MOU 225-19-001] <<https://www.fda.gov/about-fda/domestic-mous/mou-225-19-001>>, FDA and the HHS Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) [MOU 225-13-0028] <<https://www.fda.gov/about-fda/domestic-mous/mou-225-13-0028>>, FDA and the National Institute of Standards and Technology [MOU 225-21-006] <<https://www.fda.gov/about-fda/domestic-mous/mou-225-21-006>>, Food Emergency Response Network (FERN) <<https://www.fernlab.org/>> </disclaimer.html>, Forum on Medical and Public

Health Preparedness for Disasters and Emergencies <<https://www.nationalacademies.org/our-work/forum-on-medical-and-public-health-preparedness-for-disasters-and-emergencies>> [↗](#) </disclaimer.html>, Global Polio Eradication Initiative <<https://polioeradication.org>> [↗](#) </disclaimer.html>, Global Regulatory Harmonization and Convergence <<https://www.fda.gov/vaccines-blood-biologics/international-activities/regulatory-harmonization-and-convergence>>, Interagency Board for Emergency Preparedness and Response <<https://www.interagencyboard.org/>> [↗](#) </disclaimer.html>, International Coalition of Medicines Regulatory Authorities (ICMRA) <<http://www.icmra.info/drupal/en/home>> [↗](#) </disclaimer.html>, Measles & Rubella Initiative (M&RI) <<http://www.measlesrubellainitiative.org>> [↗](#) </disclaimer.html>, National Integrated Food Safety System (IFSS) <<https://www.fda.gov/federal-state-local-tribal-and-territorial-officials/national-integrated-food-safety-system-ifss-programs-and-initiatives/domestic-mutual-reliance>>, One Health <<https://www.fda.gov/animal-veterinary/animal-health-literacy/one-health-its-all-us>>, Pediatric Cluster <<https://www.fda.gov/science-research/pediatrics/international-collaboration-pediatric-cluster>>, Rapid Response Teams <<https://www.fda.gov/federal-state-local-tribal-and-territorial-officials/national-integrated-food-safety-system-ifss-programs-and-initiatives/rapid-response-teams-rrts>>, US-Canada Regulatory Cooperation Council (RCC) <<https://legacy.trade.gov/rcc/>>, and WHO Collaborating Centres for Biological Standardization <<https://www.who.int/teams/health-product-policy-and-standards/standards-and-specifications/who-collaborating-centres-for-biological-standardization>> [↗](#) </disclaimer.html>.

Strategies

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

- Expand and build HHS support and assistance to state, tribal, local, and territorial partners, and communities to strengthen the capacity and resilience of public health departments and laboratory operations and facilities to meet needs and demand during response and recovery efforts.
- Strengthen the coordination between domestic and international stakeholders and modernization of programs, policies, guidance, and funding mechanisms to support robust emergency and disaster response planning, infrastructure, and capabilities, including disaster human services capabilities.

- Foster collaboration between key partners and stakeholders at the federal, state, tribal, local, and territorial levels, including partner organizations like the Federal Emergency Management Agency, private sector organizations, and global partners like the World Health Organization to increase awareness of opportunities to develop integrated guidance and plans as well as fill gaps in service and critical functions necessary to better anticipate, identify, and promptly respond to threats, emergencies, and disasters.
- Address health disparities and promote trust, and community resilience, especially for underserved communities disproportionately affected by emergencies, by improving engagement and collaboration across federal, state, tribal, local, and territorial stakeholders and community organizations, and with relevant international partners, ensuring response efforts are informed by health and human services equity principles.
- Focus resources on developing the capacity of the HHS emergency response workforce through effective training and technical assistance to improve the Department's readiness to meet the needs and demands of all communities they support during emergency response and recovery efforts.

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

- Advance the development and availability of safe effective medical countermeasures to support preparedness and response efforts, and maximize their effective use by providing comprehensive and accessible guidance and public health communications to critical partners, including distribution and response networks, academic partners, hospital systems, clinical organizations, and the public.
- Build a diverse, agile U.S. public health supply chain while sustaining long-term domestic manufacturing capability for medical countermeasures and medical products to reduce and prevent shortages and ensure continuous supply during times of need.
- Ensure that HHS is prepared to make effective use of available waiver options and systems in place to expand and maximize flexibilities when a public health emergency is declared, ensuring response efforts can scale to readily support communities.

- Facilitate communication and coordination with public and private partners to leverage existing flexibilities and make new flexibilities available for the benefit of response efforts during a public health emergencies and disasters.
- Leverage and expand partnerships with state, tribal, local, and territorial partners and community-based, faith-based, and non-profit organizations as well as international partners to generate and disseminate risk communication and outreach materials that are evidence-based and culturally appropriate to improve awareness, knowledge, and uptake of mitigation measures during emergencies and disasters.
- Disseminate consistent and plain language communications to ensure affected individuals and communities, including those living or working in high-risk areas, are notified in a timely, culturally-tailored manner to minimize risk and ensure their safety.
- Ensure the resilience of the public health industrial base (PHIB) supply chain with improvements in the robustness, visibility and agility of the supply chain in coordination with interagency and private sector partners; wherein robustness includes broadening domestic manufacturing capacity and diversification of sources, visibility includes increased transparency and mapping of PHIB supply chains, and agility is an improved flexibility and responsiveness of actors in the system.

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

- Enhance research, analytic, and learning capabilities through more efficient, accurate, and trusted collection, application, and integration of data from new and existing data streams across a series of disciplines, including demographic, environmental, genetic or genomic, biomedical, economic, geospatial, and ecological data, to better understand health impacts of emergencies and disasters.
- Improve coordination and collaboration efforts with federal, state, tribal, local, territorial, and international partners to enhance integrated surveillance and monitoring capacity to ensure equity in emergency response planning, coordination, and delivery and sustaining global health security.

- Invest in modernizing information technology infrastructure to foster data sharing and interoperability across systems in coordination with partners to ensure data insights are representative, actionable, and readily available to decisionmakers and researchers before, during, and after an emergency or disaster to inform preparedness, response, and forecasting.
- Leverage data collection, monitoring, and reporting systems, including critical demographic data, to improve the production, availability, and equitable supply of necessary countermeasures and medical equipment, including Personal Protective Equipment (PPE), when they are needed during emergencies and disasters.
- Provide training, education, and technical assistance to foster a multidisciplinary cadre of culturally-appropriate public health and research professionals to conduct studies to better understand the human health impacts, including mental health, of public health emergencies and disasters, especially among especially among groups that are disproportionately affected.
- Support innovative research and development for medical countermeasures, including clinical trials, and data integration capabilities to better prepare for and support safe and healthy outcomes during emergencies and disasters.


Performance Goals

The HHS Annual Performance Plan <<https://www.hhs.gov/about/budget/fy2022/index.html>> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.

- Increase the number of new licensed medical countermeasures across BARDA programs
- Number of cumulative Field Epidemiology Training Program (FETP) - Frontline graduates
- By 2026, establish a formalized funding pathway for the development, validation, and regulatory review of diagnostic technologies to enhance surveillance and pandemic preparedness
- By 2026, advance the preclinical or clinical development of 10 antivirals for current or future infectious disease threats


Learn More About HHS Work in this Objective

- 2021: Advancing Regulatory Science at FDA: Focus Areas of Regulatory Science (FARS) <<https://www.fda.gov/media/145001/download>>: The report highlights the areas FDA has identified as needing continued targeted investment in regulatory science research to fulfill FDA's regulatory and public health mission.
- Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19 [↗](#) <[/disclaimer.html](#)>: This HHS Office of Minority Health initiative seeks to demonstrate the effectiveness of local government implementation of evidence-based health literacy strategies that are culturally appropriate to enhance COVID-19 testing, contact tracing and/or other mitigation measures (e.g., public health prevention practices and vaccination) in racial and ethnic minority populations and other socially vulnerable populations, including racial and ethnic minority rural communities.
- BARDA Industry Day <<https://www.medicalcountermeasures.gov/barda/barda-industry-day-2021/>>: The annual BARDA Industry Day is a way to connect and communicate with public and private sector partners working in the health security space.
- CDC Disaster Science Responder Research Program <<https://www.cdc.gov/niosh/topics/disasterscience/default.html>>: Develops timely, scalable approaches for occupational health research so that research may be started quickly in the event of a disaster or public health emergency.
- CDC Division of Global Health Protection Strategic Plan Overview 2019–2022 <<https://www.cdc.gov/globalhealth/healthprotection/dghp-strategic-plan-overview.html>> : The plan supports the vision of a healthier, safer world that is able to prevent, detect, and respond to public health threats.
- CDC Emergency Preparedness and Response Program <<https://www.cdc.gov/niosh/programs/epr/default.html>>: Prepares for, responds to, and researches chemical, biological, radiological, and natural disasters. The program integrates and evaluates occupational safety and health topics to protect response and recovery workers.
- CDC Protective Technology Program <<https://www.cdc.gov/niosh/npptl/ptprogram.html>>: Advances the state of knowledge and application of technical methods (e.g., fit testing methods), processes, techniques, tools, and materials that support the development and use of personal protective equipment.

- Center for Biologics Evaluation and Research 2021–2025 Strategic Plan
<<https://www.fda.gov/media/81152/download>>: The plan outlines the Center's strategic direction for supporting CBER's mission and striving toward CBER's vision over the next five years.
- Centers for Research in Emerging Infectious Diseases (CREID)
<<https://www.niaid.nih.gov/research/centers-research-emerging-infectious-diseases>>: NIAID engages a global network of research centers to study how and when viruses and other pathogens emerge from wildlife and spillover into humans. The Centers for Research in Emerging Infectious Diseases (CREID) facilitates early warnings of emerging diseases, facilitating a rapid response and possibly curbing potential disease threats before they develop into widespread pandemics.
- Civil Rights Toolkit for Medical Emergencies/Pandemic Responses
<<https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.html>>: This project will establish best principles for states and healthcare providers on Crisis Standards of Care (CSC) plans and develop a Civil Rights Toolkit for Medical Emergencies/Pandemic Responses for their use.
- CMS Pandemic Plan - PDF <<https://www.cms.gov/files/document/covid-pandemic-plan.pdf>>: CMS improved its Pandemic Plan to ensure the Agency is able to meet the needs of its stakeholders and as a result, now stands better prepared for any future pandemic events. CMS' Pandemic plan has not simply been updated, it has been completely redesigned and provides CMS with the guidance and decision-making framework needed to best meet the needs of its internal and external stakeholders. The plan also details the steps taken to protect those on the CMS workforce who worked tirelessly to fulfill the agency's mission in service to all Medicare and Medicaid beneficiaries and all Americans enrolled in individual or group market coverage.
- Coalition for Epidemic Preparedness Innovations (CEPI) <<https://cepi.net/>> 
</disclaimer.html>: CBER collaborated with CEPI and NIH to convene a public workshop to discuss the scientific, clinical, and regulatory challenges encountered in the identification, characterization, and qualification of biomarkers for preventative vaccines.

- **Compounding Animal Drugs** <<https://www.fda.gov/animal-veterinary/unapproved-animal-drugs/animal-drug-compounding>>: FDA is continuing to address animal drug compounding and is developing a compliance program that balances FDA's current understanding about the safety, effectiveness, and quality of animal drugs compounded from bulk drug substances and the need for those drugs when no FDA-approved (including conditionally approved) or indexed drug can be used to treat the animal.
- **Developing the National Public Health Strategy for the Prevention and Control of Vector-Borne Diseases in Humans** <<https://www.cdc.gov/ncezid/dvbd/framework.html>>: To address the growing threat to public health, CDC, five federal departments, and the Environmental Protection Agency developed a joint National Public Health Framework for the Prevention and Control of Vector-Borne Diseases in Humans.
- **Disaster Research Response (DR2) Program** <<https://www.niehs.nih.gov/research/programs/disaster/index.cfm>>: When disasters and emergencies happen, timely and ethical collection of exposure data helps provide answers to the public's concerns about immediate and long-term health impacts. The NIH Disaster Research Response (DR2) Program provides training, funding, and data collection tools for this purpose.
- **Emergency Playbook for Federal Human Services Programs** <<https://aspe.hhs.gov/reports/human-services-emergency-playbook>>: This playbook aims to synthesize lessons learned and recommendations from existing resources, emergency management protocols, and interviews with federal program staff about responding to emergencies and disasters. As federal human services program staff serve populations that often experience marginalization, economic disadvantages, and disproportionate negative impacts in a disaster or emergency context, this playbook emphasizes opportunities for federal programs to deliver human services equitably to all populations during and after major emergencies, especially those with multi-state impacts.
- **HHS and industry partners expand U.S.-based pharmaceutical manufacturing for COVID-19 response** <<https://www.medicalcountermeasures.gov/newsroom/2020/phlow-us-manufacturing/>>: HHS will work with a team of private industry partners to expand pharmaceutical manufacturing in the United States for use in producing medicines needed during the COVID-19 response and future public health emergencies.

- **Medical Countermeasures Initiative (MCMi)** <<https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/medical-countermeasures-initiative-mcmi>>: The MCMi facilitates the development and availability of medical countermeasures—including drugs, vaccines, and diagnostic tests—to protecting the United States from chemical, biological, radiological, nuclear (CBRN), and emerging infectious disease threats such as pandemic influenza, Ebola virus disease (EVD), and Zika virus infections.
- **National Clearinghouse for Worker Safety and Health Training** <<https://tools.niehs.nih.gov/wetp>>: Provides training, resources, reports, and news to ensure their safety of workers responding to disasters, public health emergencies, and other hazardous events.
- **National Disaster Medical System (NDMS)** <<https://www.phe.gov/preparedness/responders/ndms/pages/default.aspx>>: The devastation of natural and man-made disasters brings an urgent need for health and medical care. Hurricanes, earthquakes, pandemic disease, major transportation accidents, and terrorist attacks can overwhelm state, local, tribal, or territorial resources. At a state's request, NDMS provides personnel, equipment, supplies, and a system of partner hospitals work to together with state and local personnel to provide care when Americans need it most.
- **National Strategy and Action Plans for Combating Antibiotic Resistant Bacteria** <<https://aspe.hhs.gov/pdf-report/carb-plan-2020-2025>>: The National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB), 2020–2025, presents coordinated, strategic actions that the United States Government will take in the next five years to improve the health and well-being of all Americans by changing the course of antibiotic resistance.
- **New Era of Smarter Food Safety** <<https://www.fda.gov/food/new-era-smarter-food-safety>>: FDA is taking a new approach to food safety, leveraging technology and other tools and approaches to create a safer and more digital, traceable food system.
- **Partnering to Protect: Public and Private Sectors Unite Against Antimicrobial Resistance**: ASPR/BARDA is partnering with the private sector to combat antimicrobial resistant bacteria.

- President's Task Force on Environmental Health Risks and Safety Risks to Children <<https://ptfceh.niehs.nih.gov/>>: HHS co-chairs the President's Task Force on Environmental Health Risks and Safety Risks to Children whose Subcommittee on Climate, Emergencies and Disasters <<https://ptfceh.niehs.nih.gov/activities/climate-change/index.htm>> works to address gaps in health protection, promotion, and research related to climate change, public health emergencies and disasters by convening and coordinating relevant activities of federal agencies and stakeholders.
- Public Health Emergency <<https://www.phe.gov/about/pages/default.aspx>>: For more information about how ASPR coordinates preparedness and response efforts in a public health emergency, go to <https://www.phe.gov> <<https://www.phe.gov>>.
- Public Health Emergency Preparedness (PHEP) Cooperative Agreement <<https://www.cdc.gov/cpr/readiness/phep.htm>>: The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided assistance to public health departments across the nation. This helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.
- Rural Healthcare Surge Readiness <<https://www.ruralhealthinfo.org/healthcare-surge-readiness>>  <[/disclaimer.html](#)>: Provides up-to-date and critical resources for rural healthcare systems preparing for and responding to a COVID-19 surge, spanning a wide range of healthcare settings and a broad array of topics ranging from behavioral health to healthcare operations to telehealth.
- Supporting Antimicrobial Stewardship in Veterinary Settings: Goals for Fiscal Years 2019–2023 <<https://www.fda.gov/media/115776/download>>: The focus of this plan is on actions being taken by the FDA Center for Veterinary Medicine (CVM) and other stakeholders to support antimicrobial stewardship in veterinary settings.
- Technical Resources, Assistance Center, and Information Exchange (TRACIE) <<https://asprtracie.hhs.gov/>>: Created to meet the information and technical assistance needs of regional ASPR <<https://www.phe.gov/about/pages/default.aspx>> staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness.

<< [Strategic Plan FY22-26](#) </about/strategic-plan/2022-2026/index.html>

[Strategic Objective 2.2](#) >> </about/strategic-plan/2022-2026/goal-2/objective-2-2/index.html>

Content created by Assistant Secretary for Planning and Evaluation (ASPE)

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

HHS is working on strategies to protect the public from known and emerging infectious diseases and prevent non-communicable diseases, including cardiovascular diseases, cancer, diabetes, and other chronic conditions. HHS advances the development and delivery of safe and effective, and innovative diagnostics, treatments, therapeutics, medical devices, and vaccines. HHS invests in innovative technology and development to

ensure the supply and availability of diagnostics, treatments, therapeutics, medical devices, and vaccines while leveraging resources and collaborations to support and apply research, evaluation, and data insights about non-communicable and infectious disease.

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- Infectious diseases are a major cause of illness, disability, and death in the United States—and many are vaccine preventable. Though infectious diseases are a public health threat for people of all ages and racial/ethnic groups, some populations are disproportionately affected. The incidence of TB and hepatitis B, for example, is higher in the Asian population than other groups. Hepatitis A rates have increased since 2014 in unvaccinated adults who experience homelessness or use drugs, and rates of hepatitis C have increased since 2013 in young people who inject drugs. (Source: Immunization and Infectious Diseases Workgroup <<https://health.gov/healthypeople/about/workgroups/immunization-and-infectious-diseases-workgroup#cit1>>)
- In 2020, estimated global coverage with the third dose of diphtheria, tetanus, and pertussis-containing vaccine (DTP) and a polio vaccine decreased to 83 percent; coverage with the first dose of measles-containing vaccine decreased to 84 percent. Globally, 17.1 million children did not receive the first DTP dose by age 12 months, an increase of 3.5 million from 2019. (Source: Morbidity and Mortality Weekly Report (MMWR), Routine Vaccination Coverage <<https://www.cdc.gov/mmwr/volumes/70/wr/mm7043a1.htm>>) In 2019, the United States had the highest number of measles cases since 1992—and since measles was declared eliminated in 2000. (Source: Immunization and Infectious Diseases Workgroup <<https://health.gov/healthypeople/about/workgroups/immunization-and-infectious-diseases-workgroup#cit1>>)
- In 2018, nearly one in five Americans had a sexually transmitted infection (STI), with close to 68 million infections. Almost half of new STIs were among youth from 15–24 yrs. New STIs total \$16 billion in direct medical costs. (Source: Sexually Transmitted Diseases (STDs): At A Glance <<https://www.cdc.gov/std/statistics/prevalence-2020-at-a-glance.htm>>)

- Annually, at least 2.8 million Americans get an antibiotic-resistant infection, and more than 35,000 die. The estimated national cost for treating antibiotic resistance is more than \$4.6 billion annually. (Source: Antibiotic Resistance Threats in the United States 2019 - PDF <<https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf>>)
- During the 2019–2020 influenza season, CDC estimates that influenza was associated with 38 million illnesses, 18 million medical visits, 405,000 hospitalizations, and 22,000 deaths. (Source: 2019-2020 Flu Season Burden Estimates <<https://www.cdc.gov/flu/about/burden/2019-2020/archive-09292021.html>>) The influenza burden was higher in young children (0–4 years) and adults (18–49 years) compared with the 2017–2018 season, a recent season with high severity, and provides evidence to support how severe seasonal influenza can be at any age. (Source: 2018-2019 Flu Season Burden Estimates <<https://www.cdc.gov/flu/about/burden/2019-2020.html>>)
- Noncommunicable diseases, also known as chronic diseases, such as heart disease, stroke, cancer, chronic respiratory disease, and diabetes, are the leading cause of death and disability worldwide. (Source: Global Noncommunicable Diseases Fact Sheet <<https://www.cdc.gov/globalhealth/healthprotection/resources/fact-sheets/global-ncd-fact-sheet.html>>) Six in 10 adults in the United States have a chronic disease. Four in 10 adults in the United States have two or more chronic diseases. (Source: Chronic Disease in America <<https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>>) Heart disease and cancer are the top two causes of death in the United States, accounting for 44.2 percent of all deaths in 2018. (Source: Health, United States, 2019 - PDF <[https://www.cdc.gov/nchs/data/19-508.pdf#chartbook](https://www.cdc.gov/nchs/data/hus/19-508.pdf#chartbook)>) Four cancers—lung, breast, prostate, colorectal—account for almost half of all U.S. cancer deaths. (Source: Healthy People 2030: Cancer Workgroup <<https://health.gov/healthypeople/about/workgroups/cancer-workgroup#about>>) People who live in counties in the United States that experience persistent poverty are more likely to die from cancer than people in other counties. (Source: Persistent Poverty Linked to Increased Risk of Dying from Cancer <<https://www.cancer.gov/news-events/cancer-currents-blog/2020/persistent-poverty-increased-cancer-death-risk>>)

- In 2019 an estimated 229 million cases of malaria occurred worldwide and 409,000 people died. About 2,000 cases of malaria are diagnosed in the United States each year. (Source: Malaria <<https://www.cdc.gov/parasites/malaria/index.html>>) Two U.S. Phase 1 clinical trials of a novel candidate malaria vaccine have found that the regimen conferred unprecedentedly high levels of durable protection when volunteers were later exposed to disease-causing malaria parasites. A Phase 2 clinical trial of the vaccine is now underway in Mali, a malaria-endemic country. If the approach proves successful there, chemoprophylaxis vaccination, or CVac, potentially could help reverse the stalled decline of global malaria. Currently, there is no vaccine in widespread use for the mosquito-transmitted disease. (Source: Investigational Malaria Vaccine Gives Strong, Lasting Protection <<https://www.niaid.nih.gov/news-events/investigational-malaria-vaccine-gives-strong-lasting-protection>>)
- Countermeasures Acceleration Group, a partnership between HHS and the U.S. Department of Defense, accelerated the development of a COVID-19 vaccine. The U.S. Government Accountability Office reviewed how vaccine companies combined some steps in the development process to meet unprecedented timeframes. It noted the manufacturing challenges and efforts to address them. For example, agencies worked to expedite procurement and delivery of equipment to address manufacturing challenges. (Source: Coronavirus Oversight <<https://www.gao.gov/coronavirus>>)
- Foodborne illness is common, costly, and preventable. Foodborne hazards—including germs, undeclared allergens, and chemical contaminants—can enter the food supply at any point from farm to table. Antibiotic-resistant foodborne infections cause more serious health outcomes and are more expensive to treat. Each year, one in six Americans get sick from contaminated food. Anyone can get a foodborne illness, but some groups are at greater risk for hospitalizations and death from these illnesses—for example, children younger than five years, people older than 65 years, pregnant women, and people with reduced immunity. (Source: Healthy People 2030: Food Safety Workgroup <<https://health.gov/healthypeople/about/workgroups/food-safety-workgroup#cit1>>)

Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Antimicrobial Resistance/National Antimicrobial Resistance Monitoring System (NARMS) <<https://www.fda.gov/animal-veterinary/safety-health/antimicrobial-resistance>>, Board of Scientific Counselors, Deputy Director for Infectious Diseases <<https://www.cdc.gov/faca/committees/bscddid.html>>, Healthcare Infection Control Practices Advisory Committee (HICPAC) <<https://www.cdc.gov/faca/committees/hicpac.html>>, Partnership for Food Protection (PFP) <<https://www.pfp-ifss.org/>> [↗](#) </disclaimer.html>, Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) <<https://www.phe.gov/preparedness/mcm/phemce/pages/default.aspx>>, Retail Food Flexible Funding Model Cooperative Agreement Program (CAP) <<https://www.neha.org/news-events/latest-news/introducing-neha-fda-retail-flexible-funding-model-grant-program>> [↗](#) </disclaimer.html>, Retail Food Safety Regulatory Association Collaborative <<https://www.retailfoodsafetycollaborative.org/>> [↗](#) </disclaimer.html>, and State Produce Implementation Cooperative Agreement Program (CAP) <<https://www.fda.gov/federal-state-local-tribal-and-territorial-officials/grants-and-cooperative-agreements/state-produce-implementation-cooperative-agreement-program-cap>>.

Strategies

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

- Mobilize resources and collaborations, including domestic, international, and public-private partnerships to support the research, development, testing, manufacture, and equitable distribution of safe and effective prevention strategies, diagnostics, vaccines, therapeutics, and medical devices for non-communicable and infectious disease.
- Increase collaboration with domestic and international partners, including community-based organizations, to improve confidence in vaccines and vaccination uptake rates, especially among disproportionately affected populations.
- Build and support sustainable immunization programs, and capacity at local, national, regional, and global levels to better prevent and respond to disease-specific challenges and meet disease eradication, elimination, and control targets.

- Support evidence-based healthcare delivery models and engage stakeholders across public health and healthcare systems to increase the use of safe and effective interventions, treatments, and therapeutics through education, outreach, diagnostic and antibiotic stewardship, and other approaches in diverse patient populations, including tribal and territorial communities.
- Leverage partnerships and communication networks throughout state, tribal, local, and territorial communities to promote appropriate use of antimicrobials and antimicrobial stewardship across all healthcare and veterinary settings.
- Foster and leverage partnerships with key stakeholders throughout the food production, manufacturing, storage, and distribution enterprise, as well as tribal and Urban Indian Organization partners, to promote and implement science-based preventive control standards for contamination of domestic and imported foods.

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

- Support the development of new, safe, and effective medical products with improved delivery characteristics, such as easier storage conditions, longer shelf-life, and reduced dosing, for the treatment, prevention, and diagnosis of non-communicable and infectious diseases.
- Support the application and use of innovative technologies, including mobilizing industry to advance manufacturing (including flexible on demand and point-of-care manufacturing) and artificial intelligence to accelerate research and manufacturing, to improve quality, address shortages, and speed time-to-market for new diagnostics, treatments, therapeutics, medical products, and vaccines.
- Advance the research and development of accessible, point of care diagnostic testing to detect non-communicable and infectious diseases to ensure that timely, safe, and effective treatments and therapeutics can be delivered equitably to all communities when needed, including underserved communities, tribes, and territories.

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

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

Performance Goals


The HHS Annual Performance Plan <<https://www.hhs.gov/about/budget/fy2022/index.html>> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.

- Increase the percentage of adults aged 18 years and older who are vaccinated annually against seasonal influenza
- Percentage of Ryan White HIV/AIDS Program clients receiving HIV medical care and at least one viral load test who are virally suppressed

- Continue advanced research and development initiatives for more effective influenza vaccines and the development of safe and broad-spectrum therapeutics for use in seriously ill and/or hospitalized patients, including pediatric patients
- Influenza vaccination rates among adult American Indian and Alaska Native patients 18 years and older

Learn More About HHS Work in this Objective

- 2021–2025 NIH Strategic Plan for HIV and HIV-Related Research
<<https://www.oar.nih.gov/hiv-policy-and-research/strategic-plan>>: The plan provides a roadmap for the NIH HIV/AIDS research program, ensuring that funds are allocated in accordance with established NIH scientific research priorities.
- Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV)
<<https://www.nih.gov/research-training/medical-research-initiatives/activ>>: NIH has established and led the new public-private partnership, the ACTIV partnership, to develop a coordinated research strategy for prioritizing and speeding development of the most promising treatments and vaccines.
- ASPR Program Office for Innovation and Industrial Base Expansion (IBx)
<<https://www.phe.gov/about/offices/program/icc/sppr/apo-ibx/pages/default.aspx>>: The ASPR Program Office for Innovation and Industrial Base Expansion (IBx) is strengthening and expanding the U.S. public health industrial base and delivering innovative solutions to counter health security threats.
- BARDA COVID-19 Response <<https://www.medicalcountermeasures.gov/barda/barda-covid-19-response/>>: To see what BARDA has been doing to advance countermeasure development for the COVID-19 response go to [medicalcountermeasures.gov](https://www.medicalcountermeasures.gov)
<<https://www.medicalcountermeasures.gov/>>
- BARDA COVID-19 Response Timeline
<<https://www.medicalcountermeasures.gov/app/barda/covidtimeline.aspx#event-bardaacovid-19aresponseatimeline>>: Explore BARDA's efforts to make safe and effective medical countermeasures available rapidly to combat the COVID-19 pandemic. From our early investments to build a robust and diverse portfolio to our support of the manufacturing of diagnostics, therapeutics and vaccines, this timeline provides a glimpse at the work BARDA scientists do each day with the goal of saving lives, and protecting Americans from COVID-19.

- CDC Total Worker Health Program <<https://www.cdc.gov/niosh/twh/totalhealth.html>>: Advances policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being.
- Combating Antimicrobial Resistant Bacteria Accelerator (CARB-X) <<http://carb-x.org/>>  <[/disclaimer.html](#)>: This public-private partnership between BARDA, NIH and Boston University is addressing the public health concern of antimicrobial resistant pathogens by supporting early development of novel and non-traditional antimicrobial products.
- COVID-19 Antiviral Development Strategy/Antiviral Program for Pandemics <<https://www.niaid.nih.gov/research/antivirals>>: Through collaboration within HHS, NIH (including NIAID) is working with BARDA on the Antiviral Program for Pandemics, launched June 2021, to respond to the urgent need for antivirals to treat COVID-19 by spurring the availability of medicines to prevent serious illness and save lives.
- COVID-19 mRNA Vaccines <<https://covid19.nih.gov/treatments-and-vaccines/covid-19-vaccines>>: Decades of NIH-supported research have revolutionized the science behind vaccine development, leading to the first two vaccines for COVID-19, which use mRNA to train the body to recognize SARS-CoV-2, the virus that causes COVID-19.
- Cyclospora Prevention, Response and Research Action Plan <<https://www.fda.gov/food/foodborne-pathogens/cyclospora-prevention-response-and-research-action-plan>>: The action plan outlines FDA's strategy for reducing the public health burden of foodborne cyclosporiasis illnesses in the United States caused by Cyclospora cayetanensis in both domestically grown and imported fresh produce.
- FDA Office of Global Policy and Strategy (OGPS) Strategic Plan Fiscal Years 2020-2024 <<https://www.fda.gov/about-fda/office-policy-legislation-and-international-affairs/office-global-policy-and-strategy-strategic-plan-fiscal-years-2020-2024>>: Outlines the priorities and goals for our organization, which was established in March 2019. The final OGPS Strategic Plan identifies four complementary and connected strategic priority areas for our office: Organizational Excellence, Policy Coherence, Global Partnerships, and Information Collection and Dissemination.
- Food Safety Modernization Act (FSMA) Implementation <<https://www.fda.gov/food/guidance-regulation-food-and-dietary-supplements/food-safety-modernization-act-fsma>>: FDA has finalized seven major rules to implement FSMA, recognizing that ensuring the safety of the food supply is a shared responsibility among many different points in the global supply chain for both human and animal food.

- National HIV/AIDS Strategy for the United States 2022–2025 - PDF <<https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/nhas-2022-2025.pdf>> [↗](#) </disclaimer.html>: The National HIV/AIDS Strategy, the nation's third national HIV strategy, sets forth bold targets for ending the HIV epidemic in the United States by 2030, including a 75 percent reduction in new HIV infections by 2025 and a 90 percent reduction by 2030.
- Leafy Greens STEC Action Plan <<https://www.fda.gov/food/foodborne-pathogens/leafy-greens-stec-action-plan>>: The action plan outlines the actions that are ongoing and new in 2021 to advance our work in three priority areas: prevention, response and addressing knowledge gaps.
- LymeX Innovation Accelerator <<https://www.hhs.gov/cto/initiatives/innovation-and-partnerships/lyme-innovation/lymex/index.html>>: LymeX will accelerate Lyme Innovation progress and strategically advance tick-borne-disease solutions in direct collaboration with Lyme patients, patient advocates, and diverse stakeholders across academia, nonprofits, industry, and government.
- Mind Your Risks® Public Health Campaign <<https://www.mindyourrisks.nih.gov/index.html>>: NIH's Mind Your Risks® is a public health campaign that educates people with, or at risk of, high blood pressure about the importance of taking charge of their health. Controlling high blood pressure can help reduce the risk of having a stroke and developing dementia later in life.
- New Era of Smarter Food Safety <<https://www.fda.gov/food/new-era-smarter-food-safety>>: The New Era of Smarter Food Safety represents a new approach to food safety, leveraging technology and other tools to create a safer and more digital, traceable food system.
- NIAID Universal Influenza Vaccine Strategic Plan <<https://www.niaid.nih.gov/diseases-conditions/universal-influenza-vaccine-research>>: NIAID's Universal Influenza Vaccine Strategic Plan outlines the institute's research priorities, focusing on research areas that will simultaneously broaden knowledge around basic influenza immunity and advance translational research efforts to drive universal influenza vaccine development.
- NIH-Wide Strategic Plan for COVID-19 Research, 2021 <<https://covid19.nih.gov/nih-strategic-response-covid-19>>: The plan outlines NIH's plans to address the most recent challenges of COVID-19, such as Post-Acute Sequelae of SARS-CoV-2 Infection (PASC), or Long COVID, and SARS-CoV-2 variants.

- NIH Strategic Plan for Tickborne Disease Research - PDF
<<https://www.niaid.nih.gov/sites/default/files/nih-strategic-plan-tickborne-disease-research-2019.pdf>>:
Tickborne disease is increasing in the United States and is expected to continue to grow as tick species expand their geographical reach and new tick-transmitted viruses, bacteria and parasites emerge. The NIH Strategic Plan for Tickborne Disease Research details five scientific priorities for advancing research and development in this area.
- NIH Worker Training Program (WTP) Infectious Disease Training Program: This program supports the development and implementation of occupational safety and health and infection control training programs for workers in healthcare and non-healthcare settings who may be at risk for exposure to infectious diseases. Created resources are aimed at protecting the health and safety of individuals who work in industries with the potential for exposure to infectious diseases.
- NIOSH Surveillance Program <<https://www.cdc.gov/niosh/topics/surveillance/program.html>>: The NIOSH Surveillance Program improves worker safety and health by identifying and tracking workplace injuries, illnesses, hazards, deaths, and exposures in the United States.
- Pathways to Prevention (P2P) Program <<https://prevention.nih.gov/research-priorities/research-needs-and-gaps/pathways-prevention>>: The P2P Program workshops use an unbiased, evidence-based process to identify research gaps in a scientific area of broad public health importance. Each workshop focuses on a disease prevention topic with limited or underdeveloped research and a need for a critical assessment of the evidence. The P2P program brings together federal agencies, researchers, and community members to synthesize the evidence and better understand the current state of the science, identify methodological and scientific weaknesses and gaps and suggest a research agenda and develop an action plan to move the field forward.
- Rapid Acceleration of Diagnostics (RADxSM) <<https://www.nih.gov/research-training/medical-research-initiatives/radx>>: In 2020, NIH launched RADx to support the rapid development, validation, commercialization and scale-up manufacturing of COVID-19 diagnostics and other tools for pandemic preparedness and surveillance.
- Researching COVID to enhance Recovery (RECOVER)
<<https://www.niaid.nih.gov/research/antivirals>>: In 2021, NIH launched The Researching COVID to enhance Recovery (RECOVER) initiative. RECOVER seeks to understand, prevent, and treat the post-acute sequelae of SARS-CoV-2 infection (PASC), including Long COVID.

- **Ryan White HIV/AIDS Program** <<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>>: The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. More than half of people with diagnosed HIV in the United States receive services through the Ryan White HIV/AIDS Program each year.
- **Sexually Transmitted Infections National Strategic Plan for the United States 2021–2025 - PDF** <<https://www.hhs.gov/sites/default/files/sti-national-strategic-plan-2021-2025.pdf>>: This inaugural STI National Strategic Plan (STI Plan) sets forth a vision for the nation with goals, objectives, and strategies to meaningfully prevent and control STIs in the United States.
- **Supporting Antimicrobial Stewardship in Veterinary Settings: Goals for Fiscal Years 2019–2023** <<https://www.fda.gov/media/115776/download>>: FDA CVM has developed a multipronged strategy designed to limit or reverse resistance arising from the use of antibiotics in food-producing animals, while continuing to ensure the availability of safe and effective antibiotics for use in animals and humans.
- **U.S. Action to Combat Antibiotic Resistance** <<https://www.cdc.gov/drugresistance/us-activities.html>>: Antibiotic resistance is a national priority, and the U.S. government has taken ambitious steps to fight this threat.
- **U.S. President's Emergency Plan for AIDS Relief (PEPFAR)** <<https://www.fda.gov/international-programs/presidents-emergency-plan-aids-relief-pepfar>>: Through PEPFAR, the U.S. government has invested over \$85 billion in the global HIV/AIDS response, the largest commitment by any nation to address a single disease in history, saving over 20 million lives, preventing millions of HIV infections, and accelerating progress toward controlling the global HIV/AIDS epidemic in more than 50 countries.
- **Vaccine Adverse Event Reporting System (VAERS)** <<https://www.fda.gov/vaccines-blood-biologics/vaccine-adverse-events/vaers-overview>>: FDA is using the VAERS to monitor the occurrence of adverse events reported by health providers, consumers and manufacturers.

- **Vaccines National Strategic Plan 2021–2025:** <<https://www.hhs.gov/vaccines/vaccines-national-strategic-plan/index.html>> The Vaccine Plan sets forth a clear vision for how the United States will be a place where vaccine-preventable diseases are eliminated through safe and effective vaccination across the lifespan.
 - **Viral Hepatitis National Strategic Plan: A Roadmap to Elimination for the United States 2021–2025 - PDF** <<https://www.hhs.gov/sites/default/files/viral-hepatitis-national-strategic-plan-2021-2025.pdf>>: The plan provides a framework to eliminate viral hepatitis as a public health threat in the United States.
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Strategic Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence of and disparities in preventable injury, illness, and death

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

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- Consuming a nutritious diet adequate in fruits, vegetables, and whole grains while limiting saturated fat, sodium, and calories from added sugars can help people achieve and maintain a healthy body weight and reduce their risk of developing certain chronic diseases. However, many Americans don't follow this dietary advice. From 2013 to 2016, Americans consumed an average of 3,604 milligrams of sodium per day, exceeding daily recommendations by more than 1,000 milligrams. (Source: Healthy People 2030: Nutrition and Weight Status Workgroup <<https://health.gov/healthypeople/about/workgroups/nutrition-and-weight-status-workgroup>>)
- Most Americans do not eat a healthful diet and are not physically active at levels needed to maintain proper health. Adults in the United States consume fruit about 1.1 times per day and vegetables about 1.6 times per day; adolescents showed even lower intake. Across age and gender, Americans' average daily fruit and vegetable consumption does not meet intake recommendations. Compounding this is the fact that a majority of adults (81.6 percent) and adolescents (81.8 percent) do not get the recommended amount of physical activity. (Source: Physical Activity Guidelines for Americans) Despite modest increases over time, only 25.4 percent of adults report in meeting federal guidelines for aerobic and muscle-strengthening physical activity in 2018. Rates among low-income and low-education groups of any race were well below the Healthy People 2030 target of 28.4 percent. (Source: Online Summary of Trends in US Cancer Control Measures <https://progressreport.cancer.gov/prevention/physical_activity>)
- Children in the United States with very low food security often don't have enough to eat. This is linked to negative health outcomes and may cause children to have trouble in school. (Source: Healthy People 2030: Eliminate very low food security in children—NWS-02 <<https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/eliminate-very-low-food-security-children-nws-02>>)
- Obesity rates among children increased substantially in the first months of the COVID-19 pandemic. Increases in obesity rates were more pronounced among patients age five to nine and among patients who were Hispanic/Latino, non-Hispanic Black, publicly insured, or from lower-income neighborhoods. (Source: COVID-19 and Changes in Child Obesity [↗](#) </disclaimer.html>)

- Nearly 25 percent of Hispanic/Latino or non-Hispanic Black child patients seen during the pandemic were obese, compared with 11.3 percent of non-Hispanic White patients. Before the pandemic, differences by race or ethnicity had been about 10 percent to 11 percent. (Source: COVID-19 and Changes in Child Obesity [↗](#)
</disclaimer.html>)
- Obesity is a chronic disease that increases the risk of heart disease, type 2 diabetes, and many types of cancer. (Source: Health Equity
<<https://www.cdc.gov/nccdphp/dnpao/health-equity/index.html>>)
- More than four in 10 American adults have high blood pressure and that number increases to about six in 10 for non-Hispanic Black adults (Source: NCHS Data Brief 2020). Diagnosed diabetes prevalence is higher among American Indians and Alaska Natives than other racial and ethnic minority groups. (Source: Hypertension Prevalence Among Adults Aged 18 and Over: United States, 2017–2018 - PDF
<<https://www.cdc.gov/nchs/data/databriefs/db364-h.pdf>>)
- The leading causes of death include heart disease, cancer, COVID-19, unintentional injuries, stroke, and chronic lower respiratory diseases. COVID-19 became an official cause of death in 2020. (Source: Mortality in the United States, 2020 - PDF
<<https://www.cdc.gov/nchs/data/databriefs/db427.pdf>>) Injuries are the leading cause of death in children ages 19 and younger. More than 7,000 children and teens age 0–19 died because of unintentional injuries in 2019. Leading causes of child unintentional injury include motor vehicle crashes, suffocation, drowning, poisoning, fires, and falls. (Source: Injuries Among Children and Teens)
- Almost 90 percent of adult smokers start smoking by the age of 18, and nearly 1,500 youth aged 12 to 17 smoke their first cigarette every day in the United States. According to published data from the 2021 National Youth Tobacco Survey (NYTS), approximately 2.06 million U.S. middle and high school students were estimated to be current e-cigarette users in 2021. Among current youth e-cigarette users, 84.7 percent used flavored e-cigarettes, and disposable e-cigarettes (53.7 percent) were the most commonly used device type. (Source: Smoking & Tobacco Use
<https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm>)

- More than three out of five U.S. adults who have ever smoked cigarettes have quit. Although a majority of cigarette smokers make a quit attempt each year, less than one-third use cessation medications approved by the FDA or behavioral counseling to support quit attempts. (Source: Smoking Cessation: A Report of the Surgeon General – Key Findings <<https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html>>)
- Cancer incidence rates for American Indian and Alaska Native (AI/AN) populations compared with White populations living in select urban areas vary by geographic region. Rates in certain regions, such as Alaska and the Southern Plains are higher in urban AI/AN populations compared with White populations. (Source: Cancer Incidence Among American Indian and Alaska Native Populations in Urban Indian Health Organization Service Areas, 2008–2017 <<https://www.cdc.gov/cancer/uscs/about/data-briefs/no20-cancer-incidence-aian-uiho-2008-2017.htm>>)
- Disparities may be caused by systemic and environmental factors, like lack of access to affordable, nutritious food and safe places to be physically active. (Source: Health Equity <<https://www.cdc.gov/nccdp/dnpao/health-equity/index.html>>)

Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Disease, Disability, and Injury Prevention and Control Special Emphasis Panel <<https://www.cdc.gov/faca/committees/ddipcsep/index.html>>, Injury Prevention in AI/AN Communities <<https://www.cdc.gov/injury/tribal/index.html>>, Interagency Committee on Smoking and Health <<https://www.cdc.gov/tobacco/about/icsh/index.htm>>, National Center for Injury Prevention and Control Board of Scientific Counselors <<https://www.cdc.gov/faca/committees/bscncipc.html>>, National Organizations of State and Local Officials Cooperative Agreement <<https://www.hrsa.gov/grants/find-funding/hrsa-20-084>>, National Youth Tobacco Survey (NYTS) <https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm>, Native American Research Centers for Health (NARCH)

<<https://www.nigms.nih.gov/research/crcb/narch/pages/default.aspx>>, Population Assessment of Tobacco and Health (PATH) <<https://pathstudyinfo.nih.gov/>>, and Tobacco Regulatory Science Program (TRSP) <<https://prevention.nih.gov/tobacco-regulatory-science-program>>.

Strategies

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

- Enhance maternal, infant, and child health through promotion of healthy dietary and physical activity patterns and guidelines while reducing exposure to contaminants and environmental risks, including foodborne pathogens and toxic elements in foods, during pregnancy and in early childhood, particularly in underserved populations.
- Continue to develop targeted public awareness and education for youth and adults about the risks and dangers posed by tobacco products, including e-cigarettes and other electronic nicotine delivery systems, and alcohol, to discourage use, while promoting the availability of cessation programs and supports to minimize harm.
- Expand public awareness and education of mental and behavioral health services including the availability of services for prevention of, treatment of, and recovery support for substance use disorders.
- Support and improve the dissemination and accessibility of information and interventions related to physical activity, healthy eating, food deserts, food insecurity, nutrition, and nutrition labeling to reduce the incidence of related health conditions and chronic diseases.
- Educate the public on best practices and approaches for mitigating and reducing preventable injury in sports and other physical activities, such as concussions and related injuries, including preventable injury in children and youth sports.
- Ensure the public is informed and understands the prevalence, causes, consequences, and risk of social, environmental, behavioral and biological conditions, including related impacts on healthcare costs among underserved populations.

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

- Maximize partnerships with states, community-based organizations, and healthcare organizations to improve safe opioid prescribing and reduce harm by leveraging naloxone distribution, syringe services programs, and integrated service delivery for co-occurring conditions.
- Collaborate with states, tribes, and community-based organizations to develop and implement tailored prevention and intervention efforts aimed at addressing substance use challenges faced by adults and youth through evidence-based education and programs.
- Enhance collaborative efforts with states and community and faith-based organizations to raise awareness of mental health and substance use disorders and reduce barriers and increase access to effective prevention programs and treatments, including telemedicine, healthcare integration, and community- and school-based care.
- Support partnerships and collaborations to enhance the promotion of interpersonal and emotional skills among children, youth, and adolescents and to prevent adverse childhood experiences, suicide, substance use, and youth violence in communities by supporting the implementation and evaluation of evidence-based programs, including interventions related to health promotion, socioemotional learning, and teen pregnancy.
- Partner with states, tribes, local, and territorial communities, including private and non-profit organizations, to expand tailored prevention education and interventions to reduce health disparities, focusing efforts in addressing disparities in injury, substance use and misuse, illness, morbidity, and mortality rates in underserved populations.
- Engage state level, regional, tribal, territorial, and local providers, programs, and organizations—including medical practitioners, Breastfeeding Coalitions, the Supplemental Nutritional Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—to develop cultural competence training and education materials for healthcare providers who provide services to maternal, perinatal, and postpartum populations, and groups that have been economically and socially marginalized.

- Coordinate federal interagency efforts and target resources aimed at increasing the utilization of the Dietary Guidelines for Americans to inform federal nutrition programs and initiatives, including the development of science-based nutrition education initiatives, with a particular focus on efforts that address disparities in health and food access.

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

- Support, enhance, and coordinate research and surveillance efforts to improve identification of key trends and disparities in preventable injury, illness, and death at the national and sub-national levels to inform evidence-based interventions aimed at reducing health disparities.
- Advance health equity through regulatory efforts, where appropriate, and research efforts that utilize implementation science concepts and methods to better integrate effective, evidence-based interventions and actions to reduce substance use, tobacco use, obesity, and promote nutrition, blood pressure control, and physical activity across all populations.
- Support interdisciplinary and innovative research to enhance our understanding of how social, built, and natural environments affect the social determinants of health and inform culturally appropriate evidence-based treatments and supports to improve healthy behaviors in community settings for populations with health disparities.
- Leverage and promote partnerships and collaborations, including public-private partnerships, to support implementation science and research application in the development and implementation of prevention and intervention approaches.
- Promote research to effectively characterize and understand the interactions among the demographic, behavioral, lifestyle, social, cultural, economic, occupational, and environmental factors that influence healthy eating choices in diverse population groups.

Performance Goals

The HHS Annual Performance Plan <<https://www.hhs.gov/about/budget/fy2022/index.html>> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.


- Reduce the annual adult per-capita combustible tobacco consumption in the United States
- Increase the proportion of adults (age 18 and older) that engage in leisure-time physical activity
- Percentage of adult health center patients with diagnosed hypertension whose blood pressure is under adequate control
- Percentage of adult health center patients with type 1 or 2 diabetes with most recent hemoglobin A1c (HbA1c) under control (less than or equal to nine percent)

Learn More About HHS Work in this Objective

- Adverse Childhood Experiences (ACEs) <<https://www.cdc.gov/injury/priority/aces-priority.html>>: CDC is committed to preventing, identifying, and responding to adverse childhood experiences at the community, state, and national level so that all people can achieve lifelong health and well-being. Our goal is to create the conditions for strong, thriving families and communities where children and youth are free from harm.
- Cannabis and Cannabis-Derived Products, including Cannabidiol (CBD) <<https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd>>: FDA is reviewing all available science, legislation, and regulatory structures to determine the suitability for cannabis and cannabis-derived products, including CBD in conventional foods and dietary supplements.
- Closer to Zero <<https://www.fda.gov/food/metals-and-your-food/closer-zero-action-plan-baby-foods>>: Identifies actions the FDA will take to reduce exposure to toxic elements from foods eaten by babies and young children.

- Colorectal Cancer Control Program <<https://www.cdc.gov/cancer/crccp/>>: The purpose of CDC’s Colorectal Cancer Control Program (CRCCP) is to increase colorectal cancer screening rates among people between 45 and 75 years of age by implementing evidence based interventions and other supporting strategies in partnership with health systems and providing follow-up services for a limited number of program-eligible people. Currently, the CRCCP funds 35 award recipients: 20 states, eight universities, two tribal organizations, and five other organizations.
- Comprehensive public education campaigns <<https://www.fda.gov/tobacco-products/public-health-education>>: These FDA campaigns work in concert with regulatory actions to reduce the use of tobacco products and improve the public health. FDA's public education campaigns have helped educate the public—especially youth—about the dangers of regulated tobacco products. During the first two years of “The Real Cost” smoking prevention campaign, FDA realized a cost savings of \$180 for every dollar of the nearly \$250 million invested when measured by future healthcare costs avoided.
- Dietary Guidelines for Americans <<https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines>>: Together with USDA, HHS provides advice on what to eat and drink to meet nutrient needs, promote health, and prevent disease. HHS and USDA partner in the development of the Dietary Guidelines, and HHS is the lead agency for the 2025–2030 edition.
- FDA Center for Tobacco Products (CTP) Strategic Priorities <<https://www.fda.gov/tobacco-products/about-center-tobacco-products-ctp/ctps-key-strategic-priorities>>: The CTP takes action to protect American families by prioritizing product standards, comprehensive FDA nicotine regulatory policy, pre- and post-market controls, compliance and enforcement, and public education.
- FDA Tobacco Product Review <<https://www.fda.gov/tobacco-products/products-guidance-regulations/market-and-distribute-tobacco-product>>: Tobacco products are inherently dangerous. FDA’s authority to regulate tobacco products includes premarket review of new tobacco products, including electronic nicotine delivery systems.
- Foodsafety.gov <<https://www.foodsafety.gov/about>>: The gateway to food safety information provided by the U.S. Department of Agriculture, FDA, and CDC.

- **Good Health and Wellness in Indian Country (GWIC)**
<<https://www.cdc.gov/healthytribes/ghwic.htm>>: GHWIC is the CDC's largest investment to improve American Indian and Alaskan Native (AI/AN) tribal health, focused on health promotion and chronic disease prevention. GHWIC continues to support healthy behaviors for AI/AN and emphasize strategies to reduce risk factors in Native communities to attain long-term goals.
- **Healthy People 2030** <<https://health.gov/healthypeople/about>>: Through this department-wide program, HHS provides science-based, 10-year national objectives for improving the health of all Americans at all stages of life, underpins HHS priorities and strategic initiatives, and provides a framework for prevention and wellness programs for a diverse array of stakeholders.
- **Healthy Tribes Program** <<https://www.cdc.gov/healthytribes/index.htm>>: CDC's Healthy Tribes Program partners with AI/AN communities to promote health, prevent disease, and strengthen cultural connections to improve health and promote wellness. This occurs in four action areas: epidemiology and surveillance; environmental approaches; healthcare system interventions; and community programs linked to clinical services.
- **Integrated Care for Kids (InCK) Model** <<https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model>>: A child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs.
- **Leading Health Indicators** <<https://health.gov/healthypeople/objectives-and-data/leading-health-indicators>> (LHI): This subset of high-priority Health People 2030 objectives reflect the most critical public health challenges facing the nation. The LHI data, broken out by demographic characteristics, will help identify health disparities and areas needing targeted resources for program and policy development.
- **Medicaid Improvement Initiative: Reducing Obesity**
<<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/reducing-obesity/index.html>>: Medicaid and the Children's Health Insurance Program (CHIP) can play a role in reducing the rate of obesity in the United States by improving access to health care services that support healthy weight. For children enrolled in Medicaid, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit covers all medically necessary services which can include obesity-related services.

- **Move Your Way Campaign** <<https://health.gov/moveyourway>>: This OASH campaign and associated community pilot program increase public awareness of the Physical Activity Guidelines for Americans and encourages people to add more activity into their daily lives.
- **National Plan to Address Alzheimer’s Disease: 2021 Update - PDF** <<https://aspe.hhs.gov/sites/default/files/documents/66904c18bb1f0843c3c113d7099e98c1/napa-national-plan-2021-update.pdf>>: The National Plan establishes six ambitious goals to both prevent future cases of Alzheimer's disease and related dementias (AD/ADRD), and to better meet the needs of the millions of American families currently facing this disease.
- **Nutrition Initiative** <<https://www.fda.gov/food/food-labeling-nutrition/fda-nutrition-innovation-strategy>>: FDA is committed to finding new ways to reduce the burden of chronic disease and advance health equity across generations through improved nutrition, especially for racial and ethnic subgroups who experience higher rates of nutrition-related chronic diseases. To help create an overall healthier food supply, FDA encourages industry to produce healthier foods and empowers consumers to choose a healthy diet through labeling and education.
- **OASH’s Reproductive Health National Training Center (RHNTC)** <<https://rhntc.org/>>  </disclaimer.html>: The RHNTC exists to ensure that personnel working in family planning and adolescent sexual and reproductive health have the knowledge, skills, and attitudes necessary to deliver high-quality services and programs and prevent maternal mortality through increased fertility awareness and improved preconception health.
- **Physical Activity Guidelines for Americans** <<https://health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines>>: Together with USDA, HHS provides evidence-based recommendations for the amounts and types of physical activity people need to promote health and reduce the risk of chronic disease.
- **Smokefree.gov** <<https://smokefree.gov/>>: An NIH resource created as part of HHS efforts to reduce smoking rates in the United States, particularly among certain populations, providing tools and information to help smokers and tobacco users quit.

- **Step It Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities - PDF** <<https://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/call-to-action-walking-and-walkable-communities.pdf>>: This Call to Action aims to get Americans walking and wheelchair rolling for the physical activity needed to help prevent and reduce their risk of chronic diseases and premature death. It also supports positive mental health and healthy aging.
 - **Surgeon General’s Call to Action to Support Breastfeeding - PDF** <https://www.ncbi.nlm.nih.gov/books/nbk52682/pdf/bookshelf_nbk52682.pdf>: This Call to Action describes specific steps people can take to participate in a society-wide approach to support mothers and babies who are breastfeeding.
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Strategic Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

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

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- In recent years, scientific understanding of how climate change increases risks to human health has advanced significantly. Even so, the ability to evaluate, monitor, and project health effects varies across climate impacts. (Source: The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment <<https://health2016.globalchange.gov/>>)
- National health topics related to climate change include air pollution, allergens and pollen, diseases carried by vectors (such as fleas, ticks - PDF <https://www.hhs.gov/sites/default/files/tbdwg-2020-report_to-ongress-final.pdf>, and mosquitoes, which spread pathogens that cause illness), food and waterborne diarrheal disease, food security <https://www.cdc.gov/climateandhealth/effects/food_security.htm>, mental health and stress-related disorders, floods, temperature extremes and wildfires. (Source: Regional Health Effects <<https://www.cdc.gov/climateandhealth/effects/default.htm>>) Each region of the United States experiences climate change and its impacts on health differently, due to the regions' location-specific climate exposures and unique societal and demographic characteristics. (Source: Preparing for the Regional Health Impacts of Climate Change in the United States - PDF <https://www.cdc.gov/climateandhealth/docs/health_impacts_climate_change-508_final.pdf>) Climate change also stresses our healthcare infrastructure and delivery systems. (Source: Climate Change and Human Health <<https://www.niehs.nih.gov/research/programs/climatechange/index.cfm>>)
- The most vulnerable people—children, the elderly, the poor, and those with underlying health conditions—are at increased risk for health effects from climate change. (Source: Climate Change and Human Health <<https://www.niehs.nih.gov/research/programs/climatechange/index.cfm>>)

- In 2016, the World Health Organization attributed nearly 24 percent of global deaths to modifiable environmental factors. Certain groups of people are more vulnerable to climate-related health threats as a result of specific physical, environmental, and sociodemographic factors (e.g., people earning lower incomes, indigenous peoples, children and pregnant women, older adults, outdoor workers, people with disabilities). (Source: Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks <<https://www.who.int/publications/i/item/9789241565196>>  </disclaimer.html>) Forty-two million American homes suffer from energy poverty, making them vulnerable to intense heat and cold. More than 2,000,000 Americans live without basic access to safe drinking water and sanitation. Nearly 12 million Americans, disproportionately people of color, are exposed to unhealthy air pollution levels. (Source: The Intersection of Environmental Justice and Human Services <<https://aspe.hhs.gov/reports/ej-human-services>>)
- Climate change threatens Indigenous peoples' livelihoods and economies, including agriculture, hunting and gathering, fishing, forestry, energy, recreation, and tourism enterprises. Indigenous peoples' economies rely on, but face institutional barriers to, their self-determined management of water, land, other natural resources, and infrastructure that will be impacted increasingly by changes in climate. (Source: Fourth National Climate Assessment, Chapter 15: Tribes and Indigenous People <<https://nca2018.globalchange.gov/chapter/15/>>)
- Environmental factors such as poor air quality, disproportionate exposure to hazards in the workplace, unhealthy housing conditions (e.g., mold, dampness and pest infestation), and the lack of safe areas for physical activity have been linked to chronic conditions such as asthma and other respiratory diseases, cardiovascular disease and obesity; psychological distress; and developmental disabilities. (Source: 2012 Environmental Justice Strategy and Implementation Plan - PDF <<https://www.hhs.gov/sites/default/files/environmentaljustice/strategy.pdf>>)
- Racial and ethnic minorities may encounter more environmental hazards than non-minorities do. A national study of 215 U.S. Census tracts found that Hispanic individuals and non-Hispanic Black individuals were more exposed than non-Hispanic White individuals to airborne particulate matter, such as chlorine, aluminum, and elemental carbon. This exposure is associated with adverse health outcomes. (Source: Healthy People 2030: Environmental Conditions <<https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/environmental-conditions>>)

Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Food Waste Reduction <<https://www.fda.gov/food/consumers/food-loss-and-waste>>, President's Task Force on Environmental Health Risks and Safety Risks to Children <<https://ptfkeh.niehs.nih.gov/about/index.htm>>, U.S. Global Change Research Program <<https://www.globalchange.gov/agency/departement-health-human-services>>, and White House Environmental Justice Interagency Council <<https://www.federalregister.gov/d/2021-02177/p-118>>.

Strategies

Expand ability to predict, monitor, prevent, respond to, and recover from health impacts of environmental changes and threats, including utilizing a One Health <<https://www.cdc.gov/onehealth/index.html>> approach

- Develop, use, and evaluate analytical, prevention and control tools and models to accurately forecast, prepare for, mitigate, and adapt to environmental and occupational hazards or climate change impacts, including those related to the agricultural ecosystem that have public health implications, including the effects of wind, rainfall, drought, and fire and the impacts on animal populations, the microbial make-up of soil and water, and land use.
- Expand disease surveillance systems, environmental health data collection, and predictive modeling capabilities, and integrate such environmental health data with data from other scientific disciplines (e.g., geoscience, agricultural, land use, animal sciences, and behavioral and social science) to detect changes in risk, incidence, and distribution over time, including environmental impacts on workers and industries, and underserved communities.
- Conduct and support research on the impacts of current and emerging environmental exposures, risk factors, environmental and hazardous public health threats, and climate change to increase understanding of health outcomes on individuals and communities at the national and international level.

- Translate research findings into the adoption of health policies and evidence-based strategies to prevent environmental and climate change exposures, address health inequities, prepare for and adapt to health risks, and improve health outcomes.
- Enhance collaborations with federal partners and international agriculture, environmental and other sector entities to better address recurring and anticipated issues associated with food production, safety, and availability, food-related disease and mortality, including under-nutrition, infectious and non-communicable diseases, and diarrheal- and vector borne diseases and maternal and child health.

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

- Facilitate research, collaboration, and implementation efforts between public and private healthcare system stakeholders to make healthcare delivery more environmentally sustainable and more resilient to the threats of natural disasters, including extreme weather events, thereby reducing costs and risks from disruption of healthcare operations.
- Support multidisciplinary teams, prioritizing engagement of community stakeholders in affected communities at all stages of environmental and climate change health research and program implementation, to develop intervention strategies and gain understanding of the factors that make those strategies successful and replicable.
- Establish partnerships with federal agencies, state, local, territorial health departments, tribal nations, academic institutions, and community- and faith-based organizations, leveraging environmental health expertise and local capabilities, to conduct environmental, occupational, and climate change health research, build the capacity of impacted communities, and implement programming to reduce the health risks of environmental hazards.

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

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

Performance Goals

The HHS Annual Performance Plan <<https://www.hhs.gov/about/budget/fy2022/index.html>> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.

- Number of public health actions undertaken (using Environmental Health Tracking data) that prevent or control potential adverse health effects from environmental exposures
- Increase training and resources to address the access and functional needs of electricity and healthcare service-dependent at-risk individuals who live independently and are impacted by incidents, emergencies, and disasters
- By FY 2026, OCR will conduct a Title VI Environmental Justice/Public Health compliance review and undertake any needed steps for resolution

Learn More About HHS Work in this Objective

- Building Resilience Against Climate Effects (BRACE) Framework <<https://www.cdc.gov/climateandhealth/brace.htm>>: The Building Resilience Against Climate Effects (BRACE) framework is a five-step process that allows health officials to develop strategies and programs to help communities prepare for the health effects of climate change. Part of this effort involves incorporating complex atmospheric data and both short and long range climate projections into public health planning and response activities. Combining atmospheric data and projections with epidemiologic analysis allows health officials to more effectively anticipate, prepare for, and respond to a range of climate sensitive health impacts.

- **Climate Change and Human Health Literature Portal**
<<https://tools.niehs.nih.gov/cchhl/index.cfm>>: The Climate Change and Human Health Literature Portal provides free, public access to a curated, searchable database of global, peer-reviewed research and literature on the science of climate change impacts on human health.
- **HHS 2021 Climate Action Plan - PDF** <<https://www.hhs.gov/sites/default/files/hhs-climate-action-plan-9-28-2021.pdf>>: This plan represents a concerted effort to enhance resilience and adaptation to climate change throughout the activities of HHS. Building on and expanding previous agency climate action plans, this document presents initial steps in working across the different divisions and individual regions of HHS to identify and implement critical actions to protect the health of all Americans from climate change-related threats.
- **NIH National Institute of Environmental Health Sciences (NIEHS) 2018–2023 Strategic Plan, Advancing Environmental Health Sciences Improving Health**
<<https://www.niehs.nih.gov/about/strategicplan/index.cfm>>: An effort to empower transdisciplinary solutions to reduce climate health threats across the lifespan and build health resilience in individuals, communities, and nations around the world, especially among those at highest risk.
- **President's Task Force on Environmental Health Risks and Safety Risks to Children**
<<https://ptfceh.niehs.nih.gov/>>: HHS co-chairs the President's Task Force on Environmental Health Risks and Safety Risks to Children whose Subcommittee on Climate, Emergencies and Disasters <<https://ptfceh.niehs.nih.gov/activities/climate-change/index.htm>> works to address gaps in health protection, promotion, and research related to climate change, public health emergencies and disasters by convening and coordinating relevant activities of federal agencies and stakeholders.
- **White House Environmental Justice Interagency Council**
<<https://www.federalregister.gov/d/2021-02177/p-118>>: The council shall develop a strategy to address current and historic environmental injustice by consulting with the White House Environmental Justice Advisory Council and with local environmental justice leaders. The Interagency Council shall also develop clear performance metrics to ensure accountability and publish an annual public performance scorecard on its implementation.

- **The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment** <<https://health2016.globalchange.gov/>>: This assessment strengthens and expands our understanding of climate-related health impacts by providing a more definitive description of climate-related health burdens in the United States. It builds on the 2014 National Climate Assessment and reviews and synthesizes key contributions to the published literature. Acknowledging the rising demand for data that can be used to characterize how climate change affects health, this report assesses recent analyses that quantify observed and projected health impacts.
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Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

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

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- One in three women and one in four men experience domestic violence. Domestic violence can make it more difficult to manage chronic health conditions including diabetes and hypertension. (Source: Family Violence Prevention and Services Program - PDF <https://www.acf.hhs.gov/sites/default/files/documents/fysb/fysb_fvpsa_factsheet_oct_2020_508.pdf>).

Perpetrators of domestic violence may limit their partners' access to physical and mental health treatment and other needed social supports. (Source: Current Evidence: Intimate Partner Violence, Trauma-Related Mental Health Conditions & Chronic Illness - PDF <http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/factsheet_ipvtraumamhchronicillness_2014_final.pdf> [↗](#) </disclaimer.html>)
- Under stay-at-home orders due to COVID-19, police reports in some areas showed increasing rates of Intimate Partner Violence (IPV), even though calls to domestic violence hotlines decreased in some regions by up to 50 percent. (Source: Alarming trends in US domestic violence during the COVID-19 pandemic <<https://www.ncbi.nlm.nih.gov/pmc/articles/pmc7195322/>>)

One possible explanation is that victims of IPV delayed in reaching out for help until late stages of the abuse cycle, when violence was more severe and necessitated contacting authorities. (Exacerbation of Physical Intimate Partner Violence during COVID-19 Pandemic [Back to top](https://pubs.rsna.org/doi/pdf/10.1148/radiol.2020202866) <<https://pubs.rsna.org/doi/pdf/10.1148/radiol.2020202866>> [↗](#) </disclaimer.html>)
- Violence can take various forms: it can be physical, emotional, sexual, or psychological. People of all races, cultures, genders, sexual orientations, socioeconomic classes, and religions experience IPV. However, such violence has a disproportionate effect on communities of color and other marginalized groups. Economic instability, unsafe housing, neighborhood violence, and lack of safe and stable child care and social support can exacerbate IPV and make it harder for victims to escape the abuse. (Source: A Pandemic within a Pandemic — Intimate Partner Violence during COVID-19 <<https://www.nejm.org/doi/full/10.1056/nejmp2024046>> [↗](#) </disclaimer.html>)
- Children exposed to domestic violence are at greater risk for involvement in the criminal justice system later in life, either as juveniles or adults. (Sources: Family Violence, Special Feature <<https://www.ojp.gov/feature/family-violence/overview>>; [The Prevalence of Adverse Childhood Experiences \(ACE\) in the Lives of Juvenile Offenders - PDF](#) <https://www.prisonpolicy.org/scans/prevalence_of_ace.pdf> [↗](#) </disclaimer.html>)

- One in seven children experienced child abuse or neglect in 2019 with about 1,840 children dying from abuse or neglect. Children living in poverty are five times as likely to experience abuse or neglect. (Source: Preventing Child Abuse & Neglect - PDF <https://www.cdc.gov/violenceprevention/pdf/can/can-factsheet_508.pdf>)
- 47 percent of youth ages 10–24 in tribal communities received mental health services after screening, referral, or suicide attempt. (Source: SAMHSA FY 2022 Justification of Estimates for Appropriations Committees - PDF <<https://www.samhsa.gov/sites/default/files/samhsa-fy-2022-cj.pdf>>)
- Approximately 3,076 tribal programs/organizations implemented specific mental-health related practices as an outcome of SAMHSA grant support. (Source: SAMHSA FY 2022 Justification of Estimates for Appropriations Committees - PDF <<https://www.samhsa.gov/sites/default/files/samhsa-fy-2022-cj.pdf>>)
- More than 140,000 children in the United States lost a parent, custodial grandparent, or grandparent caregiver because of COVID-19 between April 1, 2020 and June 30, 2021. More than 140,000 U.S. children lost a primary or secondary caregiver due to the COVID-19 pandemic <<https://www.nih.gov/news-events/news-releases/more-140000-us-children-lost-primary-or-secondary-caregiver-due-covid-19-pandemic>>)
- Orphanhood is a secondary tragedy of the COVID-19 pandemic with significant ethnic and racial disparities. Compared to White children, American Indian/Alaska Native children were 4.5 times more likely to experience the loss of a primary or secondary caregiver, Black children were 2.4 times more likely, and Hispanic children were 1.8 times more likely. (Source: More than 140,000 U.S. children lost a primary or secondary caregiver due to the COVID-19 pandemic <<https://www.nih.gov/news-events/news-releases/more-140000-us-children-lost-primary-or-secondary-caregiver-due-covid-19-pandemic>>)
- Substance use coercion is a prevalent but unrecognized form of abuse and is a barrier to victims' economic stability including finances, employment, housing stability, social networks, and public benefits. A survey of National Domestic Violence Hotline callers who had experienced domestic violence revealed that 43 percent of respondents had experienced at least one type of substance use coercion. (Source: Understanding Substance Use Coercion as a Barrier to Economic Stability for Survivors of Intimate Partner Violence: Policy Implications - PDF <<https://aspe.hhs.gov/sites/default/files/private/pdf/264166/substance-use-coercion-policy-brief.pdf>>)

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Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Elder Justice Coordinating Council <<https://acl.gov/programs/elder-justice/elder-justice-coordinating-council-ejcc>>, Interagency Task Force on Trauma-Informed Care <<https://www.samhsa.gov/trauma-informed-care>>, Interagency Task Force to Monitor and Combat Human Trafficking in Persons <<https://www.state.gov/humantrafficking-interagency-task-force/#pitf>>, and National Center on Elder Abuse <<https://ncea.acl.gov/>>.

Strategies

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

- Increase coordination within HHS OpDivs and StaffDivs and partner with other federal departments on violence prevention and trauma initiatives that create opportunities for an integrated federal response.
- Engage community health workers to expand outreach and access to interventions for those impacted by neglect, violence, trauma, and abuse.
- Develop national awareness and prevention initiatives focused on violence, trauma, neglect, and abuse as public health issues.
- Educate and empower families and communities, including tribes and territories, to recognize and respond to signs of violence and trauma and understand the importance of and need for a comprehensive public health approach.
- Support broad awareness of the historical trauma experienced in American Indian and Alaska Native communities and implement evidence-based approaches to healthcare delivery that takes into account past and on-going violence and trauma across tribes.
- Bolster early intervention, prevention, public awareness, and comprehensive access to services for individuals who have experienced human trafficking.

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

- Strengthen networks and increase resources—including resources to ensure adequate staffing—for state, local, tribal, territorial, community- and faith-based organizations focused on the prevention of and recovery from violence, trauma, neglect, and abuse as they make investments in programmatic advancement, cross-system coordination, equipment, and culturally- and linguistically-appropriate shelter and other services and service delivery.
- Facilitate and support access to healthcare and behavioral health services for anyone who is surviving domestic violence, dating violence, family violence, and sexual violence, including 24-hour confidential hotline, shelters and programs, and a network of state coalitions and national technical assistance providers.
- Enhance resources for hotlines that provide referrals and service connections to those impacted by violence, including the National Domestic Violence Hotline, the StrongHearts Native Help Line, and the National Human Trafficking Hotline.
- Design innovative skills-based training and technical assistance to the networks, grantees, and programs that serve individuals, families, and communities impacted by neglect, violence, trauma, and abuse.
- Create assessment tools and engage stakeholders to identify gaps in prevention, holistic treatment, and integrative care for underserved communities, including tribes and territories.

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

1. Strengthen surveillance systems to gather prevalence data across all HHS programs and appropriately identify resources for public health and human services solutions.
2. Disseminate evidence-based strategies to promote safe, stable, and nurturing relationships and environments for adults, children, families, older adults, and persons with disabilities, including the communities in which they live.
3. Advance the development, access, and use of standards, guidelines, regulations, and electronic reporting to improve the quality and timeliness of public health data collection.

4. Establish policy and guidelines that emphasize evidence-based decision making for assisting those who have experienced trauma or violence.
5. Support a coordinated program of research focused on refining, testing, and implementing evidence-based practices for primary and trauma-related services, including screening, prevention, and treatment across relevant settings that serve youth and adults.
6. Address gaps in knowledge about intimate partner violence prevention programs for American Indian and Alaska Native communities, for racial and ethnic specific communities, and for underserved communities.

Performance Goals

The HHS Annual Performance Plan <<https://www.hhs.gov/about/budget/fy2022/index.html>> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.

- Increase the capacity of the National Domestic Violence Hotline to respond to increased call volume (as measured by percentage of total annual calls to which the Hotline responds) Back to top
- Decrease the percentage of children with substantiated or indicated reports of maltreatment that have a repeated substantiated or indicated report of maltreatment within six months
- Increase the number of potential trafficking victims identified by the National Human Trafficking Hotline
- Increase the percentage of placement designation of referrals of Unaccompanied Children (UC) from Department of Homeland Security within 24 hours of referral
- Increase Intimate Partner (Domestic) Violence screening among American Indian and Alaska Native (AI/AN) Females
- Increase the number of prevention and response strategies from CDC's resource Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence being implemented by state and local health departments funded through the multistate ACEs cooperative agreement

- Expand the number of evidence-based resources on best practices and core components of trauma-informed care for clinical practice that are available on the National Center for Injury Prevention and Control website

Learn More About HHS Work in this Objective

- National Tribal Behavioral Health Agenda <<https://store.samhsa.gov/product/the-national-tribal-behavioral-health-agenda/pep16-ntbh-agenda>>: A blueprint for improving the behavioral health of American Indians and Alaska Natives.
- President’s Interagency Task Force to Combat Human Trafficking and Senior Policy Operating Group (POG), Victims Services Subcommittee <<https://www.acf.hhs.gov/otip/victim-assistance/services-available-to-victims-of-trafficking>>: Publishes an information repository of federal services available to those experiencing human trafficking.
- Support to Holocaust Survivors, Older Adults, and Family Caregivers <<https://acl.gov/news-and-events/announcements/new-grant-support-holocaust-survivors-older-adults-and-family>>: ACL awarded a five-year, \$4.935 million per year, cooperative agreement to The Jewish Federations of North America (JFNA) to expand people oriented, trauma-informed (PCTI) services and supports for Holocaust survivors and other older adults with histories of trauma, and their family caregivers. JFNA, in partnership with a broad network of local and national agencies that serve older adults and family caregivers, will work to further PCTI services throughout the Aging Services Network.
- Tribal Action Plan (TAP) <<https://www.samhsa.gov/tloa/tap>>: The TAP coordinates resources and programs to help tribes achieve their goals for preventing and treating substance use disorders.
- Tribal Training and Technical Assistance Center <<https://www.samhsa.gov/tribal-ttac>>: The Center provides training and technical assistance resources on mental health, substance use disorders, suicide prevention, and mental health promotion using the Strategic Cultural Framework.

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<< [Strategic Plan FY22-26](#) </about/draft-strategic-plan/index.html>

[Strategic Goal 4](#) >> </about/strategic-plan/2022-2026/goal-4/index.html>

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

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

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- Original research may take decades to become routine practice for public health professionals, clinicians, communicators, and the public, especially if the research is not widely disseminated. (Source: Sharing Health Literacy Research <<https://www.cdc.gov/healthliteracy/disseminate.html>>) Researchers produce many evidence-based practices and interventions that can improve outcomes if successfully implemented. (Source: Key Concepts for Knowledge Translation and Implementation <<https://ktdrr.org/products/kt-implementation/key-concepts.html>> [↗](#) </disclaimer.html>)
- Implementation science is the study of methods to promote the integration of research findings and evidence into policy and practices to improve health. (Source: Implementation science news, resources and funding for global health researchers <<https://www.fic.nih.gov/researchtopics/pages/implementationsscience.aspx>>) Implementation science helps us answer questions such as: Why do some research based practices easily transfer from one place to another? What are the supports necessary to promote successful adoption, implementation, and scaling up? How can we combine multiple interventions effectively to be more cost efficient and less duplicative? (Source: Investing in What Works <<https://youth.gov/evidence-innovation/investing-what-works>>)

Contributing OpDivs and StaffDivs

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All OpDivs and StaffDivs contribute to achievement of this objective.

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Animal Cell Culture <<https://www.fda.gov/food/food-ingredients-packaging/food-made-cultured-animal-cells>>, Clinical Trials Transformation Initiative (CTTI) <<https://www.ctti-clinicaltrials.org/>> [↗](#) </disclaimer.html>, CURE ID App <<https://cure.ncats.io/introduction>> [↗](#) </disclaimer.html>, FNIH Biomarkers Consortium (FNIH) <<https://fnih.org/what-we-do/biomarkers-consortium>> [↗](#) </disclaimer.html>, Models of Infectious Disease Agent Study (MIDAS) <<http://www.nigms.nih.gov/research/specificareas/midas/pages/default.aspx>>, Reagan-Udall Foundation <<https://reaganudall.org/>> [↗](#) </disclaimer.html>, and US-Canada Regulatory Cooperation Council (RCC) <<https://www.fda.gov/international-programs/global-perspective/fdas-decade-long-participation-us-canada-regulatory-cooperation-council>>.

Strategies

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

- Promote an evidence-based and equity-focused approach to the design, redesign, implementation, and quality of HHS programs, to inform decision making, improve oversight, and strengthen data integrity and program fidelity.
- Improve communication and collaboration across HHS and across other federal agencies to bring together research and evaluation to better inform the translation of evidence throughout the Department.
- Promote sharing of lessons learned between grantees, from grantees to HHS staff, and where applicable, to the broader community.
- Build participation into research agendas by engaging stakeholders, including those with lived experience and citizen scientists, in the design and revision of evaluation and data collection systems and advancing equity amongst researchers and those communities targeted or underrepresented by research efforts.
- Ensure research institutions have the capacity, technology, and infrastructure, including access to tools, technologies, and training, needed to conduct cutting edge-research.
- Improve communication and access to community members to facilitate transparent flow of information and education regarding HHS programs.

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Performance Goals

The HHS Annual Performance Plan </about/budget/fy2022/index.html> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.

- By 2026, enhance understanding of how five health information technologies can be applied effectively to improve minority health or to reduce health disparities

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

Learn More About HHS Work in this Objective

- **Artificial Intelligence (AI) and Machine Learning (ML) in Software as a Medical Device Action Plan** <<https://www.fda.gov/medical-devices/software-medical-device-samd/artificial-intelligence-and-machine-learning-software-medical-device>>: As part of the AI/ML Action Plan, the FDA is highlighting its intention to develop an update to the proposed regulatory framework presented in the AI/ML-based SaMD discussion paper, including through the issuance of a draft guidance on the predetermined change control plan. FDA is continuing to increase capacity to develop standards for AI technologies, regulatory science research and building internal capacity.
- **Center for Biologics Evaluation and Research (CBER) Advanced Technologies Team (CATT)** <<https://www.fda.gov/vaccines-blood-biologics/industry-biologics/cber-advanced-technologies-team-catt>>: The CATT was established to promote dialogue, education, and input among CBER staff and between CBER and prospective innovators/developers of advanced manufacturing technologies. [Back to top](#)
- **Collaborative Communities: Addressing Health Care Challenges Together** <<https://www.fda.gov/about-fda/cdrh-strategic-priorities-and-updates/collaborative-communities-addressing-health-care-challenges-together>>: At the FDA, the Center for Devices and Radiological Health (CDRH) believes collaborative communities can contribute to improvements in areas affecting patients and healthcare in the United States.
- **Community Engagement Alliance (CEAL):** <<https://covid19community.nih.gov/>> Treatments and vaccines must be safe and effective for everyone. Diversity in medical science is essential, and NIH is committed to removing barriers, building trust, and ensuring that participants in any clinical trial represent all the people who will use the drug or vaccine being studied.

- **COVID-19 Interdisciplinary Toxicology Studies** <<https://www.fda.gov/science-research/fda-grand-rounds/studies-sars-cov-2-nsp1-and-envelope-protein-03112021-03112021>>: FDA's National Center for Toxicological Research (NCTR) initiated COVID-19 research in March 2020, with the goal of developing an approach to rapidly indicate the effectiveness of COVID-19 therapeutic treatments. NCTR currently has more than 30 scientific COVID-related studies that are in progress or development.
- **Digital Health Center of Excellence and Related Work** <<https://www.fda.gov/medical-devices/digital-health-center-excellence>>: The goal of the Digital Health Center of Excellence is to empower stakeholders to advance healthcare by fostering responsible and high-quality digital health innovation.
- **Human Microbiome and Antimicrobial Resistance Interdisciplinary Toxicology Studies** <<https://www.fda.gov/media/148670/download>>: NCTR is conducting research in collaboration with CVM to: (1) Evaluate the impact of antimicrobial agents, food contaminants, food additives, nanomaterials, and FDA-regulated products on the microbiome; (2) Determine antimicrobial resistance and virulence mechanisms of foodborne and other pathogens; (3) Develop tools to assess the sequences of plasmids, which can transmit antimicrobial resistance, virulence and other genes between bacteria.
- **Implementing a Parenting Curriculum Using Implementation Science** Back to top <<https://eclkc.ohs.acf.hhs.gov/parenting/article/implementing-parenting-curriculum-using-implementation-science>>: Research has shown that preschool programs can positively impact parenting when they go beyond simply providing parenting information. Parents and children receive even greater benefits when programs offer parents experiences that model positive interactions and provide opportunities to practice with feedback. A parenting curriculum can provide information and opportunities to practice skills that parents in your program may welcome.
- **Knowledge Translation Program** <<https://acl.gov/programs/disability-and-rehabilitation-research-program/knowledge-translation-program>>: Helps to ensure that knowledge generated by grantees is used or adopted by its intended users, especially persons with disabilities and their families.

- **NIGMS' Institutional Development Award (IDeA) Program**
<<https://www.nigms.nih.gov/research/drcb/idea/pages/default.aspx>>: The Institutional Development Award (IDeA) is a congressionally mandated program that builds research capacity in states that historically have had low levels of NIH funding. It supports competitive basic, clinical, and translational research, faculty development, and infrastructure improvements. The program aims to strengthen an institution's ability to support biomedical research, enhance the competitiveness of investigators in securing research funding, and enable clinical and translational research that addresses the needs of medically underserved communities.
- **Perinatal and Maternal Health Interdisciplinary Toxicology Studies**
<<https://www.fda.gov/about-fda/nctr-research-focus-areas/perinatal-and-maternal-research>>: Maternal and perinatal research has been a cornerstone of NCTR research for 30+ years and throughout that time NCTR has worked collaboratively with FDA product centers (e.g., CDER), external partners (e.g., Mayo Clinic), and academic institutions (e.g., University of Arkansas for Medical Sciences).
- **Prevention Research Centers <<https://www.cdc.gov/prc/index.htm>> (PRCS):** PRCs are a network of 26 academic research centers in the United States that study how people and their communities can avoid or counter the risks for chronic illnesses. PRCs ^{Back to top} to identify public health problems and to develop, test, and evaluate public health interventions that can be applied widely, particularly in underserved communities.
- **Preparedness and Response Applied Research <<https://www.cdc.gov/cpr/science/research.htm>>:** The Public Health Emergency Preparedness and Response (PHEPR) Applied Research Program leads the CDC Center for Preparedness and Response initiatives to strengthen and expand the evidence base for preparedness and response and translate science into evidence-based practices to improve federal, state, tribal, local and territorial (STLT) preparedness and response to all-hazards emergencies.
- **SAMHSA Evidence-Based Practices Resource Center <<https://www.samhsa.gov/resource-search/ebp>>:** SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policymakers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

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

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

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- NIH is pursuing a data-driven scientific approach to growing a diverse workforce pipeline. Progress has been made in several key areas to increase diversity of NIH award applicants and recipients as well as mentees in the scientific academic pipeline. (Source: NIH Scientific Workforce Diversity Actions and Progress: 2014-2019 - PDF <https://diversity.nih.gov/sites/coswd/files/images/docs/acd_2019_june_13_valantine_wilson_final.pdf>)
- Some populations (e.g., ethnic and cultural minority communities, marginalized groups) may be underrepresented in efforts to build evidence in human service interventions, eventually widening equity gaps. Possible approaches to addressing research disparities include: (1) Engage community partners in research; (2) Prioritize rigor, not rigidity, in research design; (3) Acknowledge challenges to community-based research; and, (4) Use innovative research designs. (Source: Evidence and Equity: Challenges for Research Design <<https://www.acf.hhs.gov/opre/report/evidence-and-equity-challenges-research-design>>)
- The rapid proliferation of health informatics and digital health innovations has revolutionized clinical and research practices and will continue to have accelerated growth and a substantial impact on population health. (Source: Back to the Future: Achieving Health Equity Through Health Informatics and Digital Health <<https://pubmed.ncbi.nlm.nih.gov/31934874/>>)
- Concerns remain about how these promising technological advances can lead to unintended consequences such as perpetuating health and healthcare disparities for under-resourced populations. Health informatics and digital health scientific communities should understand the challenges faced by disadvantaged groups, including racial and ethnic minorities, which hinder their achievement of ideal health. (Source: Back to the Future: Achieving Health Equity Through Health Informatics and Digital Health <<https://pubmed.ncbi.nlm.nih.gov/31934874/>>)
- Translation is the process of turning observations in the laboratory, clinic and community into interventions that improve the health of individuals and the public—from diagnostics and therapeutics to medical procedures and behavioral changes. (Source: Translational Science Spectrum <<https://ncats.nih.gov/translation/spectrum#translational-science-spectrum>>)

Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV)

<<https://www.nih.gov/research-training/medical-research-initiatives/activ>>, Allergenic Products Advisory Committee <<https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/allergenic-products-advisory-committee>>, Blood Products Advisory Committee <<https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/blood-products-advisory-committee>>, Brain Research through Advancing Innovative Neurotechnologies® (BRAIN) <<http://braininitiative.nih.gov/>>, Cellular, Tissue, and Gene Therapies Advisory Committee <<https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/cellular-tissue-and-gene-therapies-advisory-committee>>, Toxicology in the 21st Century (Tox21) <<https://tox21.gov/>>, and Vaccines and Related Biological Products Advisory Committee <<https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/vaccines-and-related-biological-products-advisory-committee>>.

Strategies

Uphold scientific integrity to promote public trust in the quality of the research enterprise, ensuring sensitivity to the culture of the researched and promotion of their participation and ownership of the research process

- Ensure the quality and integrity of research and research findings through education and training of the scientific workforce.
- Strengthen regulatory and compliance capacity to account for the rapid increase in research technology and data capabilities, including investing in HHS offices with oversight of research integrity, human research protections, and animal care and use.
- Develop and implement approaches, including developing and disseminating guidelines, standards, policies, or regulations, that enhance the integrity and quality of HHS-funded research by promoting a climate that incentivizes research conducted responsibly, with rigor and integrity in accordance with these expectations and those of the relevant scientific discipline.

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

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

- Expand and deploy evidence-based training, mentorship interventions, fellowships, and other workforce development initiatives that support scientists, especially underrepresented scientists, through critical points of transition in their career trajectories.
- Increase research and practice opportunities for a diverse range of investigators to address social determinants of health and advance health equity in populations with health disparities.
- Attract, develop, and retain the scientific workforce by establishing a talent management strategic plan with input from government, industry, and academic stakeholders.
- Retain staff with expertise in scientific and research methods using recognition, training, and retention incentives to ensure that the scientific workforce has the skills and expertise necessary to adopt and implement the most innovative statistical and scientific methods.
- Support scientists as they embark on, transition to, and sustain independent research careers to sustain the research enterprise.

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

- Support and promote the development of partnerships between academic research organizations and health department, healthcare providers, community-based health organizations, and community organizations for relevant rapid implementation research and community-based participatory research to engage communities impacted by the research in the development and dissemination of the research.
- Identify and address barriers to collaboration and data sharing within HHS and other federal agencies, academic and public health partners, and private industry to make it easier to conduct cross-cutting, high impact, transdisciplinary, innovative research.

- Expand the availability and accessibility to tools, technologies, knowledge repositories, and training to ensure the nation’s research institutions have the capacity, technology, and infrastructure they need to design and execute impactful research programs that benefit multiple communities to help achieve the HHS mission.
- Partner with educational institutions that serve underserved populations to implement technical assistance outreach programs to increase awareness of research funding opportunities and increase the competitiveness of submitted research applications.
- Promote cross-functional and, importantly, cross-division efforts to identify emerging promising technologies and establish frameworks for the ethical development, study, and use of these technologies.
- Provide research grants for areas that are cutting edge in technology or disease and grow those resources.
- Fund opportunities for research implementing and evaluating community-based and culturally-competent models of healthcare and human services delivery to improve the quality of care received by racial and ethnic minority and sexual minority populations.
- Establish innovative funding opportunities to identify sources for community partners working on areas of concern who can also provide the health and human services communities with best practices in achieving positive results in interventions, treatments, and programs.
- Support research and innovation to strengthen implementation of evidence-based recommendations for preventive health services in public health and healthcare settings among people that have been underserved.

Performance Goals

The HHS Annual Performance Plan [/about/budget/fy2022/index.html](https://www.hhs.gov/about/budget/fy2022/index.html) provides information on the Department’s measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.

- By 2025, develop or evaluate the efficacy or effectiveness of new or adapted prevention interventions for substance use disorders (SUD)
- Provide research training for predoctoral trainees and fellows that promotes greater retention and long-term success in research careers
- Increase the total number of mentored research career development experiences for trainees from diverse backgrounds, including groups underrepresented in biomedical research, to promote individual development and to prepare them for a range of research-related careers
- Maintain the yearly number of undergraduate students with mentored research experiences through the IDeA (Institutional Development Award) Networks of Biomedical Research Excellence (INBRE) program in order to sustain a pipeline of undergraduate students who will pursue health research careers
- Percentage of scientists retained at FDA after completing Fellowship or Traineeship programs
- Conduct and disseminate policy relevant research reports on rural health issues

Learn More About HHS Work in this Objective

- All of Us <<https://allofus.nih.gov/>>: This NIH program will enroll at least one million volunteers who will provide data on their biology, the environment, and lifestyle factors. All of Us has the potential to advance the prevention and treatment of on a wide range of diseases, both common and rare, and ultimately to support personalized medicine.
- BARDA DRIVE <<https://drive.hhs.gov/index.html>>: Works to revolutionize the way we prevent, detect, and respond to major 21st century health security threats. DRIVE programs accelerate the development and availability of transformative technologies and approaches to protect Americans from health security threats.
- Beau Biden Cancer Moonshot <<https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative>>: This initiative aims to accelerate cancer research by making more therapies available to more patients, while also improving our ability to prevent cancer and detect it at an early stage.

- Centers of Excellence in Regulatory Science and Innovation (CERSI)
<<https://www.fda.gov/science-research/advancing-regulatory-science/centers-excellence-regulatory-science-and-innovation-cersis>>: FDA builds a network of strategic alliances with academia for emerging regulatory science research, training, and education.
- Drug Development Tool (DDT) Qualification Programs
<<https://www.fda.gov/drugs/development-approval-process-drugs/drug-development-tool-ddt-qualification-programs>>: Drug Development Tools (DDTs) are methods, materials, or measures that have the potential to facilitate drug development. Having qualified DDTs that can be used by many sponsors helps optimize drug development and evaluation. The 21st Century Cures Act - PDF <<https://www.congress.gov/114/plaws/publ255/plaw-114publ255.pdf>> defines a three-stage qualification process allowing use of a qualified DDT across drug development programs.
- Faculty Institutional Recruitment for Sustainable Transformation (FIRST)
<<https://commonfund.nih.gov/first>>: This NIH program aims to enhance and maintain cultures of inclusive excellence in the biomedical research community, which establish and sustain scientific environments that cultivate and benefit from a full range of talent.
- Rural Health Research Centers and Analysis Initiatives
<<https://www.ruralhealthresearch.org/centers>> [↗](#) </disclaimer.html>: The Federal Office of Rural Health Policy (FORHP) currently funds Rural Health Research Centers and Rural Health Policy Analysis Initiatives, located throughout the nation. All research of these designated centers is conducted on a national scale.
- Next Generation Researchers Initiative <<https://grants.nih.gov/ngri.htm>> (NGRI): This NIH initiative seeks to cultivate and support talent entering the biomedical and behavioral research workforce. NIH aims to bolster opportunities for early-stage investigators.
- NIH-Wide Strategic Plan for FYs 2021–2025 <<https://www.nih.gov/about-nih/nih-wide-strategic-plan>>: The plan outlines NIH’s vision for biomedical research direction, capacity, and stewardship by articulating the highest priorities of NIH over the next five years.

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

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

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- Electronic Laboratory Reporting (ELR) replaces paper-based reporting, which accelerates reporting to public health labs; reduces the reporting burden on clinicians, hospitals, and commercial laboratories; and decreases errors and duplicate reporting. For FY 2019, electronic laboratory reports accounted for nearly 90 percent of reports received, which met the target and was an improvement over FY 2018. (Source: FY 2022 Annual Performance Plan and Report - Goal 4 Objective 1 [/index.html](https://www.hhs.gov/about/budget/fy2022/performance/performance-plan-goal-4-objective-1/index.html))
- Within hours of the COVID-19 emergency declaration, CDC's National Notifiable Disease Surveillance System (NNDSS) issued a COVID-19 event code, which states used to notify CDC of cases. The data helped CDC and Emergency Operations better understand and support the national response. With the influx of data modernization funding and the best practices adopted to date, CDC anticipates more states participating in the system and for states to share health data related to STIs, vaccine preventable diseases, and foodborne diseases. (Source: FY 2022 Annual Performance Plan and Report - Goal 4 Objective 1 [/index.html](https://www.hhs.gov/about/budget/fy2022/performance/performance-plan-goal-4-objective-1/index.html))
- The incidence of most infections transmitted commonly through food has not declined for many years. Incidence of infections caused by Listeria, Salmonella, and Shigella remained unchanged, and those caused by all other pathogens reported to FoodNet increased during 2019. (Source: Preliminary Incidence and Trends of Infections with Pathogens Transmitted Commonly Through Food—Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2016–2019 <https://www.cdc.gov/mmwr/volumes/69/wr/mm6917a1.htm#suggestedcitation>)
- As part of the CDC's Surveillance Strategy Report, the percentage of mortality records collected electronically from states within 10 days increased from 29 percent in 2014 to 63 percent in 2018. As this number continues to rise, the CDC will have knowledge of the causes of death at faster rates, giving officials more time to respond appropriately. (Source: Surveillance Strategy Report – Modernizing Mortality Reporting <https://www.cdc.gov/surveillance/initiatives/tracking-deaths.html>)

- The Sentinel Initiative has been a vital source of information especially on the safety and utilization of medical products once they become widely used in practice. In response to COVID-19, FDA used Sentinel in novel ways, ranging from developing near real-time drug monitoring, describing the course of illness among patients with COVID-19, and evaluating the utilization and safety of therapies under real-world conditions. (Source: FDA's Sentinel Initiative <<https://www.fda.gov/safety/fdas-sentinel-initiative>>)

Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the GenomeTrakr Network <<https://www.fda.gov/food/whole-genome-sequencing-wgs-program/genometrakr-network>>, National Residue Program <<https://www.fda.gov/about-fda/domestic-mous/mou-225-85-8400>>, Partnership for Food Protection (PFP) <<https://www.fda.gov/federal-state-local-tribal-and-territorial-officials/national-integrated-food-safety-system-ifss-programs-and-initiatives/partnership-food-protection-pfp>>, Veterinary Laboratory Investigation and Response Network (Vet-LIRN) <<https://www.fda.gov/animal-veterinary/science-research/veterinary-laboratory-investigation-and-response-network>>, and Whole Genome Sequencing alignment (part of LG STEC Action Plan) <<https://www.fda.gov/food/new-era-smarter-food-safety/new-era-smarter-food-safety-blueprint>>.

Strategies

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

- Advance the development, access, and use of standards, guidelines, and regulations to improve the quality of laboratory testing and public health data collection.
- Leverage existing surveillance efforts to better understand the unique and common needs of various sub-groups of persons by race, ethnicity, national origin (including primary language), sex, sexual orientation, gender identity, pregnancy, education status, income, and other population characteristics.

- Improve capacity for advanced laboratory, epidemiologic, and environmental methods across federal and state agencies to enhance the detection of potential violations throughout the full lifecycle of HHS-regulated products to ensure only safe and effective products reach the public.
- Identify and assess adverse events related to the use of regulated human and animal medical products, including the development and more effective use of large nationally representative database systems, electronic health records, common data models, and natural language processing.
- Build expertise in cutting edge laboratory, surveillance, and epidemiology techniques to address public health threats and disease conditions, including harmful chemical exposures and diseases, foodborne pathogens, antimicrobial resistance pathogens and other emerging pathogens, healthcare-associated infections, chronic diseases that disproportionately affect specific populations (e.g., sickle cell disease), individuals with disabilities, maternal health, and behavioral health.
- Train and sustain a diverse pipeline of surveillance, epidemiology, laboratory professionals to address current and emerging needs and strengthen connections with clinical workforce development stakeholders.

Modernize surveillance systems for timeliness, accuracy, and analytic reporting

- Accelerate the development and implementation of technological solutions, tools, and approaches to optimize information, knowledge, and data management, standardization, and quality, while ensuring the protection of personally identifiable information and other privacy concerns and minimizing threats to information security.
- Develop and introduce data standards for geographic information within the notifiable diseases reporting system to scales that are meaningful for assessment of socio-ecologic factors.
- Promote completeness and accuracy of race and ethnicity variables and other population characteristics—including age, disability status, geographic area, socioeconomic status, national origin (including primary language), and sex, sexual orientation, gender identity, and pregnancy—in laboratory data and data submitted for surveillance purposes in order to better explain the burden of disease and health conditions in diverse populations.

- Partner across HHS agencies to utilize nationally collected data to create customized surveillance reports to address the incidence of infectious disease in underserved populations.
- Provide actionable information for public health officials, policy makers, and regulators to establish and evaluate exposure and disease interventions within disproportionately affected communities or populations.

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

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

Performance Goals

The HHS Annual Performance Plan </about/budget/fy2022/index.html> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related performance measures for this Objective.

- Percentage of isolates of priority PulseNet pathogens (Salmonella, Shiga toxin-producing E. coli, and Listeria monocytogenes) sequenced and uploaded to the PulseNet National Database
- The percentage of laboratory test results reported within the expected turn-around time (two weeks) upon receipt by CDC labs
- Number of medical product analyses conducted through FDA's Sentinel Initiative

- Number of Tribal Epidemiology Center-sponsored trainings and technical assistance provided to build tribal public health capacity

Learn More About HHS Work in this Objective

- **Biologics Effectiveness and Safety (BEST) Program** <<http://www.bestinitiative.org>> [↗](#) </disclaimer.html>: This program is a part of the FDA Sentinel Initiative and provides access to Electronic Health Records for over 50 million persons and access to over 100 million claims to conduct robust, rapid safety and effectiveness studies of blood, advanced therapeutics, and vaccines.
- **Comprehensive Animal Food Compliance Program** <<https://www.fda.gov/animal-veterinary/compliance-enforcement/cvm-compliance-programs>>: FDA has developed a new approach to modernize animal food safety inspections that incorporates new regulations and traditional regulations into a single comprehensive inspection. This comprehensive inspection approach will help ensure a holistic, risk-based, and prevention-oriented approach to inspections and will better utilize resources of both FDA and state inspection partners, who FDA works with routinely to ensure greater inspectional oversight of the animal food industry.
- **Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) Strategic Plan** <<https://www.cdc.gov/csels/who-we-are/index.html>>: The CSELS Strategic Priorities and core functions are centered around our mission to strengthen and modernize the public health infrastructure of the United States through science and collaboration. The four core functions are: public health workforce, scientific communication, laboratory systems, and data, surveillance, and analytics.
- **CFSAN Adverse Event Reporting System (CAERS)** <<https://www.fda.gov/food/compliance-enforcement-food/cfsan-adverse-event-reporting-system-caers>>: CAERS is a database that contains information on adverse event and product complaint reports submitted to FDA for foods, dietary supplements, and cosmetics. The database is designed to support CFSAN's safety surveillance program.

- **FDA Adverse Event Reporting System (FAERS)** <<https://www.fda.gov/drugs/drug-approvals-and-databases/fda-adverse-event-reporting-system-faers>>: FAERS supports the FDA's post-marketing safety surveillance program for all marketed drug and therapeutic biologic products. It contains adverse event reports FDA has received from manufacturers as required by regulation along with reports received directly from consumers and healthcare professionals.
- **GenomeTrakr Network** <<https://www.fda.gov/food/whole-genome-sequencing-wgs-program/genometrakr-network>>: The GenomeTrakr network is the first distributed network of laboratories to utilize whole genome sequencing for pathogen identification. It consists of public health and university laboratories that collect and share genomic and geographic data from foodborne pathogens. The data, which are housed in public databases at the National Center for Biotechnology Information (NCBI), can be accessed by researchers and public health officials for real time comparison and analysis that promises to speed foodborne illness outbreak investigations and reduce foodborne illnesses and deaths.
- **Medical Device Reporting (MDR)** <<https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems#overview>>: MDR is one of the postmarket surveillance tools the FDA uses to monitor device performance, detect potential device-related safety issues, and contribute to benefit-risk assessments of these products.
- **National Antimicrobial Resistance Monitoring System (NARMS) Strategic Plan 2021–2025** <<https://www.fda.gov/media/79976/download>>: The National Antimicrobial Resistance Monitoring System (NARMS) was established in 1996 as a collaboration of the CDC, FDA, U.S. Department of Agriculture (USDA), and state and local health departments. NARMS currently tracks resistance in enteric bacteria from humans, retail meats, and food-producing animals at the time of slaughter.
- **National Syndromic Surveillance Program** <<https://www.cdc.gov/nssp/index.html>>: CDC'S National Syndromic Surveillance Program (NSSP) hosted a virtual Syndromic Surveillance Symposium that provided an opportunity to make significant advances in establishing a public use shared data set for national emergencies.

- **Research and Development Survey (RANDS)** <<https://www.cdc.gov/nchs/rands/index.htm>>: RANDS is an ongoing series of surveys conducted by the Division of Research and Methodology at the National Center for Health Statistics. These surveys use recruited, probability-sampled, commercial survey panels, and are designed to explore the feasibility of using these panels to collect information on national health outcomes and to augment NCHS' question evaluation and research program with quantitative methodologies for measuring error. NCHS launched a COVID-specific data collection in July 2020 using the Research and Development Survey (RANDS) to evaluate COVID related survey questions.
 - **Safety Reporting Portal for Tobacco Products** <<https://www.fda.gov/tobacco-products/tobacco-science-research/safety-reporting-portal-tobacco-products>>: Consumers, manufacturers, clinical investigators, and health professionals can submit reports about tobacco products that are damaged, defective, contaminated, or smell or taste wrong. FDA wants to know if you have experienced undesired health or quality problems that you believe may have been caused by use of a particular tobacco product. FDA also wants to know about undesired health or quality problems that may have been caused by being exposed to a tobacco product, even if you were not the user.
 - **Sentinel** <<https://www.fda.gov/safety/fdas-sentinel-initiative>>: Sentinel is the FDA's national electronic system which has transformed the way researchers monitor the safety of FDA-regulated medical products, including drugs, vaccines, biologics, and medical devices.
 - **Surveillance, Epidemiology, and End Results (SEER) Program** <<https://seer.cancer.gov/>>: The SEER Program provides information on cancer statistics in an effort to reduce the cancer burden among the U.S. population. SEER is supported by the Surveillance Research Program (SRP) in NCI's Division of Cancer Control and Population Sciences (DCCPS).
 - **Vaccine Adverse Events (VAERS)**: <<https://www.fda.gov/vaccines-blood-biologics/report-problem-center-biologics-evaluation-research/vaccine-adverse-events>> VAERS is a national vaccine safety surveillance program co-sponsored by the FDA and CDC. The purpose of VAERS is to detect possible signals of adverse events associated with vaccines. VAERS collects and analyzes information from reports of adverse events (possible side effects) that occur after the administration of U.S. licensed vaccines.
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Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience

HHS invests in strategies to improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience. HHS leverages different types of data, such as administrative data and research data, to guide its actions. HHS is establishing a Department-wide approach to improve data collection, close data gaps, transform data, and share data for better HHS analysis and evaluation. HHS also fosters collaborations to expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes. HHS is improving data collection and conducting evaluations to

understand the drivers for inequities in health outcomes, social well-being, and economic resilience while working to increase capacity and the use of evaluations at HHS to inform evidence-based decision making.

Objectives represent the changes, outcomes and impact the HHS Strategic Plan is trying to achieve. This objective is informed by data and evidence, including the information below.

- The HHS Evaluation Policy provides overarching guidance for evaluation practices across the Department and is designed to allow the appropriate flexibility for each HHS Staff Division and Operating Division to determine specific practices best suited for their individual evaluation capacities and needs. (Source: Department of Health & Human Services Evaluation Policy <<https://aspe.hhs.gov/reports/department-health-human-services-evaluation-policy>>)
- The HHS Office of Inspector General's 2020 Report included the management, sharing and securing of data as a top challenge for the Department. The COVID-19 pandemic underscored the need for significant efforts to modernize data practices across HHS. (Source: 2020 Top Management & Performance Challenges Facing HHS)
- Almost half of all data collected from states on vaccine recipients were missing the race and ethnicity of recipients. The U.S. Government Accountability Office recommends that HHS take steps to ensure the complete reporting of race and ethnicity from state data. (Source: Swift, Sustained Action Needed to Improve Federal Response to COVID-19 <<https://www.gao.gov/blog/swift%2c-sustained-action-needed-improve-federal-response-covid-19>>)

Contributing OpDivs and StaffDivs

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

HHS OpDivs and StaffDivs engage and work with a broad range of partners and stakeholders to implement the strategies and achieve this Objective. They include: the Chief Data Officer Council <<https://www.cdo.gov/>>, Evaluation Officer Council <<https://www.evaluation.gov/>>, Development of agreements on trade, mutual recognition, and information exchange <<https://www.fda.gov/about-fda/office-global-policy-and-strategy/office-trade-mutual-recognition-and-international-arrangements>>, Global Summit on Regulatory Science

<<https://www.fda.gov/about-fda/science-research-nctr/global-summit-regulatory-science>>, HHS Data Council <<https://aspe.hhs.gov/collaborations-committees-advisory-groups/hhs-data>>, HHS Evidence and Evaluation Council, Interagency Coordinating Committee on the Validation of Alternative Toxicological Methods <<https://ntp.niehs.nih.gov/whatwestudy/niceatm/iccvam/index.html>>, National Voluntary Accreditation for Public Health Departments <<https://www.cdc.gov/publichealthgateway/accreditation/>>, and Support Memorandum of Understanding between the FDA and the Government of India <<https://www.fda.gov/international-programs/cooperative-arrangements/memorandum-understanding-safety-medical-products-between-food-and-drug-administration-department>>.

Strategies

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

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

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

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

- Increase data interoperability between federal partners, states, tribes and territorial partners, non-profit organizations, and health information exchange networks to facilitate shared understanding, application, and utility.
- Expand data sharing with state and local health departments, healthcare provider groups, clinical and patient care agencies, consortia developing regional health information exchanges, safety net providers, and other community-based organizations.
- Facilitate data sharing and access to HHS publicly available data by developing platforms and repositories, and maximizing their value by ensuring they are easy to find, user-friendly, and in machine-readable format.
- Partner with academic research institutes to catalogue and provide access to the Department's data inventory that matches what researchers need to investigate health inequity across communities and the policy impacts on those inequities.
- Foster U.S. and international collaborations to broadly expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes.
- Develop a nationally representative all payer claims database that can be used by providers, consumers, researchers, and policymakers to develop new evidence on the impact of specific types of care on access to care, quality of care and the costs of care for different population subgroups.
- Collaborate and coordinate across HHS Divisions and with other federal departments, states, tribal health facilities, Urban Indian Organizations, and others to improve American Indian/Alaska Native healthcare and status data collection to identify and share best practices to enhance the quality and quantity of American Indian/Alaska Native federal health information system data, including the expansion of social well-being, equity, economic resilience, and population comparison data.

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

- Better engage and include community stakeholders and those with lived experience into the policymaking, program improvement, and research processes.
- Integrate social determinants of health data into surveillance systems, electronic health records, clinical decision supports, and other data collection points to improve knowledge and ensure equitable access to quality care and service delivery.
- Ensure HHS-funded projects and research studies assess disparities in outcomes in the use of health or human services, including social determinants of health and while protecting personally identifiable information.
- Support expanded research in various settings and among federal agencies to establish the evidence base for community and system level social determinants of health interventions to achieve health equity for historically underserved communities.
- Evaluate healthcare utilization, screening, treatment, and survivorship to identify disparities in health outcomes of individuals belonging to multiple underserved groups to inform program improvement and policy development.

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

- Engage in a systematic approach towards building capacity for evaluation and related analyses to ensure the Department is supporting programs that effectively improve the health and well-being of those it serves.
- Publish an Evidence Building Plan and Annual Evaluation Plans that focus Departmental evidence-building activities and organizational learning, and promote transparency encouraging external stakeholders to build evidence useful for Agency decision-making.

Performance Goals

The HHS Annual Performance Plan <<https://www.hhs.gov/about/budget/fy2022/index.html>> provides information on the Department's measures of progress towards achieving the goals and objectives described in the HHS Strategic Plan for FY 2022–2026. Below are the related

performance measures for this Objective.

- Sustain the percentage of Federal Power Users (key federal officials involved in health and healthcare policy or programs) that indicate that data quality is good or excellent
- Number and percentage of Maternal, Infant, and Early Childhood persist Program grantees that meet benchmark area data requirements for demonstrating improvement

Learn More About HHS Work in this Objective

- Assessing Donor Variability And New Concepts in Eligibility (ADVANCE) <https://advancestudy.org/> [↗](#) [/disclaimer.html](https://disclaimer.html): The study will provide data to assess if specific questions may be able to determine individual risk regarding men who have sex with men (MSM).
- Cancer Trends Progress Report <https://progressreport.cancer.gov/>: The Cancer Trends Progress Report summarizes our nation's advances against cancer in relation to Healthy People targets set forth by the Department of Health and Human Services. The report includes key measures of progress along the cancer control continuum and uses national trend data to illustrate where improvements have been made.
- CDER Patient Focused Drug Development <https://www.fda.gov/drugs/development-approval-process-drugs/cder-patient-focused-drug-development>: Patient-focused drug development (PFDD) is a systematic approach to help ensure that patients' experiences, perspectives, needs, and priorities are captured and meaningfully incorporated into drug development and evaluation. As experts in what it is like to live with their condition, patients are uniquely positioned to inform the understanding of the therapeutic context for drug development and evaluation. The Patient-Focused Drug Development Program Staff leads initiatives and provides strategic, regulatory, program, and policy assistance within the Center for Drug Evaluation and Research (CDER) to facilitate the incorporation of patient input into decision-making.

- **CBER Center for Biologics Evaluation and Research Patient Engagement Program** <<https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/center-biologics-evaluation-and-research-patient-engagement-program>>: CBER interacts with patient groups on Center-specific topics and actively engages in Agency programs, initiatives, and events to gather patient input and share best practices for involving patients in medical product development and regulation. CBER’s patient engagement program collaborates closely with the Center for Drug Evaluation and Research (CDER), the Center for Devices and Radiological Health (CDRH), the Office of the Commissioner and other FDA offices and programs to coordinate patient engagement activities and patient-focused medical product development efforts, and to share best practices.
- **Data Linkage** <<https://www.cdc.gov/nchs/data-linkage/index.htm>>: The NCHS Division of Analysis and Epidemiology (DAE) has developed a record linkage program designed to maximize the scientific value of the Center’s population-based surveys. Linked data files enable researchers to examine the factors that influence disability, chronic disease, healthcare utilization, morbidity, and mortality.
- **Health Equity Data Access Program** <<https://www.cms.gov/about-cms/agency-information/omh/equity-initiatives/advancing-health-equity/health-equity-data-access-program>>: The Health Equity Data Access Program supports three “seats” in the CMS Virtual Research Data Center to assist researchers in gaining access to CMS restricted data for minority health research. Awardees gain access to CMS data to conduct health services research focusing on underserved populations, including race, ethnicity, language, sexual orientation, gender identity, and disability status.
- **Health Equity Accelerator** <<https://www.cms.gov/about-cms/agency-information/omh/equity-initiatives/equity-plan>>: The purpose of this project is to identify, address, and eliminate health disparities and develop new tools, resources, and policies to increase understanding and awareness, develop solutions, and take actions to eliminate health disparities. These tools and resources are included in our information products, reports, data sets, and mapping tool.
- **Health, United States Annual Report** <<https://www.cdc.gov/nchs/hus/>>: Health, United States reports on the health status of the nation, bringing together national trends in health status and determinants, healthcare utilization, healthcare resources, and health expenditures and payers from a variety of government and non-government sources. Statistics are presented for the total population as well as by population characteristics germane to social determinants of health.

- **Mapping Medicare Disparities interactive online tool** <<https://www.cms.gov/about-cms/agency-information/omh/omh-mapping-medicare-disparities>>: Available on the CMS OMH website, the Mapping Medicare Disparities (MMD) Tool is an interactive map that can be used by anyone interested in exploring geographic areas of health disparities between subgroups of Medicare beneficiaries.
- **Medicare Bayesian Improved Surname Geocoding (MBISG) Algorithm** <<https://www.cms.gov/files/document/new-method-improve-measurement-race-and-ethnicity-cms-data-and-applications-inequalities-quality.pptx>>: CMS OMH is working on an improved imputation algorithm titled the Medicare Bayesian Improved Surname Geocoding (MBISG), to improve the accuracy of identifying racial and ethnic minority groups when these data are missing.
- **Medical Expenditure Panel Survey (MEPS)** <<https://www.meps.ahrq.gov/mepsweb/>>: MEPS is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is the most complete source of data on the cost and use of healthcare and health insurance coverage.
- **Medical Expenditure Panel Survey (MEPS)** <<https://healthcaredelivery.cancer.gov/meps/>>: Experiences with Cancer Survivorship Supplement. The MEPS Experience with Cancer Survivorship Supplement includes data to help understand the burden of cancer, its treatment and impact on access to health care, the ability to work and participate in usual activities, health insurance, and quality of care.
- **Medicare Evidence Development & Coverage Advisory Committee (MEDCAC)** <<https://www.cms.gov/regulations-and-guidance/guidance/faca/medcac>>: The Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) was established to provide independent guidance and expert advice to CMS on specific clinical topics. The MEDCAC is used to supplement CMS' internal expertise and to allow an unbiased and current deliberation of "state of the art" technology and science. The MEDCAC reviews and evaluates medical literature, reviews technology assessments, public testimony and examines data and information on the benefits, harms, and appropriateness of medical items and services that are covered under Medicare or that may be eligible for coverage under Medicare. The MEDCAC judges the strength of the available evidence and makes recommendations to CMS based on that evidence.

- **National Healthcare Quality and Disparities Report** <<https://www.ahrq.gov/research/findings/nhqdr/index.html>> presents trends for measures related to access to care, affordable care, care coordination, effective treatment, healthy living, patient safety, and person-centered care. The report presents, in chart form, the latest available findings on quality of and access to healthcare, as well as disparities related to race and ethnicity, income, and other social determinants of health.
- **Minority Research Grant Program** <<https://www.cms.gov/about-cms/agency-information/omh/equity-initiatives/advancing-health-equity/minority-research-grant-program>>: CMS OMH's Minority Research Grant Program (MRGP) supports researchers at minority-serving institutions (MSIs) that are exploring how CMS can better meet the healthcare needs of underserved populations.
- **Morbidity and Mortality Weekly Report (MMWR)** <<https://www.cdc.gov/surveillance/surveillance-data-strategies/data-it-transformation.html>>: The Morbidity and Mortality Weekly Report (MMWR) series is prepared by the CDC. Often called “the voice of CDC,” the MMWR series is the agency’s primary vehicle for scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations.
- **National COVID Cohort Collaborative (N3C)** <<https://ncats.nih.gov/n3c>>: N3C is building a centralized national data resource—the NCATS N3C Data Enclave—that the research community can use to study COVID-19 and identify potential treatments as the pandemic continues to evolve. Specifically, the N3C will enable the rapid collection and analysis of clinical, laboratory and diagnostic data from hospitals and healthcare plans.
- **National Evaluation System for Health Technology** <<https://www.fda.gov/about-fda/cdrh-reports/national-evaluation-system-health-technology-nect>>: The National Evaluation System for health Technology (NEST) generates more high-quality and comprehensive evidence for medical device evaluation and regulatory decision-making across the total product lifecycle.
- **National Health Interview Survey (NHIS)** <<https://www.cdc.gov/nchs/nhis/index.htm>>: The National Health Interview Survey (NHIS) monitors the health of the nation. NHIS data on a broad range of health topics are collected through personal household interviews. Survey results have been instrumental in providing data to track health status, healthcare access, and progress toward achieving national health objectives.

- **National Health and Nutrition Examination Survey (NHANES)**
<<https://www.cdc.gov/nchs/nhanes/index.htm>>: A program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations. NHANES is a major program of the National Center for Health Statistics (NCHS). Findings from this survey will be used to determine the prevalence of major diseases and risk factors for diseases. Information will be used to assess nutritional status and its association with health promotion and disease prevention.
- **National Plan and Provider Enumeration System (NPPES) Data Analysis**
<<https://www.cms.gov/regulations-and-guidance/administrative%20simplification/nationalprovidentstand/datadissemination>>: Collaborate on the requirements, design, development, and testing of the collection of new optional data elements about the provider and practice location such as languages spoken, race and ethnicity, accessibility for users with disabilities, and office hours.
- **National Voluntary Accreditation of Public Health Departments**
<<https://www.cdc.gov/publichealthgateway/accreditation/index.html>>: CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) provides support to the Public Health Accreditation Board (PHAB) for its accreditation and continuous improvement activities through a cooperative agreement. CDC also provides in-kind staff time and technical expertise to develop and continuously improve accreditation by contributing to PHAB workgroups and committees and by engaging subject matter experts and programs across CDC.
- **OS-Patient Centered Outcomes Research Trust Fund (OS-PCORTF):**
<<https://aspe.hhs.gov/collaborations-committees-advisory-groups/os-pcortf>> Patient-centered outcomes research is designed to produce new scientific evidence that informs and supports the healthcare decisions of patients, families, and their healthcare providers. PCOR studies focus on the effectiveness of prevention and treatment options with consideration of the preferences, values, and questions patients face when making healthcare choices. The validity of PCOR findings is strengthened by a robust data infrastructure within HHS agencies that supports rigorous analyses and generates relevant findings that help inform decisions.

- Patient Science and Engagement <<https://www.fda.gov/about-fda/center-devices-and-radiological-health/cdrh-patient-science-and-engagement-program>>: The Patient Science and Engagement Program is inspired by patients and driven by science with the overarching goal to understand the patients' perspectives and proactively incorporate it into all our decisions and regulatory activities where appropriate. Our program fosters (1) consistent regulatory review, (2) a culture of patient engagement, and (3) optimization of the research roadmap.
- Racial, Ethnic, and Gender Disparities in Medicare Advantage stratified report <<https://www.cms.gov/about-cms/agency-information/omh/research-and-data/statistics-and-data/stratified-reporting>>: The Racial, Ethnic, and Gender Disparities in Healthcare in Medicare Advantage stratified report highlights racial and ethnic differences in healthcare experiences and clinical care, compares quality of care for women and men, and looks at racial and ethnic differences in quality of care among women and men separately for Medicare Advantage plans.
- RePORTER <<https://reporter.nih.gov/>>: The NIH has integrated the highest level of public accountability into its scientific mission through access to its research data. To that end, the Research Portfolio Online Reporting Tools provide access to reports, data, and analyses of NIH research activities, including information on NIH expenditures and the results of NIH-supported research.
- Social Determinants of Health Z Codes - PDF <<https://www.cms.gov/files/document/z-codes-data-highlight.pdf>>: Increasing uptake of International Classification of Diseases 10th edition, Clinical Modification (ICD-10-CM) Z codes for capturing Social Determinants of Health data. Z codes are a tool for identifying a range of issues related – but not limited – to education and literacy, employment, housing, ability to obtain adequate amounts of food or safe drinking water, and occupational exposure to toxic agents, dust, or radiation. Z codes can be used in any health setting (e.g., doctor's office, hospital, skilled nursing facility (SNF) and by any provider (e.g., physician, nurse practitioner).

- **Transformed Medicaid Statistical Information System Data Analysis**
<<https://www.medicaid.gov/medicaid/data-systems/macbis/transformed-medicaid-statistical-information-system-t-msis/index.html>>: Currently undergoing redesign, the CMCS Transformed Medicaid Statistical Information System (T-MSIS) is a critical data and systems component of the CMS Medicaid and Children's Health Insurance Program Business Information Solution used to collect utilization and claims data, as well as other key program information, to keep pace with the data needed to improve beneficiary quality of care and assess beneficiary access to care and enrollment among underserved populations.
 - **U.S. Department of Health and Human Services FY 2022 Evaluation Plan**
<<https://aspe.hhs.gov/reports/department-health-human-services-fy-2022-evaluation-plan>>: As part of the Evidence Act, HHS is required to submit “an evaluation plan describing activities the agency plans to conduct pursuant to [its evidence-building plan].” Nine operating divisions within HHS and one staff division developed evaluation plans and included information on priority questions being examined by the agencies as well as data, methods, and challenges to addressing those questions.
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<< [Strategic Plan FY22-26](https://www.hhs.gov/about/draft-strategic-plan/index.html) </about/draft-strategic-plan/index.html>

[Strategic Goal 5](https://www.hhs.gov/about/strategic-plan/2022-2026/goal-5/index.html) >> </about/strategic-plan/2022-2026/goal-5/index.html>

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