

Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play

Strategic Objective 2.1: Empower people to make informed choices for healthier living

Strategic Objective 2.2: Prevent, treat, and control communicable diseases and chronic conditions

Strategic Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support

Strategic Objective 2.4: Prepare for and respond to public health emergencies

Healthy living involves more than avoiding risky behavior and disease; health and wellness improve with healthful eating, regular physical activity, preventive care, and positive relationships. Yet in 2015, 30 percent of adults did not engage in any leisure-time physical activity, and from 2011 to 2014 only 28.9 percent of adults had a healthy weight. The Department invests in health promotion and wellness activities, including health literacy, to help Americans take control over their health. Beyond ensuring Americans have the resources they need to make healthier living choices, health promotion efforts also involve focusing on environmental health and reducing the burden caused by disease and other conditions.

Nine of the 10 leading causes of death in 2015 were caused by communicable and chronic disease—heart disease, cancer, chronic lower respiratory diseases, stroke, Alzheimer’s disease, diabetes, influenza and pneumonia, kidney disease, and suicide. Together, these causes of death accounted for an estimated 74 percent of the 2.6 million deaths recorded in 2015. In some cases, Americans may have multiple chronic conditions at the same time, creating functional limitations and increasing the risk of mortality. Approximately one in four Americans has multiple chronic conditions.

In addition to chronic conditions, the Department is working to prevent, treat, and control communicable diseases that pose a threat to the health of Americans. Although rates of new infections of HIV have declined for the last decade, nearly 40,000 people were diagnosed with HIV in 2015. New infections of hepatitis A, as well as acute hepatitis B and hepatitis C and chronic hepatitis B, increased in 2015. Most recently, the Nation has witnessed the emergence and outbreak of communicable diseases including severe acute respiratory syndrome (SARS), pandemic influenza A (H1N1), Ebola, and Zika virus.

Millions of adolescents and adults across the Nation are affected by mental and substance use disorders. In 2016, an estimated 44.7 million adults, or 18.3 percent of all adults in the United States aged 18 or older, had a mental illness. Of those 44.7 million adults, an estimated 10.4 million were diagnosed with a serious mental illness. In 2016, approximately 20.1 million people in the United States aged 12 or older had a substance use disorder related to alcohol or illicit drug usage. Of 176.6 million alcohol users, an estimated 17 million have an alcohol use disorder, and excessive alcohol use is responsible for 88,000

deaths each year. The [Surgeon General's Report on Alcohol, Drugs, and Health](#) highlights the important health and social problems associated with alcohol and drug misuse in the United States. The most common substance use disorder among illicit drug users involved marijuana and prescription pain relief medication. The issue of co-occurring mental illness and substance use disorders is also a public health concern. In 2016, an estimated [7.9 million](#) adults aged 18 or older had co-occurring mental and substance use disorders.

In 2017, large parts of the United States saw public health emergencies caused by natural disasters, including Hurricanes Harvey, Irma, Maria, and Nate, affecting several southeastern States and territories, and wildfires in California. In addition to natural disasters, the Nation also saw adverse health effects of recent outbreaks of Ebola and Zika virus, calling for raised awareness and actions from both domestic and international partners. Preparing for and addressing the immediate and persisting health impacts that stem from natural disasters, naturally occurring diseases and illnesses, and chemical, biological, radiological, or nuclear agents is critical to securing and maintaining a healthy population.

The Department works every day to improve public health. This work is achieved through strategic partnerships with State, Tribal, local, territorial, and nongovernmental organizations within the United States. Partnerships, including with Tribes and faith-based and community organizations, are critical to promoting healthy living and addressing factors that influence the health of Americans.

In addition, the Department actively provides leadership and expertise in global health diplomacy to contribute to a safer, healthier world. Through relationships with other Federal agencies and departments, multilateral organizations, foreign governments, ministries of health, civil society groups, and the private sector, the Department creates and maintains the pathways to apply expertise globally, learn from overseas counterparts, and advance policies that protect and promote health within our borders and worldwide.

Within HHS, the following divisions are working to achieve this goal: Administration for Children and Families (ACF), Administration for Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), Office for Civil Rights (OCR), Office of the Assistant Secretary for Administration (ASA), Office of the Assistant Secretary for Health (OASH), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of the Assistant Secretary for Public Affairs (ASPA), Office of Global Affairs (OGA), Office of Intergovernmental and External Affairs (IEA), Office of National Security (ONS), and Substance Abuse and Mental Health Services Administration (SAMHSA).

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Strategic Objective 2.1: Empower people to make informed choices for healthier living

Health promotion and wellness activities involve providing information and education to motivate individuals, families, and communities to adopt healthy behaviors, which ultimately can improve overall public health. However, the lack of access to and understanding of health information can lead people to make uninformed decisions and engage in risky behavior.

Inadequate health literacy can lead Americans to make uninformed health choices and engage in behavior that can put their health at risk, such as smoking tobacco. More than 16 million people have at least one disease caused by smoking. The total economic cost of smoking is more than \$300 billion per year, including \$170 billion in direct medical care for adults and more than \$156 billion in lost productivity.

Poor nutrition is another health outcome that affects the lives of Americans due to inadequate health education and lack of exposure to nutrition information. The typical American diet exceeds the recommended levels of or limits on calories from solid fats and added sugars, refined grains, sodium, and saturated fat. Additionally, the typical American intake of vegetables, fruits, whole grains, dairy products, and oils is less than is recommended.

In the United States, an estimated 80 percent of people do not meet national physical activity recommendations for aerobic exercise and muscle strengthening. Estimates show that about 45 percent of adults in the United States do not engage in sufficient physical activity to achieve health benefits. The level of inadequate physical activity - PDF amounts to an estimated \$117 billion in healthcare costs to Americans. Physical inactivity and the resulting health impacts are often due to a lack of health literacy and to health information that is not easy to use or understand.

By supporting healthy choices and expanding access to healthier living supports, HHS is helping to curb threats to public health, promote a healthier population, and avoid the economic and human costs of poor health. HHS is working with partners, including faith-based and community organizations, to help people and communities take steps to identify and address priority health issues. The Department supports a series of programs and initiatives aimed at improving nutrition; increasing physical activity; reducing environmental hazards; increasing access to preventive services; and reducing the use of tobacco, alcohol, and illicit drugs and prescription drug abuse. These outcomes are achieved through culturally competent and linguistically appropriate health education, services, and supports made possible through strategic partnerships.

Contributing Operating Divisions and Staff Divisions

ACF, ATSDR, CDC, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, and SAMHSA

Strategies

Smoking is the leading cause of preventable death, responsible for more than 480,000 deaths per year in the United States. If smoking continues at the current rate among U.S. youth, 5.6 million of today's Americans younger than 18 years of age are expected to die from a smoking-related illness. The Department is working to reduce tobacco-related death and disease through the following strategies:

- Reduce the negative health effects of tobacco use by implementing a comprehensive approach that includes regulating the manufacturing, marketing, and distribution of tobacco products; assisting States

to implement proven tobacco-control programs; discouraging people from starting to use tobacco products; and educating parents on the potential harm to their children if the parents smoke

- Reduce the harm caused by tobacco use by educating tobacco users on the availability of smoking cessation programs
- Reduce underage access to tobacco products by ensuring tobacco is not sold to individuals younger than age 18


More than one-third of adults in the United States were obese in 2011–2014. For youth aged 2 to 19 years, the prevalence of obesity is about 17 percent, affecting 12.7 million children and adolescents. In that same period, all States had more than 20 percent of adults with obesity. Around \$117 billion in healthcare costs - PDF are associated with inadequate physical activity. The Department is promoting better nutrition and physical activity through the following strategies:

- Enhance understanding of how consumers notice, understand, and act on food labeling and nutrition information, including nutrition facts labels, nutrition product claims, and dietary recommendations
- Decrease prevalence of obesity by encouraging breastfeeding, promoting healthful food and beverage consumption, and promoting increased physical activity
- Reduce chronic diseases and related health behaviors that impact older adults and people with disabilities by adapting and implementing evidence-based programs and policies, such as implementing nutrition standards and guidelines
- Increase access to health education services, including opportunities to learn about the importance of healthful eating and physical activity
- Form public-private partnerships to promote health in academic and religious institutions, such as wellness workshops, physical activity, health literacy, and nutritional excellence programs
- Increase collaboration with stakeholders, including industry, consumer, and public health groups, to enhance consumer nutrition education directed toward age and demographic groups with specific needs

In 2013–2014, more than 14 percent of children had untreated dental decay in their primary or permanent teeth, and only 43.1 percent of children, adolescents, and adults had used the oral healthcare system in the last year. The Department is working to promote oral health through the following strategies:

- Strengthen oral health literacy, and integrate oral health awareness into clinics, early childhood settings, and social service agencies
- Promote dental screenings and preventive oral care for children and adolescents

Health services should be delivered in ways that are easy to understand and that improve health, longevity, and quality of life. The Department is working to ensure people have the information they need to make healthier living choices through the following strategies:

- Communicate culturally competent and linguistically appropriate messages in plain language, as well as in accessible formats for persons with disabilities, using approaches that leverage new and emerging communications and appropriate messengers, including faith-based and other community organizations
- Support programs and build partnerships with organizations (including faith-based and community organizations) that build the health literacy skills of disadvantaged and at-risk populations, and promote proven methods of checking understanding to ensure individuals understand health and prevention information, recommendations, and risk and benefit tradeoffs
- Encourage providers to communicate effectively with patients, families, and caregivers by offering tools and resources to assist discussions centered around care and healthier living
- Support development of tools that provide information about potential environmental hazards in the natural and built environments
- Develop tools and resources that improve health department and healthcare setting efficiency in providing education, training, and quality assurance for screening, treatment, services, and prevention messages
- Partner with private organizations, including Tribes and faith-based and community organizations, to develop and implement programs to help people make healthy life choices 
- Increase awareness of the importance of healthy lifestyle behaviors among patients and caregivers to reduce risk of chronic conditions and other illnesses

Good health starts in homes, neighborhoods, and communities. People's health can be affected in part by access to social and economic opportunities and supports, the quality of schools and safety of workplaces, and the nature of interpersonal relationships. Other risk factors, such as access to health services, literacy levels, and socioeconomic conditions, can play important roles in overall health and wellness. The Department is working to promote healthcare access and reduce health disparities through the following strategies:

- Develop and disseminate the use of culturally and linguistically competent, accessible approaches to improve quality of life and reduce disparities
- Build partnerships across Federal, State, Tribal, local, and territorial governments, as well as nongovernmental entities including faith-based and community organizations, to engage with disadvantaged or at-risk populations in healthcare decision making and healthy lifestyles

Performance Goals

- Reduce the annual adult per capita combustible tobacco consumption in the United States
- Reduce the age-adjusted proportion of adults (age 20 years and older) who are obese

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Strategic Objective 2.2: Prevent, treat, and control communicable diseases and chronic conditions

Communicable diseases and chronic conditions affect the lives of millions of Americans every day. The emergence and spread of infectious diseases—such as HIV/AIDS, hepatitis, tuberculosis, measles, and human papillomavirus (HPV)—can quickly threaten the stability of public health for communities and place whole populations at risk. The rise of globalization and ease of travel also has made it easier for domestic and international outbreaks—such as recent outbreaks of measles, pandemic influenza A (H1N1), Ebola, Zika, and chikungunya—to create public health challenges. Moreover, the prevalence of chronic conditions—such as diabetes, heart disease, stroke, and cancer—in the United States continues to contribute to the daily struggles of Americans. The occurrence of multiple chronic conditions also exacerbates the adverse health impacts and healthcare costs associated with chronic conditions and their associated health risks.

In 2014, an estimated 17.8 million visits to physician offices were due to [infectious and parasitic diseases](#). More than [1.1 million people - PDF](#) in the United States are infected with HIV; estimated lifetime treatment costs are more than \$400,000 per person living with HIV. Viral hepatitis affects approximately [4.4 million people - PDF](#), and curing hepatitis C costs between \$45,000 and \$94,000 per person. Up to [13 million Americans - PDF](#) are infected with the bacteria that cause tuberculosis; multiple drug resistant tuberculosis can cost between \$134,000 and \$430,000 to treat.

Many Americans are negatively affected by the high costs associated with chronic conditions. [Ninety percent](#) of the nation's \$3.3 trillion in annual health care expenditures are for people with chronic and mental health conditions. In the 40 years leading up to 2015, [heart disease and cancer](#) remained the top two leading causes of death. In 2015, heart disease and cancer alone accounted for an estimated 45 percent of the 2.7 million deaths recorded that year. However, in recent years, [data have shown a decrease - PDF](#) in death rates from cardiovascular disease, stroke, and cancer, which can be attributed to increased efforts in prevention, early detection, treatment, and care.

The prevention and management of communicable diseases require strategic coordination, collaboration, and mobilization of resources among governmental and nongovernmental partners within and outside of the United States. Similarly, managing chronic conditions requires support for affected individuals, families, caregivers, health professionals, and service providers. HHS programs and initiatives focus on promoting partnerships, educating the public, improving vaccine development and uptake, advancing early detection and prevention methods, and enhancing surveillance and response capacity.

Contributing Operating Divisions and Staff Divisions


ACL, ASPA, ASPR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OGA, and SAMHSA

Strategies

[Antibiotic-resistant infections](#) are a major health and economic burden for the United States. Patients who survive antibiotic-resistant [infections](#) usually require significantly longer hospitalizations, more medical visits, and a lengthier recuperation and experience a higher incidence of long-term disability. The Department has made [significant progress](#) in combating antibiotic-resistant infections and in conducting

research and development to discover new antibiotics, diagnostics, therapeutics, and vaccines. The Department is working to reduce the emergence and spread of antibiotic-resistant infections through the following strategies:

- Increase surveillance, early-detection methods (e.g., the use of point-of-care diagnostics), and response capacity, in order to reduce the domestic and international emergence and spread of antibiotic-resistant infections
- Expand the study of low-cost, readily available treatment regimens that limit the emergence of drug resistance, by identifying new antibiotic classes and agents, screening existing products, and combining new or existing compounds to treat drug-resistant infections
- Advance preclinical and clinical research to accelerate the translation of promising antibiotic products into safe and effective treatment regimens
- Foster improvements in the appropriate use of antibiotics by improving prescribing practices and promoting antibiotic stewardship across all healthcare settings and in all veterinary settings
- Expand the development and clinical testing of potential vaccines to prevent infections by drug-resistant pathogens
- Improve international collaboration and capacities - PDF for antibiotic resistance prevention, surveillance, and control and for antibiotic research and development

Infectious diseases are a major health and economic burden for the United States. Each year in the United States, on average, 5 to 20 percent of the U.S. population gets the flu , a vaccine-preventable illness. Tens of thousands are hospitalized, and thousands die from flu-related illness, resulting in an estimated \$10.4 billion a year in direct medical expenses and an additional \$16.3 billion in lost earnings annually. The Department will work to prevent and control infectious diseases such as influenza through the following strategies:

- Increase research on vaccine discovery and implementation science on best approaches for enhancing dissemination and uptake of effective vaccines domestically and internationally
- Mobilize resources to support the development, testing, and preparation of vaccines
- Implement effective and coordinated public health and healthcare interventions to detect, prevent, and control environmental, person-to-person, and zoonotic transmission of infectious diseases in the United States and globally
- Respond to outbreaks of infectious diseases to identify their cause, limit their spread, and identify strategies for preventing future outbreaks

While the American food supply is among the safest in the world, an estimated 48 million cases of foodborne illness occur annually—the equivalent of sickening 1 in 6 Americans each year. Each year, these illnesses result in an estimated 128,000 hospitalizations and 3,000 deaths. The Department will work to support food safety through the following strategies:

- Work with stakeholders, including food facilities, manufacturers, farmers, and distributors, to implement science-based preventive control standards for domestic and imported foods
- Increase consumer-based communications, outreach, and research on measures to improve consumer behaviors and practices related to food safety
- Increase research, data analysis, and systematic evaluation to improve the effectiveness of food safety education in changing unsafe consumer food handling behaviors

The percentage of adults aged 18 years and over with hypertension who have their blood pressure under control increased by 42 percent between 2001–2004 and 2011–2014, from 35.5 percent to 50.3 percent. In 2010, 58.2 percent of adults aged 50 to 75 years received a colorectal cancer screening, 72.6 percent of women aged 50 to 74 years reported recent mammography, and 80.7 percent of women aged 21 to 65 years reported a recent Pap test (age-adjusted). The Department will work to support early detection and treatment of communicable and chronic diseases through the following strategies:

- Support access to preventive services including immunizations and screenings, especially for high-risk, high-need populations
- Support screening for tobacco use, alcohol misuse, substance use disorder, and obesity, and offer counseling and treatment as appropriate
- Improve early detection and treatment of people with multiple chronic conditions, such as heart disease, asthma, diabetes, kidney disease, cancer, chronic pain, and dementia
- Improve HIV viral suppression and prevention by increasing engagement and re-engagement activities for screening, treatment, care, and support services
- Implement HIV programs, including prevention, testing, treatment, and retention interventions, provide technical assistance, and conduct research in support of the President's Emergency Plan for AIDS Relief
- Increase access to hepatitis B and hepatitis C screening, treatment, and care for people with hepatitis B or hepatitis C infection
- Support the development of new, safe, and effective medical products, including drugs, vaccines, and devices, for the treatment of communicable diseases and chronic conditions
- Prevent the spread of infectious diseases among persons who inject opioids or other drugs by supporting implementation of effective, comprehensive community- and school-based interventions that reduce the infectious risks associated with injection of opioids and other drugs, increase screening and treatment for bloodborne pathogens, and provide access to effective treatment of substance use disorders
- Improve triage and screening for the prevention of communicable diseases and the future development of chronic diseases in children through annual health screenings and age-appropriate immunizations for children

Note: Additional strategies on mental health and substance use are in Strategic Objective [2.3](#).

Chronic disease management interventions - PDF, which involve coordinated healthcare services and communications for populations with conditions in which patient self-care is important, have been clearly shown to improve health outcomes in patients with such diverse conditions as diabetes, heart failure, chronic obstructive pulmonary disease, hypertension, anxiety, and depression. The 2017 National Diabetes Statistics Report - PDF estimated that 9.4 percent of the U.S. population had diabetes, with the highest rates among American Indians and Alaska Natives. The Department will work to support chronic disease management interventions through the following strategies:

- Improve planning, coordination, and management of services to better meet the needs of people with complex healthcare needs and chronic health conditions
- Expand participation by older adults and adults with disabilities in self-management education interventions

Performance Goals

- Increase the percentage of Ryan White HIV/AIDS Program clients receiving HIV medical care and at least one viral load test who are virally suppressed
- Increase the percentage of adults aged 18 years and older who are vaccinated annually against seasonal influenza
- Continue advanced research and development initiatives for more effective influenza vaccines and the development of safe, broad-spectrum therapeutics for use in seriously ill and/or hospitalized patients, including pediatric patients

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Strategic Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support

Mental illness and substance abuse create health risks and place a heavy burden on affected individuals and their families. Substance use disorders arise from the recurring use of alcohol and/or drugs, which lead to clinically and functionally significant impairments. Mental disorders are health conditions that involve significant changes in thinking, emotion, and/or behavior and lead to distress and/or problems functioning in social, work, or family activities. Mental and substance use disorders are illnesses that impact people's ability to go about their daily lives in family, social, and professional settings and place individuals at risk of additional health problems.

Mental illness and substance abuse have a known impact on public health. In 2016, an estimated 20.1 million people - [PDF](#) aged 12 or older in the United States had a substance use disorder related to alcohol consumption or illicit drug use in the previous year. In 2016, approximately 2 million people had an opioid use disorder - [PDF](#). The number of deaths related to overdose involving opioids, including prescription opioids and heroin, has quadrupled since 1999. The recent increase in deaths appears to be largely a result of use of heroin and synthetic opioids. Between 2015 and 2016 alone, the death rate from synthetic opioids other than methadone, including fentanyl, increased by 100 percent, and the death rate from heroin increased by 19.5 percent.

In 2016, one in five American adults experienced a mental illness - [PDF](#), and 13 percent of adolescents met criteria for depression - [PDF](#). The number of emergency department visits that involved mental disorders as the primary diagnosis was approximately 5 million in 2014. In 2014, suicide ranked as the 10th leading cause of death. In the same year, suicide deaths reached 13.4 deaths per 100,000 people. Records show that rates of suicide have steadily increased since the baseline year of 2007 in the United States.

HHS works closely with Federal, State, Tribal, local, territorial, and community partners and stakeholders, including faith-based and community organizations, to help identify and address mental health problems and substance use disorders. The Department invests in programs and interventions focused on prevention, screening, and early detection of serious mental illness and substance abuse, including those related to opioid abuse.

Other HHS activities involve improving the provision of comprehensive, coordinated, and evidence-based community recovery supports for affected individuals and improving access to treatment options. Continuing to advance research and work in these areas raises awareness and facilitates the adoption of best practices across communities to minimize the negative health impacts caused by mental and substance use disorders.

Contributing Operating Divisions and Staff Divisions

ACF, ACL, AHRQ, CDC, CMS, FDA, HRSA, IEA, IHS, OCR, and SAMHSA

Strategies

The National Survey on Drug Use and Health recently found that, while serious mental illness among age groups 26 and older has remained constant for nearly a decade, the prevalence of serious mental illness, depression, and suicidal thoughts has increased among young adults in recent years. In 2016, approximately 20.1 million people aged 12 or older had a substance use disorder. The Department is expanding prevention, screening, and early identification of serious mental illness and substance abuse through the following strategies:

- Apply a public health approach for preventing opioid misuse, opioid addiction, and opioid overdose deaths including through promoting safer prescribing practices
- Educate and empower individuals and communities, including partnerships with Tribes and faith-based and community organizations, to recognize the signs of serious mental illness and substance abuse to encourage screening and identification of such problems

- Ensure early screening of children and youth to identify those with or at risk for serious emotional disturbance or substance use disorders, and expand access to integrated mental health or substance use disorder services
- Increase screening for depression, suicide risk, substance use, dementia, and other behavioral disorders in schools, emergency departments, and inpatient and outpatient settings
- Encourage healthcare providers' use of screening and brief intervention approaches for alcohol, opioid, and other substance use disorders to reduce consequences of risky behavior, including effects of harmful substance use in pregnancy
- Support adoption of other evidence-based prevention strategies, including environmental strategies and community capacity/mobilization strategies, to prevent substance misuse and substance use disorders
- Prevent suicides and suicide attempts by expanding evidence-based approaches for adults and youth and helping State, Tribal, local, and territorial governments and communities take advantage of the best available evidence to prevent suicide - PDF

In 2016, an estimated 21 million people aged 12 or older needed substance use treatment, but only 3.8 million people received treatment. Of the 3.1 million adolescents with a major depressive episode in the same year, only 1.2 million received treatment. Similarly, of the 16.2 million adults with a major depressive episode in the same year, only 10.6 million received treatment. The Department seeks to improve access to high-quality care and treatment for mental and substance use disorders through the following strategies:

- Support the integration of the full continuum of behavioral healthcare and primary care and medical systems, and increase the capacity of the specialty behavioral health systems to ensure that the physical health needs of the people they serve are met
- Provide integrated child and family supports to parents/guardians with addiction to support healthy child development and preservation of families
- Improve adoption and continued refinement of selected evidence-based practices for serious mental illness, medication-assisted treatment for alcohol and opioid addiction, and effective use of psychotherapy and antidepressant medication for depression
- Improve access to medications that reverse opioid overdose and prevent death
- Support efforts to increase engagement in treatment following an opioid overdose
- Strengthen clinician training on evidence-based practices related to pain management and the prevention and treatment of opioid use disorders to inform clinical management decisions for patients, including effects of opioid use in pregnancy

Note: Additional behavioral healthcare quality strategies are in Strategic Objective 1.2.

Recovery support is provided through treatment, services, and community-based programs by behavioral healthcare providers, peer providers, family members, friends and social networks, Tribes, and people with experience in recovery. The Department will employ the following strategies to improve access to recovery support for people with serious mental illness and substance use disorders:

- Work with States to encourage the training, certification, and supervision of peer providers and paraprofessionals
- Encourage broad adoption of evidence-based recovery housing, supported housing, supported employment, and supported education programs
- Engage individuals and communities, including faith-based and community organizations, to provide social and community recovery support
- Improve access to a full evidence-based continuum of care for people with mental illness and addiction, including medication-assisted treatment, follow-up from inpatient and residential care, and recovery supports, with a focus on opioid use disorder and serious mental illness

The Department values its strong partnerships with external groups to respond to stakeholder needs, and supports investments to build the expertise, infrastructure, and other capacity to reduce the impact of mental health and substance use disorders. The Department is working to build capacity and promote collaboration among States, Tribes, territories, and communities through the following strategies:

- Improve community capacity to provide comprehensive, coordinated, and evidence-based supports for people with serious mental illness, addiction, and serious emotional disturbances with a focus on reducing crises and use of emergency services, hospitalization, and involvement with the criminal justice system
- Improve collaboration with Federal and non-Federal stakeholders to promote the health and independence of older adults with or at risk for behavioral health conditions including mental illness, substance use disorders, and suicide
- Foster and strengthen relationships with national, regional, and local coalitions, including with Tribes and faith-based and community partners, to encourage their full and robust involvement in addressing the opioid crisis by providing accurate, up-to-date information regarding health and human service activities, resources, and subject matter expertise

As described in *Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare System*, accessing high-quality behavioral healthcare providers in rural or underserved communities can be challenging. The Department is working to leverage technology and innovative solutions, such as telehealth, electronic health records, and health information exchange, to improve access to and quality of behavioral healthcare through the following strategies:

- Develop, test, and disseminate clinical decision supports through electronic health records to use evidence-based mental health and substance use disorder guidelines for preventing and treating mental health and substance use disorders and increase access to appropriate behavioral care services

- Increase the use of health information exchange to improve the coordination and integration of care, including by increasing the number of behavioral health providers using interoperable electronic health records and by addressing confidentiality policy barriers to health information exchange
- Address the barriers, real or perceived, under the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104–191) and 42 CFR Part 2, *Confidentiality of Alcohol and Drug Abuse Patient Records*, to the appropriate sharing of mental health and substance use disorder information
- Improve access to mental health and substance abuse care for rural and underserved populations, including American Indians and Alaska Natives, by supporting care through telehealth services through regulation and policy clarification and refinement; collaboration with States; and technical assistance, training, and funding opportunities

Performance Goals

- Meet the following opioid-related goals:
 - Increase the number of substance abuse treatment admissions with Medication-Assisted Treatment planned as part of Opioid Use Disorder Treatment
 - Increase the availability of electronic clinical decision support tools related to safe pain management and opioid prescribing
 - By 2020, evaluate the efficacy of new or refined interventions to treat opioid use disorders
- Meet the following goals related to mental illness:
 - Increase the percentage of youth ages 12 to 17 who experienced major depressive episodes in the past year receiving mental health services
 - Increase the percentage of adults with serious mental illness receiving mental health services

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Strategic Objective 2.4: Prepare for and respond to public health emergencies

The health of Americans during public health emergencies and other incidents depends on the effectiveness of preparedness, mitigation, response and recovery efforts. Threats in an increasingly interconnected, complex, and dangerous world include naturally emerging infectious diseases; frequent and severe weather events; state and nonstate actors that have access to chemical, biological, radiological, or nuclear agents; nonstate actors who commit acts of mass violence; and cyber attacks on healthcare systems and infrastructure.

HHS provides strong leadership by setting the strategic direction to improve preparedness, mitigation, response, and recovery capabilities, such as through the National Health Security Strategy and the National Biodefense Strategy. HHS, as the coordinator of Emergency Support Function 8 (ESF 8) and the Health and Social Services Recovery Support Function, works with other departments to establish, evaluate, and conduct preparedness, mitigation, response, and recovery activities to support efforts by States, Tribes, localities, and territories. HHS leads the Federal public health and medical response to emergencies and incidents conducted in accordance with the ESF 8 (Public Health and Medical Services) annex of the National Response Framework and the Health and Social Services annex of the National Disaster Recovery Framework.

HHS is working to ensure that a national disaster healthcare system is integrated within the healthcare delivery infrastructure—hospitals, emergency medical services, emergency management, and public health agencies—to provide safe and effective healthcare during emergencies and other disasters. In addition, National Disaster Medical System teams and the U.S. Public Health Service Commissioned Corps complement non-Federal efforts during incidents. HHS supports local Medical Reserve Corps units, which supplement the capacity of States, Tribes, localities, and territories. Through direct services and partnerships with State, Tribal, local, and territorial governments, with faith-based and community organizations, and with the private sector, HHS works to strengthen the Nation's emergency preparedness, response, and recovery efforts.

HHS is engaged in the research, development, and procurement of medical countermeasures, including vaccines, drugs, therapies, and diagnostic tools. HHS collaborates with others to ensure that the appropriate number of safe and effective medical countermeasures are developed and stockpiled and can be easily distributed and used to save lives during an incident.

HHS invests in building the capacity of other countries to detect, prevent, and respond to incidents—thus providing early warning to or reducing the impact to the United States. The international public health professionals trained by the Global Disease Detection Operations Center monitor 30 to 40 public health events each day, and can deploy within 24 hours of learning about an outbreak.

Contributing Operating Divisions and Staff Divisions

ACF, ACL, ASA, ASPA, ASPR, CDC, CMS, FDA, HRSA, IEA, IHS, NIH, OASH, OCR, OGA, ONS, SAMHSA

Strategies

Federal statutes, Presidential directives, and strategies set the Nation's approach to preparing for threats and hazards that pose the greatest risk to the security of the United States. National preparedness is a shared responsibility of the government and nongovernmental sectors, as well as individuals. The Department promotes emergency preparedness and improves response capacity through the following strategies:

- Provide subject expertise and tools to State, Tribal, local, and territorial governments, health systems and facilities, and faith-based and community organizations, to strengthen their capabilities to provide continuous, safe, and effective healthcare, public health, and social services in the aftermath of

disasters and through the recovery period, including when such care or services may need to be delivered in alternate settings or by alternate mechanisms

- Develop and implement data-driven approaches that prioritize resources and technical support for underprepared geographical regions and communities to maximize preparedness across the Nation
- Expand the use and availability of public health and healthcare emergency response situational awareness tools, including investments in new systems and technologies that support rapid risk assessment, decision making, resource coordination across many levels, and monitoring of the effectiveness of interventions
- Determine appropriate type and quantities of medical countermeasures, ensure timely access to medical countermeasures during response, and maximize effective utilization of medical countermeasures through clinical guidance and public health communications
- Assess preparedness to plan for the timely access to and capacity to use medical countermeasures during disasters and other public health emergencies, and establish requirements based on estimated response needs, capacity to use, and desired characteristics of medical countermeasures to protect the public

The Secretary, through the National Response Framework, leads and coordinates the Federal public health and medical response and provides supplemental support to States, Tribes, localities, and territories that are responding to incidents. The Department supports timely, coordinated, and effective response and recovery activities through the following strategies:

- Promote effective disaster risk reduction strategies to mitigate the adverse physical and behavioral health impacts of disasters and public health emergencies
- Respond rapidly to limit the impacts of incidents by gathering, analyzing, and disseminating information; coordinating requests for public health and medical services with partners; executing response operations and risk communication plans; and conducting research to inform current and future incident responses
- Ensure that the needs of at-risk populations - PDF and those with access and functional needs are met during incidents, through integrated and informed preparedness, response, and recovery activities at the Federal, State, Tribal, local, and territorial levels of government
- Provide tools and guidance to interagency, intergovernmental, Tribal, and faith-based and community organizations to improve the Nation's planning, to ensure timely human services response to incidents

Public health emergencies are not confined by geographic borders; response efforts often must engage various States, Tribal governments, localities, or territories. Response efforts must be undertaken in coordination with critical partners, such as hospitals, schools, houses of worship and faith-based organizations, and individual citizens. The Department is working to improve collaboration, communication, and coordination with partners through the following strategies:

- Provide accurate and timely public health communication and media support to non-Federal stakeholders and leaders, as well as deployed HHS leaders and teams
- Improve decision support at all levels through active collaboration with State, Tribal, local, and territorial partners to share human health, environmental, zoonotic health, and other relevant information to improve situational awareness
- Build resilient healthcare coalitions that integrate efforts of healthcare facilities, emergency medical services, emergency management, and public health agencies
- Jointly develop, exercise, and maintain coordinated risk communication, response, and recovery plans among governments and nongovernmental partners
- Formalize strategic partnerships to better ensure that medical countermeasure products and policies that guide their safe and effective use can be implemented effectively during an incident

The emergency preparedness and response workforce includes, but is not limited to, those engaged through the National Disaster Medical System, the U.S. Public Health Service Commissioned Corps, the Medical Reserve Corps, volunteer health professionals, mental health and human service workers, and nongovernmental organizations (including faith-based and community organizations). The Department is strengthening and protecting the emergency preparedness and response workforce through the following strategies:

- Reduce illness and injury due to hazardous exposures in first responders, emergency managers, and public health, healthcare and human services providers, through health and safety training, education, and medical countermeasures
- Train the HHS workforce, and support the training of other partners, to strengthen the health response to incidents and protect communities from domestic and global threats
- Review the U.S. Public Health Service Commissioned Corps structure and modernize how HHS employs public health professionals and responds to public health emergencies
- Coordinate with human resources to help fill hard-to-fill assignments, bridge critical workforce gaps, and respond to public health and medical emergencies
- Increase capacity of emergency managers; healthcare, public health, and human services providers; and faith-based and community organizations to address needs of at-risk individuals with functional and access needs during incident preparedness, response, mitigation, and recovery
- Develop cultural and linguistic competency to allow public health officials and emergency managers to better meet the needs of diverse populations and improve the quality of services and health outcomes during and after a disaster

HHS is working with other Federal departments, foreign governments, and multilateral organizations to create a world safe and secure from public health threats. The Department is working to advance global health security as a national priority through the following strategies:

- Respond rapidly to limit the impacts of incidents by using and sharing incident information, coordinating communications with international partners, and conducting response operations, risk communication, and research to respond to emerging and re-emerging diseases; chemical, biological, radiological, and nuclear agents; and other threats to health security
- Enhance international preparedness activities at the national, regional, and global levels to identify gaps, build capacity, and track progress to prevent, detect, and respond to health threats, respecting cultural differences and the inherent dignity of persons from conception to natural death
- Promote and support, where appropriate, the development, deployment, and use of medical products to prevent, mitigate, or treat adverse health effects in response to a global public health emergency, as well as the development, understanding, and use of behaviors or actions that people and communities can take to help slow the spread of disease or limit the impact of threat agents in response to a public health emergency
- Collaborate with, and provide leadership to, international programs and initiatives to strengthen global preparedness and response to public health and medical emergencies
- Further develop, exercise, and update plans for responding to global threats that have the potential to impact national health security

Performance Goals

- Maintain the percentage of CDC-funded Public Health Emergency Preparedness state and local public health agencies that can convene, within 60 minutes of notification, a team of trained staff that can make decisions about appropriate response and interaction with partners
- Increase the number of new licensed medical countermeasures across Biomedical Advanced Research and Development Authority (BARDA) programs

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Content last reviewed on April 2, 2020