Office of the Assistant Secretary for Planning and Evaluation  
Strategic Planning Team  
U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Room 415F  
Washington, D.C. 20201

VIA ELECTRONIC MAIL – HHSPlan@hhs.gov

Attn: Strategic Plan Comments

Thank you for the opportunity to comment on the U.S. Department of Health and Human Services’ Draft Strategic Plan. The American Academy of Nursing serves the public and the nursing profession by advancing health policy, practice and science through organizational excellence and effective nursing leadership.

Our comments are organized by main topic areas and address the Strategic Plan’s implications for prevention, sexual/reproductive health, health equity, as well as the Plan’s performance metrics.

The Academy expresses deep concern with the U.S. Department of Health and Human Services’ (HHS) Draft Strategic Plan FY 2018-2022 particularly about several new additions and changes to the language and content that constitutes a substantial departure from past strategic plans by prioritizing ideology over evidence.

1. Support the National Prevention Strategy

Although prevention is mentioned in many of the Plan’s strategies, there is no mention of the implementation and enforcement of the first-ever national prevention strategy to promote evidence-based interventions to improve health and wellness. Created in 2010 by the National Prevention Council (comprised of the heads of 17 HHS agencies and chaired by the Surgeon General along with an Advisory Group of outside experts), the National Prevention Strategy: America’s Plan for Better Health and Wellness is groundbreaking national policy with quality and outcome metrics for decreasing mortality and disease as well as ensuring that people’s lives are healthy and productive. (National Prevention Council, 2011).

Four concepts that the Academy continues to support are emphasized in the National Prevention Strategy: building healthy and safe community environments; expanding quality preventive services in both clinical and community settings; empowering people to make healthy choices; and eliminating health disparities. Evidence-based recommendations most likely to reduce preventable death and morbidity specify seven priority areas: tobacco-free living; preventing...
drug abuse and excessive alcohol use; healthy eating; active living; injury and violence-free living; reproductive and sexual health; and mental and emotional well-being.

The recommendations of the National Prevention Council are important because most state laws and regulation do not fully serve to protect and promote health, particularly those related to sexual and reproductive health. This circumstance is evident when comparing state policies on access to contraception through private insurance, immediate access to emergency contraception (especially as a component to post-sexual assault care), abortion access (including limitations on private insurance or state-funded payment, requiring parental notification/consent, requiring a waiting period/counseling), and patient protections in the case of provider refusal (i.e., sterilization, abortion, emergency contraception) (National Women's Law Center, 2010).

The American Academy of Nursing recommends that the combined prevention services/metrics emphasized in the ACA, the National Prevention Strategy, and the IOM Report on Women’s Preventive Services would improve preventive services for women and men across the lifespan and should be included in the U.S. Department of Health and Human Services Strategic Plan.

**Objective 1.3, Line 325-336:** *ADD NEW BULLET: Expand plan choice in the marketplaces by fully complying with requirements outlined in the current healthcare laws and the National Prevention Strategy to protect the integrity and soundness of federal and state marketplaces.*

2. **Implement policies and guidelines for the provision of sexual and reproductive health care within an evidence-based, broad framework of population-based public health, prevention and primary care regardless of delivery setting**

The Academy supports the Department of Health and Human Services (HHS) programs and initiatives that serve and protect all individuals across the lifespan. We also are on record recommending greater attention to unintended pregnancy and its prevention and management. The Academy’s recommendations related to sexual and reproductive (SRH) healthcare illustrate a model for putting prevention into practice for all populations with an emphasis on adolescents, health equity and human rights. HHS agencies such as the CDC and HRSA have developed policies and guidelines that should be supported for the provision of sexual and reproductive health care within a broad framework of population-based public health, prevention and primary care regardless of delivery setting (e.g., preconception health guidelines, medical eligibility guidelines for SRH care, and health workforce preparation to ensure access to these services).

Public health programs and policies must be based on research, evidence, and medical and health-related facts, and must be responsive to individual patient and consumer needs and wishes. In order to fulfill the person-centered strategy laid out by HHS, consumers require medically accurate, evidence-based, unbiased comprehensive health care services so that they can use their own decision making capacity to choose health care services that are consistent with their individual morality and circumstances. This means that SRH health care services, including hormonal contraception, sterilization, and pregnancy termination, must be available to all who desire those services in accordance with their own individual beliefs.
Objective 1.1. Line 149: Reduce the need for avoidable medical and health care costs by increasing use of timely preconception (e.g., contraceptive care), prenatal, maternal, and postpartum care.

Elevating the status of a fetus over the health needs of pregnant women would result in poorer maternal health and poorer birth outcomes and would undermine the ability of women and others to make the best decisions for themselves and their families. Such policies will impede the ability of HHS to develop best practices for sexual and reproductive health, and in turn, interfere with the ability of providers, particularly those who offer reproductive health services, to provide quality care to their patients. Furthermore, adopting policies that give health rights to fetuses interferes with the patient-provider relationship by limiting the information, counseling, referral and provision of abortion services that a woman can receive, despite the fact that these are part of the standard of care for unintended pregnancy prevention.

The Academy raises concerns that HHS is inserting concepts that run contrary to medical and health-related evidence and standards of care, and reflect one particular religious point of view. Identifying life as beginning at conception introduces a definition that is the subject of much legislative and legal debate that does not have the broad consensus or precedence necessary to support its inclusion in a federal health policy strategic plan.

Introduction: Organization Structure, Line 60 and Strategic Goal 1, Introduction, Line 113-114: HHS accomplishes its mission through programs and initiatives .... Serving and protecting Americans at every stage of life STRIKE beginning at conception.

Additional comments related to these issues:

- The Academy supports HHS’ affirmation of the importance of consumer choice and empowerment, but note that consumer choice and empowerment must be driven by fully informed, patient-centered decision making.

- Efforts are opposed to limit the provision of health information, including but not limited to when it concerns the full range of contraceptive options including sterilization, abortion, and LGBTQ-inclusive sexual health information.

- While the Academy appreciates HHS’ desire to strengthen and expand the healthcare workforce, federal law provides ample protections and religious exemptions, such as the Church Amendments, for health care entities and individuals who object to providing certain services based on their religious beliefs. The Strategic Plan cites no evidence that further protections are needed, and we note that additional provisions to shield these providers from delivering evidence-based, quality medical and health-related services that meet the standard of care would be unnecessary and restrictive.

- In light of critical health workforce shortages, we urge the HHS to establish policies and programs to ensure a well-prepared and diverse health workforce that works in collaborative multidisciplinary teams with appropriate competency, training and experience — making effective use of the different skills of their members to achieve shared outcomes. All healthcare provision should be guided by clear, robust and

consistent standards that are monitored and updated to reflect the best evidence and recommendations available.

- The Academy strongly supports expanding resources, supports, and information for adolescents so that they can make the best decisions for their health and well-being. However, programs and information supported under this strategic plan must include age, developmentally and culturally appropriate, medically accurate, evidence-based sexual and reproductive health information to ensure that adolescents have the tools they need to make informed and healthy decisions throughout their lives.

  Objective 2.1, Line 502: Provide adolescents with information, ADD including comprehensive sexual and reproductive health information, and support to make healthy decisions...

- The Academy supports comprehensive sexual and reproductive health counseling and services from LGBTQ-competent providers, and discourages the use of healthcare providers that shame LGBTQ individuals and communities based on specific ideological beliefs.

- The importance of sexual and reproductive health in relation to preventing interpersonal violence and promoting healthy relationships should be considered.

3. Address disparities to ensure health equity

HHS must continue to undertake activities to identify and address health disparities with the ultimate goal of eliminating them. In activities spanning the Office for Civil Rights, Office of Minority Health, Office of Women’s Health, the Health Resources & Services Administration, as well as the Centers for Medicare & Medicaid Services, all of HHS’ endeavors must ensure that disparities are not heightened but are prevented. Although the Academy appreciates recognition of the need to address disparities within the Strategic Plan, HHS must strengthen these sections to ensure all individuals can achieve their health equity.

Further, the Strategic Plan should ensure that all of HHS’ activities are undertaken in a culturally competent manner. Providing culturally competent services is critical to ensure that services are client/patient centered and are appropriate for not just the particular program at issue but also for the clients/enrollees served.

The Academy urges HHS to include more specific and measurable goals and strategies to address cultural competency in a holistic manner including race, ethnicity, language, immigration status, age, disability, sex, gender identity and sexual orientation. Furthermore, HHS should collect, analyze, and apply demographic data.

  Objective 1.1, Line 196: ADD NEW BULLET: Provide information stratified by race, ethnicity, language, sex, gender identity, sexual orientation, age and disability; race and ethnicity data should be disaggregated.

Here are some additional comments related to these issues:

- The Academy supports HHS’ recognition of the need for health literacy tools. HHS specifically should recognize the need to provide culturally competent tools such that all individuals, regardless of their background, can benefit from these tools.
• The Academy appreciates HHS’s mention of the need to reduce disparities. We believe this includes not merely racial and ethnic health disparities but also disparities based on language, age, sex, sexual orientation, gender identity, and disability. A broad definition of health care disparities is recommended in the HHS Strategic Plan.

• HHS should focus on alternative payment models that prioritize primary care (for example that include strong PCMH requirements). Furthermore, the Academy recommends that if HHS uses financial incentives, those incentives should be focused on improving outcomes.

• The Academy appreciates the recognition of the need to provide programs that improve the quality of care and increase access. To that end, such programs must be developed and implemented in a culturally competent manner.

  \textit{Objective 1.3, Line 332: including faith-based options ADD that cover all required services and do not discriminate.}

• The inclusion of the strategy “Reduce disparities in quality and safety” is strongly supported as it is critical to ensure that our health care system is accessible to all individuals, regardless of race, ethnicity, language, immigration status, sex, gender identity, sexual orientation, age and/or disability.

• To the extent HHS recognizes the need for providing materials in non-English languages, HHS also should recognize the need for providing materials in formats that will be accessible to individuals with disabilities who have communication needs. This would include large print format and audio or video recordings for those who cannot access written materials.

• The Academy urges HHS to remain religiously and morally neutral in its funding and activities to ensure that individuals do not feel proselytized by providers or receive access to a limited scope of services due the moral or religious nature of an organization.

  In addition, the Academy does not agree with HHS’ statement that implies that HHS may give priority in funding opportunities to faith-based organizations over other entities.

  \textit{Objective 1.3, Line 359: STRIKE Vigorously enforce laws, regulations, and other authorities, especially Executive Order 13798 of Mary 4, 2017, promoting Free Speech and Liberty, to reduce burdens on the exercise of religious and moral convictions…to the full and active engagement of faith-based organizations in the work of HHS through targeted outreach, education, and capacity building.}

Further, the Academy does not agree with HHS’ statement that removing barriers to and promoting participation in HHS programs by persons and organizations with religious beliefs or moral convictions is necessarily a solution to assisting targeted populations.

  \textit{Objective 1.3, Line 314: STRIKE while removing barriers for faith based and other providers ADD and ensuring that all health care organizations adhere to requirements to provide evidence-based, unbiased, and non-discriminatory information and services.}

• The role HHS has in preparing for and responding to public health emergencies is critically important. Much of this work, especially in the provision of tools to states and providing public health communications, must be done in a culturally competent manner.
The Academy supports the recognition of the need to improve collaboration with State, Local, Tribal and Territorial (SLTT) partners; these strategies also must specifically recognize the need to provide information in a culturally competent manner.

The objective to optimize information technology investments to improve process efficiency is essential; HHS should ensure that efforts to identify and address healthcare disparities are sufficiently recognized and address with regard to information technology investments.

4. Establish data-driven, evidence-based measurable goals

Lack of measurable performance metrics limits government accountability and raises the question of the politicization of the Plan. Much of the HHS plan fails to contain performance indicators and lacks the focus on the requirements for a strategic plan (as directed by the Government Performance and Results Act (GPRA) Modernization Act of 2010 (P.L. 111-352)). By failing to establish data-driven, evidence-based measurable goals (as required by the GPRA), the Draft Strategic Plan diminishes, rather than ensures, government accountability.

Objective 4.4, Line 1440: Disseminate patient-centered outcome research findings, including evidence-based findings on reproductive and sexual health, to health professionals and organizations that deliver health care.

Thank you for your attention to our comments. If you have any questions or need any further information, please contact me directly at Cheryl_Sullivan@AANnet.org, or 202.777.1170.

Sincerely,

Cheryl G. Sullivan
Chief Executive Officer
American Academy of Nursing