



October 27, 2017

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

**VIA ELECTRONIC MAIL - [HHSPPlan@hhs.gov](mailto:HHSPPlan@hhs.gov)**

### **Society for Public Health Education's (SOPHE) comments on the Health and Human Services Draft Strategic Plan, FY 2018-2022.**

The Society for Public Health Education welcomes the opportunity to comment on the Health and Human Services (HHS) Draft Strategic Plan for fiscal years 2018-2022. Health and Human Services plays a critical role in protecting the health and well-being of all Americans through sustained investments in evidence-based best practices in medicine, research, public health and social services that enhance the health of the nation.

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

### **Comments on Draft Strategic Plan Development**

SOPHE is concerned that the HHS draft strategic plan does not comply with federal regulations for such a document and the process for development of this draft strategic plan was also not in compliance with the United States Code of Federal Regulations. The Government Performance and Results Act (GPRA) Modernization Act of 2010<sup>1</sup> requires agencies to develop a performance plan with performance goals for each strategic objective “in an objective, quantifiable, and measurable form” unless otherwise authorized by the Office of Management and Budget.<sup>2</sup> These Performance goals must include “clearly defined milestones.”<sup>3</sup> The performance plan must also

---

<sup>1</sup> Pub. Law 111-352

<sup>2</sup> 31 U.S.C. § 1115(b)(2), § 1115(c).

<sup>3</sup> 31 U.S.C. § 1115(b)(5)(B).

establish a balanced set of performance indicators to be used in measuring or assessing progress toward each performance goal, including, as appropriate, customer service, efficiency, output, and outcome indicators,” and “provide a basis for comparing actual program results with the established performance goals.”<sup>4</sup> Unfortunately, much of HHS’ plan fails to contain performance indicators and instead moves to include political goals – such as focusing on “reforming” the health care system – rather than focus on the requirements for a strategic plan. No large-scale health reform efforts have been passed by the Congress and signed into law since the Affordable Care Act.<sup>5</sup> Rather than seeking to implement its own reforms, the draft strategic plan should be in compliance with federal law and established constitutional rights.<sup>6</sup>

Additionally, HHS has omitted “a description of how the goals and objectives incorporate views and suggestions obtained through congressional consultations.”<sup>7</sup> When developing a strategic plan, HHS “shall consult periodically with the Congress, including majority and minority views from the appropriate authorizing, appropriations, and oversight committees, and shall solicit and consider the views and suggestions of those entities potentially affected by or interested in such a plan.”<sup>8</sup> Congress also has the ability “to establish, amend, suspend, or annul a goal of the Federal Government or an agency.”<sup>9</sup> The current strategic plan cannot be considered compliant unless and until HHS consults with the appropriate members of Congress. SOPHE cautions that a public comment period is insufficient to meet these requirements.

### **Comments on Strategic Goal 1: Reform, Strengthen, and Modernize the Nation’s Health Care System**

We greatly appreciate HHS’s emphasis on promoting preventive care to reduce future medical costs. SOPHE urges HHS to amend this line of thinking to include medical **and health care costs** and advises that one of the most cost-effective preventive care methods is health education by qualified health education specialists. Health Education Specialists are also uniquely qualified to assist HHS with its goal of increasing health literacy. While literacy in health insurance products is critical to ensuring consumer-driven health care, SOPHE urges HHS to expand their definition of health literacy to move beyond understanding health insurance products to the true definition of health literacy which includes “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”<sup>10</sup>

SOPHE advises that contraception and family planning are well-researched and proven effective methods of preventive care.<sup>11</sup> Access to contraception and family planning are also critically important to achieving Healthy People 2020’s goal to “improve pregnancy planning and spacing,

---

<sup>4</sup> 31 U.S.C. § 1115(b)(6)-(7).

<sup>5</sup> Pub. Law 111-148

<sup>6</sup> *Roe v. Wade*, 410 U.S. 113, 153 (1973); *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 856 (1992); *Griswold v. Connecticut*, 381 U.S. 479 (1965)

<sup>7</sup> 5 U.S.C. § 306(a)(5).

<sup>8</sup> 5 U.S.C. § 306(d).

<sup>9</sup> Pub. L. 111-352, §15, Jan. 4, 2011, 124 Stat. 3883.

<sup>10</sup> <https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/national-action-plan-improve-health-literacy>

<sup>11</sup> INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES, *CLINICAL PREVENTIVE SERVICES FOR WOMEN: CLOSING THE GAPS* (2011), [http://nationalacademies.org/hmd/~media/files/report%20files/2011/clinical-preventive-services-for-women-closing-the-gaps/preventiveservicesforwomenreportbrief\\_updated2.pdf](http://nationalacademies.org/hmd/~/media/files/report%20files/2011/clinical-preventive-services-for-women-closing-the-gaps/preventiveservicesforwomenreportbrief_updated2.pdf).

and prevent unintended pregnancy.”<sup>12</sup> Access to contraception and preventive care is vital to ending health disparities that many women face, including unintended pregnancy and high rates of cervical cancer incidence and mortality. The medical and health-related standard of care for some women with chronic medical conditions or taking certain medications is to use contraception to prevent pregnancy until their conditions are under control to improve maternal health and birth outcomes. Additionally, barriers to post-partum contraception are also strongly associated with poor health outcomes including very low birth weight, infant mortality, and maternal mortality when women cannot ensure safe intervals between pregnancies.<sup>13</sup> Therefore it is critical that Objective 1.1 include language related to reducing the need for avoidable medical **and health care** costs by increasing the use of timely **contraceptive**, prenatal, maternal, and postpartum care. Moreover, we believe that recent administrative actions, including those that undermine the marketplaces, stopped payment of cost-sharing reductions of the Affordable Care Act, and the released interim final rules regarding the contraceptive coverage benefit, are inconsistent with promoting preventive care and strengthening the economic and social well-being of individuals across the lifespan.

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

SOPHE encourages HHS to include community engagement as a core tenet of Strategic Goal 2: Protect the Health of Americans Where They Live, Work, Learn, and Play. Community engagement is fundamental to public health. The most effective way to reach public health goals, particularly the elimination of disparities in health status, is to actively engage those who experience the problems public health seeks to address.<sup>14</sup> Community involvement allows public health professionals and programs to shape their services, focus on social justice, increase the scope of outreach, build trusting relationships with the communities they are working in to empower and connect communities with the resources that they need. Given that members of the community are the most important stakeholders in community-based public health programming, including them is essential to achieving the goals of public health. Without meaningful engagement and collaboration from both sides, even the most well-intentioned initiatives will be ineffective.<sup>15</sup>

SOPHE applauds HHS in their efforts to expand and transform the healthcare workforce through the training and engagement of emerging health occupations, such as community health workers and promotores de salud, and community partners to enhance the provision of culturally-, linguistically, and disability-appropriate services, and increase workforce diversity. SOPHE encourages HHS to add Health Education Specialists to this list as Health Education Specialists have higher level skills to promote health literacy and design, implement, and evaluate culturally-, linguistically, and disability-appropriate health promotion programs to tackle the rate of chronic disease in America. In order to incentivize better planning, coordination, and management of services across the continuum of care to improve outcomes for people with chronic decisions, SOPHE urges HHS to consider the ways in which reimbursement for qualified

---

<sup>12</sup> OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, HEALTHY PEOPLE 2020 TOPICS & OBJECTIVES: FAMILY PLANNING, <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>.

<sup>13</sup> Agustín Conde-Agudelo et al, *Effects of Birth Spacing on Maternal, Perinatal, Infant, and Child Health: A Systematic Review of Causal Mechanisms*, 43 STUD. FAM. PLAN. 93 (2012), available at [https://www.k4health.org/sites/default/files/conde-agudelo\\_2012.pdf](https://www.k4health.org/sites/default/files/conde-agudelo_2012.pdf).

<sup>14</sup> Minnesota Department of Health. (2017). *Community Engagement Guidebook*. Retrieved from: <http://www.health.state.mn.us/communityeng/>

<sup>15</sup> Devline, Kelley. (2016). *4 Key Considerations for Family and Community Engagement in Public Health*. Retrieved from: <https://www.nichq.org/insight/4-key-considerations-family-and-community-engagement-public-health>

Health Education Specialists to conduct health education with those suffering from chronic conditions would improve health outcomes and reduce health care costs.

With regard to protecting the health of Americans in the workplace, coordinated and comprehensive strategies to meet the safety and health needs of all employees along with continued research is the only way to keep up with the ever-growing list of risk factors presented in the workplace. To that end, SOPHE encourages HHS to focus on health education efforts related to occupational exposures and adverse health risks. It is unfortunate that less than two percent of agents manufactured or processed in the United States have been evaluated for their carcinogenicity, but when approximately 20% of lung cancer deaths and 10-20% of cardiovascular diseases are thought to be attributable to occupational exposure, we cannot wait years or decades for confirmation of carcinogenicity to begin health education initiatives to mitigate these potential risks.<sup>16</sup> Education regarding and reducing exposure to known and suspected carcinogens can save millions of lives. SOPHE recommends that the role of health education be inserted within this draft strategic plan to advance the prevention of chronic disease in the areas of occupational cancer to ensure the health and safety of all individuals. As supported by the multitude of examples of evidence-based research that proves prevention is the solution to reduce risk for disease and adverse health outcomes, we hope the integration of public health disciplines in occupational health and safety and public health promotion & education will lead future efforts to reduce exposure to worksite factors that contribute to adverse health outcomes. The ability to protect workers, their surrounding communities, and the environment for future generations is possible when the barriers are understood and we have health education tools at our disposal.

With regard to protecting the health of Americans in schools, where they learn and play, SOPHE encourages HHS to emphasize the importance of health education in schools. The health education curriculum emphasizes a skills-based approach to help individuals practice and advocate for the health needs of themselves, their families, and their communities. In schools, these health education classes help children and adolescents find and evaluate health information to make informed health decisions resulting in higher academic achievement, increased graduation rates, and ultimately healthier adults to contribute to the economy and protect the nation through service in our military. In this way, health education would also be a critical factor in advancing another of the goals of the draft strategic plan, advancing health literacy.

Evidence-based research has identified the need for health education as critical in reducing health-risk behaviors and promoting healthy decision-making to prevent onset of chronic disease and other risk factors for poor or diminished health. SOPHE urges HHS to recognize that it is pivotal for teachers and health educators to implement best practices in the school setting, as opposed to searching for alternatives that are not evidence-based. SOPHE also urges, within health education curricula, that sequential, age appropriate school health education span the entire school experience taught by professionally prepared teachers at all grade levels, in every school, in every community in the nation. When provided by such effective educators at all grade levels, health education allows students to attain the knowledge, attitudes, and skills necessary to make health-promoting decisions, achieve health literacy, assume health-enhancing behaviors, and promote the health of others.<sup>17</sup>

---

<sup>16</sup> Center for Disease Control and Prevention. (2017). New Frontiers in Workplace Health. Retrieved from <https://www.cdc.gov/cdcgrandrounds/archives/2017/august2017.html>

<sup>17</sup> Centers for Disease Control and Prevention. (2015). Components of the whole school, whole community, whole child (WSCC). <https://www.cdc.gov/healthyschools/wscs/components.htm>

Making healthy eating and physical activity in schools a priority can help to address barriers to learning.<sup>18</sup> Healthy students are better learners and are therefore able to achieve higher levels of academic achievement in academic performance, education behavior, and cognitive skills and attitudes. Healthy, successful students help build strong communities. Investing in the health of students contributes to healthy communities in the future as well as healthy children becoming healthy adults who engage with and strengthen their communities which is critical to addressing the third strategic goal of the draft strategic plan: to strengthen the economic and social well-being of Americans across the lifespan.

### **Comments on Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans Across the Lifespan**

Approximately 95% of children and youths attend school in the United States, making schools the ideal setting for collaboration between education and health for the benefit of society. SOPHE encourages HHS to consider the research showing that society can achieve improved community health and beyond by focusing on youth health and learning. This is illustrated in the Whole School, Whole Community, Whole Child (WSCC) Model that places a child in the center as the focal point of community health strategies to integrate activities for health education and promotion at all levels, ultimately producing a reflection of health outcomes to be seen in the community. Examples include, but are not limited to, the ten components of WSCC, such as opportunity for a child to engage in physical education & physical activity, health education, and community involvement. Schools can also influence the nutritional choices and physical activity behaviors that kids make. Students spend a large portion of their time in school, and are likely to eat as many as 2 out of 3 meals each day and are likely to get most of their physical activity through their school environment. Evidence-based research shows a positive correlation between student participation in the United States Department of Agriculture (USDA) School Breakfast Program (SBP), and improved academic results, standardized test scores, and improved cognitive performance.<sup>19</sup> Such research also demonstrates a negative correlation between student participation in the USDA SBP and school absences. Moreover, students who are physically active are more likely to have better grades, school attendance, cognitive performance, and classroom behaviors.

SOPHE would also like to emphasize the importance of the environment and how it impacts school health. The WSCC framework demonstrates the impact the physical environment has on school health. SOPHE believes that addressing the physical, social and economic environment in schools will ultimately allow students to achieve health and well-being across the lifespan, beyond the time they are in school. Students lacking access to safe and healthy built environments also increases health disparities. The physical school environment includes the school building and everything inside of it, the land that the school is situated on, and the area surrounding it. A healthy school environment will address a school's physical condition during normal operation and during renovation (e.g., ventilation, temperature, noise, etc.), while protecting students, faculty and staff.

---

<sup>18</sup> Centers for Disease Control and Prevention. (2014). Health and academic achievement. Retrieved from [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/health-academic-achievement.pdf](https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf)

<sup>19</sup> Centers for Disease Control and Prevention. (2014). Health and academic achievement. Retrieved from [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/health-academic-achievement.pdf](https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf)

In order to achieve this goal of strengthening the economic and social well-being of Americans across the lifespan, SOPHE urges HHS to consider a Health-In-All-Policies Approach. Health-In-All-Policies is a systemic approach to addressing the social determinants of our health that are key drivers of health outcomes and health inequities.<sup>20</sup> Health-in-All-Policies encourages collaboration across sectors with influence over the social determinants of health. A Health-In-All-Policies framework will help HHS conquer the social determinants of health that encompass the physical, social and economic environments that impact the health, functioning, and quality-of-life outcomes and risks of individuals and communities.<sup>21</sup>

SOPHE is discouraged that this draft strategic plan does not address the elimination of health disparities. HHS must continue to undertake activities to identify and address health disparities with the ultimate goal of eliminating them. This includes not merely racial and ethnic health disparities, but also disparities based on language, age, sex, sexual orientation, gender identity, and disability. We recommend HHS include a broad definition of health care disparities in its strategic plan. In activities spanning the Office for Civil Rights, Office of Minority Health, Office of Women's Health as well as the Centers for Medicare & Medicaid Services, all of HHS' endeavors must ensure that disparities are not heightened but prevented. We appreciate recognition of the need to address disparities within the Strategic Plan but believe that HHS must strengthen these sections to ensure all individuals can achieve their health equity. SOPHE is concerned that the plan fails to mention other federal civil rights laws and Executive Orders which are relevant to providing healthcare options that are responsive to consumer demands. These include Executive Order 13166, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, the Age Discrimination Act, and Section 1557 of the Affordable Care Act. All of these laws must be fully implemented and enforced by HHS to ensure that HHS' programs and activities, and those it supports with federal funds, are responsive to consumer demands and in compliance with federal law.

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. We urge 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 in furtherance of Goal 4: Foster Sound, Sustained Advances in the Sciences.

#### **Comments on Strategic Goal 4: Foster Sound, Sustained Advances in the Sciences**

SOPHE applauds HHS's laudable goal of fostering sound, sustained advances in the science but SOPHE cautions HHS that 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

---

<sup>20</sup> Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A Guide for State and Local Governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. Retrieved from [https://www.phi.org/uploads/files/Health in All Policies-A Guide for State and Local Governments.pdf](https://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf)

<sup>21</sup> Healthy People. (2017). *Social Determinants of Health*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

services so that they can use their own decision-making capacity to choose health care services that comport with their individual morality and circumstances.

In addition to the laudable goal of advancing the science available, it is imperative that these advances in science be available for translation and implementation and that evidence based practice (EBP) and research evidence be applied to this translation and implementation as they occur.<sup>22</sup> EBP improves healthcare, prevents chronic disease and capitalizes on the investment of public health.<sup>23</sup> Thus, it is vital that research in translation and implementation science transcend programs of research in order to integrate EBP across every socioeconomic level and public health setting.<sup>24</sup>

SOPHE supports the objective to optimize information technology investments to improve process efficiency and believe HHS should ensure that efforts to identify and address healthcare disparities are sufficiently recognized and address with regard to information technology investments. SOPHE recommends additional requirements to specifically address collecting, analyzing and applying *demographic* data. SOPHE also supports the objective to optimize information technology investments to improve process efficiency and believes HHS should ensure that efforts to identify and address healthcare disparities are sufficiently recognized and address with regard to information technology investments.

### **Goal 5: Promote Effective and Efficient Management and Stewardship**

In order to maintain a robust national public health system, the workforce behind the sector must first and foremost be equipped, trained and able to protect and improve the health of the public, and respond to public health emergencies with appropriate public health emergency preparedness techniques and surge capacity.<sup>25</sup> SOPHE appreciate the role HHS has in preparing for and responding to public health emergencies and believes that 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. Health care needs are dynamic and ever changing for each and every community. Therefore, it is imperative that public health workforce development funding, cooperative agreements, and opportunities be readily available and strengthened for workers to most effectively meet national, state, and local health care needs.<sup>26</sup>

Thank you for consideration of our comments. SOPHE has been pleased to partner with HHS in the past and looks forward to continuing to work in partnership to make the country as healthy as possible. Thus, in this era of HHS (2018-2022), it is vital that Health and Human Services implement these recommendations to produce the best outcomes in health and to create our

---

<sup>22</sup> Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). *An introduction to implementation science for the non-specialist*. Retrieved from <https://bmcpyschology.biomedcentral.com/articles/10.1186/s40359-015-0089-9>

<sup>23</sup> Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie (2003). *Evidence-Based Public Health*. New York: Oxford University Press. [http://dx.doi.org/10.1016/S0749-3797\(03\)00126-0](http://dx.doi.org/10.1016/S0749-3797(03)00126-0)

<sup>24</sup> National Institutes of Health: National Heart, Lung, and Blood Institute. (2014). *Center for Translation Research and Implementation Science (CTRIS)*. Retrieved from <https://www.nhlbi.nih.gov/about/org/ctris/>

<sup>25</sup> ASTHO. (2013). *Public Health Workforce Position Statement*. Retrieved from <http://www.astho.org/Policy-and-Position-Statements/Workforce-Development/>

<sup>26</sup> U.S. Department of Health and Human Services. (2017). *Public Health Workforce Development*. Retrieved from <https://bhw.hrsa.gov/grants/publichealth>

strongest, healthiest communities. Please contact Dr. Cicily Hampton at ([hampton@sophe.org](mailto:hampton@sophe.org)) or 202-408-9804 with any additional questions.

Sincerely,

A handwritten signature in black ink that reads "Elaine Auld". The signature is written in a cursive, flowing style.

Elaine Auld, MPH, MCHES  
Chief Executive Officer