NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

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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, D.C. 20201
VIA ELECTRONIC MAIL – HHSPlan@hhs.gov

On behalf of the National Association of County and City Health Officials (NACCHO) and nearly 3,000 local health departments, thank you for the opportunity to provide comments on the draft Department of Health and Human Services (HHS) FY2018-2022 Strategic Plan.

Local public health departments are the governmental agencies that work every day in their communities to prevent disease, promote wellness, and protect health. They organize community partnerships and facilitate important conversations with a number of stakeholders about how to create the conditions in which all people can be healthy. NACCHO and local health departments are partners with HHS and agencies like the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response in the mission "to enhance the health and well-being of Americans."

NACCHO provides resources, develops programs, and promotes national policies that support effective public health practice in local communities across America. The work of local health departments and NACCHO improves economic well-being, educational success, and nation-wide competitiveness community by community.

Development of Strategic Plan
The Government Performance and Results Act (GPRA) Modernization Act of 2010 (P.L. 111-352) requires agencies to develop a performance plan that expresses performance goals for each strategic objective "in an objective, quantifiable, and measurable form" unless otherwise authorized by the Office of Management and Budget.[1] Performance goals must include "clearly defined milestones."[2] The performance plan must also 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. NACCHO recommends that HHS' plan should contain appropriate performance indicators.

Lack of Population Health Focus
Local health departments are mandated to protect the health of their whole community. In contrast to this population health model, throughout the HHS strategic plan the focus is on the individual or family level, with a heavy emphasis on the clinical health system. High-quality health care can treat individual health conditions, but to solve the fundamental health challenges Americans face, the public health system must address the full range of factors that influence overall health and well- being.

[1] 31 U.S.C. § 1115(b)(2), § 1115(c).
[2] 31 U.S.C. § 1115(b)(5)(B).

Some of the most exciting initiatives and innovations in public health are taking place at the local level, with good results such as decreasing teen birth rates, expanded access to addiction treatment and increased health insurance coverage rates. The federal government is an important partner in this work and HHS touches many areas that impact health. NACCHO urges HHS to take more of a population health perspective to promoting health and addressing health challenges.

NACCHO makes the following overarching comments with regard to the draft strategic plan:

1. **The draft omits any reference to the Patient Protection and Affordable Care Act or its implementation.** Our nation has made great strides to increase access and affordability since the passage of the Patient Protection and Affordable Care Act (ACA), helping nearly 20 million Americans get comprehensive, affordable coverage – many for the first time. The stated goals and objectives of the HHS plan include "improve Americans' access to health care" and "promote affordable health care." While laudable aims, we have grave concerns about the current administration's ability to reach them. Recent executive actions to slash the open enrollment outreach budget and eliminate insurance subsidies will only make it harder and more expensive for Americans to buy health insurance.

2. **Redefining life as beginning at conception threatens access to reproductive health services and limits choice.** The draft plan states that HHS accomplishes its mission to enhance health "through programs and initiatives that cover a wide spectrum of activities, serving and protecting Americans at every stage of life, beginning at conception." This phrase threatens access to safe and effective methods of contraception, limits bodily autonomy and restricts reproductive health rights in the United States by establishing a policy framework in which the status of fertilized eggs is equal to that of persons, thus undermining the ability of women and their families to make reproductive health decisions that best meet their needs. Additionally, the framework in which life beings "at conception" also includes proscriptive views regarding sexuality and sexual behavior that curtail access to comprehensive family planning education and options; studies show that providing such access improves health outcomes for all persons, including children and infants. It is no accident that teen birth rates have steadily decreased as more young people have access to contraception and comprehensive sexual health education. And even as teen births are down, abortion rates are the lowest they have been since the Roe v Wade Supreme Court decision. We cannot afford to turn back the clock on this progress. Unfortunately, the new HHS language and recent executive actions indicate an intent to do just that. Most notably, the recent announcement that employers will be able to deny employees' coverage for contraception is a significant blow to reproductive health access.

3. **Emphasis on accommodating religious beliefs could interfere with delivery of appropriate care and services.** The plan emphasizes faith-based organizations and removing barriers to the exercise of religious beliefs and moral convictions. Faith-based organizations are important partners in communities. However, this language may open the door to discrimination by health care providers based on individually held beliefs. To protect the public's health, the patient's needs must come first. Furthermore, these new priorities are worrisome as they reflect an ideology that aims to dictate the decisions people can make about their bodies and health care.

   NACCHO calls on HHS to include explicit language making clear that religious beliefs will not be used to deny access to health services or to discriminate against people based on reproductive health decisions, gender identity or sexual orientation.

   In addition, NACCHO calls on HHS to continue 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 as well as the Centers for Medicare & Medicaid Services, all of HHS' endeavors must ensure that disparities are not heightened but are prevented. NACCHO appreciates recognition of the need to address disparities within the Strategic Plan but asserts that HHS must strengthen these sections to ensure all individuals can achieve equitable opportunities for good health.

4. **Implications for LGBT Individuals:** Lesbian, gay, bisexual and transgender (LGBT) people are considered a vulnerable population as it concerns their health. LGBT people face higher rates of HIV/AIDS, depression, an increased risk of some cancers, and are twice as likely as their heterosexual peers to have a substance use disorder. Transgender people in particular are at higher risk for a range of poor health outcomes. For example, the 2015 U.S. Transgender Survey, a national study of nearly 28,000 transgender adults, found that respondents were nearly five times more likely to be living with HIV than the general population, with even higher rates for some populations: for example, nearly one in five (19%) Black transgender women living with HIV, more than 63 times the rate in the general population. Transgender respondents were nearly eight times more like than the general population to be living with serious psychological distress based on the Kessler 6 scale, with higher rates correlating with experiences of discrimination, violence, and rejection. The medical community and scientific research has repeatedly demonstrated that the poor health outcomes that LGBT people face are not associated with any inherent pathology, but rather high rates of poverty, discrimination in the workplace, schools, and other areas, and barriers to nondiscriminatory health care that meets their needs. Recognizing these disparities and the impact they have on LGBT people, improving the health, safety, and well-being of LGBT people was made a goal of Healthy People 2020. LGBT people were included in a number of other health objectives including mental health and mental illness, tobacco use, usual source of care, and health insurance coverage, and the National Institute of Health (NIH) formally designated sexual and gender minorities as a health disparity population in 2011 for NIH research.[3]

   A major factor in these health disparities is the discrimination that LGBT people face when trying to access health care. While the Affordable Care Act has significantly increased the percentage of LGBT people with insurance and has helped prohibit discrimination against LGBT people in coverage and care, LGBT people are still more likely than non-LGBT adults to lack insurance and LGBT people still face discrimination.[4] A recent survey by found that transgender respondents were over 5 times more likely to avoid doctor's offices just to avoid the risk of experiencing discrimination than their cisgender counterparts.[5] Additionally, the 2015 U.S. Transgender Survey found that, just in the past year, 33% of those who saw a health care provider face some form of mistreatment or discrimination because of being transgender, such as being refused care, harassed, or physically or sexually assaulted, and 23% avoided seeing a doctor when needed due to fear of discrimination. NACCHO calls on HHS to demonstrate its commitment to continue serving LGBT people and show that it plans to engage in targeted efforts to ensure that vulnerable populations like LGBT communities get the healthcare they need.

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[3] Kellan Baker, "Open Doors for All" (Washington: Center for American Progress, 2015), available at https://www.americanprogress.org/issues/lgbt/reports/2015/04/30/112169/open-doors-for-all/.

[4] Kellan Baker, Sejal Singh, Shabab Ahmed Mirza, and Laura E. Durso, "The Senate Health Care Bill Would Be Devastating for LGBTQ People" (Washington: Center for American Progress, 2017), available at https://www.americanprogress.org/issues/lgbt/news/2017/07/06/435452/senate-health-care-bill-devastating-lgbtq-people/.

[5] Sejal Singh and Laura E. Durso, "Widespread Discrimination Continues to Shape LGBT People's Lives in Both Subtle and Significant Ways" (Washington: Center for American Progress, 2017), available at https://www.americanprogress.org/issues/lgbt/news/2017/05/02/429529/widespread-discrimination-continues-shape-lgbt-peoples-lives-subtle-significant-ways/.

As a population that experiences the significant disparities related to health care access, essential services, and economic security described above, LGBT individuals should be specifically mentioned in relevant portions of the Strategic Plan. In previous strategic plans, HHS included explicit references to the LGBT population when discussing goals related to providing access to quality, competent care, improving data collection, supporting the healthy development of youth, and expanding access to culturally competent services, among other goals. NACCHO recommends that the needs of the LGBT population be explicitly mentioned in the following key goals:

- Collect additional data, identify barriers to access, facilitate consumer engagement, and promote evidence-based practices to improve access to physical and behavioral health services
- Measure and report on healthcare quality and disparities at the national, state, local, and individual provider level to facilitate improvement in the healthcare system
- Identify individuals and populations at risk for limited health care access and assist them to access health services, including prevention, screening, linkages to care, clinical treatment, and relevant support services, including through mobilization of faith-based and community organizations
- Health promotion and wellness strategies supported by HHS are often focused on specific populations at risk for poorer health outcomes, such as older adults, people with disabilities, racial and ethnic minorities, American Indian and Alaska Native populations, people with low socioeconomic status, children, and people with limited English proficiency
- Produce and promote patient-centered health care delivery methods and interventions that improve care quality, promote healthcare access, reduce disparities, and address social determinants of health among populations at risk for poor health outcomes
- Support research to identify, implement, and evaluate interventions to reduce health disparities and improve the health of populations at risk for poor health outcomes

5. **Impact on People with Substance Use Disorders:** NACCHO appreciates HHS' recognition of the importance of expanding the entire spectrum of interventions, from prevention through recovery, as well as the importance of public health approaches to preventing, identifying, and treating substance use disorders. NACCHO urges HHS to engage in education and outreach to ensure that both governmental and non-governmental organizations are aware of and are utilizing modern, evidence-based, non-stigmatizing approaches to substance use disorders. NACCHO also urges HHS to ensure that "community" organizations are inclusive of people who use drugs (PWUD), including harm reduction organizations. NACCHO specifically recommends that HHS promote evidence based medication assisted treatment in addition to medications that reverse opioid overdose and prevent death and support non-coercive efforts to increase engagement in treatment following an opioid overdose.

6. **Need for Support of Teen Pregnancy Prevention**: The recent decision by President Trump's administration to cut $213.6 million in Teen Pregnancy Prevention Program (TPP) offered through the Office of Adolescent Health (OAH) is misguided and will decimate critical gains that have been achieved in public health around comprehensive contraceptive policies. This program has been an important factor in the steady decline in teen pregnancy rates. The sudden ending of TPP funding in June of 2018 will be exacerbated by the short period of time for programs to plan and secure other sources of funding. This action also limits grantees' ability to establish an evidentiary base for promising projects or replicate evidence-based programs to scale and ultimately to build capacity for teen pregnancy prevention, which has been shown to benefit teens in educational and economic attainment.

Specific goals and objectives of the strategic plan are discussed below:

Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Health Care System

- Objective 1.2: Expand safe, high-quality healthcare options, and encourage innovation and competition

  The definition of health disparities should include racial and ethnic health disparities as well as disparities based on language, age, sex, sexual orientation, gender identity, and disability. NACCHO recommends that HHS include a broad definition of health care disparities in its strategic plan.

  NACCHO appreciates HHS' recognition of the need to improve the use of public health and health care data, and recommends that HHS also specifically mention the need to include the collection of health and health care data. Public health professionals can only use the data that actually is collected and currently, demographic data is often not collected universally or pursuant to standardized categories.

- Objective 1.4: Strengthen and expand the healthcare workforce to meet America's diverse needs

  This objective does not address the needs of the public health workforce. With the start of the recession in 2008, state and local government agencies faced severe budget cuts and were forced to lay off public health workers. There has been a loss of 15% of the public health workforce since 2008. Providing competitive wages remains a challenge that affects not only the existing workforce but the ability of agencies to recruit new workers to the public health field. Challenges in the area of education and training also exist. An estimated 80% of public health workers lack formal public health training, and only 22% of top local health department executives have graduate training in public health. Additionally, local health departments, particularly those in rural and remote areas, often face issues with accessibility of education and training of their workforce.

Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play
NACCHO appreciates the plan's highlighting of the importance of partnering with state, local, tribal, territorial governments to protect health. All levels of government must work together collaboratively to successfully reach this goal. NACCHO looks forward to continuing to work with HHS to foster this goal.

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

  NACCHO calls on HHS to implement menu labeling and nutrition facts without delay to make sure that consumers have the information they need to make healthy choices. In addition, NACCHO calls on HHS to move forward with regulations for e-cigarettes and other products through the deeming rule, in order to protect youth in particular from becoming addicted to nicotine or suffering accidental poisonings.

  NACCHO urges HHS to include comprehensive sexuality education as part of health education in the draft strategic plan. Decades of research demonstrates that comprehensive sexuality education improves academic success, delays sexual initiation, reduces teen birth rates, improves healthy relationships, prevents child sexual abuse, dating violence, and bullying, and prevents HIV and STDs, which are currently increasing among young people. Research demonstrates that abstinence-only-until-marriage education, also known as sexual risk avoidance education, is far less effective and is in fact detrimental to young people who identify as LGBTQ, are sexually active, have survived sexual assault, or are parenting. NACCHO calls on HHS to promote evidence-based and evidence-informed sexual health education curricula to best meet the needs of young people.

  NACCHO appreciates the role HHS has in preparing for and responding to public health emergencies in collaboration with state and local agencies. Too often, certain population groups suffer greater risk in public health emergencies. As recognized by Objective 2.1 above, certain populations are at risk for poorer health outcomes including older adults, people with disabilities, racial and ethnic minorities,

American Indian and Alaska Native populations, people with low socioeconomic status, and people with limited English proficiency. Thus HHS' tools and communications should include specific consideration of the needs of these groups. NACCHO recommends HHS include additional bullets and amend certain bullets under this section as follows:

- Ensure tools are culturally competent and address populations are at risk for poorer health outcomes including older adults, people with disabilities, racial and ethnic minorities, American Indian and Alaska Native populations, people with low socioeconomic status, and people with limited English proficiency.

- Ensure public health communications are culturally competent and address populations are at risk for poorer health outcomes including older adults, people with disabilities, racial and ethnic minorities, American Indian and Alaska Native populations, people with low socioeconomic status, and people with limited English proficiency.

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

  NACCHO commends the focus on the need for vaccines as a part of communicable disease prevention. Vaccination is a true public health success story, however, misinformation about vaccine safety has led to a recurrence of diseases like measles that were once almost eradicated in this country. NACCHO calls on HHS to continue to educate the public on the efficacy and safety of vaccines.

  NACCHO commends the department for recognizing the need for effective and coordinated public health and health care interventions to prevent and stop the spread of infectious diseases. Local health departments are integral partners in this work and look forward to continued collaboration with HHS and the relevant agencies.

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

  NACCHO lauds the recognition of the important role that state, local, tribal and territorial health agencies play in preparing for and responding to public health emergencies. Funding through CDC and ASPR that goes to support state and local public health emergency preparedness, response and coordination with the health care system is vital to this work.

Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans across the Lifespan

- Objective 3.2: Safeguard the public against preventable injuries and violence

  NACCHO appreciates the acknowledgment of the role of state and local partnerships in preventing injuries and violence. Local health departments are important partners in this work, but unfortunately, funding to support this work from the federal level has been lacking. NACCHO urges HHS to bolster funding for injury and violence prevention and ensure that funds reach the local level.

- Objective 3.3: Support strong families and healthy marriage, and prepare children and youth for healthy, productive lives
  NACCHO supports the objective promoting the health of children and youth and plans to educate youth regarding healthy relationships. However, there are two main concerns regarding the activities within this objective:

- There is an overemphasis on "marriage," and an underrepresentation of different forms of relationships that play important roles in the lives of children and adolescents. Healthy relationships exist in a number of forms, including with peers, friends, adults, family, and in romantic relationships prior to or outside of marriage, and learning how to navigate and enjoy these relationships in healthy and respectful ways is critical to social and emotional development. NACCHO recommends that the draft strategic plan expand the section on healthy relationships to better meet the needs of young people.

- The concept of "success sequencing," in which adolescents are encouraged to graduate from high school, obtain and maintain employment, and get married prior to starting a family shows preference for a specific family model that has historically maintained class, racial, and gender hierarchies. Moreover, the sequence simplifies complex, intersecting barriers to education, employment, and access to reproductive healthcare that personal responsibility cannot ameliorate. NACCHO recommends that the draft strategic plan better represent the lived experiences of young people and better respond to the discrimination and barriers they face in achieving education and employment goals.

- Objective 3.4: Maximize the independence, well-being and health of older adults, people with disabilities and their families and caregivers

  NACCHO lauds the recognition of these important vulnerable populations. Many local health departments provide programs to help older adults and people with disabilities and provide best practices about how best to serve the health needs of these populations.

Strategic Goal 4: Foster Sound, Sustained Advances in the Sciences

- Objective 4.1: Improve surveillance, epidemiology and laboratory services

  Health information technology (IT) increases the capacity of local health departments to improve health. An effective and efficient health IT system enables a local health department to do the following:
  - Monitor chronic diseases such as childhood asthma or diabetes and outbreaks of infectious diseases, such as E. coli.
  - Communicate important health information and notify the public about local emergencies.
  - Evaluate programs and services to ensure they are aligned with the community's needs.
  - Limit dangerous and costly prescribing errors.
  - Communicate with physicians about practice patterns and disease management.

  Without access to data generated from health care providers with appropriate safeguards, state and local health departments are limited in their ability to efficiently and effectively improve and protect the public's health. Access to timely information is especially critical in a public health emergency, as seen in the recent examples of Ebola and Zika. NACCHO urges HHS to continue efforts through CDC and the Office of the National Coordinator for HIT to strengthen the capacity for information sharing between health care and public health.

Strategic Goal 5: Promote Effective and Efficient Management and Stewardship

- Objective 5.3: Optimize information technology investments to improve process efficiency and enable innovation to advance program mission goals

  NACCHO supports the objective to optimize information technology investments to improve process efficiency and enable innovation to advance program mission goals. All HHS data systems that are built or

upgraded must include the ability to collect and analyze demographic data. This should include applicant/enrollee data but also provider data. Without accurate and comprehensive data, HHS will be unable to identify healthcare disparities. This data must be widely collected and include data on race, ethnicity, language, sex, gender identity, sexual orientation, age, and disability status. Further, the data must be disaggregated as much as possible so that subgroup disparities are not masked if only identified by larger groupings.

Section 4302 of the ACA, adding section 3101 to the Public Health Service Act, requires HHS to ensure that certain data is collected throughout all HHS programs, activities and surveys. In particular, it requires that data be collected on race, ethnicity, primary language, sex, and disability status. It also permits the Secretary to extend this requirement to any other demographic data regarding health disparities. To implement this section, HHS must determine the scope of this provision (specifically to what and whom the new data collection requirements apply), what standards should be used to collect this data, and what, if any, other demographic categories should be required for collection.

The collection of high quality data in quantities sufficient for study is a critical first step in understanding and eliminating disparities in health outcomes and access. While the existence of health disparities in the U.S. has been well documented, the reasons for these disparities still are not fully understood. In part, this is due to a lack of high quality, easily available data. For example, data on smaller racial and ethnic groups is often not robust enough to lend itself to meaningful analysis. Similarly, data is often not available for intersecting subpopulations that might experience multiple barriers to access, such as Latinas who have disabilities or transgender individuals with limited English proficiency.

The need for better data is clearly articulated by a variety of researchers studying health disparities. For example, a recent report on health disparities in the U.S. by the Centers for Disease Control and Prevention (CDC) cites a lack of sufficient data, especially with respect to disability status and sexual orientation, as a limitation of the report[6]. The need for better data collection was also the subject of a 2004 publication of the Committee on National Statistics entitled *Eliminating Health Disparities: Measurement and Data Needs*.[7]

In addition to identifying disparities, high quality data is critical to addressing these disparities. Data can help researchers, policy makers, public health workers, and health care practitioners target interventions to the populations that need them most and tailor interventions to the specific needs of a community. Further, health disparities data collection is crucial for measuring quality. Such information is integral to understanding if a particular program is improving the health outcomes of all groups. Without this data, average improvement in the health outcomes could mask a lack of improvement or even worsening in outcomes for a specific population. Therefore, it is crucial for demographic data to be collected in sufficient quantities, in a variety of health care settings, and at multiple levels of geographic detail.

NACCHO recommends the addition of the following bullets in this objective:

- Ensure that all data collection systems operated or funded by HHS collect, at a minimum, disaggregated data regarding race, ethnicity, primary language, sex, and disability status.

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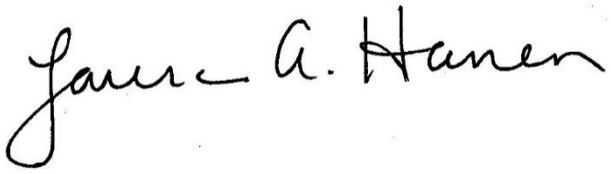
[6] U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. *CDC Health Disparities and Inequalities Report*. Atlanta, GA: 2011. http://www.cdc.gov/mmwr/pdf/other/su6001.pdf.

[7] National Research Council of the National Academies. Committee on National Statistics. *Eliminating Health Disparities: Measurements and Data Needs.* Washington: National Academies Press, 2004. http://www.nap.edu/openbook.php?isbn=0309092310.

- Ensure that all data collection systems operated or funded by HHS have sufficient privacy protections and electronic safeguards to prevent the unauthorized access, use, or disclosure of demographic and other data.

Thank you again for the opportunity to comment on the HHS Draft Strategic Plan FY2018-2022. NACCHO and local health departments look forward to continued opportunities to partner with the federal government to protect the public and ensure optimal health. Please contact me at lhanen@naccho.org/202-507-4255 for any further information.

Sincerely,



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