AMERICAN PUBLIC HEALTH ASSOCIATION
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October 25, 2017

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW
Room 415F
Washington, DC 20201

Submitted via email to: HHSPlan@hhs.gov

Subject: HHS Draft Strategic Plan FY 2018 – 2022

The American Public Health Association, a diverse community of public health professionals that champions the health of all people and communities, appreciates the opportunity to provide comments in response to the HHS Draft Strategic Plan FY 2018 – 2022 (Strategic Plan). APHA is guided by five core values: community, science and evidence-based decision-making, health equity, prevention and wellness and real progress in improving health.[1] Based on these values, APHA strongly encourages the HHS Strategic Plan to be strengthened to:

1) **Acknowledge access to contraception as an integral component of preventive health services and improved health outcomes for women.**

APHA supports the universal human right to voluntary, informed, affordable access to the full range of modern contraceptive methods, including emergency contraception.[2] Full access to contraceptive coverage is a vital component of preventive health services for women. By enabling women to choose when to have children, contraception improves women's health[3] and economic security.[4] HHS, with its goal of improving health outcomes for all people, should explicitly state the importance of contraceptive coverage in its strategic plan.

Furthermore, the Strategic Plan should be based on science and evidence, not religious and political concerns. As such, APHA opposes the Strategic Plan's assertions that life begins at conception. This position is not supported by science,[5,6] and it is often cited as a reason to limit access to the full range of contraceptive services. Religious and political concerns should not outweigh HHS' important role in providing contraception coverage. APHA recommends removing references to the unborn and to life beginning at conception from the Strategic Plan. Additionally, the Objective 1.3 strategy of removing barriers for faith-based providers should be clarified to explicitly state that it should not come at the expense of employer health insurance policies covering the full range of women's reproductive health services.

2) Explicitly aim to create health equity and reduce health disparities among minority communities by addressing the social determinants of health

APHA applauds the HHS Strategic Plan's goal of improving health care outcomes for all people. The Strategic Plan should include working toward health equity as one of its primary goals. To help achieve this goal, the Strategic Plan should explicitly recognize health disparities based on race, ethnicity, and sexual and gender identity. Overall, racial and ethnic minorities are less likely to have health insurance coverage and more likely to experience worse health outcomes for many health indicators compared to non-Hispanic whites.[7,8] Lesbian, gay, bisexual, and transgender individuals also experience health disparities based on their sexual and gender identities. Lesbian, gay, and bisexual individuals are more likely to have cancer than heterosexual individuals.[9] Transgender individuals are more likely to experience mental health issues.[10] By explicitly identifying these groups and the inequities they experience, the Strategic Plan could then serve as the foundation for HHS to develop and implement specific policies and programs to achieve equitable health outcomes.

APHA supports the Strategic Goal 4 Objective 4.3 of conducting research on the social determinants of health and calls on HHS to include strategies to address them as a means to achieve health equity. The social determinants of health are "conditions in which people… live… that affect a wide range of health, functioning and quality-of-life outcomes and risks."[11] This includes a neighborhood's safety and socioeconomic conditions, educational opportunities, sense of security and access to economic opportunity.[12] Although individual decisions affect health, people make decisions in the context of their built, natural, and social environments, which have a much larger effect on health.[13] Rather than place such a large emphasis on lifestyles, self-sufficiency and personal responsibility, HHS could better improve the nation's health by revising Objectives 2.1, 3.1, and 3.3 of the Strategic Plan to focus on addressing the social determinants of health.

Existing HHS initiatives to address the social determinants of health as a means to achieve health equity can be adapted for the Strategic Plan. For example, Healthy People 2020 describes some strategies to do this, including employing a health in all policies approach and using health impact assessments. Using a health in all policies framework helps decision-makers across sectors (e.g. housing, planning, education) to identify how to maximize health in their policies and programs. Health impact assessments, "a process to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population," can be used as a tool to implement health in all policies.[14] The Strategic Plan should include these and other approaches to addressing the SDOH.

3) Recognize the importance of state and local public health departments.

The Strategic Plan should acknowledge the importance of state and local public health departments. State and local public health departments are dedicated to protecting health in every state and community across the country, and they can assist HHS in implementing the Strategic Plan. Public health departments' traditional roles closely align with Goal 2. For example, health education efforts (Objective 2.1), developing policies and plans to support individual and community health (Objective 2.4), and diagnosing, investigating and solving community health problems (Objectives 2.2 and 2.3) are part of the Ten Essential Public Health Services.[15] The Strategic Plan should

identify the roles the field of public health and state and local public health departments can take in its implementation.

APHA also recommends revising Objective 1.4 to include increasing the public health provider workforce in underserved and rural communities. The size of the public health workforce has decreased since the 2008 recession. The workforce is also not distributed throughout the country to equitably serve all areas in need.[16] The Strategic Plan should prioritize increasing the number of public health providers and ensuring that all parts of the country are equitably served by it.

4) Build on the health insurance coverage gains of the Affordable Care Act

For decades, APHA has supported providing affordable, high quality health care to everyone in the United States.[17] For this reason, APHA strongly supports Objective 1.1's Strategies to "Strengthen coverage options to reduce consumer costs." The Affordable Care Act, including its provisions to educate consumers about health insurance options, is critical to achieving this objective.

Some of the strategies described in Objective 1.3 could increase health insurance costs for those most in need of coverage. The strategies of allowing consumers the opportunity to purchase customizable health insurance plans or plans with different benefit and cost-sharing structures should be removed from the Strategic Plan. Allowing health insurance policies that do not cover the Essential Health Benefits offered by ACA Marketplace insurance policies, as promoting plans with different benefit and cost-sharing structures suggests, could harm health and increase costs. For example, allowing health insurance companies to offer low-cost, low-benefit plans could lead to healthy people purchasing the low-benefit plans and only sick people purchasing plans with comprehensive benefits. This would increase costs for comprehensive plans, making it more difficult for people in need of coverage to afford it.[18] Allowing health insurance policies with customizable benefits would also be harmful. Health insurance helps people in unpredictable situations. People cannot predict all of their health needs and cannot be expected to rationally select health benefits in an insurance policy. Rather than developing policies to allow consumers to customize insurance policies or purchase policies with different benefits, the HHS Strategic Plan should support the insurance coverage policies of the ACA.

HHS' mission is to "enhance and protect the health and well-being of all Americans." This includes the most vulnerable populations and communities, and that should be reflected in the HHS Strategic Plan. To more effectively improve health and reduce health disparities in the United States, APHA recommends acknowledging the importance of access to contraception, addressing the social determinants of health, emphasizing the role of public health departments and building on the health insurance coverage successes of the ACA. Thank you for your consideration of these comments.

Sincerely,

Georges C. Benjamin, MD
Executive Director

[1] American Public Health Association. *Our Values.* Accessed October 18, 2017, from https://www.apha.org/about-apha/our-values

[2] American Public Health Association. (2015) *Universal Access to Contraception*. Accessed October 18, 2017 from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/17/09/14/universal-access-to-contraception

[3] Wendt A, Gibbs CM, et al. (2012) "Impact of increasing inter-pregnancy interval on maternal and infant health. *Pediatr Perinat Epidemiol.* Accessed October 18, 2017 from https://www.ncbi.nlm.nih.gov/pubmed/22742614

[4] Bailey M, Hershbein B, Miller A. 2012. *The Opt-in Revolution? Contraception and the Gender Gap in Wages*. National Bureau of Economic Research. Accessed October 18, 2017 from http://www.nber.org/papers/w17922.pdf

[5] American Public Health Association. (2013). *Renouncing the Adoption or Misapplication of Laws to Recognize Fetuses as Independent of Pregnant Women.* Accessed October 18, 2017 from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/14/14/03/renouncing-laws-to-recognize-fetuses-as-independent-of-pregnant-women

[6] See Larsen E, Christiansen O, et al. (2013). "New insights into mechanisms behind miscarriage." BMC Med 11: 54 accessed October 20, 2017 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3699442/ and Wang X, Chen C, et al. "Conception, early pregnancy loss, and time to clinical pregnancy: a population-based prospective study." Fertil Steril. 2003;79:577–584. and Macklon N, Geraedts J, et al. Conception to ongoing pregnancy: the 'black box' of early pregnancy loss. Hum Reprod Update. 2002;8:333–343.

[7] Artiga S, Foutz J, et al. (2016) *Key Facts on Health and Health Care by Race and Ethnicity*. Kaiser Family Foundation. Accessed October 18, 2017 from https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-section-3-health-status-and-outcomes/

[8] Id.

[9] Krehely J. (2009). *How to Close the LGBT Health Disparities Gap.* The Center for American Progress. Accessed October 20, 2017 from https://cdn.americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt_health_disparities.pdf

[10] Department of Health and Human Services. (2017) *Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health*. Accessed October 18, 2017 from https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

[11] Department of Health and Human Services. (2017) *Healthy People 2020: Social Determinants of Health.* Accessed October 18, 2017 from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[12] Id.

[13] Centers for Disease Control and Prevention. (2014). *NCHHSTP Social Determinants of Health*. Accessed October 18, 2017 from https://www.cdc.gov/nchhstp/socialdeterminants/faq.html

[14] American Public Health Association. (2012). *Promoting Health Impact Assessment to Achieve Health in All Policies.* Accessed October 18, 2017 from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/11/16/51/promoting-health-impact-assessment-to-achieve-health-in-all-policies

[15] Centers for Disease Control and Prevention. (2017). *The Public Health System and the 10 Essential Public Health Services.* Accessed October 18, 2017 from https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html

[16] American Public Health Association. (2011). *The Affordable Care Act's Public Health Workforce Provisions: Opportunities and Challenges*. Accessed October 18, 2017 from https://www.apha.org/~/media/files/pdf/topics/aca/apha_workforce.ashx

[17] American Public Health Association. (1970). *A National Program for Personal Health Services*. Accessed October 18, 2017 from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/17/14/48/a-national-program-for-personal-health-services

[18] Lueck S. (2017). "If 'Essential Health Benefits' Standards Are Repealed, Health Plans Would Cover Little." Center on Budget and Policy Priorities. Accessed October 18, 2017 from https://www.cbpp.org/blog/if-essential-health-benefits-standards-are-repealed-health-plans-would-cover-little