FOIA Number: 2018-0756-F

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PHS [Public Health Service] Agency Heads Meeting 7/6/94

Stack:	Row:	Section:	Shelf:	Position:
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DAY: WEDNESDAY
DATE: July 6TH
TIME: 9:30 AM - 12:30PM
LOCATION: HHH Bldg - RM 716G
EVENT: PHS Agency Head Mtg
"JOINT OASH STAFF MTG"

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

JUN 27 1994

Am I supposed to be in on this?

NOTE TO: PHS AGENCY HEADS MEETING PARTICIPANTS
OASH STAFF MEETING PARTICIPANTS

Subject: Strategic Planning
Meeting July 6, 9:30 - 12:30

Attached for your review is the latest draft of the PHS Strategic Plan, based on our discussion at the joint meeting May 26, and subsequent staff work.

On July 6, Dr. Lee would like to meet with only the Agency Heads from 9:30 - 10:30 in his office, and we will be discussing the strategic plan at the joint session from 10:30 - 12:30 in Conference Room 729G. Mike McGinnis and his staff have done an excellent job of capturing our first discussion which focused on the introductory preamble, the mission statement, visions and goals. For our meeting on July 6, please review carefully the last section on priorities, beginning on page 4. We should be able to finish our discussion and make final decisions on the options proposed.

Thanks.

Jo Ivey Boufford, M.D.
Principal Deputy Assistant
Secretary for Health

Revised 6/24 from discussions on 5/26 and staff since the last meeting.

THE PUBLIC HEALTH SERVICE STRATEGIC PLAN

Preamble

A combination of scientific, economic, social, and technological factors are transforming the mandates and activities of government agencies at every level. In this time of change, we in the Public Health Service are called upon not only to lead in efforts to protect and promote the health of the public in the United States, to contribute to those goals world-wide, to help shape a new era in health care but also to reinvent our own organization. We are called upon to clarify--for ourselves and for the American people we serve--our basic mission, our vision for the future, our principal goals, and the strategic priorities that we will undertake now to move into the future with confidence.

Major advances in the health of the public in the United States have been made first by the application of public health principles and practices to the control of infectious diseases and, more recently, by the combined efforts of public health and personal health care to deal with the problems of communicable and chronic illness. To sustain and further advances in the health of the public and to close the gaps in health status among the American people will require the application of current knowledge about the determinants of health, sustained support to advance fundamental knowledge, as well as research to improve clinical and public health practice.

Our plan for the Public Health Service reflects our serious intention not only to cope with coming changes but to help shape them. We must take into account the changes in the populations we serve and the gaps in prevention, service, and research that may open up in light of changing demographic patterns. It reflects a recognition that there must be strong links between a "reinvented" public health service at Federal, tribal, State, and local levels and a reformed personal health care system working in partnership with communities, business, and voluntary organizations, if we truly are to improve the health of our population in cost-effective and lasting ways.

Indeed, the resources will not be available for a full range of secondary and tertiary clinical services unless we can effectively apply what we know to prevent those disease that are preventable and reduce disability, morbidity, and premature mortality through effective public health (population-based and clinical preventive services).

In order to turn our intention into effective programs, we will need to change the way we think about and do our work. We must base our policy and programs on the best

science and the best practice, while listening carefully to the American people from their diverse communities with their diverse health needs and priorities and directing our resources and our expertise to their service. We must evaluate critically where our resources are invested and the effectiveness of those investments and be prepared to shift away from programs that do not measure up to the highest of standards. We must learn and use new communication technologies and new techniques of organization and management to achieve higher levels of efficiency and a better quality of service.

The strategic plan that is outlined below is meant to define specifically the role of the agencies of the Public Health Service, acting together to focus our combines resources on critical health problems facing our Nation. It should be viewed in relationship both to the broader strategic plan endorsed by the Secretary for the Department of Health and Human Services and should provide a framework that enhances the individual strategic plans of the agencies that comprise the Public Health Service--the Agency for Health Care Policy and Research, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration. Together, these plans compose a blueprint for Federal action on health.

This strategic plan sets out our commitment to use the final years of this century as a platform for constructive action that will make possible a 21st century of improved health for all our people.

The Mission

The mission of the Public Health Service is to protect and improve the health of the American people and to close the gaps in the health status of disadvantaged populations, through health policy leadership, prevention, regulation, research, service, and education.

The Vision

The vision of the Public Health Service defines a renewed Federal health agency that:

- Leads in the development and dissemination of advances in knowledge, technology, quality public health practice and personal health care.

- Empowers individuals, institutions, and communities to maximize their health potential, through responsibility for and commitment to solutions to their own health problems.

- Works to assure the protection of the public's health through application of the best science to regulatory policies and programs.

- Works in partnership with other Federal agencies, tribal, State and local governments, voluntary and professional associations, community organizations, academic institutions, and businesses.

- Serves as a catalyst to encourage and support change throughout the Nation in health services delivery, public health, educational and research institutions, and the media to achieve the highest level of population health.

- Conducts sustained program evaluation to strengthen the effectiveness and efficiency of our policy development, program implementation, and resource use.

- Fully exploits the potential of information systems and technology in the design and management of programs as well as in serving and empowering individuals directly by providing them with desired information.

- Fosters a highly competent workforce whose diversity reflects the diversity in the national population that we serve.

We affirm that this vision of the Public Health Service of the future implies the need for careful review of how we do our business, from basic research through regulation to public education and services.

The Goals

In order to carry out our mission, the Public Health Service sets forth the following principal goals:

- To achieve the goals and objectives of *Healthy People 2000*.

- To assure a strong public health infrastructure defined by sound research,

quality management, effective information systems, a skilled workforce, and support for the essential services of public health required to protect the population from preventable diseases and hazards.

- To maintain leadership in scientific research into the promotion of health, as well as the causes, cures, and prevention of human disease and to assure efficient translation of scientific findings to health care and public health practice.

- To monitor closely the health status of the population, identify promptly gaps in health status of disadvantaged populations, and adopt effective action plans to meet their needs.

- To ensure equity of access to high-quality population-based and personal health services for all Americans that work together towards a shared goal of improved population health.

- To develop, communicate, and disseminate information to diverse publics about disease prevention, health promotion, and the wise use of health care services.

- To improve global health through health policy leadership and mission-appropriate action carried out internationally.

The Initial Priorities

The Criteria

Recognizing the broad scope of our mandate, the Public Health Service has made the difficult decision to define the areas that should be treated as immediate priorities and be given focused attention. To make this determination, the following criteria were used:

- The priority is related to a significant cause of morbidity or mortality of national and/or international import.

- The priority can be addressed effectively by an existing intervention(s).

- The priority can be implemented so as to shorten the time between

development and application of new knowledge.

- The priority can be addressed most effectively by a Public Health Service-wide effort, involving collaboration among the agencies.
- The priority can be feasibly addressed, given potential resources and expertise.
- The priority involves an effort whose outcome can be measured.

We have categorized our strategic priorities in terms of health care reform, prevention, and management priorities.

Health Care Reform Priorities

The pending national health system reform calls for a specific set of strategic priorities that address the responsibilities of the Public Health Service in the near-term. They are:

[new, more descriptive language suggested here as discussed in the 5/26 meeting]

- Access to personal health care services for vulnerable and underserved populations
- Active and viable public health system
- Adequate and well-trained health professions workforce
- Effective system to monitor the health of the population
- Improved quality of the health care system
- Strengthened Indian health services

Prevention Priorities

The prevention priorities include a spectrum of health issues, amenable to preventive interventions for which the Public Health Service has lead responsibility within the Federal government, ranging from those for which interventions are relatively well defined and evaluated to those for which interventions are still tentative and uncertain. Those on the more tentative end of the spectrum are categorized as developmental

priorities. For each strategic priority, a cross-Public Health Service collaboration is required that engages our capacity for excellence in research, protective regulation, surveillance, service, and education.

The action priorities are:

- Smoking/Smokeless Tobacco
- HIV/AIDS
- Immunization
- Family Planning
- Diet/Nutrition
- Physical Activity
- Substance Abuse

The developmental priorities are:

- Violence
- Environmental health

{Proposed for discussion:

- Newly emerging infections
- Breast, colon, and prostate cancer - early detection and treatment
- Chronic illness

and include occupational health with environmental health, though occupational health may not be considered developmental but as an action priority, if accepted]

Each of these strategic priorities will be addressed in general and specifically as they affect the following "at risk" populations:

- Minorities
- Women
- Adolescents
- Children
- The Elderly (?)
- People with Disabilities (?)

Management Priorities

In order to fulfill the mission and achieve an organization capable of realizing the vision set forth above, the Public Health Service and each agency within it must also address priorities that affect its internal structure. To that end, we have defined the following management strategic priorities:

- Align resource investments with stated priorities
- Maximize effective decentralization of authority and responsibility (and role clarity) within the Public Health Service
- Enhance our responsiveness to our client organizations and individuals
- Maximize diversity in our workforce
- Emphasize staff development
- Stress working in partnerships--within the Public Health Service, the Department, across government, and with State and local governments, nongovernmental organizations and the private sector
- Improve communications at all levels
- Shorten the time line between base development and application of knowledge

Part 1

PROPORTIONAL ALLOCATION OF THE CONTRIBUTING FACTORS OF MORTALITY TO THE FOUR ELEMENTS OF THE HEALTH FIELD

Ten Leading Causes of Death, United States, 1990

Ten Leading Causes of Death	No. of Deaths	% of Total	Health System	Life Style	Environment	Human Biology
Diseases of Heart	720,058	33.5	12	54	9	28
Malignant Neoplasms	505,322	23.5	10	37	24	29
Cerebrovascular Diseases	144,088	6.7	7	50	22	21
Unintentional Injuries	91,983	4.3	13	60	24	3
Chronic Obstructive Pulmonary Diseases	86,679	4.1	13	40	24	24
Pneumonia & Influenza	79,513	3.7	18	23	20	39
Diabetes Mellitus	47,664	2.2	6	26	0	68
Suicide	30,906	1.4	3	60	35	2
Chronic Liver Disease and Cirrhosis	25,815	1.2	3	70	9	18
Human Immunodeficiency Virus Infection	25188	1.2	3	70	7	20
			10.8	46.8	16.6	27.1

Table 2

PROPORTIONAL ALLOCATION OF THE CONTRIBUTING FACTORS OF MORTALITY
TO THE FOUR ELEMENTS OF THE HEALTH FIELD

Ten Leading Causes of Death, United States, 1990
Ranked by Years of Potential Life Lost Before Age 65

Ten Leading Causes of Death	Years Lost per 100,000 pop. < 65	% of Total	Health System	Life Style	Environment	Human Biology
Unintentional Injuries	984.7	17.5	13	60	24	3
Malignant Neoplasms	846.6	15.1	10	37	24	29
Diseases of Heart	632.2	11.2	12	54	9	28
Suicide	312.0	5.5	3	60	35	2
Human Immunodeficiency Virus Infection	303.4	5.3	3	70	7	20
Cerebrovascular Diseases	110.7	1.9	7	50	22	21
Chronic Liver Disease and Cirrhosis	103.1	1.8	3	70	9	18
Pneumonia & Influenza	81.2	1.4	18	23	20	39
Diabetes Mellitus	67.0	1.2	6	26	0	68
Chronic Obstructive Pulmonary Diseases	61.0	1.1	13	40	24	24
			9.8	52.3	19.8	18.6