**Department of Health and Human Services**

**Introduction**

All the three levels of the U.S government including the State, Federal and Local administrations operate designated health services programs. The federal government is closely involved with practically each and every health services program. The Department of Health and Human Services (HHS) is one of the health agencies that are taken care of by the U.S. government. HHS is the principal agency whose main goal is to protect the health of all citizens.  The federal government is closely involved with HHS and it is the main channel for close to half of its funds. Additionally, it offers direct training and educational programs to the healthcare personnel. Most importantly it plays the largest part in biomedical research, which is crucial in the agency. This paper intends to in-depth discuss the Department of Health and Human Services (HHS), which is a major federal health agency in the overall Health Care system in the United States.

**The role of HHS**

The HHS is mandated to protect Americans’ health and provide crucial human services, particularly to the citizens who are financially unstable. It is responsible for close to a quarter of the federal expenditures and it manages the highest number of grant dollars compared to all other federal agencies pooled together.( “Introduction: About HHS”, 2018) The agency achieves this through initiatives and programs covering a wide range of activities, while serving and protecting Americans from conception, as well as all other stages in life. This ensures that they not only perform their roles effectively, but also accomplish their mission as a department.

Also, this agency provides finances for technical assistance and program operations through working closely with the state, local and United States territorial governments (“Introduction: About HHS”, 2018). It allocates the funds needed and also delegates authority to both public and private entities that are concerned with health issues. Such assistance reaches the people in need of help across all divides as the agency involves all the necessary stakeholders. Also, involvement of the three levels of governments ensures that transparency and accountability are upheld in the agency.

The HHS provides leadership and expertise in global health policy and diplomacy, in order to contribute to a safer and a healthier world. It works together with other federal departments to recognize and implement the best practices on performance and management initiatives (“Introduction: About HHS”, 2018). Owing to the fact that an agency cannot improve health and human services outcomes by itself, HHS works together with other agencies to achieve its set goals and objectives. Following this, the agency is able to not only bring cohesion among departments, but also achieves its mission.

**Current legislative actions**

In the year 2014 the HHS proposed the 2020 targets for National Plan to Prevent Healthcare Associated Infection (HAI). These targets were arrived at by directing the committee of HAI prevention experts from federal agencies with help from national stakeholders including the Association for Professionals in Infection Control and Epidemiology (APIC ) (“APOC| Auromedics recalls Ampicilin and sulbactam,”  n.d.). The set 2020 targets were laid down in January 2015 as the new baseline for all measures other than invasive Methicillin-resistant Staphylococcus aureus (MRSA) infections in the population. It however did not include Surgical Care Improvement Project in the proposed 2020 targets as these processes have today become widely accepted as standards of practice.

**Current information regarding HHS**

 President Trump’s administration and congressional republican leaders in 2017 sought to repeal and revise the federal health law connected to the provision of Affordable Care Act (ACA) as their principal goal. Additionally, the administration aimed at ensuring efficient management of the provisions of the law while, taking every action consistent with the law to reduce the economic and regulatory burdens of the ACA (“Executive Branch Health Policy Activities in 2017,” 2017). Additionally, between 2010 and 2016, there was at least 22 state legislatures who enacted laws and measures connected to opting out of the broad health reforms related to mandatory provisions of the Patient Protection and Affordable Care Act (“ State Laws and Actions Challenging Health Reforms,” 2018).

An Executive Order has also been signed proposing changes to health insurance market. The order touches on short-term limited duration plans, association health plans and health reimbursement arrangements. The issue of having only one or two insurance providers has raised concerns within the administration and these proposed changes will expand the healthcare networks (“Executive Branch Health Policy Activities in 2017,” 2017). The HHS through its secretary wrote to the states ‘governors in commitment to support them in improving the Medicaid program. The agency intended to back up state initiatives meant to enhance health outcomes, as well as pledging to ensure long-term sustainability of the program.

**Population Health**

Population health management is the principal discipline which influences health care delivery transformation. Its primary objective is to enhance clinical outcomes, and at the same time reduce financial costs for a population through targeted involvement by caregivers who are coordinated across all settings of care. In the United States health care system, a number of federal and state initiatives have been implemented over the years. For example, ACA, Medicaid, Health Insurance Portability and Accountability act, Medicare among others. These programs directly relate to the population health, as each seeks to improve health outcomes while reducing the financial costs.

**Example of a current initiative related to HHS**

Medicaid is a state and federal initiative healthcare program which is intended for the families and individuals with insufficient funds or resources to pay for their health care (“Medicaid| Medicare.gov,”n.d.)The program is jointly funded by the federal government and the state, but managed by the states which develop guidelines concerning eligibility and services to be offered by the program. While the principles of public health management include population identification, risk stratification, intervention identification, patient engagement, care management, outcomes measurement, data integration, communication, analytics and reporting capabilities (Story M, 2016.), Medicaid program has been implemented based on some of these elements.

The above mentioned initiative identifies its beneficiaries for eligibility of services by selecting a group of citizens who have inadequate resources to support their medical needs. It also reduces the financial burden of health care of the right persons as poverty is not the only qualification to qualify for Medicaid. Availability of reliable communication channels between the state and the people improves coordination of care and allows the public to feel safe under such a program. Additionally, in this initiative provision of timely and accurate reports by the beneficiaries enhances a smooth implementation of the program and a successful public health management by the state.

**IOM, Health core metrics and public health management relation to Medicaid**

Medicaid is connected to the above mentioned health related disciplines either directly or indirectly. The core metrics of health and health care progress are the nucleus measures that would give the best understanding and emphasis on better health and wellbeing of Americans (David, Elizabeth,& And, 2015). Medicaid operates under the state and federal government funding, which means their records can be used as measures for health burden and monitor the highest health priorities at all levels. Public health management has established principles, which Medicaid can use to implement the existing programs and any new ones.

The national academies of sciences, engineering and medicine give unbiased and independent assistance on matters affecting individuals’ lives globally. Their reports and documentaries have influenced making of policies, informed public opinion and also advance the quest of engineering, science and medicine (“About us| National Academies. Org| Where the Nation Turns for Independent, Expert advice,” n.d). Their reports can therefore inform the state and federal government decisions on how to improve their initiatives such as Medicaid.

**Barriers that affected its planning and implementation**

This initiative faced a number of challenges during its inception. Medicaid eligibility at first was connected to admissibility for cash payments under welfare. People would then shy away from applying to program associated with welfare. The difficult, inconvenient, rigorous and often complicated administrative procedures to enroll to this initiative were a limitation to people in so many ways. The enrollment also required the applicants to do lengthy applications documenting their income and assets of which there was limited time and locations to submit the applications (” 5 Medicaid| Americas Children: the national academies Press,” n.d.). Eligible children could therefore miss to be admitted to the program where the parents were working and could not manage to go through the burdensome process of enrolment. These were the challenges which people faced making it difficult to enroll in the program during its earlier days.

**Conclusion**

In summarize, the Health and Human Services agency has managed to accomplish its objective of protecting the health of all Americans. Receiving support from the federal government, the HHS has not only enhanced cohesion between the national agencies, but also boosted the U.S. healthcare system to rank high globally. The public health management objective coincides with the HHS principal aim of enhancing clinical care outcomes by ensuring health care access is not limited to one’s financial status. Also, inception of the Medicaid initiative was to support those who could not financially support their health care, which is what the HHS and Public Health Management aim at. Although it had enrollment problems at first, the program has grown to receive support from people and has advanced in boosting the U.S health care system.

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