OFFICE OF PUBLIC HEALTH AND SCIENCE

FY 2002 PERFORMANCE PLAN

The Office of Public Health and Science (OPHS) provides leadership to the Nation on public health and science issues that are important to the American people. OPHS policy, program and operational components make it unique among the Staff Divisions in the Department of Health and Human Services (HHS). OPHS is led by the Assistant Secretary for Health (ASH), a key leadership position in HHS whose chief interests are promoting, protecting, and improving the Nation's health. The ASH provides senior professional leadership on population-based public health and clinical preventive services, directs eleven program offices housing a variety of essential public health activities, provides senior professional leadership across HHS on White House and special Secretarial initiatives involving public health and science, and guides and provides technical assistance to ten Regional Health Administrators.

OPHS includes: the immediate office of the ASH, the Office of the Surgeon General (OSG), the Office of HIV/AIDS Policy (OHAP), the Office of Population Affairs (OPA), the Office of Disease Prevention and Health Promotion (ODPHP), the President's Council on Physical Fitness and Sports (PCPFS), the Office of Minority Health (OMH), the Office on Women's Health (OWH), the Office of Emergency Preparedness (OEP), the Office for Human Research Protections (OHRP), the Office of International and Refugee Health (OIRH), the Office of Research Integrity (ORI), the Office of Military Liaison and Veterans Affairs (OMLVA), and the National Vaccine Program Office (NVPO). These offices are actively engaged in a broad array of activities that support and facilitate the work of many of the Department's Operating Agencies.

OPHS Theme/Priorities

OPHS has developed a theme, priorities, enabling objectives, and common strategies based upon the 5-year HHS Strategic Plan, ASH priorities, and special annual initiatives. The theme of OPHS is **Healthy People in Healthy Communities through Public Health and Science.** By applying sound science to public health policies and programs, and by educating people and communities about prevention, health, and the health care system, OPHS will stimulate research, policies, and interventions that will improve the Nation's health. OPHS will focus its efforts on three health priorities:

1. Move toward establishing a balanced community health system

a. Assure every child the opportunity for a healthy start in life;
b. Promote healthy lifestyles and behaviors;
c. Enhance mental health for all; and
d. Strengthen the health sciences research enterprise.

2. Maintain a global approach to public health

a. Increase awareness of and attention to global health concerns and their effects on the domestic issues; and
b. Ensure a safe food and blood supply and prepare for and respond to terrorism threats.

3. Eliminate disparities in health

OPHS will achieve success with these three priorities by employing the following cross-cutting strategies:

- Strengthen the science base for decision-making by fostering research integrity, demonstration projects, and evaluations;

- Improve the policies, programs and practices required to achieve priority objectives;

- Increase the number of effective networks, coalitions, and partnerships addressing priority objectives; and

- Improve communications with various audiences to increase awareness and understanding of the major health problems confronting Americans.

OPHS values collaboration and works in partnership with other HHS components, as well as a variety of other Federal agencies (including the Departments of Education, Justice, Labor, Agriculture, Defense, State, Transportation, Commerce, Energy, Housing and Urban Development, and Veterans Affairs; the Environmental Protection Agency; the Federal Emergency Management Agency; and the US Consumer Product Safety Commission), tribal, State and local governments, health departments and agencies, the academic community, health providers, national professional associations, tribal, national and international health-related organizations, community-based organizations, minority community-based organizations, faith-based institutions, the media, advocacy groups, the business community, foundations, the public, Congress, and others. Through its program offices, OPHS has established close ties with stakeholders who are critical to addressing significant public health and science issues in the Nation and around the world.

OPHS Role and Contributions

OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions. Investments in programs and activities that are effective pay off heavily in the improved health and productivity of the American people and our global partners. The results – better health for individuals and longer life spans – are highly valued by the public. Of the strategies utilized by HHS and OPHS, most include a combination of research, prevention, public health programs, public education services, and regulation. OPHS contributes by:

Building a Stronger Science Base

- **OPHS promotes the collection of health data and the strengthening of data infrastructures** to monitor the health of all Americans, to measure the effects of initiatives and interventions aimed at improving health, and ultimately to provide a sound basis for decision-making.

- **OPHS fosters service demonstration projects, evaluations, and other studies of interventions aimed at improving health and the health care system** to strengthen and expand the science base for decision-making, determine model approaches and best practices, and identify and overcome barriers to health, as well as program and intervention effectiveness.

- **OPHS protects the integrity of the research underlying public health policy and clinical treatments** by ensuring that all institutions that conduct research supported by the Public Health Service have an understanding and commitment to research integrity and an administrative process for responding to allegations of scientific misconduct, by conducting oversight review of institutional investigations into alleged misconduct in science, and by monitoring institutional efforts to promote the responsible conduct of research.

Influencing and Improving National Policy

- **OPHS influences and affects policies, programs, and practices** through review, analysis, and advice on existing policy-related efforts as well as development, coordination, and implementation of new initiatives and activities. Recent hallmarks of OPHS' activities in this area are *Healthy People 2010* and the Leading Health Indicators, the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health, the *Surgeon General's Report on Mental Health,* the *Surgeon General's Report on Oral Health,* the *Dietary Guidelines for Americans 2000*, the *HHS Blueprint for Action on Breastfeeding*, and a variety of reports which translate state-of-the-art science into documents that are extensively read by legislators, the media, professionals and the public.

- **OPHS facilitates the translation of health data and research findings into budgetary and program expressions.**

Promoting Effective Partnership Activities

- **OPHS establishes and strengthens effective networks, coalitions, and partnerships to identify and solve public health concerns and to stimulate and undertake innovative projects that address them**. OPHS reaches out to professional groups, advocacy groups, international partners, nongovernmental organizations, and colleagues in Federal, State and local governments, engaging in collaborative work to assist in the identification of health concerns and problems and then craft creative solutions. For example, OPHS plays a leadership role in a new partnership between HHS and the American Public Health

Association around the elimination of racial and ethnic disparities in health.

Engaging in Strategic Communication

- **OPHS increases public awareness and understanding of the major public health concerns and health systems** through strategic communications and a wide range of informational and educational efforts aimed at decision makers, health professionals, those serving racial/ethnic minority communities, and the general public to spur responsive policy and programmatic action. OPHS prepares reports, background papers, legislative proposals, Congressional testimony, journal articles, speeches, Internet sites, and a myriad of other documents related to the communication of science and its impacts on public health. Through the ASH and his designees, OPHS communicates directly with the American people and other decision- and opinion-makers through speaking engagements, conferences, and publications, thereby serving as a catalyst for sustained attention to health and promoting the health of the Nation.

External Factors

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but its programs and activities alone cannot assure success. The problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions. While external factors beyond the control of OPHS may affect outcomes (including factors such as legislative and court decisions; education and social services; availability of resources; and shifts in the economy and demographics), OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions. OPHS continues to strive to better measure and communicate the ways in which its contributions improve the health of the US population.

Target Setting, Data Sources and Validation for Performance Measurement

Most performance measures in this plan were selected from among the nationally-recognized health objectives of *Healthy People*– the state-of-the-art for consensus on population-based health status outcomes. *Healthy People* objectives contain decade-long targets. OPHS based its performance measures for FYs 1999 and 2000 on objectives from *Healthy People 2000* (launched in 1990 with health targets for the year 2000), and performance measures for FY 2001 and 2002 on the *Healthy People 2010* (final edition, released November 2000 with health targets for the year 2010).

The targets for the 317 objectives in *Healthy People 2000* were challenging. Although sixty percent (60%) of the objectives were either met or are moving in the right direction, there are areas where we are not progressing in the right direction. For the purposes of this performance report, OPHS has selected targets consistent with *Healthy People 2010*, the nation's health agenda for the first decade of the twenty-first century. It contains two goals, 467 objectives, and 28 focus areas. Each year, the National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention publishes the most recent data on progress towards the *Healthy People* targets. The data produced by NCHS are compiled from State and local public agencies, Federal surveys and other data sources. The data are used for a wide variety of purposes by Federal, State and local officials; researchers; legislators; the media; the public; and others. The validity of these data has been subjected to internal and external scrutiny.[1] [Note: *Healthy People 2010* was released in January 2000 as a conference edition. New data were added and the final edition was released in November 2000. Baselines drawn from *Healthy People 2010* were updated to be consistent with the updated document, as appropriate.]

OPHS proposes to use the most recently published NCHS data as its primary source for performance measurement whenever possible. For performance measures that are not included in *Healthy People*, and therefore not monitored by NCHS, other data sources have been identified. OPHS' use of NCHS data provides many benefits. For example, the data have been subjected to intense review and are regarded as the "gold-standard" for health information. Without NCHS data, OPHS could not include health outcomes – of the utmost importance to Congress and the American public – as performance measures. In addition, OPHS will not need to invest significant resources in the development of monitoring systems for its performance measures. These factors are consistent with Congress's intent for GPRA. One problematic aspect of relying on NCHS data is that there will be a lag in reporting on the performance measures. For the measures based on mortality or death rates, the lag time will be 1-2 years; for measures based on behaviors and morbidity, the lag time is likely to be 2-3 years. On balance, OPHS considers the strengths of the data to outweigh the weaknesses.

Measuring OPHS Progress

The three priorities of OPHS are presented in the following sections. Each section presents a list of OPHS offices that contribute to goal achievement, a brief description of significant OPHS contributions and context for performance, a listing of performance measures with baselines and targets for performance, and links of OPHS measures with the HHS strategic plan.

[1] Verification and validation methods and procedures for these national data are available in HHS Publication No. (PHS) 98-1256.

OPHS Priority 1: Move toward establishing a balanced community health system

This balanced community health system must include health promotion, disease prevention, early diagnosis, and universal access to quality care. It must be grounded at the community level, calling on the serious involvement of civic and other local groups, community schools, and faith-based organizations to work in concert with the health system both public and private. And, finally, it must be supported by a strong and balanced research agenda.

1(a) Assure every child the opportunity for a healthy start in life

The type of start a child experiences plays a major part in determining that child's future. A healthy start involves several things – the health of the parents and whether they are experiencing a planned pregnancy, and whether either or both of them are teenagers. It relates to the health of the mother, including whether she has access to quality prenatal care. And it involves the health concerns of the baby in utero, ranging from reducing the risk of having HIV transferred from mother to child to avoiding exposure to tobacco, alcohol, and crack cocaine in utero. We also must focus on issues affecting the newborn, including breast feeding and nutritional habits and the sleeping position the parents select for the baby. A healthy start also means looking at a child's environment and making sure that it is safe and nurturing, offers protection from infectious disease through access to immunizations, and is free from toxins, violence and abuse, as well as unintentional injury. We know that children develop best in supportive environments where there are loving, caring adults who will take the time to read and stimulate their senses.

OPHS Contributing Offices

The Office of Population Affairs, Office of Disease Prevention and Health Promotion, Office of HIV/AIDS Policy, Office of the Surgeon General, Office of Minority Health, Office on Women's Health, National Vaccine Program Office, and Office of Research Integrity.

OPHS Role and Contributions

OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions. OPHS – together with HHS agencies and other partners – invests in programs and activities that are effective in providing a healthy start for children. Some examples of the direct contributions of OPHS include:

<u>Building a Stronger Science Base</u>

- OPHS collaborates with various HHS agencies in several research efforts, including funding support for the collection and analysis of data from national surveys such as the National Survey of Family Growth (NSFG) and the Adolescent Health Survey.

- The national Title X Family Planning program supports research to improve the delivery of family planning services, as well as research other selected topics in family planning

such as male involvement.

- The President's Task Force on Environmental Health Risks and Safety Risks to Children, managed by OPHS (with the Environmental Protection Agency), addresses specific environmental-related risks to children's health and safety – asthma, unintentional injuries, cancer, and developmental disorders. This initiative, which reaches across the Federal government, recognizes the growing body of scientific information demonstrating that America's children suffer disproportionately from environmental health risks and safety risks. The Secretary co-chairs the Task Force with the Administrator of the Environmental Protection Agency. In addition to HHS agencies, other active collaborators include the Department of Housing and Urban Development, Department of Justice, US Consumer Product Safety Commission, and the EPA.

- The Adolescent Family Life (AFL) program supports demonstration projects to develop models aimed at (1) promoting abstinence from sexual intercourse as a means of preventing adolescent pregnancy and sexually transmitted diseases, including HIV, and (2) assisting pregnant and parenting adolescents, their children and their families. The program also funds research projects examining the causes and consequences of adolescent premarital relations, adolescent pregnancy and adolescent parenting.

- OPHS, through the National Vaccine Program Office (NVPO) facilitates and coordinates HHS agency activities to ensure the development of the safest and most effective vaccines possible for the children of the United States.

- OPHS convenes the Panel on Clinical Practices for the Treatment of HIV Infection, comprised of expert clinicians, researchers and consumer representatives, which reviews emerging data on HIV/AIDS therapies and publishes up to date treatment guidelines. A subset of the Panel, the Perinatal HIV Guidelines Working Group (composed of experts in obstetrics/gynecology and pediatrics), reviews emerging data and issues guidelines on the treatment of HIV infection among pregnant women and interventions to reduce perinatal HIV transmission. These are widely distributed and regularly updated on the Internet and published in the medical literature, and are regarded as the standard of care.

<u>Influencing and Improving National Policy</u>

- OPHS staff provide policy analysis and perspective in the Department-wide implementation process of the Title XXI State Child Health Insurance Program (S-CHIP) and Child Health Initiative.

- Reports from the Surgeon General provide the science underpinning for actions to reduce tobacco use. The report *Reducing Tobacco: A Report of the Surgeon General,* was released in August 2000; the report *Women and Smoking: A Report of the Surgeon General* was released in March 2001. The latter report provides an update of the 1980 first Surgeon General's report on women and tobacco, including issues related to maternal smoking. The FY 2000 report, *Oral Health in America: A Report of the Surgeon*

General, and subsequent Surgeon General's Conference on Children and Oral Health have guided actions to maintain and improve oral health for all Americans and remove barriers that stand between adults and children and oral health services. The *HHS Blueprint for Action on Breastfeeding* released by the Surgeon General in FY 2000, in conjunction with the Office on Women's Health, establishes a comprehensive policy for the nation to improve children's health by promoting the benefits of breastfeeding through the family and community, workplaces, and the healthcare system.

- NVPO, through its National Vaccine Advisory Committee, helps develops immunization policy aimed at ensuring that vaccine research, development, and delivery contribute in the most effective ways to the reduction of vaccine preventable disease in the United States.

Engaging in Strategic Communication

- The national Title X Family Planning program supports information dissemination and community-based education and outreach activities.

- The National Hispanic Prenatal Hotline Project, funded under the National Alliance for Hispanic Health cooperative agreement, establishes a national hotline to provide individualized, culturally/linguistically appropriate information regarding prenatal care to Hispanic consumers in the United States and Puerto Rico. Individuals can access culturally written information on prenatal care and health care providers are able to access information on how to provide culturally and linguistically appropriate prenatal care services.

- The AFL program develops model strategies for promoting abstinence from sexual intercourse as a means of preventing adolescent pregnancy and sexually transmitted disease. The Title X (Family Planning) program also stresses abstinence in both education and counseling sessions with adolescents. All adolescents requesting services are counseled about the benefits of abstinence in relation to prevention of both pregnancy and STD's.

- NVPO, through its HHS Interagency Vaccine Communications Group, develops effective communication messages regarding the benefits and risks of vaccines to ensure an informed public.

- The OPHS Office on Women's Health National Centers of Excellence in Women's Health have developed programs targeting adolescent girls on reducing risk-taking behaviors and general physical, mental and social health through bilingual teen web sites and volunteer mentor programs. Hispanics, Native Americans, and pregnant teens are among the groups reached through these efforts.

Promoting Effective Partnership Activities

- The national Title X Family Planning program provides family planning and related gynecological health care services to nearly 4.5 million individuals each year to assist them

in planning the timing and spacing of their children. The program also supports training for family planning clinic personnel.

- OPHS has initiated several efforts to increase male involvement in family planning and reproductive health. Each HHS region has been given the opportunity to fund demonstration projects designed to employ adolescent males in clinic settings and provide them with family planning and reproductive health education. In addition, the Office is funding 17 community-based programs to investigate innovative approaches for providing family planning services specifically for males.

- The National Centers of Excellence in Women's Health, sponsored by the OPHS Office on Women's Health, partner with a variety of groups within their own academic institutions and with outside agencies and organizations to reach and serve minority and economically disadvantaged and abused pregnant teens and other middle and high school students on nutrition, exercise, decision-making and negotiation skills, sexuality, drug and smoking prevention, sexually transmitted diseases and pregnancy prevention. Bilingual services are provided in Spanish, Vietnamese, and Somali, and other languages. Local public health departments and WIC programs, departments of education, state medical assistance programs, and pharmaceutical companies are examples of partners.

FY 2000 Performance Summary

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but the problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions.

In FY 2000, OPHS continued to move toward assuring every child the opportunity for a healthy start in life, through building a stronger science base, influencing national policy, promoting effective partnerships, and engaging in strategic communications.

The birth rate for teenagers continued its steady decline since the early 1990s – between 1991 and 1999 (the latest year for which data are available) there was a 26 percent drop in the birth rate for teenagers 15-17. Between 1998 and 1999, the drop in the teen birth rate was most pronounced among teens ages 15-17 with a decline of 6 percent. In addition, the percentage of women beginning prenatal care in the first trimester rose slightly for 1999 (the most recent year for which data are available) to 83.2 percent, compared with 82.8 percent for 1998. This measure has shown steady progress during the 1990s, with the most notable increase being among black and Hispanic women, with an increase of approximately 25 percent over the last decade.

Among the factors accounting for the overall falling birth rate among teenagers are decreased sexual activity, increases in condom use, and the adoption of injectable and implant contraceptives. Within the larger public health framework, OPHS' Office of Population Affairs

and the programs it administers (the AFL program and the Family Planning Program) play a central role in assuring a healthy start for every child by preventing unintended and adolescent pregnancies, providing abstinence education for adolescents, and providing related preventive health care and counseling.

In an effort to promote effective partnerships to reduce adolescent pregnancy, the AFL prevention projects continue to focus on abstinence as the most effective method of preventing adolescent pregnancy, sexually transmitted infections. In 2000, the program supported 73 prevention projects focusing on encouraging adolescents to remain abstinent and served an estimated 91,000 adolescents. The program also supports care projects which work with pregnant and parenting adolescents to assure healthy outcomes for themselves and their children. In 2000, the program funded 18 care projects providing almost 11,000 pregnant and parenting adolescents, their families and infants with access to health (including prenatal care) and social services.

In 2000, the family planning program, the primary provider of subsidized family planning services for low-income individuals, provided funding for service delivery grants to 91 public and private organizations supporting a nationwide network of more than 4,600 family planning clinics. Title X provide reproductive health services to approximately 4.4 million persons each year, enabling women to avoid unintended pregnancies. Pregnancy testing is a common and frequent reason for women coming to visit a clinic, and family planning is often an access point for women entering early prenatal care. The program also plays an important role in adolescent pregnancy prevention. Approximately 30 percent of those receiving services are under 20 years of age. In addition to clinical services, outreach and education (including counseling to encourage continued postponement of sexual activity for adolescent clients who are not yet sexually active) are important component of family planning services for adolescents.

The reduction of new perinatally acquired HIV infections has also been a high priority for the Department since the definition of effective treatment options that reduce the risk of transmission from mother to child. OPHS has coordinated a Department-wide effort across the research, prevention and treatment arenas to maximize opportunities to reduce the incidence of new perinatal HIV infections. HRSA, CDC and SAMHSA all have extensive program efforts in place to reach and offer pregnant women with HIV infection effective treatment for their own illness and to reduce the risk of perinatal transmission. These initiatives have been successful in dropping the number of new perinatal HIV cases diagnosed each year, with 171 cases diagnosed in FY99 compared to a target level of 214 cases.

In 2000, the Adolescent Family Life program took several steps to promote effective partnerships between the grantee, their staff and the clients they serve. The program initiated a training program for its prevention grantees and the front-line staff who work with adolescents. In 2000, the program conducted eight regional meetings in eight different cities with a total of 307 AFL program front-line prevention staff participants. The training focused on providing front-line staff members with an opportunity to improve their skills in communicating and working with youth. In 2001, the program will conduct another series of training workshops for staff in care projects.

The OPHS Office of Population Affairs also contributes to building a stronger science base

through funding support for national surveys such as the National Survey of Family Growth, a periodic survey of a national sample of women 15-44 years of age which collects data on factors affecting pregnancy and women's health in the United States. The survey collects data on a wide range of topics including: pregnancy and birth, marriage, divorce, cohabitation, sexual intercourse, contraception, infertility, use of family planning and other medical services, health conditions and behavior. OPA is providing an estimated $4 million over the period FY 1998 – 2002 to support the development, testing and implementation of the next survey cycle, which will include a sample of men for the first time. In 2000, the OPA worked with the National Center for Health Statistics and other funding partners to ensure that there will be reliable national data focusing on marriage and cohabitation, sexual behavior and reproductive health, including risks related to the transmission of HIV or STDs.

Finally, in the area of influencing national policy, OPHS' Office on Women's Health led the development and publication of the HHS Blueprint for Action on Breastfeeding released by the Surgeon General. The Blueprint establishes a comprehensive policy for the nation to improve children's health by promoting the benefits of breastfeeding through the family and community, workplaces, and the healthcare system. Over 30,000 copies of the Blueprint have been distributed. In addition, collaborations have been formed with the American Association of Health Plans and the African American Breastfeeding Association.

Performance Measures

Performance Measures	Targets	Actual Performance
1.1 New measure for 2001: Birth rate per 1,000 females aged 15-17 *Data source: National Vital Statistics System, CDC, NCHS.*	FY02: 24.6% FY01: 26.1% FY00: 27.6%	FY02: FY01: FY00: 05/02[2] FY99: 28.7%[3] FY98: 30.4% FY97: 32.1%
1.2 Proportion of all pregnant women who begin prenatal care in the first trimester of pregnancy 16.6a *Data source: National Vital Statistics System, CDC, NCHS*	FY02: 84.5% FY01: 84.1%[4] FY00: 90% FY99: 87%	FY02: FY01: FY00: 05/02[5] FY99: 83.2%[2] FY98: 82.8% FY97: 82.5%
1.3 Number of new perinatally acquired AIDS cases 13.17 *Data based on 1998 HIV/AIDS Surveillance Report. Vol 9(2).*	FY02: 141 FY01: 151 FY00: 203 FY99: 214	FY02: FY01: FY00: 07/01 FY99: 171 FY98: 235 FY97: 310 FY 96: 509

[2] Source: Curtin, SC; Martin JA. Births: Preliminary Data for 1999. National vital statistics reports; vol. 48 no. 14. Hyattsville, Maryland: National Center for Health Statistics. 2000. The preliminary report includes a limited number of variables, including teen birthrates and prenatal care in the first trimester. There are other variables , such as mothers who smoke, which are only in the final report. Trends shown in the preliminary reports for 1995-98 for most measures were confirmed in the final statistics for each year, which are usually published in the spring.

[4] For the purposes of this performance report, OPHS has retained targets for FY 2000 that are consistent with Healthy People 2000, even in areas like this where achievement is unlikely. Targets for 2001 have been recalibrated based on Healthy People 2010 objectives.

Performance Measures	Targets	Actual Performance
1.4 Proportion of mothers who smoke during pregnancy 16.17 *Data source*: *National Vital Statistics System, CDC, NCHS*	FY02: 8% FY01: 9% FY00: 10% FY99: 12%	FY02: FY01: FY00: 05/02[2] FY99: 05/01[2] FY98: 12.9% FY97: 13.2%
1.5 Proportion of mothers who breastfeed their babies at 6 months	FY02 36% FY01 34%	FY02: FY01: FY00: FY99: 29%
1.6 Increase the number of children enrolled in regular Medicaid or SCHIP (State Children's Health Insurance Program) *Data Source: HCFA administrative files.*	FY02: + 1 million over 2001 FY01: + 1 million over 2000 FY00: + 1 million over 1999 FY99: Develop goal; set baseline and targets	FY02: FY01: FY00: +1.679 million children FY99: Baselines and targets set; 21.98 million (interim) FY98: 21.18 million (interim) FY97: 21 million in Medicaid, none in SCHIP.

Related HHS Strategic Goals

- Reduce the major threats to health and productivity of all Americans
- Improve the economic and social well-being of individuals, families and communities in the United States
- Improve access to health services and ensure the integrity of the Nation's health entitlement and safety net programs
- Improve the quality of health care and human services

1(b) Promote healthy lifestyles and behaviors

Promoting healthy lifestyles means paying greater attention to *physical activity.* We have found that if we can get people who are sedentary up and moving for 30 minutes a day five days a week, we could greatly enhance the health of the nation. It also means allotting greater attention to *nutrition* by encouraging people to follow the *Dietary Guidelines for Americans*, including eating at least five servings of fruits and vegetables each day. It means encouraging people to *avoid toxins*, like tobacco, excessive alcohol and illicit substances. And it means educating people so that they commit to *responsible sexual behavior*.

By reducing tobacco use, we will improve health outcomes in the areas of cancer, cardiovascular disease, lung disease, and low birth weight and other problems of infancy. Diet and activity behaviors are associated with chronic health problems such as heart disease, hypertension, diabetes, osteoporosis, obesity, and certain types of cancers. Abuse of alcohol and illicit drugs results in motor vehicle fatalities, violence, and other deleterious health, social and economic consequences. Unsafe sexual practices are associated with sexually transmitted diseases, including HIV/AIDS, and hepatitis, as well as unintended pregnancies. Oral health is also an important component of healthy lifestyles.

OPHS Contributing Offices

Office of the Surgeon General, Office of Disease Prevention and Health Promotion, President's Council on Physical Fitness and Sports, Office of HIV/AIDS Policy, Office of Minority Health, Office on Women's Health, Office of Population Affairs, Office of International and Refugee Health, and Office of Research Integrity.

OPHS Role and Contributions

OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions. To reduce the number of premature deaths, OPHS – together with HHS agencies and other partners – invests in programs and activities that are effective in reducing or eliminating behavioral threats, resulting in improved health and productivity of the American people. Some examples of the direct contributions of the Office of Public Health and Science include:

<u>Building a Stronger Science Base</u>

- OPHS works with the National Center for Health Statistics (at the Centers for Disease Control and Prevention) to collect and analyze national data on health status and health behaviors.

- OPHS has ongoing demonstration programs to address cardiovascular disease through physical activity, to learn more about antecedents and consequences of adolescent premarital sex and childbearing, and to work on broad health behaviors through the National College Roundtable on Women and Health.

- Through staff liaisons, the OPHS is involved in supporting the development of a guide to community preventive services. Under the auspices of the US Public Health Service, a Task Force on Community Preventive Services, a 15-member non-Federal panel, is developing a *Guide to Community Preventive Services.* The guide will summarize what is known about the effectiveness of population-based interventions for prevention and control, providing recommendations on these interventions and the methods of their delivery, as well as identifying gaps in the evidence to develop a prevention research agenda.

- In the area of women's health, OPHS worked with the National Women's Law Center, the University of Pennsylvania Center for Excellence in Women's Health, and The Lewin Group to produce the first ever national and State-by-State "report card" on women's health, titled *Making the Grade on Women's Health*.

Influencing and Improving National Policy

- A hallmark of OPHS' activities in this area is management of *Healthy People*, which includes tracking and publicly reporting on meeting the national health goals and objectives for the year 2000, and now, for 2010. About 100 objectives (30%) in *Healthy People 2010* focus on health behaviors and promote healthy lifestyles. For the first time, Healthy People includes the Leading Health Indicators (LHIs). The LHIs represent ten priority areas for the nation's public health over the next decade. OPHS is committed to the development of national action plans that address each of these 10 LHIs and to report to the American public on the status of our efforts to make progress in these areas. The development of health goals for the year 2010 involved an extensive national process, involving Federal, tribal, State, local and non-governmental organizations, to examine the structure and content of health improvement activities, and to determine national health objectives for the Year 2010. This initiative drives health policy making in many states, communities, and businesses.

- OPHS manages preparation of the *Dietary Guidelines for Americans*, jointly published with USDA every five years since 1980. The 5th edition was released in May 2000 at the national nutrition seminar. This statutorily required publication is the policy basis for all Federal nutrition education activities. Similarly, OPHS leads efforts to support the Institute of Medicine's multi-year scientific evaluation and development of dietary reference intakes – the consumer's gold standard for recommended intakes of nutrients and a basis for nutrition label values and food assistance program standards.

- In the area of physical activity, OPHS participates in national policy-making bodies such as the National Coalition for Promoting Physical Activity, Joint Commission on Sports Medicine and Science, and the National Task Force on the Prevention and Treatment of Obesity to promote science-based policy decisions. Additionally, the President's Council on Physical Fitness and Sports is collaborating with federal and non-federal groups on the development of an implementation plan to promote physical activity among young people.

Engaging in Strategic Communication

- Some well-known communication activities involve the President's Council on Physical Fitness and Sports, which is responsible for Flexing the Nation's Muscle: Presidents, Physical Fitness, and Sports in the American Century – A Traveling Exhibition.

- OPHS disseminates a wide range of information about health behaviors. For example, a quarterly Research Digest that synthesizes knowledge about fitness and exercise topics is distributed by the President's Council on Physical Fitness and Sports. Through healthfinder™ – the Federal government-wide Internet gateway to health information – the National Women's Health Information Center, and the Office of Minority Health Resource Center, OPHS provides nation-wide access to information and referral services for both health professionals and consumers. The Office of Minority Health Resource Center has recently enhanced its abilities to provide a wide range of information and technical assistance on HIV/AIDS. The Office of HIV/AIDS Policy coordinates an active information dissemination effort targeting communities of color, the leadership of national and local minority organizations, minority providers and the faith community to address stigma and common misinformation that impede prevention and treatment goals.

- The National Women's Health Information Center (NWHIC) and healthfinder® web sites and toll-free numbers provide improved access to reliable and up-to-date health information. Both sites feature targeted information tailored for specific populations such as kids, professionals, pregnant women, and women with disabilities. These sub-sections present a carefully selected and organized set of resources supporting these population groups. For example, the newly developed healthfinderKIDS section presents a carefully selected and organized set of resources for children aged 8 to 12. As part of the launch, the Regional Women's Health Coordinators attracted media coverage by major Hispanic TV stations and provided community-based organizations and clinics with posters and pocket planners in both English and Spanish.

- OPHS contributes to the quality and effectiveness of the health information available to consumers and professionals and works to achieve increased access to technological advances in health for the underserved. These include the Science Panel on Interactive Communication and Health, activities related to the quality of health Web sites, and activities to measure and promote health literacy.

- The *BodyWise Eating Disorders Educational Campaign* sponsored by the Office on Women's Health is a program to increase awareness and knowledge of eating disorders, including their signs and symptoms, steps to take when concerned about students, and ways to promote healthy eating and reduce preoccupation with body weight and size. The program targets middle school educators and health care providers.

Promoting Effective Partnership Activities

- The Healthy People Consortium, led by OPHS, links all HHS agencies; private, voluntary

and community organizations; and State public health, mental health, substance abuse, and environmental agencies. OPHS communicates with the Consortium through regular mailings and annual meetings. The members participated in the development of health goals for the nation every decade and are engaged in the follow-up activities that lead to achievement of the goals. To increase Healthy People usefulness in improving health, OPHS is undertaking a variety of outreach activities, including formalizing new partnerships with external organizations, reaching out to new nontraditional partners, working toward development of an annual report on the health of the nation using the Leading Health Indicators, collaborating on a national action plan on overweight and obesity, and developing a communication strategy for the Leading Health Indicators.

- In the area of improving the health of all Americans, OPHS has been actively involved in the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health. To that end, OPHS helped launch a national public/private partnership with the American Public Health Association focused on eliminating disparities. This partnership brings together leaders from business, the faith community, academia, labor, local and state government, and many other sectors to address the causes of low health status attainment in minority populations.

- Over the last decade, the Title X national family planning program has been working in collaboration with the CDC to implement effective prevention strategies designed to reduce the prevalence of chlamydia and its debilitating complications. CDC estimates that every dollar spent on early detection can save an estimated $12 in complication-associated costs. The chlamydia prevention partnership, begun in 1987 as a demonstration project in PHS region X, has now been expanded to all ten PHS regions. The success of this approach has been demonstrated by the fact that chlamydia prevalence rates decreased by as much as 69 percent in Region X, where the program has been in place for more than 10 years.

- To prevent the abuse of tobacco, alcohol and other drugs by youth, OPHS promotes partnerships with parents and other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders. Through the Smoke-Free Kids partnership with US Soccer, OPHS coordinates the dissemination of a national program promoting participation of adolescents in soccer as a way to reduce risk of tobacco use. OPHS assists in the development of community coalitions and programs to prevent drug abuse and underage alcohol and tobacco use, supports and disseminates scientific research and data on the consequences of legalizing drugs, and promotes other similar activities.

- The Task Force on Environmental Health Risks and Safety Risks to Children comprises nine Cabinet-level officials and seven White House Office Directors. The Task Force, chaired by the Secretary of HHS and the Administrator of EPA, is an enormously successful inter-agency collaboration that is charged to explore environmental factors, both risk and protective, that influence growth and developmental processes.

- In partnership with SAMHSA/CSAP and ASPA, OPHS leads the HHS *Girl Power!*

campaign targeted at 9-14 year-old girls and the adults who care about them, including parents, extended family members, teachers, coaches, youth workers, and mentors. The campaign creates PSAs, programs, and activities to assist girls in realizing their full potential. A Girl Power! Community Education Kit has been designed to help those who work with girls to create programs with messages that girls have the right to be the best that they can be – confident, fulfilled, and true to themselves. Girl Power! uses interactive educational materials to help girls develop the skills they need to resist unhealthy influences and to make positive decisions in their lives. The Steering Committee is chaired by the Office on Women's Health; other HHS agencies currently involved are the Office of the Secretary, ACF, CDC, FDA, HRSA, NIH and SAMHSA.

FY 2000 Performance Summary

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but the problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions.

In FY 2000, OPHS continued to promote healthy lifestyles and behaviors through building a stronger science base, influencing national policy, promoting effective partnerships, and engaging in strategic communications.

Through the Office of Population Affairs, OPHS contributes to departmental efforts to reduce the incidence of sexually transmitted diseases, specifically those addressed in measures 1.10, 1.11 and 1.12. Related to performance measure 1.10, in 1999, the median chlamydia test positivity among 15-24 year old women who were screened during visits to selected family planning clinics in all states and the outlying areas was 5.5% (range, 2.6% to 15.0%). In 1999, after adjusting trends in chlamydia positivity to account for changes in laboratory test methods and associated increases in test sensitivity, chlamydia test positivity decreased in five of 10 PHS regions from 1998 to 1999, increased in four regions and remained the same in one. Although chlamydia positivity had declined in the past year in some regions, most likely due to the effectiveness of screening and treating women, continued expansion of screening programs to populations with higher disease prevalence may have contributed to the increases in positivity seen in other regions. With regard to incidence of gonorrhea (performance measure 1.11), following a 72% decline in the reported rate of gonorrhea from 1975 to 1997, in 1999 the gonorrhea rate increased for the second year in a row. Although increased screening (usually associated with simultaneous testing for chlamydia infection), use of more sensitive diagnostic tests, and improved reporting may account for a portion of the recent increase, true increases in disease in some populations and geographic areas also appear to have occurred. Finally, in reference to performance measure 1.12, between 1998 and 1999, the national rate of congenital syphilis decreased by 34% from 21.6% to 14.3 cases per 100,000 live births. The continuing reduction in congenital syphilis rates, evident since the early 1990s, reflects the substantial reduction in the rate of primary and secondary syphilis among women over the same period.

One example of OPHS' use of partnerships to promote healthy lifestyles and behaviors is the Title X family planning program's continued collaboration with the CDC in 2000 to implement effective prevention strategies designed to reduce the prevalence of chlamydia and its debilitating complications. The effectiveness of large-scale screening programs in reducing chlamydia prevalence has been well documented in areas where this intervention has been in place for several years. CDC estimates that every dollar spent on early detection can save an estimated $12 in complications-associated costs. The chlamydia prevention partnership, begun in 1987 as a demonstration project in PHS Region X, has now been expanded to all ten PHS regions. The success of this approach had been demonstrated by the fact that the chlamydia prevalence rate decreased by as much as 69 percent in Region X, where the program has been in place for more than 10 years.

Family planning clinics provide a broad spectrum of preventive health services in an effort to promote healthy lifestyles and behaviors. Title X clinics provide services to a population that matches the demographics of the population of women most at risk for sexually transmitted diseases (STDs) and HIV infection – primarily young (60 percent under the age of 25), low-income (65 percent under 100 percent of the federal poverty level), and minority (40 percent). Most clients are sexually active and in conjunction with contraceptive services, Title X-supported clinics have helped numerous women detect and obtain early treatment for a range of medical conditions, including sexually transmitted infections and HIV, as well as breast and cervical cancer. In 1999 (the latest year for which data are available), Title X clinics provided 2.9 million pap tests and 2.8 million breast examinations to family planning clients – 7 pap tests and over 6 breast exams for every 10 female family planning users. The program also provided almost 366,000 HIV tests to clients – about one HIV test for every twelve users.

OPHS' President's Council on Physical Fitness and Sports (PCPFS) is involved in activities directly related to achieving performance measure 1.8, which addresses increasing physical activity among adults aged 18-74. In conjunction with the Healthy People 2010 objectives, PCPFS continues to work with schools and outside organizational components to promote regular physical activities and fitness as positive, healthy behavioral patterns. To improve health behaviors related to physical activity, PCPFS coordinates activities through its major programs, the President's Challenge Physical Fitness Awards Program (for school-based achievement) and the Presidential Sports Award (for ages seven to adult). During FY 2000, materials were distributed to more than 190,000 schools and organizations; more than four million students participated in the President's Challenge in FY 1999. A special workgroup was formed in 1995, comprised of PCPFS members, fitness professionals (representing such groups as the American Alliance for Health, Physical Education, Recreation, and Dance), the American Academy of Pediatrics, and individuals from academia noted for their expertise in exercise science and kinesiology. This workgroup was established to explore ways in which PCPFS could become more responsive to changing societal goals and objectives, e.g., those outlined in *Healthy People 2010*. One of the recommendations of the workgroup will be implemented in the fall of 2001: the President's Challenge will launch the Presidential Active Lifestyles Awards Program to further enhance the adoption and maintenance of regular physical activity. During FY 2000, more than 300,000 brochures regarding the Presidential Sports Award program were mailed to the general public and sports organizations and groups. In response to goals established by the HHS

Initiative to Eliminate Racial and Ethnic Disparities in Health, PCPFS took steps to have materials developed on these two programs translated into Spanish.

PCPFS promotes physical activity through numerous partnerships and collaborative projects with Federal agencies and offices, as well as non-Federal organizations. PCPFS publishes a quarterly periodical, *the PCPFS Research Digest*, which is intended for use primarily by fitness, physical education, and allied health professionals. Otherwise, the PCPFS web site and publications are designed primarily for use by the general public. Using these two modes of communication, PCPFS received more than 50,000 inquiries during FY 2000 and also responded to a high volume of requests received by telephone. The PCPFS staff functions in an advisory capacity to provide technical advice and assistance to individuals seeking funding, referrals to appropriate organizations, and other resource material about physical activity/fitness. PCPFS has a well-deserved national reputation as a credible voice calling for increased physical activity by Americans of all ages.

Also, the fifth edition of the Dietary Guidelines for Americans issued in May 2000 greatly expanded emphasis on the vital importance of physical activity to health. The guidelines advise adults to accumulate at least 30 minutes of moderate physical activity each day and recommend 60 minutes for children. These guidelines are promoted by all Federal nutrition education activities and are coordinated with HHS by the OPHS Office of Disease Prevention and Health Promotion (ODPHP), in collaboration with USDA. In addition, addressing oral health as an important component of healthy lifestyles and behaviors, a *Surgeon General's Report on Oral Health* was released in May 2000.

Further, OPHS (ODPHP) led the creation of the Leading Health Indicators (LHIs) which contribute to meeting performance measures 1.7, 1.8, and 1.9, relating to tobacco use, physical activity, and drug/alcohol abuse, respectively. These LHIs are a special subset of measures based on objectives in *Healthy People 2010.* Promotion of the LHIs indirectly contributes to meeting these performance measures by promoting awareness and driving action nationally about ways we can improve and assess the nation's health. In the past year, ODPHP has distributed over 7,386 (includes 2,386 sold by the Government Printing Office) booklets entitled *Understanding and Improving Health*, which describe the LHIs, and has begun to develop an action plan for promoting awareness nationally of the LHI Overweight and Obesity. To launch the development of a national action plan for reducing the prevalence of overweight and obesity, ODPHP facilitated a public listening session with about 170 stakeholder representatives and a public comment period, in collaboration with other OPHS offices and HHS agencies. Promoting physical activity and healthful diets will be essential components of the plan to address obesity.

Through ODPHP, OPHS is also engaged in overarching efforts that more generally promote the health of the nation. Two of these efforts are *Healthy People 2010* and healthfinder®. *Healthy People 2010* is a compilation of the Nation's health objectives for the first decade of the 21st century. Released by the Department on January 25, 2000, it reflects the thinking of a broad cross-section of the nation's public health scientists and planners. Central to *Healthy People 2010* are its two overarching goals: (1) increase quality and years of healthy life, and (2) eliminate health disparities. To monitor the Nation's progress in attaining these goals, *Healthy People*

2010 identifies 467 specific objectives covering a comprehensive array of health issues. Each objective has a target for specific improvements to be achieved by 2010. The objectives are organized into 28 focus areas and were developed by work groups of experts with broad public input.

healthfinder® is the first Federal health information portal to provide easy public access to resources from Federal, State, and local agencies, voluntary and professional organizations and other reliable non-commercial sources. healthfinder® was the first to organize content by topics and audiences rather than by agencies or organizations. healthfinder® now links to over 4,500 carefully reviewed resources from 1,850 selected organizations. Its easy-to-use searches direct users efficiently to specific resources across the country. Statistical measures of increased access confirm the site's success: since 1997, healthfinder.gov has increased the total number of resources and organizations reviewed and linked from 1,600 to 6,350, or a 297% increase. The number of visits to the site has increased from 1.6 million in its first full year of operation (April 1997-March 1998) to 4.9 million in the most recent comparable year (April 1999-March 2000), or a 206% increase. This is over 400,000 visits per month. More citizens are accessing a wider range of quality information every month. As for its goal of improving access to Federal health information specifically, healthfinder.gov now directs users to other Federal health web sites an average of 200,000 times each month.

In addition to healthfinder®, many other OPHS activities target strategic communications to highlight the importance of health lifestyles and behaviors. For example, OWH has launched "Pick Your Path To Health," a community-based health education campaign targeting women of color. More than 100,000 booklets containing action tips were distributed nationwide through over 20 local and national conferences, regional offices, the National Centers of Excellence, community groups, media outlets, and national partners in the communities. Partnerships have been developed with more than fifty private sector groups that actively promote the campaign, its themes and weekly action steps to a healthier lifestyle. Weekly news articles on how to improve healthy lifestyles are placed with a news syndicate reaching more than 200 community papers, including 26 news articles reaching African American community newspapers and two news articles in Spanish-language newspapers reaching Latinas.

Also, the HHS GirlPower! Campaign targeted at 9-14 year-old girls and the adults who care about them creates PSAs, programs, and activities to assist girls in realizing their full potential. A GirlPower! Community Education Kit has been designed to help those who work with girls to create programs with messages that girls have the right to be the best that they can be – confident, fulfilled, and true to themselves. GirlPower! uses interactive educational materials to help girls develop the skills they need to resist unhealthy influences and to make positive decisions in their lives. Topics covered include eating disorders, tobacco use, chronic illness and disability, and science careers. In FY 2000, there were 60 National Endorsers and 9,000 local programs using Girl Power! materials, and approximately 2 million hits per month on the web site.

Performance Measures

Performance Measure	Targets	Actual Performance
1.7 Past month use of cigarettes by youth in grades 9-12 27.2b *Data Source: Youth Risk Behavior Survey, CDC. Data collection biennial. HP2010 target is 16%.*	FY02: 33.9% FY01: 35.9% FY00: 36.3% FY99: 36.4%	FY02: FY01: FY00: DNC FY99: 35% FY98: DNC FY97: 36.4%
1.8 Percent of people aged 18-74 who engage in moderate physical activity for at least 30 minutes per day, five or more times a week 22.2 *Data Source: National Health Interview Survey, CDC. HP2010 target is 30%.*	FY02: 24.5% FY01: 26%[4] FY00: 30% FY99: 29%	FY02: FY01: FY00: 12/02 FY99: 12/01 FY98: 12/01 FY97: 15% FY95: 23%
1.9 Proportion of youth not using alcohol or any illicit drugs during the past 30 days 26.10a *Data source: National Household Survey on Drug Abuse (NHSDA), SAMHSA. HP 2010 target is 89%.*	FY02: 88.6% FY01: 88%	FY02: FY01: FY00: 12/01 FY99: 90.9% FY98: 90.1% FY97: 77% FY96: 78% FY95: 75% FY94: 76%
1.10 Proportion of young persons (15-24 years old) with *Chlamydia trachomatis* infections attending family planning clinics 25-1a *Data Source: STD Surveillance System, CDC. The HP 2010 target (for all young persons) is 3%.*	FY02: <5.0% FY01: <6.0% FY00: <6.0% FY99: <6.0%	FY02: FY01: FY00: 06/01 FY99: 5.5% FY98: 5.4% FY97: 5.0% FY96: 9.0%
1.11 Incidence of gonorrhea in women aged 15-44 (Per 100,000) *Data Source: STD Surveillance System, CDC.*	FY02: <250 FY01: <250 FY00: <250 FY99: <250	FY02: FY01: FY00: 06/01 FY99: 286 FY98: 292 FY97: 261 FY96: 259 FY95: 299

[4] For the purposes of this performance report, OPHS has retained targets for FY 2000 that are consistent with Healthy People 2000, even in areas like this where achievement is unlikely. Targets for 2001 have been recalibrated based on Healthy People 2010 objectives.

Performance Measure	Targets	Actual Performance
1.12 Incidence of congenital syphilis per 100,000 live births 25.9 *Data Source: STD Surveillance System, CDC. HP2010 target is 1.00.* Expressed per 100,000 live births	FY02: <12 FY01: <18 FY00: <19 FY99: <20	FY02: FY01: FY00: 06/01 FY99: 14.3 FY98: 20.6 FY97: 27.5

Related HHS Strategic Goals

- Reduce the major threats to health and productivity of all Americans

1(c) Enhance mental health for all

OPHS will work to enhance mental health and mental illness services for all Americans. OPHS efforts will be focused on reducing the stigma of mental illness, finding effective mental health promotion and mental illness prevention strategies, detecting mental health problems early and assuring that mental health/mental illness services are utilized for cure and care. Mental health problems often relate to other serious health problems, including substance abuse, suicide and violence. The first ever *Surgeon General's Report on Mental Health* has brought the latest science on mental health/mental illness into the domain of all Americans. OPHS must follow that release with outreach, education, and collaboration with mental health advocates to move mental health squarely into the mainstream of health care for all.

OPHS Contributing Offices

Immediate Office of the ASH, Office of Disease Prevention and Health Promotion, Office of Emergency Preparedness, Office of Minority Health, Office of the Surgeon General, Office on Women's Health, President's Council on Physical Fitness and Sports, and Office of Military Liaison and Veterans Affairs.

OPHS Role and Contributions

OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions. OPHS – together with HHS agencies and other partners – invests in programs to improve the mental health of Americans. Some of the direct contributions of OPHS include:

<u>Building a Stronger Science Base</u>

- The National Centers of Excellence in Women's Health sponsored by the Office on

Women's Health are conducting research addressing aspects of gender that are linked via various mechanisms to post-traumatic stress and associated syndromes, the effects of hormone replacement therapy in response to stress, and depression management.

Influencing and Improving National Policy

- The Office of the Surgeon General coordinated the development of a comprehensive report, *Mental Health: A Report of the Surgeon General.* Like Surgeon General reports on tobacco use and physical activity, the mental health report includes cutting edge information about the status of mental health and mental illness and new science and research on etiology, treatment and services within the United States. The report serves as a basis for shaping future mental health policy and program initiatives for State and Federal governments, as well as providing the public with valuable information about mental health issues impacting the Nation. As mental health and mental illness become more mainstream and less stigmatized, health insurance coverage is likely to become more universally available with less restrictive benefits. Efforts to influence the provision of mental health services have continued with the January 2001 release of the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.* In addition, the Surgeon General has commissioned a supplement to the mental health report focused on racial/ethnic disparities in mental health. The report, entitled *Culture, Race and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General*, is expected in Fall 2001.

- The Secretary's Steering Committee for the National Suicide Prevention Strategy, led by the Surgeon General, plans to release a comprehensive strategy document in mid-Spring of 2001. The document, entitled *Goals and Objectives for Action*, will contain roughly eleven broad goals with approximately 70 measurable objectives. The product of broad public-private collaboration, these goals and objectives will seek to involve public and private stakeholders within the healthcare, public health, education, justice, faith-based, business, labor, and social service sectors, among others. The Surgeon General will coordinate the HHS agencies to provide consolidated documentation of all HHS resources designated for suicide prevention in FY 2001 and 2002, along with the National Strategy Document, to the Committee in May 2001.

- Several strategies highlighted in the recently released report *Youth Violence: A Report of the Surgeon General* will be promoted through a series of community listening sessions. The purpose of these proposed sessions is to obtain the direct input and recommendations of organizations, communities, and individuals addressing the problem of youth violence throughout the country, including those with differing viewpoints. In addition, the sessions will increase awareness of the models documented in the Report to be effective in reducing youth violence.

- The Office of Emergency Preparedness (OEP) is responsible for coordinating the

provision of mental health services in the immediate response phase of natural disasters and domestic terrorism. Working with the Federal Emergency Management Agency and SAMHSA, OEP provides teams of mental health professionals to respond to large-scale declared disasters.

Promoting Effective Partnership Activities

- OPHS is involved with a variety of both governmental and community partners to address the Mental Health For All Initiative. Within HHS, OPHS has close working relationships with SAMHSA, NIH, CDC, HRSA, IHS, and ASPE on a variety of ongoing and evolving projects on mental health. OPHS, NIH, and SAMHSA will follow up on their jointly developed Surgeon General's workshop on underage drinking by developing a report and community implementation plans. OPHS will continue its collaborative efforts with HRSA, SAMHSA, NIH, CDC and IHS and national community partners to complete a national strategy for suicide prevention. This activity expands themes and ideas first published in the Surgeon General's Call to Action to Prevent Suicide, published in 1999. OPHS provided guidance to OPM on clinical and cost issues for implementation and evaluation of the intention to require full mental health parity in the FEHBP. This will serve as a model for private plans.

- The 1994 Violence Against Women Act (VAWA) established the National Advisory Council on Violence Against Women. The Council is co-chaired by the Secretary of HHS and the Attorney General, and consists of more than 40 key leaders from across the country in the business, sports, media, entertainment, religious, labor, law, and medical fields, as well as domestic violence and sexual assault survivors and advocates. In October 2000, the Council released an Agenda for the Nation on Violence Against Women which outlines their recommendations for future Federal, State and local efforts, and provides a toolkit for use by people at all levels of exposure to the issue. The Agenda is designed to build on the early successes of VAWA and inform subsequent policy and practice.

Engaging in Strategic Communication

- OPHS has a unique opportunity to focus the Nation on the message that mental health is fundamental to health and is everybody's business. In 1999 and 2000, a series of events (including the White House Conference on Mental Health and the Surgeon General's Workshop on Underage Drinking) and reports (including the *Mental Health: A Report of the Surgeon General*, the *Surgeon General's Call to Action to Prevent Suicide*, and the *Surgeon General's Report on Youth Violence*) built OPHS credibility with the Nation. OPHS must continue to have direct communication links with the American public on the topic of mental health. As science is progressing in discovery of the causes of mental illness and its effective treatment, OPHS works to get out this message of hope by working collaboratively to shape a scientifically sound and effective national media campaign to destigmatize mental illness. Using this vehicle, the Surgeon General will positively affect the visibility of mental health and illness and its incorporation into the

mainstream of research, services, and parity of benefits in both private and public plans.

- The Office on Women's Health created two specialty sections on its 4woman.gov web site that address mental health issues: "Violence Against Women" and "Women with Disabilities." These sections offer women and their loved ones an easy way to navigate the often complicated and limited options for escape from the terrible threat of violence in their everyday lives or challenges faced by women with disabilities in obtaining preventive care. The Violence Section offers information and resources to women concerning domestic violence, intimate partner violence, sexual assault, and elder abuse. It also provides a useful state-by-state breakdown of resources and where to turn for help. The Disabilities section offers summaries about critical health issues for a variety of disabilities, including physical, neurological, hearing, speech and visual impairment. The web site section will also provide information on mental, learning and developmental disabilities.

FY 2000 Performance Summary

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but the problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions.

In FY 2000, OPHS continued to move toward enhancing mental health for all, through building a stronger science base, influencing national policy, promoting effective partnerships, and engaging in strategic communications.

As science is progressing in discovery of the causes of mental illness and its effective treatment, OPHS works to get out a message of hope by working collaboratively to shape a scientifically sound and effective national campaign to destigmatize mental illness. In 1999 and 2000, OPHS-led events, including the White House Conference on Mental Health and the Surgeon General's Workshop on Underage Drinking, and reports such as *Mental Health: A Report of the Surgeon General*, the *Surgeon General's Call to Action to Prevent Suicide*, and the *Surgeon General's Report on Youth Violence* focused national attention on enhancing mental health for all Americans. The Office of the Surgeon General coordinated the development of a comprehensive report, *Mental Health: A Report of the Surgeon General.* Like Surgeon General reports on tobacco use and physical activity, the mental health report includes cutting edge information about the status of mental health and mental illness and new science and research on etiology, treatment and services within the United States. The report serves as a basis for shaping future mental health policy and program initiatives for State and Federal governments, as well as providing the public with valuable information about mental health issues impacting the Nation.

OPHS is coordinating the implementation of the recommendation of the Surgeon General's report across the Department through the activity of the HHS Mental Health Coordinating Committee. As part of this effort, OPHS convened a groundbreaking meeting of diverse participants to begin

to develop core principles and a direction for a national action strategy for the integration of mental health services and primary health care. OPHS continues to direct the steering committee, which includes both Federal and non-federal members, as they develop a strategic plan focused on mental health and primary care integration.

Additionally, OWH partnered with the American Psychological Association to convene a Summit on Women and Depression in October 2000 - another example of OPHS partnership activity. This summit confirmed that translating the research into practice, community interventions, and policy continues to be difficult. It serves as a prelude to the upcoming meeting "Psychosocial and Behavioral Factors in Women's Health: Enhancing Outcomes in Women's Health" in October 2001. As many as 1,000 participants are expected at this three-day interdisciplinary conference.

Finally, OEP has made progress toward developing a model metropolitan mental health response plan for inclusion in local disaster preparedness systems. During FY 2000, OEP entered into an agreement with the Uniformed Services University of the Health Sciences (USUHS)/Department of Defense (DoD). The goal of the agreement was to develop educational materials for public officials on the behavioral and mental health issues most relevant to preparing for and responding to terrorist acts using WMD.

Performance Measures

Performance Measure	**Targets**	**Actual Performance**
1.13 The proportion of people 18 and over reporting depression in the past 12 months who are receiving treatment 18.9a *Data source: National Comorbidity Survey (NCS), SAMHSA, CMHS; NIH, NIMH. The HP2010 target is 50%.*	FY02: 34% FY01: 32%	FY02: FY01: FY00: 12/01 FY99: DNC FY98: DNC FY97: 23%
1.14 Proportion of injurious suicide attempts among youth grades 9-12 18.2 *Data source: Youth Risk Behavior Survey, CDC. HP2010 target is 1.0.*	FY02: 1.4 FY01: 1.6 FY00: 1.8 FY99: 2.0	FY02: FY01: FY00: DNC FY99: 2.6% FY98: DNC FY97: 2.6% FY95: 2.8%

Performance Measure	Targets	Actual Performance
1.15 Annual rate of suicide 18.1 *Data source*: *National Vital Statistics System, CDC, NCHS.* *The target for 2010 is 6.0 per 100,000 population.* Note: target changed to 11.3 due to reference change	FY02: 9.5 FY01: 10 FY00: 10.5	FY02: FY01: FY00: 12/01 FY99: 12/01 FY98: 10.8 FY96: 11.7
1.16 Violent victimization inflicted by current or former inmate partners. 15.34 *Data source: National Crime Victimization Survey, DoJ, Bureau of Justice Statistics. Healthy People target is 3.3 per 100,000 persons greater or equal to 12 years of age. Question discontinued in 1999 NCVS.*	FY02: 4.3 FY01: 4.4 FY00: 7 (per 1,000 women)	FY02: FY01: FY00: DNC FY99: DNC FY98: 4.4 FY94: 4.5
1.17 Develop a model metropolitan mental health response plan for a Weapons of Mass Destruction (WMD) terrorist incident, for inclusion in local disaster preparedness systems *Data source is OPHS administrative files.*	FY00: 1	FY00: 1 (Goal met) FY99: 0 FY98: 0

Related HHS Strategic Goals

- To reduce the major threats to health and productivity of all Americans
- To improve the quality of health care, public health, and human services
- To improve the public health system
- To strengthen the Nation's entitlement and health safety net programs.

1(d) Strengthen the health sciences research enterprise

A strong health sciences research enterprise is required because it expands the knowledge base that underlies clinical treatments, public health policy and further research. OPHS contributes to the strengthening of the health sciences research by promoting the responsible conduct of research, the effective handling of scientific misconduct, and the expansion of the knowledge base related to the responsible conduct of research and research misconduct, all while protecting research subjects. In making and publicizing 110 findings of scientific misconduct since its establishment in 1992, the Office of Research Integrity (ORI) actions serve as a deterrent to misconduct and educate the scientific community regarding the importance of research integrity. In initiating 680 investigations since 1990, the Office of Human Research Protections (OHRP) actions serve to provide oversight against non-compliance with research subject protections and educate the scientific community regarding the importance of protecting research subjects.

OPHS Contributing Offices

Office of Research Integrity and Office of Human Research Protections.

OPHS Role and Contributions

OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions. To strengthen the health sciences research enterprise, OPHS makes direct contributions that include:

Building a Stronger Science Base

OPHS is building a stronger science base by ensuring that all applicant and awardee institutions have an administrative process available for handling allegations of scientific misconduct in PHS supported research and are taking steps to promote a research environment that emphasizes integrity. ORI has requested institutional policies for responding to scientific misconduct allegations from 1,641 institutions for review to date and supports studies that address problems inherent in responding to such allegations. In addition, ORI has initiated a research program on research integrity to expand the knowledge base on the responsible conduct of research and is implementing an education program in the responsible conduct of research to cover all persons supported by PHS research or research training funds.

OPHS is also building a stronger science base by ensuring that all applicant and awardee institutions have an administrative process available for providing adequate education in research ethics and accountability in protecting research subjects to all members of research team in HHS supported research and are taking steps to promote a research environment that emphasizes research subject protections. OHRP is (1) developing standards for uniformity in research review committees across all HHS agencies; (2) expanding the education of all members of the research team, including research subjects and the general public, to achieve enhanced accountability and public awareness; (3) implementing a simple Assurance process under which the research review committees receive greater flexibility, but are held more accountable for results; (4) strengthening the Continuing Research Review Process; and (5) initiating a publicly available Hotline to address complaints and concerns regarding protections of human research subjects, with a goal of making research subjects protections everyone's responsibility.

Influencing and Improving National Policy

OPHS is contributing to the development of an effective national policy on scientific misconduct and research integrity. ORI commented on various drafts of the Federal Policy on Research Misconduct that was developed by OSTP for responding to allegations of scientific misconduct and funded a town meeting at the National Academies of Sciences to solicit comments on the proposed policy. ORI has funded studies of whistleblowers, respondents, guidelines adopted by medical schools for the conduct of research, and research integrity measures utilized in biomedical research laboratories. ORI also has provided information for the recent analyses of the regulatory burden on the research community. In addition, ORI is supporting the development of a report by the Institute of Medicine on assessing integrity in research environments.

OPHS is also contributing to the development of an effective national policy on research subjects protections. OPHS is establishing a National Human Research Protection Advisory Committee (NHRPAC) which will provide guidance on conducting responsible research while protecting research subjects. OHRP is initiating a leadership role for all agencies signed up to implement the Common Rule.

Promoting Effective Partnership Activities

OPHS is promoting effective partnership activities with funding agencies throughout the government, scientific societies, institutional associations, research institutions, and foreign governments. ORI has organized a Federal Research Misconduct Officials Network that includes representatives from 27 agencies. In addition, 9 of the 10 conferences or workshops held in FY 1999 and FY 2000 were in collaboration with research institutions, scientific societies, or professional organizations. ORI also helped to organize an international conference that included representatives from 9 countries. Finally, ORI is developing a liaison with about 25 scientific societies and institutional associations. OHRP leads the Human Subjects Research Subcommittee, which is the Committee on Science of the National Science and Technology Council, in promoting effective inter-agency partnerships.

Engaging in Strategic Communication

OPHS engages in strategic communication with about 4,100 institutions that apply for or receive funding from the Public Health Service to develop effective administrative processes for responding to allegations of scientific misconduct and protecting research subjects and to promote a research environment that encourages the responsible conduct of research. ORI publishes a highly regarded quarterly newsletter and specialized publications, frequently holds conferences and workshops, maintains an informative website, meets with misconduct officials in other agencies, and promotes interaction with scientific societies and institutional associations. OHRP conducts regular educational workshops and interactive town-hall meetings in collaboration with research institutions, scientific societies, or professional organizations, and individual technical support on-site visits across the country and the world, to provide guidance and education in the ethics of and requirements for protecting research subjects. OHRP maintains an informative website, meets with officials in other agencies, and promotes interaction with scientific societies and institutional associations.

FY 2000 Performance Summary

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but the problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions.

In FY 2000, OPHS continued to strengthen the health sciences research enterprise, through

building a stronger science base, influencing national policy, promoting effective partnerships, and engaging in strategic communications.

ORI took several steps in FY 2000 to build a stronger science base by (1) creating a research program on research integrity; (2) initiating an educational program in the responsible conduct of research (RCR) for all individuals supported by PHS research or research training funds; (3) closing 27 misconduct cases (81% within 8 months of receiving the institutional documentation and final decision); (4) reviewing 265 institutional policies on research misconduct for compliance with the PHS regulation, and (5) completing an analysis of 156 institutional policies on research misconduct to determine the options institutions have developed for addressing issues related to the handling of allegations.

The research program on research integrity was created by ORI and the National Institute of Neurological Disorders and Stroke to expand the knowledge base about the research enterprise. A Request for Applications was published in August 2000; 25 applications were received by the December 15, 2000 submission deadline. The RCR educational program provides basic instruction in subjects that appear to generate misconduct allegations, conflict, and interpersonal problems in research organizations. The Online Resource for Instruction in the Responsible Conduct of Research, developed with ORI support, became available on November 1, 2000. This site provides individuals and institutions with the tools and resources to refine existing programs or develop new programs to foster the responsible conduct of research. The website is located at [http://rcr.ucsd.edu]. In addition, ORI has contracted for a self-instruction booklet that covers the pertinent subjects.

In FY 2000, ORI exceeded the target rate set for completing ORI oversight of scientific misconduct cases within eight months of receiving final decision from institution, which was 70%. Of 26 cases closed by ORI during FY 2000, 85% were closed within 8 months of receiving the institutional documentation and final decision. The average ORI processing time for such cases was 6.2 months (the median time was 4 months). Twenty-six of the 30 cases open at the beginning of the fiscal year were closed by the end of the year. Of the oversight cases opened prior to 1999, only 3 remain open. Six of the 27 closed cases resulted in misconduct findings and the imposition of administrative actions. In another case, a settlement resulted in the imposition of administrative actions but no finding of misconduct.

ORI has now reviewed the policy of 37% of the institutions that have an assurance on file with it. The expected 40% goal was not reached because of the effort required to switch the assurance program to electronic administration and the growing number of assurances in the database. The analysis of institutional policies on research misconduct describes the range of approaches institutions have taken to the 18 issues generally covered in such policies. The study will be developed into a web-based module to help institutions create or revise their policies.

OHRP program activity also contributes to strengthening the health sciences research enterprise. In FY 2000 the Division of Compliance Oversight (DCO) conducted four (4) compliance oversight site visits (Duke University Healthcare System, Charles R. Drew University of Medicine and Science/King Drew Medical Center, University of Wisconsin-Madison, and University of

Texas Medical Branch at Galveston). Additionally, DCO opened 91 new compliance oversight cases and closed 60 cases in FY 2000. The number of open cases has been reduced from its peak of 182 in July 2000 to 144 as of January 31, 2001. Approximately 30 additional cases have undergone extensive evaluation and are approaching closure. Additionally, OHRP has developed a simplified on-line Institutional Assurance system in conjunctions with the IRB Registration System. This system will greatly reduce the administrative burden on the individual institutions and OHRP, resulting in faster assurance approvals.

Both ORI and OHRP are also taking action to influence and improve national policy. ORI contracted with the Institute of Medicine (IOM) in September 2000 to prepare a report on assessing integrity in research environments. The PHS regulation (42 C.F.R. Part 50, Subpart A) states that "institutions shall foster a research environment that discourages misconduct in all research and that deals forthrightly with possible misconduct associated with research for which PHS funds have been provided or requested." The IOM report will address the conceptual issues related to the development of a longitudinal database that could track institutional efforts to foster integrity in research environments. The first meeting of the study committee was held February 5-6, 2001. The report is expected to be completed in January 2002. ORI is also undertaking an analysis of the guidelines on the conduct of research adopted by medical schools or their components to determine the subject areas covered by the guidelines, the behavior that is recommended in each area, and the degree of consensus that exists in each area. The analysis will include guidelines from 100 of the 125 medical schools in this country. Data collection ended on December 8, 2000. The study is expected to be completed by July 31, 2001.

ORI also initiated the planning in May 2000 for a workshop to discuss implementation of the Federal Policy on Research Misconduct developed by the Office of Science and Technology Policy. An ORI staff member chaired the planning committee. About 80 representatives from 27 agencies attended the workshop on February 1, 2001; the policy was published in the *Federal Register* on December 6, 2000. ORI supported a town meeting at the National Academy of Sciences on November 17, 1999 to discuss the draft Federal Policy on Research Misconduct. ORI also developed and maintains the Federal Research Misconduct Officials Network to generate discussion and cooperation among Federal agencies concerned with research misconduct and the responsible conduct of research.

Under the leadership of OHRP, efforts will continue in the Department to initiate a process to develop standards for IRB Accreditation. The Institute of Medicine will produce a report in April 2001 outlining standards for Institutional Review Boards to achieve accreditation. Continuous review of IRB standards will be included in the accreditation process. OHRP has developed a unified IRB Registration System. The new systems was made operational at the beginning of December and provides for the voluntary registration of IRBs through a web-based systems. Additionally, the National Human Research Protections Advisory Committee held its first meeting in December 2000. This newly established committee, coordinated by OHRP, will provide expert advice and recommendations to senior departmental officials on a broad range of issues and topics pertaining to or associated with the protection of human research subjects.

ORI and OHRP are also working with partners to improve communications aimed at

strengthening the health sciences research enterprise. In FY 2000, ORI held five conferences/ workshops on research integrity and research misconduct, in collaboration with professional associations, scientific societies, and Federal research agencies. ORI co-sponsored "Making the Right Moves in Handling Misconduct Allegations: A Video Conference" with the National Council of University Research Administrators (NCURA) on March 24, 2000. The conference was broadcast to about 88 locations around the country. NCURA estimated the audience for the 4.5 hour broadcast at 3,000 research administrators and faculty in universities, research centers, and hospitals. This was the first time ORI used teleconferencing as a communication technique in its education program. On April 10-11, 2000, ORI co-sponsored with the American Association for the Advancement of Science (AAAS) a conference on the "Role and Activities of Scientific Societies in Research Integrity." The conference report, posted on the ORI website [http://ori.dhhs.gov], concludes that scientific societies should be more active in supporting research integrity and offers recommendations in support of that end. On June 4-5, 2000, ORI co-sponsored "Responding to Allegations of Research Misconduct: Inquiry, Investigation, and Outcomes - A Practicum" with AAAS . About 75 persons attended this practicum which focuses on policies, procedures and methods for responding to research misconduct allegations among faculty, administrators, counsel, and researchers. On November 10, 1999, ORI held an update workshop for PHS Research Integrity Officers. In addition, ORI is conducting the following project under contract: Organizing An Institutional Investigation Assistance Program: A Feasibility Study. This study stems from a recommendation of the HHS Review Group on Research Misconduct and Research Integrity which states that "HHS should encourage the development of consortium-based approaches to be used by awardee institutions that do not have the capacity to conduct the fact-finding process, or at which there is otherwise inadequate institutional or organizational capacity." The study is scheduled to be completed September 30, 2001.

In addition, OHRP has instituted a mechanism which recognizes training offered through OHRP. Already, OHRP has hosted and plans to host multiple conferences to showcase the new education programs of OHRP. The process is similar to a continuing education program where certificates will be issued for each workshop attended.

ORI took many steps to facilitate communication with institutional officials, journal editors, and the researchers during FY 2000. ORI contracted for a study, "ORI Education Program: A Needs Assessment," to determine what institutional officials would like ORI to include in its education program aimed at the responsible conduct of research and the handling of research misconduct allegations. The study is expected to be completed in 2002. In January 2000, ORI published *Managing Allegations of Scientific Misconduct: A Guidance Document for Editors*, which was distributed to 1,200 members of the Council of Science Editors, an international organization of editors and other individuals involved in journal and other academic publications. In January 2001, ORI granted permission to a journal publisher to translate the document into Chinese so that it could be used in workshops to train editors of scholarly journals in China. In September 2000, ORI posted its redesigned website that contains more information, better organization, easier access, improved navigation, and attractive presentation to improve communication with institutional officials and researchers. ORI also began exhibiting at meetings of scientific societies and professional associations in FY 2000 to increase contact and generate a dialogue with

members of the research and academic communities. Exhibits were held at meetings of NCURA, the Association of American Medical Colleges Group on Graduate Research Education, the American Sociological Association, and the AAAS.

Performance Measures

Performance Measure	Targets	Actual Performance
1.18 Number of collaborative activities (workshops, publications and other resource materials produced) that assist institutions to (1) promote integrity in the health science research enterprise, and (2) develop administrative processes that effectively respond to allegations of scientific misconduct *Data Source: OPHS administrative files*	FY02: 4 workshops and 2 resources FY01: 4 workshops and 2 resources FY00: 4 workshops and 2 resources	FY02: FY01: FY00: 5 workshops and 1 resource FY99: 6 workshops and 1 resource
1.19 Percent of institutional policies for responding to allegations of scientific misconduct that have been reviewed for compliance with the Federal regulation 42 CFR Part 50, Subpart A. *Data source: OPHS administrative files*	FY02: 45 % FY01: 40% FY00: 40%	FY02: FY01: FY00: 37% FY99: 35%
1.20 Rate of completing ORI oversight of scientific misconduct cases within eight months of receiving final decision from institution *Data source: OPHS administrative files*	FY02: 80% FY01: 75% FY00: 70%	FY02: FY01: FY00: 81% (completed in 8 months) FY99: 79% (completed in 1 year)
1.21 Implement an RCR education program for all persons receiving PHS research or research training support. *Data source: OPHS administrative files*	FY02: Develop a self-instruction manual. FY01: Publish policy; hold 2 workshops	FY02: FY01:
1.22 Create program on research on research integrity. *Data source: OPHS administrative files*	FY02: Make up to 5 new awards; continue up to 5 awards FY01: Announce program; make up to 5 awards	FY02: FY01: FY00: Program announced

Performance Measure	Targets	Actual Performance
1.23 Number of compliance oversight site-visits to evaluate allegations of non-compliance with the Federal regulations at 45 CFR Part 46. *Data Source: OPHS administrative files*	FY02: 10 FY01: 6	FY02: FY01: FY00: 4
1.24 Number of OHRP Compliance oversight cases completed *Data source: OPHS administrative files*	FY02: 75 FY01: 75	FY02: FY01: FY00: 60
1.25 Providing a Standardized Research Review manual; Implementing a new, simple Assurance Process; Implementing a Research Review Accreditation program. *Data source: OPHS administrative files*	FY02: FY01: (to be determined)	FY02: FY01:
1.26 Guidance from NHRPAC on number of significant issues *Data source: OPHS administrative files*	FY02: FY01: (to be determined)	FY02: FY01: FY00: Program announced

Related HHS Strategic Goals

- To improve the public health system
- To strengthen the Nation's health sciences enterprise and enhance its productivity

OPHS Priority 2: Maintain a global approach to public health

Realities in today's world call for a global approach to public health and innovative global partnerships. Countries around the world share many of the same public health problems that we face in the United States, including HIV/AIDS, tobacco use, diseases of aging populations, injuries, and problems of mental health, to name just a few. We must translate recognition of our shared problems into action for shared solutions. Our world is interconnected; we must work with partner institutions and nations to improve world health overall. Because of astonishing advances in technology, transportation, international trade, and the passing of two million people crossing international borders each day, Americans can no longer think that we are isolated and protected from health problems around the world. The health of America is now global.

Two areas of global health concern for OPHS action are: to increase awareness of and attention to global health concerns and their effects on the domestic issues, and to ensure a safe food and blood supply and monitor threats of terrorism.

2(a) Increase awareness of and attention to global health concerns and their effects on the domestic issues

OPHS Contributing Offices

Office of International and Refugee Health, Office of the Assistant Secretary of Health, Office of the Surgeon General, Office of Disease Prevention and Health Promotion, Office of Minority Health, Office of HIV/AIDS Policy, Office on Women's Health, Office of Research Integrity, Office of Emergency Preparedness, National Vaccine Program Office.

OPHS Contributions

Taking a global approach to health requires both strategic leadership and many governmental and non-governmental partners in the United States and throughout the world working together. OPHS provides critical leadership and, as appropriate, the focal point for coordination of efforts by HHS agencies and other partners to optimize efficiency and effectiveness in improving health globally.

OPHS has taken the lead in developing a Departmental Global Health Strategy, still in progress, based on the tenets of "maintaining a global approach to public health," "a healthy world and a healthy America" and "increasing awareness of and attention to global health concerns and their effects on domestic issues." Complementary to fulfilling the primary domestic mandate of HHS, it is clear that HHS' globally-oriented work has positive impact in different types of ways: directly on the health of populations in other countries; through leveraging of technical expertise in the programming and funding of partner agencies; through training and capacity building; through guidelines and public health approaches that can be adapted or adopted by other countries; and directly on health and health programming in the United States by virtue of recognizing and applying information or experiences from other countries to address similar issues in this country. Furthermore, the Institute of Medicine has noted that "The direct interests of the

United States are best served when America acts decisively to promote health around the world" (*America's Vital Interest in Global Health*, 1997). OPHS plays a leadership role in articulating the importance of a global approach to health in the United States.

Some examples of OPHS contributions in strategic areas of global concern include:

Building a Stronger Science Base

OPHS coordinates HHS policy on selected international research to improve the science base. For example, current activities in Russia involve mental health research, as part of the US-Russia Joint Commission on Economic and Technological Cooperation (U.S.-Russia Health Committee) and the Biotechnology Engagement Program that supports collaboration between US and Russian scientists in infectious disease-related research.

The Environmental Health Policy Committee, a senior-level committee providing departmental leadership and coordination to resolve science-based policy questions about environmental and occupational health, helps to coordinate the national response to environmental threats.

In the area of HIV/AIDS, OPHS convenes the Panel on Clinical Practices for the Treatment of HIV Infection, an expert clinician and research group that reviews emerging data on HIV/AIDS treatments and publishes treatment guidelines. These guidelines are widely adopted as the standard of care for anti-retroviral therapies for adults, adolescents, and children in the domestic and global communities. OPHS is actively engaged with the NIH and international partners around research and treatment issues in resource-constrained settings.

OPHS is beginning to take a more systematic approach to identifying and disseminating within the United States public health system information and lessons learned about public health policies and interventions employed by our global neighbors, which may be relevant to US domestic application. Examples from the past include the primary health care approach and the more recent "missed opportunities" strategy for improving childhood immunization coverage, both of which were developed in Sub-Saharan Africa and have become vital components in American public health today.

Influencing and Improving National Policy

Through the Secretary of HHS, the Assistant Secretary for Health, and the Surgeon General, HHS and OPHS promote achievement of US global health policy goals through membership and partnership with multilateral organizations, most notably the World Health Organization, the Pan American Health Organization, and UNICEF. OPHS coordinates input from HHS and other agencies in the development of US Government policy statements for these multilateral fora. OPHS also provides and facilitates technical cooperation between HHS and these agencies, as well as the World Bank and other agencies of the United Nations system. Within the US Government system, OPHS helps coordinate HHS technical assistance to the efforts of the US Agency for International Development (USAID), the Department of State and others. Examples include assignment of HHS personnel to USAID to help address national policy related to

HIV/AIDS, malaria, reproductive health, and other health priorities in developing countries, and to the Department of State and others to help assure appropriate policies and support on refugee health issues, both domestically and internationally. In addition, the NVPO is responsible for coordinating the development of the United States Action Plan for Laboratory Containment of Wild Polioviruses, a component of the WHO Global Action Plan - critical to ensuring that after polio eradication is achieved, chance reintroduction of poliovirus into the community will be minimized.

One of the most important areas in which OPHS has influenced national policies is through assisting other countries in developing concrete, measurable, science-based national health objectives, modeled after the US *Healthy People 2010* process. *Healthy Gente*, reflecting US and Mexican health objectives, is one of the innovative ways of influencing border health priorities through policy and collaborative implementation. Additionally, in September 2000, Healthy Egyptians was launched by the Egyptian Ministry of Health in collaboration with OPHS's ASH, ODPHP, and OIRH. OPHS also coordinates the HHS blood safety program, with the ASH as the Blood Safety Director. This involves policy formation around donor issues and coordination to avert product shortages with domestic and international partners.

Promoting Effective Partnership Activities

OPHS works with global health stakeholders in the US Government and throughout the world. OPHS is the US Government member of the WHO Executive Board and leads the US health interests within UNICEF Executive Board. OPHS coordinates the participation of the US Delegation to the annual World Health Assembly, including staffing the HHS Secretary. OPHS coordinates all US Government agreements with WHO and the assignment of US Government personnel to WHO and other United Nations agencies (e.g., UNICEF, World Bank) to address a wide range of issues. OPHS also collaborates on technical and health policy issues with UNAIDS and UNHCR. Additionally, OPHS has placed technical specialists with the National Security Council, the US Department of State, and US embassies/missions in Geneva, India, Vietnam, and (soon) South Africa as resident health attachés. Finally, OPHS coordinates several US bilateral projects with other governments (for example, Russia, Mexico, South Africa).

Global women's issues are addressed through various bi-national working groups and representation at international meetings, for example the Working Group on Women's Health of the US-Mexico Bi-National Commission, the Canada-US Forum on Women's Health, the USA/Israeli Women's Health Conference, and follow up to the Beijing Conference on Women. An example of international collaboration on women's health issues is the activity of the National Centers of Excellence in Women's Health, sponsored by the Office on Women's Health, which has been fostering new women's healthcare models in the former Soviet Union since 1992. This has resulted in the establishment of a network of pioneering women's wellness centers in the Ukraine, Belarus and Uzbekistan in partnership with the American International Health Alliance (AIHA), based in Washington, D.C., and funded by the US Agency for International Development.

OPHS has been designated the lead of the US delegation to the WHO-sponsored negotiations on

the Framework Convention on Tobacco Control (FCTC). As such, OPHS coordinates with representatives from the Departments of State, Treasury, Agriculture, Justice, and Commerce, with input from the US Trade Representative, the Environmental Protection Agency, and the Federal Trade Commission. *The Healthy People 2010* tobacco goals help shape the US positions for the FCTC negotiations.

The Surgeon General holds a preeminent position of leadership with respect to global health policies insofar as he is charged with providing leadership to the health of the American people. Therefore, he is able to expand and make more effective partnerships across all the stakeholders concerned with health within the US and abroad.

Engaging in Strategic Communication

OPHS is the HHS coordinating office for creating and disseminating information about the vital importance of US involvement in the many areas of global health. The Global Health Strategy, being developed through the leadership of OIRH, is a Department-wide, agency-approved approach of engagement with multilateral and bilateral, public and private sector partners toward the goal of improved global public health. Two major communications objectives within the Strategy are (a) to educate HHS staff across agencies about the importance of a global approach to health and (b) to take this message to the American people through a variety of public and private mechanisms. The Strategy message consists of seven key points on the linkages of global health to the health of Americans and a dissemination plan that includes internal HHS workshops, external spokespersons, information campaigns, and emphasis on world health and disease days. This set of activities is ongoing and expanding.

FY 2000 Performance Summary

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but the problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions.

In FY 2000, OPHS continued to increase awareness of and attention to global health concerns, through building a stronger science base, influencing national policy, promoting effective partnerships, and engaging in strategic communications.

The US-Mexico Border Health Commission Act (PL 103-400) authorizes and encourages the President to conclude an agreement with Mexico to establish a US-Mexico Border Health Commission (BHC). The primary goals of the BHC are to (1) institutionalize a domestic focus on border health, which can transcend political changes and (2) create an effective venue for binational discussion to address public health issues and problems, which affect the United States-Mexico border populations. The US Secretary of Health, Commission Chair, has designated the Office of International and Refugee Health as the focal point for the development of the BHC. In

December 1999 eight members to the US Section of the Border Health Commission were appointed. They were sworn in as Commission Members on January 24, 2000, and held their inaugural meeting in November 2000. Through OIRH, OPHS has established a section office in El Paso, Texas, and hired an Executive Director to manage the US section of the BHC.

Another example of global collaboration is the work OIRH is conducting with Egypt to improve health. For more than three decades, HHS and the Egyptian Ministry of Health and Population (MOHP) have worked together – including ten years of collaboration with the US Agency for International Development (USAID) – to improve the health of the Egyptian people. The purpose of this current collaboration between HHS and MOHP is to develop a national health agenda, focusing on disease prevention and health promotion priorities and achievement of measurable targets. The Healthy Egyptian 2010 initiative is adapted from the US experience with Healthy People 2000. Healthy Egyptians 2010 is focused on four public health areas: Maternal and Child Health; Injury Control; Environmental Health and Tobacco Control. Healthy Egyptians 2010 was officially launched in September 2000 in Cairo. OIRH has placed a resident advisor with MOHP to further the development of Healthy Egyptians 2010.

In addition, the United States and Egypt are building an enhanced economic relationship through a cooperative effort known formally as the U.S.-Egyptian Partnership for Economic Growth and Development. The Partnership operates through high-level, public and private sector dialogue on policies to promote expanded economic growth and job creation in Egypt and to building mutually beneficial economic commercial ties between the two countries. The working elements of the partnership are: The Joint Committee for Economic Growth (JCEG) to carry on the government-to-government dialogue on economic policy; the Joint Science and Technology Board (JSTB) to implement a new bilateral S&T cooperation agreement; and A President's Council of private sector executives to advise the two governments on ways to remove barriers to private sector growth and cooperation. The JSTB has approved 56 research grants for a total of $2.8 million and initiated solicitations for another set of research grants in FY 2000. Collaborations have also included a technical writing and grant research writing symposium in Cairo in 1999.

The Secretary of HHS leads the US delegations to the World Health Assemblies, the annual WHO gathering of health ministers, and through this leadership role, the Department has worked hard to be viewed by WHO and countries alike as a fellow "Member State" rather than as a "donor country." Preparation for the WHA is a dynamic process that includes close coordination with HHS, DOS, and USAID experts and other stakeholders throughout the year in the development of US policy positions and programmatic strategies. For the 54th World Health Assembly in May 2001, agenda items will include infant and child nutrition, health systems performance assessment, nursing and midwifery, polio eradication/vaccine development and a new global mental health initiative.

Another example of global partnership includes the HHS biotechnology engagement program, which began in 1999 as a result of requests by the Secretaries of State and Defense for HHS to “engage” former Soviet bioweapon scientists in cooperative research. HHS agreed, providing that component agencies (CDC, FDA, and NIH) were compensated for their participation as

collaborating scientists, hosts, and technical advisors. Because of the national security importance attached to this non-proliferation activity, OIRH has been provided with a funding stream that runs some $25 million over three years. The vast majority of this funding (70%) is intended for Russian and NIS scientists and former weapons institutions.

Many OPHS offices are involved in efforts to increase attention to global health concerns. The Office on Women's Health disseminated the technical manual *Caring for Women with Circumcision* to all medical, osteopathic, nursing, and public health schools in the US. Additionally, this manual was distributed to interested international organizations, as well as State, territorial, and regional women's health coordinators. Over 1000 manuals were distributed in FY 1999 and over 750 in FY 2000. In addition, OHAP also plays a critical role in translating research findings and developments into public health practice because of its expertise in clinical and public health issues. OHAP convened and coordinates the Panel on Clinical Practices for the Treatment of HIV Infection, comprised of expert clinicians and clinical researchers in HIV both within government and those active in public/private provider settings. The Panel regularly updates sets of treatment guidelines, which provide up to date information for providers and consumers, and are widely accepted as standards of care by providers and payors alike. Colleagues within international health organizations and health ministries have also consulted with OHAP around HIV care and treatment issues on a regular basis.

Discussion of Performance Measures

There are at least three areas where OPHS, through coordination with other agencies, departments, and governments, has an impact on global health and its relevance to Americans: polio eradication, tuberculosis, and tobacco use.

Polio eradication: The ASH has consistently advocated with the WHO Director-General to maintain polio eradication as a WHO priority; with other donor countries (e.g. France, Germany) to mobilize additional resources to complete the global eradication campaign; and with affected countries to encourage their continued efforts toward eradication. In addition, OPHS has coordinated input from different US departments and HHS agencies toward a united voice for global polio eradication.

Tuberculosis: The reemergence of TB in the United States is related to both the increase of immigrants and travelers to and from areas of high infection and to the slow disintegration of an established tracking and treatment system throughout the country. In close collaboration with CDC and in regular consultation with the Immigration and Naturalization Service (INS), the US Department of State, and several international agencies, OPHS is working toward closer tracking of TB cases in the United States and improved systems of detection and treatment for all those infected here.

Tobacco Use: While tobacco use among some sectors of the US population is decreasing, it is increasing in others, such as among youths and Hispanics. Women now account for 39 percent of all smoking-related deaths each year in the United States, a proportion that has more than doubled since 1965, according to *Women and Smoking: A Report of the Surgeon General* released March

2001. Similarly, tobacco use is rising rapidly in many developing countries. OPHS serves a coordinating role in HHS international efforts to reduce the sale, promotion, and use of tobacco around the world through active participation in FCTC process.

Performance Measures

Performance Measures	**Targets**	**Actual Performance**
2.1 New cases of polio (world) *Data source: WHO Commission for the Certification of Polio Eradication (complete eradication expected in 2005)*	FY02: 0 FY01: 0 FY00: 0	FY02: FY01: FY00: 2,527 FY99: 7,141 FY98: 6,349 FY97: 5,185 FY96: 4,076
2.2 Tuberculosis case rate per 100,000 (USA) *Data source: Infectious disease surveillance system, CDC. Healthy People 2010 target is 1.0 new cases per 100,000 population (ie "elimination")*	FY02: 2.8 FY01: 3.2 FY00: 3.5 FY99: 4.5	FY02: FY01: FY00: 04/01 FY99: 6.4 FY98: 6.8 FY97: 7.4 FY96: 8.0

Related HHS Strategic Goals

- To reduce the major threats to health and productivity of all Americans
- To strengthen the Nation's health sciences research enterprise and enhance its productivity
- To improve the public health system

2(b) Ensure a safe food and blood supply, and prepare for and respond to terrorism threats

OPHS Contributing Offices

Office of Emergency Preparedness, Office of HIV/AIDS Policy, Office of the Surgeon General, Office of Military Liaison and Veterans Affairs, and National Vaccine Program Office.

OPHS Role and Contributions

One of OPHS' primary missions is to help lead the medical response and recovery efforts to the health effects of any disaster, be it a natural occurrence or an act of terrorism. The health effects of biological terrorism are especially problematic, since we may not know where or when the assault took place, and may only see its effects over time. The national response to bioterrorism is led by the ASH, through surveillance activities of FDA, CDC, ATSDR and State and local health agencies, with the assistance of all the HHS agencies. In addition, the ASH is on the front line of a response through the National Disaster Medical System, the preparedness of our special response teams, and through our work with local jurisdictions and their medical response systems. In addition, OPHS plays a role in preparing for potential threats of terrorism through national planning efforts. For example, the emergence of influenza virus capable of producing a pandemic is unpredictable. The potential for a pandemic to cause severe health, social, and economic consequences dictates the need for a comprehensive, aggressive, flexible, and action-oriented strategy. NVPO has coordinated the development of the National Influenza Pandemic Preparedness and Response Plan to ensure that we are able to detect potential pandemic strains as early as possible, and to speed the implementation of effective response preparations.

OPHS provides critical leadership around policy and activities to ensure a safe and adequate blood supply. The Secretary placed responsibility for the HHS blood safety program within OPHS, with the ASH serving as the Blood Safety Director. OPHS serves as a focal point for coordinating the surveillance, research and regulatory activities of the Department, so that any emerging threat is immediately recognized and addressed to protect the public's health.

OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions.

<u>Building a Stronger Science Base</u>

- OPHS works with a number of national organizations to develop proficiency standards for medical schools and accreditation standards.

- OPHS has engaged with nursing groups to develop educational objectives, content curriculum standards and competency assessments, to support national curricula for the training and continuing education of nurses, paramedics and physicians for the emergency care and definitive treatment of casualties resulting from WMD incidents.

Influencing and Improving National Policy

- OPHS assists the National Security Council and other agencies in developing policy relating to the health and medical response to a terrorist event.
- OPHS provides leadership in blood safety including the management of the Secretary's Advisory Committee on Blood Safety and Availability and the ASH's Blood Safety Committee involving a range of Department-wide initiatives and activities within the purview of these committees.

- OPHS oversees department-wide policy development and activities related to the safety of the blood supply, such as policies on hepatitis C and TSEs/BSEs commonly referred to as mad cow disease.

- OPHS coordinates department-wide issues and policy development related to averting shortages of lifesaving blood plasma derivatives and other transfusion products.

- OPHS manages Department-wide issues and policy development related to the risks of blood transfusions. Donor screening and donor deferral policies are undergoing constant review, particularly related to donors involved in international travel. OPHS has also provided critical leadership around reimbursement issues that arise with increasing screening and documentation requirements necessary to ensure a safe and adequate blood supply, and in supporting new technologies to develop artificial blood products.

Engaging in Strategic Communication

- OEP provides critical information through its web site (www.oep-ndms.Dhhs.gov). This web site provides information on the OEP mission and functions, strategic planning activities for counter-terrorism and natural disasters, information on metropolitan medical response systems, current information and situation reports during disasters, information on the National Disaster Medical System annual conference, and links to other disaster-related sites.

Promoting Effective Partnership Activities

- OPHS continues to foster partnerships across the public and private sectors. Through NDMS, OEP maintains partnerships with the Departments of Defense and Veterans Affairs, the Federal Emergency Management Agency, and over 7,000 individuals who make up the Disaster Medical Assistance Teams (DMATs) and the specialty teams. OEP also works closely with the Departments of Justice, Defense, State, and Energy; the Environmental Protection Agency; the National Security Council and others to ensure that we are prepared to deal with the effects of natural disasters and terrorist events.

- OPHS works with States and local jurisdictions to develop capacity with medical response system development contracts, and to ensure a coordinated medical response to terrorism.

In addition, OPHS works with state health departments to support development of state-specific influenza pandemic preparedness plans.

FY 2000 Performance Summary

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but the problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions.

In FY 2000, OPHS continued to ensure a safe food and blood supply and monitor terrorism threats, through building a stronger science base, influencing national policy, promoting effective partnerships, and engaging in strategic communications.

Through OHAP, OPHS has taken aggressive action to assure an adequate supply of immunoglobulin product, following the development of an acute shortage of plasma derivatives in December 1997. The Blood Safety Committee worked closely with manufacturers to establish an emergency supply of immunoglobulin, with monthly monitoring of the amount of immunoglobulin produced, released, and in inventory by each manufacturer on a monthly basis. Since these steps were implemented, the presence of an emergency supply has done much to allay the fear of consumers and to reduce hoarding of the product. There have been safe and stable levels of emergency immunoglobulin product and stable levels of production throughout FY 2000. An effective monthly monitoring system allows for rapid detection and response to any potential problem that would affect supply in the future.

In addition, OHAP was responsible for coordinating the Department's Blood Safety program on behalf of the ASH/Blood Safety Director. A clearly defined structure via the Blood Safety Committee has facilitated effective communication and policy development among CDC, FDA, NIH, DoD and Departmental leadership. Critical issues addressed over the last few years include a hepatitis C lookback and provider/consumer education initiative, emerging data and policies on transmissible spongiform encephalopathies (including Creutzfeld-Jakob disease, "mad cow disease"), shortages of plasma derivatives and other blood products, and accident and error management in transfusion medicine. OHAP has orchestrated strong and cordial relationships between consumers, industry and public health entities in this coordinating role.

OPHS continued to address potential widespread public health threats, including the threat of an influenza pandemic. Global pandemics of influenza are different than seasonal epidemics, and usually have a much more severe health and social impact. A pandemic can occur when a novel strain (i.e., one to which most in the population are susceptible) of influenza A virus emerges that efficiently transmits from person-to-person, and that has the capacity to cause severe morbidity and mortality among many sectors of society including healthy individuals. The unpredictable emergence of pandemic influenza and its potential for causing severe health, social, and economic consequences dictate the need for a comprehensive, aggressive, flexible, and action-oriented

strategy.

To improve ongoing efforts for the prevention and control of influenza in the United States, and to prepare for a future pandemic, NVPO coordinated the development of the National Influenza Pandemic Preparedness and Response Plan for the Department. The goal of this plan is to limit the impact of the pandemic by: limiting the burden of disease; minimizing social disruption caused by the pandemic; and reducing economic losses attributable to the pandemic. The objectives of the Plan are to: enhance early detection and monitoring capabilities, improve readiness and decrease the time required to mount a response to a pandemic, and strengthen the infrastructure required to respond to a pandemic

In addition to the threat of an influenza pandemic, OPHS continued to prepare for other potential public health disasters. The Office of Emergency Preparedness' (OEP) primary mission is to manage and coordinate the Federal health, medical and health related social service response and recovery to major emergencies, federally declared disasters and terrorist acts. As such, OEP directs a major national initiative, the Metropolitan Medical Response System (MMRS) development program, which provides a mechanism to forge a local integrated response which links multiple local, state and Federal agencies as well as private health care institutions that will serve as the initial responders to any weapon of mass destruction (WMD) event. Metropolitan Medical Response Systems (MMRS) that address the health consequences of the release of a weapon of mass destruction (WMD) were initiated in 25 additional areas in 2000, bringing the total to 72. In FY 1999, twenty new MMRS development contracts were initiated in cities. During FY 2000, 20 contract modifications were made to add funding for bioterrorism capabilities to the systems begun during FY 1999.

Performance Measures

Performance Measures	**Targets**	**Actual Performance**
2.3 Number of Metropolitan Medical Response Systems (MMRS) *Data Source: OPHS administrative files*	FY02: 122 FY01: 97 FY00: 72 FY99: 35	FY02: FY01: FY00: 72[5] FY99: 47 FY98: 27
2.4 Number of Metropolitan Medical Response Systems (MMRS) with bioterrorism capabilities *Data Source: OPHS administrative files*	FY02: 97 FY01: 72 FY00: 47	FY02: FY01: FY00: 47 FY99: 27 FY98: 0

[5] Actual performance numbers represent contracts obligated.

Performance Measures	Targets	Actual Performance
2.5 Proportion of the estimated 300,000 living recipients of blood and blood products who have been notified of their potential hepatitis C exposure *Data source: FDA (Data TBD. FDA begins Hepatitis C lookback inspections in October 2001.*)	FY02: FY01: FY00: 100%	FY02: FY01: FY00: FY99:
2.6 The amount of adequate reserve quantities of immunoglobulin product for domestic use, as determined by the monthly report of the Plasma Products Therapeutics Association, which monitors statistics on US distribution and size of the emergency supply of plasma derivative products *Data source: FDA*	FY02: 76kg FY01: 76kg FY00: 76kg	FY02: FY01: FY00: 76kg
2.7 Qualitative narrative describing the effectiveness of the rapid communication procedure for notification of the Blood Safety Director and members of the Blood Safety Committee for important developments related to blood safety from OPDIVs	FY02: 1 FY01: 1 FY00: 1	FY02: FY01: FY00: 1 FY99: 1 FY98: 0

Related HHS Strategic Goal

- To improve the public health system

OPHS Priority 3: Eliminate Racial Disparities in Health Status and Health Care Access and Quality

The goal of eliminating racial disparities in health by 2010 was set with the *Healthy People* initiative, which sets the nation's health agenda every 10 years. For all the medical breakthroughs we have seen in the past century, we still see significant disparities in the medical conditions of racial groups in this country. What we have done through this initiative is to make a commitment – for the first time in the history of our government – to eliminate, not just reduce, some of the health disparities between majority and minority populations. We have selected six areas to bring our efforts into focus: infant mortality, child and adult immunizations, HIV/AIDS, cardiovascular disease, cancer screening and management, and diabetes.

Eliminating disparities is not a zero-sum game. We are not taking anything from anyone when we ensure focus on the health needs of those most at-risk. We are operating on the premise upon which the Public Health Service was founded 200 years ago: The entire nation benefits when we protect the health of those most vulnerable.

OPHS Contributing Offices

Office of Minority Health, Office of the Surgeon General, Office of Disease Prevention and Health Promotion, President's Council on Physical Fitness and Sports, National Vaccine Program

Office, Office of HIV/AIDS Policy, Office on Women's Health, Office of Population Affairs, Office of Military Liaison and Veterans Affairs, and Office of Research Integrity.

OPHS Role and Contributions

OPHS' essential role in achieving each priority is to provide leadership, assess national health trends and problems, stimulate serious debate, engender creative ideas, and give critical visibility to health problems, needs, and solutions. Although the Office of Minority Health (OMH) serves as the focal point within HHS for addressing racial and ethnic health disparities, all OPHS offices, under the leadership of the ASH and in league with numerous other stakeholders and partners, contribute to the achievement of the six national goals under this strategic priority, through the following kinds of functions and activities:

Building a Stronger Science Base

- **OPHS promotes the collection of health data by race and ethnicity, and fosters service demonstration projects and evaluations aimed at improving the health of racial and ethnic minorities**. For example, OPHS co-chairs the HHS Data Council's Working Group on Racial and Ethnic Data and provides expert advice on the implementation of the OMB Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. In order to clarify needed steps to develop a system for monitoring progress towards the elimination of racial and ethnic health disparities, OMH is undertaking an evaluation of efforts to assess State laws, regulations, and practices affecting the collection and reporting of racial and ethnic data by health insurers and managed care plans.

  OPHS also administers a Bilingual/Bicultural Service Demonstration Grants Program to improve access to health care by reducing cultural and linguistic barriers, a Minority Community Health Coalition Demonstration Grants Program to address reductions of racial and ethnic disparities in health targeted under this priority area, and a Technical Assistance and Capacity Development Demonstration Program for HIV/AIDS-Related Strategies in Highly Impacted Minority Communities to foster the development of effective and durable service delivery capacity for HIV prevention and treatment among organizations closely linked with the minority populations highly impacted by HIV/AIDS. In addition, OPHS is supporting a study by the Institute of Medicine that will clarify our understanding of the underlying causes of racial and ethnic health disparities, provide approaches that would be effective in countering the impact of bias in medicine and health services, and identify policy changes, program initiatives, and resource requirements necessary for timely implementation.

  The Office of HIV/AIDS Policy developed and implemented the Crisis Response Team Initiative, joining qualitative and quantitative data collection methods in a new methodology known as RARE (Rapid Assessment, Response and Evaluation) which has been successfully piloted in 12 cities. The RARE methods complement traditional needs assessment procedures providing an enriched understanding of the context of risk and

variables impacting prevention efforts, and acceptance and retention in care among hard to reach populations at high risk for HIV/AIDS. A training manual and guidance documents have been published, and trainings on RARE have been held for other State and local health departments requesting this information.

Furthermore, OPHS establishes National Centers of Excellence in Women's Health and National Community Centers of Excellence in Women's Health, including centers focused specifically on minority women's health. OPHS provides leadership for the development of a departmental plan identifying infrastructure, research needs, and data commitment strategies for addressing health disparities related to sexual orientation. OPHS established the Minority Women's Health Panel of Experts (MWHPE) in response to the 1997 conference Bridging the Gap: Enhancing Partnerships to Improve Minority Women's Health. A comprehensive research document entitled, *Improving Minority Women's Health Research: Minority Women, Gaps, Issues, and Assessment of Ongoing Research, Concerns and Recommendations* will soon be available on the Office on Women's Health website and highlights current literature on research and data interpolation in regards to multiple populations of women of color across the lifespan, in terms of primary prevention and intervention strategies, involvement in clinical trials, data collections and interpretation, and political implications.

Influencing and Improving National Policy

- **OPHS promotes and develops policy to address the health of racial/ethnic minorities and to eliminate health disparities between racial/ethnic groups**. A major example of improvements in existing policy involves the change in *Healthy People 2010* goals for the Nation from reducing to eliminating disparities in health. This goal has been operationalized by having the same targets for all racial and ethnic groups in the health goals for the Nation in the current decade, identifying all racial and ethnic groups (using OMB Directive 15 standards at a minimum) so that the nature and extent of disparities between racial/ethnic groups are readily apparent.

  Important examples of relatively new initiatives and activities targeting racial/ethnic health disparities, either led or co-led by OPHS offices and/or the ASH and/or the SG, include: staffing and leadership of the Departmental Minority Initiatives Steering Committee, the Departmental Minority Initiatives Coordinating Committee, and respective minority health initiatives (i.e., the HBCU initiative, the Hispanic Agenda for Action, the Tribal Colleges and Universities initiative, and the AAPI Action Agenda); coordination and staffing support to the Department's Public Health Council which serves as the steering group for the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health; creation of a Minority Women's Health Initiative to address the diversity in health needs and inconsistencies in health care delivery for women across the country; development of national standards for the provision of culturally and linguistically appropriate services in health care; and coordination of the Department's response to the Congressional Black Caucus regarding the development of effective strategies to reduce and prevent the heavy toll of the HIV/AIDS epidemic on communities of color.

OPHS has led policy development and coordination for the Minority AIDS Initiative both internally across the Department's Operating Agencies, and externally with the Congressional Black Caucus and Congressional Hispanic Caucus, through the Steering Committee on Implementation and Evaluation. Central to this effort has been gaining an understanding of barriers to access to prevention and care for minority populations, and identifying new strategies to maximize the effectiveness of existing federal funding streams to reach and serve these populations. In addition, OPHS supports pilot projects addressing two persistent, ongoing gaps in services for women of color impacted by and living with HIV/AIDS: the Incarcerated Women with HIV/AIDS/STDs Program focuses on the development and implementation of pre-release and discharge planning processes that effectively link newly released women with appropriate HIV health care and support services; and the Model Mentorship Program for Technical Assistance to Women's Organizations Delivering HIV/AIDS Services to Women pairs well-established minority health organizations with young women's organizations and community-based organizations serving women affected by and infected with HIV/AIDS to help increase their organizational capacity and sustainability in rural and urban communities.

Promoting Effective Partnership Activities

- **To identify and solve health problems and concerns affecting racial and ethnic minorities, and to stimulate and undertake innovative projects that address racial and ethnic health disparities**, OPHS executes cooperative agreements and other formal arrangements with States, national minority organizations, and others to meet common interests (i.e., to strengthen State minority health infrastructures, to reduce the incidence of violence and abusive behavior in low-income, at-risk communities through the mobilization of community partners, to ensure AI/AN needs are appropriately addressed in the National Diabetes Education and Prevention Plan, to develop a strategy for linking rural and isolated API communities to culturally and linguistically appropriate health care services, and to implement the National Action Plan on Breast Cancer). Particular focus has been placed on increasing the capacity and minority community-based organizations to develop effective partnerships at the local level to enhance the delivery of HIV/AIDS services and targeted education. Innovative new partnerships involving the leadership of minority business, civic, media, education, professional and advocacy organizations have been fostered through The Leadership Campaign on AIDS.

  In April 2000, HHS entered into a partnership with the American Public Health Association (APHA), led by OPHS, to eliminate racial and ethnic health disparities by 2010. Under that partnership, a national Steering Committee to Eliminate Racial and Ethnic Disparities in Health was launched early in October 2000 as a broad-based, multi-sectoral, public-private partnership. This Committee has issued a Call to the Nation to eliminate such disparities and to form a national coalition engaged in strategic actions toward this important goal. In addition, OPHS is currently planning the first of three "National Leadership Summits" for eliminating racial and ethnic disparities in health to take place over the current decade. The purpose of these summits is to serve as vehicles for highlighting, promoting, and applying the knowledge, experience, and expertise of

hundreds of community-based organizations and partners across the Nation towards more strategic, concerted, and effective actions aimed at eliminating racial and ethnic disparities in health. It is expected that this effort will complement the work to be done at the national level via the APHA-HHS Partnership to Eliminate Racial and Ethnic Disparities in Health and the Steering Committee established under that Partnership.

Engaging in Strategic Communication

- **To increase awareness and understanding of the major health problems and needs of racial and ethnic minorities and the nature and extent of health disparities between racial/ethnic groups in the US,** OPHS supports resource centers (e.g., the OMH Resource Center and the National Women's Health Information Center) and clearinghouses (e.g., ODPHP's National Health Information Clearinghouse) that respond to public inquiries and disseminate information and educational materials on a range of disease prevention and health promotion, women's health, and minority health issues. Widely available access is assured by using toll-free telephone lines, electronic and regular mail, web-sites (such as healthfinder and the National Women's Health Information Center), publications (including newsletters and Surgeon General's reports), exhibits, speaking engagements, and media appearances as venues for communicating with the public and other OPHS partners. Focused communications campaigns to address social barriers such as stigma and fear around HIV/AIDS in minority communities have been implemented as a critical step towards eliminating disparities. For example, OPHS has developed a Cardiovascular Education Campaign in collaboration with the American Heart Association called FOR YOUR HEART, a tailored heart disease prevention program which can be found on the NWHIC website. Different stories have been written for African-American and Hispanic women, based on their risk factor levels and stages of change. This program is being promoted nationwide in collaboration with the national Black Nurses Association.

Discussion of Performance Measures

The performance measures used by OPHS under this priority area are selected from the set of objectives in *Healthy People* 2000 (for FY 1999 and FY 2000 plans) and in *Healthy People 2010* (for FY 2001 and FY 2002), including relevant targets, data sources, and baselines. The specific measures selected from either version of *Healthy People* are those most directly related to the six health priority issue areas identified under the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health; i.e., infant mortality, cancer screening and management (in particular, mammograms and pap tests), coronary heart disease and stroke mortality, diabetic complications (in particular, lower extremity amputations and end stage renal disease), HIV/AIDS, and childhood and adult immunizations. As the *Healthy People 2010* documents replaced those for *Healthy People 2000* at the end of the last decade, and as they have evolved over the past several years, the measures, targets, data sources, and baselines in the OPHS performance plans have had to be continually revised or updated to be consistent with their counterpart objectives in *Healthy People 2010*. The Conference Edition of *Healthy People 2010* (released in January 2000), which was used as the basis for the draft version of the FY 2002 OPHS plan, has since been replaced by

the Final Edition (released in mid-November 2000 at the annual meeting of the American Public Health Association in Boston, Massachusetts), and, again, there have been a number of changes made to the measures, targets, data sources, and baselines between editions. All of these changes are reflected in this particular plan.

As in last year's plan, baseline data and appropriate targets are not yet available for all measures or all required racial and ethnic groups in each measure. "No data" indicators denote where data are not available either because the data are not currently collected (DNC), collected data have not yet been analyzed (DNA), or the data are statistically unreliable (DSU) because the population numbers are too small to be valid. If no baseline data are currently available for the particular objective or racial and ethnic group, then baselines and targets cannot be set and a "not set" indicator is presented.

Final *Healthy People 2010* targets are generally set at a "better than the best" level, allowing room for improvement for all racial and ethnic groups. For those measures, (e.g., the coronary heart disease and stroke mortality objectives) in which targets have been set at a level of improvement over the national average for the total population, baselines for one or more racial and ethnic group may be at or better than the target. In these cases, the target levels are expected to remain the same or improve over time.

Interim targets for the end of fiscal years 2001 and 2002 reflect the average annual reduction in disparities needed for all racial and ethnic groups to reach parity with one another by 2010. For reasons stated in the above paragraph, no interim targets have been set for those racial and ethnic groups whose current status for a particular measure is better than the 2010 target, where the 2010 target is based on an improvement over a total population average rather than a "better than the best" level.

Lastly, although the *Healthy People 2010* initiative allows racial and ethnic group data to be disaggregated in order to "unmask" further disparities in subgroups, only racial and ethnic categories identified in the Federal standards for collecting racial and ethnic data established by the Office of Management and Budget are presented in these measures, whether they are absent from, or other subgroups are identified in, the *Healthy People 2010* objectives.

FY 2000 Performance Summary

OPHS is committed to assuring sustained progress and improved health outcomes within each priority through coordinated public and private efforts. The effectiveness of OPHS' activities are essential to the achievement of this ambitious goal, but the problems underlying OPHS' priorities are complex and reach beyond the control and responsibility of any one arena or effort. Achievement is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions.

In FY 2000, OPHS continued to eliminate racial disparities in health status and health care access and quality, through building a stronger science base, influencing national policy, promoting effective partnerships, and engaging in strategic communications.

Pivotal accomplishments of the past few years include coordination of a Department-wide initiative to reduce the racial disparities and burden of HIV/AIDS among minority populations. OHAP has orchestrated an unprecedented level of coordination among the Department's agencies and programs in developing and implementing the Minority AIDS Initiative. In particular, it has been essential to define new responses to both infrastructure and social context issues underlying the health disparities in HIV/AIDS. These approaches have been picked up as models for addressing other health disparities in vulnerable populations. As a part of this initiative, OHAP has piloted Crisis Response Teams, bringing new rapid assessment and response models to requesting cities and State health departments for a current total of 12 teams. The Leadership Campaign on HIV/AIDS has also been a model program for engaging and leveraging public/private partnerships among business, media, community, professional, civic and community organizations to combat HIV/AIDS in minority communities.

OWH funds four National Centers of Leadership in Academic Medicine, including one at Meharry, that serve as demonstration projects. These centers have the following goals: (1) to foster gender equity in medicine and (2) to promote the leadership advancement of junior faculty, who tend to be disproportionally women and minorities, into senior faculty positions. Lessons learned from the evaluation and assessment of these four centers may be used as models for similar programs at other health professional schools. Nearly 40 professional publications/manuscripts, workshops, and presentations have been developed by the four Centers. Six community-based outreach demonstration projects, four manuals, four needs assessments, and four websites have also been developed.

The National Women's Health Information Center (NWHIC) created a specialty section on its 4woman.gov web site specifically geared to help women learn more about the leading health concerns of minority women. It puts a wealth of useful information together in one place for minority women, caretakers, health professionals, and researchers. This section does not deal only with illness and disease; it takes a proactive approach to health by featuring a "Nutrition and Wellness" section dealing with issues such as exercise and nutrition. The NWHIC Minority Women's Health section received 20,000 visitors in 2000. NWHIC also has a specialty section for Spanish speakers, which received 22,000 visitors in 2000; this section links to over 300 publications written in Spanish. In addition, the NWHIC 1-800 number receives approximately 20 calls per month from Spanish speakers. Two Spanish-speaking Information and Referral staff are available to take and answer these calls.

OPHS continued a number of activities to **promote the collection of health data and the strengthening of data infrastructures**, in order to enable the identification and monitoring of health status among US racial and ethnic minorities, the nature and extent of health disparities affecting them, and the effects of initiatives and interventions targeting their health problems. For example, OMH co-chairs the HHS Data Council's Working Group on Racial and Ethnic Data, the internal advisory group to the Secretary on minority health data and statistics. In FY 1999, OMH, through this working group, updated and expanded the *HHS Directory of Minority Health and Human Services Data Resources* (Inventory) of 182 major data collection systems sponsored by HHS. The Inventory provides a snapshot of the HHS data collection systems which make their data available to the public. The Inventory is produced for policymakers, administrators,

researchers, and the public as a reference document on data resources within HHS and is available on OASPE's website (http://www.aspe.os.dhhs.gov/datacncl/datadirectory).

In addition, a report entitled *HHS Plan to Improve the Collection and Use of Racial and Ethnic Data* was prepared and submitted to the HHS Data Council in December 1999. The Report is the result of a joint venture between two racial and ethnic data work groups, the HHS Data Council's Working Group on Racial and Ethnic Data, and the Data Work Group for the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health. The Report's recommendations provide HHS with a long-term strategy for improving the collection and use of racial and ethnic data across HHS and its agencies and, more specifically, for the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health.

OPHS' Office of Minority Health continues to advance these issues through conferences and workshops devoted to addressing health disparities, which both bring together partners from diverse organizations and serve to communicate OPHS' message on disparities. For instance, in June 1999, OMH provided staff support for the OPHS/AHRQ/Commonwealth Fund sponsored meeting: *Performance Measurement in Managed Care and its Role in Eliminating Racial and Ethnic Disparities in Health*, a ground-breaking meeting that brought together leaders from for-profit and nonprofit managed care organizations, health services researchers, trade association representatives, and government officials. Ways by which managed care organizations) the dominant model for the financing and delivery of health care) could contribute to efforts to eliminating racial and ethnic disparities in health through enhanced data collection and analysis were explored. Two papers resulting from this meeting are being developed.

Also in FY 2000, OMH conducted a preliminary review of state laws and regulations which prohibit the collection of racial and ethnic data by health insurers and HMOs in the private market. The findings were presented by OMH staff at two key meetings convened by the American Association of Health Plans and the HMO Research Network. Based on this preliminary work, OMH awarded a major contract from FY 2000 1% funds, to the National Health Law Program to conduct a comprehensive review of state laws, regulations, and rules to determine the extent to which health insurers and managed care organizations (MCOs) are permitted to collect and report racial and ethnic information. This project includes a review of: (1) the extent to which MCOs and health insurers can collect and report information on the applicants and enrolled members by race and ethnicity; (2) existing interpretation of state laws and regulations governing these entities; (3) parameters and overlap of civil rights versus insurance and managed care laws; and (4) practices of the state officials and these entities at the state level. The project's recommendations would continue the momentum of the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health, as well as one of the overarching goals of *Healthy People 2010*, the Nation's health promotion and disease prevention objectives for the next decade. This project will continue through FY 2001 and into part of FY 2002.

OPHS continued in FY 2000 to **foster service demonstration projects, evaluations, and other studies of interventions** aimed at improving health and the health care system to strengthen and expand the science base for decision-making, determine model approaches and best practices, and identify and overcome barriers to health, as well as program and intervention effectiveness. For

example, OMH has continued support of its principal demonstration grant programs. In FY 1999, 27 continuation grant awards were made under the Bilingual/Bicultural Service Demonstration Program for projects to improve the ability of health care providers and other health care professionals to deliver culturally and linguistically competent health services to limited-English-proficient minority populations. In FY 2000, eleven additional projects were awarded to minority community-based organizations, in a competitive cycle. Sixteen continuation awards and six new awards were issued in FY 1999 under the Minority Community Health Coalition Demonstration Program, for projects that address socio-cultural barriers and demonstrate effective coordination of integrated community-based screening, outreach, and other enabling services, thus ensuring linkages to treatment or other indicated follow-up.

Also with FY 1999 funds, OMH funded four projects under the Technical Assistance/Capacity Development Demonstration Program (TA/CD) for HIV/AIDS-Related Services in Highly Impacted Minority Communities Projects. The communities reached ranked in the top 11 Metropolitan Statistical Areas (MSAs) in the US most severely impacted by the HIV/AIDS epidemic. Over 150 minority community-based organizations received services in FY 2000 through the TA/CD, including needs assessments, mentoring, workshops on proposal writing, and staff development. These projects were primarily supported through CBC funds in the Public Health and Social Services Emergency Fund. Two additional projects were funded in FY 2000.

CBC funds also allowed funding of minority health offices/entities in 13 States, the District of Columbia, and the Virgin Islands to coordinate State-wide efforts to respond to the HIV/AIDS crisis in minority communities. These State and Territorial Minority HIV/AIDS Demonstration Program grantees are working with minority community-based organizations to develop a greater resource capacity and interventions in identified areas of need.

CBC funds also support 11 Minority Community Health Coalition Demonstration Program HIV/AIDS projects, located in MSAs with the highest incidence of HIV/AIDS. Projects provide education and outreach on HIV/AIDS. These coalitions involve minority community-based organizations, in partnership with AIDS Service Organizations and non-traditional organizations, fostering community dialogue and providing culturally and linguistically appropriate HIV/AIDS information. Over 60 organizations are involved in these partnerships.

OPHS continues to support **special projects** addressing health disparities. In August 2000, OMH awarded a 17-month contract to the Institute of Medicine for a study entitled *Understanding and Eliminating Racial and Ethnic Disparities in Health Care*. This study was mandated by the Congress in report language in the FY 2000 appropriations. The contract is for $825,140. The purpose of the study is to "assess the extent of differences in the kinds and quality of health care received by US racial and ethnic minorities and non-minorities, explore factors that may contribute to differences, and recommend policies and practices that eliminate inequities." Additionally, using 1% evaluation funds, OMH contracted to assess the State minority health infrastructure and capacity to address health disparities. This project examined nine State/territory public health agencies to determine factors that contribute to or detract from the establishment and sustained support of State offices of minority health, and to assess their viability and effectiveness in meeting the needs of racial and ethnic minorities for essential public health

services. The study recommended strategies that, if addressed in their entirety, could lead to substantial improvements in efforts at the state level to address racial and ethnic health disparities. The strategies include: collection, tracking, and dissemination of data; improving inter-and intra-organizational collaborations related to minority health; technical assistance to improve state health infrastructures; and funding for minority health initiatives at the state and local levels.

OPHS continues to **affect policies, programs and practices** to address health disparities. OMH established an effective mechanism for coordinating the various departmental minority initiatives through the Departmental Minority Initiatives Coordinating Committee (DMICC) which the DASMH chairs. The DMICC serves as the coordinating body for the HBCU Initiative, the Hispanic Agenda for Action, the Tribal Colleges and Universities Initiative, and the AAPI Initiative. DMISC members conducted a series of site visits to observe the schools firsthand and to interact with school presidents, administrators, faculty, and students to better understand each school's capabilities and needs, thereby helping to ensure that HHS programs and initiatives continue to make a difference at minority institutions of higher education. Three site visits were made during FY 2000 (Northern California, DQ University and National Hispanic University, and the Atlanta, Georgia area Historically Black Colleges and Universities). In addition, as part of our efforts to streamline the minority initiatives, OMH entered into a contract to develop a template for developing a uniform five-year departmental plan and annual performance report for all four minority initiatives.

OPHS led the development of a new and revised set of national health objectives for 2010 (i.e., *Healthy People 2010*), resulting in the focus on elimination rather than reduction of preventable disparities in health, especially among all racial and ethnic groups, as one of the two overarching goals of this initiative. OPHS – particularly ODPHP, OMH, OWH, OPA, OHAP, and PCPFS) led, coordinated, and/or participated in all five of the regional meetings conducted across the country as part of the second public comment period and assumed a lead role in outlining the rationale for and issues related to such a goal.

OMH has led the Department in the development of a snapshot of Departmental programs, an inventory of Departmental efforts targeted to AAPIs, and FY 2001 agency plans for implementing Executive Order 13125, Increasing Participation of Asian Americans and Pacific Islanders in Federal Programs. In addition, in FY 1995 the House appropriations committee encouraged OMH to "establish a center to develop and evaluate models, conduct research, and provide technical assistance to providers on removing language barriers to health care services." OMH has moved actively to comply with this request by developing a "center without walls," the Center for Linguistic and Cultural Competency in Health Care. One major activity has been the development of proposed national standards on culturally and linguistically appropriate health care services (CLAS). In FY 2000 these draft standards underwent a 120-day public comment process, which included three regional meetings on the standards. The CLAS standards will provide health care stakeholders with a conceptual framework for providing culturally and linguistically appropriate health care to diverse populations. The final proposed standards were published in the Federal Register in December 2000.

OPHS has also moved to increase awareness and understanding of the major health problems and

needs of racial and ethnic minorities and the nature and extent of health disparities between racial/ethnic groups in the US through a wide range of ***informational and educational efforts*** aimed at decision-makers, health professionals, those serving racial/ethnic minority communities, and the general public.

In 2000, as part of a strategic communication strategy to engage local communities and family planning providers, the Office of Population Affairs (OPA) sponsored a series of four 2-day multi-regional Listening Meetings addressing disparities in sexual and reproductive health. These meetings were held in Seattle, Dallas, Philadelphia and Chicago, encompassing all ten Public Health Service regions. The purpose of the meetings was to hear from community constituents about issues of concern from their perspective relating to family planning/reproductive health care and adolescent pregnancy, and to discuss these concerns with family planning grantees. Designed to address the Surgeon General priorities of establishing balanced community health systems and eliminating health disparities, the final report from these meetings will help the OPA to identify strategies to improve access to services in family planning clinics. This is especially important since 40 percent of clients served in the Title X family planning program are minorities.

OMH has also continued to produce high quality and highly sought after publications that appeal to consumers, universities, state offices of minority health, health educators, researchers, and administrators. During the past two years, OMH produced more than a dozen issues of *Closing the Gap*, a newsletter available both electronically through the Office of Minority Health Resource Center (OMH-RC) web site and in print. Popular issues included *Cultural Competency* and *Oral Health*. In addition, as part of the Congressional Black Caucus (CBC) Initiative, OMH launched *HIV Impact*, a quarterly publication of *Closing the Gap*, which addresses HIV/AIDS-related topics as they affect minority populations. These publications have more than 30,000 subscribers. OMH has also reprinted 1999 and 2000 editions of *The Pocket Guide to Minority Health Resources*. This guide is the single most requested publication originated by OMH. The popular *Breast Cancer Resource Guide for Minority Women* was also reprinted by OMH. Now in its second edition, the publication contains a wealth of resources for minority women with breast cancer, their families, and health professionals who treat breast cancer.

Another important effort since its inception in 1987, the Office of Minority Health-Resource Center (OMH-RC) has grown to become one of the nation's largest sources of minority health information. The OMH-RC collects, distributes, and facilitates the exchange of information on a variety of health topics. In FY 2000, OMH developed and conducted a national print media campaign targeting African Americans to increase HIV/AIDS awareness among this population. The campaign generated inquiries from around the Nation requesting OMH-RC's HIV/AIDS information packets. In FY 1999 and FY 2000, more than 20,200 inquiries were made to OMH-RC, including contacts made by health professionals (5,219), consumers (3,292), and government agencies (1,659). The majority of inquiries were in English (17,497), but the number of Spanish language inquiries increased to 873. The majority of inquiries received publications (13,136) and the number of consumers added to the OMH-RC mailing list requests was 8,045. The majority of inquiries came from California (2,229), followed by Maryland (1,574), and New York (1,531). During this period, the most requested topics were for minority health resources (print, video, etc.) and HIV/AIDS information. Most of the referrals to the OMH-RC came from exhibiting at

conferences and published promotional materials.

Also in FY 2000, OMH launched its new and improved web site (http://www.omhrc.gov) . Administered by OMH-RC, the site contains information on minority health, including pages on: what's new, programs and initiatives, data and statistics, funding opportunities, conferences, legislative action in Congress, and useful information links. There was a total of 1,012,190 hits to the OMH web site in FY 2000, with an average of 2,569 per day. The number of visitors who viewed the site one time during that period was 68,295, and the number who visited more than once was 13,522.

OMH has continued to **establish and strengthen networks, coalitions, and partnerships** to identify and solve health problems and concerns affecting racial and ethnic minorities. Under the FY 2000 State Partnership Initiative, OMH made awards to 12 State minority health entities to help eliminate racial and ethnic health disparities. The State Partnership Initiative, which was established in FY 1999, is designed to assist State minority health entities to develop or expand their existing infrastructure to address the public health needs of racial/ethnic minorities and/or to undertake special projects to address emerging health-related issues impacting minority communities. Projects included development of cultural competency curriculum, expansion of existing infrastructure, *Healthy People 2010* objectives, and conducting comprehensive assessments of the health status of racial and ethnic minority communities.

OMH and OWH held the first joint meeting of the State Minority Health Representatives and the State Women's Health Coordinators on July 12-14, 1999. Directors from existing State offices of minority health, minority health contacts in States (including the District of Columbia, Puerto Rico, and the Virgin Islands) which do not have a formal minority health structure, OWH Regional Women's Health Coordinators, and State and Territorial Women's Health Coordinators attended this joint summit entitled *Leadership Summit for State Minority Health and State Women's Health Representatives*.

In FY 1999, OMH awarded continuations for 28 multi-year umbrella cooperative agreements to assist in expanding and enhancing health promotion, disease prevention, health advocacy, and health services research opportunities within minority populations. In FY 2000, OMH continues to support and manage the 28 umbrella cooperative agreements and 7 standard cooperative agreements. The cooperative agreements establish broad programmatic frameworks for multiple projects that assist OMH in expanding, enhancing, and coordinating efforts to promote minority health programs and policies in the Department, other federal agencies, and the private sector. They afford the opportunity for HHS and other federal agencies to collaborate and jointly fund individual projects. For example, through the cooperative agreement with the Auxiliary to the National Medical Association, the National African American Youth Initiative encourages and motivates African American youth from secondary grade levels to pursue career opportunities in the health arena. In FY 1999, sixty students were introduced to policy makers at the national level and orientated toward the functions of various national health organizations.

Using funds provided by the CBC, in FY 1999 OMH also established 18 projects under umbrella cooperative agreements to support HIV/AIDS prevention programs. These projects target

minority populations that are most at risk or hardly reached, e.g., inmates, homeless, women at risk, youth or those in rural areas. The *Latino HIV Needs Assessment* project under the National Council of La Raza cooperative agreement assesses which factors in Latino women's lives serve as barriers to accessing HIV/AIDS messages, and determines the types of messages that are effective in reaching Hispanic women, in order to increase the probability of reducing risky behavior. Through the Association of Asian Pacific Community Health Organizations cooperative agreement, the *HIV/AIDS Health Promotion and Education to Underserved Asian American and Pacific Islander Communities* project builds capacity among Asian American and Pacific Islander (AAPI) health care providers to address HIV/AIDS for underserved AAPI populations. HIV/AIDS health promotion and education activities are to be assessed in Community Health Centers (CHC) where a majority of the patient populations are AAPIs. When the needs are identified, an action plan will be developed to support increasing capacity at the CHCs. These 18 projects received continued support in FY 2000.

Performance Measures

Performance Measures	Targets	Actual Performance
3.0 Collect and establish baseline and comparison data for all measures under this goal and relevant racial and ethnic groups for which no data are currently available. (To establish interim targets, staff will determine the difference between the current baseline and the 2010 target and propose a 10% improvement in the disparity per year. At least current levels will be maintained for any group(s) already at or better than the target.) *Data Source: Healthy People*	FY02: 11 of 11 FY01: 11 of 11 FY00: 12 of 12 FY99: 9 of 12	FY02: FY01: FY00: 6 of 11 FY99: 5 of 11 FY98: 5 of 11

Performance Measure	Race/Ethnicity	Targets				Baseline/Actual Performance		
		2002	2001	2000	1999	2000	1999	1998
3.1 Infant mortality rate per 1,000 live births	Whites	5.70	5.85	6.2		07/02	09/01	6.0
	Blacks	11.94	12.87	13.7				13.8
	Hispanics	5.54	5.67	6.2				5.8
HP2010 Objective 16-1c	AI/ANs	8.34	8.82	8.6				9.3
HP2010 target is 4.5	APIs	5.30	5.40	5.3				5.5
3.2 Mammogram within past 2 years (women 40+)	White women	67.6	67.3	63.2		02/02	08/01	67%
	Black women	66.8	66.4	66.0				66%
	Hispanic women	62.8	61.9	54.7				61%
HP2010 Objective 3-13	AI/AN women	50.0	47.5	Not set				45%
HP2010 target is 70%	API women	62.8	61.9	Not set				61%

Performance Measure	Race/Ethnicity	Targets				Baseline/Actual Performance		
		2002	2001	2000	1999	2000	1999	1998
3.3 Pap test within past 3 years (women 18+) HP2010 Objective 3-11b HP2010 target is 90%	White women Black women Hispanic women AI/AN women API women	81.2 84.4 77.2 75.6 71.6	80.1 83.7 75.6 73.8 69.3	Not set Not set 75.1 Not set Not set		02/02	08/01	79% 83% 74% 72% 67%
3.4 Coronary heart disease death rates (age-adjusted) HP2010 Objective 12-1 HP2010 target is 166	White Black Hispanic AI/AN API	198 234.8 145 126 123	202 243.4 145 126 123			07/02	09/01	206 252 145 126 123
3.5 Stroke death rates (age-adjusted) HP2010 Objective 12-7 HP2010 target is 48	White Black Hispanic AI/AN API	56 73.6 39 38 50.4	57 76.8 39 38 50.7			07/02	09/01	58 80 39 38 51
3.6 Rate of lower extremity amputations in persons with diabetes (per 1,000 diabetic patients) HP 2010 Objective 5.10 HP2010 target is 1.8	Whites Blacks Hispanics AI/ANs APIs	2.44 4.20 Not Set Not Set Not Set	2.52 4.5 Not Set Not Set Not Set	5.6 9.7		02/02	08/01	2.6 4.8 DSU DSU DSU
3.7 New cases (per 1,000,000) of end-stage renal disease HP2010 Objective 4-7 HP2010 target is 78	Whites Blacks Hispanics AI/ANs APIs	78.8 278.8 Not Set 401.2 140.4	78.9 303.9 Not set 441.6 148.2			10/02 (1996)	04/01	79 329 DNA 482 156
3.8 Incidence of diagnosed AIDS cases among adolescents and adults (per 100,000) HP 2010 Objective 13.1 HP2010 target is 1	White males Black males Hispanic males AI/AN males API males White females Black females Hispanic females AI/AN females API females	Not Set Not Set 41.96 11.8 6.44 Not Set Not Set 11.24 3.8 1.16	Not Set Not Set 47.08 13.15 7.12 Not Set Not Set 12.52 4.15 1.18			07/01		DNC DNC 52.2 14.5 7.8 DNC DNC 13.8 4.5 1.2

Performance Measure	Race/Ethnicity	Targets				Baseline/Actual Performance		
		2002	2001	2000	1999	2000	1999	1998
3.9 HIV mortality rate	White males	3.82	4.21			07/02	09/01	4.6
	Black males	27.34	30.67					34
	Hispanic males	8.70	9.70					10.7
	AI/AN males	3.34	3.67					4.0
	API males	1.26	1.33					1.4
	White females	.798	.799					.8
	Black females	9.90	11.05					12.2
	Hispanic females	2.38	2.59					2.8
HP Objective 13-14	AI/AN females	Not Set	Not Set					DSU
HP2010 target is 0.7	API females	Not Set	Not Set					DSU

DSU=Data are statistically unreliable
DNC=Data not collected

Performance Measure	Race/Ethnicity	Targets				Baseline/Actual Performance		
		2002	2001	2000	1999	2000	1999	1998
3.10 Child immunization** coverage								
	White	86.8	86.4	83.7		08/01		86
DPT 4 doses	Black	79.6	78.3	80.1				77
HP 2010 Obj.14-22a	Hispanic	82.0	81.0	78.3				80
HP2010 target is 90%	AI/AN	80.4	79.2	83.7				78
	API	87.6	87.3		84.6			87
	White	94.0	94.0	93.0		08/01		94
HIB 3 doses	Black	90.0	90.0	90.0				90
HP 2010 Obj. 14-22b	Hispanic	92.0	92.0	89.1				92
HP2010 target is 90%	AI/AN	92.0	92.0	90.0				92
	API	93.0	93.0	92.0				93
	White	90.0	93.0	92.0		08/01		93
MMR 1 dose	Black	89.2	89.1	89.1				89
HP 2010 Obj. 14-22d	Hispanic	91.0	91.0	88.2				91
HP2010 target is 90%	AI/AN	86.8	86.4	87.3				86
	API	93.0	93.0	94.0				93
	White	88.4	88.2	82.8		08/01		88
Hepatitis B	Black	85.2	84.6	82.8				84
3 doses	Hispanic	86.8	86.4	81.0				86
HP 201 Obj. 14-22c	AI/AN	82.0	81.0	79.2				80
HP2010 target is 90%	API	90.0	90.0	84.6				90
	White	52.4	47.7	Not Set		08/01		43
Varicella 1 dose	Black	52.4	47.7	Not Set				43
HP 2010 Obj. 14-22f	Hispanic	55.6	51.3	Not Set				47
HP2010 target is 90%	AI/AN	44.4	38.7	Not Set				33
	API	63.6	60.3		Not Set			57
	White	92.0	92.0	Not Set		08/01		92
Polio 3 doses	Black	88.4	88.2	Not Set				88
HP 2010 Obj. 14-22e	Hispanic	89.2	89.1	Not Set				89
HP2010 target is 90%	AI/AN	84.4	83.7	Not Set				83
	API	94.0	94.0	Not Set				94

Performance Measure	Race/Ethnicity	Targets				Baseline/Actual Performance		
		2002	2001	2000	1999	2000	1999	1998
3.11 Adult immunization coverage								
Non-institutionalized adults 65+								
Influenza	White	70.0	67.5			02/02	08/01	65%
HP 2010 Obj. 14-29a	Black	54.8	50.4					46%
HP target is 90%	Hispanic	58.8	54.9					51%
	AI/AN	Not Set	Not Set					DSU
	API	72.4	70.2					68%
Pneumococcal	White	56.4	52.2			02/02	08/01	48%
HP 2010 Obj. 14-29b	Black	38.8	32.4					26%
HP2010 target is 90%	Hispanic	36.4	29.7					23%
	AI/AN	Not Set	Not Set					DSU
	API	46.8	41.4					36%
Non-institutionalized high-risk adults 18-64	White	33.6	30.3			02/02	08/01	27%
	Black	30.4	26.7					23%
Influenza	Hispanic	31.2	27.6					24%
HP 2010 Obj. 14-29c	AI/AN	35.2	32.1					29%
HP 2010 target is 60%	API	36.0	33.0					30%
Pneumococcal	White	22.4	17.7			02/02	08/01	13%
HP 2010 Obj.14-29d	Black	23.2	18.6					14%
HP2010 target is 60%	Hispanic	20.8	15.9					11%
	AI/AN	32.0	28.5					25%
	API	Not Set	Not Set					DSU
Institutionalized adults	White	Not Set	Not Set			02/02		DNA (1997)
	Black	Not Set	Not Set					DNA
Influenza	Hispanic	66.8	63.9					61%
HP 2010 Obj. 14-29e	AI/AN	Not Set	Not Set					DSU
HP 2010 target is 90%	API	Not Set	Not Set					DSU
Pneumococcal	White	Not Set	Not Set			02/02		DNA (1997)
HP 2020 Obj. 14-29f	Black	Not Set	Not Set					DNA
HP2010 target is 90%	Hispanic	36.4	29.7					23%
	AI/AN	Not Set	Not Set					DSU
	API	Not Set	Not Set					DSU
						FY01-98		DNC

DSU = Data statistically unreliable

DNA = Data not analyzed

**Recall that FY 2000 targets were set using a different baseline.

Related HHS Strategic Goals

- To reduce the major threats to health and productivity of all Americans
- To improve the quality of health care, public health, and human services
- To improve the public health system
- To strengthen the Nation's entitlement and health safety net programs