



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Fiscal Year

2007

Agency for Toxic Substances
and Disease Registry

*Justification of
Estimates for
Appropriation Committees*

MESSAGE FROM THE DIRECTOR

We are pleased to present the fiscal year (FY) 2007 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). This budget request includes the FY 2007 Annual Performance Plan and the FY 2005 Annual Performance Report as required by the Government Performance and Results Act of 1993 (GPRA).

ATSDR employs excellent science in taking responsive public health action and providing health information to prevent disease related to toxic substance exposures. ATSDR continues to determine, prevent, and mitigate health effects at sites with toxic exposures, and its successes in doing so across the nation illustrate how funding for ATSDR directly benefits Americans. Sample FY 2005 successes for ATSDR and its partners:

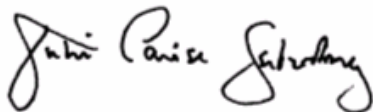
- Helped reopen some 200 schools in Louisiana after Hurricane Katrina by assessing them for potential hazards;
- Reduced average blood lead levels among children in one Utah community, where a history of mining led to a tenfold increase in the likelihood of elevated lead levels;
- Protected children from the environmental dangers of nearby methamphetamine (meth) laboratories by testifying before the Michigan Senate in support of a new state law restricting the sale of over-the-counter medications critical to the production of meth;
- Secured safe water for a New Jersey neighborhood after testing revealed contamination of local wells; and
- Prevented additional injuries from chlorine gas in the aftermath of a fatal train wreck in South Carolina when the agency's Hazardous Substances Emergency Events Surveillance system prompted state officials to expand its evacuation efforts.

As we go forward, ATSDR continues to engage in its core program activities and to achieve savings from its management consolidation with the National Center for Environmental Health. Our core activities and management efficiencies improve ATSDR's accountability and help us to implement program improvement recommendations successfully.

ATSDR monitors its performance through long-term performance measures that evaluate our success in mitigating exposures at the most urgent and hazardous sites. These measures assess and document the impact of ATSDR's efforts on the health of people exposed to toxic substances.

This FY 2007 Congressional Justification provides more detail of our successes, highlights our current efforts, and describes how the budget request will allow us to continue serving Americans productively through the upcoming fiscal year.

Sincerely,



Julie Louise Gerberding, M.D., M.P.H.

Director, Centers for Disease Control and Prevention, and
Administrator, Agency for Toxic Substances and Disease Registry



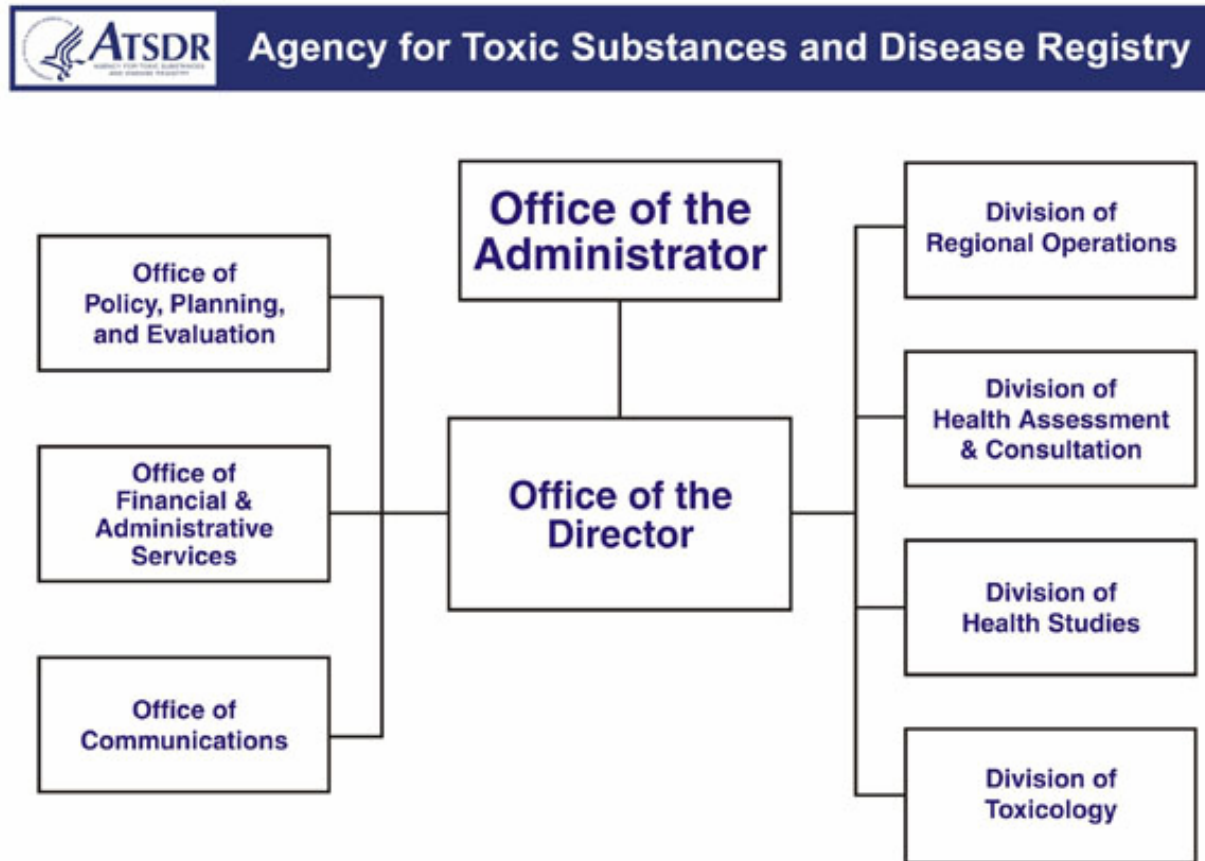
Howard Frumkin, M.D., Dr. P.H.

Director, National Center for Environmental Health/
Agency for Toxic Substances and Disease Registry

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ORGANIZATIONAL CHART



ATSDR-OrgChart-Jan06.es

January 2006

PERFORMANCE BUDGET OVERVIEW

STATEMENT OF MISSION

STATEMENT OF MISSION

ATSDR's mission is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related exposures to toxic substances.

Since the discovery of contamination in New York State's Love Canal first brought the problem of hazardous wastes to national attention in the 1970s, thousands of hazardous sites have been identified around the country. Formally organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), more commonly known as the Superfund law. The Superfund program is responsible for finding and cleaning up the most dangerous hazardous waste sites in the country.

The U.S. Environmental Protection Agency (EPA) currently targets more than 1,200 National Priorities List (NPL) sites for cleanup. ATSDR is the lead federal public health agency responsible for determining human health effects associated with toxic exposures, preventing continued exposures, and mitigating associated human health risks at these NPL sites and others throughout the country.

DISCUSSION OF ATSDR STRATEGIC PLAN

ATSDR's mission, focus and overarching strategic goals are complementary to the HHS Strategic Plan. The agency's strategic goals are the following:

Goal 1: Prevent ongoing and future exposures and resultant health effects from hazardous waste sites and releases.

ATSDR prevents ongoing and future exposures by responding to toxic substance releases when they occur or as they are discovered. The agency is successful in preventing ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and take appropriate actions. Therefore, ATSDR takes an active approach of following up on its recommendations with the regulatory agencies to ensure they adopt ATSDR's public health and safety recommendations.

Goal 2: Determine human health effects associated with exposures to Superfund-related priority hazardous substances.

ATSDR works to determine the relationship between toxic exposures and disease. These efforts include various health studies, toxicological research, disease tracking, and surveillance studies. ATSDR's research findings improve the science base for environmental public health decision-making by filling gaps in knowledge about effects from exposure to hazardous substances. ATSDR strives to fill critical data gaps associated with the 275 priority hazardous substances – those substances most often found to impact health at Superfund sites.

Goal 3: Mitigate the risks of human health effects at toxic waste sites with documented exposures.

A key indicator of the success of ATSDR's work with its partners is not only to identify exposures to toxic substances, but action must be taken to follow-up and ensure that the effect of these risks on exposed individuals is minimal. CDC uses behavior change as a measurement of success but also focuses on more outcome-oriented measures, such as comparing morbidity/mortality rates, measuring the reduction of environmental exposures, performing biomarker tests, and monitoring the behavior change of relevant community members and/or health professionals.

Goal 4: Build and enhance effective partnerships.

ATSDR works through partnerships to build environmental public health capacity outside the agency as a means of protecting a greater number of people against exposures to hazardous substances. Ultimately, working with partners allows ATSDR to reach more people than it ever could alone. ATSDR monitors and evaluates its partners' performance on a quarterly basis and continues to improve training and information sharing to enhance performance.

For additional information on the link between ATSDR's budget and HHS strategic goal, please refer to the Budget by Strategic Goal Table in the FY 2007 HHS Annual Plan.

OVERVIEW OF PERFORMANCE

The following success stories illustrate how ATSDR's new focus on the impact of its work is improving the effectiveness of ATSDR's efforts in public health as well as the agency's practice in measuring those efforts.

Goal 1: Prevent ongoing and future exposures and resultant health effects from hazardous waste sites and releases

Preventing and Mitigating Toxic Exposures in the Aftermath of Hurricane Katrina (Louisiana, Mississippi)

Immediately following Hurricane Katrina, ATSDR staff were deployed to the area to work with EPA in helping to assess and reopen approximately 200 schools in Jefferson Parish; delivering technical support to local and state officials on environmental health issues; assisting to rebuild the New Orleans Environmental Health Department's functionality; and, aiding EPA in abating chemical spills in Mississippi.

Additionally, CDC assisted EPA, the U.S. Coast Guard, and others in averting widespread hazardous exposures by searching for, collecting, and/or removing potential industrial or residential hazards (e.g., dislodged or leaking fuel tanks, chlorine or propane cylinders, hospital biohazards); surveying rail lines for damaged or leaking chemical and freight cars; and delivering critical health guidance to returning residents on water sanitation, carbon monoxide, electrical hazards, etc.

Preventing Future Exposures to Pesticides (Massachusetts)

The Massachusetts Department of Public Health (MDPH) and ATSDR collaborated to protect against future exposures to pesticides. MDPH and ATSDR worked to ensure that homes were ventilated properly after heavy pesticide fumes from a nearby tobacco field caused residents of North Hatfield to evacuate their homes. Following the incident, the Helena Chemical Corporation discontinued the use of the fumigant that caused the problem, and a more extensive certification and education requirement is now in place in Massachusetts for those who work with soil fumigants.

Limiting Hazardous Exposures Following a Fatal Train Wreck (South Carolina)

A freight train collision in Graniteville, South Carolina, left nine people dead and released an estimated 11,500 gallons of chlorine gas in January 2005. ATSDR's Hazardous Substances Emergency Events Surveillance system (HSEES) quickly revealed that more than 500 people in the area had arrived at area emergency rooms suffering symptoms of chlorine gas exposure. This information, which showed the severity and scope of the accident more rapidly than would otherwise have been possible, led state officials to evacuate approximately 5,400 residents in the area. This decision likely prevented many more exposures.

Goal 2: Determine human health effects associated with exposures to Superfund-related priority hazardous substances.

Protecting Children from Asthma

ATSDR and the New York State Department of Health conducted a study among children in Buffalo, New York, that supported an association between elevated risk for children with asthma and exposure to urban pollutants, indoor air pollutants, and other risk factors. Another study conducted by ATSDR and the Utah Department of Health showed increases in rates of hospitalization for asthma among children living close to hazardous waste sites as well as those living in areas with higher levels of hazardous emission sources. The information gleaned from these studies was released in 2005 and should help parents protect their children from increased risks.

ATSDR Data Used to Support Health-Related Legislation

Data from ATSDR's HSEES has been used in several states recently to advance legislation designed to protect public health:

- Minnesota: In response to HSEES data, officials have passed meth laboratory ordinances in 17 counties, with similar efforts underway in 20 more. Reports suggest that the law is already reducing the number of illegal labs in the state.
- New York: Data on meth led to prevention legislation signed into law in August 2005; HSEES data on mercury also led the Governor to sign a law banning use of elemental mercury in all primary and secondary schools.
- Iowa: The state's governor used HSEES data to push through a new law restricting the sale of pseudoephedrine as of May 2005. Reports show that the incidence of meth labs has dropped by as much as 90 percent.

- Oregon: HSEES participation in statewide advisory groups led to state legislation to curb the availability of precursor chemicals.
- Georgia: HSEES data on children exposed to meth chemicals were used in passing the state governor's "Child Protection Package Briefing"; the state also recently used HSEES data in developing its "Guidelines for Managing Children Found at Clandestine Methamphetamine Laboratory Sites."

Goal 3: Mitigate the risks of human health effects at toxic waste sites with documented exposures.

Reducing Children's Blood-lead Levels (Utah)

The average blood-lead levels (BLLs) among children living in Eureka City, Utah, have decreased due to efforts by ATSDR and the state health department to educate families. Children in the area are 10 times more likely to have elevated BLLs than children elsewhere in Utah because of the city's history as a mining center. This education effort, however, has resulted in BLLs in area children dropping below the level CDC considers elevated.

Protecting a Family from Mercury Exposure (Michigan)

A resident of Benton Harbor, Michigan reported a mercury spill in a home, resulting in mercury vapors at levels 50 times greater than what ATSDR considers safe. The residents were immediately evacuated, and the home was ventilated. The MDCH advised the resident and her children to get blood tests immediately, and the resident informed all parents of children who had visited the home to do the same. Aided by ATSDR funding and expertise, the investigators and other health department officials were able to take decisive action. Their efforts minimized exposures and helped avert serious injuries.

Helping a Neighborhood Gain a Safe Water Supply (New Jersey)

ATSDR and the New Jersey Department of Health and Senior Services (DHSS) helped people in the Cedar Brook area of Winslow Township, New Jersey, attain safe drinking water. Testing 241 area wells, DHSS found that more than half contained volatile organic compounds (VOCs) and some contained nitrate and metals such as lead and mercury. Treatment systems installed in the area eliminated exposures to VOCs and mercury. Lead and nitrate remained a concern for infants and children; therefore, ATSDR and DHSS recommended that safe water be provided to all residents of the area. As a result, a main water line to the area has been installed, and service began in April 2005.

PERFORMANCE APPROACH

ATSDR's performance approach is evident in its development of new measures specifically designed to assess the agency's effectiveness. For instance, the PART-initiated revision of ATSDR's goals led the agency to develop a measure to capture evidence of its impact on public health. The new measure requires ATSDR to track the implementation, or acceptance, of the public health recommendations it makes to enforcement agencies, such as EPA. Specifically, ATSDR adopted a new process aimed at boosting the "acceptance" rate of the agency's public health recommendations to greater than 75 percent by 2006. This year, ATSDR exceeded this rate with a result of 80 percent. To improve the process's effectiveness, ATSDR now uses a database to track recommendations and follows up on those not yet accepted. Because recommendations identify ways to prevent or mitigate human exposures to toxic substances, ATSDR expects this effort to improve public health while also enhancing the agency's effectiveness and efficiency.

In addition to tracking recommendations, ATSDR has also adopted a set of impact-driven measurements to assess its success in mitigating exposures at its most urgent and hazardous sites. In the past, the agency reported its progress on this goal by detailing its activities with partners in providing various services in affected communities. For the past two years, however, the agency has reported performance data that documents the impact of its interventions in reducing the occurrence or risk of health effects.

The agency compares pre- and post-intervention morbidity/mortality rates, measures reductions in environmental exposures, performs biomarker tests, and measures community behavior changes. In FY 2005, ATSDR mitigated health risks or disease at 54 percent of its urgent and public health hazard sites, exceeding its target of 50 percent and its FY 2004 baseline of 33 percent. These indicators will give ATSDR important new data to use in targeting its resources.

OVERVIEW OF BUDGET REQUEST

ATSDR's FY 2007 President's Budget of \$75.0 million represents an increase of \$99,000 above the FY 2006 Enacted level of \$74.9 million.

PROGRAM ASSESSMENT RATING TOOL (PART) SUMMARY TABLE

(DOLLARS IN MILLIONS)				
FY 2005 PART	FY 2006 Enacted	FY 2007 Request	FY 2007 +/- FY 2006	Narrative Rating
Agency for Toxic Substances and Disease Registry	\$74.9	\$75.0	\$0.1	Adequate

ATSDR's activities align to the Department's Strategic Goal #1: Reduce the major threats to the health and well-being of Americans.

ATSDR was assessed through the Program Assessment Rating Tool (PART) for the FY 2005 cycle. Among the assessment findings were:

- The program had not demonstrated an impact on the health of the people living in communities exposed to toxic substances, as it had not tracked progress on health outcome measures or undergone a comprehensive and independent evaluation of the program's impact.
- The program improved operating efficiency by reducing the number of offices and support staff, converting paper-based systems to CD-ROM and the Internet, and partnering with industry to conduct needed toxicological studies.
- The program had begun allocating resources according to performance goals and is making progress toward budgeting based on performance.

The following actions have been implemented to improve the performance of the program:

- Developing measures with its partners to measure the impact on human health risks or disease by the program.
- Working to realize improved administrative efficiencies by consolidating the Offices of the Director with the National Center for Environmental Health at CDC.
- Making progress on tying budget requests for new resources to anticipated levels of performance through improved integration of budget and performance information.

ATSDR's PART Summary with program findings and follow-up actions may be viewed on the federal performance website for public access, www.ExpectMore.gov.

BUDGET EXHIBITS

APPROPRIATION LANGUAGE

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i), 111(c)4, and 111(c)(14) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended; section 118(f) of the Superfund Amendments and Reauthorization Act of 1986 (SARA), as amended; and section 3019 of the Solid Waste Disposal Act, as amended [\$74,905,000] *\$75,004,000*, of which up to \$1,500,000, to remain available until expended, is for Individual Learning Accounts for full-time equivalent employees of ATSDR: *Provided*, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited health care providers: *Provided further*, that in performing any such health assessment of health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: *Provided further*, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year [2006] *2007*, and existing profiles may be updated as necessary.

PURCHASE AND LANGUAGE PROVISION	EXPLANATION
<p><i>"...of which up to \$1,500,000, to remain available until expended, is for Individual Learning Accounts for full-time equivalent employees of ATSDR..."</i></p>	<p>CDC's appropriation includes language to provide funding for Individual Learning Accounts. The inclusion of language in the ATSDR appropriation allows this funding to be available to employees whose salaries are paid through this appropriation.</p>

AMOUNTS AVAILABLE FOR OBLIGATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY AMOUNTS AVAILABLE FOR OBLIGATION ¹ (\$ in 000)				
	FY 2005 Actual		FY 2006 Appropriation	FY 2007 Estimate
Appropriation:				
Annual	\$76,654,000		\$76,024,000	\$75,004,000
Interior, Environment, and Related Agencies Rescission	\$0		(\$361,874)	\$0
Government-wide Rescission	(\$613,232)		(\$756,620)	\$0
Unobligated balance start of year	\$0		\$0	\$0
Unobligated balance end of year	\$0		\$0	\$0
Unobligated balance lapsing	\$0		\$0	\$0
Total obligations	\$76,040,768		\$74,905,506	\$75,004,000

¹ Excludes the following amounts for reimbursements: FY 2005 - \$11,550,000; FY 2006 - \$21,663,000; and FY 2007 - \$21,785,000.

SUMMARY OF CHANGES

FY 2007 BUDGET SUBMISSION AGENCY OF TOXIC SUBSTANCES AND DISEASE REGISTRY SUMMARY OF CHANGES (\$ IN 000)				
	Dollars		FTEs	
FY 2007 Estimate (Budget Authority)	75,004		429	
FY 2006 Appropriation (Budget Authority)	<u>74,905</u>		<u>429</u>	
Net Change	99		0	
	FY 2006 Appropriation		FY 2007 Estimate Change from Base	
	FTE	Base Funding	FTE	Proposed Level
Increases:				
A: Built-In/Mandatory Costs:				
1. January 2007 Pay Raise/Locality Pay.....	---	---	---	662
2. Annualization of FY 2006 Pay Increase.....	---	---	---	244
3. Within-Grade Increases.....	---	---	---	722
4. Rental Payments to GSA and Others.....	---	---	---	2
5. Inflation Costs on Other Objects.....	---	---	---	572
Subtotal, Built-In/Mandatory Increases	429	74,905	0	2,202
B: Program Increases:				
1. President's Budget Adjustment.....	N/A	0	---	361
Subtotal, Program Increases	N/A	0	0	361
C: Program Decreases:				
1. IT Reduction.....	N/A	0	---	(262)
Subtotal, Program Decreases	N/A	0	0	(262)
Total, Increases (Budget Authority)	N/A	N/A	0	2,301
Decreases:				
A. Built-In:				
1. Absorption of Current Services			0	(2,202)
Total, Decreases (Budget Authority)	N/A	N/A	0	(2,202)
NET CHANGE - INTERIOR, ENVIRONMENT, AND RELATED AGENCIES BUDGET AUTHORITY	429	74,905	0	99

BUDGET AUTHORITY BY OBJECT

FY 2007 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY OBJECT CLASSIFICATION - DIRECT OBLIGATIONS (DOLLARS IN THOUSANDS)			
	FY 2006 Appropriation	FY 2007 Estimate	Increase or Decrease
Personnel Compensation:			
Full-Time Permanent(11.1)	24,576	25,584	1,008
Other than Full-Time Permanent (11.3)	907	945	38
Other Personnel Comp. (11.5)	930	968	38
Military Personnel (11.7)	4,564	4,751	187
Special Personal Service Comp. (11.8)	3	3	0
Total Personnel Compensation	30,980	32,251	1,271
Civilian personnel Benefits (12.1)	6,749	7,026	277
Military Personnel Benefits (12.2)	1,954	2,034	80
Benefits to Former Personnel (13.0)	0	0	0
Subtotal Pay Costs	39,683	41,310	1,627
Travel (21.0)	954	913	(41)
Transportation of Things (22.0)	93	89	(4)
Rental Payments to GSA (23.1)	117	112	(5)
Rental Payments to Others (23.2)	4	4	(0)
Communications, Utilities, and Misc. Charges (23.3)	846	810	(36)
Printing and Reproduction (24.0)	140	134	(6)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	5,187	4,962	(225)
Other Services (25.2)	2,377	2,273	(104)
Purchases from Government Accounts (25.3)	12,210	11,680	(530)
Operation and maintenance of Facilities (25.4)	3	3	(0)
Research and Development Contracts (25.5)	3,547	3,393	(154)
Medical Services (25.6)	19	18	(1)
Operation and Maintenance of Equipment (25.7)	391	374	(17)
Subsistence and Support of Persons (25.8)	0	0	0
Subtotal Other Contractual	23,733	22,703	(1,030)
Supplies and Materials (26.0)	231	221	(10)
Equipment (31.0)	997	954	(43)
Land and Structures (32.0)	0	0	0
Investments and Loans (33.0)	0	0	0
Grants, Subsidies, and Contributions (41.0)	8,108	7,756	(352)
Insurance Claims and Indemnities (42.0)	0	0	0
Interest and Dividends (43.0)	0	0	0
Refunds (44.0)	0	0	0
Subtotal Non-Pay Costs	35,222	33,694	(1,528)
Total Budget Authority	74,905	75,004	99

SALARIES AND EXPENSES

FY 2007 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SALARIES AND EXPENSES (DOLLARS IN THOUSANDS)			
	FY 2006 Appropriation	FY 2007 Estimate	Increase or Decrease
Personnel Compensation:			
Full-Time Permanent(11.1)	24,576	25,584	1,008
Other than Full-Time Permanent (11.3)	907	945	38
Other Personnel Comp. (11.5)	930	968	38
Military Personnel (11.7)	4,564	4,751	187
Special Personal Service Comp. (11.8)	3	3	0
 Total Personnel Compensation	30,980	32,251	1,271
Civilian personnel Benefits (12.1)	6,749	7,026	277
Military Personnel Benefits (12.2)	1,954	2,034	80
Benefits to Former Personnel (13.0)	0	0	0
 SubTotal Pay Costs	39,683	41,310	1,627
Travel (21.0)	954	913	(41)
Transportation of Things (22.0)	93	89	(4)
Rental Payments to Others (23.2)	4	4	(0)
Communications, Utilities, and Misc. Charges (23.3)	846	810	(36)
Printing and Reproduction (24.0)	140	134	(6)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	4,616	4,416	(200)
Other Services (25.2)	2,377	2,273	(104)
Purchases from Government Accounts (25.3)	45	43	(2)
Operation and Maintenance of Facilities (25.4)	3	3	(0)
Medical Services (25.6)	19	18	(1)
Operation and Maintenance of Equipment (25.7)	391	374	(17)
Subsistence and Support of Persons (25.8)	0	0	0
 Subtotal Other Contractual Services	7,450	7,127	(323)
Supplies and Materials (26.0)	231	221	(10)
 Subtotal Non-Pay Costs	9,717	9,296	(422)
 Total Budget Authority	49,400	50,606	1,206

SIGNIFICANT ITEMS IN APPROPRIATIONS REPORTS – HOUSE

***SIGNIFICANT ITEM FOR INCLUSION IN
THE FY 2007 CONGRESSIONAL JUSTIFICATION
AND OPENING STATEMENTS***

HOUSE REPORT NO. 109-80

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Item

Administrative function– The Committee recognizes that significant savings have been achieved through the consolidation of ATSDR administrative functions within the Center for Disease Control and Prevention. The Committee remains interested in seeing that administrative costs are assigned to benefiting agencies in an equitable and transparent manner, and urges that a more thorough discussion of these costs and charges be included in future ATSDR budget justifications. (p. 94)

Action taken or to be taken

CDC/ATSDR has launched several business services consolidations complimentary to the Futures Initiatives to consolidate selected offices and services across the agency. On January 17, 2003, CDC, NCEH and ATSDR signed a Statement of Intent, striving for the “administrative/management consolidation for a coordinated structure and joint leadership/management...” of the two organizations. This consolidation was designed to: (1) Strengthen environmental public health in the nation through science and practice. Consequently, this consolidation should leverage the complementary expertise of ATSDR and NCEH, increase synergies, build critical mass focused on environmental public health, and build upon established programmatic excellence. (2) Not detract from or diminish existing programs. (3) Achieve administrative synergies and efficiencies and redirect any gains towards enhancing programmatic and scientific mission activities.

CDC/ATSDR officially approved the administrative and management consolidation of NCEH and ATSDR in December 2003. This complex and innovative approach to administrative/management consolidation has functionally merged the two director's offices into one unit. As a result of this consolidation, substantial savings will occur. As of October 2003, FTE savings in the Office of the Director (OD) of 12% (23 FTEs) had already accrued. The final streamlined structure is expected to reduce the OD by a total of 18% (335 FTEs) by September 2004, as remaining personnel actions are completed. Staffing adjustments will generally occur through competitive processes, vacancies, redeployments, buyouts, and use of the Priority Placement Program.

AUTHORIZING LEGISLATION

DOLLARS IN THOUSANDS	FY 2006 AMOUNT AUTHORIZED	FY 2006 APPROPRIATION	FY 2007 AMOUNT AUTHORIZED	FY 2007 BUDGET REQUEST
Agency for Toxic Substances and Disease Registry (ATSDR)	Indefinite	\$74,905	Indefinite	\$75,004
Comprehensive Environmental Response, Compensation, and Liability Act § 104(l) Resource Conservation and Recovery Act § 3001 Great Lakes Critical Programs Act of 1990 Clean Air Act of 1990 Housing and Community Development (Lead Abatement) Act of 1992 Defense Environmental Restoration Program				
<i>Total Appropriation</i>		<i>\$74,905</i>		<i>\$75,004</i>

APPROPRIATIONS HISTORY

FY 2007 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY APPROPRIATIONS HISTORY TABLE				
	Estimate	House Allowance	Senate Allowance	Appropriation
1997	58,000,000	60,200,000	60,200,000	64,000,000
1998	64,000,000	80,000,000	80,000,000	74,000,000
1999	64,000,000	74,000,000	74,000,000	76,000,000
2000	64,000,000	70,000,000	70,000,000	70,000,000
2001	64,000,000	70,000,000	75,000,000	75,000,000
2001 Rescission				(165,000)
2002	78,235,000	78,235,000	78,235,000	78,235,000
2002 Rescission				(32,000)
2003	77,388,000	88,688,000	81,000,000	82,800,000
2003 Rescission				(538,200)
2004	73,467,000	73,467,000	73,467,000	73,467,000
2004 Rescission				(433,455)
2005	76,654,000	76,654,000	76,654,000	76,654,000
2005 Rescission				(613,000)
2006	76,024,000	76,024,000	76,024,000	76,024,000
2006 Rescission*				(361,874)
2006 Rescission				(756,620)
2007	75,004,000			

*FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

NARRATIVE BY ACTIVITY

NARRATIVE BY ACTIVITY

AUTHORIZING LEGISLATION

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980 (as amended) §104(l); the 1984 amendments to the Resource Conservation and Recovery Act (RCRA) §3001; the Great Lakes Critical Programs Act of 1990; the 1990 amendments to the Clean Air Act; the Housing and Community Development (Lead Abatement) Act of 1992; the Defense Environmental Restoration Program (Section 211 of CERCLA).

Agency for Toxic Substances and Disease Registry (ATSDR) (Dollars in Thousands)	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006
BA ¹	\$76,041	\$74,905	\$75,004	\$99

¹ FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

STATEMENT OF THE BUDGET

The FY 2007 President's Budget reflects a total funding level of \$75,004,000 for ATSDR, an increase of \$99,000 above the FY 2006 Enacted level of \$74,905,000. The FY 2007 President's Budget includes an IT savings, realized based on select systems moving from the development phase into implementation and operations as well as greater internal efficiencies realized in areas related to IT.

PROGRAM DESCRIPTION

ATSDR is the principal federal public health agency charged with evaluating the human health effects of exposure to hazardous substances. The agency's mission is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related exposures to toxic substances. In FY 2005, ATSDR served over one million people in 551 communities.

ATSDR was created in 1980 by CERCLA, commonly known as the Superfund law. The Superfund program is responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. Currently, the U.S. Environmental Protection Agency (EPA) lists for cleanup 1,238 "final" National Priorities List (NPL) sites. ATSDR leads federal public health efforts at these and other sites with actual or potential toxic exposures. In accomplishing this purpose, ATSDR's priorities include 1) preventing exposures and resulting health effects, 2) determining health effects associated with exposures, and 3) mitigating the risks of health effects at sites with documented exposures.

To achieve these priorities, ATSDR conducts a variety of activities, including the following:

- Exposure Investigations collect and analyze site information and perform biological tests, when appropriate, to determine whether people have been exposed to hazardous substances.
- Public Health Assessments (PHAs) review information about hazardous substances found at a waste site. PHAs evaluate whether people living or working at the site or nearby may be exposed to harmful levels of these substances. These assessments may also recommend that EPA or other agencies take certain actions to protect public health such as conducting blood tests for children or remediating a waste site. ATSDR conducts a PHA for each site proposed for the NPL and for other sites in response to petitions from communities.
- Health Consultations provide guidance on specific, health-related questions about hazardous wastes in communities. More limited in scope than PHAs, health consultations may be written or oral, and may contain recommendations.
- Health Education programs offer information and training to affected communities and their medical professionals about ways to assess, control, or prevent exposure to hazardous substances in the environment.
- Health Studies help determine whether exposures to hazardous substances can lead to increased risk for various health problems, such as cancer, leukemia, multiple sclerosis, asthma, and other illnesses. ATSDR conducts its own health studies and supports others through agreements with state health departments and universities.

ATSDR's efforts align with the Secretary's 500-Day plan in the area of advancing medical research, where interdisciplinary and interagency collaboration in scientific pursuits is the standard and broad scientific advances measurably reduce the burden of all chronic diseases. Additionally, ATSDR supports the priority of securing the homeland by working with partners to seamlessly and rapidly provide resources and public health personnel when needed anywhere in the United States.

PERFORMANCE ANALYSIS

To reflect the public health impact achieved by ATSDR, the following performance measures have been selected as highlights of the agency's performance plan.

Performance Goal	Results	Context
1. Increase EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposure.	Currently, there is an 80% acceptance level of ATSDR's recommendations to EPA, state regulatory agencies, and private industries.	The agency is able to prevent ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and take appropriate actions. This measure reports the percentage of ATSDR's total urgent and public health hazard recommendations that have been accepted.

Performance Goal	Results	Context
2. Document the reduced occurrence or risk of health effects by selecting for each urgent or public health hazard site the best or most appropriate measure for that site.	For each site, an ATSDR committee selects the most appropriate measure, such as comparing morbidity/mortality rates, reduction of environmental exposures, biomarker tests, and behavior change of community members and/or health professionals.	This measure captures the agency's impact on human health in communities exposed or potentially exposed to toxic substances. This measure ensures that ATSDR and its partners follow-up on the implementation of its recommendations and provides evidence of reduced occurrence or risk of health effects as a result of ATSDR's interventions at its most urgent and hazardous sites.

Current Activities

- Ongoing Work on Libby Asbestos — The asbestos exposures that took place in Libby, Montana, have become well known. In Libby, ATSDR studies and screening defined the extent of the health problem. Medical screening for exposed individuals continues and a registry to track their ongoing health status has been established. The contamination was not limited to Libby. Vermiculite was shipped for processing to over 200 plants around the country. ATSDR is now studying a group of 28 sites that processed nearly 80 percent of the Libby vermiculite mined from 1964 through 1980. With particular attention to former workers and their families, ATSDR is working to determine whether past (or current) exposures took place at or near these sites. ATSDR will then develop interventions to help those exposed avoid or minimize any existing or potential health effects.
- Naturally occurring asbestos (NOA) poses another asbestos-related challenge. In El Dorado Hills, California, workers found a vein of NOA during construction of a soccer field at Oak Ridge High School. The agency has evaluated the public health threat associated with exposures to airborne asbestos fibers at the school, and the document is currently under review by HHS. In the future, ATSDR plans to consult with state and local agencies and to work with EPA on addressing this issue in El Dorado County and elsewhere.
- ATSDR plays a significant role in planning for and responding to terrorism events and other large-scale public health emergencies. Located in EPA regional offices, regional ATSDR staff work with EPA and state partners on a daily basis to ensure immediate access to local expertise in planning for and responding to chemical emergencies. An example from FY 2005 is ATSDR's extensive response to the public health emergency that followed Hurricane Katrina.

- Registrants in the World Trade Center Health Registry, launched in September 2003, will be interviewed periodically over the next 20 years to track the long-term health effects of exposures during the event. The first follow-up interviews are scheduled to begin in FY 2006.
- Studies are currently underway for multiple sclerosis (MS)/amyotrophic lateral sclerosis (ALS) in Illinois, Massachusetts, Missouri, Texas, and Oregon.
- ATSDR continues its efforts in mitigating and preventing health risks at sites by providing PHAs, Health Consultations, technical assistance, and other services that aid officials in making appropriate public health decisions. The agency is also reviewing ways to improve its ability to provide more timely assistance by greatly accelerating the agency's reporting of exposure and risk evaluations.
- ATSDR also remains focused on determining the relationship between toxic exposures and disease. Through the development of its toxicological profiles, health studies, disease tracking projects, and surveillance studies, the agency improves the science base for environmental public health decision-making by filling the gaps in knowledge about human health effects from exposure to hazardous substances.
- CDC/ATSDR continues to form new partnerships to help meet its goals. For example, through a cooperative agreement with CDC, the National Center for Healthy Housing (NCHH) launched the National Healthy Homes Training Center and Network (HHTC) to create healthier indoor environments. Specifically, the network seeks to increase the knowledge and skills of housing, health, and environmental professionals by delivering "healthy homes" training to front-line practitioners and contractors/trades people, providing technical assistance, evaluating programs.

Significant Accomplishments

- *Responding to Real and Potential Chemical Hazards* — Immediately following Hurricane Katrina, ATSDR staff deployed to the area to work with EPA in resolving public health issues. Specifically, ATSDR personnel:
 - Helped assess and reopen approximately 200 schools in Jefferson Parish;
 - Delivered technical support to local and state officials on environmental health issues (e.g., infection control, potable water, waste water, food services, sleeping areas, etc.) to protect the health of survivors, evacuees, and response personnel.
 - Helped rebuild the New Orleans Environmental Health Department's functionality;
 - Aided EPA during abatement of chemical spills in Mississippi;
 - Worked with EPA, the Coast Guard, and other responders to avert widespread hazardous exposures for thousands of people. For example, ATSDR staff helped:
 - o Search for, collect, and/or remediate potential industrial and residential hazards, such as dislodged or leaking fuel tanks, chlorine and propane cylinders, hospital biohazards, and 55-gallon chemical drums the storms floated from barges to front lawns;
 - o Survey rail lines for damaged or leaking chemical and freight cars;
 - o Investigate industrial facilities, including a chemical plant, to determine whether these facilities posed hazards as a result of hurricane damage;
 - o Deliver critical health guidance to returning residents on carbon monoxide, water sanitation, electrical hazards, and other topics; and
 - o Evaluate NPL sites in the area for hazards following the storms.
- *ATSDR-Provided Expertise and Equipment Help Protect Family from Mercury Exposure* — When a resident of Benton Harbor, Michigan, reported a mercury spill, state and local health investigators discovered a dangerous situation requiring immediate action. Using equipment and guidance provided by ATSDR, they found that improper cleanup by the resident had dispersed mercury vapor inside the home to levels 50 times greater than the concentration ATSDR considers safe. The investigators immediately evacuated the residents and ventilated the home. At the same time, Michigan's Department of Community Health advised the resident, a mother of three, to get blood tests for her family as soon as possible. They also recommended she tell the parents of several visiting children to do the same. The house was ultimately remediated and the residents cleared to return. Aided by ATSDR funding and expertise, the investigators and other health department officials were able to take decisive action. Their efforts minimized exposures and helped the affected family avoid serious injury.

- *West Virginia Residents Avoid Exposures to Carcinogen* — ATSDR expertise and guidance helped health officials in West Virginia protect people from exposure to benzene, a known carcinogen. When a rail car valve failed at the TechSol facility in Huntington, West Virginia, some 22,000 gallons of coal tar light oil spilled into a creek and storm sewers. The contamination forced people in some 500 homes and an elementary school to evacuate. To ensure that residents returning to their homes would be safe, officials from the West Virginia Cooperative Partners Program (WVCCPP), a CDC partner, and the county determined safe reoccupancy levels and conducted indoor air tests. As a result of this guidance and action, most of those evacuated were able to return home within three days. Cleanup of the creek continues, and WVCCPP is following up with the community to address concerns about exposure.
- *Children's Blood-lead Levels Reduced* — ATSDR and state efforts have helped decrease average blood-lead levels (BLLs) in children living in Eureka City, Utah. Because of the city's history as a mining center, children in Eureka City are 10 times more likely to have elevated BLLs (over 10 micrograms per deciliter, or µg/dL) than children elsewhere in Utah. ATSDR and the state health department developed a successful education program that led to BLLs in area children dropping below 10µg/dL.
- *Remediating Contaminated Indoor Air* — Wisconsin's Department of Health and Family Services (DHFS) and ATSDR helped protect occupants of a building in Beloit from breathing hazardous levels of volatile organic compounds (VOCs). Investigating complaints about chemical odors, state health officials detected high levels of VOCs in the building's air. The VOCs, apparently from fuel oil-contaminated water seeping into the basement, posed an intermittent, short-term health hazard when vapors from the basement entered the main building. DHFS consulted with the building's owners and recommended interim measures to prevent exposures. The suspected source, an underground fuel oil tank on an adjoining property, has now been removed and the landlord has taken steps to improve air handling in the building. No new odor complaints have been received.
- *Preventing Future Exposures* — Work accomplished by ATSDR and the Massachusetts Department of Public Health (MDPH) is helping protect against future pesticide exposures. MDPH, in collaboration with ATSDR, helped to ensure that homes were ventilated properly after residents of North Hatfield had to evacuate their homes due to an influx of heavy pesticide fumes from a nearby tobacco field. The field had been sprayed with a fumigant called Telone ® C-35. Following MDPH's recommendations, Massachusetts and Helena Chemical Corporation have discontinued use of this fumigant. In addition, the state now requires more extensive certification and education for those who work with soil fumigants. Previously, applicators needed only to be licensed to work with such pesticides under supervision of a certified pesticide applicator. The state now requires that applicators must themselves be certified to work with soil fumigants.
- *Children Protected from Methamphetamine Lab Exposures* — The Michigan Department of Community Health (MDCH), funded in part by ATSDR, helped state lawmakers take a crucial first step in reducing the public health risk posed by methamphetamine ("meth") labs. The number of meth labs in Michigan has increased dramatically within the last five years. MDCH provided key testimony before the Michigan Senate in April 2005 on a bill that would restrict access to "over-the-counter" medications critical for meth production, including products that contain ephedrine or pseudoephedrine. The testimony was a key component to demonstrate that meth labs threaten people in surrounding homes and businesses with high-levels of contamination and chemical exposure. The testimony also emphasized the danger children face when their homes are used as labs. Both chambers of the Michigan Congress overwhelmingly passed the bill, and the Governor signed it in July. The new law took effect in December 2005.
- *Helped Community Avoid Lead Exposures* — Following recommendations by ATSDR and the Illinois Department of Public Health, EPA has begun removing lead-contaminated soil from certain residential yards in Collinsville, Illinois. The homes involved are in a subdivision built, in part, on the site of the former St. Louis Smelting and Refining facility. Slag is visible on the soil surface, which means that children may come into contact with lead-contaminated soil as they play in their yards. Although just one of the 32 children tested had a BLL over CDC's level of concern (10µg/dL), soil removal will prevent future exposures.
- *Quick Response Helps Limit Hazardous Exposures Following Fatal Train Wreck* — Nine people died after a freight train collision in Graniteville, South Carolina, released an estimated 11,500 gallons of chlorine gas in January 2005. ATSDR's Hazardous Substances Emergency Events Surveillance system quickly revealed that over 500 people in the area had arrived at area emergency rooms suffering symptoms of chlorine gas exposure. This information helped state officials to grasp the severity of the accident much more quickly than would otherwise have been possible. As a result, they evacuated some 5,400 residents in the area, and consequently, likely prevented many more exposures.
- *Helped Protect California Residents from Contaminated Groundwater* — Acting on recommendations from CDC and the California Department of Health Services (CDHS), state officials took action to protect people living near a closed municipal landfill in Laytonville, California, from exposures to contaminated groundwater.

CDHS found that long-term exposure to liquid leaking from the edges of the landfill cap could pose a health hazard to nearby residents, members of the Cahto tribe. In addition, CDC recommended additional groundwater monitoring. On the basis of CDHS's and CDC's recommendations, state officials have ordered a complete overhaul of the failed cap, and additional monitoring wells have been installed. The new cap and wells will help prevent further exposures.

- *New Jersey Neighborhood Gets Safe Water Supply* — ATSDR and the New Jersey Department of Health and Senior Services (DHSS), helped people in the Cedar Brook area of Winslow Township, New Jersey, attain safe drinking water. When residents asked for an investigation of well water contamination, DHSS began working with other state and local agencies to test 241 area wells. More than half contained VOCs and some wells contained nitrate and metals, including lead and mercury. Treatment systems installed in the area eliminated exposures to VOCs and mercury. Lead and nitrate remained a concern for infants and children, however, so ATSDR and DHSS recommended that safe water be provided to all residents of the area. As a result, a main water line to the area has been installed, and service began in April 2005. DHSS has also determined that past exposures to VOCs posed a public health hazard. This determination is important because it gives community members useful information they can share with health care providers in addressing health effects that might be related to the exposures.
- *Protecting Workers from Asbestos Exposures* — EPA excavated and removed 35,000 tons of asbestos-contaminated soil from the former W.R. Grace facility site in Wilder, Kentucky, and conducted cleanup of residual asbestos inside the building. ATSDR helped EPA design follow-up sampling to ensure that the indoor cleanup had been effective. Sampling confirmed that asbestos fibers were below detection limits.
- *Key Asthma Studies Released* — Asthma studies released during 2005 may help parents protect their asthmatic children from increased risk. A study conducted by ATSDR and the New York State Department of Health, examining children in Buffalo, New York, revealed data that supported an association between elevated risk for children with asthma and exposure to urban air pollutants, indoor air pollutants, and other risk factors. Another study, which ATSDR conducted with the Utah Department of Health, found links between asthma and proximity to hazardous waste sites. Findings suggested that asthmatic children living near a hazardous waste site have higher rates of hospitalization for asthma. In addition, the study concluded that the number of hazardous emission sources within a census tract was predictive of tracts reporting elevated incidences of children admitted to hospitals for asthma.
- *ATSDR Program Honored for Research in Children's Health* — ATSDR's Great Lakes Human Health Effects Research Program received one of the 2005 Children's Environmental Health Excellence Awards. The ongoing program works to characterize exposure to contaminants via consumption of Great Lakes fish and investigates the potential for short- and long-term adverse health effects. ATSDR research has helped to specify which local subpopulations, namely women of reproductive age and young children, are particularly vulnerable to pollution affecting Great Lakes fish. This research has led to consumption advisories being targeted specifically to children and women of childbearing age in eight Great Lakes states.

RATIONALE FOR THE BUDGET

The FY 2007 President's Budget reflects a total funding level of \$75,004,000 for ATSDR, an increase of \$99,000 above the FY 2006 Enacted level of \$74,905,000. The FY 2007 President's Budget includes an IT savings, realized based on select systems moving from the development phase into implementation and operations as well as greater internal efficiencies realized in areas related to IT.

OUTPUT TABLE*

OUTPUT TABLE	FY 2005 ACTUAL	FY 2006 APPROPRIATION	FY 2007 ESTIMATE	FY 2007 +/- FY 2006 APPROPRIATION
State Cooperative Agreements	29	29	29	0
Sites Evaluated/Chemical Release Responses ¹	399	400	400	0
Public Health Assessments/Health Consults (includes chemical specific health consults) ¹	338	300	300	0
Technical Assists ¹	1842	2000	2000	0

OUTPUT TABLE	FY 2005 ACTUAL	FY 2006 APPROPRIATION	FY 2007 ESTIMATE	FY 2007 +/- FY 2006 APPROPRIATION
Exposure Investigations	9	10	12	2
Emergency Responses and Exercises ¹	126	126	126	0
Health Studies ²	53	48	43	(5)
Surveillance (# of states) and Registries (# of registries by exposure type) ¹	15	12	11	(1)
Hazardous Substances Emergency Event Surveillance (states and events) ³	15 states/ 8858 events	15 states/ 8000 events	8 states/ 4000 events	(7)/(4000)
Great Lakes Research Projects (grants)	5	5	5	0
Minority Health Professions Foundation (studies)	7	7	7	0
Toxicological Profiles	16	13	13	0
Information Dissemination**	2,589,843	2,580,000	2,640,000	60,000
Pediatric Environmental Health Specialty Units	11	11	11	0
Health Professionals Trained ¹	42,145	40,000	40,000	0
Community Members Educated ^{1,4}	183,649	29,000	29,000	0

1. This is a new or revised output category. For the Outputs that were revised, ATSDR has changed the definition from previous years.

2. Reduction in number of Health Studies is due to a completion of a portion of the studies. No new studies are funded in FY06 and FY07.

3. This output reduction is a result of reduced funding for this project

4. 155,508 is a result of the WebMD Health Education Project. Since this was a pilot project, funding is uncertain for FY06/FY07.

*Any GPRA-related outputs have been removed and are further detailed in the Detail of Performance Analysis section of the Performance Budget.

** More specific information dissemination data was gathered, including unique ATSDR Web site hits, which, in turn, now reflect larger numbers in all years.

PERFORMANCE DETAIL



SUMMARY OF MEASURES

The table below provides a summary of the ATSDR performance measures.

SUMMARY OF MEASURES							
	Measures	Total Reported		Total Met	Total Not Met		
FY	Total in Plan	Results Reported	% Reported	Met	Improved	Total Not Met	% Met
2002	23	23	100%	21	0	2	91%
2003 ¹	5	5	100%	4	0	1	80%
2004	6	6	100%	4.9	0	1.1	82%
2005	7	7	100%	5.3	0.17	1.67	76%
2006	7	N/A	N/A	N/A	N/A	N/A	N/A
2007	5	N/A	N/A	N/A	N/A	N/A	N/A

¹ FY 2003 data have been revised based on updated information.

DETAIL OF PERFORMANCE ANALYSIS

EFFICIENCY GOAL: PROMOTE EFFECTIVE AND EFFICIENT NCEH MANAGEMENT.			
Efficiency Measure	FY	Target	Result
1. By 2006, achieve a 20% cost savings and reduce the number of committee members from 28 to 16 as a result of the consolidation of the Advisory Committee to the Director, NCEH and the Board of Scientific Counselors, ATSDR. [E]	2006	20%/16 members	10/2006
	2005	10%/21 members	35%/19 (Exceeded)
	2003		\$225,765 and 28 members (Baseline)
2. Number of FTE providing program support through the Office of the Director per \$1 million in total program budget. [E]	2007	.65	10/2007
	2006	.66	10/2006
	2005		.67
	2003	Baseline	.86
Data Source: <u>Measure 1</u> - ATSDR's Office of Science maintains the financial records associated with the Board of Scientific Counselors (BSC) member costs. <u>Measure 2</u> - NCEH ATSDR Project Profile Database.			
Data Validation: <u>Measure 1</u> - The BSC member cost report is reviewed by Committee Management and is provided to GSA annually. <u>Measure 2</u> - Project Profile maps NCEH/ATSDR goals/measures and FTE's to budget.			
Cross Reference: <u>Measure 1</u> - HHS-8, HP-8.12,  -1, 3; <u>Measure 2</u> - HHS-8, HP-8.12,  -1, 3, PART			

Efficiency Measure 1:

ATSDR's Board of Scientific Counselors and the National Center for Environmental Health's Advisory Committee merged in December 2004. This consolidation decreased the total number of board members and has resulted in a cost savings in FY 2005. This measure will be retired after data are reported for FY 2006 and will be replaced with the new measure listed above.

Efficiency Measure 2:

ATSDR has taken a number of steps to become more efficient and productive, including reducing the size of the Office of the Director (OD) by decreasing the number of the office's program-support FTEs per million dollars. Further steps are being taken throughout the organization, including the following:

- CDC and ATSDR addressed a previous OMB recommendation to eliminate redundancies within the agency by completing an administrative merger with CDC/NCEH. In FY 2004, NCEH/ATSDR achieved a 14 percent (\$4.6M) reduction from FY 2003 in administrative costs as a result of the consolidation.
- ATSDR restructured four of its five divisions to become more efficient and cost effective. Reducing the number of branches reduces the number of management staff.
- ATSDR is reducing the number of Public Health Assessments and Public Health Consultations it provides, opting instead for less-costly technical assists. It is also reducing documentation requirements to improve productivity. In addition, ATSDR has automated its productivity reports, reducing the number of staff hours required to produce them by 1600 percent.
- The ATSDR Records Center has begun archiving and distributing the vast majority of its documents in an electronic rather than paper based format. These steps have produced efficiencies and cost savings in staff time, paper, binding materials, equipment, and mailing.

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.

Measure	FY	Target	Result	
1. Increase EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposure. [O]		a) Increase EPA's, state regulatory agencies', or private industries' acceptance of recommendations:	a) Increase EPA's, state regulatory agencies', or private industries' acceptance of recommendations:	
	2007	>82%	12/2008	
	2006	>80%	12/2007	
	2005	>78%	12/2006	
	2004	>75%	80% (Exceeded)	
	2003		84%	
	2002		73%	
	2001		71%	
			b) Provide public health assessments:	b) Provide public health assessments:
	2006	60	12/2006	
	2005	80	111 (Exceeded)	
	2004	136	139 (Exceeded)	
	2003	147	149 (Exceeded)	
	2002	110	178 (Exceeded)	
			c) Provide public health consultations and technical assists:	c) Provide public health consultations and technical assists:
	2006	1,300	12/2006	
	2005	1,100	2,089 (Exceeded)	
	2004	2,000	1,582 (Unmet)	
	2003	2,000	1,678 (Unmet)	
	2002	1,746	1,811 (Exceeded)	
			d) Provide exposure investigations:	d) Provide exposure investigations:
	2006	15	12/2006	
	2005	15	24 (Exceeded)	
	2004	30	15 (Unmet)	
	2003	30	19 (Unmet)	
	2002	12	19 (Exceeded)	
			e) Cooperative Agreement partners will complete at least 80% of productivity goals:	e) Cooperative Agreement partners will complete at least 80% of productivity goals:
	2006	80%	12/2006	
2005	80%	65% (Unmet)		
2004	80%	34% (Unmet)		

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.			
Measure	FY	Target	Result
	2003	75%	41% (Unmet)
	2002	70%	70% (Met)
	f) FY 2002 through FY 2006: Report number of communities/residents served.		f) FY 2002 through FY 2006: Report number of communities/residents served.
	2006		12/2006
	2005		551 communities / 1 M people (Met)
	2004		693 communities/ 968K people (Met)
	2003		633 communities/ 1.5M people (Met)
	2002		591 communities/ 1.7M people (Met)
Data Source: ATSDR's HazDat information system is used to track and report on the above performance measures and targets.			
Data Validation: An ongoing quality assurance/quality control process (QA/QC) is used to ensure quality and data accuracy for all documents entered into the system. In addition, system-generated reports are reviewed and monitored for accuracy on an ongoing basis.			
Cross Reference: HHS-1, HP-8.12, 8.26, 4, PART			

Goal 1, Performance Measure 1

ATSDR prevents ongoing and future exposures by responding to toxic substance releases when they occur or as they are discovered. The agency is able to prevent ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and take appropriate actions. This measure reports the percentage of ATSDR's total urgent and public health hazard recommendations that have been accepted.

A) Ensuring Adoption of Recommendations Helps Prevent Exposures — ATSDR tracks the adoption rate of its recommendations to EPA, state regulatory agencies, or private organizations. Since 2001, ATSDR followed-up on over 358 recommendations at its most hazardous sites.

B–D) Public Health Activities — ATSDR works in partnership with EPA regional representatives and state cooperative agreement partners to conduct site-specific health activities. These activities include public health assessments, health consultations, exposure investigations, community involvement activities, health education, follow-up health investigations/studies, and other programs related to exposure to hazardous substances in the environment. These targets will be retired after data are reported for FY 2006 and, thereafter, will be reflected in ATSDR's output table.

E) Measuring Partner Productivity — ATSDR continues to work with its partners on defining and implementing productivity improvements. Partner productivity goals and targets are tracked internally by ATSDR management; however, this target will no longer be reported externally after FY 2006.

F) Serving Americans — This target reports the number of communities and residents served by ATSDR and its cooperative agreement partners. This target will be retired after reporting data for FY 2006 and, thereafter, will be reflected in the Performance Analysis narrative.

GOAL 2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.				
Measure	FY	Target	Result	
1. Fill data needs related to the 275 priority hazardous substances.		a) Fill data needs related to the 275 priority hazardous substances:	a) Fill data needs related to the 275 priority hazardous substances:	
	2007	18	12/2007	
	2006	18	12/2006	
	2005	15	15 (Met)	
	2004	10	10 (Met)	
	2003	6	8 (Exceeded)	
	2002	6	6 (Met)	
	2001	9	9 (Met)	
		b) Publish toxicological profiles (finals):	b) Publish toxicological profiles (finals):	
	2006	6	12/2006	
	2005	6	8 (Exceeded)	
	2004	13	14 (Exceeded)	
	2003	13	13 (Met)	
	2002	12	12 (Met)	
	2. Annually, conduct studies to determine the health impact of hazardous exposures.		a) Determine the link between the prevalence of multiple sclerosis near hazardous waste sites:	a) Determine the link between the prevalence of multiple sclerosis near hazardous waste sites:
		2006	Develop remaining reports	12/2006
2005		Complete final reports	Met	
2004		Collect data for studies	Met	
2003		Finalize protocols for 5 new studies	5 (Met)	
2002		Complete 3 ongoing studies	3 (Met)	
		b) Determine the relationship between asthma and hazardous substances:	b) Determine the relationship between asthma and hazardous substances:	
2005		Complete 3 studies and publish findings	3 (Met)	
2004		Collect data for studies	Met	
2003		Finalize protocols for 3 new studies	3 (Met)	
2002		Complete 2 ongoing studies	2 (Met)	

GOAL 2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.			
Measure	FY	Target	Result
		c) Cancer and mortality data related to exposure to vermiculite ore from Libby, Montana:	c) Cancer and mortality data related to exposure to vermiculite ore from Libby, Montana:
	2006	Develop draft of final report	12/2006
	2005	Begin data analysis	Met
	2004	Publish Results	Met
	2003	Increase assistance	Met
	2002	Assist 6 states to analyze data	6 (Met)
		d) Number of Health Studies completed annually.	d) Number of Health Studies completed annually.
	2007	5	12/2007
		e) World Trade Center and Tremolite Asbestos registries:	e) World Trade Center and Tremolite Asbestos registries:
	2005	Analyze Data	Met
	2004	Implement Registries	Met
	2003	Implement World Trade Center and Tremolite Asbestos registries	Met
	2002	Develop World Trade Center registry	Met
	<p>Data Source: <u>Measure 1 a-b</u> - Data needs are listed in the Federal Register. ATSDR fills the data needs through U.S. Environmental Protection Agency regulatory mechanism (test rules), private sector volunteerism, and the direct use of CERCLA funds. Additional data needs are filled through collaboration with the National Toxicology Program (NTP), by ATSDR's Great Lakes Human Health Effects Research Program, and other agency programs. Also, data needs can be filled through reevaluation of new or existing data (non-ATSDR sponsored) that becomes evident during the toxicological profile update process. Toxicological Profiles that are under development are also listed in the Federal Register along with the release dates. <u>Measure 2 a-e</u> -The Division of Health Studies tracks the status of health studies using its internal strategic plan report.</p>		
<p>Data Validation: <u>Measure 1 a-b</u> - ATSDR's Division of Toxicology (DT) manually monitors and tracks the research that is being performed to meet the data needs and the numbers of profiles under development and published. The Division reports on their progress towards meeting these targets through quarterly strategic planning reviews with the Office of the Director. <u>Measure 2 a-e</u> - The Division of Health Studies monitors the progress of its health studies through strategic plan reviews that are conducted on a quarterly basis.</p>			
<p>Cross Reference: <u>Measure 1</u> - HHS-1, 4, 5, HP-8.12, 4, PART, 500-3, <u>Measure 2</u> - HHS-1, 4, HP-8.12, 8.26, 500-3</p>			

Goal 2, Performance Measure 1:

ATSDR works to determine the relationship between toxic exposures and disease. ATSDR strives to identify and fill critical data gaps associated with the 275 priority hazardous substances, that is, those substances most often found at NPL sites. For instance, ATSDR has identified a need to determine the effects on the nervous system development in fetuses whose mothers may be exposed to trichloroethylene in their drinking water. ATSDR also prepares and publishes a series of Toxicological Profiles (ToxProfiles). Each profile provides a comprehensive evaluation, summary, and interpretations of available toxicologic and epidemiologic information on a substance.

A) ATSDR fills substance-specific data needs using internal resources within the Division of Toxicology and through university-based research, interagency collaborations, and industry testing. This target reflects the number of data needs filled each fiscal year.

B) This target records the number of final toxicological profiles. It will be retired after data are reported for FY 2006 and will be reflected in ATSDR's output table thereafter.

Goal 2, Performance Measure 2:

ATSDR also works to determine the relationship between toxic exposures and disease through health studies, disease tracking, and surveillance studies. ATSDR's research findings improve the science base for environmental public health decision-making by filling the gaps in knowledge about effects from exposure to hazardous substances.

A) ATSDR published the Ohio Multiple Sclerosis (MS) study of Lorain County residents. This target will be retired after data are reported for FY 2006.

B) Refer to the Significant Accomplishments section for information on the studies of asthmatic children in Utah and Buffalo, New York. In FY 2005, ATSDR published three asthma studies in Utah, New York, and California. This target will be retired after data are reported for FY 2005.

C) ATSDR continues to evaluate lung disease progression by re-screening persons who had past exposure during packaging and/or processing asbestos-contaminated vermiculite ore shipped from the mine in Libby, Montana. The University of Cincinnati developed a protocol and received an award from ATSDR to study participants in the Marysville, Ohio area. The University has located the majority of the original 513 cohorts from a study conducted in 1980. ATSDR released the preliminary results of its radiographic findings at the Annual Thoracic Society meeting in May 2005. This target will be retired after data are reported for FY 2006.

D) This target records the number of health studies completed annually.

E) ATSDR is tracking long-term health of those exposed to contamination from the collapse of the World Trade Center. The World Trade Center Health Registry launched on September 5, 2003. Data collection included 71,437 full interviews. ATSDR continues to clean, update, and analyze data and is developing study protocols.

In addition, ATSDR is tracking the health of former vermiculite workers and their household contacts through interviews and medical testing data. ATSDR will continue to analyze data in the Tremolite Asbestos Registry (TAR) and prepare a draft report. This target will be retired after data are reported for FY 2005.

GOAL 3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS AT TOXIC WASTE SITES WITH DOCUMENTED EXPOSURES.

Measure	FY	Target	Result
1. Document the reduced occurrence or risk of health effects by selecting for each urgent or public health hazard site the best or most appropriate measure for that site. [O]		Percentage of sites where human health risks or disease have been mitigated, based on the following select measures: <ul style="list-style-type: none"> • Comparative Morbidity/Mortality Rates • Biomarker Tests • Levels of Environmental Exposures • Behavior Change of Community Members and/or Health Professionals 	Percentage of sites where human health risks or disease have been mitigated, based on the following select measures: <ul style="list-style-type: none"> • Comparative Morbidity/Mortality Rates • Biomarker Tests • Levels of Environmental Exposures • Behavior Change of Community Members and/or Health Professionals
	2007	70%	12/2007
	2006	65%	12/2006
	2005	50%	54% (Exceeded)
	2004	Develop Baseline	33% (Baseline)

GOAL 3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS AT TOXIC WASTE SITES WITH DOCUMENTED EXPOSURES.			
2. Annually, maintain the highest standard for emergency response.		Maintain ATSDR staff who are OSHA compliant for Level C Personal Protective Equipment (PPE) chemical response events:	Maintain ATSDR staff who are OSHA compliant for Level C Personal Protective Equipment (PPE) chemical response events:
	2005	25 and train 6 safety officers	27 (Met)/0 (Unmet)
	2004	25 and train 6 safety officers	25/6 (Met)
	2003	25	14 (Unmet)
<p>Data Source: <u>Measure 1</u> - ATSDR tracks the completion of this measure using its Goal 3 PART Sites database. <u>Measure 2</u> - The Office of Terrorism, Preparedness, and Emergency Response tracks the number of ATSDR staff who are OSHA-compliant for Level C PPE.</p>			
<p>Data Validation: <u>Measure 1</u> - The completion of these measures is validated by the Division of Health Assessment and Consultation's Technical Project Officers and/or State Site Leads. The leads report follow-up information on an ongoing basis to DHAC and the Office of Policy, Planning, and Evaluation (OPPE). OPPE maintains the database and monitors performance measure progress on an ongoing basis. <u>Measure 2</u> - The data is validated based on the number of staff who receives certification.</p>			
<p>Cross Reference: <u>Measure 1</u>- HHS-1, 5, HP-8.12, PART; <u>Measure 2</u> - HHS-1, 2, HP-8.12, 500-4</p>			


Goal 3, Performance Measure 1:

This measure captures the agency's impact on human health in communities exposed or potentially exposed to toxic substances. This measure ensures that ATSDR and its partners follow up on the implementation of its recommendations and provides evidence of reduced occurrence or risk of health effects as a result of ATSDR's interventions at its most urgent and hazardous sites. For each site, an ATSDR committee selects the most appropriate measure from among the following: comparing morbidity/mortality rates, reduction of environmental exposures, biomarker tests, and behavior change of community members and/or health professionals.

In FY 2005, ATSDR continues to meet monthly to review and select pre- and post-measures to assess the impact of its interventions at its urgent and public health hazard sites. Since FY 2004, ATSDR has completed measurement at 44 of 81 sites.

Goal 3, Performance Measure 2:

ATSDR continues to enhance its chemical response expertise. In FY 2005, 27 staff were compliant with Level C Personal Protective Equipment (PPE) chemical response, exceeding ATSDR's target of 25. All ATSDR staff trained to support emergencies, including terrorism, are to report to the CDC Emergency Operations Center within 20 minutes of an emergency request. In addition, CDC/ATSDR requires that staff be ready to deploy to sites within six hours of notification. This measure will be retired after data are reported for the FY 2005 targets.

GOAL 4: BUILD AND ENHANCE EFFECTIVE PARTNERSHIPS.			
Measure	FY	Target	Result
1. Leverage academic, industry, and other partners to fill priority data gaps. [E]		a) Enhance ATSDR's partnership base:	a) Enhance ATSDR's partnership base:
	2006	Evaluate partners' performance	12/2006
	2005	Evaluate partners' performance	Met
	2004	Establish 3 new partnerships	Unmet
	2003	Establish 3 new partnerships	Met
	2002	Establish partnership priorities and goals	Met
		b) Solicit partners to fill priority data gaps through the Voluntary Research Program:	b) Solicit partners to fill priority data gaps through the Voluntary Research Program:
	2006	1	12/2006
	2005	2	0 (Unmet)
	2004	2	2 (Met)
	2003	2	2 (Met)
	Data Source: This measure is a qualitative measure that is reported on the NCEH/ATSDR OPPE internal strategic plan.		
Data Validation: The OPPE reports its progress on this measure during its quarterly strategic plan reviews.			
Cross Reference: HHS-1, 4, 8, HP-8.12,  -1, 3, 500-3			

Goal 4, Performance Measure 1:

A) ATSDR evaluates partners' performance:

- ATSDR monitors and evaluates its partners' performance on quarterly basis. In FY 2005, ATSDR significantly improved its guidance and evaluation methods for 1043 Cooperative Agreement Program partnerships. All future partnerships agreements funded under this program will include strong requirements for outcome and performance measure reporting.
- CDC/ATSDR and the National Center for Healthy Housing evaluate and improve the training activities on an on-going basis.
- ATSDR's Division of Toxicology reviewed its ATSDR/Minority Health Profession Foundation (AMHPS) cooperative agreement to determine whether the partnership is aligned with current ATSDR and CDC "Healthy People 2010" goals.

B) ATSDR fills substance-specific data needs through interagency collaborations, university-based research, and industry testing. Demonstrating the value of private-sector partnerships, this highly effective program not only helps the agency achieve its goal of filling data gaps, it also has saved ATSDR roughly \$10 million in research costs. During FY 2005, ATSDR was able to meet its target (see Goal 2, Measure 1) of filling 15 data needs and did not require additional support from the Voluntary Research Program. This measure and target will be retired after data are reported for FY 2006.

CHANGES AND IMPROVEMENTS OVER PREVIOUS YEARS

In 2003, the Office of Management and Budget (OMB) evaluated ATSDR's planning efforts using its Program Assessment Ratings Tool (PART). The PART audit led to revised goals and measures, which ATSDR is now aggressively implementing. While further measure refinements will continue in annual plans for FY 2007 and beyond, the agency is already realizing improved results.

New Measure Improves Tracking and Effectiveness — The PART-initiated revision of ATSDR's goals led the agency to develop a measure to capture evidence of its impact on public health. The new measure requires ATSDR to track the implementation, or acceptance, of the public health recommendations it makes to enforcement agencies, such as the EPA. Specifically, ATSDR adopted a new process aimed at boosting the "acceptance" rate of the agency's public health recommendations to greater than 82 percent by 2007. To improve the process's effectiveness, ATSDR now uses a database to track recommendations and follows up on those not yet accepted. Because recommendations identify ways to prevent or mitigate human exposures to toxic substances, ATSDR expects this effort to improve public health while also improving the agency's effectiveness and efficiency.

Improving Measurement and Impacts at Sites with Documented Exposures — ATSDR has always strived to mitigate the risks associated with exposures. In the past, the agency reported its progress on this goal by detailing its activities with partners in providing various services in affected communities. In FY 2003, ATSDR changed its focus. The agency now measures the impact of its interventions at its most urgent and hazardous sites by comparing pre- and post-intervention morbidity/mortality rates, measuring reductions in environmental exposures, performing biomarker tests, and measuring community behavior changes. These indicators will give ATSDR important new data to use in targeting its resources.

Linking Strategy, Budget, and Performance — ATSDR has made significant progress in integrating its performance planning and measurement with budget decision-making, and it has tied its budget request to its goals and measures. ATSDR now links its budget with agency goals even more powerfully by extending reporting to the level of performance measures. For FY 2003, the agency was able to calculate the human resources and financial costs associated with each performance measure. Each office/division met with the Office of the Director and the Office of Policy, Planning, and Evaluation (responsible for GPRA) to discuss its annual performance. On the basis of these discussions, ATSDR cut or reduced funding for certain programs/projects that had performed poorly and/or had low relevance to the agency's mission and goals.

Systematic Peer-Review of Programs — In FY 2004, NCEH/ATSDR began performing program peer reviews for research and public health programs. The agency's Board of Scientific Counselors (BSC), made up of subject matter experts external to the agency, are to conduct approximately three program reviews each year. These reviews evaluate program accomplishments, assess the quality of the agency's science, evaluate program impact and direction, and make recommendations on continuing, improving, and modifying the program. The first such review was conducted for the NER program. A second review was conducted for the HSEES program. Since the release of the NER review report, ATSDR has convened a panel to develop and implement changes. ATSDR agreed to an action plan and provided its response back to the BSC. Implementation of the plan for addressing BSC's concerns will begin during FY 2006. The HSEES peer review report has been reviewed and approved by the BSC Program Peer Review Subcommittee. ATSDR's written response to the report is currently under review and awaiting internal clearance. The BSC is currently reviewing the Division of Toxicology program and expects to release its report in March 2006.

Achieving Efficiency in the Management of Human Capital — ATSDR has achieved greater administrative efficiency through its administrative merger with NCEH. The consolidation became effective January 2, 2004. ATSDR and NCEH now share a common Office of the Director. The administrative consolidation achieved cost savings by shifting redundant OD staff positions to front-line public health positions in the divisions (e.g., public health analysts and scientists) and through staff retirements. Additionally, NCEH/ATSDR negotiated a new efficiency measure with OMB during NCEH's PART review in 2005. NCEH/ATSDR's new measure is to report the "Number of FTE providing program support through the Office of the Director per \$1 million in total program budget."

SUPPLEMENTAL MATERIAL

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

FY 2007 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY Detail of Full-Time Equivalent Employment (FTE)			
	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate
Agency for Toxic Substances and Disease Registry	365	429	429

DETAIL OF POSITIONS

FY 2007 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PROGRAM ADMINISTRATION DETAIL OF POSITIONS			
	2005 Actual	2006 Estimate	2007 Estimate
Executive level I	-	-	-
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	-	-	-
Executive level V	-	-	-
<i>Subtotal</i>	-	-	-
Total-Executive Level Salary	-	-	-
<i>Total - SES</i>	<i>1</i>	<i>1</i>	<i>1</i>
Total - SES Salary	\$149,200	\$153,825	\$157,363
GS-15	21	21	21
GS-14	88	88	88
GS-13	80	80	80
GS-12	40	40	40
GS-11	7	7	7
GS-10	1	1	1
GS-9	15	15	15
GS-8	6	6	6
GS-7	15	15	15
GS-6	3	3	3
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
<i>Subtotal</i>	<i>276</i>	<i>276</i>	<i>276</i>
Total - GS Salary	\$23,289,562	\$23,825,222	\$24,349,377
Average GS grade	12.5	12.5	12.5
Average GS salary	84,382	86,323	88,222
Average Special Pay Categories			
Average Comm. Corps Salary ¹	92,348	95,211	97,306
Average Wage Grade Salary	0	0	0

¹ Includes special pay and allowances.

SUMMARY OF FULL COST

FY 2007 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SUMMARY OF FULL COST (DOLLARS IN MILLIONS)			
Performance Program Area	FY 2005	FY 2006	FY 2007
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY	\$76.0	\$74.9	\$75.0
Goal 1	\$24.9	\$24.5	\$24.5
<i>Measure 1</i>	\$24.9	\$24.5	\$24.5
Goal 2	\$37.3	\$36.7	\$36.8
<i>Measure 1</i>	\$16.6	\$16.4	\$16.4
<i>Measure 2</i>	\$20.7	\$20.4	\$20.4
Goal 3	\$13.9	\$13.6	\$13.7
<i>Measure 1</i>	\$11.5	\$11.3	\$11.3
<i>Measure 2</i>	\$2.4	\$2.4	\$2.4