

U.S. Department of Health & Human Services (HHS)



Fiscal Year (FY) 2007 Performance Measures by HHS Strategic Goal and Strategic Objective

The enclosed list includes HHS' performance measures for FY 2007, organized by HHS Strategic Goal and Strategic Objective. Detailed baseline and FY 2007 target and actual data for the performance measures can be found in the [Online Performance Appendix](#) of each HHS agency. For more information on HHS' Strategic Goals and Objectives, please refer to the [HHS FY 2007-2012 Strategic Plan](#) and [Performance Highlights](#).

April 15, 2008

HHS AGENCY ACRONYMS

AoA—Administration on Aging

ACF—Administration for Children and Families

ASPR—Assistant Secretary for Preparedness and Response

AHRQ—Agency for Healthcare Research and Quality

CDC—Centers for Disease Control and Prevention

CMS—Centers for Medicare & Medicaid Services

FDA—Food and Drug Administration

HRSA—Health Resources and Services Administration

IHS—Indian Health Service

NIH—National Institutes of Health

SAMHSA—Substance Abuse & Mental Health Services Administration

OCR—Office of Civil Rights

OGHA—Office of Global Health Affairs

OMHA—Office of Medicare Hearings and Appeals

ONC—Office of the National Coordinator for Health Information Technology

OPHS—Office of Public Health and Science

OIG—Office of the Inspector General

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Sustain Medicare Payment Timeliness Consistent with Statutory Floor and Ceiling Requirement	Maintain payment timeliness at the statutory requirement of 95% for electronic bills/claims in a millennium compliant environment for Fiscal Intermediaries	MCR10.1
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Sustain Medicare Payment Timeliness Consistent with Statutory Floor and Ceiling Requirement	Maintain payment timeliness at the statutory requirement of 95% for electronic bills/claims in a millennium compliant environment for Carriers	MCR10.2
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Implement Medicare Contracting Reform	Award Medicare FFS Workload to the MACs	MCR13.1
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Implement Medicare Contracting Reform	Implement FFS workload to the MACs	MCR13.2
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Implement the Medicare Prescription Drug Benefit	<u>Beneficiary Survey</u> Percentage of people with Medicare that know that people with Medicare will be offered/are offered prescription drug coverage starting in 2006	MCR3.1a
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Implement the Medicare Prescription Drug Benefit	<u>Beneficiary Survey</u> Percentage of beneficiaries that know that out-of-pocket costs will vary by the Medicare prescription drug plan	MCR3.1b
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Implement the Medicare Prescription Drug Benefit	<u>Beneficiary Survey</u> Percentage of beneficiaries that know that all Medicare prescription drug plans will not cover the same prescription drugs	MCR3.1c
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Implement the Medicare Prescription Drug Benefit	Program Management/Operations	MCR3.2
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Maintain CMS' Improved Rating on Financial Statements	Maintain an unqualified opinion	MCR12
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve Medicare's Administration of the Beneficiary Appeals Process	Medicare Advantage: Enhance MAS functionality and support major maintenance releases	MCR2.2

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve Medicare's Administration of the Beneficiary Appeals Process	Fee-for-Service: MAS functionality and support major maintenance releases	MCR2.3
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve Beneficiary Telephone Customer Service	Quality Standards: Minimum of 90 percent pass rate for Adherence to Privacy Act	MCR9.1a
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve Beneficiary Telephone Customer Service	Quality Standards: Minimum of 90 percent meets expectations for Customer Skills Assessment	MCR9.1b
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve Beneficiary Telephone Customer Service	Quality Standards: Minimum of 90 percent meets expectations for Knowledge Skills Assessment	MCR9.1c
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve Beneficiary Telephone Customer Service	Maintain and continue to develop Virtual Call Center Strategy (VCS) initiatives for handling beneficiary inquiries	MCR9.2
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Increase the Use of Electronic Commerce/Standards in Medicare	Increase electronic remittance advice rates for FIs	MCR11.2a
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Increase the Use of Electronic Commerce/Standards in Medicare	Increase electronic remittance advice rates for Carriers	MCR11.2b
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Mature the Enterprise Architecture Program	Mature the Enterprise Architecture Program	MCR14
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Strengthen and/or Maintain Diversity at all Levels of CMS	Increase representation of EEO groups in areas where agency participation is less than the National and/or Federal baseline comparing the CMS workforce with the 2000 National Civilian Labor Force	MCR15
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Estimate the Payment Error Rate in the Medicaid and State Children's Health Insurance Programs (SCHIP)	Estimate the payment error rate in the Medicaid program	MCD1.1
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Estimate the Payment Error Rate in the Medicaid and SCHIP	Estimate the payment error rate in SCHIP	MCD1.2

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Reduce the Percentage of Improper Payments Made Under the Medicare Fee-for-Service (FFS) Program	Reduce the percentage of improper payments made under the Medicare FFS Program	MIP1
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Reduce the Medicare Contractor Error Rates	Percentage of contractors with an error rate less than or equal to the previous years national paid claims error rate	MIP4
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve the Provider Enrollment Process	Develop and implement Provider Enrollment, Chain and Ownership System (PECOS)-Web	MIP2.1
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve the Provider Enrollment Process	Maintain FFS processing timeliness standards	MIP2.2
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Improve the Effectiveness of the Administration of Medicare Secondary Payer (MSP) Provisions by Increasing the Number of Voluntary Data Sharing Agreements with Insurers or Employers	Improve the effectiveness of the administration of MSP provisions by increasing the number of voluntary data sharing agreements with insurers or employers	MIP3
SO 1.1: Broaden health insurance and long-term care coverage	CMS	Accountability through Reporting in the Medicaid Infrastructure Grant Program	Prepare an annual report by December 31 for the preceding calendar year on the status of grantees in terms of States outcomes in providing employment supports for people with disabilities	SGD1
SO 1.2: Increase health care service availability and accessibility	FDA	Increase access to safe and nutritious new food products.	Complete review and action on the safety evaluation of direct and indirect food and color additive petitions, including petitions for food contact substances, within 360 days of receipt.	213301
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Complete review and action on standard original PDUFA NDA/BLA submissions within 10 months of receipt.	233201
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Complete review and action on priority original PDUFA NDA/BLA submissions within 6 months of receipt.	233202

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Complete review and action on standard PDUFA efficacy supplements within 10 months of receipt.	233203
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Complete review and action on complete blood bank and source plasma BLA submissions within 12 months after submission date.	233205
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Complete review and action on complete blood bank and source plasma BLA supplements within 12 months after submission date.	233206
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Percentage of Expedited PMAs reviewed and decided upon within 180 and 280 days.	253202
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Percentage of received Original Premarket Approval (PMA), Panel-track PMA Supplement, and Premarket Report Submissions reviewed and decided upon within 180 and 295 days.	253203
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Percentage of 180 day PMA supplements reviewed and decided upon within 180 and 210 days.	253204
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Percentage of 510 (k)s (Premarket Notifications) reviewed and decided upon within 90 and 150 days.	253205

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Reduction in FDA approval time for the fastest 50 percent of standard New Molecular Entities/Biologics Licensing Applications approved for CDER and CBER, using the 3-year submission cohort for FY 2005-2007.	223207
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Reduction in FDA time to approval or tentative approval for the fastest 70 percent of original generic drug applications approved or tentatively approved of those submitted using the 3-year submission cohort for FY 2005-2007.	223208
SO 1.2: Increase health care service availability and accessibility	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Reduction in FDA's total approval time for the fastest 50 percent of expedited PMAs approved, using the submission cohort for FYs 2005-2007. The baseline for this goal is the three year average of total FDA approval time for the fastest 50 percent approve	253206
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Proportion of racial/ethnic minorities in Ryan White HIV/AIDS-funded programs served. (Exceeding their representation in national AIDS prevalence data reported by the CDC.)	16.I.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Number of patients served by Health Centers.	1.I.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Percentage of grantees that provide the following services either on-site or by paid referral: Pharmacy, Preventive Dental Care, Mental Health/Substance Abuse.	1.I.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations	Percentage of Health Center patients who are at or below 200% of poverty.	1.II.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations	Percentage of Health Center patients who are racial/ethnic minorities.	1.II.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations	Percentage of Health Center patients who are uninsured.	1.II.A.3

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.	Percentage of pregnant Health Center patients beginning prenatal care in the first trimester.	1.II.B.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.	Rate of births less than 2500 grams (low birth weight) to prenatal Health Center patients compared to the national low birth weight rate.	1.II.B.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.	Percentage of adult Health Center patients with diagnosed hypertension whose blood pressure is under adequate control (less than or equal to 140/90).	1.II.B.3
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Percentage increase in cost per patient served at Health Centers.	1.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Prevent increases in the level of Hansen's Disease-related disability and deformity among patients treated and managed by the National Hansen's Disease Program (NHDP) (Percentage of patients at grades 1 and 2).	3.II.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Number of private sector physicians who have received training from NHDP.	3.II.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Continue to provide outpatient care for Hansen's Disease patients through the NHDP.	3.II.A.3

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Maintain increases in the cost per patient served in the outpatient clinics to below the medical inflation rate.	3.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote outreach efforts to reach populations most affected by health disparities.	Decrease the ratio of the black infant mortality rate to the white infant mortality rate.	10.IV.B.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Reduce the infant mortality rate.	10.III.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Reduce the incidence of low birth weight births.	10.III.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Increase percent of pregnant women who received prenatal care in the first trimester.	10.III.A.3
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Increase percent of low-birth weight babies who are delivered at facilities for high-risk deliveries and neonates.	10.III.A.4
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Increase the number of children served by Title V.	10.I.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Increase the number of children receiving Title V services who are enrolled in and have Medicaid and SCHIP coverage.	10.I.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Increase the number of children served by the Title V Block Grant per \$1 million in funding.	10.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Increase annually the percentage of women participating in Healthy Start who have a prenatal care visit in the first trimester.	12.III.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Decrease annually the percentage of low birth weight infants born to Healthy Start program participants.	12.III.A.2

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Increase annually the number of community members (providers and consumers, residents) participating in infant mortality awareness public health information and education activities.	12.II.B.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the effectiveness of health care services.	Increase the number of persons served by the Healthy Start program with a (relatively) constant level of funding.	12.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Proportion of women in Ryan White HIV/AIDS-funded programs served. (Exceeding their representation in national AIDS prevalence data reported by the CDC.)	16.I.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Number of AIDS Drug Assistance Program (ADAP) clients served through State ADAPs annually.	16.II.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Number of persons who learn their serostatus from Ryan White HIV/AIDS Programs.	16.II.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Percentage of HIV-positive pregnant women in Ryan White HIV/AIDS Programs who receive anti-retroviral medications.	16.II.A.3
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Number of visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative, and home health) to a level that approximates inclusion of new clients.	17.I.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Number of visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative, and home health) to a level that approximates inclusion of new clients.	18.I.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Number of people receiving primary care services under Early Intervention Services programs.	19.II.A.1

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Number of female clients provided comprehensive services, including appropriate services before or during pregnancy, to reduce perinatal transmission.	20.II.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Focus resources and services on diseases and conditions with the greatest health disparities.	Increase by 1% annually the number of people served through Outreach Grants.	27.IV.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care systems.	Increase by 0.5 percentage point annually the average operating margin of critical access hospitals.	27.V.B.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care systems.	Increase the return on investment of funds by the Rural Hospital Flexibility (FLEX) grant program, as measured by change in total operating margin of critical access hospitals in relation to FLEX dollars invested.	27.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Focus resources and services on diseases and conditions with the greatest health disparities.	Increase by 1% annually the number of people served through Outreach Grants.	29.IV.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the collaborative efforts to improve the capacity and efficiency of public health and health care systems.	Increase by 0.5 percentage point annually the average operating margin of critical access hospitals.	30.V.B.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the collaborative efforts to improve the capacity and efficiency of public health and health care systems.	Appropriate rural facilities will be assisted in converting to Critical Access Hospital (CAH) status to help stabilize their financial status.	30.V.B.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the collaborative efforts to improve the capacity and efficiency of public health and health care systems.	Facilities and communities will be assisted in the development of networks.	30.V.B.3
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Increase the total number of individuals screened per year.	32.I.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Increase the number of medical encounters for Black Lung each year.	33.I.A.2

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Average cost of the program per individual screened.	32.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Increase the number of miners served each year.	33.I.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the capacity of the health care safety net.	Increase the number of medical encounters per \$1 million in federal funding.	33.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the proportion of diabetic patients enrolled in a telehealth diabetes case management program with ideal glycemic control (defined as hemoglobin A1c at or below 7%).	34.II.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the implementation of evidence-based methodologies and best practices.	Increase the number of communities that have access to pediatric and adolescent, and adult mental health services where access did not exist in the community prior to the TNGP grant.	34.III.D.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the implementation of evidence-based methodologies and best practices.	Expand the number of telehealth services (e.g., dermatology, cardiology) and the number of sites where services are available as a result of the TNGP program.	34.III.D.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote the implementation of evidence-based methodologies and best practices.	Expand the number of services and/or sites that provide access to health care as a result of the TNGP program per federal program dollar expended.	34.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the total number of unduplicated clients served in Title X clinics by 5% over five years.	36.II.A.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Maintain the proportion of clients served who are at or below 200% of the Federal poverty level at 90% of total unduplicated family planning users.	36.II.A.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the number of unintended pregnancies averted by providing Title X family planning services, with priority for services to low-income individuals.	36.II.A.3

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.	Reduce infertility among women attending Title X family planning clinics by identifying Chlamydia infection through screening of females ages 15-24.	36.II.B.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.	Increase the number of unduplicated female clients who receive a Pap test.	36.II.C.1
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.	Reduce invasive cervical cancer among women attending Title X family planning clinics by providing Pap tests.	36.II.C.2
SO 1.2: Increase health care service availability and accessibility	HRSA	Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.	Maintain the actual cost per Title X client below the medical care inflation rate.	36.E
SO 1.2: Increase health care service availability and accessibility	HRSA	Promote access to health insurance and maximize use of available reimbursements for health care services.	Number of persons for whom a portion/percentage of their unreimbursed oral health cost were reimbursed.	22.I.D.1
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, improve the oral health of the AI/AN population.	Dental Sealants: Number of sealants placed per year in AI/AN patients.	5
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 70 percent the proportion of diagnosed diabetic patients who receive an annual diabetic retinal examination.	Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. IHS-All	6

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 70 percent the proportion of diagnosed diabetic patients who receive an annual diabetic retinal examination.	Tribally Operated Health Programs	6
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 90 percent the proportion of eligible women who have had a Pap screen within the previous three years.	Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years.	7
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 90 percent the proportion of eligible women who have had a Pap screen within the previous three years.	Tribally Operated Health Programs	7
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 70 percent the proportion of eligible women who have had a mammogram screening within the previous two years.	Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. IHS - All	8
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 70 percent the proportion of eligible women who have had a mammogram screening within the previous two years.	Tribally Operated Health Programs	8
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 50 percent the proportion of eligible patients who have had appropriate colorectal cancer screening.	Colorectal Cancer Screening Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. IHS-All	9
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 50 percent the proportion of eligible patients who have had appropriate colorectal cancer screening.	Tribally Operated Health Programs	9
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, improve the oral health of the AI/AN population.	Topical Fluorides: Number of American Indian and Alaska Native patients receiving at least one topical fluoride application.	12
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, improve the oral health of the AI/AN population.	Dental Access: Percent of patients who receive dental services.	13

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, improve the oral health of the AI/AN population.	Dental Sealants: Number of sealants placed per year in AI/AN patients.	14
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, reduce the number of Years of Potential Life Lost (YPLL) due to diabetes.	Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes that have poor glycemic control (A1c > 9.5). IHS	1a
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, reduce the number of Years of Potential Life Lost (YPLL) due to diabetes.	Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes that have poor glycemic control (A1c > 9.5). All	1b
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, reduce the number of Years of Potential Life Lost (YPLL) due to diabetes.	Tribally Operated Health Programs	1
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase the percentage of patients with diagnosed diabetes with ideal glycemic control to 40 percent.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c <7.0). IHS	2a
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase the percentage of patients with diagnosed diabetes with ideal glycemic control to 40 percent.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c <7.0). All	2b
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase the percentage of patients with diagnosed diabetes with ideal glycemic control to 40 percent.	Tribally Operated Health Programs	2
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 50 percent the proportion of patients with diagnosed diabetes with ideal blood pressure control.	Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). IHS	3a
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 50 percent the proportion of patients with diagnosed diabetes with ideal blood pressure control.	Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). All	3b
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 50 percent the proportion of patients with diagnosed diabetes with ideal blood pressure control.	Tribally Operated Health Programs	3

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 70 percent the proportion of patients with diagnosed diabetes who have been assessed for dyslipidemia (LDL cholesterol).	Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). IHS	4a
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 70 percent the proportion of patients with diagnosed diabetes who have been assessed for dyslipidemia (LDL cholesterol).	Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). All	4b
SO 1.2: Increase health care service availability and accessibility	IHS	By 2010, increase to 70 percent the proportion of patients with diagnosed diabetes who have been assessed for dyslipidemia (LDL cholesterol).	Tribally Operated Health Programs	4
SO 1.2: Increase health care service availability and accessibility	IHS	Increase the percent of AI/AN patients with diagnosed diabetes served by tribal health programs (TOHP) that achieve ideal blood sugar control to 40 percent by FY 2014. Reduce the Years of Potential Life Lost (YPLL) in the American Indian/Alaska Native (AI/AN) populations served by tribal health programs to 55.3 by 2012. (Program Narrative Long Term Objective: By 2010, increase the number of OTSG funded projects.).	Percentage of TOHP clinical user population included in GPRA data.	TOHP-1
SO 1.2: Increase health care service availability and accessibility	IHS		Health Care Facility Construction: Number of health care facilities construction projects completed.	36

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control.	HCFC-1a
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control.	HCFC-1b
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control.	HCFC-1c
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control.	HCFC-1d

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control.	HCFC-1e
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control.	HCFC-1f
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years.	HCFC-2a
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years.	HCFC-2b

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years.	HCFC-2c
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years.	HCFC-2d
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years.	HCFC-2e
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years.	HCFC-2f

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years.	HCFC-3a
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years.	HCFC-3b
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years.	HCFC-3c
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years.	HCFC-3d

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years.	HCFC-3e
SO 1.2: Increase health care service availability and accessibility	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years.	HCFC-3f
SO 1.2: Increase health care service availability and accessibility	OCR	To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	Rate of closure for civil rights and privacy cases and new Medicare application reviews per cases/review received	1
SO 1.2: Increase health care service availability and accessibility	OCR	To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received	2
SO 1.2: Increase health care service availability and accessibility	OCR	To protect the privacy of personally identifiable health information for healthcare consumers	Percent of privacy cases resolved per cases received	3
SO 1.2: Increase health care service availability and accessibility	OCR	To increase the number of covered entities which make substantive policy change as a result of intervention and / or review	The number of corrective actions that covered entities takes as a result of OCR intervention	5

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	OCR	To ensure compliance, to increase awareness, and to increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information	The number of covered entities that make substantive policy changes as a result of OCR intervention and/or review	6
SO 1.2: Increase health care service availability and accessibility	OCR	Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE	Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE	7
SO 1.2: Increase health care service availability and accessibility	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The mortality rate at Rabia Balkhi Hospital (RBH) in Kabul, Afghanistan	AHI 1.1.1
SO 1.2: Increase health care service availability and accessibility	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The intrapartum mortality rate among neonates with a birth specific rate of 2500 grams at RBH in Kabul, Afghanistan.	AHI 1.1.5
SO 1.2: Increase health care service availability and accessibility	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The predischarge neonatal mortality rate among neonates with a birth specific weight of 2500 grams at RBH in Kabul, Afghanistan.	AHI 1.1.6
SO 1.2: Increase health care service availability and accessibility	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The post-operative infection rate among maternity patients at RBH in Kabul, Afghanistan.	AHI 1.1.8

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	OMHA	To assure the highest quality in all aspects of the Administrative Law Judge (Level III) Medicare appeals process	Increase the percentage of BIPA cases closed within 90 days	1.1
SO 1.2: Increase health care service availability and accessibility	OMHA	To assure the highest quality in all aspects of the Administrative Law Judge (Level III) Medicare appeals process	For cases that go to hearing, increase the percentage of decisions rendered within 30 days of the hearing.	1.3
SO 1.2: Increase health care service availability and accessibility	OMHA	To assure efficient operations in all aspects of the Level III appeals process.	Decrease the cost per claim adjudicated.	3.1
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Capacity programs include services program, which provide funding to implement service improvements using evidence based practices, and infrastructure programs, which identify and implement needed changes.	Rate of consumers reporting positively about outcomes (State MH System) - MH PRNS - Capacity	1.2.01
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Capacity programs include services program, which provide funding to implement service improvements using evidence based practices, and infrastructure programs, which identify and implement needed changes.	Rate of family members reporting positively about outcomes (State MH System) - MH PRNS -Capacity	1.2.02
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Capacity programs include services program, which provide funding to implement service improvements using evidence based practices, and infrastructure programs, which identify and implement needed changes.	Number of evidence-based practices (EBPs) implemented - MH PRNS -Capacity	1.2.06

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Capacity programs include services program, which provide funding to implement service improvements using evidence based practices, and infrastructure programs, which identify and implement needed changes.	Percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) (adults) - MH PRNS -Capacity	1.2.08
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Capacity programs include services program, which provide funding to implement service improvements using evidence based practices, and infrastructure programs, which identify and implement needed changes.	Percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) (children) - MH PRNS	1.2.09
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who had no past month substance use - CSAT Capacity	1.2.25
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the number of clients served - CSAT Capacity	1.2.26
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who were currently employed or engaged in productive activities - CSAT Capacity	1.2.27
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who had a permanent place to live in the community - CSAT Capacity	1.2.28

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who had no involvement in the criminal justice system - CSAT Capacity	1.2.29
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who experience no/reduced alcohol or illegal drug related health, behavioral, or social consequences - CSAT Capacity	1.2.30
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of grantees in appropriate cost bands - CSAT Capacity	1.2.31
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served	Increase the number of clients gaining access to treatment - Access to Recovery	1.2.32
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served	Increase the percentage of adults receiving services who had no past month substance use - Access to Recovery	1.2.33
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served	Increase the percentage of adults receiving services who had improved family and living conditions - Access to Recovery	1.2.34
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served	Increase the percentage of adults receiving services who had no involvement in the criminal justice system - Access to Recovery	1.2.35

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served	Increase the percentage of adults receiving services who had improved social support - Access to Recovery	1.2.36
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served	Increase the percentage of adults receiving services who were currently employed or engaged in productive activities - Access to Recovery	1.2.37
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served	Increase the percentage of adults receiving services who had improved retention in treatment - Access to Recovery	1.2.38
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand screening for substance abuse and the provision of brief intervention and brief treatment in primary care settings	Increase number of clients served -SBIRT	1.2.40
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand screening for substance abuse and the provision of brief intervention and brief treatment in primary care settings	Increase percentage of clients receiving services who had no past month substance use - SBIRT	1.2.41
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand capacity to provide services nationwide to those affected with substance use disorders	Number of admissions to substance abuse treatment programs receiving public funding - SAPTBG 80%	1.2.43
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand capacity to provide services nationwide to those affected with substance use disorders	Increase the number of States and Territories voluntarily reporting performance measures in their SAPT Block Grant applications - SAPTBG 80%	1.2.44
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand capacity to provide services nationwide to those affected with substance use disorders	Increase percentage of States and Territories that express satisfaction with technical assistance provided - SAPTBG 80%	1.2.45

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand capacity to provide services nationwide to those affected with substance use disorders	Increase the percentage of States in appropriate cost bands - SAPTBG 80%	1.2.47
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand capacity to provide services nationwide to those affected with substance use disorders	Percentage of clients reporting abstinence from drug use at discharge - SAPTBG 80%	1.2.48
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Expand capacity to provide services nationwide to those affected with substance use disorders	Percentage of clients reporting abstinence from alcohol at discharge - SAPTBG 80%	1.2.49
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the number of clients served - Treatment Drug Courts	1.2.56
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who had no past month substance use - Treatment Drug Courts	1.2.57
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who were currently employed or engaged in productive activities - Treatment Drug Courts	1.2.58
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who had a permanent place to live in the community - Treatment Drug Courts	1.2.59
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who had no involvement in the criminal justice system - Treatment Drug Courts	1.2.60

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.2: Increase health care service availability and accessibility	SAMHSA	Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served	Increase the percentage of adults receiving services who experience no/reduced alcohol or illegal drug related health, behavioral, or social consequences - Treatment Drug Courts	1.2.61
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Increase # of partners	1.3.15a
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Increase # of partners	1.3.15b
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Inc # of organizations using HCUP databases, products or tools to improve health care quality for their constituencies by 5%, as defined by AHRQ QIs	1.3.22
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Assure that providers and consumers/patients use beneficial and timely health care information to make informed decisions/choices.	# of consumers who have access-ed CAHPS information to make health care choices will	1.3.23
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Most Americans will have access to and utilize a Personal Electronic Health Record.	Most Americans will have access to and utilize a Personal Health Record (PHR)	1.3.8
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Most Americans will have access to and utilize a Personal Electronic Health Record.	Increase physician adoption of Electronic Health Records (EHRs)	1.3.6
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Most Americans will have access to and utilize a Personal Electronic Health Record.	Increase the number of ambulatory clinicians using electronic prescribing to over 50%	1.3.36
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Most Americans will have access to and utilize a Personal Electronic Health Record.	Engineered Clinical Knowledge will be routinely available to users of EHRs	1.3.9

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Within five years, providers that implement evidence-based tools, interventions, and best practices will progressively improve their patient safety scores on standard measures (e.g., HCAPS, HSOPS, ASOPS, PSIs).	Reductions associated with reductions in hospitalizations with infections due to medical care. (Reductions are compared to previous year's results). Baseline 2003: \$4,437.28 per capita	1.3.5
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Insurance Component tables will be available within months of collection	1.3.16
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	MEPS Use and Demographic Files will be available months after final data collection	1.2.4
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Number of months after the date of completion of the Medical Expenditure Panel Survey data will be available	1.3.18
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Increase the number of MEPS Data Users	1.3.20a
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Increase the number of MEPS Data Users	1.3.20b
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Increase the number of MEPS Data Users	1.3.20c
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Reductions in time will occur for the Point-in-time, Utilization and Expenditure Files	1.3.21
SO 1.3: Improve health care quality, safety, cost, and value	AHRQ	Achieve wider access to effective health care services and reduce health care costs.	Increase the number of topical areas tables included in the MEPS Tables Compendia	1.3.19
SO 1.3: Improve health care quality, safety, cost, and value	AoA	Improve efficiency of OAA programs by at least 35% by 2012.	Increase the number of beneficiaries per million dollars of AoA funding trained through Senior Medicare Patrol.	1.4

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	CDC	Reduce the spread of antimicrobial resistance.	Decrease the number of antibiotics prescribed for ear infections in children under 5 years of age per 100 children.	4.1.1
SO 1.3: Improve health care quality, safety, cost, and value	CDC	Protect Americans from death and serious harm caused by medical errors and preventable complications of healthcare.	Reduce the rate of central line associated bloodstream infections in medical/surgical ICU patients.	4.2.1
SO 1.3: Improve health care quality, safety, cost, and value	CDC	Determine human health effects associated with environmental exposures.	Number of laboratory quality standards maintained in certified or participating laboratories for tests such as lipids; newborn screening; those predictive of type 1 diabetes; blood lead, cadmium, and mercury; and nutritional factors.	10.1.3
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Decrease the Prevalence of Restraints in Nursing Home	Decrease the prevalence of restraints in nursing homes	MCR4
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Decrease the Prevalence of Pressure Ulcers in Nursing Homes	Decrease the prevalence of pressure ulcers in nursing homes	MCR5
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Improve Health Care Quality Across SCHIP	Improve health care quality across SCHIP	SCHIP2
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Improve Cytology Laboratory Testing	Percent of pathologists receiving a passing score in gynecologic cytology proficiency testing	CLIA1
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Protect the Health of Medicare Beneficiaries	Increase nursing home sub-population flu immunization	QIO1.1
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Protect the Health of Medicare Beneficiaries	Increase national pneumococcal immunization	QIO1.2
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Protect the Health of Medicare Beneficiaries	Increase percentage of timely antibiotic administration	QIO4
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Protect the Health of Medicare Beneficiaries	Increase percentage of dialysis patients with fistulas as their vascular access for hemodialysis	QIO5

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Improve Early Detection of Breast Cancer Among Medicare Beneficiaries Age 65 Years and Older	Increase biennial mammography rates in women age 65 years and older	QIO2
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Improve the Diabetic Care of Medicare Beneficiaries	Increase hemoglobin A1c testing rate	QIO3.1
SO 1.3: Improve health care quality, safety, cost, and value	CMS	Improve the Diabetic Care of Medicare Beneficiaries	Increase cholesterol (LDL) testing rate	QIO3.2
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Improve information systems for problem detection and public communication about product safety.	Reduce the Unit Cost associated with turning a submitted Adverse Event Report into a verified record in the database.	222201
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Percentage of Standard NDAs/BLAs within 10 months.	223201
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Percentage of Priority NDAs/BLAs within 6 months	223202
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Percentage of Rx-to-OTC Switch applications within 10 months receipt in which there was a complete review action.	223206
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Complete review and action on original NADAs & reactivations of such applications received during FY 2009.	243201
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of foreign and domestic high-risk human drug inspections.	224201

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	The number of highest priority human tissue establishments to be inspected.	234203
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of targeted prohibited material BSE inspections	244203
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of domestic and foreign Class II and Class III device inspections.	254201
SO 1.3: Improve health care quality, safety, cost, and value	FDA	Prevent safety problems by modernizing science-based standards and tools to ensure high-quality manufacturing, processing, and distribution.	Percentage of an estimated 8,800 domestic mammography facilities that meet inspection standards, with less than 3% with Level I (serious) problems.	254101
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote patient safety and improve patient protections.	Increase annually the use of the NPDB for licensing and credentialing decision-making, operationalized as the number of licensing and credentialing decisions which limit practitioner's ability to practice because of information contained in NPDB reports.	8.III.B.1
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote patient safety and improve patient protections.	Increase annually the number of times information provided by NPDB is considered useful by the querying entity which received it.	8.III.B.2
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote patient safety and improve patient protections.	Increase annually the use of the HIPDB for licensing and credentialing decision-making, operationalized as the number of licensing and credentialing decisions which limit practitioner's ability to practice because of information contained in NPDB reports.	8.III.B.3
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote patient safety and improve patient protections.	Increase annually the number of times information provided by HIPDB is considered useful by the querying entity which received it.	8.III.B.4
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote patient safety and improve patient protections.	Increase annually the number of queries for which NPDB and HIPDB responded within 240 minutes.	8.E
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Reduce maternal illness and complications due to pregnancy.	10.III.A.5

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Increase the number of States and Territories that have achieved a minimum TBI core capacity (including State Action Plan, Statewide Needs and Resources Assessment, designated State agency staff, and State Advisory Board).	11.V.B.1
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Increase by 3 per year the number of States/Territories that have begun to implement their TBI plan of action.	11.V.B.2
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Increase by 6 per year the number of States/Territories that have completed at least 50% of the objectives contained in their TBI plan of action.	11.V.B.3
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Decrease the application and reporting time burden of grantees by 5% per year for 4 years, thereby collecting more accurate and timely data.	11.E
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Percentage of infants suspected of having a hearing loss with a confirmed diagnosis by 3 months of age.	13.III.A.1
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Percentage of infants with a suspected or confirmed hearing loss referred to an ongoing source of comprehensive health care (i.e. medical home).	13.III.A.2
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Percentage of infants screened for hearing loss prior to hospital discharge.	13.III.A.3
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Increase the percentage of infants suspected of having hearing loss (based on the results of their newborn hearing screen) who receive a confirmed diagnosis by 3 months of age while maintaining a constant Federal expenditure.	13.E

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Increase the number of awardees that demonstrate the operational capacity to provide pediatric emergency care, including all core capacity elements related to: (a) on-line and off-line medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support providers, (b) essential pediatric equipment and supplies, (c) designation of pediatric specialty care hospitals, and inter-facility transfer agreements.	14.V.B.1
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Increase the number of awardees that have adopted requirements for pediatric emergency education for the re-certification of paramedics.	14.V.B.2
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Decrease the the application and reporting time burden of grantees by 5% per year for 4 years, thereby collecting more accurate and timely data.	14.E
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Percentage of Ryan White HIV/AIDS Program-funded primary medical care providers that have implemented a quality management program.	16.III.A.1
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Proportion of new Ryan White HIV-infected clients who are tested for CD4 count and viral load.	16.III.A.2
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Amount of savings by State ADAPs' participation in cost-savings strategies on medications.	16.E
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Proportion of women that receive PAP screening.	17.III.A.1
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Promote the effectiveness of health care services.	Proportion of clients that receive TB skin tests.	17.III.A.2
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Utilize trend data to assist in targeting program resources toward goals.	Conduct and disseminate policy relevant research on rural health issues.	28.V.A.1

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase the collaborative efforts to improve the capacity and efficiency of public health and health care systems.	Increase the number of communities receiving technical assistance from a State Office of Rural Health.	31.V.B.1
SO 1.3: Improve health care quality, safety, cost, and value	HRSA	Increase the collaborative efforts to improve the capacity and efficiency of public health and health care systems.	Increase the number of States that have an identified focal point for rural recruitment with a national source of applications.	31.V.B.2
SO 1.3: Improve health care quality, safety, cost, and value	IHS		Patient Safety: Development and deployment of patient safety measurement system.	21/RPMS - E
SO 1.3: Improve health care quality, safety, cost, and value	IHS		Derive all clinical measures from RPMS and integrate with EHR.	RPMS -2
SO 1.3: Improve health care quality, safety, cost, and value	IHS	Maintain 100 percent accreditation of all HIS hospitals and outpatient clinics.	Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).	20
SO 1.3: Improve health care quality, safety, cost, and value	IHS	Hospital admissions per 100,000 service population for long term complications of diabetes in federally administered facilities.	Hospital admissions per 100,000 service population for long term complications of diabetes in federally administered facilities.	FAA -E
SO 1.3: Improve health care quality, safety, cost, and value	IHS	Reduce the Years of Potential Life Lost (YPLL) in the American Indian/Alaska Native (AI/AN) populations served by tribal health programs to 55.3 by 2012.	Number of designated annual clinical performance goals met.	TOHP -2
SO 1.3: Improve health care quality, safety, cost, and value	IHS	By 2010, improve treatment and prevention effectiveness through development and deployment of enhanced automated health systems to all IHS direct, Tribal and Urban sites using RPMS.	Behavioral Health: Proportion of adults ages 18 and over who are screened for depression.	18

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	IHS	By 2010, improve treatment and prevention effectiveness through development and deployment of enhanced automated health systems to all IHS direct, Tribal and Urban sites using RPMS.	Tribally Operated Health Programs	18
SO 1.3: Improve health care quality, safety, cost, and value	IHS	Assure quality and effectiveness of Youth Regional Treatment Centers.	RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more).	10
SO 1.3: Improve health care quality, safety, cost, and value	IHS	By 2010, decrease Years of Potential Life Lost in AI/AN population.	Increase the number of sites utilizing an electronic reporting system.	UIHP -4
SO 1.3: Improve health care quality, safety, cost, and value	IHS	By 2010, decrease Years of Potential Life Lost in AI/AN population.	Cost per service user in dollars per year.	UIHP -E
SO 1.3: Improve health care quality, safety, cost, and value	IHS	By 2010, increase the number of OTSG funded projects.	Tribally Operated Health Programs: Hospital admissions per 100,000 diabetics per year for long-term complications of diabetes.	TOHP-E
SO 1.3: Improve health care quality, safety, cost, and value	IHS	Increase the percentage of American Indian/Alaska Native (AI/AN) homes with sanitation facilities to 90 percent by 2010. (in program narrative not in on-line appendix)	Track average project duration from the Project Memorandum of Agreement (MOA) execution to construction completion.	SFC-E
SO 1.3: Improve health care quality, safety, cost, and value	IHS		Health Care Facilities Construction: Percent of health care facilities construction projects completed on time.	HCFC-E
SO 1.3: Improve health care quality, safety, cost, and value	OIG	Make a positive impact on HHS programs	Expected recoveries from investigative receivables and audit disallowances.	1.1
SO 1.3: Improve health care quality, safety, cost, and value	OIG	Make a positive impact on HHS programs	Return on Investment.	1.2
SO 1.3: Improve health care quality, safety, cost, and value	OMHA	To assure the highest quality in all aspects of the Administrative Law Judge (Level III) Medicare appeals process	Increase the percentage of non-BIPA cases closed within 90 days.	1.2

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.3: Improve health care quality, safety, cost, and value	OMHA	To assure the highest quality in all aspects of the Administrative Law Judge (Level III) Medicare appeals process	Reduce the percentage of decisions reversed or remanded on appeals to the Medicare Appeals Council (as a percentage of all ALJ decisions issued)	2.1
SO 1.3: Improve health care quality, safety, cost, and value	ONC	Increase adoption of Electronic Health Records (EHRs).	Increase physician adoption of EHRs	1.3.2
SO 1.3: Improve health care quality, safety, cost, and value	ONC	Increase adoption of Electronic Health Records (EHRs).	Increase the percentage of small practices with EHRs	1.3.3
SO 1.3: Improve health care quality, safety, cost, and value	ONC	Increase adoption of Electronic Health Records (EHRs).	Percent of physician offices adopting ambulatory EHRs in the past 12 months that meet certification criteria	1.3.4
SO 1.3: Improve health care quality, safety, cost, and value	OPHS	Close Health Gaps	Shape policy at the local, State, national and international levels	2.a.
SO 1.3: Improve health care quality, safety, cost, and value	OPHS	Close Health Gaps	Communicate strategically	2.b.
SO 1.3: Improve health care quality, safety, cost, and value	OPHS	Close Health Gaps	Promote effective partnerships	2.c.
SO 1.3: Improve health care quality, safety, cost, and value	OPHS	Close Health Gaps	Strengthen the science base	2.d.
SO 1.3: Improve health care quality, safety, cost, and value	OPHS	Close Health Gaps	Lead and coordinate key initiatives within and on behalf of the Department	2.e.
SO 1.3: Improve health care quality, safety, cost, and value	OPHS	Increase individual and public knowledge and understanding about racial/ethnic minority health and health disparities problems and solutions	Increased knowledge and understanding of the nature and extent of racial and ethnic health disparities in the general population	OMH 2
SO 1.3: Improve health care quality, safety, cost, and value	OPHS	Increase the average number of persons participating in OMH grant programs per \$1 million in OMH grant support	Increased average number of persons participating in OMH grant programs per \$1 million in OMH grant support	OMH 3

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.4: Recruit, develop, and retain a competent health care workforce	FDA	Strengthen FDA’s base of operations.	The number of Commercial Activities that will be reviewed for competitive sourcing per “Green Plan”.	291401
SO 1.4: Recruit, develop, and retain a competent health care workforce	FDA	Strengthen FDA’s base of operations.	FDA’s implementation of HHS’s Unified Financial Management System (UFMS).	291402
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Expand the capacity of the health care safety net.	Increase the number of volunteer free clinic health care providers deemed eligible for FTCA malpractice coverage.	2.I.A.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Expand the capacity of the health care safety net.	Number of free clinics operating with FTCA-deemed volunteer clinicians.	2.I.A.2
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Expand the capacity of the health care safety net.	Percent of volunteer FTCA-deemed clinicians who meet certification and privileging requirements.	2.I.A.3
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Expand the capacity of the health care safety net.	Administrative costs of the program per Federal Tort Claims Act (FTCA)-covered volunteer.	2.E
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the number of individuals served through the placement and retention of NHSC clinicians.	4.I.C.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the field strength of the NHSC through scholarship and loan repayment agreements.	4.I.C.2
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the number of NHSC-list vacancies filled through all sources.	4.I.C.3
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the percent of NHSC clinicians retained in service to the underserved.	4.I.C.4
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the average HPSA score of the sites receiving NHSC clinicians, as a proxy for service to communities of greatest need.	4.I.C.5

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Maintain or decrease the average cost to the NHSC program of a patient encounter.	4.E
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the proportion of nursing scholarship recipients working in a facility with a critical shortage of nurses within 4 months of licensure.	5.1.C.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the proportion of NELRP participants working in shortage facilities such as: Disproportionate Share Hospitals for Medicare and Medicaid, Nursing Homes, Public Health Departments (State and local) and Public Health Clinics contained in these Departments.	5.1.C.2.
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the percent of States in which NELRP contract recipients work.	5.1.C.3
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Reduce Federal investment per year of direct support by increasing the proportion of program participants who extend their service contracts to commit to work at a critical shortage facility for an additional year.	5.1.C.4
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the proportion of NELRP participants who remain employed at a critical shortage facility for at least one year beyond the termination of their NELRP service.	5.E
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Promote the development of a diverse and culturally representative health care workforce.	Increase the proportion of graduates and program completers of Titles VII and VIII supported programs who are underrepresented minorities and/or from disadvantaged backgrounds.	6.I.B.1.
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Promote the development of a diverse and culturally representative health care workforce.	Increase the proportion of trainees in Titles VII and VIII supported programs training in medically underserved communities.	6.I.C.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Increase the percentage of health professionals supported by the program who enter practice in underserved areas.	6.I.C.2.
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Improve the distribution of health professionals in underserved areas.	Maintain the average cost per graduate or program completer to the program of providing pipeline and formative education and training.	6.E

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Expand the capacity of the health care safety net.	Maintain the number of FTE residents in training in eligible children's teaching hospitals.	7.I.A.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Expand the capacity of the health care safety net.	Percent of hospitals with verified FTE residents counts and caps.	7.VII.C.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Expand the capacity of the health care safety net.	Percent of payments made on time.	7.E
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Preserve the financial integrity of HRSA's programs and activities.	Conduct an orderly phase-out of the outstanding loan portfolio, resulting in a reduction in the Federal liability associated with the HEAL program.	9.VII.C.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Preserve the financial integrity of HRSA's programs and activities.	Improve claims processing efficiency through implementation of an online processing system (HOPS).	9.E
SO 1.4: Recruit, develop, and retain a competent health care workforce	HRSA	Increase collaborative efforts to improve the capacity and efficiency of the public health and health care system.	Proportion of racial/ethnic minority health care providers participating in AETC training intervention programs.	21.V.B.1
SO 1.4: Recruit, develop, and retain a competent health care workforce	IHS	By 2010, increase the number of scholarship placements within 90 days of graduation to 50 percent.	Scholarships: Proportion of Health Professional Scholarship recipients placed in Indian health settings within 90 days of graduation.	42
SO 1.4: Recruit, develop, and retain a competent health care workforce	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The percent of trainees enrolled in courses.	AHI 1.1.2
SO 1.4: Recruit, develop, and retain a competent health care workforce	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The time to hire and deploy essential staff trainers.	AHI 1.1.3

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.4: Recruit, develop, and retain a competent health care workforce	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The percent of staff trainers who fulfill the agreed upon in-country contract.	AHI 1.1.4
SO 1.4: Recruit, develop, and retain a competent health care workforce	OGHA	By 2007, reduce by 20% the number of maternal and neonatal deaths in Afghanistan. The overall purpose of the program is to achieve the long term goal by improving the skills and training of the hospital staff.	The percent of nurse midwifery's who meet competency measures on the 37 Afghanistan Standards of Practice.	AHI 1.1.7
SO 1.4: Recruit, develop, and retain a competent health care workforce	OMHA	To assure efficient operations in all aspects of the Level III appeals process.	Increase number of claims processed per ALJ Team.	3.2
SO 1.4: Recruit, develop, and retain a competent health care workforce	OPHS	Strengthen the Public Health Infrastructure	Lead and coordinate key initiatives within and on behalf of the Department	3.e.
SO 1.4: Recruit, develop, and retain a competent health care workforce	OPHS	Increase the size and operational capability of the Commissioned Corps.	Increase the percentage of Officers that meet Corps readiness requirements, thus expanding the capability of the individual officer.	CC1
SO 1.4: Recruit, develop, and retain a competent health care workforce	OPHS	Increase the size and operational capability of the Commissioned Corps.	Increase the percentage of Officers that are deployable in the field, thus expanding the capability of the Corps.	CC2
SO 1.4: Recruit, develop, and retain a competent health care workforce	OPHS	Increase the size and operational capability of the Commissioned Corps.	Increase the number of response teams formed, thus enhancing the Department's capability to rapidly and appropriately respond to medical emergencies and urgent public health needs.	CC5
SO 1.4: Recruit, develop, and retain a competent health care workforce	OPHS	Increase the size and operational capability of the Commissioned Corps.	Increase the number of response teams which have met all requirements, including training, equipment, and logistical support, and can deploy in the field when needed as fully functional teams, thus enhancing the Department's capability to appropriately respond to medical emergencies and urgent public health care needs.	CC6

HHS Strategic Goal 1. Health Care: Improve the safety, quality, affordability, and accessibility of health care, including behavioral health care and long-term care.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 1.4: Recruit, develop, and retain a competent health care workforce	OPHS	Increase the size and operational capability of the Commissioned Corps.	Cost per Officer to attain or maintain readiness requirements.	CC7
SO 1.4: Recruit, develop, and retain a competent health care workforce	SAMHSA	Enhance knowledge dissemination through trainings, technical assistance and meetings	Increase the percentage of drug treatment professionals trained by the program who report implementing improvements in treatment methods on the basis of information and training provided by the program- CSAT Science and Service	1.4.01
SO 1.4: Recruit, develop, and retain a competent health care workforce	SAMHSA	Enhance knowledge dissemination through trainings, technical assistance and meetings	Increase the number of individuals trained per year - CSAT Science and Service	1.4.02
SO 1.4: Recruit, develop, and retain a competent health care workforce	SAMHSA	Enhance knowledge dissemination through trainings, technical assistance and meetings	Increase the percentage of drug treatment professionals trained by the program who would rate the quality of events as good, very good or excellent - CSAT Science and Service	1.4.03
SO 1.4: Recruit, develop, and retain a competent health care workforce	SAMHSA	Enhance knowledge dissemination through trainings, technical assistance and meetings	Increase the percentage of drug treatment professionals trained by the program who shared any of the information from the event with others - CSAT Science and Service	1.4.04
SO 1.4: Recruit, develop, and retain a competent health care workforce	SAMHSA	Enhance knowledge dissemination through trainings, technical assistance and meetings	Increase the percentage of grantees in the appropriate cost bands - CSAT Science and Service	1.4.05

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	The number of indigenous cases of paralytic polio, rubella, measles, Haemophilus influenzae invasive disease (type b and unknown types), diphtheria, congenital rubella syndrome, and tetanus will remain at or be reduced to 0 by 2010. <ul style="list-style-type: none"> - Paralytic Polio - Rubella - Measles - Haemophilus influenzae - Diphtheria - Congenital rubella Syndrome - Tetanus 	1.1.1a
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	The number of indigenous cases of paralytic polio, rubella, measles, Haemophilus influenzae invasive disease (type b and unknown types), diphtheria, congenital rubella syndrome, and tetanus will remain at or be reduced to 0 by 2010. <ul style="list-style-type: none"> - Paralytic Polio - Rubella - Measles - Haemophilus influenzae - Diphtheria - Congenital rubella Syndrome - Tetanus 	1.1.1b
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	The number of indigenous cases of paralytic polio, rubella, measles, Haemophilus influenzae invasive disease (type b and unknown types), diphtheria, congenital rubella syndrome, and tetanus will remain at or be reduced to 0 by 2010. <ul style="list-style-type: none"> - Paralytic Polio - Rubella - Measles - Haemophilus influenzae - Diphtheria - Congenital rubella Syndrome - Tetanus 	1.1.1c

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	The number of indigenous cases of paralytic polio, rubella, measles, Haemophilus influenzae invasive disease (type b and unknown types), diphtheria, congenital rubella syndrome, and tetanus will remain at or be reduced to 0 by 2010. - Paralytic Polio - Rubella - Measles - Haemophilus influenzae - Diphtheria - Congenital rubella Syndrome - Tetanus	1.1.1d
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	The number of indigenous cases of paralytic polio, rubella, measles, Haemophilus influenzae invasive disease (type b and unknown types), diphtheria, congenital rubella syndrome, and tetanus will remain at or be reduced to 0 by 2010. - Paralytic Polio - Rubella - Measles - Haemophilus influenzae - Diphtheria - Congenital rubella Syndrome - Tetanus	1.1.1e
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	The number of indigenous cases of paralytic polio, rubella, measles, Haemophilus influenzae invasive disease (type b and unknown types), diphtheria, congenital rubella syndrome, and tetanus will remain at or be reduced to 0 by 2010. - Paralytic Polio - Rubella - Measles - Haemophilus influenzae - Diphtheria - Congenital rubella Syndrome - Tetanus	1.1.1f

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	The number of indigenous cases of paralytic polio, rubella, measles, Haemophilus influenzae invasive disease (type b and unknown types), diphtheria, congenital rubella syndrome, and tetanus will remain at or be reduced to 0 by 2010. - Paralytic Polio - Rubella - Measles - Haemophilus influenzae - Diphtheria - Congenital rubella Syndrome - Tetanus	1.1.1g
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	Reduce the number of indigenous cases of mumps in persons of all ages from 666 (1998 baseline) to 0 by 2010.	1.1.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the number of indigenous cases of vaccine-preventable diseases.	Reduce the number of indigenous cases of pertussis among children under 7 years of age.	1.1.3
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for: -4 doses DTaP vaccine -3 doses Hib vaccine -1 dose MMR vaccine -3 doses hepatitis B vaccine -3 doses polio vaccine -1 dose varicella vaccine -4 doses pneumococcal conjugate vaccine (PCV7)	1.2.1a
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for: -4 doses DTaP vaccine -3 doses Hib vaccine -1 dose MMR vaccine -3 doses hepatitis B vaccine -3 doses polio vaccine -1 dose varicella vaccine -4 doses pneumococcal conjugate vaccine (PCV7)	1.2.1b

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for: -4 doses DTaP vaccine -3 doses Hib vaccine -1 dose MMR vaccine -3 doses hepatitis B vaccine -3 doses polio vaccine -1 dose varicella vaccine -4 doses pneumococcal conjugate vaccine (PCV7)	1.2.1c
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for: -4 doses DTaP vaccine -3 doses Hib vaccine -1 dose MMR vaccine -3 doses hepatitis B vaccine -3 doses polio vaccine -1 dose varicella vaccine -4 doses pneumococcal conjugate vaccine (PCV7)	1.2.1d
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for: -4 doses DTaP vaccine -3 doses Hib vaccine -1 dose MMR vaccine -3 doses hepatitis B vaccine -3 doses polio vaccine -1 dose varicella vaccine -4 doses pneumococcal conjugate vaccine (PCV7)	1.2.1e
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for: -4 doses DTaP vaccine -3 doses Hib vaccine -1 dose MMR vaccine -3 doses hepatitis B vaccine -3 doses polio vaccine -1 dose varicella vaccine -4 doses pneumococcal conjugate vaccine (PCV7)	1.2.1f

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for: -4 doses DTaP vaccine -3 doses Hib vaccine -1 dose MMR vaccine -3 doses hepatitis B vaccine -3 doses polio vaccine -1 dose varicella vaccine -4 doses pneumococcal conjugate vaccine (PCV7)	1.2.1g
SO 2.1: Prevent the spread of infectious diseases	CDC	Ensure that children and adolescents are appropriately vaccinated.	Achieve or sustain immunization coverage of at least 90% in adolescents 13 to 15 years of age for 1 dose of Td containing vaccine.	1.2.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.	Increase the rate of influenza and pneumococcal vaccination in persons 65 years of age and older to 90% by 2010.	1.3.1a
SO 2.1: Prevent the spread of infectious diseases	CDC	Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.	Increase the rate of influenza and pneumococcal vaccination in persons 65 years of age and older to 90% by 2010.	1.3.1b
SO 2.1: Prevent the spread of infectious diseases	CDC	Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.	Increase the rate of influenza and pneumococcal vaccination among non-institutionalized high-risk adults aged 18 to 64 years to 60% by 2010.	1.3.2a
SO 2.1: Prevent the spread of infectious diseases	CDC	Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.	Increase the rate of influenza and pneumococcal vaccination among non-institutionalized high-risk adults aged 18 to 64 years to 60% by 2010.	1.3.2b
SO 2.1: Prevent the spread of infectious diseases	CDC	Protect Americans from infectious disease – pneumococcal.	By 2010, reduce the rates of invasive pneumococcal disease in children under 5 years of age to 46 per 100,000 and in adults aged 65 years and older to 42 per 100,000. - Children under 5 years of age - Adults 65 years and older	1.4.1a

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Protect Americans from infectious disease – pneumococcal.	By 2010, reduce the rates of invasive pneumococcal disease in children under 5 years of age to 46 per 100,000 and in adults aged 65 years and older to 42 per 100,000. - Children under 5 years of age - Adults 65 years and older	1.4.1b
SO 2.1: Prevent the spread of infectious diseases	CDC	Protect Americans from infectious diseases – Influenza.	By 2010, enhance preparedness for pandemic influenza by establishing influenza networks globally through bilateral cooperative agreements that are actively producing usable samples for testing as measured by geographic and population coverage.	1.6.1
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the annual HIV incidence rate.	Decrease the number of pediatric AIDS cases.	2.1.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the annual HIV incidence rate.	Reduce the black:white rate ratio of HIV/AIDS diagnoses.	2.1.3
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the annual HIV incidence rate.	Reduce the Hispanic:white rate ratio of HIV/AIDS diagnoses.	2.1.4
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the annual HIV incidence rate.	Increase the number of states with mature, name-based HIV surveillance systems.	2.1.5
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the annual HIV incidence rate.	Increase the percentage of HIV prevention program grantees using Program Evaluation and Monitoring System (PEMS) to monitor program implementation.	2.1.6
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the annual HIV incidence rate.	Increase the number of evidence-based prevention interventions that are packaged and available for use in the field by prevention program grantees.	2.1.7
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the annual HIV incidence rate.	Increase the number of agencies trained each year to implement Diffusion of Effective Behavior Interventions (DEBIs).	2.1.8
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease risky sexual and drug using behaviors among persons at risk for acquiring HIV.	Decrease risky sexual and drug-using behaviors among persons at risk for acquiring HIV.	2.3.1
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease risky sexual and drug using behaviors among persons at risk for acquiring HIV.	Increase the proportion of persons at risk for HIV who received HIV prevention interventions.	2.3.2

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Increase the proportion of HIV-infected people in the United States who know they are infected.	Increase the proportion of persons with HIV-positive test results from publicly funded counseling and testing sites who receive their test results.	2.4.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Increase the proportion of HIV-infected people in the United States who know they are infected.	Increase the proportion of people with HIV diagnosed before progression to AIDS.	2.4.3
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of viral hepatitis in the United States.	Reduce the rate of new cases of hepatitis A (per 100,000 population).	2.6.1
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of viral hepatitis in the United States.	Reduce the rate of new cases of hepatitis B (per 100,000 population).	2.6.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of non-HIV sexually transmitted diseases (STDs) in the United States.	Reduce the prevalence of chlamydia among high-risk women under age 25.	2.7.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of non-HIV sexually transmitted diseases (STDs) in the United States.	Reduce the prevalence of chlamydia among women under age 25, in publicly funded family planning clinics.	2.7.3
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of non-HIV sexually transmitted diseases (STDs) in the United States.	Reduce the incidence of gonorrhea in women aged 15 to 44 (per 100,000 population).	2.7.4
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of non-HIV sexually transmitted diseases (STDs) in the United States.	Reduce the incidence of P&S syphilis in men (per 100,000 population).	2.7.6a
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of non-HIV sexually transmitted diseases (STDs) in the United States.	Reduce the incidence of P&S syphilis in women (per 100,000 population).	2.7.6b
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of non-HIV sexually transmitted diseases (STDs) in the United States.	Reduce the incidence of congenital syphilis per 100,000 live births.	2.7.7
SO 2.1: Prevent the spread of infectious diseases	CDC	Reduce the rates of non-HIV sexually transmitted diseases (STDs) in the United States.	Reduce the racial disparity of P&S syphilis (reported ratio is black:white).	2.7.8

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the rate of cases of TB among U.S.-born persons in the United States.	Decrease the rate of cases of TB among U.S.-born persons (per 100,000 population).	2.8.1
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the rate of cases of TB among U.S.-born persons in the United States.	Increase the percentage of TB patients who complete a course of curative TB treatment within 12 months of initiation of treatment (some patients require more than 12 months).	2.8.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the rate of cases of TB among U.S.-born persons in the United States.	Increase the percentage of TB patients with initial positive cultures who also have drug susceptibility results.	2.8.3
SO 2.1: Prevent the spread of infectious diseases	CDC	Decrease the rate of cases of TB among U.S.-born persons in the United States.	Increase the percentage of contacts of infectious (Acid-Fast Bacillus (AFB) smear-positive) cases that are placed on treatment for latent TB infection and complete a treatment regimen.	2.8.4
SO 2.1: Prevent the spread of infectious diseases	CDC	Protect Americans from infectious diseases – foodborne illnesses.	By 2010, reduce the incidence of infection with four key foodborne pathogens by 50%. - Campylobacter - Escherichia coli O157:H7 - Listeria monocytogenes - Salmonella species	3.1.1
SO 2.1: Prevent the spread of infectious diseases	CDC	Improve the health and quality of life of Americans with disabilities.	Increase the number of people with blood disorders who participate in the monitoring system by 10%.	6.2.1
SO 2.1: Prevent the spread of infectious diseases	CDC	GAP will help implement PEPFAR in 15 focus countries by partnering with other USG agencies to achieve the goals of treating 2 million HIV-infected people and caring for 10 million people infected with or affected by HIV/AIDS by 2008, and preventing 7 million new HIV infections by 2010.	Number of people receiving HIV/AIDS treatment.	13.A.1.1

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	GAP will help implement PEPFAR in 15 focus countries by partnering with other USG agencies to achieve the goals of treating 2 million HIV-infected people and caring for 10 million people infected with or affected by HIV/AIDS by 2008, and preventing 7 million new HIV infections by 2010.	Number of individuals provided with general HIV-related palliative care/basic health care and support during the reporting period, including TB.	13.A.1.2
SO 2.1: Prevent the spread of infectious diseases	CDC	GAP will help implement PEPFAR in 15 focus countries by partnering with other USG agencies to achieve the goals of treating 2 million HIV-infected people and caring for 10 million people infected with or affected by HIV/AIDS by 2008, and preventing 7 million new HIV infections by 2010.	Number of pregnant women receiving PMTCT services, including counseling and testing during the reporting period.	13.A.1.3
SO 2.1: Prevent the spread of infectious diseases	CDC	GAP will help implement PEPFAR in 15 focus countries by partnering with other USG agencies to achieve the goals of treating 2 million HIV-infected people and caring for 10 million people infected with or affected by HIV/AIDS by 2008, and preventing 7 million new HIV infections by 2010.	Number of individuals who received counseling and testing during the reporting period (counseling includes the provision of test results to clients)	13.A.1.4

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	The Global AIDS Program will help implement the President’s Emergency plan for AIDS Relief in the other bilateral countries by partnering with other USG agencies , international and host country organizations to achieve the goals of preventing new HIV infections, treating HIV-infected people, and caring for people infected with or affected by HIV/AIDS.	Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites).	13.A.2.1
SO 2.1: Prevent the spread of infectious diseases	CDC	The Global AIDS Program will help implement the President’s Emergency plan for AIDS Relief in the other bilateral countries by partnering with other USG agencies , international and host country organizations to achieve the goals of preventing new HIV infections, treating HIV-infected people, and caring for people infected with or affected by HIV/AIDS.	Number of individuals trained to provide laboratory-related activities.	13.A.2.2
SO 2.1: Prevent the spread of infectious diseases	CDC	The Global AIDS Program will help implement the President’s Emergency plan for AIDS Relief in the other bilateral countries by partnering with other USG agencies , international and host country organizations to achieve the goals of preventing new HIV infections, treating HIV-infected people, and caring for people infected with or affected by HIV/AIDS.	Number of individuals who received counseling and testing during the reporting period.	13.A.2.4

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	CDC	Help domestic and international partners achieve World Health Organization's goal of global polio eradication.	Number of doses of oral polio vaccine (OPV) purchased for use in OPV mass immunization campaigns in Asia, Africa, and Europe (1 dose = 1 child reached).	13.B.1.1
SO 2.1: Prevent the spread of infectious diseases	CDC	Help domestic and international partners achieve World Health Organization's goal of global polio eradication.	Number of children reached with OPV as a result of non-vaccine operational support funding provided to implement OPV mass immunization campaigns in Asia, Africa, and Europe.	13.B.1.2
SO 2.1: Prevent the spread of infectious diseases	CDC	Help domestic and international partners achieve World Health Organization's goal of global polio eradication.	Number of countries in the world with endemic wild polio virus.	13.B.1.3
SO 2.1: Prevent the spread of infectious diseases	CDC	Work with global partners to reduce the cumulative global measles-related mortality by 90% compared with 2000 estimates (baseline 777,000 deaths) and to maintain elimination of endemic measles transmission in all 47 countries of the Americas.	Number of global measles-related deaths.	13.B.2.1
SO 2.1: Prevent the spread of infectious diseases	CDC	Work with global partners to reduce the cumulative global measles-related mortality by 90% compared with 2000 estimates (baseline 777,000 deaths) and to maintain elimination of endemic measles transmission in all 47 countries of the Americas.	Number of non-import measles cases in all 47 countries of the Americas as a measure of maintaining elimination of endemic measles transmission.	13.B.2.2
SO 2.1: Prevent the spread of infectious diseases	FDA	Prevent safety problems by modernizing science-based standards and tools to ensure high-quality manufacturing, processing, and distribution.	Number of state, local, and tribal regulatory agencies in the U.S. and its Territories enrolled in the draft Voluntary National Retail Food Regulatory Program Standards	214101

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	FDA	Prevent safety problems by modernizing science-based standards and tools to ensure high-quality manufacturing, processing, and distribution.	Percentage of the enrolled jurisdictions which meet 2 or more of the Standards.	214102
SO 2.1: Prevent the spread of infectious diseases	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of import food field exams.	214202
SO 2.1: Prevent the spread of infectious diseases	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of Filer Evaluations.	214203
SO 2.1: Prevent the spread of infectious diseases	FDA	Prevent safety problems by modernizing science-based standards and tools to ensure high-quality manufacturing, processing, and distribution.	Increase manufacturing diversity and capacity for pandemic influenza vaccine production.	234101
SO 2.1: Prevent the spread of infectious diseases	IHS	By 2010, increase childhood combined immunization rates to 80 percent.	Combined (4:3:1:3:3) immunization rates: AI/AN children patients aged 19-35 months.	24
SO 2.1: Prevent the spread of infectious diseases	IHS	By 2010, increase childhood combined immunization rates to 80 percent.	Tribally Operated Health Programs	24
SO 2.1: Prevent the spread of infectious diseases	IHS	By 2010, increase adult influenza and pneumococcal vaccination rates to 90 percent.	Influenza vaccination rates among adult patients aged 65 years and older. IHS- All	25
SO 2.1: Prevent the spread of infectious diseases	IHS	By 2010, increase adult influenza and pneumococcal vaccination rates to 90 percent.	Tribally Operated Health Programs	25
SO 2.1: Prevent the spread of infectious diseases	IHS	By 2010, increase adult influenza and pneumococcal vaccination rates to 90 percent.	Pneumococcal vaccination rates among adult patients aged 65 years and older. IHS- All	26
SO 2.1: Prevent the spread of infectious diseases	IHS	By 2010, increase adult influenza and pneumococcal vaccination rates to 90 percent.	Tribally Operated Health Programs	26

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	IHS	By 2010 decrease YPLL by 20 percent over the 2002 level.	HIV Screening: Proportion of pregnant women screened for HIV.	33
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Combined* immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months.	HCFC-5a
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Combined* immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months.	HCFC-5b
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Combined* immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months.	HCFC-5c

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Combined* immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months.	HCFC-5d
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Influenza vaccination rates among adult patients aged 65 years and older.	HCFC-6a
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Influenza vaccination rates among adult patients aged 65 years and older.	HCFC-6b

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Influenza vaccination rates among adult patients aged 65 years and older.	HCFC-6c
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Influenza vaccination rates among adult patients aged 65 years and older.	HCFC-6d
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Influenza vaccination rates among adult patients aged 65 years and older.	HCFC-6e

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Influenza vaccination rates among adult patients aged 65 years and older.	HCFC-6f
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pneumococcal vaccination rates among adult patients aged 65 years and older.	HCFC-7a
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pneumococcal vaccination rates among adult patients aged 65 years and older.	HCFC-7b

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pneumococcal vaccination rates among adult patients aged 65 years and older.	HCFC-7c
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pneumococcal vaccination rates among adult patients aged 65 years and older.	HCFC-7d
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pneumococcal vaccination rates among adult patients aged 65 years and older.	HCFC-7e

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Pneumococcal vaccination rates among adult patients aged 65 years and older.	HCFC-7f
SO 2.1: Prevent the spread of infectious diseases	OPHS	Strengthen Prevention Efforts	Strengthen the science base	1.d.
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	By 2010 increase the number of ethnic and racial minority individuals surviving 3 years after a diagnosis of AIDS	MAI 1
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Reduce the percentage of AIDS diagnosis within 12 months of HIV diagnosis among racial and ethnic minority communities	MAI 2
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	By 2010 increase the number of African American individuals surviving 3 years after a diagnosis of AIDS	MAI 4
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	By 2010 increase the number of Hispanic individuals surviving 3 years after a diagnosis of AIDS	MAI 5

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	By 2010 increase the number of Asian/Pacific Island individuals surviving 3 years after a diagnosis of AIDS	MAI 6
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	By 2010 increase the number of American Indian/Alaskan Native individuals surviving 3 years after a diagnosis of AIDS	MAI 7
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among African American communities	MAI 8
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Hispanic communities	MAI 9
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Asian/Pacific Islander communities	MAI 10
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among American Indian/Alaskan Native communities	MAI 11

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Increase the number of individuals who learn their HIV status for the first time through MAI Fund Programs	MAI 12
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Maintain the actual cost per MAI Fund HIV testing client below the medical care inflation rate	MAI 13
SO 2.1: Prevent the spread of infectious diseases	OPHS	The Office of HIV/AIDS policy is responsible for coordinating, integrating, and directing the Department's policies, programs, and activities related to HIV/AIDS.	Maintain the actual cost per MAI Fund physician and other clinical staff trained below the medical care inflation rate	MAI 14
SO 2.2: Protect the public against injuries and environmental threats	CDC	Determine human health effects associated with environmental exposures.	Number of environmental chemicals, including nutritional indicators that are assessed for exposure of the U.S. population.	10.1.1
SO 2.2: Protect the public against injuries and environmental threats	CDC	Prevent or reduce illnesses, injury, and death related to environmental risk factors.	Percentage reduction in asthma hospitalizations in states funded for partial and full implementation per 100,000 people.	10.2.1
SO 2.2: Protect the public against injuries and environmental threats	CDC	Prevent or reduce illnesses, injury, and death related to environmental risk factors.	Number of children under age 6 with elevated blood lead levels.	10.2.2
SO 2.2: Protect the public against injuries and environmental threats	CDC	Achieve reductions in the burden of injuries, disability, or death from intentional injuries for people at all life stages.	Reduce victimization of youth enrolled in grades 9-12 as measured by a reduction in the lifetime prevalence of unwanted sexual intercourse, the 12-month incidence of dating violence, and the 12-month incidence of physical fighting.	11.1.2a

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.2: Protect the public against injuries and environmental threats	CDC	Achieve reductions in the burden of injuries, disability, or death from intentional injuries for people at all life stages.	Reduce victimization of youth enrolled in grades 9-12 as measured by a reduction in the lifetime prevalence of unwanted sexual intercourse, the 12-month incidence of dating violence, and the 12-month incidence of physical fighting.	11.1.2b
SO 2.2: Protect the public against injuries and environmental threats	CDC	Achieve reductions in the burden of injuries, disability, or death from intentional injuries for people at all life stages.	Reduce victimization of youth enrolled in grades 9-12 as measured by a reduction in the lifetime prevalence of unwanted sexual intercourse, the 12-month incidence of dating violence, and the 12-month incidence of physical fighting.	11.1.2c
SO 2.2: Protect the public against injuries and environmental threats	CDC	Achieve reductions in the burden of injuries, disability or death from unintentional injuries for people at all life stages.	Among the states receiving funding from CDC, reduce deaths from residential fires by 0.01 per 100,000 population.	11.2.1
SO 2.2: Protect the public against injuries and environmental threats	CDC	Achieve reductions in the burden of injuries, disability or death from unintentional injuries for people at all life stages.	Achieve an age-adjusted fall fatality rate among persons age 65+ of no more than 69.6 per 100,000.	11.2.2
SO 2.2: Protect the public against injuries and environmental threats	CDC	Achieve reductions in the burden of injuries, disability or death from unintentional injuries for people at all life stages.	Decrease the estimated percent increase of age-adjusted fall fatality rates among persons age 65+ years.	11.2.3
SO 2.2: Protect the public against injuries and environmental threats	CDC	Conduct research to reduce work-related illnesses and injuries.	Percentage of NIOSH programs that will have completed program-specific outcome measures and targets in conjunction with stakeholders and customers.	12.1.3
SO 2.2: Protect the public against injuries and environmental threats	CDC	Promote safe and healthy workplaces through interventions, recommendations and capacity building.	Reduce the annual incidence of work injuries, illnesses, and fatalities, in targeted sectors. A) Reduction of non-fatal injuries among youth ages 15–17. B) Reduction of fatal injuries among youth 15–17. C) Percentage of active underground coal mines in the U.S. that possesses NIOSH-approved plans to perform x-ray surveillance for pneumoconiosis.	12.2.2a

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.2: Protect the public against injuries and environmental threats	CDC	Promote safe and healthy workplaces through interventions, recommendations and capacity building.	Reduce the annual incidence of work injuries, illnesses, and fatalities, in targeted sectors. A) Reduction of non-fatal injuries among youth ages 15–17. B) Reduction of fatal injuries among youth 15–17. C) Percentage of active underground coal mines in the U.S. that possesses NIOSH-approved plans to perform x-ray surveillance for pneumoconiosis.	12.2.2b
SO 2.2: Protect the public against injuries and environmental threats	CDC	Promote safe and healthy workplaces through interventions, recommendations and capacity building.	Reduce the annual incidence of work injuries, illnesses, and fatalities, in targeted sectors. A) Reduction of non-fatal injuries among youth ages 15–17. B) Reduction of fatal injuries among youth 15–17. C) Percentage of active underground coal mines in the U.S. that possesses NIOSH-approved plans to perform x-ray surveillance for pneumoconiosis.	12.2.2c
SO 2.2: Protect the public against injuries and environmental threats	CDC	Assess current and prevent future exposures to toxic substances and related human health effects.	Reduce exposures to toxic substances and mitigate the likelihood of future toxic exposures by increasing EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures.	17.1.1
SO 2.2: Protect the public against injuries and environmental threats	CDC	Mitigate the risks of human health effects from toxic exposures.	Protect human health by preventing or mitigating human exposures to toxic substances or related health effects at sites with documented exposures.	17.3.1
SO 2.2: Protect the public against injuries and environmental threats	CDC	Mitigate the risks of human health effects from toxic exposures.	Provide services to mitigate the risks of health effects from exposure to hazards from disasters.	17.3.2
SO 2.2: Protect the public against injuries and environmental threats	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of high risk food inspections.	214205

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.2: Protect the public against injuries and environmental threats	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Establish and maintain accreditation for ORA labs.	214206
SO 2.2: Protect the public against injuries and environmental threats	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of examinations of FDA refused entries.	214204
SO 2.2: Protect the public against injuries and environmental threats	FDA	Improve information systems for problem detection and public communication about product safety.	Participation rate of facilities in the MedSun Network.	252201
SO 2.2: Protect the public against injuries and environmental threats	FDA	Improve information systems for problem detection and public communication about product safety.	Reduce medication errors in hospitals through increased adoption of bar code medication administration technology.	222202
SO 2.2: Protect the public against injuries and environmental threats	IHS		Unintentional Injury Rates: Unintentional injuries mortality rate in AI/AN population	28
SO 2.2: Protect the public against injuries and environmental threats	IHS		Unintentional Injury Rates: Unintentional injuries mortality rate in AI/AN population.	FAA-3
SO 2.2: Protect the public against injuries and environmental threats	IHS	Increase the percentage of American Indian/Alaska Native (AI/AN) homes with sanitation facilities to 90 percent by 2010.	Sanitation Improvement: Number of new or like-new and existing AI/AN homes provided with sanitation facilities.	(35) SFC-1
SO 2.2: Protect the public against injuries and environmental threats	IHS	Increase the percentage of American Indian/Alaska Native (AI/AN) homes with sanitation facilities to 90 percent by 2010.	Percent of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632.	(35A) SFC-2
SO 2.2: Protect the public against injuries and environmental threats	IHS	By 2010 decrease YPLL by 20 percent over the 2002 level.	Injury Intervention: Number of community-based injury prevention programs.	27

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.2: Protect the public against injuries and environmental threats	IHS	Provide quality health information for decision making to patients, providers and communities through improved information systems.	Environmental Surveillance: Number of environmental health programs with automated web-based environmental health surveillance data collection system (webEHRS).	34
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Reduce death and disability due to cancer.	Decrease the age-adjusted rate of invasive cervical cancer per 100,000 women ages 20+ screened through the NBCCEDP (excludes invasive cervical cancer diagnosed on the initial program screen).	5.1.3
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Reduce death and disability among adults due to tobacco use.	Reduce per capita cigarette consumption in the U.S. per adult age 18+.	5.2.2
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Prevent diabetes and its complications.	Increase the age-adjusted percentage of persons with diabetes age 18+ who receive an A1C test at least two times per year.	5.3.2
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Improve youth and adolescent health by helping communities create and environment that fosters a culture of wellness and encourages healthy choices.	Achieve and maintain the percentage of high school students who are taught about HIV/AIDS prevention in school at 90% or greater.	5.6.1
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Improve youth and adolescent health by helping communities create and environment that fosters a culture of wellness and encourages healthy choices.	Increase the proportion of adolescents (grades 9-12) who abstain from sexual intercourse or use condoms if currently sexually active.	5.6.2

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Improve youth and adolescent health by helping communities create an environment that fosters a culture of wellness and encourages healthy choices.	Percentage of youth (grades 9-12) who were active for at least 60 minutes per day for at least five of the preceding seven days.	5.6.4
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Prevent birth defects and developmental disabilities.	Reduce health disparities in the occurrence of folic acid-preventable spina bifida and anencephaly by reducing the birth prevalence of these conditions among Hispanics.	6.1.3
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Prevent birth defects and developmental disabilities.	Increase the percentage of health providers who screen women of childbearing age for risk of an alcohol-exposed pregnancy and provide appropriate, evidence-based interventions for those at risk.	6.1.4
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	CDC	Improve the health and quality of life of Americans with disabilities.	Ensure that 95% of all infants are screened for hearing loss by 1 month of age.	6.2.3
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	FDA	Provide consumers with clear and timely information to protect them from food-borne illness and promote better nutrition.	Increase by 40 percent the percentage of American consumers who correctly identify that trans fat increases the risk of heart disease.	212401
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	FDA	Provide consumers with clear and timely information to protect them from food-borne illness and promote better nutrition.	Increase by 10 percent the percentage of American consumers who correctly identify that saturated fat increases the risk of heart disease.	212402

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	FDA	Provide consumers with clear and timely information to protect them from food-borne illness and promote better nutrition.	Improve by 10 percent the percentage of American consumers who correctly identify that omega-3 fat is a possible factor in reducing the risk of heart disease.	212403
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010 decrease YPLL by 20 percent over the 2002 level.	Childhood Weight Control: Proportion of children, ages 2-5 years, with a BMI of 95 percent or higher.	31
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010 decrease YPLL by 20 percent over the 2002 level.	Tribally Operated Health Programs	31
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010, reduce the proportion of children ages 2-5 with a BMI of 95 percent or higher by 16 percent.	Children ages 2-5 years with a BMI of 95 percent or higher.	FAA -1
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010, increase screening rates for intimate partner violence to 40 percent.	Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. IHS- All	16
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010, increase screening rates for intimate partner violence to 40 percent.	Tribally Operated Health Programs	16
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010 decrease YPLL by 20 percent over the 2002 level.	Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals.	29

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010, reduce the rate of Fetal Alcohol Syndrome through appropriate screening and intervention for alcohol dependence in women of childbearing age.	Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. IHS-All	11
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010, reduce the rate of Fetal Alcohol Syndrome through appropriate screening and intervention for alcohol dependence in women of childbearing age.	Tribally Operated Health Programs	11
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010 decrease YPLL by 20 percent over the 2002 level.	Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention. IHS-All	32
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	By 2010 decrease YPLL by 20 percent over the 2002 level.	Tribally Operated Health Programs	32
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	HCFC-4a

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	HCFC-4b
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	HCFC-4c
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	HCFC-4d

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	HCFC-4e
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	HCFC-4f
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention.	HCFC-8a

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention.	HCFC-8b
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	IHS	Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.	Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention.	HCFC-8c
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Strengthen Prevention Efforts	Shape policy at the local, State, national and international levels	1.a
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Strengthen Prevention Efforts	Communicate strategically	1.b.
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Strengthen Prevention Efforts	Promote effective partnerships	1.c.

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Strengthen Prevention Efforts	Lead and coordinate key initiatives within and on behalf of the Department	1.e.
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Strengthen the Public Health Infrastructure	Shape policy at the local, State, national and international levels	3.a.
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Strengthen the Public Health Infrastructure	Communicate strategically	3.b.
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Advance superior health outcomes for women	Increase the percentage of women-specific Healthy People 2010 objectives and sub-objectives that have met their target or are moving in the right direction.	OWH 1
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Increase heart attack awareness in women	Increase the percentage of women who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 911.	OWH 2
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Expand the number of users of OWH communication resources	Number of users of OWH communication resources (e.g., National Women’s Health Information Center; womenshealth.gov website; and girlshealth.gov website).	OWH 3
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Increase the number of people that participate in OWH-funded programs per million dollars spent annually	Number of girls ages 9-17 and women ages 18-85+ that participate in OWH-funded programs (e.g., information sessions, web sites, and outreach) per million dollars spent annually.	OWH 4

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications	Awareness of Dietary Guidelines for Americans (will be measured at least two times between 2005 and 2010)	ODPHP 1.a
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Shape prevention policy at the local, State and national level by establishing and monitoring National disease prevention and health promotion objectives	Percentage of States that use the national disease prevention and health promotion objectives in their health planning process	ODPHP II.a
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications	Visits to ODPHP-supported websites	ODPHP 1.b
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	OPHS	Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications	Increase the percentage of Healthy People 2010 focus area progress review summaries that have been written, cleared, and posted on the internet within 16 weeks of the progress review date	ODPHP 1.d
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Reduce rate of readmissions to State psychiatric hospitals (Adults:30 days) - MH BG	2.3.07
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Reduce rate of readmissions to State psychiatric hospitals (Adults:180 days) - MH BG	2.3.08

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Reduce rate of readmissions to State psychiatric hospitals (Children/Adolescents:30 days) - MH BG	2.3.09
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Reduce rate of readmissions to State psychiatric hospitals (Children/Adolescents:180 days) - MH BG	2.3.10
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Number of evidence-based practices (EBPs) implemented - MH BG	2.3.11
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Percentage of population coverage for each EBP (adults) - MH BG	2.3.12
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Percentage of population coverage for each EBP (children) - MH BG	2.3.13

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Increase number of people served by the public mental health system - MH BG	2.3.14
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Increase rate of consumers/family members reporting positively about outcomes (adults)-MH BG	2.3.15
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Increase rate of consumers/family members reporting positively about outcomes (children/adolescents) - MH BG	2.3.16
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.	Number of person receiving evidence-based practices per \$10,000 of mental health block grant dollars spent - MH BG	2.3.17
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	to prevent, reduce and /or delay substance use and substance use related problems	Percent of services within cost bands for universal, selected, and indicated interventions - Prevention PRNS combined	2.3.18

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	To change systems and outcomes at the state level, to prevent, reduce and/or delay substance abuse and its associated problems by promoting resilience and facilitating recovery so that there is a life in the community for everyone	Percent of grantee states that have performed needs assessments- SPF SIG	2.3.29
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	To change systems and outcomes at the state level, to prevent, reduce and/or delay substance abuse and its associated problems by promoting resilience and facilitating recovery so that there is a life in the community for everyone	Percent of grantee states that have submitted state plans- SPF SIG	2.3.30
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	To change systems and outcomes at the state level, to prevent, reduce and/or delay substance abuse and its associated problems by promoting resilience and facilitating recovery so that there is a life in the community for everyone	Percent of grantee states with approved plans- SPF SIG	2.3.31
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	to provide technical assistance and training to grantee States, Tribal Organizations and Community based organizations	Increase the number of persons provided TA services - Prevention Science and Service - CAPTs	2.3.32
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	to provide technical assistance and training to grantee States, Tribal Organizations and Community based organizations	Increase the percent of clients reporting that CAPT services substantively enhanced their ability to carry out their prevention work - Prevention Science and Service - CAPTs	2.3.33

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	to expand and sustain community-based organizations to provide substance abuse, HIV and hepatitis prevention services to local and re-entry (post incarceration) populations residing in communities of color.	30-day use of other illicit drugs age 12 and up -Minority AIDS Initiative	2.3.34
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	to expand and sustain community-based organizations to provide substance abuse, HIV and hepatitis prevention services to local and re-entry (post incarceration) populations residing in communities of color.	Percent of program participants that rate the risk of substance abuse as moderate or great (age 12-17) - Minority AIDS Initiative	2.3.35
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	To reduce incidence and prevalence of substance abuse by providing assistance to States to improve State and community systems, activities and services and accountability	Increase number of States whose retail sales violation rate is at or below 20% - Synar Amendment activities	2.3.49
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	To reduce incidence and prevalence of substance abuse by providing assistance to States to improve State and community systems, activities and services and accountability	Increase perception of harm of drug use -20% Prevention Set-aside	2.3.50
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	To reduce incidence and prevalence of substance abuse by providing assistance to States to improve State and community systems, activities and services and accountability	Improvements in non-use (percent ages 12 and older who report that they have never used illicit substances) -20% Prevention Set-aside	2.3.51

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	To reduce incidence and prevalence of substance abuse by providing assistance to States to improve State and community systems, activities and services and accountability	Improvements in use (30-day use) -20% Prevention Set-aside	2.3.52
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	SAMHSA	Reduce the number of youth suicide deaths and attempts.	Reduce the number of suicide deaths -Suicide Prevention	2.3.57
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the annual number of organs transplanted in accordance with projections until 42,800 organs are transplanted in 2013.	23.II.A.1
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the annual number of “non-cardiac death” donors by 333 until the number of 9,251 “non-cardiac death” donors is achieved in 2013.	23.II.A.2
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the annual number of “cardiac death” donors by 175 until the number of 2,018 “cardiac death” donors is achieved in 2013.	23.II.A.3
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the average number of organs transplanted per “non-cardiac death” donor each year by 0.08 until the average of 4.00 is achieved in 2013.	23.II.A.4

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the average number of organs transplanted per “cardiac death” donor each year by 0.096 until the average of 3.00 is achieved in 2013.	23.II.A.5
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the average number of life-years gained in the first 5 years after transplantation for deceased kidney/kidney-pancreas transplants by 0.003 life-years until the goal of 0.436 life-years gained per transplant is achieved in 2013.	23.II.A.6
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the total number of expected life-years gained in the first 5 years after the transplant for all deceased kidney and kidney-pancreas transplant recipients compared to what would be expected for these patients had they remained on the waiting list.	23.II.A.7
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Decrease the total OPTN operating costs per deceased organ transplanted.	23.E
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the number of cord blood units listed on the Registry.	24.II.A.1
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Increase the number of adult volunteer potential donors of minority race and ethnicity.	24.II.A.2
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Decrease the unit cost of HLA-typing of potential donors by 2% each year.	24.E

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Promote the implementation of evidence-based methodologies and best practices.	Develop and ratify uniform and evidence-based guidelines for the treatment of poisoning.	25.III.D.1
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Promote the implementation of evidence-based methodologies and best practices.	Increase the number of PCCs with 24-hour bilingual staff.	25.III.D.2
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Promote the implementation of evidence-based methodologies and best practices.	Increase the percent of inbound volume on the toll-free number.	25.III.D.3
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Promote the implementation of evidence-based methodologies and best practices.	Decrease application and reporting time.	25.E
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Percentage of cases in which judgment awarding compensation is rejected and an election to pursue a civil action is filed.	26.II.A.1
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Average claim processing time.	26.II.A.2
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Percentage of cases where the deadline for the Rule 4(b) report is met once the case has been deemed complete.	26.II.A.3

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Decrease the average time settlements are approved from the date of receipt of the DOJ settlement proposal.	26.II.A.4
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Decrease the average time that lump sum only awards are paid from the receipt of all required documentation to make a payment.	26.II.A.5
SO 2.3: Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery	HRSA	Expand the availability of health care, particularly to underserved, vulnerable, and special needs populations.	Percentage of cases in which case settlements are completed within 15 weeks.	26.E
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Improve DHHS response assets to support municipalities and states.	Improve ESF #8 preparedness planning and response capability.	2.4.1
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Enhance State and Local Preparedness.	Improve surge capacity and enhance community and hospital preparedness for public health emergencies.	2.4.2a
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Enhance State and Local Preparedness.	Improve surge capacity and enhance community and hospital preparedness for public health emergencies.	2.4.2b
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Enhance State and Local Preparedness.	Improve surge capacity and enhance community and hospital preparedness for public health emergencies.	2.4.2c
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Enhance State and Local Preparedness.	Improve surge capacity and enhance community and hospital preparedness for public health emergencies.	2.4.2d

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Enhance State and Local Preparedness.	Improve surge capacity and enhance community and hospital preparedness for public health emergencies.	2.4.2e
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Enhance State and Local Preparedness.	Increase the ratio of preparedness exercises and drills per total program (Cooperative Agreement) dollar by 50% each year. (Approved by OMB.)	2.4.3
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Define requirements for and deliver safe and effective medical countermeasures to identified threats (biological, chemical, radiation and nuclear) to the SNS through coordination of interagency activities, interfacing with industry and acquisition management.	Deliver licensed, licensable and approvable top priority medical countermeasures for chemical, biological, radiological and nuclear threats.	2.4.5
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Mitigate the adverse public health effects of a terrorist attack.	Coordinate and facilitate development of international preparedness and response capabilities.	2.4.6
SO 2.4: Prepare for and respond to natural and man-made disasters.	ASPR	Improve DHHS response assets to support municipalities and states.	Improve strategic communications effectiveness.	2.4.8
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Increase the number of frontline public health workers at the state and local level that are competent and prepared to respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies; and prepare frontline state and local health departments and laboratories to respond to current and emerging public health threats.	Increase the usage of CDC's online public health emergency alert systems, training materials, and other electronic resources/tools designed to provide information, educational materials, and real-time alerts as measured by the number of subscribers to Epi-X, HAN and national public health radio networks.	9.2.1

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Prevent or reduce illnesses, injury, and death related to environmental risk factors.	Percentage increase in the capacity of state health departments to anticipate and prevent the spread of illness/disease outbreaks from food- and water-borne illness.	10.2.3
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Develop the legal preparedness of the public health system to address public health emergencies and other national public health priorities.	Complete national dissemination of the revised "Forensic Epidemiology" and "Public Health Emergency Law" training curricula.	14.C.1.1
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	CDC will develop and implement training to provide for an effective, prepared, and sustainable health workforce able to meet emerging health challenges.	Maintain the number of recruits who join public health programs in local, state, and federal health departments to participate in training in epidemiology or public health leadership management.	14.D.1.1
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.	Number of top 50 metropolitan areas using BioSense.	16.2.1
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.	100% of states have level three chemical lab capacity, and have agreements with and access to (specimens arriving within 8 hours) a level-one chemical lab equipped to detect exposure to nerve agents, mycotoxins, and select industrial toxins.	16.3.1
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.	Percentage of Laboratory Response Network (LRN) labs that pass proficiency testing for Category A and B threat agents.	16.3.2
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.	Number of Laboratory Response Network member laboratories able to use the current Laboratory Information Management System (LIMS) for electronic data exchange.	16.3.3

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Improve the timeliness and accuracy of communications regarding threats to the public's health.	100% of LRN labs will report routine public health testing results through standards-based electronic disease surveillance systems and have protocols for immediate reporting by telephone for Category A agents (bacillus anthracis, yersina pestis, francisella tularensis, clostridium botulinum toxin and variola major) for which they conduct testing.	16.4.1
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.	Number of quarantine stations that are fully staffed with public health professionals who are prepared to respond appropriately when needed.	16.5.1
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	Expand and enhance the Health Alert Networks (HAN) ability to rapidly provide access to public health guidelines, best practices, and information on the effectiveness of public health interventions.	16.6.1a
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	Expand and enhance the Health Alert Networks (HAN) ability to rapidly provide access to public health guidelines, best practices, and information on the effectiveness of public health interventions.	16.6.1b
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	100% of state public health agencies are prepared to use materiel contained in the SNS as demonstrated by evaluation of standard functions as determined by CDC.	16.6.2
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	The number of successful annual exercises that test response to multiple events with a 12-hour response time.	16.6.4
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	Number of trained and ready Technical Advisory Response Units (TARU) for response to multiple events.	16.6.5

HHS Strategic Goal 2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infections, occupational, environmental, and terrorist threats.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.	Percentage of inventory discrepancies that are reduced by using quality inventory management systems.	16.6.6
SO 2.4: Prepare for and respond to natural and man-made disasters.	CDC	Decrease the time needed to implement recommendation from after-action reports following threats to the public's health.	Improve the on-time achievement of individual project milestones for Epidemiology, Laboratories and Emergency Response.	16.9.3
SO 2.4: Prepare for and respond to natural and man-made disasters.	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Number of prior notice import security reviews.	214201
SO 2.4: Prepare for and respond to natural and man-made disasters.	FDA	Increase the number of safe and effective new medical products available to patients.	Number of medical countermeasures in which there has been coordination and facilitation in development.	223102
SO 2.4: Prepare for and respond to natural and man-made disasters.	FDA	Respond more quickly and effectively to emerging safety problems, through better information, better coordination and better communication.	Improve FDA's ability to respond quickly and efficiently to crises and emergencies that involve FDA regulated products.	292201
SO 2.4: Prepare for and respond to natural and man-made disasters.	FDA	Respond more quickly and effectively to emerging safety problems, through better information, better coordination, and better communication.	Increase laboratory surge capacity in the event of terrorist attack on the food supply. (Radiological and chemical samples/week)	214305
SO 2.4: Prepare for and respond to natural and man-made disasters.	OPHS	Strengthen the Public Health Infrastructure	Promote effective partnerships	3.c.

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the availability of Low Income Home Energy Assistance Program (LIHEAP) fuel assistance to low-income, vulnerable households, with at least one member that is an elderly individual or a young child to 96 and 122 respectively, by FY 2010, as measured by the annual reciprocity targeting index.	Increase the reciprocity targeting index score of LIHEAP households having at least one member 60 years or older. (outcome)	1A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the availability of Low Income Home Energy Assistance Program (LIHEAP) fuel assistance to low-income, vulnerable households, with at least one member that is an elderly individual or a young child to 96 and 122 respectively, by FY 2010, as measured by the annual reciprocity targeting index.	Maintain the reciprocity targeting index score of LIHEAP households having at least one member five years or younger. (outcome)	1B
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Reduce the percentage of Temporary Assistance for Needy Families (TANF) with children that are exempt from employment participation because child care is unavailable to 1 percent by FY 2009.	Maintain the proportion of children served through Child Care and Development Fund (CCDF), Temporary Assistance for Needy Families (TANF), and Social Services Block Grant (SSBG) child care funding as compared to the number of children in families with income under 150 percent of the Federal Poverty Level. (outcome)	2A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the percentage of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community. (outcome)	8A

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the percentage of trained individuals actively working to improve access of individuals with developmental disabilities to services and supports. (outcome)	8C
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the percentage of individuals with developmental disabilities receiving the benefit of services through activities in which professionals were involved who completed University Centers of Excellence in Developmental Disabilities (UCSEDD) state-of-the-art training within the past 10 years. (outcome)	8D
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Degree to which participants improve their economic situation, measured by income, net worth, and/or asset retention at two and five years after asset purchase.	Increase the annual amount of Assets for Independence (AFI) Individual Development Account (IDA) savings (earned income only) participants use for the three asset purchase goals. (outcome)	13A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Degree to which participants improve their economic situation, measured by income, net worth, and/or asset retention at two and five years after asset purchase.	Increase the number of participants who withdraw funds for the three asset purchase goals. (outcome)	13B
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Degree to which participants improve their economic situation, measured by income, net worth, and/or asset retention at two and five years after asset purchase.	Maintain the ratio of total earned income saved in IDAs per grant dollar spent on programmatic and administrative activities at the end of year one of the give-year AFI project. (OMB approved efficiency)	13C
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Degree to which participants improve their economic situation, measured by income, net worth, and/or asset retention at two and five years after asset purchase.	Maintain the ratio of total earned income saved in IDAs per grant dollar spend on programmatic and administrative activities at the end of the five-year AFI project. (OMB approved efficiency)	13D

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the percent of cash assistance terminations due to earned income from employment for those refugee clients receiving cash assistance at employment entry to 62.29 percent by FY 2010.	Increase the percent of cash assistance terminations due to earned income from employment for those clients receiving cash assistance at employment entry. (outcome)	15A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the average hourly wage of refugees at placement (employment entry) to \$8.45/hour by FY 2010.	Increase the average hourly wage of refugees at placement (employment entry). (outcome)	15B
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the percentage of clients enrolled in the Matching Grants program who achieve economic self-sufficiency by the 180th day to 80.5 percent by CY 2009.	Increase the percentage of refugees who enter employment through the Matching Grant (MG) program as a subset of all MG employable adults by a percent of the prior year's actual percentage outcome. (outcome)	16A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the percentage of clients enrolled in the Matching Grants program who achieve economic self-sufficiency by the 180th day to 80.5 percent by CY 2009.	Increase the percentage of refugees who are self-sufficient (not dependent on any cash assistance) within the first six months (180 days) after arrival by a percent of the prior year's actual percentage outcome. (outcome)	16C
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the percentage of clients enrolled in the Matching Grants program who achieve economic self-sufficiency by the 180th day to 80.5 percent by CY 2009.	Increase the number of Matching Grant program refugees who are self-sufficient (not dependent on any cash assistance) within the first six months (180 days after arrival), per million federal dollars awarded to grantees (adjusted for inflation). (OMB approved efficiency)	16D
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	By FY 2012, grantees will achieve a 60 percent entered employment rate.	Increase the percentage of refugees entering employment through ACF-funded refugee employment services. (outcome)	18A

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	By FY 2012, grantees will achieve a 60 percent entered employment rate.	Increase the percentage of entered employment with health benefits available as a subset of full-time job placements. (outcome)	18B
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase annual child support distributed collections up to \$26 billion by FY 2008 and up to \$33 billion by FY 2013.	Maintain the paternity establishment percentage (PEP) ¹ among children born out-of-wedlock. (outcome)	20A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase annual child support distributed collections up to \$26 billion by FY 2008 and up to \$33 billion by FY 2013.	Increase the percentage of IV-D cases having support orders. (outcome)	20B
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase annual child support distributed collections up to \$26 billion by FY 2008 and up to \$33 billion by FY 2013.	Maintain the IV-D (child support) collection rate ⁵ for current support. (outcome)	20C
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase annual child support distributed collections up to \$26 billion by FY 2008 and up to \$33 billion by FY 2013.	Maintain the percentage of paying cases among IV-D (child support) arrearage cases. (outcome)	20D
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Increase the Child Support Performance and Incentive Act (CSPIA) cost-effectiveness ratio up to \$4.63 by FY 2008 and up to \$5.00 by FY 2013.	Increase the cost-effectiveness ratio (total dollars collected per \$1 of expenditures). (OMB approved efficiency)	20E

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF		Decrease administrative costs as a percent of total costs. (OMB approved efficiency)	21A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	By FY 2010, at least 50 percent of all cases receiving TANF that are headed by adults will participate in work-related activities.	All states meet the TANF all-families work participation rate: FY 2002 – 2005. All families work participation rate = 50% work participation (outcome)	22A
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the percentage of adult TANF recipients who become newly employed. (outcome)	22B
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the percentage of adult TANF recipients/former recipients employed in one quarter that were still employed in the next two consecutive quarters. (outcome)	22C
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the percentage rate of earnings gained by employed adult TANF recipients/former recipients between a base quarter and a second subsequent quarter. (outcome)	22D

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the rate of case closures related to employment, child support collected, and marriage. (outcome)	22E
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	ACF	By FY 2010, increase the number of children living in married couple households as a percentage of all children living in households to 74 percent.	Increase the number of children living in married couple households as a percentage of all children living in households. (outcome)	22G
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	AoA	Improve efficiency of OAA programs by at least 35% by 2012.	For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding.	1.1
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	AoA	Improve efficiency of OAA programs by at least 35% by 2012.	Increase the number of units of service provided to Native Americans per thousand dollars of AoA funding.	1.3
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	AoA	By 2012, reduce the percent of caregivers who report difficulty in getting services to 35%.	Reduce the percent of caregivers who report difficulty in getting services.	2.6
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	AoA	By 2012 increase the client well-being and independence indicator by 40%.	Improve well-being and prolong independence for elderly individuals as a result of home and community-based services.	2.10

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	AoA	Increase the number of caregivers served to one million.	Increase the number of caregivers served.	3.1
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	AoA	By 2012 all States will achieve a targeting index >1 for low-income, minority and rural Title III clients.	Increase the percentage of OAA clients served who live in rural areas to 10% greater than the percent of all US elders who live in rural areas.	3.3
SO 3.1: Promote the economic independence and social well-being of individuals and families across the lifespan;	AoA	By 2012 all States will achieve a targeting index >1 for low-income, minority and rural Title III clients.	Increase the number of States that serve more elderly living below the poverty level than the prior year.	3.4
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Reduce the percentage of Temporary Assistance for Needy Families (TANF) with children that are exempt from employment participation because child care is unavailable to 1 percent by FY 2009.	Increase the proportion of regulated centers and family child care homes that serve families and children receiving child care subsidies. (OMB approved efficiency)	2B
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Increase the percentage of young children (ages three to five not yet in kindergarten) from families under 150 percent of poverty receiving non-parental care showing three or more school readiness skills from 32 percent in 2001 to 42 percent in 2011.	Increase by 10 percent the number of regulated child care centers and homes nationwide accredited by a recognized early childhood development professional organization. (outcome)	2C

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Increase the percentage of young children (ages three to five not yet in kindergarten) from families under 150 percent of poverty receiving non-parental care showing three or more school readiness skills from 32 percent in 2001 to 42 percent in 2011.	Increase the number of states that have implemented state early learning guidelines in literacy, language, pre-reading, and numeracy for children ages three to give that align with state K-12 standards and are linked to the education and training of caregivers, preschool teachers, and administrators. (outcome)	2D
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Increase the percentage of programs in which children on average can identify 10 or more letters of the alphabet.	Increase the percentage of programs in which children on average can identify 10 or more letters of the alphabet as measured in the spring by the National Reporting System. (outcome)	3A
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	<p>Increase the percentage of programs that achieve average fall to spring gains of at least 12 months in word knowledge (PPVT).</p> <p>Increase the percentage of programs that achieve average fall to spring gains of at least four counting items.</p> <p>Increase the percentage of programs in which children make prescribed gains on a measure of social skills.</p> <p>Increase the percentage of children completing the Head Start program rated by parent as being in excellent or very good health to 83 percent by FY 2010. The baseline is 77 percent in FY 1998.</p> <p>Increase the percentage of Early Head Start children completing all medical screenings to 91 percent by FY 2010.</p>	Increase the percentage of Early Head Start children completing all medical screenings. (outcome)	3B

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	<p>Increase the percentage of parents of children in their pre-kindergarten Head Start year who report reading to child three times per week or more, as measured in the spring of their pre-kindergarten Head Start year, to 85 percent by FY 2013. The baseline is 68.4 percent in FY 1998.</p> <p>Increase to 55 percent the percentage of classrooms with lead teachers scoring 73 or higher (unweighted) on an observational measure of teacher-child interaction by FY 2010. The baseline is 51 percent in FY 2004.</p>	Increase the percentage of teachers with AA, BA, Advanced Degree, or a degree in a field related to early childhood education. (outcome)	3C
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	<p>Increase the percentage of parents of children in their pre-kindergarten Head Start year who report reading to child three times per week or more, as measured in the spring of their pre-kindergarten Head Start year, to 85 percent by FY 2013. The baseline is 68.4 percent in FY 1998.</p> <p>Increase to 55 percent the percentage of classrooms with lead teachers scoring 73 or higher (unweighted) on an observational measure of teacher-child interaction by FY 2010. The baseline is 51 percent in FY 2004.</p>	Decrease the number of grantees with deficiencies in early childhood development. (outcome)	3E

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	<p>Increase the percentage of parents of children in their pre-kindergarten Head Start year who report reading to child three times per week or more, as measured in the spring of their pre-kindergarten Head Start year, to 85 percent by FY 2013. The baseline is 68.4 percent in FY 1998.</p> <p>Increase to 55 percent the percentage of classrooms with lead teachers scoring 73 or higher (unweighted) on an observational measure of teacher-child interaction by FY 2010. The baseline is 51 percent in FY 2004.</p>	Decrease under-enrollment in Head Start programs, thereby increasing the number of children served per dollar. (OMB approved efficiency)	3F
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Increase the percentage of youth served in the Runaway and Homeless Youth (RHY) Transitional Living Program (TLP) entering safe and appropriate settings after exiting ACF-funded TLP services to at least 85 percent and maintain this level through FY 2010.	Increase the percentage of youth living in safe and appropriate settings after exiting ACF-funded Transitional Living Program (TLP) services. (outcome)	4A
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	By FY 2010, increase the percentage of youth who successfully complete the Transitional Living Program (TLP) by “graduating” or who leave ahead of schedule based upon a positive opportunity to at least 55 percent.	Increase funding efficiency by increasing the percentage of youth who complete the Transitional Living Program (TLP) by graduating or who leave ahead of schedule based upon an opportunity. (outcome and OMB approved efficiency)	4B

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	By FY 2010, increase the percentage of youth who successfully complete the Transitional Living Program (TLP) by “graduating” or who leave ahead of schedule based upon a positive opportunity to at least 55 percent.	Increase the percentage of Transitional Living Program (TLP) youth who are engaged in community service and service learning activities while in the program. (outcome)	4C
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Decrease the proportion of students in grades 9-12 that have ever had sexual intercourse to 44.5 percent by 2009.	Decrease the proportion of students grades 9-12 that have ever had sexual intercourse. (outcome)	5A
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Decrease the rate of births to unmarried teenage girls (i.e. births per 1,000 women) ages 15-19 to 33.0 by 2008.	Decrease the rate of births to unmarried teenage girls (i.e. births per 1,000 women) ages 15-19. (outcome)	5B
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	By FY 2008, 65 percent of children of prisoners receiving mentoring through Mentoring Children of Prisoners (MCP) will be or will have been in relationships lasting at least one year.	Increase the percentage of mentees in active mentoring enduring at least 12 months. (outcome)	6A
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Achieve the proportion of mentees in active mentoring relationships that have already lasted more than twelve months as a percentage of the entire caseload at 22 percent and maintain this level through FY 2010.	Increase the percentage of mentees in active mentoring relationships that have already been sustained more than 12 months. (outcome)	6B
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Achieve the proportion of mentees in active mentoring relationships that have already lasted more than twelve months as a percentage of the entire caseload at 22 percent and maintain this level through FY 2010.	Increase the number of children of prisoners in one-to-one matches with caring adults who have been trained and screened by the MCP program and its local and national partners. (outcome)	6C

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Achieve the proportion of mentees in active mentoring relationships that have already lasted more than twelve months as a percentage of the entire caseload at 22 percent and maintain this level through FY 2010.	Increase the percentage of youth that consider their mentoring relationship to be of high quality. (outcome)	6D
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	By FY 2009, there will be preliminary data analyses from a national evaluation to measure relative risk reduction, academic commitment, and other developmental factors among a sample of children in the MCP program.	Intermediate outcomes involving identity, psychological/ cognitive/social/emotional development and relationship and longer term outcomes including risk reduction and academic performance.	6E
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	By FY 2009, there will be preliminary data analyses from a national evaluation to measure relative risk reduction, academic commitment, and other developmental factors among a sample of children in the MCP program.	By FY 2007, reduce the percentage of matches that terminate at three months or less to 20 percent of all matches terminating in the year. (efficiency)	6F
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: "Children are first and foremost protected from abuse and neglect" by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Decrease the rate of first-time victims per 1,000 children, based on National Child Abuse and Neglect Data System (NCANDS) reporting of the child maltreatment victims each year who had not been maltreatment victims in any prior year. (outcome, CBCAP)	7A

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Decrease the percentage of children with substantiated reports of maltreatment that have a repeated substantiated report of maltreatment within six months. (outcome, CAPTA)	7B
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Improve states’ average response time between maltreatment report and investigation, based on the median of states’ reported average response time in hours from screened-in reports to the initiation of the investigation. (outcome and OMB approved efficiency, CAPTA)	7C

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Increase the percentage of Community-Based Child Abuse Prevention (CBCAP) total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices. (OMB approved efficiency, CBCAP)	7D
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out Program Improvement Plan (PIP) will be penalty free on Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect.” In order for a state to be designated penalty free it must address all findings identified in its most recent Child and Family Service Review (CFSR) by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, Child Welfare Services, Foster Care)	7E

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out PIP will be penalty free on Permanency Outcome Measure 1: “Children have permanency and stability in their living situation.” In order for a state to be designated penalty free it must address all findings identified in its most recent CFSR by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, Child Welfare Services, Foster Care)	7F
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out PIP will be penalty free on the systemic factor “Case Review System.” In order for a state to be designated penalty free it must address all findings identified in its most recent CFSR by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, Child Welfare Services)	7G

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out PIP will be penalty free on Safety Outcome Measure 2: “Children are maintained in their homes whenever possible and appropriate.” In order for a state to be designated penalty free it must address all findings identified in its most recent CFSR by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, PSSF)	7H
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out PIP will be penalty free on Permanency Outcome Measure 2: “The continuity of family relationships and connections is preserved for children.” In order for a state to be designated penalty free it must address all findings identified in its most recent CFSR by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, PSSF, Foster Care)	7I

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out PIP will be penalty free on Well Being Outcome 1: “Families have enhanced capacity to provide for their children’s needs.” In order for a state to be designated penalty free it must address all findings identified in its most recent CFSR by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, PSSF, Foster Care)	7J
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out PIP will be penalty free on the systemic factor “Staff Training.” In order for a state to be designated penalty free it must address all findings identified in its most recent CFSR by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, Foster Care)	7L

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Each fiscal year, an increasing number of states with a closed out PIP will be penalty free for the systemic factor “Foster and Adoptive Parent Licensing, Recruitment and Retention.” In order for a state to be designated penalty free it must address all findings identified in its most recent CFSR by completing all agreed to actions and meeting quantifiable outcomes within specified time frames. (outcome, Foster Care)	7M
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Increase the percentage of children who exit foster care within two years of placement either through guardianship or adoption. (outcome, PSSF)	7O

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	For those children who had been in care less than 12 months, maintain the percentage that has no more than two placement settings. (outcome, Child Welfare Services)	7P
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Decrease the percent of foster children in care 12 or more months with no case plan goal (including case plan goal “Not Yet Determined”). (OMB approved efficiency, Child Welfare Services, PSSF, Foster Care)	7Q

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Nine states or jurisdictions will be in substantial conformity with Safety Outcome Measure 1: “Children are first and foremost protected from abuse and neglect” by the end of FY 2010. To be in substantial conformity with this measure, states must achieve desired outcomes in 95 percent of reviewed cases as well as meet national standards for rates of maltreatment recurrence and the absence of abuse and/or neglect in foster care.	Decrease improper payments in the title IV-E foster care program by lowering the national error rate. (OMB approved efficiency, Foster Care)	7R
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Increase the adoption rate from 9.19 percent in FY 2003 to 10.0 percent in FY 2008 and 10.5 percent in FY 2013.	Increase the adoption rate. (outcome, Foster Care, Adoption Opportunities, Adoption Incentives, Adoption Assistance)	7S

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	<p>By 2009, 75 percent of Adoption Opportunities grantees will have their findings applied to practice. The baseline is 60 percent in FY 2006.</p> <p>By 2009, 75 percent of Adoption Opportunities grantees will have their findings provide the impetus for policies being enacted or amended. The baseline is 67 percent in FY 2006.</p> <p>Decrease the number of children with Title IV-E Adoption Assistance who experience a displaced adoption.</p> <p>Decrease the gap between the percentage of children nine and older waiting to be adopted and those actually adopted by 15 percentage points between FY 2006 and FY 2015.</p>	Decrease the gap between the percentage of children nine and older waiting to be adopted and those actually adopted. (Adoption Incentives)	7T

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	<p>By 2009, 75 percent of Adoption Opportunities grantees will have their findings applied to practice. The baseline is 60 percent in FY 2006.</p> <p>By 2009, 75 percent of Adoption Opportunities grantees will have their findings provide the impetus for policies being enacted or amended. The baseline is 67 percent in FY 2006.</p> <p>Decrease the number of children with Title IV-E Adoption Assistance who experience a displaced adoption.</p> <p>Decrease the gap between the percentage of children nine and older waiting to be adopted and those actually adopted by 15 percentage points between FY 2006 and FY 2015.</p>	Maintain or decrease the average administrative claim per IV-E Adoption Assistance child. (OMB approved efficiency, Adoption Assistance, Adoption Incentives)	7U

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	<p>By 2009, 75 percent of Adoption Opportunities grantees will have their findings applied to practice. The baseline is 60 percent in FY 2006.</p> <p>By 2009, 75 percent of Adoption Opportunities grantees will have their findings provide the impetus for policies being enacted or amended. The baseline is 67 percent in FY 2006.</p> <p>Decrease the number of children with Title IV-E Adoption Assistance who experience a displaced adoption.</p> <p>Decrease the gap between the percentage of children nine and older waiting to be adopted and those actually adopted by 15 percentage points between FY 2006 and FY 2015.</p>	Reduce the cost per adoptive placement for the Adoption Opportunities Program. (OMB approved)	7V
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF		Promote efficient use of CFCIP funds by 1) increasing the number of jurisdictions that completely expend their allocations within the two-year expenditure period. (outcome, OMB approved efficiency)	7X1
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF		Promote efficiency use of CFCIP funds by 2) decreasing the total amount of funds that remain unexpended by states at the end of the prescribed period. (outcome, OMB approved efficiency)	7X2

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	ACF	Reduce time between Department of Homeland Security/Immigration and Customs Enforcement (DHS/ICE) notification to Office of Refugee Resettlement (ORR) of Unaccompanied Alien Child (UAC) apprehension and ORR placement designation in a care provider facility by [X] hours over the baseline by FY 2011.	Reduce time between DHS/ICE notification to ORR of UAC apprehension and ORR placement designation in a care provider facility by [X] hours. (outcome)	19A
SO 3.2: Protect the safety and foster the well-being of children and youth;	FDA	Increase the number of safe and effective new medical products available to patients.	Number of Written Requests (WRs) issued for drugs that need to be studied in the pediatric population and number of drugs reported to the pediatric advisory committee on adverse events for drugs that receive pediatric exclusivity.	223101
SO 3.2: Protect the safety and foster the well-being of children and youth;	OPHS	Encourage adolescents to postpone sexual activity by developing and testing abstinence interventions.	Increase the involvement of parents in the lives of their adolescent children measured by the change in the proportion of AFL Prevention demonstration project clients who communicate with their parents about puberty, pregnancy, abstinence, alcohol, and/or drugs.	AFL 1.1
SO 3.2: Protect the safety and foster the well-being of children and youth;	OPHS	Encourage adolescents to postpone sexual activity by developing and testing abstinence interventions.	Increase adolescents' understanding of the positive health and emotional benefits of abstaining from premarital sexual activity as measured by the change in the proportion of AFL Prevention demonstration project clients who indicate that it is important to them to remain abstinent until marriage.	AFL 1.2

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	OPHS	Identify interventions that have demonstrated their effectiveness to: 1) promote premarital abstinence for adolescents and 2) ameliorate the consequences of adolescent pregnancy and childbearing.	Improve the quality of the independent evaluations, required by statute, of Title XX prevention and care demonstration projects as measured annually by an independent review of grantee end of year evaluation reports.	AFL 3.1
SO 3.2: Protect the safety and foster the well-being of children and youth;	OPHS	Improve the efficiency of the AFL program.	Sustain the cost to encounter ratio in Title XX prevention and care demonstration projects.	AFL 4.1
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Increase the specialized adaptation of effective treatment and service approaches for communities across the country	Increase number of children and adolescents receiving trauma-informed services - Trauma-informed Services - NCTSI	3.2.01
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Increase the specialized adaptation of effective treatment and service approaches for communities across the country	Improve children's outcomes - Trauma-informed Services - NCTSI	3.2.02
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Increase the specialized adaptation of effective treatment and service approaches for communities across the country	Dollars spent per person served - Trauma-informed Services - NCTSI	3.2.03
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Prevent violence and substance abuse among our Nation's youth, schools, and communities.	Increase number of children served - Youth Violence - SS/HS	3.2.04
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Prevent violence and substance abuse among our Nation's youth, schools, and communities.	Improve student outcomes and systems outcomes: (a) Decrease the number of violent incidents at schools (Middle schools)- Youth Violence - SS/HS	3.2.05
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Prevent violence and substance abuse among our Nation's youth, schools, and communities.	Improve student outcomes and systems outcomes: (a) Decrease the number of violent incidents at schools (High schools) - Youth Violence - SS/HS	3.2.06

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Prevent violence and substance abuse among our Nation's youth, schools, and communities.	Improve student outcomes and systems outcomes: (b) Decrease students' substance use (middle schools) - Youth Violence - SS/HS	3.2.07
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Prevent violence and substance abuse among our Nation's youth, schools, and communities.	Improve student outcomes and systems outcomes: Decrease students' substance use (high schools) - Youth Violence - SS/HS	3.2.08
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Prevent violence and substance abuse among our Nation's youth, schools, and communities.	Improve student outcomes and systems outcomes: (c) Improve students' school attendance - Youth Violence - SS/HS	3.2.09
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Prevent violence and substance abuse among our Nation's youth, schools, and communities.	Improve student outcomes and systems outcomes: (d) Increase mental health services to students and families - Youth Violence - SS/HS	3.2.10
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Improve the accessibility and effectiveness of services for children and youth with serious mental health challenges and their families	Improve children's outcomes and systems outcomes: (a) Increase percentage attending school 80% or more of the time after 12 months - Comprehensive Community Mental Health Services for Children and their Families	3.2.12
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Improve the accessibility and effectiveness of services for children and youth with serious mental health challenges and their families	Improve children's outcomes and systems outcomes: (b) Increase percentage with no law enforcement contacts at 6 months - Comprehensive Community Mental Health Services for Children and their Families	3.2.13
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Improve the accessibility and effectiveness of services for children and youth with serious mental health challenges and their families	Improve children's outcomes and systems outcomes: (c) Decrease average days of inpatient facilities among children served in systems of care (at 6 months) - Comprehensive Community Mental Health Services for Children and their Families	3.2.14
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Improve the accessibility and effectiveness of services for children and youth with serious mental health challenges and their families	Increase number of children receiving services - Comprehensive Community Mental Health Services for Children and their Families	3.2.16
SO 3.2: Protect the safety and foster the well-being of children and youth;	SAMHSA	Improve the accessibility and effectiveness of services for children and youth with serious mental health challenges and their families	Decrease in inpatients care costs per 1,000 children served - Comprehensive Community Mental Health Services for Children and their Families	3.2.17

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	ACF	Increase the proportion of Compassion Capital Fund (CCF) assisted faith-based and community organizations (FBCOs) awarded from federal, state, local, or private sources by 15 percent and 10 percent by FY 2011, for the Demonstration Program and Targeted Capacity Building (mini-grant) Program, respectively.	Increase the proportion of CCF-assisted FBCOs awarded funding from federal, state, local, or private sources for the Demonstration Program. (outcome)	10A
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	ACF	Increase the proportion of Compassion Capital Fund (CCF) assisted faith-based and community organizations (FBCOs) awarded from federal, state, local, or private sources by 15 percent and 10 percent by FY 2011, for the Demonstration Program and Targeted Capacity Building (mini-grant) Program, respectively.	Increase the proportion of CCF-assisted FBCOs awarded funding from federal, state, local, or private sources for the Targeted Capacity Building Program. (outcome)	10B
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	ACF	Increase the ratio of capacity building activities achieved by CCF-assisted FBCOs to CCF Demonstration Program and Targeted Capacity Building (mini-grant) funding by 20 percent FY 2011.	Increase the ratio of capacity building activities achieved by CCF-assisted FBCOs to CCF Demonstration Program and Targeted Capacity Building Program. (outcome)	10C
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	ACF	Increase the ratio of capacity building activities achieved by CCF-assisted FBCOs to CCF Demonstration Program and Targeted Capacity Building (mini-grant) funding by 20 percent FY 2011.	Increase the ratio of the total number of FBCOs assisted with CCF funds annually to the number of direct CCF grants to intermediaries. (OMB approved efficiency)	10D
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	ACF	By 2010, reduce poverty conditions for low-income individuals, families and communities by 20 percent over the baseline.	Reduce the number of conditions of poverty among low-income individuals, families and communities as a result of community action interventions. (outcome)	12A

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	ACF	By 2010, reduce poverty conditions for low-income individuals, families and communities by 20 percent over the baseline.	Reduce total grantee and sub-grantee CSBG administrative expenditures per individual served. (OMB approved efficiency)	12B
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	ACF	By FY 2010, maintain the number of federally recognized Indian Tribes that have family violence prevention programs at 205.	Maintain the number of federally recognized Indian Tribes that have family violence prevention programs. (output)	14A
SO 3.3: Encourage the development of strong, healthy, and supportive communities; and	OCR	To provide information and training to representatives of health and human service providers, other interest groups, and consumers	Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals	4
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the availability of Low Income Home Energy Assistance Program (LIHEAP) fuel assistance to low-income, vulnerable households, with at least one member that is an elderly individual or a young child to 96 and 122 respectively, by FY 2010, as measured by the annual reciprocity targeting index.	Increase the ratio of LIHEAP households assisted (heating, cooling, crisis, and weatherization assistance) per \$100 of LIHEAP administrative costs. (OMB approved efficiency)	1C
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the percentage of individuals who have their complaint of abuse, neglect, discrimination, or other human or civil rights corrected compared to the total assisted. (outcome)	8B
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Continue a one tenth percentage point increase per year in individuals with developmental disabilities who are independent self-sufficient, and integrated into the community beginning in FY 2007 through FY 2010.	Increase the number of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community per \$1,000 of federal funding to the Councils. (OMB approved efficiency)	8E

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	By CY 2010, the average number of calls per month to which the National Domestic Violence Hotline responds to reaches 17,000.	Increase through training the capacity of the National Domestic Violence Hotline to respond to an increase in the average number of calls per month (as measured by average number of calls per month to which the hotline responds). (outcome)	14B
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	By CY 2010, the average number of calls per month to which the National Domestic Violence Hotline responds to reaches 17,000.	Shorten the average “wait time” (on calls to the National Domestic Violence Hotline), until the maintenance rate of 17 second is achieved, in order to increase the number of calls that are responded to and that provide needed information to callers.	14C
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the percentage of clients enrolled in the Matching Grants program who achieve economic self-sufficiency by the 180th day to 80.5 percent by CY 2009.	Increase the percentage of refugees who are self-sufficient (not dependent on any cash assistance) within the first four months (120 days) after arrival by a percent of the prior year’s actual percentage outcome. (outcome)	16B
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the number of victims of trafficking certified to 500 per year by FY 2011.	Increase the number of victims of trafficking certified per year. (outcome)	17A
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the number of victims of trafficking certified to 500 per year by FY 2011.	Increase the number of victims certified and served by whole network of grantees per million dollars invested. (OMB approved efficiency)	17B
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the number of victims of trafficking certified to 500 per year by FY 2011.	Increase media impressions per thousand dollars invested. (OMB approved efficiency)	17C1
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the number of victims of trafficking certified to 500 per year by FY 2011.	Increase hotline calls per thousand dollars invested. (OMB approved efficiency)	17C2
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the number of victims of trafficking certified to 500 per year by FY 2011.	Increase website visits per thousand dollars invested. (OMB approved efficiency)	17C3
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	By FY 2012, grantees will achieve a 60 percent entered employment rate.	Increase the percentage of 90-day job retention as a subset of all entered employment. (outcome)	18C

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the percentage of UAC that receive medical care screening or examination within 48 hours by [X] percent over the baseline by FY 2011.	Maintain the percentage of runaways from UAC shelters at 1.5 percent. (outcome)	19C
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	ACF	Increase the percentage of UAC that receive medical care screening or examination within 48 hours by [X] percent over the baseline by FY 2011.	Increase the percentage of “closed” corrective actions. (OMB approved efficiency)	19D
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	AoA	Improve efficiency of OAA programs by at least 35% by 2012.	Increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding.	1.2
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	AoA	By 2012, improve the Ombudsman complaint resolution rates in 35 States.	Improve the Ombudsman complaint resolution rates.	2.7
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	AoA	By 2012, increase the number of severely disabled clients who receive selected services to 500,000.	Increase the number of severely disabled clients who receive selected home and community-based services (Home-delivered Meals).	3.2
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Prepare minority, medical, veterinary, pharmacy, undergraduate, and graduate students for careers in public health.	Increase the number of minority students participating in the Hispanic Serving Health Professions Internship and Fellowships Program, Ferguson Emerging Infectious Disease Fellowship Program, Public Health Summer Fellowship Program, Research Initiatives for Student Enhancement (RISE) and Project IMHOTEP.	14.B.1.1
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Support HBCUs, Hispanic serving institutions, and Tribal Colleges and Universities (TCUS).	Maintain the number of funding mechanisms and increase the number of minority-serving institutions and TCUs receiving support.	14.B.2.1
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Enhance American Indian/Alaskan Native (AI/AN) access to CDC programs and resources and foster a stronger collective departmental perspective on AI/AN issues.	Participate in the HHS National and Regional Tribal Consultation Sessions to strengthen CDC and HHS partnerships with tribes to accelerate health impact and address health disparities in AI/AN populations.	14.B.3.1

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Enhance American Indian/Alaskan Native (AI/AN) access to CDC programs and resources and foster a stronger collective departmental perspective on AI/AN issues.	Maintain support for, and effective communication with the CDC/ATSDR Tribal Consultation Advisory Committee (TCAC).	14.B.3.2
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Enhance American Indian/Alaskan Native (AI/AN) access to CDC programs and resources and foster a stronger collective departmental perspective on AI/AN issues.	Categorize, systematically monitor, and critically assess CDC resources allocated to programs that directly benefit AI/AN people and communities.	14.B.3.3
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Enhance American Indian/Alaskan Native (AI/AN) access to CDC programs and resources and foster a stronger collective departmental perspective on AI/AN issues.	Participate and support the Interagency Agreement for the Intradepartmental Council on Native American Affairs and the HHS AI/AN Research Council.	14.B.3.4
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Support and strengthen capacity development strategies of existing national and regional minority organizations.	Increase the number of national and regional public health collaborations with public health agencies/organizations serving minority and AI/AN communities.	14.B.4.1
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	CDC	Support and strengthen capacity development strategies of existing national and regional minority organizations.	Identify program and organizational infrastructure needs (i.e., policy analysis, program assessment and development, and evaluation) of public health agencies/organizations serving minority communities and provide technical assistance to improve the health status and access to programs for racial and ethnic minority populations.	14.B.4.2
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	OGHA	To improve access to primary health care via the Healthy Border 2010	Reduce the percent of indirect spending on border health activities	MBHC 1.1.1
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Protect and advocate for the rights of people with mental illnesses.	Increase percentage of complaints of alleged abuse and not withdrawn by the client, that resulted in positive change for the client in his/her environment, community, or facility, as a result of PAIMI involvement - PAIMI	3.4.08

HHS Strategic Goal 3. Human Services: Promote the economic and social well-being of individuals, families, and communities.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Protect and advocate for the rights of people with mental illnesses.	Increase percentage of complaints of alleged neglect, substantiated and not withdrawn by the client, that resulted in positive change for the client in his/her environment, community, or facility, as a result of PAIMI involvement - PAIMI	3.4.09
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Protect and advocate for the rights of people with mental illnesses.	Increase percentage of complaints of alleged rights violations, substantiated and not withdrawn by the client, that resulted in positive change for the client in his/her environment, community, or facility, as a result of PAIMI involvement - PAIMI	3.4.10
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Protect and advocate for the rights of people with mental illnesses.	Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully (same as long-term measure) - PAIMI	3.4.11
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Protect and advocate for the rights of people with mental illnesses.	Increase in the number of people served by the PAIMI program - PAIMI	3.4.12
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Protect and advocate for the rights of people with mental illnesses.	Ratio of persons served/impacted per activity/intervention - PAIMI	3.4.13
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Protect and advocate for the rights of people with mental illnesses.	Cost per 1,000 individuals served/impacted - PAIMI	3.4.14
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Expand the availability of services to homeless individuals with serious mental illnesses.	Increase number of homeless persons contacted - PATH	3.4.16
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Expand the availability of services to homeless individuals with serious mental illnesses.	Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services - PATH	3.4.17
SO 3.4: Address the needs, strengths, and abilities of vulnerable populations.	SAMHSA	Expand the availability of services to homeless individuals with serious mental illnesses.	Maintain average Federal cost of enrolling a homeless person with serious mental illness in services - PATH	3.4.18

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	CDC	Promote safe and healthy workplaces through interventions, recommendations and capacity building.	Increase the percentage of CDC NIOSH-trained professionals who enter the field of occupational safety and health after graduation.	12.2.1
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	By 2012, recruit, train, and retain a diverse population of highly trained scientists in biomedical, behavioral, and clinical research using research training grants, fellowships, career development awards, and student loan repayment programs.	Between 2006-2012, strive to ensure that the retention rate of former NRSA pre-doctoral trainees and fellows (as indicated by applying for and receiving subsequent NIH support within 10 years of graduation) is maintained relative to appropriate comparison groups.	CBRR-1
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	By 2012, recruit, train, and retain a diverse population of highly trained scientists in biomedical, behavioral, and clinical research using research training grants, fellowships, career development awards, and student loan repayment programs.	Between 2006-2012, strive to ensure that the retention rate of NRSA post-doctoral fellows (as indicated by applying for and receiving subsequent NIH support within 10 years of termination) is maintained relative to appropriate comparison groups.	CBRR-1
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	By 2008, improve the strategic management of NIH human resources by developing and monitoring a comprehensive human capital plan based on the agency's programmatic objectives and projected future needs.	Assess the impact of utilizing adopted methods and processes for recruitment, development, and succession planning for key scientific positions within the NIH Intramural Program.	SMHC-3

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	By 2008, improve the strategic management of NIH human resources by developing and monitoring a comprehensive human capital plan based on the agency's programmatic objectives and projected future needs.	Implement methods to improve the effectiveness of recruitment, development, and succession planning for key scientific positions within the Extramural Research Program.	SMHC-3
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	By 2008, improve the strategic management of NIH human resources by developing and monitoring a comprehensive human capital plan based on the agency's programmatic objectives and projected future needs.	Establish performance indicators with baselines related to recruitment, development and succession planning for the NIH Extramural Research Program.	SMHC-3
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	Ensure that NIH commercial functions are performed as efficiently and cost-effectively as possible by conducting competitive sourcing reviews on the required number of functions within the agency's commercial inventory. (ongoing)	Identify annually commercial activities for competitive sourcing comparison.	SMHC-4
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	Ensure that NIH commercial functions are performed as efficiently and cost-effectively as possible by conducting competitive sourcing reviews on the required number of functions within the agency's commercial inventory. (ongoing)	Complete negotiated competitive sourcing reviews annually.	SMHC-4
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	Improve and monitor the use of human resource services by providing real-time access to tools via the NIH portal. (ongoing)	Implement corrective strategies with subject matter experts and customers.	SMHC-5
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	Utilize performance-based contracting (PBC). (ongoing)	Obligate the FY 2007 OMB/OFPP goal of eligible service contracting dollars to PBC.	POI-2

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.1: Strengthen the pool of qualified health and behavioral science researchers;	NIH	By 2012, reallocation of laboratory resources based on external reviews by Boards of Scientific Counselors.	Conduct BSC reviews of 25% of Principal Investigators to assess quality of science in order to prioritize resources.	POI-9
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Improve vaccine safety surveillance.	Improve capacity to conduct immunization safety studies by increasing the total population of managed care organization members from which the Vaccine Safety Datalink (VSD) data are derived annually to 13 million by 2010.	1.5.1
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Prevent birth defects and developmental disabilities.	Increase the sensitivity of birth defects and developmental disabilities monitoring data.	6.1.1a
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Prevent birth defects and developmental disabilities.	Increase the sensitivity of birth defects and developmental disabilities monitoring data.	6.1.1b
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Improve the health and quality of life of Americans with disabilities.	Increase the mean lifespan of patients with Duchenne and Becker Muscular Dystrophy (DBMD) and carriers by 10% as measured by the Muscular Dystrophy Surveillance, Tracking and Research Network.	6.2.4
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Monitor trends in the nation's health through high-quality data systems and deliver timely data to the nation's health decision-makers.	The number of new or revised charts and tables and methodological changes in Health, United States, as a proxy for continuous improvement and innovation in the scope and detail of information.	7.1.2
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Monitor trends in the nation's health through high-quality data systems and deliver timely data to the nation's health decision-makers.	Number of improved user tools and technologies and web visits as a proxy for the use of NCHS data.	7.1.3
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Determine human health effects associated with environmental exposures.	Complete studies to determine the harmful health effects from environmental hazards.	10.1.2

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Conduct research to reduce work-related illnesses and injuries.	Improve the quality and usefulness of tracking information for safety and health professionals and researchers in targeting research and intervention priorities; measure the success of implemented intervention strategies.	12.1.2a
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Conduct research to reduce work-related illnesses and injuries.	Improve the quality and usefulness of tracking information for safety and health professionals and researchers in targeting research and intervention priorities; measure the success of implemented intervention strategies.	12.1.2b
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Conduct research to reduce work-related illnesses and injuries.	Improve the quality and usefulness of tracking information for safety and health professionals and researchers in targeting research and intervention priorities; measure the success of implemented intervention strategies.	12.1.2c
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Increase the number of frontline public health workers at the state and local level that are competent and prepared to respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies; and prepare frontline state and local health departments and laboratories to respond to current and emerging public health threats.	Evaluate the impact of training programs conducted by the NLTN on laboratory practices.	14.D.2.1
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Determine human health effects associated with exposures to priority hazardous substances.	Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by completing toxicological profiles for substances hazardous to human health.	17.2.1
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	CDC	Determine human health effects associated with exposures to priority hazardous substances.	Fill data needs for human health effects/risks relating to hazardous exposures.	17.2.2

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	FDA	Increase the number of safe and effective new medical products available to patients.	Use new “omics” technologies and pattern recognition algorithms to analyze imaging data for early-stage disease diagnosis and to study how an FDA-regulated compound or product interacts with the human body.	263101
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	FDA	Prevent safety problems by modernizing science-based standards and tools to ensure high-quality manufacturing, processing, and distribution.	Develop risk assessment methods and build biological dose-response models in support of Food Security.	264101
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	FDA	Detect safety problems earlier and better target interventions to prevent harm to consumers.	Develop standard biomarkers to establish risk measures for FDA-regulated products.	264201
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2010, develop one universal antibiotic effective against multiple classes of biological pathogens.	Through medicinal and/or combinatorial chemistry, optimize several compounds for antimicrobial activity.	SRO-3.2
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2013, identify and characterize at least 2 human candidate genes that have been shown to influence risk for substance use disorders and risk for psychiatric disorders using high-risk family, twin, and special population studies.	Perform fine mapping studies to identify specific haplotypes for the most promising genes, and seek potential functional differences coming from these haplotypes.	SRO-3.5
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2012, develop and apply clinically one new imaging technique to enable tracking the mobility of stem cells within cardiovascular tissues.	Initiate validation and toxicity studies.	SRO-3.6

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2009, expand the range of available methods used to create, analyze, and utilize chemical libraries, which can be used to discover new medications. Specifically, use these chemical libraries to discover 10 new and unique chemical structures that could serve as the starting point for new drugs.	Begin development of predictive models for absorption, distribution, metabolism, excretion, and toxicity (ADME/Tox) behavior of bioactive compounds.	SRO-5.3
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2007, identify 20 small molecules that are active in models of nervous system function or disease and show promise as drugs, diagnostic agents, or research tools.	Complete goal of identifying 20 small molecules that are active in models of nervous system function or disease and show promise as drugs, diagnostic agents, or research tools.	SRO-5.4
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2009, identify 1 or 2 new medication candidates to further test and develop for the treatment of tobacco addiction.	Develop and test 1-2 potential new compounds for tobacco addiction in animal models.	SRO-5.6
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2010, validate and compare 3 imaging methods that could offer increased sensitivity over computed tomography (CT) as a means of assessing lung cancer response to therapy.	Perform additional analysis of test-retest repeatability data from 1st year of trial.	SRO-5.7
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2010, establish the role of genetic factors in three major diseases for which health disparities are noted between populations.	Perform initial whole genome scan for prostate cancer susceptibility genes in the C-GEMS study.	SRO-5.9
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2012, identify the genes that control the risk of development of age-related macular degeneration (AMD) and glaucoma in humans.	Conduct studies in animal models to identify potential modifier genes.	SRO-6.1

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2008, develop a knowledge base on chemical effects in biological systems using a systems toxicology or toxicogenomics approach.	Enhance electronic sharing of 'omics and biology endpoint data.	SRO-6.3
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2014, identify and characterize two molecular pathways of potential clinical significance that may serve as the basis for discovering new medications for preventing and treating asthma exacerbations.	Analyze data from studies of molecular, cellular, and genetic causes in AE.	SRO-6.4
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2009, create research resources to aid in the identification and evaluation of biomarkers as candidates for surrogate endpoints for osteoarthritis.	Survey, clinical, and image data from baseline and 12-month clinic visits of 2,500 OAI participants will be available from the OAI Web site.	SRO-7.4
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2007, determine the genome sequences of an additional 45 human pathogens and 3 invertebrate vectors of infectious diseases.	Complete goal of determining the genome sequences of 45 human pathogens and 3 invertebrate vectors	SRO-8.1
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2009, identify and characterize two molecular interactions of potential clinical significance between bone-forming cells and components of bone. Such interactions are defined as those having significant impact on the accrual of bone mass or the actual mechanical performance of bone (i.e., fracture resistance) in laboratory animals.	Determine the characteristics of the skeleton in mice deficient in dentin matrix protein 1 (DMP-1), and assess the consequences of DMP-1 deficiency for bone cell function.	SRO-8.2a

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2009, identify and characterize two molecular interactions of potential clinical significance between bone-forming cells and components of bone. Such interactions are defined as those having significant impact on the accrual of bone mass or the actual mechanical performance of bone (i.e., fracture resistance) in laboratory animals.	Determine the characteristics of the skeleton in mice deficient in dentin matrix protein 1 (DMP-1), and assess the consequences of DMP-1 deficiency for bone cell function.	SRO-8.2b
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2009, assess the impact of two major Institutional Development Award (IDeA) Programs on the development of competitive investigators and their capacities to compete for NIH research funding.	Full-Scale Assessment of the IDeA Program (Step 2): Initiate the full-scale evaluation for IDeA/INBRE.	SRO-8.4
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By FY 2011, develop stable national estimates of vision impairment by extending the vision component of the National Health and Nutrition Examination Survey (NHANES).	Extend NHANES and survey approximately 3,500 people.	SRO-8.6
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2011, characterize the progression of normal, healthy brain development in a nationally representative sample of children in the United States by creating a database of MRI and clinical/behavioral data and analytical software.	Complete preliminary analyses of changes of brain growth in children over time and share findings with research community.	SRO-9.3

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	NIH	By 2013, develop and evaluate the efficacy of neonatal screening for congenital cytomegalovirus (CMV) infection to permit identification of infants who will develop CMV-induced hearing loss in the first years of life.	Compile Manual Of Procedures (MOP) and distribute to all hearing screening sites.	SRO-9.4
SO 4.2: Increase basic scientific knowledge to improve human health and human development;	OPHS	Strengthen the Public Health Infrastructure	Strengthen the science base	3.d.
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	CDC	Prevent birth defects and developmental disabilities.	Identify and evaluate the role of at least five new factors for birth defects and developmental disabilities.	6.1.2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	CDC	Improve the health and quality of life of Americans with disabilities.	Identify an effective public health intervention to ameliorate the effects of poverty on the health and well-being of children.	6.2.2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	CDC	Conduct research to reduce work-related illnesses and injuries.	Progress in targeting new research to areas of occupational safety and health (OSH) most relevant to future improvements in workplace protection.	12.1.1
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	FDA	Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.	Number of Medical Device Bioresearch Monitoring (BIMO) inspections	253201
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	FDA	Increase the number of safe and effective new medical products available to patients.	Develop computer-based models and infrastructure to predict the health risk of biologically active products.	263102
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	HRSA	Promote the effectiveness of health care services.	Develop an animal model for the full spectrum of clinical complexities of human Hansen's Disease.	3.III.A.1

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2008, conduct medications development using animal models and begin conducting Phase I and II human trials of two potential treatments for alcoholism: the cannabinoid antagonist rimonabant and the corticotropin-releasing hormone antagonist antalarmin.	Complete goal of conducting medications development using animal models and beginning to conduct Phase I and II human trials of two potential treatments for alcoholism: rimonabant and antalarmin.	SRO-1.1a
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2008, conduct medications development using animal models and begin conducting Phase I and II human trials of two potential treatments for alcoholism: the cannabinoid antagonist rimonabant and the corticotropin-releasing hormone antagonist antalarmin.	Complete goal of conducting medications development using animal models and beginning to conduct Phase I and II human trials of two potential treatments for alcoholism: rimonabant and antalarmin.	SRO-1.1b
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2015, evaluate islet transplantation in combination with immune modulation strategies for the treatment of type 1 diabetes in clinical trials.	Develop 2 clinical protocols.	SRO-2.1
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2009, evaluate the efficacy of two novel approaches to prevent weight gain and/or treat obesity in clinical trials in humans.	Develop and launch at least three new clinical trials to test the effectiveness of intervention programs delivered in primary care practices to treat and/or prevent obesity in children.	SRO-2.2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2009, develop and test multidisciplinary biobehavioral interventions to prevent/attenuate disease- and treatment-related symptoms such as pain, fatigue, and psychological distress to reduce related symptom burden and to increase functional status and quality of life.	Contribute to the identification of potential interventions for treatment-related oral complications and associated pain by analyzing the results of two (2) clinical research protocols relevant to cancer treatment.	SRO-2.4

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2013, identify at least one clinical intervention that will delay the progression, delay the onset, or prevent Alzheimer's disease (AD).	Identify and characterize molecular events that may prove to be targets for treating or preventing Alzheimer's disease through initiatives and projects focused on mechanistic and basic studies.	SRO-3.1
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2013, determine the efficacy of using salivary diagnostics to monitor health and diagnose at least one systemic disease.	Establish a common proteome database that will include data from 2 subject groups that cover over 80 percent of the salivary proteome.	SRO-3.3
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, develop an HIV/AIDS vaccine.	Initiate another Phase II/IIB trial(s) of the most promising third generation vaccine candidate.	SRO-3.4
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2009, evaluate the safety and efficacy of two new treatments for nonalcoholic steatohepatitis (NASH) in adults.	Complete total enrollment of 240 participants in PIVENS randomized clinical trial to evaluate the safety and efficacy of two new treatments for NASH in adults.	SRO-4.3
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2007, evaluate the efficacy of three new treatment strategies for HIV infection in clinical trials in an effort to identify agents or combinations of agents that are more effective, less toxic, and/or simpler to use than the current recommended HIV treatment regimens.	Achieve goal of evaluating the efficacy of three new treatment strategies for HIV infection in clinical trials in an effort to identify agents or combinations of agents that are more effective, less toxic, and/or simpler to use than the current recommended HIV treatment regimens.	SRO-5.1
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2009, determine the efficacy of statins in preventing progression of atherosclerosis in children with systemic lupus erythematosus (SLE, or lupus).	All clinical sites will be actively enrolling/following pediatric lupus patients, to result in an overall average recruitment rate of 3 new patients per month.	SRO-5.2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2008, develop and test two new evidence-based treatment approaches for drug abuse in community settings.	Analyze data from completed behavioral protocols and report initial findings from data analysis.	SRO-5.5

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2012, improve device(s) to measure hot flashes and test in clinical studies of hot flash therapies.	Continue validation of at least 2 devices to measure hot flash frequency.	SRO-5.8
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2011, conduct studies of girls aged 6 through 8 years to determine the associations between the age of onset of puberty and progression through puberty with 12 environmental exposures.	Complete recruitment of 1,200 girls; complete pilot analysis of selected environmental exposures.	SRO-5.10
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2011, assess the efficacy of at least three new treatment strategies to reduce cardiovascular morbidity/mortality in patients with type 2 diabetes and/or chronic kidney disease.	Complete at least 90% of the total enrollment for the Folic Acid for Vascular Outcome Reduction in Transplantation (FAVORIT) trial which aims to determine whether reduction of total homocysteine by means of a multivitamin in clinically stable kidney transplant recipients results in significant reduction in atherosclerotic CVD.	SRO-6.2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2009, determine the feasibility of applying at least 2 tailored interventions designed to prevent dental caries in one or more underserved populations.	Complete enrollment of 350 parents in a health promotion intervention to test the feasibility of motivational interviewing techniques in reducing caries among inner-city, low-income African-American children with poor dental health.	SRO-7.5
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2009, develop an item bank and computerized adaptive testing system available to clinical researchers to improve assessment of non-specific symptoms (e.g., pain and fatigue) and other domains of health-related quality of life in chronic disease.	Initiate analyses on preliminary data of pain, fatigue, physical functioning, emotional distress, and social role participation.	SRO-8.5

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, demonstrate through research a capacity to reduce the total years lost to disability (YLDs) in the United States by 10% by (1) developing treatment algorithms to improve the management of treatment-resistant and recurrent depression and (2) elucidating the mechanisms by which depression influences at least two comorbid physical illnesses (e.g., heart disease, cancer, Parkinson's disease, or diabetes).	Determine the relative efficacy of combined treatment strategies or sequential treatment algorithms in treating chronic depression.	SRO-9.1
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2018, identify culturally appropriate, effective stroke prevention/intervention programs in minority communities.	Initiate at least two collaborative, community-based prevention projects at the Stroke Prevention and Intervention Research Program (SPIRP).	SRO-9.2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Promote data sharing and provide information in real time by implementing and monitoring the NIH Business System.	Deploy the property and contracts/acquisition/accounts payable and receivable/supply modules.	CBRR-2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Promote data sharing and provide information in real time by implementing and monitoring the NIH Business System.	Report critical elements of General Ledger and Travel Module performance.	CBRR-2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Promote data sharing and provide information in real time by implementing and monitoring the NIH Business System.	NBS roll-out and post deployment support.	CBRR-2
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Promote data sharing and provide information in real time by implementing and monitoring the NIH Business System.	Commencement of NBS/UFMS migration activities.	CBRR-2

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2007, streamline business processes and automate data movement by implementing, monitoring and updating the clinical research information system (CRIS).	Complete goal of streamlining business processes and automation of data movement by implementing , monitoring and updating the clinical research information system (CRIS).	CBRR-3
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2013, provide greater functionality and more streamlined processes in grants administration by continuing to develop the NIH electronic Research Administration (eRA) system.	Continue conversion of business processes: 80% of business processes being done electronically by FY 2009.	CBRR-4
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, build capacity to conduct research by constructing or renovating extramural facilities to meet the biomedical and behavioral research, research training or research support needs.	Complete 153 construction or renovation of biomedical research infrastructures in order to build the capacity to conduct the proposed research.	CBRR-6
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, build capacity to conduct research by constructing or renovating extramural facilities to meet the biomedical and behavioral research, research training or research support needs.	Completion of 15 biocontainment facilities to support biodefense and emerging infectious disease research needs, including research on Category A-C Priority agents and newly emerging infectious diseases.	CBRR-6
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, utilize enhanced ARIS database to more efficiently conduct portfolio analysis to invest in priority AIDS research.	Track, monitor, and budget for trans-NIH AIDS research, utilizing the enhanced ARIS database, to more efficiently conduct portfolio analysis of 100% of expiring grants to determine reallocation of resources for priority research.	CBRR-7
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, achieve average annual cost savings of managing construction grants by expanding the use of electronic project management tools that enhance oversight and 20 year usage monitoring.	Achieve average annual cost of managing construction grants	CBRR-9

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2007, ensure that approved design and construction projects are executed on time, on scope, and on budget by implementing and monitoring an earned value analysis and management system (EVAMS).	Complete goal of ensure that approved design and construction projects are executed on time, on scope, and on budget by implementing and monitoring an Earned Value Analysis and Management System (EVAMS).	POI-1
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Provide responsible stewardship over existing federally owned real property assets.	Maintain the condition of the portfolio so the average CIwa =85*	POI-6
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Provide responsible stewardship over existing federally owned real property assets.	By 2010, no less than 95% of occupied GSF will have a CI greater than 65	POI-6
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Manage design and construction of capital facility projects funded by the Building and Facilities Appropriation (B&F) so the HHS and congressionally approved scope of work is delivered within the approved budget. (Ongoing)	Manage all B&F line item projects so they are completed within 100% of the final approved total project cost.	POI-7
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	Manage design and construction of capital facility projects funded by the Building and Facilities Appropriation (B&F) so the HHS and congressionally approved scope of work is delivered within the approved budget. (Ongoing)	No more than 10% of the projects may incorporate plus or minus 10% adjustments of the approved scope.	POI-7

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, protect NIH's interest in real property supported under the extramural construction grant program by ensuring compliance with construction and 20 year usage requirements.	Through 2009, ensure that 100% of grantees have met all construction requirements, including NIH approved design and construction documents that ensures proposed research in the space is feasible, and ensures that grantees will take action to file or record a Notice of Federal Interest that ensures grantees cannot lease, sell or mortgage property without NIH approval.	POI-8
SO 4.3: Conduct and oversee applied research to improve health and well-being; and	NIH	By 2010, protect NIH's interest in real property supported under the extramural construction grant program by ensuring compliance with construction and 20 year usage requirements.	Through 2010, report on the percent of extramural construction projects that are in compliance with the post award 20 year usage requirement to conduct research.	POI-8
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	FDA	Provide patients and consumers with better access to clear and timely risk-benefit information for medical products.	Improve the Safe Use of Drugs in Patients and Consumers.	222301
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By 2014, reduce the disparity between African American and white infants in back sleeping by 50% to further reduce the risk of sudden infant death syndrome (SIDS).	Extend the continuing education module for nurses in appropriate community-based clinical settings in African American communities in the Mississippi Delta region.	CTR-1
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By 2008, increase the percentage of Small Business Innovation Research (SBIR) program award recipients who are successful in identifying the resources and/or partners necessary to further the development of their SBIR projects toward commercialization.	Pilot test specific technical assistance program(s) to further development of SBIR projects toward commercialization.	CTR-4

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By 2008, increase the percentage of Small Business Innovation Research (SBIR) program award recipients who are successful in identifying the resources and/or partners necessary to further the development of their SBIR projects toward commercialization.	Implement effective piloted programs to create a menu of technical assistance programs.	CTR-4
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By 2008, increase the percentage of Small Business Innovation Research (SBIR) program award recipients who are successful in identifying the resources and/or partners necessary to further the development of their SBIR projects toward commercialization.	Report critical elements to assess advances of each technical assistance program Pilot programs converted to program implementation.	CTR-4
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By FY 2007, improve marketing and management of NIH intellectual property assets by building text mining capability.	Establish an automated computer system to allow for synergistic marketing to potential licensees of groups of technologies held by NIH and non-NIH entities that will identify and market technologies with minimal value if marketed individually.	CTR-5
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By 2012, increase communication efforts and enhance outreach strategies regarding extramural research funding policy, compliance and administration as demonstrated by the type and frequency of communications and related activities.	Complete redesign of NIH's main grants Web sites and improve Web content.	CTR-8
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By FY 2010, enhance NIH's ability to demonstrate benefits resulting from extramural research investments through changes to policy and information systems.	Recognize Multiple Principal Investigators on Research Grants	POI-5

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	NIH	By FY 2010, enhance NIH's ability to demonstrate benefits resulting from extramural research investments through changes to policy and information systems.	Accept Electronic Grant Application through the Grants.Gov Portal Using the 424-R&R dataset.	POI-5
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	SAMHSA	Provide periodic national data on substance abuse and mental illness, associated characteristics, demographics and outcomes	Availability and timeliness of data for National Survey on Drug Use and Health - BG Set-Aside National Data	4.4.01
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	SAMHSA	Provide periodic national data on substance abuse and mental illness, associated characteristics, demographics and outcomes	Availability and timeliness of data for Drug Abuse Warning Network - BG Set-Aside National Data	4.4.02
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	SAMHSA	Provide periodic national data on substance abuse and mental illness, associated characteristics, demographics and outcomes	Availability and timeliness of data for the Drug and Alcohol Services Information System - BG Set-Aside National Data	4.4.03
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	AHRQ	Reduce antibiotic inappropriate use in children between the ages of one and fourteen.	Reduce antibiotic inappropriate use in children between the ages of one and fourteen	4.4.1
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	AHRQ	Reduce congestive heart failure hospital readmission rates in those between 65 and 85 year of age.	Reduce congestive heart failure hospital readmission rates during the first six months in those between 65 and 85 years of age	4.4.2
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	AHRQ	Reduce hospitalization for upper gastrointestinal bleeding in those between 65 and 85 year of age.	Reduce hospitalization for upper gastrointestinal bleeding due to the adverse effects of medication or inappropriate treatment of peptic ulcer disease, in those between 65 and 85 year of age	4.4.3

HHS Strategic Goal 4. Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

HHS Strategic Objective (SO)	Agency	Long-Term Objective	Performance Measure (PM)	PM Unique Identifier
SO 4.4: Communicate and transfer research results into clinical, public health, and human service practice	AHRQ	Reduce hospitalization for upper gastrointestinal bleeding in those between 65 and 85 year of age.	The decreased number of admissions for upper gastrointestinal (GI) bleeding will generate a per year drop in per capita charges for GI bleeding. (Reductions are compared to baseline).	4.4.4