financial reporting beginning in FY 2006. During FY 2006, the Department developed and implemented a plan for conducting assessments of internal controls across the Department and completed the assessments according to plan. The Department is working to correct any internal control deficiencies identified in the assessments.

## Program Performance Overview

HHS manages hundreds of programs that improve the health and well-being of the American public. The Office of the Secretary is responsible for providing overall policy guidance and direction to the components to help achieve the Department's strategic goals. The HHS Strategic Plan encompasses eight strategic goals which cover all HHS activities. The strategic goals, performance goals, and program results reflect the combined commitment and effort of HHS programs, and their state, local, Federal, Tribal and non-government partners. To gauge program effectiveness, HHS uses performance measures as a basis for comparing actual program results with established program performance goals, as required by the Government Performance and Results Act (GPRA). Given the complexity and vast number of programs and measures, HHS, along with OMB's concurrence, focuses on selected programs in this report to illustrate HHS' significant efforts and achievements during FY 2006.

The programs and corresponding measures in this report are presented according to the strategic goal each supports. The Department's FY 2006 Performance Scorecard, presented below, provides a summary of the Department's recent performance results. For FY 2006, the scorecard presents the performance targets, available results, and whether the measure was met, unmet or deferred. For the 35 performance measures highlighted in this report, HHS met 16 targets and deferred 18 targets [unable to report the necessary data until a specified date]. The remaining measure has two targets - one met and one deferred. The scorecard also presents available results for FY 2004 and FY 2005 to show the trend in how the programs have been performing. Analyses of these results and information on data quality can be found in Section II of this report.

**FY 2006 Performance Scorecard**

| Programs | Measures | 2004 | 2005 | 2006 | |
|---|---|---|---|---|---|
| | | Result | Result | Target | Result |
| **Strategic Goal 1- Reduce the major threats to the health and well-being of Americans.** | | | | | |
| 1a - National Immunization Program (CDC) | Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for:<br>4 doses DTaP vaccine,<br>3 doses Hib vaccine,<br>1 dose MMR vaccine,<br>3 doses hepatitis B vaccine,<br>3 doses polio vaccine,<br>1 dose varicella vaccine,<br>4 doses PCV | DTaP 86%;<br>Hib 94%;<br>MMR 93%;<br>Hepatitis B 92%;<br>Polio 92%;<br>Varicella 88%<br>PCV: N/A | DTaP 86%;<br>Hib 94%;<br>MMR 92%;<br>Hepatitis B 93%;<br>Polio 92%;<br>Varicella 88%<br>PCV: N/A | 90% coverage | **Deferred** 8/2007 |
| 1b -HIV/AIDS Prevention (CDC) | Reduce the number of HIV infection cases diagnosed each year among people under 25 years of age. | 2,606 in 25 states; 3,465 in 30 areas | 11/2006 | Overall: 2,420 reported cases in 30 areas | **Deferred** 11/2007 |
| 1b -HIV/AIDS Prevention (CDC) | Decrease the number of perinatally acquired AIDS cases from the 1998 base of 235 cases. | 48 | 11/2006 | <100 cases | **Deferred** 11/2007 |

| FY 2006 Performance Scorecard | | | | | |
|---|---|---|---|---|---|
| Programs | Measures | 2004 | 2005 | 2006 | |
| | | Result | Result | Target | Result |
| 1c - Substance Abuse Prevention and Treatment Block Grant (SAMHSA) | Increase the number of clients served. | 1,875,026 | 10/2007 | 1,983,490 | **Deferred** 10/2008 |
| **Strategic Goal 2- Enhance the ability of the Nation's health care system to effectively respond to terrorism and other public health challenges.** | | | | | |
| 2a - Field Foods Program (FDA) | Perform prior notice import security reviews on food and animal feed line entries considered to be at risk for bioterrorism and/or to present the potential of a significant health risk. | 33,111 | 86,187 | 45,000 | 89,034 **Met** |
| 2b - National Bioterrorism Hospital Preparedness Program (HRSA) | Percent of awardees that have developed plans to address surge capacity. | 89% | 100% | 100% | 100% **Met** |
| 2c - Terrorism Preparedness and Emergency Response Program (CDC)* | 100 percent of state public health agencies improve their capacity to respond to exposure to chemicals or category A agents by annually exercising scalable plans and implementing corrective action plans to minimize any gaps identified. | N/A | 94% of state public health agencies have developed plans for at least one priority agent. | 100% | **Deferred** 12/2006 |
| **Strategic Goal 3- Increase the percentage of the Nation's children's and adults who have access to regular health care services and expand consumer choices.** | | | | | |
| 3a - Health Centers Program (HRSA) | Increase the number of uninsured and underserved persons served by health centers. | 13.1 M | 14.1 M | 14.62 M* | **Deferred** 8/2007 |
| 3a - Health Centers Program (HRSA) | Continue to assure access to preventive and primary care for racial/ethnic minorities. | 63.5% 8.34 M | 63.6% 8.99 M | 64% 9.35 M | **Deferred** 8/2007 |
| 3a - Health Centers Program (HRSA) | Increase the infrastructure of the health center program to support an increase in utilization via: total new or expanded sites. | 129 | 158 | 121 | 122 **Met** |
| 3b Ryan White CARE Act program (HRSA) | Increase by 2% annually, the number of persons who learn their serostatus from Ryan White CARE Act programs. | 553,569 | 02/2007 | 2% over FY 2005 | **Deferred** 2/2008 |

| FY 2006 Performance Scorecard | | | | | |
|---|---|---|---|---|---|
| Programs | Measures | 2004 | 2005 | 2006 | |
| | | Result | Result | Target | Result |
| 3c - National Diabetes Program (IHS) | Increase the proportion of patients with diagnosed diabetes with ideal glycemic control (A1c<7.0). | Diabetes Audit: 34%<br><br>Clinical Reporting System (CRS): 27% | Diabetes Audit: 36%<br><br>CRS: 30% | Diabetes Audit: 36<br><br>CRS: 32%* | Diabetes Audit: **Deferred** 11/2006<br><br>CRS: 31%<br>**Not Met** |
| 3d - Children's Mental Health Services (SAMHSA) | Improve children's outcomes and systems outcomes: Increase percentage of participants with no law enforcement contacts at 6 months.[1] | 67.6% | 68.3% | 68% | **Deferred** 12/2006 |
| 3e - Medicaid/ SCHIP (CMS) | Decrease the number of uninsured children by working with states to enroll children in SCHIP and Medicaid. | +2,300,000 | +1,100,000 or 3.1% | Increase the number of children who are enrolled in regular Medicaid or SCHIP by 3 percent, or approximately 1,000,000 over the previous year. | **Deferred** 3/2007 |
| 3e - Medicaid/ SCHIP (CMS) | Improve health care quality across Medicaid. | Updated timeline to implement recommendations; Identified strategy to improve health delivery/quality; implement recommendations. | Refined strategy; collected 2002 data from 10 states; provide technical assistance. | Collect, on a voluntary basis, 2003 performance measurement data from a minimum of 13 States, and continue to provide technical assistance to States to improve performance measurement calculation and reporting. | Collected data from 13 States and provided technical assistance. **Met** |
| 3e - Medicaid/ SCHIP (CMS) | Improve health care quality across SCHIP. | Refined data submission; produced standard measures; collected 2003 baseline data. | Collected core performance measures; used new automated template to evaluate data; provided technical assistance to States. | Improve reporting by States on core performance measures in order to have at least 25% of States reporting four core performance measures in FY 2005 Annual Report. | At least 25% of States reported four core performance measures in FY 2005 report. **Met** |
| 3f - Medicare (CMS) | Implement the new Medicare Prescription Drug Benefit. | | | | |
| | Percentage of people with Medicare that know that people with Medicare will be offered/are offered prescription drug coverage starting in 2006. | N/A | 47% | 49.4%* | 67% **Met** |

| FY 2006 Performance Scorecard | | | | | |
|---|---|---|---|---|---|
| Programs | Measures | 2004 | 2005 | 2006 | |
| | | Result | Result | Target | Result |
| | Percentage of beneficiaries that know that out-of-pocket costs will vary by the Medicare prescription drug plan. | N/A | 50% | 52.5% | 69% **Met** |
| | Percentage of beneficiaries that know that all Medicare prescription drug plans will not cover the same list of prescription drugs. | N/A | 27% | 28.4% | 50% **Met** |
| | Implement a Part D Claims Data System, oversight system, and contractor management system. | N/A | N/A | Implement a Part D Claims Data System, oversight system, and contractor management system. | Implemented a Claims Data System; Improved oversight reduced call center wait times; and implemented Contractor Management System. **Met** |
| 3f - Medicare (CMS) | Improve satisfaction of Medicare beneficiaries with health care services they receive. | Monitor annual data toward 5-year target. | Medicare Advantage Access to Care: 90%<br><br>Medicare Advantage Specialist: 93% | Develop MMA measures to include in the Medicare Consumer Assessment of Healthcare Providers and Systems survey.* | Survey field tested. **Met** |
| 3g - Medicare Quality Improvement Organizations (CMS) | Protect the health of Medicare beneficiaries age 65 years and older by increasing the percentage of those who receive an annual vaccination for influenza and a lifetime vaccination for pneumococcal. | Influenza: 72.8%<br><br>Pneumococcal: 67.4% | 12/2006<br><br>12/2006 | Influenza vaccination for nursing home subpopulation: 74%<br><br>National pneumococcal vaccination: 69%* | **Deferred** 12/2007<br><br>**Deferred** 12/2007 |
| **Strategic Goal 4- Enhance the capacity and productivity of the Nation's health science research enterprise.** | | | | | |
| 4a - Culturally Appropriate Stroke Prevention Programs for Minority Communities (NIH) | By 2010, identify culturally appropriate, effective stroke prevention programs for nationwide implementation in minority communities. | Established acute stroke care center serving a minority community in Washington, DC metropolitan area. | Established research infrastructure and advisory committees, and hired director for Stroke Prevention and Intervention Research Program. | Establish the infrastructure for a pilot Alaska Native Stroke registry that will facilitate identifying risk factors and strategies to improve stroke prevention and quality of stroke care provided to Alaska Natives. | Established Alaskan Native Stroke Registry, began enrolling patients. **Met** |
| 4b - Treatment for Drug Abuse in Community Settings (NIH) | By 2008, develop and test two new evidence-based treatment approaches for drug abuse in community settings. | Three treatments have been adapted for community-based settings. | The Clinical Trials Network has trained 184 providers (94 more than planned) in Brief Strategy Family Therapy, Motivational Enhancement Treatment, and Seeking Safety, which are being tested in community settings. | Recruitment will be completed of approximately 1000 patients from specialized populations to test the efficacy of community-based treatments. | **Deferred** 2/2007 |

| FY 2006 Performance Scorecard | | | | | |
|---|---|---|---|---|---|
| Programs | Measures | 2004 | 2005 | 2006 | |
| | | Result | Result | Target | Result |
| 4c-Knowledge Base on Chemical Effects in Biological Systems (CEBS) (NIH) | By 2012, develop a knowledge base on chemical effects in biological systems using a systems toxicology or toxicogenomics approach. | CEBS now has a data portal that loads toxicology data. CEBS can import, export, and link molecular expression data to toxicology/ pathology fields. | CEBS versions 1.5 and 1.6 have been made available to the public. These programs provide simple query download capability of global molecular expression and toxicology/pathology data on a select number of studies of chemicals found in the environment and drugs that have an effect on biological systems. | Enhance the CEBS to allow the capture and integration of transcriptomics, proteomics, and toxicologic data for the same compound. | CEBS version 2.0.7 was released and is the first public repository designed to capture, and fully integrate with 'omics data, toxicological, histopathologi-cal and other biological measures. **Met** |
| **Strategic Goal 5- Improve the quality of health care services.** | | | | | |
| 5a - Medical Product Surveillance Network (MedSun) (FDA) | Expand actively participating sites in MedSun Network to 71 percent. | 299 facilities | 354 facilities | 71% | 86% **Met** |
| 5b - Human Drugs Program (FDA) | Percentage of Priority New Drug Applications reviewed within six months. | 96% | 10/2006 | 90% | **Deferred** 10/2007 |
| 5c - Health IT (AHRQ) | By 2014, most Americans will have access to and utilize a Personal Electronic Health Record (EHR). | N/A | AHRQ funded a phased EHR improvement that implemented interoperability with other public/private providers. | AHRQ will partner with one major HHS Operating Division to expand the capabilities of the EHR. | Pursuant to American Health Information Community (AHIC) May 2006 recommendat-ion, AHRQ is collaborating with CMS to support faster development of improved Personal Health Records (PHR). **Met** |
| | | | | The core capabilities and function of the (PHR) will be delineated. | AHRQ is participating fully in the AHIC Consumer Empowerment Workgroup activities to establish the core capabilities of PHRs 2006 is defining key elements of a PHR. **Met** |
| 5d - Prevention Portfolio (AHRQ) 5d - Prevention Portfolio (AHRQ) | Increase the quality and quantity of preventive care delivered in the clinical setting especially focusing on priority populations. | Expert opinions regarding best practices for delivering clinical preventive services obtained through stakeholder meetings and focus groups. Developed Train the Trainer program. | **Cervical Cancer**: % of women (18+) who report having had a Papanicolau smear within the past 3 years – 81.3% **Colorectal Cancer:** - % of men & women (50+) report they ever had a flexible sigmoidoscopy/colonoscopy – 38.9% - % of men & women (50+) who report they had a fecal occult blood test (FOBT) within the past 2 years – 33% **Cardiovascular Disease:** - % of people (18+) who have had blood pressure measured within preceding | Establish baseline for reach of evidence-based preventive services through use of products and tools. | 1) Views and downloads of electronic content: - USPSTF recommendations: 4,242,074 -General Preventive services: 1,621,848 - Preventive Services Selector tool: 13,496 -National Guideline Clearinghouse related to USPSTF recommendations: 359,634 2.) Dissemination of published products: - 2005 Clinical |

| FY 2006 Performance Scorecard | | | | | |
|---|---|---|---|---|---|
| Programs | Measures | 2004 | 2005 | 2006 | |
| | | Result | Result | Target | Result |
| | | | 2 years and can state whether their blood pressure is normal or high – 90.1%<br>- % of adults (18+) receiving cholesterol measurement within 5 years – 67.0%<br>**Cardiovascular Disease and Cancer:**<br>- % of smokers receiving advice to quit smoking – 60.9% | | Guide: 11,021<br>-Consumer products: 352,216<br>-Adult Preventive Care Timeline: 1,819<br>-Journal publications:<br>Pediatrics, 2 publications, circulation 63,000<br>Annals of Internal Medicine, 1 publication, circulation 92,756<br>**Met** |
| | Improve the timeliness and responsive-ness to the United States Preventive Services Task Force. | | **9 recommendations** released<br>**78% current** within National Guideline Clearinghouse standards (reviewed within 5 years)<br>**100% of recommendations** related to Institute of Medicine priority areas for preventive care current within National Guideline Clearinghouse standards.<br>**Develope**d new topic criteria, submission, review, and prioritization processes with new USPSTF topic prioritization workgroup. | Decrease the median time from topic assignment to recommendation release. | Four topics released to date in FY 2006, time from assignment to release ranged from 14 to 30 months, median time 25 months.<br>**Met** |
| 5d - Prevention Portfolio (AHRQ) | Increase the number of partnerships that will adopt and promote evidence-based clinical prevention. | Produced fact sheets<br>Partnered with professional societies and advocacy groups. | **Federal partners** – 8<br>**Non-Federal partners**<br>- 10 Primary Care Organizations<br>- 2 Health Care Delivery Organizations<br>- 1 Consumer Organization<br>- 3 Employer Organizations<br>- Other organizations – 3 | Increase the number of partnerships adopting evidence-based clinical prevention by 5%. | **Federal partners** – 10<br>**Non-Federal partners**<br>- 10 Primary Care Orgs<br>- 2 Health Care Insurance Industry<br>- 2 Consumer Organization<br>- 3 Employer Organizations<br>- 6 Other organizations<br>**Met** |
| **Strategic Goal 6- Improve the economic and social well-being of individuals, families, and communities, especially those in most need.** | | | | | |
| 6a - Temporary Assistance for Needy Families (ACF) | Increase the percentage of adult TANF recipients/former recipients employed in one quarter that were still employed in the next two consecutive quarters. | 59% | 64.8% | 61%* | **Deferred** 10/2007 |
| 6b - Aging Services Program (AoA) | Increase the number of severely disabled clients who receive selected home and community-based services. | 293,500 | 313,362 | 322,522<br>(base + 15%) | **Deferred**<br>2/2007 |

| FY 2006 Performance Scorecard | | | | | |
|---|---|---|---|---|---|
| Programs | Measures | 2004 | 2005 | 2006 | |
| | | Result | Result | Target | Result |
| **Strategic Goal 7- Improve the stability and health development of our Nation's children and youth.** | | | | | |
| 7a - Child Support Enforcement (ACF) | Increase the Title IV-D collection rate (collections on current support/current support owed). | 59% | 11/2006 | 62% | **Deferred** 11/2007 |
| 7b - Child Welfare (ACF) | Increase the adoption rate. [2] | 52,000/ 10% | 51,000/ 9.86% | 9.85% | **Deferred** 10/2007 |
| 7c - Head Start (ACF) | Achieve goal of at least 80 percent of children completing the Head Start program rated by parent as being in excellent or very good health. | 81% | 81% | 80% | **81% Met** |
| Strategic Goal 8: Achieve Excellence in Management Practices. | | | | | |
| 8a - Medicare Integrity Program (CMS) | Reduce the Percentage of Improper Payments Made Under the Medicare Fee-For-Service Program. | 10.1 % | 5.2 % | 5.1 % | 4.4% **Met** |
| 8b - Medicaid and the State Children's Health Insurance Program (SCHIP) (CMS) | Estimate the payment error rate in the Medicaid and SCHIP. | N/A | N/A | Begin to implement error measurement for Medicaid fee-for-service in 17 States. | **Deferred** 9/2007 |
| 8c - Health Care Fraud and Abuse Control Program (HCFAC) (OIG) | Return on Investment (ROI) | $10.5:1 | $11.6:1 | $11.9:1 | $12.9:1 **Met** |

## Unmet Performance Target

HHS met the targets for all but one measure for which FY 2006 data was available. Measure 3c, from National Diabetes Program of the Indian Health Service, aims to increase the proportion of American Indian and Alaska Native patients demonstrating ideal glycemic control to 32 percent in FY 2006, as measured by the Clinical Reporting System (CRS). Although IHS did not meet the glycemic control indicator based on the CRS data, it did achieve a rate of 31 percent, a one percentage point improvement over the FY 2005 level. Meeting this target requires costly drug treatment and monitoring as well as patient compliance. Because this rate reflects patient health status rather than the provision of a specific procedure or screening, it is more costly and difficult to affect improvement within a short time frame. However, over a longer period of time, the agency has sustained improvement, increasing the proportion of patients in ideal control by six percentage point since 2002.

### Program Performance and Measurement Challenges

*External Factors Affecting Performance:* HHS continuously works to improve its performance across all of its programs. External factors and influences beyond HHS' control affect achievement of the Department's strategic goals and objectives. These factors introduce risks and uncertainties into the Department's planning environment and pose challenges that may be difficult to overcome. State and local governments are major partners of the Department, both in determining health and social service funding levels and program implementation Even during the best of economic times, the competition between health and social services, and other priorities, for limited public funds affects the achievement of HHS' long-term goals. Similarly, social trends, reflecting individuals' daily decisions, have significant influence on the overall health and welfare of the Nation.

*Measurement Challenges:* For a large, diverse organization like HHS that works to accomplish its mission indirectly—in partnership with and by assisting others—performance measurement is challenging. HHS programs collect data through several entities including state and local governments, nonprofit and faith-based organizations, and universities and research institutions. Several HHS programs rely on third parties for data collection and reporting, which can result in performance data availability lags. In addition, not all HHS performance data are collected or available annually. The Department seeks continuous improvement in its selection of goals and in policies and procedures for collecting and reporting program performance data so that managers and other decision makers can rely on them. However, each program must consider the costs and benefits of gathering and managing such information. Changes take time to implement and reporting requirements can impose considerable burdens on staff, partners, beneficiaries and regulated entities.

### Data Collection, Review and Validity

HHS has a multi-level approach to assuring the quality of performance information reported in the PAR. The majority of measures use data either from statistical surveys or grantee reports. For grantee reports, the Department has assigned to the components the task of ensuring the reliability of information received from grantees. The Department expects components to maintain the validity of surveys they conduct. (HHS also has a Data Council that is responsible for overall review of the quality and usefulness of data from HHS surveys.) Within the components, both the central offices and the program offices review data for completeness and consistency with past data and changes that could be expected to affect measured outcomes and outputs. In the HHS Office of Budget, staff review and update performance data submitted by HHS components. The FY 2007 Performance Budget and the FY 2006 HHS Annual Plan are used to reference and review the data submitted by the components to ensure consistency and completeness in reporting. Analysts in the Office of Budget complete a checklist to make sure that reporting is consistent throughout these documents and the supporting documentation such as component websites display accurate and current data.