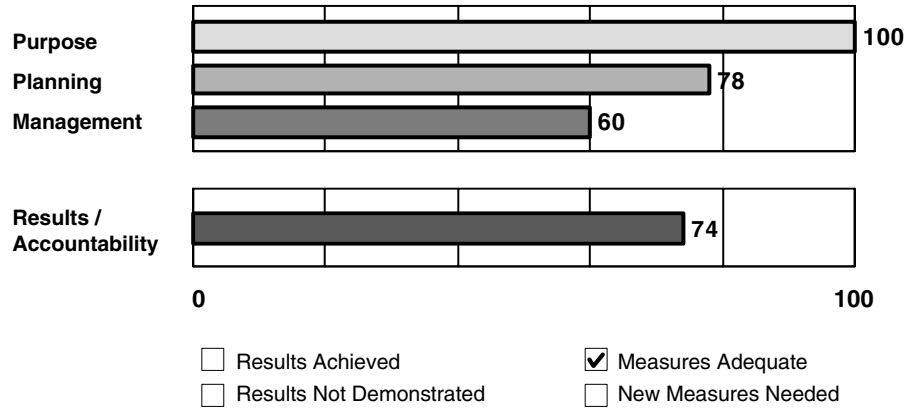


Program: IHS Federally-Administered Activities

Agency: Department of Health and Human Services

Bureau: Indian Health Services



Key Performance Measures

Year Target Actual

Measure	Year	Target	Actual
Long-term Measure: Years of Productive Life lost in American Indian/Alaska Native population (New measure, target will be developed by October 2003)			
Long-term Measure: Obesity rate in American Indian/Alaska Native children (ages 2-5) (New measure, target will be developed by October 2003)			
Annual Measure: Unintentional injury mortality rate in American Indian/Alaska Native population	1998		94.7
	1999	95.8	95.5
	2002	95.8	
	2004	95.8	

Rating: Moderately Effective

Program Type: Direct Federal

Program Summary:

The Indian Health Service provides health care to the American Indian/Alaska Native population through direct care, contracts, and grants to Tribal and Urban Indian health programs.

The assessment indicates:

1. The overall purpose of the program is clear and unique.
2. The program is successful in meeting the majority of its annual goals and has adopted new long-term goals and established ambitious targets. Even though the measure is new, historical performance data is available to demonstrate the Years of Productive Life Lost rate was reduced by 50 percent from 1973 to 1995 and 19 percent from 1987 through 1998.
3. The program's efficiency and cost effectiveness is demonstrated by the following: a) achieved approximately \$182.5 million in savings in contract health services funds in 2001 as a result of rate agreements with frequently contracted providers; b) met its performance goals with a net reduction in staff (592) from 1993-2001 while outpatient visits increased by 50 percent over this same time period; and c) compared favorably on the health common measures exercise with Community Health Centers, and Department of Defense and Veterans Affairs health systems.
4. The program uses performance information to manage, however, activities are grouped under broad categories rather than a cost accounting link for each specific activity.
5. Audited financial statements for the past five years contain material weaknesses with respect to the timeliness of preparation, analysis and reconciliation of financial statements.

In response to these findings, the Administration will:

1. Include \$25 million in the 2004 Budget to fund staffing and related operating costs for new facilities.
2. Propose a \$25 million increase above the 2003 Budget for contract health services to reduce the number of denied claims due to exhaustion of funds.
3. Support continuation of, and a \$50 million increase in, annual mandatory funding for the Special Diabetes Program for Indians for demonstrated performance improvements.
4. Develop baselines and targets for new measures.

Program Funding Level (in millions of dollars)

<u>2002 Actual</u>	<u>2003 Estimate</u>	<u>2004 Estimate</u>
2,120	2,183	2,232