

OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE
 FY 2009 ONLINE PERFORMANCE APPENDIX

ASPR’s mission – to lead the Nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters – and its vision – a Nation prepared to prevent, respond to and reduce the adverse health effects of public health emergencies and disasters – reflect the essential role ASPR plays within the Nation’s public health preparedness and emergency response arena. ASPR focuses its efforts on promoting community preparedness and prevention; building public health partnerships with federal departments and agencies, academic institutions and private sector partners; and coordinating federal public health and medical response capability.

Measures and Results Summary Table

| FY | Measures | Total Reported | | Total Met | Total Not Met | | % Met |
|------|---------------|------------------|------------|-----------|---------------|---------------|-------|
| | Total in Plan | Results Reported | % Reported | Met | Improved | Total Not Met | |
| 2006 | 10 | 10 | 100 | 7 | 3 | 1 | 70 |
| 2007 | 8 | 7 | 88 | 5 | 2 | 0 | 71 |
| 2008 | 10 | 6 | 60 | 1 | 5 | N/A | 17 |
| 2009 | 9 | N/A | N/A | N/A | N/A | N/A | N/A |

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|---|---|----------------|----------------|---------|--------|--|---|---|--|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: Improve DHHS response assets to support municipalities and States. | | | | | | | | | |
| 2.4.1 | Improve ESF #8 preparedness planning and response capability. | n/a | n/a | n/a | n/a | Develop threat-based response plans; continue to assess the Department's ability to respond to scenarios and actual events; respond to public health and medical threats and emergencies; participate in exercises (e.g. TOPOFF). Develop capacity for, interoperable communications between field elements and headquarters. Coordinate expansion of FMS. Build cadre of surge personnel with specialized skills. Sustain and enhance monitoring and medical management of a radiological/nuclear public health emergency. Continue development of operational playbooks for each of the National Planning Scenarios. Transfer NDMS to HHS. | 9 operational playbooks written. Responded to Hurricane Dean. Executed COOP exercise in conjunction with "Pinnacle 2007". Provided ICS training to IRCT. Implementing a national surge bed reporting system (HAVBED). Identified 159 respiratory therapists who could deploy. Launched the Radiation Event Medical Management (REMM) website NDMS was transferred successfully teams have been successfully deployed. Target met. | Continue to develop and revise existing threat-based response plans. Continue to train personnel to lead ESF #8 planning and response. Conduct regional site-specific surveys to determine availability of assets to be utilized in a response. Develop capacity for interoperable communications between field elements and headquarters. Develop web-based training modules. Train human services assessment teams. Coordinate expansion of FMS. Sustain and expand the cadre of surge personnel with specialized skills. | Fully define public health and medical capability areas. Begin to develop interagency response framework guidelines by capability area. Enhance situational awareness within SOC. Provide materiel readiness to ASPR domestic deployable medical capability. Enhance development of regional readiness capability. Exercise ability to deploy HHS command and control, medical shelter and initial triage/emergency capabilities. Exercise COOP far and near site functionality. |

Performance Report:

In FY 2007, ASPR successfully responded to tropical storms, food safety concerns, national security special events, threats and exercises. These responses have provided ASPR and HHS the opportunity to strengthen their situational awareness, analysis, and decision support capabilities and mature their response management. ASPR is building its ability to manage information by mapping out the existing information management processes between its internal and external stakeholders and by improving the definition of the Department's core capabilities to ensure essential elements of information are collected. ASPR is building a regional response capability by consolidating warehousing and equipment/supply caches within the regions. ASPR is establishing a readiness system to further develop mechanisms to improve its readiness program. Additionally, these responses have provided ASPR and HHS the opportunity to test many Departmental and national plans, including the National Response Plan (NRP), the National Incident Management System (NIMS), the HHS Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS), the HHS Emergency Management Group (EMG) System Description, and the Incident Response Coordination Team (IRCT) System Description; and make necessary revisions in order to expand the capabilities of the Department to respond. ASPR also successfully executed a Continuity of Operations (COOP) exercise in conjunction with "Pinnacle 2007" as well as classified Continuity of Government (COG) exercises, demonstrating the ability to carry out essential functions at remote locations. The lessons learned from these operations and exercises allow HHS and ASPR to continuously improve response capabilities. Over 15 Senior Health Officials have been identified and are being trained to support field command and control during large-scale events. Five additional Senior Health Officials have been identified for pandemic influenza, and they are being trained to support field command and control during large-scale events. The number of regional emergency coordinators has tripled with the return of NDMS to HHS, and they are enhancing situational awareness through a more structured process of reporting events that occur in the regions to the Secretary's Operations Center (SOC).

The SOC has completed the technical implementation plan for the Hospital Available Beds in Emergencies and Disasters (HAVBED) system which allows states to report available beds and ASPR is working to develop the deployment concept of operations. The SOC is also working with the radiological subject matter experts on the "MEDMAP project" to identify triage locations that would be implemented in a nuclear event. A fusion cell is being created to promote integration across these various situational awareness systems. Training modules are being developed for the IRCT. All previously written planning playbooks were updated and additional playbooks were written. HHS conducted and participated in a number of interagency and internal exercises. The regional emergency coordinators participated in preparedness planning in all ten HHS Regions, with a focus on Region VI for hurricane planning. The SOC has outlined its information management plan, has enhanced WebEOC (the information management system selected to serve as the HHS response information management tool) and developed a portal to provide better visibility of all Emergency Support Function (ESF) #8 response actions across the interagency. The IRCTs have been enhanced at the regional level. Training has been conducted and standard operating procedures for the IRCTs are into final development. Training exercises for the EMG as well as EMG activations have been performed. These activations have included liaisons from the local, state, and federal levels. Regional

emergency coordinators have been actively engaged with all 50 States in their preparedness planning.

In FY 2007, ASPR continued to build mass casualty care capability by developing threat-based operational plans, building surge bed capabilities, establishing logistics mechanisms for rapidly deploying federal and civilian medical personnel and medical materiel, and developing subject matter expertise both within HHS and in the community. ASPR has continued to develop operational playbooks for the national planning scenarios. The playbooks describe how HHS would allocate federal public health and medical assets and coordinate with its ESF #8 partners in response to these disasters. Eight playbooks based on the National Planning Scenarios were completed (hurricane, pandemic influenza, improvised nuclear device, anthrax, plague, chlorine, earthquake, conventional explosives) by the end of FY 2007. There is also a playbook for smallpox. In FY 2008, ASPR completed the ninth playbook based on the National Planning Scenarios on radiological dispersal device; and two additional operational playbooks are under development (blister agents and botulinum toxin). Five additional ones are planned. Web-based training is being developed for two of the highest priority playbooks, hurricanes and pandemic influenza. Tabletop exercises will follow the training so the playbooks can be updated based on the lessons observed in the exercise. The same process will be used for all of the playbooks as they are developed.

ASPR is also building a cadre of surge personnel with specialized skills anticipated to be in short supply during disasters. For example, ASPR developed a Burn Nurse Training Program that has trained approximately 200 Public Health Service Registered Nurses in Advanced Burn Life Support. Current initiatives are providing clinical rotations for the nurses at burn centers. The web-based training program on the Strategic National Stockpile (SNS) ventilators is nearing completion.

The Radiation Event Medical Management (REMM) knowledge system was completed and made available to the public via the National Library of Medicine website. The feedback from clinicians has been extremely positive. The system is being constantly updated and will be adapted so it can be made available on personal data assistants. ASPR has worked with the National Marrow Donor Program and National Cancer Institute Comprehensive Cancer Centers to create the Radiation Injury Treatment Network (RITN). RITN will provide surge medical care, assistance with medical algorithms for victim management and hands-on clinicians to manage victims on a nation-wide basis.

Working with CDC, Federal Medical Stations (FMS) development has resulted in having 20 FMS (5000 beds) operationally ready for deployment. Go bags have been completed for use in the FMS program and the formulary for the FMS program has undergone revision based on a formulary working group recommendation.

In FY 2007, NDMS was transferred successfully to ASPR from DHS/FEMA. The transfer included over 9,000 intermittent federal employees within NDMS. Teams have been successfully deployed to a variety of missions, including the Ford State Funeral. The NDMS Training Summit was held in Nashville, TN in March 2007. Field training has been conducted by a number of teams. Equipment caches have been inventoried. An electronic health record

has been developed and was pilot tested and deployed during the California Wild Fires of 2007. Patient information data was successfully transmitted to the NDMS central repository in Washington. A demographic report was generated within minutes and transmitted back to the Incident Response Coordination Team (IRCT) and the Secretary's Operations Center (SOC) Emergency Management Group (EMG) for up to the minute situational awareness. This effort represents a 90% reduction in time for data availability based on the traditional paper-based record with 10-14 day collection, analysis, and reporting process.

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|---|---|----------------|----------------|---------|--------|---------|---|----------------|----------------|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: Enhance State and Local Preparedness | | | | | | | | | |
| 2.4.2 | Improve surge capacity and enhance community and hospital preparedness for public health emergencies through: | | | | | | Progress made. | | |
| a. | % of States demonstrating ability to report hospital bed data | n/a | n/a | n/a | n/a | 50% | 04/2009 | 60% | 80% |
| b. | % of States demonstrating use of Interoperable Communications Systems | n/a | n/a | n/a | n/a | 50% | 04/2009 | 60% | 80% |
| c. | % of States demonstrating development of Fatality Management Plans | n/a | n/a | n/a | n/a | 50% | 04/2009 | 60% | 80% |
| d. | % of States demonstrating development of Hospital Evacuation Plans | n/a | n/a | n/a | n/a | 50% | 04/2009 | 60% | 80% |
| e. | % of States will demonstrate development of fully operational and compliant ESAR-VHP programs | n/a | n/a | n/a | n/a | 50% | Sixty percent (60%) of States and U.S. Territories have operational ESAR-VHP systems, including 80% of the top ten population states. | 60% | 80% |

Performance Report:

The Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA) transferred responsibility for the Hospital Preparedness Program from HRSA to ASPR. Consistent with the legislation, the program is working to develop stronger state and regional partnerships to improve overall surge capacity and capability and enhance hospital preparedness. The program's focus is on strengthening the capability of hospitals and healthcare systems to plan, respond to and recover from all hazard events. These capabilities include but are not limited to interoperable communications, bed and resource tracking systems, development and operation of ESAR-VHP

systems, fatality management planning, evacuation planning, and supporting training and exercises to promote seamless preparedness integration across the local, state, regional and federal tiers of health care asset management. The program also supports the activities of the Critical Infrastructure Protection program for the Healthcare and Public Health Sector in meeting the requirements of the National Infrastructure Protection Program (NIPP) in building partnerships with local, state, and regional stakeholders under the NIPP framework.

A Program Assessment Rating Tool (PART) review of the program was conducted for the FY 2005 budget. The program received a rating of “Results Not Demonstrated.” The assessment indicated that the program had not yet demonstrated results due to its relative newness and the inherent difficulty in measuring preparedness for events that do not regularly occur. Performance measures focusing on the implementation of various aspects of awardees’ plans to address surge capacity were initially developed during the FY 2005 PART review, but they no longer reflect the evolution of the program and the elements identified in the National Preparedness Goal that involve increasing medical surge capacity. The program is currently in the process of developing new evidence-based measures that reflect the requirements of PAHPA, which will provide a more accurate picture of the direction and focus of current and future proposed preparedness efforts.

In FY 2007, ASPR competitively awarded \$18.1 million to Healthcare Facilities Partnerships for the purposes of improving surge capacity and enhancing community and hospital preparedness for public health emergencies in defined geographic areas. The projects focused on innovative processes that could be replicated across the country in the areas of: enhanced situational awareness of capabilities and assets that partnership entities possess and can bring to bear during a response; advanced planning and exercising of plans that address common risks and vulnerabilities and consequences in a defined geographic area; fostering the development of Medical Mutual Aid agreements among partnership entities insuring the inclusion of public health, emergency management and private sector partners; and developing and strengthening relationships between and among partnership entities, traditional first response agencies, public health and other response partners prior to disasters and emergencies so that during these kinds of events response and recovery activities happen in an expedited coordinated manner.

In FY 2007, ASPR also competitively awarded \$25 million to Healthcare Facilities Emergency Care Partnerships. The projects focused on: helping integrate public and private emergency care system capabilities with public health and other first responder systems through periodic preparedness and response capabilities evaluation via drills and exercises; and integrating public and private sector public health and medical donations and volunteers; improving the efficiency, effectiveness and expandability of emergency care systems and overall preparedness and response capabilities in hospitals, other health care facilities (including mental health and long-term care facilities), and trauma care and emergency medical service systems, with respect to public health emergencies; or developing plans for strengthening public health emergency medical management, and the provision of emergency care and treatment capabilities.

PAHPA also transferred responsibility for the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program from HRSA to ASPR. The ESAR-VHP program is a companion to the Hospital Preparedness Program. The purpose of the program is to facilitate the use of volunteers at all tiers of response (local, regional, state, interstate, and federal). The ESAR-VHP program has been working to establish a national network of state-based programs that manage the information needed to effectively use health professional volunteers in an emergency. It provides states with standardized guidance for volunteer recruitment, registration, credential verification, classification according to verified professional credentials, legal and regulatory issues, and policies for the use of volunteers. The program also provides technical assistance to the States in all of these areas.

In FY 2007, the ESAR-VHP revised its national compliance requirements and provided significant assistance to continue to increase the number of operational state systems and enhance the capability of those state systems already in place. Currently thirty seven (37) jurisdictions have operational ESAR-VHP systems, including 80% of the top ten population states. These jurisdictions are continuing to develop fully operational and compliant ESAR-VHP programs. Other high population states and localities have developed registered volunteer capacity, while they continue to develop their electronic systems. The remaining states and territories have plans to become fully operational. ASPR/ESAR-VHP and four states exercised the states' ability to roster their volunteers to participate as part of a federal ESF #8 response. The exercise was successful in that states were able to provide greater than 70% of the requested resources, except activities listed for physicians. Lessons learned are being developed into corrective action plans and incorporated into planning for the 2008 hurricane season.

In FY 2008, the program will finalize its national compliance requirements and issue the 3rd version of the ESAR-VHP Technical and Policy Guidelines, Standards, and Definitions: System Development Tools (Guidelines). The Guidelines will provide the technical information that states need to develop systems capable of registering a wide range of health volunteers, verify their credentials and qualifications, and assign volunteers to one of four credential levels. Included are new and interim standards for 20 healthcare profession occupations. ASPR/ESAR-VHP and additional states will exercise the states' ability to roster their volunteers to participate as part of a federal ESF #8 response.

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|---|--|----------------|---|--------------------------|--------------------------|---------------------------|---------|---------------------------|---------------------------|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: Enhance State and Local Preparedness | | | | | | | | | |
| 2.4.3 | Increase the ratio of preparedness exercises and drills per total program (<i>Coop. Agreement</i>) dollar by 50% each year. (Approved by OMB.) | n/a | .000004482 (baseline) or 4.48 per million dollars | 6.72 per million dollars | 14.4 per million dollars | 10.08 per million dollars | 04/2009 | 15.13 per million dollars | 22.69 per million dollars |

Performance Report:

Drills and exercises serve to assess the summation of all of the factors contributing to preparedness. A drill is a coordinated, supervised activity employed to test a single specific operation. An exercise is a planned activity designed to practice planning, response and recovery capabilities in a risk free environment in the effort to assess and improve performance. Both function as mechanisms that prepare hospitals and their supporting health care systems and/or partners, to respond to victims of terrorism and other public health emergencies. The efforts associated with conducting drills and exercises and implementing any related performance improvements are costly in terms of time and resources. The theory behind the measure is that, as grantees become more efficient and effective, they will conduct more drills and exercises per federal dollar spent. The baseline has been amended from .0000423 to .000004482 as a result of a recent data consistency check, which revealed a likely typographical error in entering the number of decimal places as well as a small upward adjustment in the number of exercises due to a late data submission. The ratio for FY 2006 is .0000144, which exceeds the target of .000006723 exercises per dollar, or 6.72 per million dollars. To make the data more meaningful, as well as easier to report correctly, ASPR has changed the scale of the measure, and has started reporting exercises per million dollars, in lieu of exercises per dollar.

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|--|--|----------------|----------------|---------|--------|---------|--------|---|---|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: 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. | | | | | | | | | |
| 2.4.4 | Obtain sufficient evidence for the safety, efficacy and product characteristics of candidate medical countermeasures for priority chemical, biological, radiological and nuclear agents to accelerate their potential for procurement under Project BioShield. | n/a | n/a | n/a | n/a | n/a | n/a | Issue BAAs, RFPs or other FAR-sanctioned notices for advanced development of top priority MCM for CBRN threats in accordance with the PHEMCE Implementation Plan. Award contracts with product developers responsive to USG requirements. Obtain data on usefulness of broad spectrum antibiotics against bacterial threat agents identified by DHS Material Threat Determinations. Demonstrate technology for increased stability of protein-based vaccines. Accomplish stability studies and consistency lot manufacturing of a candidate rPA vaccine. Identify potential novel candidate medical countermeasures for acute radiation syndrome. | Demonstrate feasibility of improvements in medical countermeasures for exposure to chemical nerve agent. Provide sufficient data on smallpox antiviral drug to support potential Project BioShield acquisition. Demonstrate proof of principle for a filovirus antiviral drug. Evaluate usefulness of new anthrax therapeutic antibodies. Demonstrate potential for usefulness of new or existing drugs or biologics for treatment of acute radiation syndrome. |

Performance Report/Baseline Information:

Biological threats: In FY 2007, advanced development dollars were used by BARDA in coordination with NIH and CDC to provide support for the development of HHS PHEMCE top priority medical countermeasures including; anthrax therapeutics and vaccines, broad spectrum antibiotics, and smallpox antivirals.

Radiological/nuclear threats: In FY 2007, advanced development dollars were used by BARDA in coordination with NIH to support development of an oral formulation of the chelating agent DTPA and to begin development of Good Laboratory Practices (GLP) facilities needed for advanced development and FDA approval under the Animal Rule of multiple medical countermeasures for radiological/nuclear threats. DTPA is used to protect against transuranic radioactive particles such as plutonium, americium, and curium. The SNS currently holds more than 450,000 doses of an injectable form of DTPA acquired through Project BioShield in 2006. The new oral formulation of this countermeasure would be simpler to distribute and utilize after an event. GLP facilities are needed to support advanced development through FDA licensure or approval of radiological/nuclear medical countermeasures including chelating agents such as the oral DTPA formulation and of drugs being developed to address the acute radiation syndrome (ARS, also known as radiation sickness) associated with a nuclear event.

Chemical threats: In FY 2007, advanced development funding was used by BARDA in coordination with NIH to develop the improved anticonvulsant Midazolam for volatile nerve agents. Midazolam is being developed as a more potent and faster acting antidote for nerve-agent induced seizures than the anticonvulsant Diazepam currently in the forward deployed CHEMPACK program that is part of the Strategic National Stockpile.

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|--|--|----------------|----------------|---|---|---|--|---|---|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: 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. | | | | | | | | | |
| 2.4.5 | Deliver licensed, licensable and approvable top priority medical countermeasures for chemical, biological, radiological and nuclear threats. | n/a | n/a | Complete delivery of the 1 st 5M doses of Anthrax (AVA) vaccine to the SNS, begin delivery of the 2 nd 5M doses of AVA; complete delivery of the 1 st 1.3M bottles of pediatric KI delivered to the SNS; begin delivery of 2 nd 2.3M bottles of Pediatric KI to the SNS; complete delivery of Ca- and Zn-DTPA to SNS. Modify rPA anthrax vaccine contract to acknowledge delay in delivery of vaccine to SNS. | Targets met for AVA, pediatric KI and DTPA. Target not met for rPA anthrax vaccine due to development delays. | Complete delivery of 2 nd 5M doses of AVA; complete delivery of 2 nd 2.3M bottles of pediatric KI to SNS; initiate begin delivery of anthrax immune globulin to the SNS; delivery of additional botulinum antitoxin to the SNS. | Delivery of the 2 nd acquisition of 5M doses of AVA to the SNS and 3.1M bottles of pediatric KI were completed. Contract was awarded for 20M doses of a next-generation smallpox vaccine Modified Vaccinia Ankara (MVA) smallpox vaccine and 18.75 million doses of AVA. Deliveries of AIG and H-BAT to SNS were initiated. Target met. | Issue RFPs for needed products in accordance with the <i>PHEMCE Strategy</i> and <i>PHEMCE Implementation Plan</i> . Modified Vaccinia Ankara (MVA) smallpox vaccine - begin delivery to the SNS. Botulism antitoxin: continue delivery to the SNS. Anthrax Therapeutics: AIG: continue delivery to the SNS. ABthrax: begin delivery to the SNS. rPA : Award contract for acquisition ARS: Award contract for acquisition | Initiate pivotal clinical trials for licensure of the Modified Vaccinia Ankara smallpox vaccine. Support licensure of botulinum antitoxin, a MCM for botulism. Submit data to FDA in support of licensure for anthrax therapeutics. |

Performance Report:

In FY 2007, deliveries of the 2nd procurement of 5 million doses of the currently licensed anthrax vaccine (AVA) and 3.1 million bottles of pediatric potassium iodide (KI) were completed. Deliveries of Heptavalent Botulism Antitoxin (H-BAT) and Anthrax Immune Globulin (AIG) to the SNS were initiated. In June 2007, a Project BioShield contract was awarded for 20 million doses of a next-generation smallpox vaccine Modified Vaccinia Ankara (MVA) to protect 10 million immunocompromised persons. This contract uses the original Project BioShield 10% advance payment provision as well as the milestone payment authorities provided by PAHPA. In September 2007, a contract was awarded for 18.75 million doses of AVA anthrax vaccine.

Contracts for AVA anthrax vaccine and pediatric KI were awarded in 2005 and the products have been delivered to the SNS (5 million AVA doses and 1.7 million bottles of pediatric KI). Also in FY 2005, a contract was awarded for a next generation anthrax vaccine (rPA) with an original delivery target in FY 2007. This contract was terminated in December 2006 because a critical milestone could not be met by the company. Despite the decision to terminate the contract, HHS remains committed to developing a next-generation rPA anthrax vaccine for the SNS and has continued to vigorously pursue an anthrax vaccine acquisition strategy under the BioShield program as demonstrated by the Sources Sought Notice released in May 2007 (SS-DHHS-BARDA-07-01). In FY 2006 a contract was awarded for calcium and zinc DTPA, chelating agents that remove radioactive particulates from the body, and over 474,000 doses have been delivered to the SNS. Existing contracts were also modified in FY 2006 to purchase an additional 5 million doses of AVA and 3.1 million bottles of the pediatric formulation of KI; delivery of these products has been completed. The following contracts were also awarded under Project BioShield in FY 2006:

- Anthrax therapeutic – 10,000 treatment courses of Anthrax Immune Globulin
- Anthrax therapeutic – 20,000 treatment course of a monoclonal antibody, ABthrax
- Botulism antitoxin – 200,000 treatment courses of an equine plasma-derived heptavalent botulism antitoxin.

These three acquisition contracts all involve late-stage development, and it is anticipated that they will be delivered to the SNS in advance of licensure/approval upon demonstration of sufficient evidence of utility to enable their use in a public health emergency. In FY 2006, HHS also issued a Request for Proposals (RFP) for medical countermeasures to treat the neutropenia associated with Acute Radiation Syndrome (ARS). Although this RFP was cancelled in FY 2007 due to the determination that no competing offeror possessed a product that met USG requirements that was mature enough for a BioShield acquisition, HHS remains committed to purchasing products to respond to radiological and nuclear threats.

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|--|--|----------------|----------------|---------|--------|--|---|--|--|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: Mitigate the adverse public health effects of a terrorist attack. | | | | | | | | | |
| 2.4.6 | Coordinate and facilitate development of international preparedness and response capabilities. | n/a | n/a | n/a | n/a | Leverage global partnerships to increase preparedness and response capabilities around the world with the intent of stopping, slowing or otherwise limiting the spread of a pandemic to the United States. | Progress made through agreements with the WHO, Ministries of Health and other international entities, and by leveraging global partnerships. Also, U.S. and members of the GHSI continue to undertake collaborative efforts in preparing for CBRN threats and pandemic influenza. Continued developing and implementing disease detection capabilities through a collaborative program with U.S. border states. Target met. | Continue support of global partnerships. Assess progress of countries/regions in early detection reporting surveillance and response. Continue support of the WHO early warning and response activity; continue the U.S. Mexico and Canada border activities. Continue to decrease the time needed to identify causes, risk factors, and appropriate interventions needed. | Continue to improve cross-border public health early warning and situational awareness capability by decreasing the time needed to identify health events that could result from terrorism or naturally-occurring events, in partnership with other federal, state, regional, local and tribal health agencies along the U.S. northern and southern borders and across the international border with neighboring jurisdictions in Canada and México. |

Performance Report:

Progress has been made toward the FY 2007 performance target for expanding worldwide surveillance through agreements with the WHO, with Ministries of Health and other international entities, and by leveraging global partnerships to increase preparedness and response capabilities around the world. Additionally, the U.S. and members of the Global Health Security Initiative (GHSI) continue to undertake collaborative efforts to plan and share their experiences and lessons learned in preparing for chemical, biological, radiological and nuclear (CBRN) threats and pandemic influenza. Among many other policy initiatives, these countries have also shared information on their preparations for a possible influenza pandemic, and are updating their respective list of threats to their countries.

In FY 2007, ASPR supported international early warning surveillance efforts through collaborative partnerships and cooperative agreements. In Latin America, ASPR developed and sponsored training and education programs of healthcare workers in the prevention of and response to public health emergencies such as pandemic influenza and other emerging infectious diseases. Moreover, in Asia, ASPR has undertaken a number of disease surveillance programs focusing on acute respiratory infections, of both viral and bacterial origin. Most of these research and surveillance programs are being carried out in Vietnam, Cambodia, Laos, and Bangladesh.

Recently created projects with NGOs have helped build pandemic influenza surveillance and laboratory diagnostic and outbreak containment capacity in Cambodia, Laos, Vietnam, and Bangladesh during this past year, and these efforts will continue in the upcoming year. A number of sentinel surveillance sites have been established at hospitals to detect and report unusual cases of respiratory infections. In the Southeast Asian countries, HHS' agreement with Institute Pasteur is supporting special additional efforts targeted at the cross-over risks for pandemic influenza between animal and human populations.

Through a global project initiative with the World Health Organization, six contracts have been issued with vaccine producers in six developing countries, to help establish their ability to quickly manufacture a pandemic influenza vaccine in the event of a pandemic outbreak.

ASPR also provided funding to 20 States to provide rapid and effective laboratory confirmation of urgent infectious disease case reports in the border regions of Mexico and Canada. A conference was organized and convened in March 2007 by HHS with nearly 200 representatives from the U.S., Mexico and Canada attending.

ASPR also continued developing and implementing a collaborative program with U.S. and Mexican states and Canadian provinces immediately across the U.S. international border to enhance disease detection capabilities. ASPR efforts are helping improve the rapid detection, identification, and reporting of infectious disease outbreaks associated with potential bio-terror agents or other emerging infectious diseases.

In FY 2008, progress continues to be made in building the pandemic influenza preparedness capacity of the Gorgas Institute for Panama and Central America by establishing bio-safety

level-3 laboratory capabilities and an active surveillance sentinel network in major health care facilities. In addition, the Gorgas Institute's Regional Health Care Training Center continues to offer capacity-building medical and public health education to Latin America health care workers in pandemic influenza preparedness and response. Institute Pasteur continues to undertake surveillance response and training capacity building activities. Furthermore, HHS and WHO continue to support the implementation of six vaccine production capacity building efforts in six developing countries.

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|--|--|----------------|----------------|---------|--------|---------|--------|--|--|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: Mitigate the adverse public health effects of a terrorist attack. | | | | | | | | | |
| 2.4.7 | Provide medical, scientific, and public health subject matter expertise. | n/a | n/a | n/a | n/a | n/a | n/a | Conduct two annual meetings of the National Biodefense Science Board. Participate on working groups. Identify and engage with subject matter experts. Draft policy options papers and reports. | Conduct two annual meetings of the National Biodefense Science Board. Participate on working groups. Identify and engage with subject matter experts. Draft policy options papers and reports. |

Performance Report/Baseline Information:

Progress has been made towards the FY 2008 target. The inaugural meeting of the National Biodefense Science Board (NBSB) occurred on December 17th and 18th at the Ronald Reagan Building and International Trade Center in Washington, DC. The Board, established as part of the Pandemic and All-Hazards Preparedness Act of 2006, is comprised of 13 individuals selected from among the Nation's preeminent scientific, public health, and medical experts. The Board will provide independent advice and guidance on scientific, technical and other matters regarding naturally occurring, accidental, or deliberate incidents involving chemical, biological, radiological, and nuclear agents (CBRN). In addition to the 13 voting members, 21 *ex officio* representatives from across the federal government were appointed to the Board. At the close of the meeting, the Board voted to establish four working groups. The working groups will examine the current state of pandemic influenza research efforts; conduct an overview of the U.S. government's research portfolio of medical countermeasure and biosurveillance efforts; consider efforts to address and strengthen the medical countermeasure marketplace; and explore the development of an integrated disaster medicine framework.

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|---|---|----------------|----------------|---------|--------|---|--|---|--|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: Improve DHHS response assets to support municipalities and States. | | | | | | | | | |
| 2.4.8 | Improve strategic communications effectiveness. | n/a | n/a | n/a | n/a | Continue development and distribution of emergency and crisis risk communications packages. Publish and begin distribution of reporter's field guide on terrorism and other public health emergencies. Complete Public Health Emergency Response: A Guide for Leaders and Responders publication. Update and create public health emergency-related radio public service announcements . Continue outreach efforts to inform news media and public health community of all the above initiatives. Create new video assets and programs to support communication efforts during times of emergency.. | Completed and began distribution of Public Health Emergency Response: A Guide for Leaders and Responders publication. Created radio PSA in support of CA fires (others). Developing emergency preparedness webcasts, video programs and b-roll to prepare for, and in time of emergency. Expanding collaboration on crisis and emergency risk communications to include federal partners, the National Public Health Information Coalition of state and local public health communicators, North American partners Canada and Mexico, and entire international health community via WHO. Target met. | Increase communication with ASPR employees. Improve awareness of ASPR within HHS and with external stakeholders. Increase participation and presentation at key conferences. Increase and strengthen emergency and crisis risk communications network within the international and national public health community. Continue outreach efforts to other key stakeholders of informational products, exercises and training opportunities. Expand short form programming to priority projects that reach larger audiences. | Conduct regularly scheduled communications meetings internally and externally with key stakeholders. |

Performance Report:

In FY 2007, public health communications strategies and messages have been identified, used and shared during training sessions such as the series of pandemic influenza outbreak response tabletop exercises. The Public Health Emergency Response: A Guide for Leaders and Responders publication was completed and distributed. Radio public service announcements (PSAs) in support of CA fires were developed. Continuing to develop emergency preparedness webcasts, video programs and b-roll film, pre-approved non-specific video footage, for use during times of emergency. Established regular participation in the Incident Communications Public Affairs Coordination Committee and the National Public Health Information Coalition of state and local public health communicators, our North American partners Canada and Mexico, and the entire international health community via the World Health Organization. Production activities to provide emergency preparedness information via satellite are underway.

| # | Key Outcomes | FY 2004 Actual | FY 2005 Actual | FY 2006 | | FY 2007 | | FY 2008 Target | FY 2009 Target |
|---|---|----------------|----------------|---------|--------|---------|--------|---|--|
| | | | | Target | Actual | Target | Actual | | |
| Long-Term Goal: Improve DHHS response assets to support municipalities and States. | | | | | | | | | |
| 2.4.9 | Establish and improve awareness of the ASPR strategy for preparedness and response. | | | | | | | Ensure ASPR initiatives are aligned with ASPR strategy. Develop ASPR annual plan that supports the ASPR Strategic Plan. Finalize Balanced Scorecard for full implementation of ASPR Strategic Management System. Complete development of framework for the National Health Security Strategy. | Publish National Health Security Strategy and execute an effective awareness and outreach campaign to internal and external stakeholders. Communicate strategy via web, video, and presentations at major meetings of stakeholders. Publish ASPR annual plan (web and video) and refine Balanced Scorecard as appropriate. Increase awareness of ASPR strategy internally and externally through regular outreach and publication of effective communications. |

Discontinued Measures:

| Long Term Goal: Improve DHHS response assets to support municipalities and States | | | |
|--|-----------|--|--|
| Measure | FY | Target | Result |
| Develop a mass casualty care capability to enhance medical surge capacity in response to a variety of threat scenarios | 2006 | Support development of 20 or more FMCS/FMS with enhanced capabilities toward the goal of 30,000 patient beds; develop a concept of operations for a web-based healthcare provider credentialing system; implement plans for the monitoring and medical management of a radiological/nuclear public health emergency. | Target has been met. (See performance report.) |
| Data Source: “Federal Medical Contingency Station-Type III-Basic Prototype Evaluation” (Report CD305T3) dated May, 2005; After Action Report (AAR) on the FMS deployment during 2005 hurricane season dated April 2006. Draft playbooks for pandemic influenza, improvised nuclear devices, and hurricanes. Website for the Radiological Event Medical Management (REMM). Draft RFI “Portal for Verification of Healthcare Professionals Qualifications.” | | | |
| Data Validation: After action reports, statements of standard operation procedures, and deployment plans are reviewed by a variety of inter and intra-agency workgroups including the Homeland Security Council Deputies Committee. | | | |
| Cross Reference: HHS Top 20 Goal #17 – “Enhance Emergency Response and Renew the Commissioned Corps.” Also, HHS Strategic Plan 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 infectious, occupational, environmental, and terrorist threats. | | | |

**Performance Report:*

The Radiation Event Medical Management (REMM) knowledge system was completed and made available to the public via the NLM website. The feedback from clinicians has been extremely positive. The system is being constantly updated and will be adapted so it can be made available on PDAs. ASPR has worked with the National Marrow Donor Program and National Cancer Institute Comprehensive Cancer Centers to create the Radiation Injury Treatment Network (RITN). RITN will provide surge medical care, assistant with medical algorithms for victim management and hands-on clinicians to manage victims on a nation-wide basis.

Working with CDC, FMS development has resulted in having 20 FMS (5000 beds) operationally ready for deployment. Go bags have been completed for use in the FMS program and the formulary for the FMS program has undergone revision based on a formulary working group recommendation.

| Long Term Goal: Enhance State and Local Preparedness | | | |
|---|-----------|---------------|---|
| Measure | FY | Target | Result |
| Percent of awardees that have developed plans to address surge capacity. | 2008 | 100% | Target has been met. (See Performance Report) |
| | 2007 | 100% | Target has been met. (See Performance Report) |
| Data Source: Awardees’ FY 2004 end-of-the-year progress reports and FY 2005 mid-year progress reports. | | | |
| Data Validation: Data are self-reported by the awardees through annual or semi-annual reports. | | | |
| Cross Reference: HHS Top 20 Goal #17 – “Enhance Emergency Response and Renew the Commissioned Corps.” Also, HHS Strategic Plan Goal #2: Public Health Promotion and Protection, Disease Prevention, and | | | |

| Long Term Goal: Enhance State and Local Preparedness | | | |
|---|----|--------|--------|
| Measure | FY | Target | Result |
| Emergency Preparedness: Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats. | | | |

Measure proposed for deletion.

**Performance Report:*

This performance goal has been met consistently since FY 2005. This performance goal is intended to enhance hospital preparedness for biological, chemical, radiological, and explosive incidents, public health emergencies and other potential mass casualty incidents. One of the key aspects of facility preparedness is the development of surge capacity plans, which are designed to address incidents involving at least 500 casualties per million. A Program Assessment Rating Tool (PART) review of the program was conducted for the FY 2005 budget. The program received a rating of "Results Not Demonstrated." The assessment indicated that the program had not yet demonstrated results due to its relative newness and the inherent difficulty in measuring preparedness for events that do not regularly occur. Performance measures focusing on the implementation of various aspects of awardees plans to address surge capacity were initially developed during the FY 2005 PART review, but they no longer reflect the evolution of the program and the elements identified in the National Preparedness Goal that involve increasing medical surge capacity. The program is currently in the process of developing new evidence-based measures that reflect the requirements of PAHPA, which will provide a more accurate picture of the direction and focus of current and future proposed preparedness efforts.

| Long Term Goal: Enhance State and Local Preparedness | | | |
|--|------|--------------------------------------|---|
| Measure | FY | Target | Result |
| Implementation of health professional bioterrorism preparedness training for health professionals in practice. | 2007 | 225,000 health professionals trained | Progress has been made towards this target. (See Performance Report.) |
| | 2006 | 91,000 health professionals trained | Progress has been made towards this target. (See Performance Report) |
| Data Source: Data was extracted from grantee reports. | | | |
| Data Validation: Data are reviewed by project officers in final acceptance. | | | |
| Cross Reference: HHS Top 20 Goal #17 – "Enhance Emergency Response and Renew the Commissioned Corps." Also, HHS Strategic Plan 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 infectious, occupational, environmental, and terrorist threats. | | | |

**Performance Report:*

Nineteen awardees have reported that 225,000 healthcare providers will be trained in FY 2007 to adequately respond to a terrorist event or other public health emergency. The content of the training included an all-hazards approach, utilizing each state's Hazard Vulnerability Assessments (HVA) as a means to prioritize the courses presented and the content addressing the appropriate Target Capabilities from the Uniformed Task List (UTL). The quality of the training was measured by pre and post examinations with an emphasis on observed demonstration from

among 11 nationally vetted clinical competencies. An attempt was made to extrapolate whether a learner was “prepared” based on observing a percentage of targeted discipline-specific learners who also participated in a NIMS compliant tabletop, simulation or live drill/exercise. (Note that the number of providers trained in FY 2003, FY 2004, and FY 2005 exceeded targets by over 200%.)

Data Source and Validation Table

| Program | | |
|----------------------------------|--|---|
| Measure Unique Identifier | Data Source | Data Validation |
| 2.4.1 | Katrina Lessons Learned reports on Mission Fulfillment and Incident Command, HHS Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS), Incident Response Coordination Team (IRCT) System Description, the Secretary’s Operations Center logs of response operations, TOPOFF III after action reports and other exercise evaluations. “Federal Medical Contingency Station-Type III-Basic Prototype Evaluation” (Report CD305T3) dated May, 2005; After Action Report (AAR) on the FMS deployment during 2005 hurricane season dated April 2006. Draft playbooks for pandemic influenza, improvised nuclear devices, and hurricanes. Website for the Radiological Event Medical Management (REMM). Draft RFI “Portal for Verification of Healthcare Professionals Qualifications.” | Policies, plans and evaluations are reviewed and cleared by ASPR and HHS senior leadership, and interagency partners, including DHS. After action reports, statements of standard operation procedures, and deployment plans are reviewed by a variety of inter and intra-agency workgroups including the Homeland Security Council Deputies Committee. |
| 2.4.2 | Reports from states and health care facilities; after action reports and corrective action plans; Memoranda of Understanding among coalition partner; minutes of meetings. Sector Specific Plan (SSP) for the Healthcare and Public Health Sector: An element of the National Infrastructure Protection Plan (NIPP). | Observation of exercises and drills; data reported to the SOC. The SSP initial draft was cleared through the Executive Secretary’s process and all commentary from the department was included and was reviewed by private sector partners. Changes were made after the 2005 changes to the NIPP. The final NIPP was published in early 2006 and final revisions were made to the SSP to ensure full compliance with the NIPP. The SSP was forwarded to DHS within 180 days and the tasks associated with the SSP are being scheduled in partnership with the private and government sector partners. |
| 2.4.3 | Data are based on the applications submitted. | Data are self-reported |
| 2.4.4 | HHS Public Health Emergency Medical Countermeasure Enterprise (PHEMCE) Strategy and PHEMCE Implementation Plan for CBRN Threats published in March and April 2007, respectively (http://www.hhs.gov/aspr/ophemc/enterprise/strategy/strategy.html) | Contracts awarded and draft Request for Proposal for industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR). Interagency Agreements are developed with federal laboratories to address specific advanced research questions. |
| 2.4.5 | http://www.hhs.gov/aspr/ophemc/bioshield/procurement_activities/PBSPrcrtPrjct/index.html ; Program files maintained by the Project Officer and Contract Officer assigned to each BioShield acquisition program. | Contracts awarded and draft Request for Proposal for industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR). |
| 2.4.6 | Interagency Agreements and their action plans describe the roles and responsibilities of the parties, the period of the agreement, process for modification and the activities to be supported under the agreement. | Each agreement specifies the interval for reporting progress. Validation of progress in reaching performance goals and the rate of spending is accomplished through the review of written reports and verbal communication with |

| Program | | |
|----------------------------------|--|--|
| Measure Unique Identifier | Data Source | Data Validation |
| | | the servicing partner. |
| 2.4.7 | Information related to the National Biodefense Science Board will be posted on the Board's website, http://www.hhs.gov/aspr/omsph/nbsb/ . | Recommendations and findings of the National Biodefense Science Board will be posted on the Board's website, http://www.hhs.gov/aspr/omsph/nbsb/ . |
| 2.4.8 | "Terrorism and Other Public Health Emergencies - A Reference Guide for Media", public health communications strategies and messages for terrorism and other public health emergency scenarios, after action reports on risk communication exercises. | Interagency review by appropriate subject matter experts, field testing of strategies and messages during developing incidents and major exercises. |
| 2.4.9 | ASPR Strategic Plan, ASPR Annual Plan, Homeland Security Presidential Directives, Executive Orders, Pandemic and All-Hazards Preparedness Act, National Health Security Strategy | Intra-Departmental and Interagency review of the National Health Security Strategy, Stakeholder forums and subject matter expert input. |

Office of the Assistant Secretary for Preparedness and Response
Summary of Full Cost
(Budgetary Resources in Millions)

| HHS Strategic Goals and Objectives | ASPR | | |
|--|------------|------------|------------|
| | FY 2007 | FY 2008 | FY 2009 |
| 1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. | | | |
| 1.1 Broaden health insurance and long-term care coverage. | | | |
| 1.2 Increase health care service availability and accessibility. | | | |
| 1.3 Improve health care quality, safety and cost/value. | | | |
| 1.4 Recruit, develop, and retain a competent health care workforce. | | | |
| 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 infectious, occupational, environmental and terrorist th | | | |
| 2.1 Prevent the spread of infectious diseases. | | | |
| 2.2 Protect the public against injuries and environmental threats. | | | |
| 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery. | | | |
| 2.4 Prepare for and respond to natural and man-made disasters. | | | |
| 2.4.1: Improve ESF #8 preparedness planning and response capability. | 61 | 64 | 90 |
| 2.4.2: Improve surge capacity and enhance community and hospital preparedness for public health emergencies; and 2.4.3: Increase the ratio of preparedness exercises and drills per total program (Cooperative Agreement) dollar by 50% each year. (Approved by | 479 | 430 | 368 |
| Implementation of health professional bioterrorism preparedness training for health professionals in practice. | 21 | 0 | 0 |
| 2.4.4: Obtain sufficient evidence for the safety, efficacy and product characteristics of candidate medical countermeasures for priority chemical, biological, radiological and nuclear agents to accelerate their potential for procurement under Project BioS | 105 | 103 | 280 |
| 2.4.5: Deliver licensed, licensable and approvable top priority medical countermeasures for chemical, biological, radiological and nuclear threats. | 16 | 22 | 23 |
| 2.4.6: Coordinate and facilitate development of international preparedness and response capabilities; and 2.4.7: Provide medical, scientific, and public health subject matter expertise. | 9 | 9 | 9 |
| 2.4.8: Improve strategic communications effectiveness; and 2.4.9: Establish and improve awareness of the ASPR strategy for preparedness and response. | 3 | 4 | 5 |
| 3: Human Services Promote the economic and social well-being of individuals, families and communities. | | | |
| 3.1 Promote the economic independence and social well-being of individuals and families across the lifespan. | | | |
| 3.2 Protect the safety and foster the well being of children and youth. | | | |
| 3.3 Encourage the development of strong, healthy and supportive communities. | | | |
| 3.4 Address the needs, strengths and abilities of vulnerable populations. | | | |
| Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services. | | | |
| 4.1 Strengthen the pool of qualified health and behavioral science researchers. | | | |
| 4.2 Increase basic scientific knowledge to improve human health and human development. | | | |
| 4.3 Conduct and oversee applied research to improve health and well-being. | | | |
| 4.4 Communicate and transfer research results into clinical, public health and human service practice. | | | |
| Total | 694 | 633 | 776 |

Note: Operations funding is allocated on a pro-rata share based on percentage of total budget.

**Offices of the Assistant Secretary for Preparedness and Response
Crosswalk to HHS Goals and Objectives**

| HHS Strategic Goals and Objectives | ASPR Long-Term Goals | | | |
|---|---------------------------------------|--|---|---|
| | Enhance State and Local Preparedness. | Improve DHHS response assets to support municipalities and states. | 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. | Mitigate the adverse public health effects of a terrorist attack. |
| 1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. | | | | |
| 1.1 Broaden health insurance and long-term care coverage. | | | | |
| 1.2 Increase health care service availability and accessibility. | | | | |
| 1.3 Improve health care quality, safety and cost/value. | | | | |
| 1.4 Recruit, develop, and retain a competent health care workforce. | | | | |
| 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 infectious, occupational, environmental and terrorist threats | | | | |
| 2.1 Prevent the spread of infectious diseases. | | | | |
| 2.2 Protect the public against injuries and environmental threats. | | | | |
| 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery. | | | | |
| 2.4 Prepare for and respond to natural and man-made disasters. | X | X | X | X |
| 3: Human Services Promote the economic and social well-being of individuals, families and communities. | | | | |
| 3.1 Promote the economic independence and social well-being of individuals and families across the lifespan. | | | | |
| 3.2 Protect the safety and foster the well being of children and youth. | | | | |
| 3.3 Encourage the development of strong, healthy and supportive communities. | | | | |
| 3.4 Address the needs, strengths and abilities of vulnerable populations. | | | | |
| Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services. | | | | |
| 4.1 Strengthen the pool of qualified health and behavioral science researchers. | | | | |
| 4.2 Increase basic scientific knowledge to improve human health and human development. | | | | |
| 4.3 Conduct and oversee applied research to improve health and well-being. | | | | |
| 4.4 Communicate and transfer research results into clinical, public health and human service practice. | | | | |