

**OFFICE OF PUBLIC HEALTH AND SCIENCE**  
**ONLINE PERFORMANCE APPENDIX**

**Office of Public Health and Science  
Summary of Performance Targets and Results**

FY	Total Targets	Results Reported		Targets			
		Number	%	Met	Not Met		% Met
					Total	Improved	
2003	15	15	100%	14	1	0	93%
2004	15	15	100%	14	1	0	93%
2005	15	15	100%	11	4	0	73%
2006	15	15	100%	11	4	0	73%
2007	15	15	100%	12	3	1	80%
2008	15						
2009	15						

**Office of Public Health and Science  
Detail of Performance Measures**

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective: 1. Strengthen Prevention Efforts</b>										
1.a.	Shape policy at the local, State, national and international levels	30,358	32,052	42,000	32,409	50,000	32,578	50,000	50,000	50,000
1.b.	Communicate strategically	22,929,822	43,976,880	46.0m	47,831,042	49.0m	67,314,114	51.0m	52.0m	53.0m
1.c.	Promote effective partnerships	208	300	314	354	334	499	160	175	200
1.d.	Strengthen the science base	352	205	200	205	200	447	200	225	250
1.e.	Lead and coordinate key initiatives within and on behalf of the Department	3,542	1,291	1,200	1,433	1,300	1,337	1,500	1,600	1,700
<b>Long-Term Objective: 2. Close Health Gaps</b>										
2.a.	Shape policy at the local, State, national and international levels	117	45	133	88	96	190	92	97	100
2.b.	Communicate strategically	1,462,837	1,576,355	1.64m	1,943,511	1.9m	2,146,111	1.9m	2..305m	2.4m
2.c.	Promote Effective Partnerships	224	170	131	142	72	336	110	126	140
2.d.	Strengthen the science base	80	50	38	47	47	275	42	45	50
2.e.	Lead and coordinate key initiatives within and on behalf of the Department	47	18	58	31	86	24	23	23	25
<b>Long-Term Objective: 3. Strengthen the Public Health Infrastructure</b>										
3.a.	Shape policy at the local, State, national and international levels	430	1,875	2,500	1,978	2,400	2,416	1,700	1,800	1,900
3.b.	Communicate strategically	144,762	237,279	0.45m	670,940	0.65m	1,173,866	1.0m	1.178m	1.2m
3.c.	Promote Effective Partnerships	76	93	11	117	6	116	30	30	50
3.d.	Strengthen the science base	22	1,196	61	3,738	67	4,205	125	189	200
3.e.	Lead and coordinate key initiatives within and on behalf of the Department	4,163	5,610	6,324	3,454	6,800	3,135	7,300	7,300	7,500

**ADOLESCENT FAMILY LIFE  
Outcome Data**

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
1. Long-Term Objective: Encourage adolescents to postpone sexual activity by developing and testing abstinence interventions.										
1.1	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.			Baseline	44.4%	46.6%	March 31, 2008	48.8%	48.8%	51%
1.2	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.			Baseline	80%	83%	March 31, 2008	83%	83%	84%
2. Long-Term Objective: Ameliorate the effects of too-early-childbearing by developing and testing interventions with pregnant and parenting teens.										
2.1	Reduce the incidence of repeat pregnancies among clients in AFL Care demonstration projects as measured by the proportion of project clients with a repeat pregnancy at annual follow-up.					Baseline	March 31, 2008	TBD	TBD	TBD
2.2	Increase AFL Care demonstration project client conformance with recommended infant immunization schedules as measured by the proportion of project clients whose infant has received all recommended immunizations at annual follow-up.					Baseline	March 31, 2008	TBD	TBD	TBD
2.3	Increase the educational attainment of AFL Care demonstration project clients as measured by the proportion that have enrolled in or completed a high school or GED program at annual follow-up.					Baseline	March 31, 2008	TBD	TBD	TBD
<b>3. Long-Term Objective: Identify interventions that have demonstrated their effectiveness to: 1) promote premarital abstinence for adolescents and 2) ameliorate the consequences of adolescent pregnancy and childbearing.</b>										
3.1	Improve the quality of the independent evaluations, required by statute, of Title XX			Baseline (Prev / Care)	11% /42%	19.25% / 46.2%	March 31, 2008	27.5% / 50.4%	35.75% / 54.6%	44%/ 58.8%

	prevention and care demonstration projects as measured annually by an independent review of grantee end of year evaluation reports.									
<b>4. Long-Term Objective: Improve the efficiency of the AFL program.</b>										
4.1	Sustain the cost to encounter ratio in Title XX prevention and care demonstration projects.			Baseline (Prev/ Care)	\$37/ \$125	\$37/ \$125	March 31, 2008	\$37/\$125	\$37/\$125	\$37/ \$125

**Notes:** With performance measures established and approved in 2006, baseline data was gathered in the spring 2007 for measures 1.1, 1.2, and 3.1. Targets will be set for these measures in the spring 2008. Since measures 2.1, 2.2, and 2.3 specifically reference annual follow-up data, baseline data will be gathered on these measures at that time.

**OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION  
Outcome Data**

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective:</b> Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications										
I.a	Awareness of Dietary Guidelines for Americans (will be measured at least two times between 2005 and 2010)	33%	NA	37%	48%	39%	Feb-08	41%	50%	NA
<b>Long-Term Objective:</b> Shape prevention policy at the local, State and national level by establishing and monitoring National disease prevention and health promotion objectives										
II.a	Percentage of States that use the national disease prevention and health promotion objectives in their health planning process	65%	96%	94%	survey not fielded	98%	Fall 2008	98%	98%	NA
II.b	Increase the percentage of Healthy People 2010 objectives that have met the target or are moving in the right direction	NA	42.2%	NA	NA	NA	NA	NA	NA	FY 2010 60%

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/Est.	FY 2009 Target/Est.	Out-Year Target/Est.
				Target/Est.	Actual	Target/Est.	Actual			
<b>Long-Term Objective:</b> Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications										
I.b	Visits to ODPHP-supported websites	10.41M	14.16M	11.92 M	16.17 M	12.76 M	19.42 M	13.65 M	14.60 M <sup>e</sup>	NA
I.c	Consumer Satisfaction with healthfinder.gov, measured every three years at a minimum	FY 2003 72%	NA	75%	75%	NA	NA	78%	NA	FY2010 80%
<b>Efficiency Measure</b>										
I.d	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	NA	0 (Baseline)	25%	100% (2/2)	50%	40%	75%	75% <sup>e</sup>	NA

**OFFICE OF MINORITY HEALTH  
Outcomes Data**

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Goal: Increase the percentage of measurable racial/ethnic minority-specific <i>Healthy People 2010</i> objectives and sub-objectives that have met the target or are moving in the right direction</b>										
1.	Increased percentage of measurable racial/ethnic minority-specific <i>Healthy People 2010</i> objectives and sub-objectives that have met the target or are moving in the right direction.  (2005 Baseline: 62.4%)		62.4%					NA <sup>a</sup>	NA <sup>a</sup>	68.6%
<b>Long-Term Objective: Increase individual and public knowledge and understanding about racial/ethnic minority health and health disparities problems and solutions</b>										
2.	Increased knowledge and understanding of the nature and extent of racial and ethnic health disparities in the general population  (1999 Baseline: 47.5%)					49.8%	Expected by 12/08 <sup>b</sup>	50.8%	51.8%	

<b>Annual Efficiency Measure: Increase the average number of persons participating in OMH grant programs per \$1 million in OMH grant support</b>										
3.	Increased average number of persons participating in OMH grant programs per \$1 million in OMH grant support (2006 Baseline: 18,960)				18,960	19,529	19,722	20,313	20,922	
<b>Appropriated Amount (\$ Million)</b>										

**Notes:**

a. Long term measure does not require annual, interim targets.

**OFFICE ON WOMEN'S HEALTH**  
**Outcome Data**

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective: Advance superior health outcomes for women</b>										
1	Increase the percentage of women-specific <i>Healthy People 2010</i> objectives and sub-objectives that have met their target or are moving in the right direction.		Baseline Interim Measure 64.3% (200/311)	N/A	N/A	67.5% (210/311)	69.5% (235/338)	71.0% (240/338)	72.5% (245/338)	74.0% (250/338)
<b>Long-Term Objective: Increase heart attack awareness in women</b>										
2	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.		Baseline 54.5% of women	N/A	N/A	60.0%	65.8%	70.0%	75.0%	80.0%

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/Est.	FY 2009 Target/Est.	Out-Year Target/Est.
				Target/Est.	Actual	Target/Est.	Actual			
<b>Long-Term Objective: Expand the number of users of OWH communication resources</b>										
3	Number of users of OWH communication resources (e.g., National Women's Health Information Center; womenshealth.gov website; and girlshealth.gov website).			Baseline	21.5m sessions	24.5m sessions	28.4m sessions	31.5m sessions	34.5m sessions	37.5m sessions
<b>Efficiency Measure: Increase the number of people that participate in OWH-funded programs per million dollars spent annually</b>										
4	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.			Baseline	760,658	813,904	1,006,245	1,114,453	1,220,591	1,326,729



## Commissioned Corps: Readiness and Response Program Outcome Data

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective: Increase the size and operational capability of the Commissioned Corps.</b>										
3	Increase the percent of individual responses that meet timeliness, appropriateness, and effectiveness requirements. (Baseline - 2007: 77%)	NA	NA	NA	NA	NA	77%	a	a	a
4	Increase the percent of team responses that meet timeliness, appropriateness, and effectiveness requirements. (Baseline - 2007: 89%)	NA	NA	NA	NA	NA	89%	a	a	a

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective: Increase the size and operational capability of the Commissioned Corps.</b>										
1	Increase the percentage of Officers that meet Corps readiness requirements, thus expanding the capability of the individual Officer.	50%	71%	75%	73%	80%	82.3%	82.5%	85%	87.5%
2	Increase the percentage of Officers that are deployable in the field, thus expanding the capability of the Corps. (Baseline - 2005: 40%)	NA	40%	50%	54%	55%	61.6%	60%	65%	70%
5	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. (Baseline - 2005: 0)	NA	0	10	10	26	26	26	36	36 <sup>b</sup>
6	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. (Baseline - 2006: 0)	NA	NA	NA	0	10	20	20 <sup>c</sup>	26	26
<b>Efficiency Measure</b>										
7	Cost per Officer to attain or maintain readiness requirements.	\$164.20	\$115.56	\$110.00	\$77.74	\$105.00	\$119.68	\$100.00	\$100.00	\$100.00

**Notes:**

- a. Baselines established in 2007, long-term targets to be established in 2008.
- b. Not yet established in PART. We would expect to maintain the same number of teams as in FY 2009

**HIV/AIDS IN MINORITY COMMUNITIES**  
**Outcome Data**

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Key Objective: Long-Term Outcome Goals</b>										
1	By 2010 increase the number of ethnic and racial minority individuals surviving 3 years after a diagnosis of AIDS	NA	NA	Baseline	83.5%	84.25%	March 2008	85%	86.25%	86.75%
2	Reduce the percentage of AIDS diagnosis within 12 months of HIV diagnosis among racial and ethnic minority communities	NA	NA	Baseline	40.25%	39.25%	March 2008	38.25%	37.25%	36.25%
3	Reduce the rate of new HIV infections among racial and ethnic minorities in the United States	NA	TBD	TBD	February 2008	TBD	February 2009	TBD	TBD	TBD
4	By 2010 increase the number of African American individuals surviving 3 years after a diagnosis of AIDS	NA	NA	Baseline	82%	83%	March 2008	85%	87%	88%
5	By 2010 increase the number of Hispanic individuals surviving 3 years after a diagnosis of AIDS	NA	NA	Baseline	88%	89%	March 2008	89%	90%	90%
6	By 2010 increase the number of Asian/Pacific Island individuals surviving 3 years after a diagnosis of AIDS	NA	NA	Baseline	87%	88%	March 2008	88%	89%	89%
7	By 2010 increase the number of American Indian/Alaskan Native individuals surviving 3 years after a diagnosis of AIDS	NA	NA	Baseline	77%	77%	March 2008	78%	79%	80%
8	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among African American communities	NA	NA	Baseline	38%	37%	March 2008	36%	35%	34%
9	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Hispanic communities	NA	NA	Baseline	42%	41%	March 2008	40%	39%	38%
10	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Asian/Pacific Islander communities	NA	NA	Baseline	41%	40%	March 2008	39%	38%	37%
11	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among American Indian/Alaskan	NA	NA	Baseline	40%	39%	March 2008	38%	37%	36%

	Native communities									
12	Increase the number of individuals who learn their HIV status for the first time through MAI Fund programs	NA	118,196	125,288	128,975	132,805	March 2008	140,773	149,219	158,172
<b>Efficiency Measures</b>										
13	Maintain the actual cost per MAI Fund HIV testing client below the medical care inflation rate	NA	\$84.64	\$88.04	February 2008	\$91.46	February 2009	\$94.88	\$98.29	\$101.71
14	Maintain the actual cost per MAI Fund physician and other clinical staff trained below the medical care inflation rate	NA	\$971.82	\$1010.01	February 2008	\$1050.15	February 2009	\$1089.36	1280.57	\$1670.78

**Office of Public Health and Science  
Program Performance Targets Exceeded or Not Met**

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective: 1. Strengthen Prevention Efforts</b>										
1. b.	Communicate strategically	22,929,822	43,976,880	46.0m	47,831,042	49.0m	67,314,114	51.0m	52.0m	53.0m

Target Exceeded: Goal: Strengthen Prevention Efforts, Communicate Strategically

- **Reasons for Performance Result**

OPHS will increase the reach of its prevention communications as measured by customers served through Websites and clearinghouses, by professional and community-based outreach activities, and by targeted prevention communications.

The following offices contribute to this effort: PCPFS, ODPHP, OHAP, OPA, and OWH. The large numbers reflect visitors to two major Websites: 4woman.gov and healthfinder.gov. Each site receives more than 11 million visitors a year.

- **Steps Being Taken to Improve Program Performance**

OPHS has increased the target for FY 08 for this measure by 2 million.

- **Impact of Result**

Since 2006, the targets for this measure have been increased in accordance with new websites such as bone health, For Your Heart and girlshealth.gov. ODPHP websites had additional visitors due to the 2005 Dietary Guidelines for Americans.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective 2: Close Health Gaps</b>										
2. b.	Communicate strategically	1,462,837	1,576,355	1.64m	1,943,511	1.9m	2,146,111	1.9m	2..305m	2.4m

Target Exceeded: Goal: Close the Health Gaps, Measure: Communicate Strategically

- **Reasons for Performance Result**

In addition to OMH, OWH, OPA, ODPHP and PCPFS contribute to this effort through special portals on their Websites that address the needs of specific populations.

OWH convened a Minority Women's Health Summit in August 2007 that resulted in an increase in the office's ability to reach local communities and partners through the womenshealth.gov and girlshealth.gov websites.

- **Steps Being Taken to Better Match Targets with Program Performance**

OPHS is sustaining the same target for FY 2008. There will not be a Minority Women's Health Summit in 2008.

- **Impact of Result**

See above.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective 2: Close Health Gaps</b>										
2.c.	Promote Effective Partnerships	224	170	131	142	72	336	110	126	140

Target Exceeded: Goal: Close the Health Gaps, Measure: Promote Effective Partnerships

- **Reasons for Performance Result**

OWH actual performance was significantly above their anticipated target. The numerous partnerships promoted by the National Centers of Excellence and National Community Centers of Excellence accounted for OWH exceeding its target.

- **Steps Being Taken to Better Match Targets with Program Performance**

For FY08, OWH adjusted its target because of a new OWH model program, ASIST2010, that will use a public health systems approach and evidence-based strategies to improve performance on two or more of the seven Healthy People 2010 Focus Areas. The three-year awards were made to 12 organizations that include academic medical centers, community-based organizations, state health departments and hospitals. The target for FY08 has been lowered to reflect the development of the new model program.

- **Impact of Result**

See above.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective 2. Close Health Gaps</b>										
2.d.	Strengthen the science base	80	50	38	47	47	275	42	45	50

Target Exceeded: Goal: Close Health Gaps, Measure: Strengthen the Science Base

- **Reasons for Performance Results**

OWH actual performance was significantly above their anticipated target. The numerous partnerships promoted by the National Centers of Excellence and National Community Centers of Excellence accounted for OWH exceeding its target.

- **Steps Being Taken to Better Match Targets with Program Performance**

For FY08, OWH adjusted its target because of a new OWH model program, ASIST2010, that will use a public health systems approach and evidence-based strategies to improve performance on two or more of the seven Healthy People 2010 Focus Areas. The three-year awards were made to 12 organizations that include academic medical centers, community-based organizations, state health departments and hospitals. The target for FY08 has been lowered to reflect the development of the new model program.

- **Impact of Result**

See above.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective: 2. Close Health Gaps</b>										
2.e.	Lead and coordinate key initiatives within and on behalf of the Department	47	18	58	31	86	24	23	23	25

Target Not Met: Goal: Close Health Gaps, Lead and Coordinate key initiatives within and on behalf of the Department

- **Reasons for Performance Result**

OMH, OWH, OHAP, and PCPFS contributed to this effort. There are a minimum of task forces available for participation within HHS offices.

- **Steps Being Taken to Improve Program Performance**

The target has been lowered for FY 08 to mirror its past performance over the previous years. OPHS believes the target for FY 08 is more realistic of the anticipated actual performance.

- **Impact of Result**

Same as above.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective 3: Strengthen the Public Health Infrastructure</b>										
3. c.	Promote Effective Partnerships	76	93	11	117	6	116	30	30	50

Target Exceeded: Goal: Strengthen the Public Health Infrastructure, Measure: Promote Effective Partnerships

- **Reasons for Performance Result**

NVPO had not previously counted all the Strategic Issues in Vaccine Research (SIVR) projects funded through interagency agreements in this Measure. All SIVR projects funded in FY 07 were included in this summary (31 in FY07), plus two other interagency agreements, and two contract task orders, adding to 35.

OWH is a major contributor to OPHS exceeding this measure. The OWH National Centers of Excellence, Community Centers of Excellence and Rural Centers of Excellence all worked to increase the number of substantive commitments to strengthen the public health infrastructure. Many Centers of Excellence worked in their communities to broaden the reach of women's health services and prevention outreach.

- **Steps Being Taken to Better Match Targets with Program Performance**

NVPO has projected all SIVR agreements expected to be funded for FY 08 and 09 to better match targets and performance.

For FY08, OWH has a new model program, ASIST 2010, and has set its target to reflect this new program.

For FY08, OPHS has increased the target to reflect changes in the OWH model programs.

- **Impact of Result**

The increased number of projects reported in this Measure will better demonstrate the breadth of NVPO collaboration with HHS agencies. The better matched targets with program performance will avoid underestimation of NVPO performance for this Measure.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective 3: Strengthen the Public Health Infrastructure</b>										
3. d.	Strengthen the science base	22	1,196	61	3,738	67	4,205	125	189	200

Target Exceeded: Goal: Strengthen the Public Health Infrastructure, Measure: Strengthen the Science Base

- **Reasons for Performance Results**

Since the Midcourse Review for Healthy People 2010, the number of public health data enhancements (e.g. filling developmental objectives or select population cells; development of state and community data) has increased significantly due to the change of several objectives from “developmental” to “measurable.” Each objective that becomes “measurable” has multiple data points associated with it. The increase in completed data cells is expected to continue through FY 08.

- **Steps Being Taken to Better Match Targets with Program Performance**

ODPHP will re-assess the target, and if necessary, revise it to better reflect anticipated performance in FY08.

- **Impact of Result**

The more data acquired as evidenced by the increased number of completed data cells enables users of Healthy People 2010 to better plan for and implement policies and programs to meet national health objectives and ultimately increase the quality and years of healthy life and eliminate health disparities in the United States.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
<b>Long-Term Objective 3: Strengthen the Public Health Infrastructure</b>										
3. e.	Lead and coordinate key initiatives within and on behalf of the Department	4,163	5,610	6,324	3,454	6,800	3,135	7,300	7,300	7,500



Target Not Exceeded: Goal: Strengthen the Public Health Infrastructure, Measure: Lead and Coordinate key initiatives within and on behalf of the Department

- **Reasons for Performance Results**

External factors attributed to performance results for OSG. MEDCOM was to deploy inactive reservists to army hospitals but due to the Walter Reed reorganization and the firing of the Surgeon General, this resulted in army underutilization in FY 2007.

OSG has experienced a compounded effect on their performance measures due to the Katrina/Rita crisis in 2005, returned to baseline in 2006, but then dropped again to the army underutilization in 2007. In addition, actual numbers and revised target accounted for by budget and staffing shortfall which impacted OSG's performance.

- **Steps Being Taken to Better Match Targets with Program Performance**

OSG has decreased their targets for FY 2008, and is considering whether further reductions in targets will be needed.

- **Impact of Result**

Same as above.

**Office of Public Health and Science**  
***Target vs. Actual Performance***  
**Performance Measures with Slight Differences**

*“The performance target for the following measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.”*

<b>Program</b>	<b>Measure Unique Identifier</b>
Strengthen Prevention Efforts	Promote Effective Partnerships
Strengthen Prevention Efforts	Strengthen the Science Base
Strengthen Prevention Efforts	Lead and Coordinate key initiatives within and on behalf of the Department
Close Health Gaps	Shape policy at the local, State, national, and international levels
Strengthen the Public Health Infrastructure	Shape policy at the local, State, national, and international levels

## Office of Public Health and Science Discussion of Strategic Plan

The FY 2009 OPHS Performance Plan takes a focused look at the core contributions of OPHS to the Department and the Nation in the areas of prevention, health disparities, and public health infrastructure. The goals are drawn from the HHS Strategic Plan, *Healthy People 2010*, and the Secretary's priorities. The FY 2009 Plan sets ambitious goals and challenges for OPHS to demonstrate the impact of its programs.

OPHS programs support all four goals of the HHS strategic plan:

*Goal 1: Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care*

The Adolescent Family Life Program supports this goal by providing comprehensive care and prevention services to pregnant and parenting adolescents.

*Goal 2 – Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats*

All OPHS offices contribute to this goal through their programs which primarily focus on prevention. In particular, the Office of Disease Prevention and Health Promotion *Healthy People 2010* goals for the Nation provide a framework for promoting and encouraging preventive health care and lifelong healthy behaviors.

The Office of the Surgeon General is responsible for ensuring the deployability of Commissioned Officers to respond to national and man-made disasters.

*Goal 3: Promote the economic and social well-being of individuals, families and communities*

The activities of the Office of Minority Health are directed to this objective by addressing health disparities. Other offices, including the Office on Women's Health, the Office of Disease Prevention and Health Promotion, the Office of HIV/AIDS Policy, the President's Council on Physical Fitness and Sports, and the Office of Population Affairs also contribute.

*Goal 4: Advance scientific and biomedical research and development related to health and human services*

The activities of the Office for Human Research Protections are directed to enforcing the Federal Regulations protecting human research subjects. The Office of Research Integrity enforces regulations requiring all research institutions to have policies for responding to allegations of scientific misconduct and reviewing them for compliance.

**Office of Public Health and Science**  
**Link to HHS strategic plan**

HHS Strategic Goals	OPHS Strategic Goals		
	Strengthening Prevention Efforts	Closing Health Gaps	Strengthening the Public Health Infrastructure
<b>1: Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care	X	X	X
<b>1.1</b> Broaden health insurance and long-term care coverage	X	X	X
<b>1.2</b> Increase health care service availability and accessibility		X	X
<b>1.3</b> Improve health care quality, safety, and cost/value		X	X
<b>1.4</b> Recruit, develop, and retain a competent health care workforce	X	X	X
<b>2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats	X	X	X
<b>2.1</b> Prevent the spread of infectious diseases	X	X	X
<b>2.2</b> Protect the public against injuries and environmental threat	X	X	X
<b>2.3</b> Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery	X	X	X
<b>2.4</b> Prepare for and respond to natural and man-made disasters			X
<b>3: Human Services</b> Promote the economic and social well-being of individuals, families, and communities	X	X	X
<b>3.1</b> Promote the economic independence and social well-being of individuals and families across the lifespan	X	X	X
<b>3.2</b> Protect the safety and foster the well being of children and youth	X	X	X
<b>3.3</b> Encourage the development of strong, healthy and supportive communities	X	X	X
<b>3.4</b> Address the needs, strengths, and abilities of vulnerable populations	X	X	X

<b>Strategic Goal 4: Scientific Research and Development</b> Advance scientific and biomedical research and development related to health and human services	X	X	X
<b>4.1</b> Strengthen the pool of qualified health and behavioral science researchers		X	X
<b>4.2</b> Increase the basic scientific knowledge to improve human health and human development.	X	X	X
<b>4.3</b> Conduct and oversee applied research to improve health and well-being.	X	X	X
<b>4.4</b> Communicate and transfer research results into clinical, public health and human service practice.	X	X	X

**Office of Public Health and Science**  
**Summary of Full Cost**  
*(Budgetary Resources in Millions)*

<b>HHS Strategic Goals and Objectives</b>	<b>OPHS</b>		
	FY 2007	FY 2008	FY 2009
<b>Goal 1: Health Care</b> 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 services availability and accessibility			
1.3 Improve health care quality, safety, cost and value	\$53.5	\$43.8	\$42.7
1.4 Recruit, develop and retain competent health care	4.1	4.1	30.2
<b>Goal 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infections, occupational, environmental and terrorist threats			
2.1 Prevent the spread of infectious diseases	59.8	58.7	59.6
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	45.4	47.7	45.3
2.4 Prepare for and respond to natural and man-made disasters	9.7	9.6	15.1
<b>Goal 3: Human Services</b> 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	32.2	33.7	32.3
3.3 Encourage the development of strong, healthy and supportive communities			
3.4 Address the needs, strengths and abilities of vulnerable populations			
<b>Goal 4: Scientific Research and Development</b> 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 the basic scientific knowledge to improve human health and development	15.1	15.3	15.7
4.3 Conduct and oversee applied research to improve health and well-being			
4.4 Communicate and transfer results into clinical, public health and human service practice			
<b>TOTAL</b>	<b>\$218.8</b>	<b>\$217.8</b>	<b>\$240.8</b>

## **Office of Public Health and Science Fiscal Year 2007 Evaluation Reports**

### **Office of Disease Prevention and Health Promotion**

Title: Healthy People 2010 Midcourse Review

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://www.healthypeople.gov> including program improvement, resulting from the evaluation.

### **Office of Disease Prevention and Health Promotion**

Title: Identifying Appropriate Federal Roles in the Development of Electronic Personal Health Records: Results of a Key Informant Process

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://odphp.osophs.dhhs.gov/projects/PHRecords/default.htm> including program improvement, resulting from the evaluation.

### **Office of Population Affairs**

Title: An Assessment of Parent Involvement Strategies in Programs Serving Adolescents

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at [http://opa.osophs.dhhs.gov/pubs/parent\\_involvement\\_finalreport\\_9-11-07\\_psg.pdf](http://opa.osophs.dhhs.gov/pubs/parent_involvement_finalreport_9-11-07_psg.pdf) including program improvement, resulting from the evaluation.

### **Office of Population Affairs**

Title: A Collaborative Evaluation of Strategies to Encourage Couples-Focused Health Service Delivery in a Sample of Title X-Supported Family Planning Clinics

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://aspe.hhs.gov/pic/fullreports/06/8278.pdf> including program improvement, resulting from the evaluation.

### **Office of Population Affairs**

Title: A Collaborative Evaluation of Family and Intimate Partner Violence Prevention Activities in Title X Clinics

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://aspe.hhs.gov/pic/fullreports/06/8277.doc> including program improvement, resulting from the evaluation.

### **Office of Population Affairs**

Title: Review of the Title X Family Planning Program Evaluation Activities and Assessment of Current Evaluation Needs

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://aspe.hhs.gov/pic/fullreports/06/8285.pdf> including program improvement, resulting from the evaluation.

**Office of Minority Health**

Title: Evaluation of Cultural Competency Training Programs for Physicians

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://www.thinkculturalhealth.org/cccm/papers/Evaluation%20Report%20final.pdf> including program improvement, resulting from the evaluation.

**Office of Minority Health**

Title: Cultural Competency Assessment Tool for Hospitals: An Application of the Culturally and Linguistically Appropriate Services (CLAS) Standards in Health Care

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://aspe.hhs.gov/pic/fullreports/06/7865.htm> including program improvement, resulting from the evaluation.

**Office of Minority Health**

Title: Assessing the Impact of Provider-Patient Language Barriers on Health Care Costs and Quality

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at <http://aspe.hhs.gov/pic/fullreports/06/7711.htm> including program improvement, resulting from the evaluation.



**Office of Public Health and Science  
Data Source and Validation Table**

Program		
Unique Identifier	Data Source	Data Validation
OPHS 1.a	OPHS administrative files	Project officer oversight and validation
OPHS 1.b	OPHS administrative files	Project officer oversight and validation
OPHS 1.c	OPHS administrative files	Project officer oversight and validation
OPHS 1.d	OPHS administrative files	Project officer oversight and validation
OPHS 1.e	OPHS administrative files	Project officer oversight and validation
OPHS 2.a	OPHS administrative files	Project officer oversight and validation
OPHS 2.b	OPHS administrative files	Project officer oversight and validation
OPHS 2.c	OPHS administrative files	Project officer oversight and validation
OPHS 2.d	OPHS administrative files	Project officer oversight and validation
OPHS 2.e	OPHS administrative files	Project officer oversight and validation
OPHS 3.a	OPHS administrative files	Project officer oversight and validation
OPHS 3.b	OPHS administrative files	Project officer oversight and validation
OPHS 3.c	OPHS administrative files	Project officer oversight and validation
OPHS 3.d	OPHS administrative files	Project officer oversight and validation
OPHS 3.e	OPHS administrative files	Project officer oversight and validation
AFL 1.1	Grantee annual end of year report	Project officer oversight and validation
AFL 1.2	Grantee annual end of year report	Project officer oversight and validation
AFL 2.1	Grantee annual end of year report	Project officer oversight and validation
AFL 2.2	Grantee annual end of year report	Project officer oversight and validation
AFL 2.3	Grantee annual end of year report	Project officer oversight and validation
AFL 3.1	Annual end of year evaluation reports	Project officer oversight and validation
AFL 4.1	Grantee annual end of year report	Project officer oversight and validation
ODPHP I.a	Special Dietary Guidelines for Americans supplement to the FDA Health and Diet Survey	Project officer oversight and validation
ODPHP I.b	National Health Information Center service level reports	Project officer oversight and validation
ODPHP I.c	American Customer Satisfaction Index's Forsee Results Survey	Project officer oversight and validation
ODPHP I.d	Assessment of the users of HealthierUS and <i>Healthy People 2010</i> survey	Project officer oversight and validation
ODPHP II.a	National Center for Health Statistics, CDC	Project officer oversight and validation

ODPHP II.b	National Center for Health Statistics, CDC	Project officer oversight and validation
OMH 1	National Center for Health Statistics, CDC	Project officer oversight and validation
OMH 2	Kaiser Family Foundation and Princeton Survey Research Associates	Project officer oversight and validation
OMH 3	OMH grant programs	Project officer oversight and validation
OWH 1	National Center for Health Statistics, CDC	Project officer oversight and validation
OWH 2	National Center for Health Statistics, CDC	Project officer oversight and validation
OWH 3	National Women's Health Information Center, womenshealth.gov, and girlshealth.gov service level reports	Project officer oversight and validation
OWH 4	OWH administrative files	Project officer oversight and validation
CC 1	OFRD web-based database	Project officer oversight and validation
CC 2	OFRD web-based database	Project officer oversight and validation
CC 3	OFRD web-based database	Project officer oversight and validation
CC 4	OFRD web-based database	Project officer oversight and validation
CC 5	OFRD web-based database	Project officer oversight and validation
CC 6	OFRD web-based database	Project officer oversight and validation
CC 7	OFRD web-based database	Project officer oversight and validation
MAI 1	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 2	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 3	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 4	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 5	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 6	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 7	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 8	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 9	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 10	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 11	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 12	National Center for Health Statistics, CDC	Project officer oversight and validation

MAI 13	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 14	National Center for Health Statistics, CDC	Project officer oversight and validation