DEPARTMENT of HEALTH and HUMAN SERVICES

Office of Public Health and Science

FY 2010 Online Performance Appendix

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On behalf of the Office of Public Health and Science (OPHS), I am pleased to submit our 2010 Online Performance Appendix. Our organization was rated exceptional in the HHS End-of-Year Organizational Assessment. This past year, OPHS continued to evolve to be a stronger, more customer-centered, financially accountable organization that influences the health and well-being of millions of Americans. OPHS was successful in leveraging resources and ideas to maximize national program and policy impact; fostering consensus on key public health issues to ensure the public receives consistent, science-based communications from the Department; and developing cross-cutting initiatives to accelerate the rate of health improvement among disparity populations.

A key leadership function of OPHS is to address major emerging public health issues that cut across the missions of the various operating divisions. New initiatives launched this Fiscal Year include Vaccine Safety and Health Care Associated Infections (HAI). In regards to Vaccine Safety, the Assistant Secretary of Health chaired a cross-government Federal Immunization Safety Task Force that developed a report with recommendations to improve and maintain public confidence in the nations' vaccine program. Efforts are underway to implement programs in vaccine safety science, vaccine policy and practice, public engagement, and improving communications using message mapping technique.

In addition, The HHS Steering Committee for the Prevention of Healthcare-Associated Infections was established in July 2008. The Steering Committee developed a national strategy to reduce HAIs and issued a plan which establishes national goals for HAI prevention and outlines key actions for achieving short- and long-term objectives. The plan is also intended to enhance collaboration with external stakeholders to strengthen coordination and impact of national efforts. The Department of Health and Human Services (HHS) "Action Plan to Prevent Healthcare-Associated Infections" (Plan) represents a culmination of several months of research, deliberation, and public comment to identify the key actions needed to achieve and sustain progress in protecting patients from the transmission of serious, and in some cases, deadly infections.

In addition, the Office of the Surgeon General launched a national tour focused on preventing childhood overweight and obesity. Since the launch of the tour in February, the Surgeon General has participated in numerous events, has received a significant number of media hits, convened meetings of the HHS Council on Childhood Obesity Prevention, helped to facilitate partnerships to leverage existing HHS resources and programs, formulated content for a dedicated webpage to highlight evidence-based practices and other resources for targeted audiences, and developed an evaluation framework to document impact of the overall initiative. The site provides news and highlights of the outreach tour, as well as evidence-based actionable strategies for preventing childhood obesity for parents and other caregivers, schools and teachers, and community organizations.

In an effort to create a strong foundation for personalized healthcare to help ensure the right care is delivered to the right patient at the right time, OPHS, in cooperation with other agencies, has launched a national public health campaign, called the U.S. Surgeon General's Family History Initiative. This campaign encourages all American families to learn more about their family health history to help predict their risk and susceptibility to disease. This past year, there has

been a 46% increase in the number of persons utilizing the online Surgeon General's "My Family Health Portrait" tool, thus exceeding the FY 2008 exceptional target by 26%.

As a result of our previous senior managers meetings in 2008, OPHS embarked on developing a Strategic Plan. A Task Force comprised of senior OPHS staff was created and met regularly. In developing the initial draft, the Task Force first constructed and administered a questionnaire about OPHS to heads of all Operating and Staff Divisions as well as OPHS Office Heads. The qualitative information that was obtained allowed the Task Force to develop a first draft of the Plan. The clearance resulted in comments from each OPHS office, and significant revisions of the strategies were made. The Strategic Plan outlines four recommendations. One of those recommendations was for OPHS to revise and develop new GPRA performance measures, as appropriate.

To increase the accuracy of its performance measures, Adolescent Family Life (AFL) has developed more appropriate targets for future years based on the actual data reported for 2007. AFL has initiated an evaluation of the current measures for relevancy to a demonstration program. Based on the results of the evaluation, AFL may either propose modifications to those measures or potentially develop a new set of performance measures. By modifying the current AFL measures, AFL will be better able to assess its progress in achieving the stated purpose of this program. In addition, AFL created a Subject Matter Expert Panel to review their performance measures. The panel has met twice to provide constructive feedback on AFL's performance measures and plans to reconvene in May 2009.

In those few cases where OPHS did not meet their GPRA targets, steps are being taken to create targets that are more reflective towards a program's actual performance. It is our understanding and goal that targets will be ambitious, yet attainable. Our data is of high quality and contains no material inadequacies.

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Introduction

The FY 2010 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at http://www.hhs.gov/asrt/ob/docbudget/index.html.

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

Summary of Targets and Results Table

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	44	40	91%	31	78%
2008	45	25	56%	20	80%
2009	44	0	0%	0	0%
2010	42	0	0%	0	0%

PERFORMANCE DETAIL

Long Term Objective: Prevent disease and improve the health of individuals and communities

Measure	FY	Target	Result
1.a: Shape policy at the local, State, national and international levels *(Outcome)* Measure 1: The number of communities, state and local agencies, Federal entities, NGOs or international organizations that adopt (or incorporate into programs) policies and recommendations generated or promoted by OPHS through reports, committees, etc.	*2010*	50,000	N/A
	2009	50,000	N/A
	2008	50,000	32,611 (Target Not Met but Improved)
	2007	50,000	32,578 (Target Not Met but Improved)
	2006	N/A	32,409 (Historical Actual)
	2005	N/A	32,052 (Historical Actual)
1.b: Communicate strategically *(Outcome)* Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: Number of regional/national workshops/conferences, community based events, consultations with professional and institutional associations; Measure 3: new, targeted educational materials/campaigns; Measure 4: media coverage of OPHS-supported prevention efforts (including public affairs events);	*2010*	53,000,000	N/A
	2009	52,000,000	N/A
	2008	51,000,000	54,942,164 (Target Exceeded)
	2007	49,000,000	67,314,114 (Target Exceeded)
	2006	N/A	47,831,042 (Historical Actual)
	2005	N/A	43,976,880 (Historical Actual)
1.c: Promote effective partnerships *(Outcome)* Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements, and community implementation grants with governmental and non-governmental organizations that lead to prevention-oriented changes in their agendas/efforts.	*2010*	200	N/A
	2009	175	N/A
	2008	160	480 (Target Exceeded)
	2007	334	499 (Target Exceeded)
	2006	N/A	354 (Historical Actual)
	2005	N/A	300 (Historical Actual)
1.d: Strengthen the science base *(Outcome)* Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and	*2010*	250	N/A
	2009	225	N/A
	2008	200	159 (Target Not Met)
	2007	200	447 (Target Exceeded)

Measure	FY	Target	Result
findings disseminated; Measure 3: the number of promising practices identified by research, demonstrations, evaluation, or other studies.	*2006*	N/A	205 (Historical Actual)
	2005	N/A	205 (Historical Actual)
1.e: Lead and coordinate key initiatives within and on behalf of the Department *(Outcome)* Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OPHS; Measure 2: Number of outcomes from efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	*2010*	1,700	N/A
	2009	1,600	N/A
	2008	1,500	1,589 (Target Exceeded)
	2007	1,300	1,337 (Target Exceeded)
	2006	N/A	1,433 (Historical Actual)
	2005	N/A	1,291 (Historical Actual)

Measure	Data Source	
1.a 1.b 1.c 1.d 1.e	OPHS administrative files	Project officer oversight and validation

Long Term Objective: Reduce and, ultimately, eliminate health disparities

Measure	FY	Target	Result
2.a: Shape policy at the local, State, national and international levels *(Outcome)* Measure 1: The number of communities, NGOs, state and local agencies, or Federal entities, that adopt (or incorporate into initiatives) policies and recommendations targeting health disparities that are generated or promoted by OPHS through reports, committees, etc.	*2010*	100	N/A
	2009	97	N/A
	2008	92	404 (Target Exceeded)
	2007	96	190 (Target Exceeded)
	2006	N/A	88 (Historical Actual)
	2005	N/A	45 (Historical Actual)
2.b: Communicate strategically *(Outcome)* Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: number of regional/national workshops/conferences or community based events; Measure 3: new, targeted educational	*2010*	2,400,000	N/A
	2009	2,305,000	N/A
	2008	1,900,000	1,949,387 (Target Exceeded)
	2007	1,900,000	2,146,111 (Target Exceeded)
	2006	N/A	1,943,511 (Historical Actual)

Measure	FY	Target	Result
materials/campaigns; Measure 4: media coverage of OPHS-supported disparities efforts (including public affairs events); and estimated number of broadcast media outlets airing Closing the Health Gap messages	*2005*	N/A	1,576,355 (Historical Actual)
2.c: Promote Effective Partnerships *(Outcome)* Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts to address health disparities.	*2010*	140	N/A
	2009	126	N/A
	2008	110	331 (Target Exceeded)
	2007	72	336 (Target Exceeded)
	2006	N/A	142 (Historical Actual)
	2005	N/A	170 (Historical Actual)
2.d: Strengthen the science base *(Outcome)* Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of promising practices identified in research, demonstration, evaluation, or other studies.	*2010*	50	N/A
	2009	45	N/A
	2008	42	89 (Target Exceeded)
	2007	47	275 (Target Exceeded)
	2006	N/A	47 (Historical Actual)
	2005	N/A	50 (Historical Actual)
2.e: Lead and coordinate key initiatives within and on behalf of the Department *(Outcome)* Measure 1: Number of disparities-oriented initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OPHS; Measure 2: number of specific outcomes of the efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	*2010*	25	N/A
	2009	23	N/A
	2008	23	120 (Target Exceeded)
	2007	86	24 (Target Not Met)
	2006	N/A	31 (Historical Actual)
	2005	N/A	18 (Historical Actual)

Measure	Data Source	Data Validation
2.a 2.b 2.c 2.d 2.e	OPHS administrative files	Project officer oversight and validation

Long Term Objective: Promote effective, sustainable, and consistent public health systems

Measure	FY	Target	Result
3.a: Shape policy at the local, State, national and international levels *(Outcome)* Measure 1: The number of communities, NGOs, state and local agencies, Federal entities, or research organization that adopt (or incorporate into programs) policies, laws, regulations and recommendations promoted or overseen by OPHS.	*2010*	1,900	N/A
	2009	1,800	N/A
	2008	1,700	3,529 (Target Exceeded)
	2007	2,400	2,416 (Target Exceeded)
	2006	N/A	1,978 (Historical Actual)
	2005	N/A	1,875 (Historical Actual)
3.b: Communicate strategically *(Outcome)* Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: number of regional/national workshops/conferences, community based events, and consultations with professional and institutional associations; Measure 3: new, targeted educational materials/campaigns;	*2010*	1,200,000	N/A
	2009	1,178,844	N/A
	2008	1,000,000	2,046,913 (Target Exceeded)
	2007	650,000	1,173,866 (Target Exceeded)
	2006	N/A	670,940 (Historical Actual)
	2005	N/A	237,279 (Historical Actual)
3.c: Promote Effective Partnerships *(Outcome)* Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts related to the public health or research infrastructure.	*2010*	50	N/A
	2009	30	N/A
	2008	30	131 (Target Exceeded)
	2007	6	116 (Target Exceeded)
	2006	N/A	117 (Historical Actual)
	2005	N/A	93 (Historical Actual)
3.d: Strengthen the science base *(Outcome)* Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of public health data enhancements (e.g. filling developmental objectives or select population cells; development of state and community data) attributable to OPHS leadership.	*2010*	200	N/A
	2009	189	N/A
	2008	125	1,927 (Target Exceeded)
	2007	67	4,205 (Target Exceeded)
	2006	N/A	3,738 (Historical Actual)
	2005	N/A	1,196 (Historical Actual)

Measure	FY	Target	Result
3.e: Lead and coordinate key initiatives within and on behalf of the Department *(Outcome)* Measure 1: Number of relevant initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OPHS; Measure 2: specific outcomes of the efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	*2010*	7,500	N/A
	2009	7,300	N/A
	2008	7,300	3,114 (Target Not Met)
	2007	6,800	3,135 (Target Not Met)
	2006	N/A	3,454 (Historical Actual)
	2005	N/A	5,610 (Historical Actual)

Measure	Data Source	Data Validation
3.a 3.b 3.c 3.d 3.e	OPHS administrative files	Project officer oversight and validation

OPHS Overview of Performance

The Office of Public Health and Science utilizes a strategic framework that allow us to accomplish our vision: *a Nation in which healthy people live in healthy communities, sustained by effective, efficient, and coordinated public health systems*. This vision is the target outcome for current and future OPHS activities. In order to reach our vision, OPHS's strategy includes three goals, which are aligned with the HHS Strategic Plan, that provide us direction in achieving our vision: Prevent disease and improve the health of individuals and communities; Reduce, and ultimately, eliminate health disparities; and Promote effective, sustainable, and consistent public health systems. Associated with each goal, OPHS has five objectives: shape public health policy at the local, state, national, and international levels; communicate strategically; promote effective partnerships; build a stronger science base; and, lead and coordinate key initiatives of HHS and Federal health initiatives. OPHS leadership plans to continue to concentrate resources and management efforts on achieving these goals and objectives towards our vision. Examples of our progress in each of these objectives are outlined below.

Shape public health policy at the local, state, national, and international levels

Healthcare-associated infections (HAI) exact a significant toll on human life. They are among the top ten leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002. In hospitals, they are a significant cause of morbidity and mortality. In addition to the substantial human suffering exacted by HAIs, the financial burden attributable to these infections is staggering. It is estimated that HAIs incur nearly $20 billion in excess healthcare costs each year.

For these reasons, the reduction of HAIs is a top priority for the U.S. Department of Health and Human Services (HHS). OPHS is leading efforts to improve and expand HHS-supported HAI prevention efforts to further enhance patient safety and reduce unnecessary healthcare costs. The HHS Steering Committee for the Prevention of Healthcare-Associated Infections was established in July 2008. The Steering Committee was charged with developing a national strategy to reduce HAIs and issuing a plan which establishes national goals for HAI prevention and outlines key actions for achieving identified short- and long-term objectives. The plan is also intended to enhance collaboration with external stakeholders to strengthen coordination and impact of national efforts.

The development process of the *HHS Action Plan to Prevent Healthcare-Associated Infections* is intended to be inclusive. The effort represents a culmination of several months of deliberation by subject matter experts across HHS to identify key actions in the prevention of HAIs. The document establishes national goals for enhancing and coordinating HHS-supported efforts.

Consequently, OPHS has a critical role in helping to improve health and healthcare around the world. This past year, several significant health diplomacy missions were conducted aboard the USS Boxer, the USS Kearsarge, and the USNS Mercy. OPHS has worked closely with U.S. Navy Public Affairs to ensure that the USPHS and HHS were actively involved in the US Navy media affairs activities as well as in the in-country media events. This included presentations on blood safety to the European Haemovigilance Network, the WHO's Global Collaboration on Blood Safety, and the International Society for Blood Transfusion.

In addition, OPHS is leading efforts with the Office of Global Health Affairs to expose Iraqi physicians to advances in evidence-based medicine and quality systems of care so they can apply and share this knowledge in their clinical practice settings, while enhancing the cultural competency of the American healthcare providers who serve as their hosts. In October 2008 for approximately one month, HHS hosted an initial group of approximately 30-35 Iraqi physicians to engage in clinical observerships at U.S. based institutions or facilities. These physicians were identified by the Iraqi Ministry of Health. These clinical observerships provided an understanding of the mutual benefits of exploring methods and theories to improve the delivery of health care in challenging and difficult settings and making the results of the cooperation available to others interested in the same outcomes. At all times, the Iraqi physician observer functioned under the supervision and preceptorship of a senior staff member of the host site, who was responsible for the training and performance of the Iraqi physician observer.

An orientation conference was provided for the physicians with a representative from each host site. After this orientation, the physicians traveled to the host sites to serve as physician observers in clinical health-care facilities. At the conclusion of the observership period, the physicians and host-site representatives collaborated to analyze the knowledge, skills, and abilities gained from this project, and evaluate and disseminate the findings and lessons learned for the use of all interested in the objectives of the project. The decision has not been made whether this initiative will continue next year.

Communicate strategically

In an effort to communicate strategically and transparently, the Federal Chair of the Chronic Fatigue Advisory Committee (CFSAC) is working with Committee Members to provide concise science-based advice and recommendations to the Secretary in preparation for the next meeting, to be held May 27-28, 2009. The Federal Chair has been meeting with sub-committee members to discuss new ways of implementing ideas and improving meeting practices, work with other agencies in HHS to bridge communication gaps and streamline efforts, and develop a communication strategy focused on the general public. For example, the Chair is working with CDC and other agencies to cross coordinate between agency Chronic Fatigue websites. In addition, the CFSAC website has been updated to provide clear and readily-available information on the next upcoming meeting. The Chair is exploring other communication avenues to bridge communication with the public.

The National President's Challenge was held March 20 - May 15, 2008. Close to 90,000 people from all 50 states, D.C. and several U.S. territories participated. The President's Council on Physical Fitness and Sports Adult Fitness Test was launched in May 2008. This is a free on-line tool to assess the fitness levels of adults. 75,000 people took the test in the first week following the launch.

Additionally, Healthfinder.gov® has been transformed from a health information portal website to a destination site for essential prevention information and a consumer resource in support of the US Guide to Clinical Preventive Services. Healthfinder.gov's features include links to over 6,000 government and nonprofit health information resources on hundreds of health topics. The redesign of healthfinder.gov was based on proven clear communication practices. In addition, several possible versions of the website and the new prevention content were consumer tested to ensure that the site is user friendly and that people can find what they are looking for. As a result, healthfinder.gov is easy to understand and navigate, especially for consumers with limited health literacy.

Lastly, OPHS published a new bilingual booklet, "La Buena Vida (the good life)," based on the Dietary Guidelines for Americans. It is intended to guide Latinos and their families toward the goal of enjoying la buena vida and describes how food and physical activity choices affect personal and family health –today, tomorrow, and in the future.

Promote effective partnerships

OPHS established a Memorandum of Understanding (MOU) between the Public Health Service and the U.S. Southern Command of the Department of Defense. The MOU allows Commissioned Corps officers of the U.S. Public Health Service (USPHS) to participate in more health missions serving underprivileged areas throughout Central, South America, and the Caribbean. The MOU sets in place a framework for USPHS officers to participate in DoD Medical Readiness and Training Exercises (MEDRETEs) in Central America, South America, and the Caribbean. The program is one of the premier U.S. health diplomacy efforts in the region, giving American military health care personnel the opportunity to have a positive impact on thousands of people while providing invaluable real-world training for US troops.

OPHS has continued its partnership with the Assistant Secretary for Preparedness and Response on public health and science matters related to pandemic preparedness. In July 2008, HHS released guidance on allocating and targeting pandemic influenza vaccine. The guidance provides a planning framework to help state, tribal, local and community leaders ensure that vaccine allocation and use will reduce the impact of a pandemic on public health and minimize disruption to society and the economy.

OPHS has launched the National HIV Testing Mobilization Campaign, a nationwide effort to encourage all sexually active Americans to get tested for HIV. Outreach occurs through existing events at which regional coordinators exhibit and present in workshops; partnerships with national and regional organizations; and general outreach through channels that reach audiences disproportionately impacted by HIV. The total number of persons reached through partnership activities, events, and general outreach is 3.5 million.

Build a stronger science base

The President's Council on Bioethics published a large volume on human dignity. In addition to the publication, the Council convened five colloquia around the country to stimulate discussion and debate on human dignity and bioethics. Four major inquiries were also completed on the topics of organ transplantation, definition of death, newborn screening, and health care reform.

Due to enhanced awareness, knowledge, and enforcement of research conduct, allegations of misconduct to the Office of Research Integrity were reduced. This demonstrates the success of OPHS on clarifying policy, increasing accessibility of tools, and increasing opportunities for reporting and enforcement of misconduct.

Lead and coordinate key initiatives of HHS

OPHS convened a department-wide Committee focused on increasing tertiary prevention among the estimated 75 million Americans with multiple chronic conditions. Focal areas for this work include: Improving the external validity of clinical trials; Incorporating multimorbidity in clinical guidelines; Integrating care of patients with multiple chronic conditions in health professions education; Designing payment policy incentives to support care coordination; and, Supporting self-care management and integrating this with structured case management.

In FY 2008, OPHS has stepped into a leadership role to facilitate drug policy coordination across the various operating and staff divisions of HHS and with the Office of National Drug Control Policy, Executive Office of the President. OPHS chaired the HHS Drug Prevention and Treatment Committee in October 2008. Recognizing the important role of the community in preventing substance abuse, HHS is currently developing training and other resources for private and non-profit community organizations. The HHS regional network, and especially the Regional Health Administrators, will play a significant role in convening local trainings and building lasting partnerships to accelerate and advance HHS' efforts.

A new initiative to support the development/adoption of health information technology standards toward enabling patient-centric healthcare practices is the National Health IT Collaborative

(HIT). The HHS Work Group on HIT and Underserved Populations is co-led by the Deputy Assistant Secretary for Minority Health and the Health Resources and Services Administration (HRSA) and was established to advance HHS efforts related to HIT, underserved populations, and reducing health disparities. Along with membership and coordination with the Office of the National Coordinator, Agency for Healthcare Research and Quality and other HHS agencies, as part of the broader HHS initiative around the expansion of HIT, the initiative is looking at evidence based strategies to utilize HIT to reduce health disparities in underserved populations. The workgroup has completed an environmental scan on HIT use by medically underserved populations and developed a tool kit module for HRSA grantees entitled, "How to Reduce Health Disparities via HIT." On June 12, 2008, the Office of Minority Health (OMH) within OPHS developed and launched an initiative called "The National Health IT Collaborative for the Underserved: A Public-Private Partnership for a Healthier America." This partnership is increasing knowledge of the benefits of HIT for minority and/or underserved populations, leveraging support to market, educating and increasing usage of HIT, and increasing accessibility to HHS-sponsored programs.

Coordinate Federal health efforts that bridge departments

Beginning in May 2008, the Assistant Secretary for Health chaired a cross-government Federal Immunization Safety Task Force that developed a report with recommendations to improve and maintain public confidence in the nations' vaccine program. High priorities were identified from the report for immediate implementation. Recognizing the urgency of moving forward on this important public health issue, efforts are underway to implement programs in vaccine safety science, vaccine policy and practice, public engagement, and improving communications using message mapping technique.

Lastly, Building a Healthier Chicago (BHC) was launched in February 2008 and provides baseline health assessment data for future BHC evaluations. BHC is a collaborative initiative among the American Medical Association, the Chicago Department of Public Health, and the Region V Office of the Regional Health Administrator, along with over 75 local, regional, and national partners in the government, non-profit, academic, and business sectors. The goal of BHC is to enhance and support partner's programs and policies that work to increase activity levels, improve healthy eating and prevent, detect, and control high blood pressure.

ADOLESCENT FAMILY LIFE

Long Term Objective: Encourage adolescents to postpone sexual activity by developing and testing abstinence interventions.

Measure	FY	Target	Result
2.1.1: Increase communication among parents and adolescents on topics relating to puberty, pregnancy, abstinence, alcohol, and/or drugs. *(Outcome)*	*Out-Year Target*	57.6% (2013)	N/A
	2010	51%	N/A
	2009	48.8%	N/A
	2008	48.8%	43% (Target Not Met but Improved)
	2007	46.6%	42% (Target Not Met)
	2006	Set Baseline	44.4% (Baseline)
2.1.2: Increase adolescents' understanding of the positive health and emotional benefits of abstaining from premarital sexual activity. *(Outcome)*	*Out-Year Target*	92% (2013)	N/A
	2010	80%	N/A
	2009	74%	N/A
	2008	68%	57.5% (Target Not Met but Improved)
	2007	83%	54% (Target Not Met)
	2006	Set Baseline	80% (Baseline)

Measure	Data Source	Data Validation
2.1.1 2.1.2	Grantee annual end of year report	Project officer oversight and validation

Long Term Objective: Ameliorate the effects of too-early-childbearing by developing and testing interventions with pregnant and parenting teens.

Measure	FY	Target	Result
2.2.1: Maintain the incidence of clients in AFL Care demonstration projects who do not have a repeat pregnancy. *(Outcome)*	*Out-Year Target*	92% (2013)	N/A
	2010	92%	N/A
	2009	92%	N/A
	2008	92%	90% (Target Not Met)
	2007	Set Baseline	92% (Baseline)

Measure	FY	Target	Result
2.2.2: Increase infant immunization among clients in AFL Care demonstration projects. *(Outcome)*	*Out-Year Target*	88% (2013)	N/A
	2010	82%	N/A
	2009	80%	N/A
	2008	78%	65% (Target Not Met)
	2007	Set Baseline	76% (Baseline)
2.2.3: Increase the educational attainment of clients in AFL Care demonstration projects. *(Outcome)*	*Out-Year Target*	80% (2013)	N/A
	2010	74%	N/A
	2009	72%	N/A
	2008	70%	79% (Target Exceeded)
	2007	Set Baseline	68% (Baseline)

Measure	Data Source	Data Validation
2.2.1 2.2.2 2.2.3	Grantee annual end of year report	Project officer oversight and validation

Long Term Objective: Identify interventions that have demonstrated their effectiveness to promote premarital abstinence for adolescents.

Measure	FY	Target	Result
2.3.1: Improve the quality of the Title XX prevention independent evaluations. *(Outcome)*	*Out-Year Target*	68.75% (2013)	N/A
	2010	44%	N/A
	2009	35.75%	N/A
	2008	27.5%	48.5% (Target Exceeded)
	2007	19.25%	22.2% (Target Exceeded)
	2006	Set Baseline	11% (Baseline)

Measure	Data Source	Data Validation
2.3.1	Grantee annual end of year report	Project officer oversight and validation

Long Term Objective: Identify interventions that have demonstrated their effectiveness to ameliorate the consequences of adolescent pregnancy and childbearing.

Measure	FY	Target	Result
2.4.1: Improve the quality of the Title XX care independent evaluations. *(Outcome)*	*Out-Year Target*	71.4% (2013)	N/A
	2010	58.8%	N/A
	2009	54.6%	N/A
	2008	50.4%	55.5% (Target Exceeded)
	2007	46.2%	37% (Target Not Met)
	2006	Set Baseline	42% (Baseline)

Measure	Data Source	Data Validation
2.4.1	Grantee annual end of year report	Project officer oversight and validation

Long Term Objective: Improve the efficiency of the AFL program.

Measure	FY	Target	Result
2.4.1: Sustain the cost to encounter ratio in Title XX prevention programs. *(Outcome)*	*Out-Year Target*	$29 (2013)	N/A
	2010	$29	N/A
	2009	$29	N/A
	2008	$29	$25 (Target Exceeded)
	2007	$37	$29 (Target Exceeded)
	2006	Set Baseline	$37 (Baseline)
2.4.2: Sustain the cost to encounter ratio in care demonstration projects. *(Outcome)*	*Out-Year Target*	$110 (2013)	N/A
	2010	$110	N/A
	2009	$110	N/A
	2008	$110	$72 (Target Exceeded)
	2007	$125	$110 (Target Exceeded)
	2006	N/A	$125 (Historical Actual)

Measure		

Measure	Data Source	Data Validation
2.4.1 2.4.2	Grantee annual end of year report	Project officer oversight and validation

The Adolescent Family Life (AFL) program was reassessed in the spring of 2008 and received a rating of "Adequate" which is a substantial improvement over the original 2004 assessment rating of "Results Not Demonstrated." AFL has six long-term performance measures. Two of the performance measures directly relate to prevention demonstration projects: (1) "Increase communication among parents and adolescents on topics relating to puberty, pregnancy, abstinence, alcohol, and/or drug" and (2) "Increase adolescents' understanding of the positive health and emotional benefits of abstaining from premarital sexual activity." AFL has three measures directly related to care projects: (1) "Maintain the incidence of clients in AFL Care demonstration projects who do not have a repeat pregnancy," (2) "Increase infant immunization among clients in AFL Care demonstration projects," (3)"Increase the educational attainment of clients in AFL Care demonstration projects." Finally, AFL measures the caliber of evaluations for both care and prevention projects: "Improve the quality of the Title XX independent evaluations."

Based on the most recent program data available for fiscal year 2008, the program was able to report on additional data points for all of its objectives, thus moving beyond baseline measures only. The AFL program experienced mixed results with the most recent data collected. Prevention performance measures 2.1.1 and 2.1.2 both showed actual results that were lower than the FY 2008 targets, yet higher than the results from last year. The target for 2.1.1 was 48.8% and the actual result was 43% (FY 07 result was 42%). The target for 2.1.2 was 68% and the actual result was 57% (FY 07 result was 54%). The actual result for one of the care related objectives exceeded the proposed target by nine percentage points, while the targets for the other two care objectives were not met. The target for 2.2.1 was 92% and the actual result was 90% (FY 07 result was 92%). The target for 2.2.2 was 78% and the actual result was 65% (FY 07 result was 76%). The target for 2.2.3 was 70% and the actual result was 79% (FY 07 result was 68%). The AFL program demonstrated progress in the area of quality evaluations with both care and prevention exceeding their targets for this year by five to twenty-one percent. The target for 2.3.1 was 27.5% and the actual result was 48.5% (FY 07 result was 22.2%). The target for 2.3.2 was 50.4% and the actual result was 55.5% (FY 07 result was 37%). This is due in large part to the intense evaluation technical assistance offered on an ongoing basis from this office. The actual results for the efficiency measure also exceeded the targets by $4-$38 per client hour, indicating the increasing efficiency of programming. The target for 2.4.1 was $29 and the actual result was $25 (FY 07 result was $29). The target for 2.4.2 was $110 and the actual result was $72 (FY 07 result was $110).

Since the AFL demonstration projects are funded for five years, it is challenging to show consistent improvement in the performance measure data from year to year. At any given time, there are multiple grantee cohorts within the AFL program, all in different years of implementation. There were a handful of new grantees reporting data during FY 2008. Since new grantees do not have the same number of years of AFL expertise and program implementation experience as others, it is possible that outcome performance may have been

reduced. Other possible explanations for reduced performance include inconsistent grantee data and inadvertent inclusion of an excluded set of clients in care grantee data.

The AFL program continues to improve program performance. As part of the AFL improvement plan, targeted feedback is provided to all AFL grantees regarding their end of year reports and recommendations for improving reporting. In addition, AFL has initiated a national cross-site evaluation of AFL demonstration projects that will describe its implementation of the AFL demonstration grants and to evaluate the program's impact on desired outcomes. Findings from this study will be available in FY 2011. In addition, an assessment of the current long-term objectives in appropriately measuring the AFL program is being conducted. Recommendations for improvements to these performance measures will be developed by the fall of 2009.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Long Term Objective: Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications.

Measure			
I.a: Awareness of Dietary Guidelines for Americans (will be measured at least two times between 2005 and 2010) *(Outcome)*	*2010*	49%	N/A
	2009	47%	N/A
	2008	41%	N/A[1]
	2007	39%	45% (Target Exceeded)
	2006	37%	48% (Target Exceeded)
	2005	35%	N/A[2]
I.b: Visits to ODPHP-supported websites *(Output)*	*2010*	15.75 Million	N/A
	2009	15.5 Million	N/A
	2008	13.649 Million	15.029 Million (Target Exceeded)
	2007	12.756 Million	19.416 Million (Target Exceeded)
	2006	11.921 Million	16.174 Million (Target Exceeded)
	2005	11.142 Million	14.156 Million (Target Exceeded)
I.c: Consumer Satisfaction with healthfinder.gov, measured every three years at a minimum *(Output)*	*2010*	80%	Oct 31, 2010
	2008	78%	75% (Target Not Met)
	2006	75%	75% (Target Met)
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 *(Efficiency)*	*2010*	98%	N/A
	2009	95%	N/A
	2008	75%	92% (Target Exceeded)
	2007	50%	40% (Target Not Met)
	2006	25%	100% (Target Exceeded)
	2005	Set Baseline	N/A

Measure		

[1] Survey not fielded

[2] Data not analyzed

Measure	Data Source	Data Validation
I.a	Special Dietary Guidelines for Americans supplement to the FDA Health and Diet Survey.	Project officer oversight and validation.
I.b	National Health Information Center service level reports.	Project officer oversight and validation.
I.c	American Customer Satisfaction Index's Forsee Results Survey.	Project officer oversight and validation.
I.d	Office of Disease Prevention and Health Promotion performance reports.	Project officer oversight and validation.

Long Term Objective: Shape prevention policy at the local, State and national level by establishing and monitoring National disease prevention and health promotion objectives.

Measure	FY	Target	Result
II.a: Percentage of States that use the national disease prevention and health promotion objectives in their health planning process *(Outcome)*	*2010*	98%	N/A
	2009	98%	N/A
	2008	98%	May 31, 2009
	2007	98%	May 31, 2009
	2006	94%	N/A[3]
	2005	92%	96% (Target Exceeded)
II.b: Increase the percentage of Healthy People 2010 objectives that have met the target or are moving in the right direction *(Outcome)*	*2010*	60.0%	N/A
	2005	Set Baseline	42.2% (Baseline)

Measure	Data Source	Data Validation
II.a	Assessment of the users of Healthy People survey	Project officer oversight and validation.
II.b	National Center for Health Statistics, CDC	Project officer oversight and validation

I.a. The FDA Health and Diet Survey, in which awareness of Dietary Guidelines is assessed is expected to be fielded again in 2009-2010. Results are expected in Fall 2010. When the Dietary Guidelines are first issued (last iteration issued in 2005), there is an increase in awareness in the immediate years following. Limited funding prevents adequate outreach efforts to increase awareness.

II.a. In collaboration with the office of the Assistant Secretary for Planning and Evaluation, ODPHP fielded in fall 2008 a survey to measure State use of the Healthy People 2010 objectives in health planning processes. The survey results are expected to be analyzed by Spring 2009.

[3] Survey not fielded

II.b. In 2005, ODPHP conducted a mid-decade assessment of progress made toward achieving the targets for the Healthy People 2010 objectives. The next full-scale assessment of progress will occur in 2010.

Ib. The web traffic for FY 08 is 15.1 million, a decrease of approximately 20% from FY07. This reduction is primarily due to the lack of a Prevention Summit which drives visits to the Healthier US site. Traffic to this site accounted for the most significant loss in traffic (-36.46%) of all the ODPHP sites. In addition, the decrease is due in part to blocked access to healthfinder.gov during June, July, and August. Plans are underway to increase the traffic to ODPHP websites and to correct the blocked access.

I.c. The 2008 target is 78% consumer satisfaction. The actual consumer satisfaction score for FY08 is 74%. This score is a result of considerable increase in consumer expectations for targeted and interactive health information. In addition, a redesign of healthfinder.gov to meet these consumer expectations was completed at the end of FY08. It now offers a new focus on prevention, ODPHP's mission, and an easy to use design, based upon health literacy principles. These changes are expected to bring the consumer satisfaction scores in line with our targets in the future.

Efficiency Measure:
I.d. ODPHP has surpassed its target for increasing the percentage of Healthy People 2010 focus area progress review summaries that are completed in a timely manner. This success is due in large part to improved communication and coordination with the various agencies and offices within the Federal government who share responsibility for leading the Healthy People 2010 focus areas. The FY 08 actual is 92 percent; the FY08 target is 75 percent.

OFFICE OF MINORITY HEALTH

Measure	FY	Target	Result
4.3.1: Increased average number of persons participating in OMH grant programs per $1 million in OMH grant support(2006 Baseline: 18,960) *(Efficiency)*	*Out-Year Target*	22,196 (2011)	Dec 31, 2011
	2010	21,550	Dec 31, 2010
	2009	20,922	Dec 31, 2009
	2008	20,313	18,283 (Target Not Met)[4]
	2007	19,529	19,774 (Target Exceeded)
	2006	Set Baseline	18,960 (Baseline)

Measure	Data Source	Data Validation
4.3.1	OMH's Uniform Data Set for grant program activities.	Project officer oversight and validation

Long Term Objective: Increased percentage of measurable racial/ethnic minority-specific Healthy People 2010 objectives and sub-objectives that have met the target or are moving in the right direction

Measure	FY	Target	Result
4.1.1: Increased percentage of measurable racial/ethnic minority-specific Healthy People 2010 objectives and sub-objectives that have met the target or are moving in the right direction. (2005 Baseline: 62.4%) *(Outcome)*	*2010*	68.6%	Dec 31, 2010
	2005	Set Baseline	62.4% (Baseline)

Measure	Data Source	Data Validation
4.1.1	National Center for Health Statistics, CDC	Project officer oversight and validation

Long Term Objective: Increased awareness of racial/ethnic minority health status and health care disparities in the general population

Measure	FY	Target	Result
4.2.1: Increased awareness of racial and ethnic health status and health care disparities in the general population	*Out-Year Target*	53.8% (2011)	Dec 31, 2011
	2010	52.8%	Dec 31, 2010

[4] The actual FY 2008 figure is less than the target because grantees for 3 of OMH's grant programs (Bilingual/Bicultural Services, HIV/AIDS Health Promotion & Education, & Community Partnerships) on which data were being reported were in start-up during FY 2008, and most (17) of the grantees for OMH's HIV/AIDS Technical Assistance/Capacity Building Program were in their last/close-out year. OMH is working with its contractors providing evaluation training/technical assistance to grantees to incorporate attention to cost-efficiency in training curricula. This figure was an estimate based on grantee data received at the time of reporting for the second half of FY 2008.

Measure	FY	Target	Result
(1999 Baseline: 47.5%) *(Outcome)*	*2009*	51.8%	Dec 31, 2009
	2008	50.8%	Dec 31, 2009
	2007	49.8%	Dec 31, 2009[5]

Measure	Data Source	Data Validation
4.2.1	Baseline (47.5%) established via survey conducted by Kaiser Family Foundation and Princeton Survey Research Associates. Tracking and trend data to be collected via annual national random sample surveys conducted by the National Opinion Research Center.	Project officer oversight and validation

In regards to measure 4.2.1, it is important to note that the conduct of the public awareness survey to collect the data for this measure requires OMB clearance under the Paperwork Reduction Act. The OMB clearance package was submitted for concept clearance in 2008. The first 60-day notice was issued on June 3, 2008, and the second 30-day notice was published on August 22, 2008. No public comments were received, and the 60-day OMB review period ended November 4, 2008. OMH received notice of approval to proceed with the data collection on March 16, 2009. This has necessitated delays in the plans for the survey and availability of preliminary data. At this point in time, the survey is expected to be fielded for 3 months beginning April 16, 2009. OMH expects to have preliminary data by Summer 2009 and final data by December 2009.

In response to improve racial/ethnic minority health and reduce racial/ethnic health disparities, OMH has been engaged in a systematic and concerted effort to create a more "results-oriented" approach to its mission. This approach revolves around the establishment of a Performance Improvement and Management System (PIMS) designed to influence the way OMH managers, staff, grantees, partners, and other stakeholders plan, implement, and evaluate what they are doing to address racial/ethnic minority health problems. The PIMS is comprised of a number of inter-related components that are in varying stages of development and implementation, including, but not limited to:

- *A **Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities*** **(the *Framework*)** provides a vision and rationale for what needs to be done and how to achieve OMH's mission. The *Framework* continues to be promoted on the OMH-RC website, through distribution of print publications, and via presentations by the DASMH, the OMH Evaluation Officer, and OMH senior staff to HHS and external audiences. Its use as a basis for program planning and evaluation is being

[5] In anticipation of OMB approval of the proposed annual outcome measure on public awareness after a discussion with OMB in August 2006, OMH developed and submitted an evaluation project proposal to OPHS for a national survey on public awareness of racial/ethnic health disparities that would provide tracking data for the measure. The measure was approved by OMB in December 2006, and the study was approved for evaluation set-aside funding by the ASH in March 2007, awarded to a contractor in September 2007, and launched at the beginning of October 2007. The OMB clearance package received policy clearance by OPHS in March 2008 and was submitted to HHS/ASRT in April 2008. For planning purposes, we provided a 6-month window for OMB clearance followed by fielding of the survey and subsequent analyses and reporting of results by March 2009. OMH received notice of OMB approval on March 16, 2009, and fielding of the first tracking survey began on April 16, 2009. Hence, the expected dates for survey data for FYs 2007-2009 had to be changed accordingly.

integrated into OMH's Spring 2009 grant program announcements.

- A **searchable database of performance measures** for the kinds of outcomes and impacts identified in the *Framework*, which is intended to support the systematic evaluation of the effectiveness of strategies, practices, and interventions being conducted. The database is in the planning stages and is expected to be available in FY 2010.

- OMH's **Uniform Data Set** (UDS) currently collects grantee organizational data and activity/process data on their funded efforts. The UDS is being brought into compliance with HHS accessibility, systems security, and other standards, and is being transformed into a **Performance Data System (PDS)** that will enable more outcome-oriented data collection and evaluation of OMH-funded efforts.

- The development of OMH-specific ***Evaluation Planning Guidelines for Grant Applicants*** which includes grantee-specific performance measures, and ***An Evaluation Protocol for Systematically Evaluating Efforts to Improve Racial and Ethnic Minority Health, Reduce Health Disparities, and Effect Systems Approaches*** which can be used broadly by others.

- The provision of **systematic training and technical assistance (T/TA) on evaluation to all new grantees** since the issuance – during the FY 2007 grant cycle – of its ***Evaluation Planning Guidelines for Grant Applicants***. This T/TA is intended to ensure that the evaluation plans of grant awardees are consistent with the OMH guidelines, and to strengthen capacity of the grantees to implement their plans and provide better information upon project completion about outcomes and results of OMH-funded efforts.

OFFICE ON WOMEN'S HEALTH

Long Term Objective: Advance superior health outcomes for women

Measure	FY	Target	Result
5.1.1: Increase the percentage of women-specific Healthy People 2010 objectives and sub-objectives that have met their target or are moving in the right direction. *(Outcome)*	*Out-Year Target*	N/A[6]	N/A
	2010	74.0%	N/A
	2009	72.5%	N/A
	2008	71.0%	Jan 31, 2009
	2007	67.5%	69.5% (Target Exceeded)
	2005	N/A	64.3% (Historical Actual)

Measure	Data Source	Data Validation
5.1.1	National Center for Health Statistics, CDC	Project officer oversight and validation

Long Term Objective: Increase heart attack awareness in women

Measure	FY	Target	Result
5.2.1: 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. *(Outcome)*	*2009*	67.5%[7]	N/A
	2008	70.0%	Jan 31, 2009
	2007	60.0%	65.8% (Target Exceeded)
	2005	N/A	54.5% (Target Not In Place)

Measure	Data Source	Data Validation
5.2.1	National Center for Health Statistics, CDC	Project officer oversight and validation

Long Term Objective: Expand the number of users of OWH communication resources

Measure	FY	Target	Result
5.3.1: Number of users of OWH communication resources (e.g., National Women's Health Information Center; womenshealth.gov website; and girlshealth.gov website). *(Output)*	*2009*	34,500,000 sessions	N/A
	2008	31,500,000 sessions	Jan 31, 2009
	2007	24,500,000 sessions	28,400,000 sessions (Target Exceeded)

[6] HP 2010 measure does not have a 2013 target because last year we developed a companion HP 2020 measure.
[7] As for 2009 target for the CVD measure (assessing 911) being lower than the 2008 target, some of our CVD programs were ending at the time of setting the targets so we did not anticipate marked increases with level funding/decreased CVD/911 programs.

Measure	FY	Target	Result
	2006	N/A	21,500,000 sessions (Target Not In Place)

Measure	Data Source	Data Validation
5.3.1	National Women's Health Information Center, womenshealth.gov, and girlshealth.gov service level reports	Project officer oversight and validation

Long Term Objective: Increase the number of people that participate in OWH-funded programs per million dollars spent annually.

Measure	FY	Target	Result
5.4.1: 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. *(Efficiency)*	*2009*	1,220,591	N/A
	2008	1,114,453	Jan 31, 2009
	2007	813,904	1,006,245 (Target Exceeded)
	2006	N/A	760,658 (Target Not In Place)

Measure	Data Source	Data Validation
5.4.1	OWH administrative files	Project officer oversight and validation

The Office on Women's Health (OWH) underwent the Office of Management and Budget (OMB) program assessment in the spring of 2004. The assessment cited OWH's ability to disseminate credible scientific health information to women and girls as a strong attribute of the program. In response to the OMB program performance assessment and findings, OWH undertook a strategic planning process to define its four major goals: *Develop and Impact National Women's Health Policy*; *Develop, Adapt, and Evaluate and/or Replicate Model Programs on Women's Health; Educate, Influence, and Collaborate with Health Organizations, Health Care Professionals, and the Public*; and *Increase OWH's Capacity to Achieve Maximum Operational Performance and Objective Documentation of Accomplishments.* OWH continues to identify gaps and influence changes in healthcare for women and girls. OWH's annual and long-term outcome measures link to the program's mission and make it possible to measure progress in achieving long-term performance goals.

Another improvement action OWH undertook was developing a program performance monitoring database system. OWH began implementing the Performance Management System (PERMS) in FY 2007. The PERMS is a web-based data collection system that OWH contractors and grantees will use to submit their performance data and progress reports electronically to a centralized database. This new system will enable OWH to monitor overall program performance and results. Training for OWH staff on the new PERMS system will be completed by late spring 2009. OWH contractors and grantees will also receive the PERMS training.

During FY 2008, OWH drafted a Strategic Plan for FY 2010 - FY 2015, which became effective in October 2008. Under this new plan, OWH began funding evidence-based interventions to acknowledge women's health areas that are not currently addressed at the national level by any other public or private entity. These programs focus on disparities in women's health, in which minority status, disabilities, geography, family history, low SES, chronic conditions, and infectious diseases are contributing risk factors. In FY 2007, OWH exceeded its target on all four of its performance measures. Final data for FY 2008 is being analyzed and reveals that OWH has also exceeded its targets for FY 2008. OWH utilizes Quick Health Data Online as a primary source to identify health disparities. Evidence-based strategies from AHRQ, CDC, and other sources are required to justify all programs.

COMMISSIONED CORPS: READINESS AND RESPONSE PROGRAM

Long Term Objective: Increase the size and operational capability of the Commissioned Corps.

Measure	FY	Target	Result
6.1.1: Increase the percentage of Officers that meet Corps readiness requirements, thus expanding the capability of the individual Officer. *(Outcome)*	*Out-Year Target*	99% (2013)	N/A
	2010	92.5%	N/A
	2009	90%	N/A
	2008	82.5%	89.4% (Target Exceeded)
	2007	80%	82.3% (Target Exceeded)
	2006	75%	73% (Target Not Met but Improved)
	2005	70%	71% (Target Exceeded)
6.1.2: Increase the percentage of Officers that are deployable in the field, thus expanding the capability of the Corps. (Baseline - 2005: 40%) *(Outcome)*	*Out-Year Target*	87.5% (2013)	N/A
	2010	80%	N/A
	2009	77.5%	N/A
	2008	60%	75.4% (Target Exceeded)
	2007	55%	61.6% (Target Exceeded)
	2006	50%	54% (Target Exceeded)
	2005	Set Baseline	40% (Baseline)
6.1.3: Increase the percent of individual responses that meet timeliness, appropriateness, and effectiveness requirements.(Baseline - 2007: 77%) *(Outcome)*	*Out-Year Target*	99% (2013)	N/A
	2010	92.5%	N/A
	2009	90%	N/A
	2008	80%	89.3% (Target Exceeded)
	2007	Set Baseline	77% (Baseline)
6.1.4: Increase the percent of team responses that meet timeliness, appropriateness, and effectiveness requirements.(Baseline - 2007: 89%) *(Outcome)*	*Out-Year Target*	100% (2013)	N/A
	2010	97.5%	N/A
	2009	95%	N/A
	2008	92.5%	93.2% (Target Exceeded)
	2007	Set Baseline	89% (Baseline)

Measure	FY	Target	Result
6.1.5: 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) *(Outcome)*	*2010*	36	N/A
	2009	36	N/A
	2008	26	26 (Target Met)
	2007	26	26 (Target Met)
	2006	10	10 (Target Met)
	2005	Set Baseline	0 (Baseline)
6.1.6: 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) *(Outcome)*	*2010*	26	N/A
	2009	20	N/A
	2008	20	20 (Target Met)
	2007	10	20 (Target Exceeded)
	2006	Set Baseline	0 (Baseline)
6.1.7: Cost per Officer to attain or maintain readiness requirements. *(Efficiency)*	*Out-Year Target*	$120 (2013)	N/A
	2010	$100	N/A
	2009	$100	N/A
	2008	$100	$93.87 (Target Exceeded)
	2007	$105	$119.68 (Target Not Met)
	2006	$110	$77.74 (Target Exceeded)
	2005	Set Baseline	$115.56 (Baseline)

Measure	Data Source	Data Validation
6.1.1	OFRD web-based database	Project officer oversight and validation
6.1.2	OFRD web-based database	Project officer oversight and validation
6.1.3	OFRD web-based database	Project officer oversight and validation
6.1.4	OFRD web-based database	Project officer oversight and validation
6.1.5	OFRD web-based database	Project officer oversight and validation
6.1.6	OFRD web-based database	Project officer oversight and validation
6.1.7	OFRD web-based database	Project officer oversight and validation

The mission of the Commissioned Corps Readiness and Response Program is to provide a timely, appropriate, and effective response by U.S. Public Health Service officers to public health and medical emergencies, urgent public health needs and challenges, and National Special Security Events. The Office of Force Readiness and Deployment (OFRD) in the Office of the

Surgeon General executes this program by ensuring that individual Corps officers are appropriately trained for deployment, and the Corps deploys the appropriate team or individual(s) in a timely, appropriate and effective manner.

As a proxy for evaluating the entire Commissioned Corps, OFRD underwent a program assessment in 2006. OFRD then developed a series of improvement plans and seven ambitious annual measures designed to stimulate and monitor the efficiency of program activities and the appropriateness, timeliness, and effectiveness of team and individual deployments. At the end of FY 2008, OFRD met two and exceeded five of its seven assessment targets. For example, OFRD achieved the highest level of officers meeting readiness requirements in the Corps' history, exceeding its FY 2008 performance target by almost 7%, with 89.4% of the Corps qualified for deployment. Additionally, 75.4% of officers were deemed fully deployable in the field, a result that was 15.4% in excess of it FY 2008 performance target. Demonstrating actual efficacy in the field, the Corps also exceeded its FY 2008 performance measure with regard to individual officers: 89.3% of individual officers met timeliness, appropriateness, and effectiveness requirements during deployments (an excess of 9.3% over the Corps' FY 2008 performance target). In similar fashion, deployed teams composed of Corps officers also performed well: the Corps exceeded its FY 2008 performance measure in this regard by 0.7%, with 93.2% of response teams having met timeliness, appropriateness, and effectiveness requirements during deployments. Collectively, these results demonstrate the Corps' strong capability to respond to a variety of public health emergencies, urgent public health needs and National Special Security Events.

At the end of FY 2008, the Corps had already exceeded its FY 2009 targets in three assessment measures (percentage of officers meeting readiness, percentage of officers that are deployable and percent of individual responses that meet timeliness, appropriateness, and effectiveness requirements). Consequently, OFRD elected to revise these three of its seven assessment targets for FY 2009, making them even more ambitious. Assuming increased appropriations, OFRD should be able to ensure the Corps remains a national asset capable of responding to a variety of public health threats of natural or man-made origin.

HIV/AIDS IN MINORITY COMMUNITIES

Long Term Objective: Long-Term Outcome Goals

Measure	FY	Target	Result
7.1.1: By 2010 increase the number of ethnic and racial minority individuals surviving 3 years after a diagnosis of AIDS *(Outcome)*	*Out-Year Target*	88.5% (2013)	N/A
	2010	87.75%	N/A
	2009	86.75%	N/A
	2008	85%	Apr 30, 2009
	2007	84.25%	85% (Target Exceeded)
	2006	Set Baseline	83.5% (Baseline)
7.1.2: Reduce the percentage of AIDS diagnosis within 12 months of HIV diagnosis among racial and ethnic minority communities *(Outcome)*	*Out-Year Target*	33% (2013)	N/A
	2010	35.25%	N/A
	2009	36.25%	N/A
	2008	38.25%	Apr 30, 2009
	2007	39.25%	38% (Target Not Met)
	2006	Set Baseline	40.25% (Baseline)
7.1.3: Reduce the rate of new HIV infections among racial and ethnic minorities in the United States *(Outcome)*	*2009*	48.4%	N/A
	2008	50.9%	Feb 28, 2010
	2007	53.7%	Feb 28, 2009
	2006	N/A	56.5% (Target Not In Place)
7.1.4: By 2010 increase the number of African American individuals surviving 3 years after a diagnosis of AIDS *(Outcome)*	*Out-Year Target*	89% (2011)	N/A
	2010	88%	N/A
	2009	87%	N/A
	2008	85%	Apr 30, 2009
	2007	83%	82% (Target Not Met)
	2006	Set Baseline	82% (Baseline)
7.1.5: By 2010 increase the number of Hispanic individuals surviving 3 years after a diagnosis of AIDS *(Outcome)*	*Out-Year Target*	91% (2011)	N/A
	2010	90%	N/A
	2009	90%	N/A

Measure	FY	Target	Result
	2008	89%	Apr 30, 2009
	2007	89%	88% (Target Not Met)
	2006	N/A	88% (Target Not In Place)
7.1.6: By 2010 increase the number of Asian/Pacific Island individuals surviving 3 years after a diagnosis of AIDS *(Outcome)*	*Out-Year Target*	94% (2011)	N/A
	2010	93%	N/A
	2009	89%	N/A
	2008	88%	Apr 30, 2009
	2007	88%	90% (Target Exceeded)
	2006	N/A	87% (Target Not In Place)
7.1.7: By 2010 increase the number of American Indian/Alaskan Native individuals surviving 3 years after a diagnosis of AIDS *(Outcome)*	*Out-Year Target*	81% (2011)	N/A
	2010	80%	N/A
	2009	79%	N/A
	2008	78%	Apr 30, 2009
	2007	77%	75% (Target Not Met)
	2006	Set Baseline	77% (Baseline)
7.1.8: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among African American communities *(Outcome)*	*Out-Year Target*	33% (2011)	N/A
	2010	34%	N/A
	2009	35%	N/A
	2008	36%	Apr 30, 2009
	2007	37%	38% (Target Exceeded)
	2006	N/A	38% (Target Not In Place)
7.1.9: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Hispanic communities *(Outcome)*	*Out-Year Target*	37% (2011)	N/A
	2010	38%	N/A
	2009	39%	N/A
	2008	40%	Apr 30, 2009
	2007	41%	42% (Target Exceeded)
	2006	N/A	42% (Target Not In Place)

Measure	FY	Target	Result
7.1.10: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Asian/Pacific Islander communities *(Outcome)*	*Out-Year Target*	34% (2011)	N/A
	2010	35%	N/A
	2009	36%	N/A
	2008	39%	Apr 30, 2009
	2007	40%	38% (Target Not Met)
	2006	N/A	41% (Target Not In Place)
7.1.11: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among American Indian/Alaskan *(Outcome)*	*Out-Year Target*	35% (2011)	N/A
	2010	36%	N/A
	2009	37%	N/A
	2008	38%	Apr 30, 2009
	2007	39%	39% (Target Met)
	2006	Set Baseline	40% (Baseline)
7.1.12: Increase the number of individuals who learn their HIV status for the first time through MAI Fund programs *(Outcome)*	*Out-Year Target*	178,537 (2011)	N/A
	2010	167,662	N/A
	2009	158,172	N/A
	2008	149,219	Apr 30, 2009
	2007	132,805	139,750 (Target Exceeded)
	2006	N/A	128,975 (Target Not In Place)
	2005	N/A	118,196 (Target Not In Place)
7.1.13: Maintain the actual cost per MAI Fund HIV testing client below the medical care inflation rate *(Efficiency)*	*2010*	$101.71	Jan 31, 2011
	2009	$98.29	Jan 31, 2010
	2008	$94.88	Apr 30, 2009
	2007	$91.46	Apr 30, 2009
	2006	$88.04	$94.64 (Target Exceeded)
	2005	N/A	$84.64 (Target Not In Place)
7.1.14: Maintain the actual cost per MAI Fund physician and other clinical staff trained below the medical care	*2010*	$1,670.78	N/A
	2009	$1,280.57	N/A

Measure	FY	Target	Result
inflation rate *(Efficiency)*	*2008*	$1,089.36	Apr 30, 2009
	2007	$1,050.15	Apr 30, 2009
	2006	N/A	$795.7 (Target Not In Place)
	2005	N/A	$971.82 (Target Not In Place)

Measure	Data Source	Data Validation
7.1.1 7.1.2 7.1.3 7.1.4 7.1.5 7.1.6 7.1.7 7.1.8 7.1.9 7.1.10 7.1.11 7.1.12 7.1.13 7.1.14	National Center for Health Statistics, CDC	Project officer oversight and validation

Measures 7.1.1 through 7.1.11 are all CDC Surveillance measures that have no direct bearing on the projects and activities funded under the MAI. As such, the performance measures are not a reflection of our ability to meaningfully set targets with a realistic expectation of reaching the performance goals. For measures 7.1.12 through 7.1.14 where data is currently available, performance results have exceeded the targets.

An assessment and evaluation of recent MAI Fund expenditures, programs and activities is underway and is scheduled to be completed in the spring of 2010.

Testing and training projects remain a staple of FY09 MAI Fund projects and will feed into our ability to continue to collect performance data that has direct bearing on the types of projects the agencies and offices fund.

It is nearly impossible to predict how many people will participate in testing and training activities funded by the Department. Testing or training targets were exceeded perhaps due to the aggressive push by the agencies and offices to focus their attention on these two key areas; their ability to effectively budget for such activities; and the economies of sale achieved over a protracted period of testing and training. With HIV testing anchoring the Department's prevention strategies and training a key component of capacity building and the MAI mission, we should continue to produce good performance results in these two areas.

HHS Strategic Plan

HHS Strategic Goals	**OPHS Goal 1:** Prevent disease & improve the health of individuals & communities	**OPHS Goal 2:** Reduce and, ultimately eliminate health disparities	**OPHS Goal 3:** Promote effective, sustainable, & consistent public health systems
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.			✓
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, healthier and supportive communities.	✓	✓	✓
3.4 Address the needs, strengths and abilities of vulnerable populations.	✓	✓	✓
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.	✓	✓	✓

Full Cost Table

HHS Strategic Goals and Objectives	FY 2008	FY 2009	FY 2010
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. (Total)	52.857	72.769	75.769
1.1 Broaden health insurance and long-term care coverage.	$0	$0	$0
1.2 Increase health care service availability and accessibility.	$0	$0	$0
1.3 Improve health care quality, safety and cost/value.	48.738	57.956	60.956
1.4 Recruit, develop, and retain a competent health care workforce.	4.119	14.813	14.813
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. (Total)	115.942	123.217	124.242
2.1 Prevent the spread of infectious diseases.	58.669	59.606	59.729
2.2 Protect the public against injuries and environmental threats.	$0	$0	$0
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	47.695	51.267	51.932
2.4 Prepare for and respond to natural and man-made disasters.	9.578	12.344	12.581
3 Human Services Promote the economic and social well-being of individuals, families, and communities. (Total)	33.708	33.978	33.978
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	$0	$0	$0
3.2 Protect the safety and foster the well being of children and youth.	33.708	33.978	33.978
3.3 Encourage the development of strong, healthier and supportive communities.	$0	$0	$0
3.4 Address the needs, strengths and abilities of vulnerable populations.	$0	$0	$0
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services. (Total)	15.272	15.784	16.166
4.1 Strengthen the pool of qualified health and behavioral science researchers.	$0	$0	$0
4.2 Increase basic scientific knowledge to improve human health and human development.	15.272	15.784	16.166
4.3 Conduct and oversee applied research to improve health and well-being.	$0	$0	$0
4.4 Communicate and transfer research results into clinical, public health and human service practice.	$0	$0	$0
Agency Total	217.779	245.748	250.155

Summary of Findings and Recommendations
Fiscal Year 2008 Evaluation Reports

Office of Minority Health
Title: Development of an Evaluation Protocol for Assessing the Impacts of OMH-funded Initiatives

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year, including program improvement resulting from the evaluation, will be posted online shortly.

Office of Minority Health
Title: From Data to Action: An Evaluation of Tribal Data Use to Eliminate Health Disparities among Northwest Tribes

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year, including program improvement resulting from the evaluation, will be posted online shortly.

Office of HIV/AIDS Policy
Title: ABC Prevention Strategy Assessment and Evaluation

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year, including program improvement resulting from the evaluation, will be posted online shortly.

Office of the Regional Health Administrator, Region III – Philadelphia
Title: Postpartum Depression Screening in Family Planning Clinics

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

Office of the Regional Health Administrator, Region III - Philadelphia
Practicing What We Preach: A Community Outreach Project for the Dietary Guidelines

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