Section II: Program Performance Report

Overview

The Department of Health and Human Services (HHS) manages hundreds of programs. HHS is one of the largest Federal agencies, the Nation's largest health insurer, and the Federal Government's largest grant-making agency. The HHS mission is to protect and promote the health and well-being of all Americans while providing world-class leadership in the areas of biomedical research, public health, and social services. HHS programs impact all Americans on a daily basis, through direct services and funding, scientific advances, and educational information that allow people to choose better health care options, medicine, and even food. Through numerous grants and other financing arrangements with both public and private service providers, HHS is committed to improving overall health and human service outcomes and the economic independence of individuals and families throughout the United States.

The HHS Strategic Plan for FY 2004 – FY 2009 outlines the HHS strategic direction. The eight strategic goals in the plan guide HHS in accomplishing its mission of protecting and improving the health and well-being of the American public. These eight goals provide a focus point for HHS program investments and serve as a framework for the measures that track the Department's overall performance. The Office of the Secretary is responsible for providing overall policy guidance and direction to the Operating Divisions (OPDIVs) to help achieve the Department's strategic goals.

The strategic goals, performance goals, and program results reflect the combined commitment and effort of HHS programs, and their state, local, Federal, Tribal and non-government partners. These program partners will spend the overwhelming majority of the funds expended for HHS programs in FY 2006 to better the lives of all Americans. The HHS Strategic Plan is available at http://aspe.hhs.gov/hhsplan/.

For a comprehensive view of all HHS performance goals and program activities, including the latest performance results, see the performance plans and reports included in the budget justifications to Congress for the individual HHS OPDIVs or the FY 2008 performance budgets that will be submitted to Congress in February 2007.

Reporting Performance Results

Sound information and data are essential to fulfilling the HHS mission of enhancing the health and well being of every American. Whether providing for effective health and human services, or fostering sustained advances in the sciences or public health system, reliable information is an essential tool used in planning, measuring results, and making sound decisions. Accordingly, the Department plays an essential role in producing the necessary data for program decision making, both as a direct producer and as a partner in data collection with the States, grantees, and other governmental agencies. The HHS Data Council maintains a directory of all the major data systems supported by HHS OPDIVs, and all surveys on its website (http://aspe.hhs.gov/datacncl/index.shtml). These data systems support most of the performance measurement objectives within HHS programs, as well as various broad health and social outcome indicators.

The Performance Report presents, by strategic goal, highlights of FY 2006 performance. Each strategic goal section is introduced by an overview of the strategic goal and the selected programs that support the strategic goal. The individual program performance narratives begin with a discussion on the program's significance and benefits for achieving the performance goal; followed by an analysis of recent results including a historical trend table; and completed with an explanation on data collection, data

completeness, and data reliability. New indicators often lack data needed to establish targets. For such indicators, the first year's target may be to establish a baseline, and thus met the target for gathering the data as planned and establishing targets for the subsequent year.

Data Completeness

If available, the results for the most recent year are listed as Actual in the performance table for each performance measure. However, given the November 15 deadline for submission of the Performance and Accountability Report, not all data have been compiled and finalized for the entire year. When an actual result is not available for the current year, the date (month/year) for when data will be reported is cited. HHS will report the results of performance measures in future reports submitted to Congress and next year's PAR.

Data Limitations

Data that originates from external or third-party sources are not directly controlled by HHS. These data often come from annual reports or sample surveys. Several HHS programs rely on data provided by States, local grantees, and other external party sources, which require time for post-collection processing and analyzing. Some HHS data are not collected annually. For example, the Head Start program's goal "to achieve at least 80 percent of children completing the Head Start program rated by parent as being in excellent or very good health" experiences a data lag. The data for this goal are collected through the Family and Child Experiences Survey (FACES) study, an ongoing longitudinal study of program quality and impact. Because FACES has triennial cohorts, data for a comparable sample of 4-year-olds in Head Start is only available every three years. Data for the 2003 FACES cohort from the 2003-2004 program year are reported in FY 2004, FY 2005, and FY 2006. A new 2006 FACES cohort will begin in the 2006-2007 program year and report on data in FY 2007, FY 2008, and FY 2009. Additional data limitations are further discussed in the program performance narratives.

Data Reliability

HHS performance data are useful to program managers and policy makers. But because performance results in a given year are influenced by multiple factors, some of which are beyond HHS's control, and some of which are due to random chance, there may be considerable variation from year to year. A better "picture" of performance may be gained by looking at results over time to determine if there is a trend.

For a large, diverse organization like HHS that works to accomplish its mission indirectly — in partnership and by assisting others, performance measurement is challenging. The Department seeks continuous improvement in its selection of goals and in policies and procedures for collecting and reporting program performance data so that managers and other decision makers can rely on them. However, each program must consider the costs and benefits of gathering and managing such information. Changes take time to implement and reporting requirements can impose considerable burdens on staff, partners, beneficiaries and regulated entities.

Program Evaluations

The Department is committed to continuously improving the effectiveness of our services. HHS uses program evaluations to examine the performance of programs in achieving their intended objectives. Annually, the Department produces the Performance Improvement report to make available to our stakeholders one source of information--current to the previous fiscal year--that summarizes evaluation studies recently completed and others in progress. The annual report communicates the findings and recommendations of completed evaluation studies. More detailed information regarding this report can be found at http://aspe.hhs.gov/pic/perfimp/index.html.

In addition to this summary evaluation report, HHS programs continually participate in independent program evaluations. The Office of the Inspector General, the Government Accountability Office, and external parties routinely conduct program evaluations on our programs.

For the past five years, HHS has actively participated in the Program Assessment Rating Tool (PART) process, an evaluation tool used for reviewing program performance. As a result of a PART review, a program receives a rating and recommendations for program improvements. In many cases these recommendations may involve a more comprehensive program evaluation or changes in program legislation. More detailed PART information is included after the discussion of strategic goal 8 and can be found at www.ExpectMore.gov.