



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

Office for Civil Rights

*FY 2010 Online Performance Appendix*

## ***Introduction***

The 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 HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report and the HHS Citizens' Report. These documents can be found at: <http://www.hhs.gov/asrt/ob/docbudget/index.html>.

The Citizens' Report briefly summarizes key past and planned performance and financial information. The Agency Financial Report provides fiscal and high-level performance results. The FY 2010 Department's Congressional Justifications fully integrate HHS' FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan into its various volumes. The Congressional Justifications are supplemented by the Online Performance Appendices. Where the Justifications focus on key performance measures and summarize program results, the Appendices provide performance information that is more detailed for all HHS measures.

The Office for Civil Rights Congressional Justification and this Online Performance Appendix can be found at <http://www.hhs.gov/ocr/aboutocr.htm>.



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Dear Reader:

I am pleased to present the Office for Civil Rights' (OCR) Fiscal Year 2010 Online Performance Appendix. To the best of my knowledge, the OCR performance data reported in this appendix and for inclusion in any Departmental reporting is accurate, complete, and reliable, and there are no material inadequacies in the data provided by OCR for inclusion in this report.

OCR's performance portrays our commitment to protect the public's right to equal access and opportunity to participate in and receive services in all the Department of Health and Human Services' (HHS) programs without facing unlawful discrimination, and to protect the privacy of individuals with respect to their personal health information. OCR's performance objectives are in line with HHS's objectives for transforming the healthcare system, including: increasing access to high quality, effective health care; promoting the economic self-sufficiency and well-being of vulnerable families, children and individuals; and reducing disparities in ethnic and racial health outcomes.

Lastly, our Fiscal Year 2010 Online Performance Appendix demonstrates our continued commitment to effectively and efficiently use our human capital to achieve results in support of our non-discrimination and privacy compliance mission. OCR has made considerable progress in achieving results to support HHS-wide initiatives to improve the health and well-being of the public. Everyone in OCR will continue to work together to achieve our shared objectives in protecting civil rights and the privacy of health information.

Robinsue Frohboese, J.D., Ph.D.  
Acting Director &  
Principal Deputy Director

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**Summary of Targets and Results Table**  
**Office for Civil Rights (OCR)**

<b>Fiscal Year</b>	<b>Total Targets</b>	<b>Targets with Results Reported</b>	<b>Percent of Targets with Results Reported</b>	<b>Total Targets Met</b>	<b>Percent of Targets Met</b>
2007	7	7	100%	4	57%
2008	7	7	100%	7	100%
2009	11	Data in late Fall 2009	Data in late Fall 2009	Data in late Fall 2009	Data in late Fall 2009
2010	11	Data in late Fall 2010	Data in late Fall 2010	Data in late Fall 2010	Data in late Fall 2010

**Performance Detail**

**OCR Online Performance Appendix Performance Measures Table**

**Long Term Objective:** To ensure compliance, to increase awareness, and to increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
<u>1.1.1:</u> The number of covered entities that take corrective actions as a result of OCR intervention per year ( <i>Outcome</i> )	2010	4,100	Nov 30, 2010
	2009	4,000	Nov 30, 2009
	2008	3,200	3,910 (Target Exceeded)
	2007	3,060	3,007 (Target Not Met)
	2006	1,725	3,352 (Target Exceeded)
	2005	Set Baseline	1,644 (Baseline)
<u>1.1.2:</u> The number of covered entities that make substantive policy changes as a result of OCR intervention and/or review per year ( <i>Outcome</i> )	2010	2,700	Nov 30, 2010
	2009	2,650	Nov 30, 2009
	2008	2,150	2,601 (Target Exceeded)
	2007	1,900	2,068 (Target Exceeded)
	2006	1,070	2,466 (Target Exceeded)
	2005	Set Baseline	1,019 (Baseline)

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
<u>1.1.3</u> : Rate of closure for civil rights and privacy cases and new Medicare application reviews per cases/reviews received per year ( <i>Output</i> )	2010	105%	Nov 30, 2010
	2009	104%	Nov 30, 2009
	2008	97.5%	103.6% (Target Exceeded)
	2007	90%	90.4% (Target Exceeded)
	2006	87%	96.6% (Target Exceeded)
	2005	82%	100.4% (Target Exceeded)
<u>1.1.4</u> : Percentage of civil rights cases and new Medicare application reviews resolved per cases/reviews received ( <i>Output</i> )	2010	111%	Nov 30, 2010
	2009	110.5%	Nov 30, 2009
	2008	105%	110.1% (Target Exceeded)
	2007	93%	94.5% (Target Exceeded)
	2006	91.2%	102% (Target Exceeded)
	2005	89.9%	125.7% (Target Exceeded)
<u>1.1.5</u> : Percentage of privacy cases resolved per privacy cases received ( <i>Output</i> )	2010	103%	Nov 30, 2010
	2009	100%	Nov 30, 2009
	2008	93%	99.7% (Target Exceeded)
	2007	88%	87.4% (Target Not Met)
	2006	81.2%	91.8% (Target Exceeded)
	2005	74.2%	79.7% (Target Exceeded)
<u>1.1.6</u> : Number of people made aware of federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals per year ( <i>Output</i> )	2010	98,200	Nov 30, 2010
	2009	95,400	Nov 30, 2009
	2008	78,000	92,603 (Target Exceeded)
	2007	75,000	61,086 (Target Not Met)
	2006	74,160	74,313 (Target Exceeded)
	2005	Set Baseline	72,000 (Baseline)
<u>1.1.7</u> : Percentage of civil rights complaints that require formal investigation, resolved within 365 days	2010	30%	Nov 30, 2010
	2009	33%	Nov 30, 2009

Measure	FY	Target	Result
(Output)	2008	Set Baseline	30% (Baseline)
1.1.8: Percentage of civil rights complaints that do not require formal investigation, resolved within 180 days (Output)	2010	74%	Nov 30, 2010
	2009	80%	Nov 30, 2009
	2008	Set Baseline	79.6% (Baseline)
1.1.9: Percentage of privacy complaints that require formal investigation, resolved within 365 days (Output)	2010	40%	Nov 30, 2010
	2009	45%	Nov 30, 2009
	2008	Set Baseline	42.3% (Baseline)
1.1.10: Percentage of privacy complaints that do not require formal investigation, resolved within 180 days (Output)	2010	63%	Nov 30, 2010
	2009	66%	Nov 30, 2009
	2008	Set Baseline	67% (Baseline)

Measure	Data Source	Data Validation
1.1.1	OCR has an internet-based Program Information Management System (PIMS) that captures data in real time related to complaint processing, Medicare application reviews, public education and technical assistance. PIMS allows users to code all different types of activities related to cases and their disposition, outreach, and technical assistance. PIMS automatically calculates the number of corrective actions based on case disposition. Corrective Action plans and settlement agreements are posted in PIMS.	As a result of OCR's investigations, Regional investigative staff negotiate and certify the corrective actions taken by covered entities; these results are reviewed at the Headquarters level.
1.1.2	Policy changes are a subset of corrective actions. PIMS calculates the number of substantive policy changes automatically from investigator input, including corrective action plans, settlement agreements, and other forms of written summaries of the substantive policy changes implemented.	Policy changes are a subset of corrective actions and are negotiated and certified by Regional staff; these results are reviewed at the Headquarters level.
1.1.3	Closure rates are manually calculated by dividing PIMS automated count of cases resolved by cases received.	Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard.

Measure	Data Source	Data Validation
1.1.4	PIMS automatically provides case counts and receipts and the percentage is calculated on a summary scorecard.	Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard.
1.1.5	The percentage is calculated from the PIMS automatically provided privacy case resolutions divided by privacy case receipts.	Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard.
1.1.6	Actuals are automatically provided in PIMS based on staff individual input of the actual / estimated count of participants	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.
1.1.7 1.1.8 1.1.9 1.1.10	Actuals are manually calculated using PIMS case data.	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.

**Long Term Objective:** To enhance operational efficiency

Measure	FY	Target	Result
1.2.1: Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE ( <i>Output</i> )	2010	66.5	Nov 30, 2010
	2009	66	Nov 30, 2009
	2008	59	65.6 (Target Exceeded)
	2007	49.6	51.3 (Target Exceeded)
	2006	41.3	50.3 (Target Exceeded)
	2005	39.98	49.9 (Target Exceeded)

Measure	Data Source	Data Validation
1.2.1	Actuals are manually calculated using PIMS case data and the number of FTE.	Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency.

### Performance Narrative

OCR has organized its performance measures around the two overarching strategic objectives that directly support the HHS Strategic Plan.



OCR has two long-term performance objectives: 1) ensure compliance, to increase awareness, and to increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information; and 2) enhance operational efficiency.

OCR's performance targets are based on projections of workload, historical levels of workload complexity, and ongoing efforts to improve staff efficiency. OCR uses established goals and measures to manage its resource allocations across the organization, holding staff accountable for supporting and achieving programmatic goals. OCR continuously monitors case receipts and performance through the use of an internal monthly scorecard. Trends in workload and projected budget resources are factored into revisions to OCR's targets. Over the past four years operational improvements, including upgrades to OCR's case management system, enhancing employee skill sets through training and empowerment, and redistributing workload across regional offices to maximize productivity, has resulted in the number of cases resolved per FTE increasing by more than 31 percent. Continued efficiency gains will allow OCR to maintain or exceed its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year.

#### **Long-term performance objective #1:**

- **The number of corrective actions that covered entities take as a result of OCR intervention**
  - In FY 2008, the number of corrective actions that covered entities made as a result of OCR intervention was 3,910. This exceeded OCR's target of 3,200.
  - Policy changes are a type of corrective action and OCR has added the preceding new measure for FY 2008. The number of covered entities that made substantive policy changes as a result of OCR intervention and/or review was 2,601, which exceeded OCR's target of 2,150 covered entities.
  - Given the importance of assuring that covered entities comply with the laws that OCR enforces, it is significant that OCR was able to not only meet but exceed its target in this area.
  - However, sustaining similar results in the future depends upon the number of cases that OCR is able to resolve in a given year since policy changes are a direct result of OCR's compliance activities.
  - OCR's target for this measure is 2,700 in FY 2010.

OCR experienced growth in the receipt of civil rights complaints and health information privacy complaints in FY 2008 at about an eight percent combined annual growth rate.

- **Rate of closure for civil rights and privacy cases and new Medicare application reviews per case/reviews received**
  - OCR achieved a 103.6 percent resolution rate in FY 2008 which exceeded its target of 97.5 percent.
  - OCR's supporting measure, "Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received," had an FY 2008 target

of 105 percent. OCR exceeded this target by achieving a resolution rate of 110.1 percent.

- OCR's supporting measure, "Percent of privacy cases resolved per cases received," had an FY 2008 target of 93 percent. OCR achieved a resolution rate of 99.7 percent, which exceeded this target.
  - OCR believes that its performance in relation to the established targets for resolving civil rights and privacy complaints and closing new Medicare application reviews is a significant accomplishment.
  - OCR continuously monitors case receipts and performance through the use of an internal monthly scorecard, which is one of the tools used to aid in the evaluation of investigators' successful performance in achieving OCR goals.
  - Over the past four years operational improvements, including upgrades to OCR's case management system, enhancing employee skill sets through training and empowerment, and redistributing workload across regional offices to maximize productivity, has resulted in the number of cases resolved per FTE increasing by more than 31 percent.
  - Continued efficiency gains will allow OCR to maintain or exceed its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year.
- **Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals**
    - OCR provided training and technical assistance to over 92,600 individuals through its public education and compliance activities in FY 2008. This level exceeded OCR's target of 78,000 individuals.
    - Given the nature of OCR's mission, resources are devoted primarily to the resolution of citizen complaints. OCR believes that performance on this measure has shown satisfactory results.
    - Public education activities are important to make people aware of their rights to protection against discrimination and privacy of their health information. In addition, health care providers and practitioners are educated on their responsibilities or learn about best practices in providing quality care that is free from discrimination and protects individuals' health information.

OCR continues to improve responsiveness to the public. Therefore, OCR added new measures, with baselines established in 2008, where the percentage of complaints that require a formal investigation are resolved within 365 days of receipt, and the percentage of complaints that do not require a formal investigation are resolved within 180 days of receipt. OCR's long-term goal is to resolve 90 percent of complaints that require a formal investigation within 365 days of receipt and to resolve 90 percent of complaints that do not require a formal investigation within 180 days of receipt. It is anticipated that results will be modest in the initial years of these measures (starting in 2009), as OCR continues to focus on resolving a number of older cases in

its inventory. These measures have been incorporated into OCR investigative staff's performance plans and results will be measured through OCR's monthly scorecards.

- **Percentage of civil rights complaints that require formal investigation, resolved within 365 days**
  - OCR established a baseline for this new measure of 30 percent.
- **Percentage of civil rights complaints that do not require formal investigation, resolved within 180 days**
  - OCR established a baseline for this new measure of 79.6 percent.
- **Percentage of privacy complaints that require formal investigation, resolved within 365 days**
  - OCR established a baseline for this new measure of 42.3 percent.
- **Percentage of privacy complaints that do not require formal investigation, resolved within 180 days**
  - OCR established a baseline for this new measure of 67 percent.

#### **Measure for long-term performance objective #2:**

OCR anticipates that continued operational efficiency efforts will result in an increase in the number of cases resolved per FTE assigned.

- **Increase the number of cases resolved per FTE assigned**
  - In FY 2008, OCR exceeded its target of 59 cases per FTE by resolving 65.6 cases per FTE.
  - OCR's performance in relation to the established targets for increasing the number of cases resolved per FTE assigned is a significant accomplishment.
  - OCR's management objective of enhancing operational efficiency is critical for achieving each of the previously discussed performance goals. In the past several years, OCR has employed numerous strategies to increase efficiency, including managing caseloads across regional lines and beginning to centralize the intake of complaints.
  - Another OCR strategy to increase efficiency is the implementation of a comprehensive training and workforce development program. These efforts showed positive improvements in operational efficiency. OCR was able to achieve an almost 28 percent increase in the number of cases resolved per FTE from 51.3 cases in FY 2007 to 65.6 cases in FY 2008.

## **Discussion of OCR Strategic Plan**

OCR's civil rights and health information privacy compliance activities play a significant role in support of three of the four goals in the HHS Strategic Plan, in addition to OCR's strategic goals.

See the discussion below for how the performance objectives that OCR uses to ensure compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs, and protection of the privacy of individually-identifiable health information, tie into the HHS Strategic Goals. OCR's second strategic goal, to enhance operational efficiency, supports the entire array of OCR activities outlined below because success under this goal results in increased resources that can be focused on priority issues.

## **HHS Strategic Goals**

### **1. Health Care**

To increase health care availability, accessibility, and safety, OCR investigates and resolves complaints of civil rights discrimination in the provision of health care (Objective A on p. 10) and investigates complaints of noncompliance with regulations that protect the privacy of individuals' health information (Objective B). OCR also promotes awareness and compliance with the applicable Federal laws that enhance non-discriminatory access to health care through its public education efforts, partnerships with health agencies and associations, and technical assistance efforts that promote voluntary compliance (Objective C). Under regulations implementing nondiscrimination laws, OCR periodically reviews civil rights policies and practices of program recipients to assess compliance and enters into resolution agreements to ensure that health care providers do not deny benefits to qualified persons based on race, color, national origin, disability, or age (Objective D).

### **2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness**

OCR promotes and encourages preventive health care, including mental health, lifelong healthy behaviors and recovery by means of its enforcement and educational activities aimed at preventing and eliminating unlawful discrimination by health care and human services entities. (Objectives A, B, and C). OCR's legal authorities include Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Titles VI and XVI of the Public Health Service Act; the Multi-Ethnic Placement Act (MEPA), as modified by Section 1808 of the Small Business and Job Protection Act; and the Age Discrimination Act of 1975. OCR continues to play a leading role in working with the states to achieve community integration for individuals with disabilities in accordance with the Supreme Court's *Olmstead v L.C.* decision. In addition to its enforcement activities, OCR supports preparation for, and response to, natural and man-made disasters through its participation in the development of the Department's Strategic Plan objectives pertaining to the

role of the HIPAA Privacy rule in emergency preparedness and response and emergency preparedness for persons with disabilities and other special needs populations, providing staff as key members of the National Response Plan working group on special needs populations, playing a vital role on a work group tasked with updating the Department's and FEMA's playbook for hurricane season planning, and similar activities (Objectives A, B, and C).

### **3. Human Services**

Through its enforcement and outreach activities addressing health disparities, Temporary Assistance for Needy Families, and non-discrimination in foster care and adoption (MEPA) (Objectives A and C), OCR supports the economic independence and social well-being of individuals and families across the lifespan; the safety and well-being of children and youth; the development of strong, healthy and supportive communities; and the needs, strengths and abilities of vulnerable populations.

#### **OCR's Strategic Goals**

Activities that support OCR's strategic goal to ensure compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS-funded programs, and protection of the privacy of individually-identifiable health information, include:

- Complaint investigations and enforcement
- Compliance review, Medicare pre-grant reviews, and monitoring
- Public education, partnerships, and technical assistance

Activities that support OCR's strategic goal to enhance operational efficiency include:

- Policy-making and legal advisory support for policy execution
- Improvements to case management processes, including use of technology
- Enhancing skill sets through training, hiring, and strategic deployment
- Holding staff accountable for supporting and achieving OCR and HHS strategic goals

Link to HHS Strategic Plan

	OCR Strategic Goals / Objectives				
	Goal 1: To ensure compliance and to increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of individually identifiable health information.				Goal 2: To enhance operational efficiency
	Objective A: To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	Objective B: To protect the privacy of personally identifiable health information for healthcare consumers.	Objective C: To provide information and training to representatives of health and human service providers, other interest groups, and consumers.	Objective D: To increase the number of covered entities which make substantive policy change as a result of intervention and / or review	Objective: To increase the number of cases / reviews resolved per FTE assigned.
<b>HHS Strategic Goals</b>					
<b>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 service availability and accessibility.	X	X	X	X	X
1.3 Improve health care quality, safety and cost/value.		X	X		X
1.4 Recruit, develop, and retain a competent health care workforce.					
<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.					
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.	X	X	X		X
2.4 Prepare for and respond to natural and man-made disasters.	X	X	X		X
<b>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.	X		X		X
3.2 Protect the safety and foster the well being of children and youth.	X		X		X
3.3 Encourage the development of strong, healthy and supportive communities.	X		X		X
3.4 Address the needs, strengths and abilities of vulnerable populations.	X		X		X
<b>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 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.					

## Summary of Full Cost

(Dollars in Millions)

HHS Strategic Goals and Objectives	Office for Civil Rights		
	FY 2008	FY 2009	FY 2010
<b>1: Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.			
<b>1.1</b> Broaden health insurance and long-term care coverage.			
<b>1.2</b> Increase health care service availability and accessibility.	14.9	17.5	17.9
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	6.9	8.0	8.2
To protect the privacy of personally identifiable health information for healthcare consumers	3.7	4.3	4.5
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.6	0.7	0.7
To increase the number of covered entities which make substantive policy change as a result of intervention and / or review	3.8	4.4	4.5
<b>1.3</b> Improve health care quality, safety and cost/value.	2.3	2.7	2.8
To protect the privacy of personally identifiable health information for healthcare consumers	2.2	2.6	2.7
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.1	0.1	0.1
<b>1.4</b> Recruit, develop, and retain a competent health care workforce.			
<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.			
<b>2.1</b> Prevent the spread of infectious diseases.			
<b>2.2</b> Protect the public against injuries and environmental threats.			
<b>2.3</b> Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	9.4	11.0	11.3
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	0.7	0.8	0.8
To protect the privacy of personally identifiable health information for healthcare consumers	8.6	10.0	10.3
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.2	0.2	0.2
<b>2.4</b> Prepare for and respond to natural and man-made disasters.	0.7	0.8	0.8
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	0.3	0.3	0.3
To protect the privacy of personally identifiable health information for healthcare consumers	0.3	0.4	0.4
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.1	0.1	0.1
<b>3: Human Services</b> Promote the economic and social well-being of individuals, families and communities.			
<b>3.1</b> Promote the economic independence and social well-being of individuals and families across the lifespan.	1.6	1.8	1.9
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	1.4	1.6	1.7
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.2	0.2	0.2
<b>3.2</b> Protect the safety and foster the well being of children and youth.	0.8	0.9	0.9
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	0.7	0.8	0.8
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.1	0.1	0.1
<b>3.3</b> Encourage the development of strong, healthy and supportive communities.	2.6	3.0	3.1
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	2.1	2.4	2.5
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.5	0.6	0.6
<b>3.4</b> Address the needs, strengths and abilities of vulnerable populations.	2.0	2.3	2.4
To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance.	1.8	2.1	2.2
To provide information and training to representatives of health and human service providers, other interest groups, and consumers	0.2	0.2	0.2
<b>Strategic 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 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.			
	34.3	40.1	41.1

### **Note on Summary of Full Cost**

OCR’s civil rights and health information privacy rule compliance activities comprise a unified program in which the various compliance, legal, and program management activities performed by OCR’s staff very frequently cut across its specific legal authorities. OCR does not have access at this time to a reliable activity-based costing system whereby staff hours spent on specific activities can be precisely tracked. The above distribution of resources, however, represents OCR’s best professional judgment about how its resources are supporting the Department’s strategic goals and objectives, and are aligned with previous estimates for the breakout of OCR’s budget by its long-term output measures.

### **List of Program Evaluations**

OCR’s performance efforts were reviewed in 2005. The program assessment findings concluded that OCR has strong purpose and design and is well-managed. Independent evaluations indicate that the organization is effective and achieving results. Through the program assessment process, OCR consolidated its performance measures in FY 2005, moving away from issue-specific goals that might be more subject to change from year to year, and adding two new outcome-related measures. OCR uses goals and measures developed as part of this program assessment to manage its resource allocations across the organization, using an internal scorecard and regular headquarters and regional teleconferences to track operational efficiency and to ensure alignment with performance goals. OCR holds staff accountable for supporting and achieving Departmental and organizational programmatic and management goals by cascading the Director’s annual performance contract objectives, including OCR’s program objectives, to all managers and program staff.

### **Disclosure of Assistance by Non-Federal Parties**

Preparation of Annual Performance Reports and Annual Performance Plans is an inherently governmental function that is only to be performed by Federal employees. OCR has not received any material assistance from any non-Federal parties in the preparation of this FY 2010 Online Performance Appendix.