



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

Agency for Toxic Substances  
and Disease Registry

*FY 2011 Online Performance Appendix*

**INTRODUCTION**

The FY 2011 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 2011 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information. These documents are available at <http://www.hhs.gov/budget/>.

The FY 2011 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2009 Annual Performance Report and FY 2011 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Summary of Performance and Financial Information summarizes key past and planned performance and financial information.

**MESSAGE FROM THE DIRECTOR**

We are pleased to present the FY 2011 Online Performance Appendix for the Agency for Toxic Substance and Disease Registry (ATSDR). The report represents the monitoring and management of ATSDR's scientific efforts to protect the health of U.S. citizens against disease related to toxic substance exposures.

The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful, exposures to toxic substances and related disease. ATSDR continues to prevent, determine, and mitigate health effects at sites with toxic exposures, and its successes in doing so directly benefit Americans.

ATSDR monitors its performance through long-term performance measures that evaluate the Agency's success in mitigating exposures at the most urgent and hazardous sites. These measures assess and document the impact of ATSDR's efforts on the health of people exposed to toxic substances.

To the best of my knowledge, the performance data reported by ATSDR for inclusion in the FY 2011 Online Performance Appendix is accurate, complete, and reliable, with one exception. The HAZDAT information system, used as source information for performance measures 17.E.1, 17.1.1, and 17.3.1, is no longer functional and is being replaced with Sequoia, a new database for tracking site activities. Input to the Sequoia database has been initiated but is not complete; therefore some information has been pulled from other databases and records. The Sequoia database should be fully populated by December 2010.

Sincerely,



Thomas R. Frieden, M.D., M.P.H.  
Director, Centers for Disease Control and Prevention, and  
Administrator, Agency for Toxic Substances and Disease Registry



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**SUMMARY OF TARGETS AND RESULTS TABLE**

The table below provides a summary of ATSDR's performance measures.

<b>Fiscal Year</b>	<b>Total Targets</b>	<b>Target with Results Reported</b>	<b>Percent of Targets with Results Reported</b>	<b>Total Targets Met</b>	<b>% of Targets Met</b>
2006	3	3	100%	3	100%
2007	5	5	100%	5	100%
2008	5	5	100%	4	80%
2009	6	6	100%	5	83%
2010	6	N/A	N/A	N/A	N/A
2011	6	N/A	N/A	N/A	N/A

**PERFORMANCE DETAIL**

**AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**

Measure	FY	Target	Result
17.E.2: Increase the percentage of cost savings each year for CCEHIP as a result of the Public Health Integrated Business Services HPO. ( <i>Efficiency</i> )	2011	30%	Dec 31, 2011
	2010	29%	Dec 31, 2010
	2009	28%	38% (Target Exceeded)
	2006	Baseline	17%

Unique Identifier	Data Source	Data Validation
17.E.2	CDC's Management Analysis and Services Office, COMPARE data system	CDC's Financial Management Office validates the data against FTE database information for the Management Analysis and Services Office

**Efficiency Measure 10.E.2:**

CDC is undergoing an agency-wide process to achieve significant efficiencies through the Public Health Integrated Business Services High Performing Organization (PHIBS HPO). The PHIBS HPO was approved by OMB in March of 2007. The focus of the PHIBS HPO is to systematically improve and modernize 16 different business support services reaching optimal efficiencies in service quality and at the same time reducing staff resource costs that perform the services by 2011.

Participation in the CDC-wide PHIBS HPO will link virtually all business support services performed in CCEHIP (National Center for Environmental Health, ATSDR, and the National Center for Injury Prevention) with those performed elsewhere at CDC, allowing the use of best practices, standardized procedures, and comparable measurement of performance across CDC. Reductions in staff and contractor time spent performing business support services will occur initially and be maintained thereafter in the CCEHIP HPO. Targets have been created for staff and contractors and costs associated with these, and for combined costs. These targets form the approximate 30 percent reduction in business support service costs. It is also expected that staff now performing business support services less than 10 percent of their time, will have those business service functions redirected to staff who primarily perform business services. This will decrease the combined grade of staff performing business services in CCEHIP and will allow the work in question to be accomplished more efficiently. Because staff who currently perform business services less than 10 percent of their time are primarily programmatic, this time will be returned to CCEHIP programs.

In addition, the Public Health Integrated Business Services HPO procedures require use of consistent, standardized business processes for all 16 involved business services. Cost and staffing efficiency will be routinely monitored and measured, as will service quality. In addition, 23 performance measures related to service delivery will be monitored and reported. All business support services currently focused at the branch, team, or other level in CCEHIP will be coordinated, standardized, and measured across CCEHIP. CCEHIP will be able to determine, disseminate and implement best practices in all business support services.

In FY 2009, CCEHIP exceeded their target reduction with a total percentage of cost savings of 38 percent. This reduction far exceeded the targeted reduction of 28 percent. At this time CCEHIP will retain the same targets as FY 2009 was the first year of reporting on this measure. CCEHIP will update targets as necessary as trends are established.

**LONG TERM OBJECTIVE 17.1: ASSESS CURRENT AND PREVENT FUTURE EXPOSURES TO TOXIC SUBSTANCES AND RELATED HUMAN HEALTH EFFECTS.**

Measure	FY	Target	Result
17.1.1: Reduce exposures to toxic substances and mitigate the likelihood of future toxic exposures by increasing EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures. (Outcome)	2012	>87%	Dec 31, 2013
	2011	>86%	Dec 31, 2012
	2010	>85%	Dec 31, 2011
	2009	>84%	85% (Target Exceeded)
	2008	>83%	96% (Target Exceeded)
	2007	>82%	89% (Target Exceeded)
	2006	>80%	89% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
17.1.1	Data is collected from the most recent data input into the new Sequoia database that has replaced the Agency's HAZDAT database.	An ongoing quality assurance/quality control process (QA/QC) is used to ensure quality and data accuracy for all documents entered into the system. In addition, system-generated reports are reviewed and monitored for accuracy on an ongoing basis.

**Long-term Objective 17.1, Performance Measure 1**

ATSDR responds to toxic substance releases when they occur or as they are discovered. One of the agency's primary responsibilities during these events is to provide information and to recommend actions, from a public health perspective, to the agency or industry responsible for cleaning up the released toxins and/or mitigating the likelihood of future releases. Since ATSDR serves in an advisory capacity, with no regulatory or enforcement authority, the protection of the public's health from toxic substance release is dependent on the extent to which 1) ATSDR's recommendations are adopted by those entities that do have enforcement authority,(e.g., EPA and state regulatory agencies); and 2) private industries adhere to ATSDR's recommendations and regulations. This measure reports the percentage of ATSDR's public health and safety recommendations adopted by EPA, state regulatory agencies, and private organizations. By adopting ATSDR recommendations, the EPA, state regulatory agencies and/or private industries enable exposures to environmental contaminants at sites to be reduced or ceased. This measure is the end point of ATSDR's health assessment process as authorized by CERCLA legislation. Thus, this measure is a public health outcome for ATSDR.

Ensuring Adoption of Recommendations Helps Prevent Exposures - ATSDR tracks the adoption rate of its recommendations to EPA, state regulatory agencies, or private organizations. In FY 2005 and FY 2006, the program exceeded its target. In FY 2007, ATSDR tracked recommendations for ceasing and reducing exposures and further site characterization for urgent and public hazard conclusion category sites in the last reporting period. While ATSDR tracks and encourages acceptance of its recommendations, it is up to the external entities to make the ultimate decision to do so. ATSDR has experienced an overwhelming rise in the acceptance of its recommendations by the external entities in recent years. In FY 2007, the agency exceeded its target of an 82 percent adoption rate with an end result of 89 percent. In FY 2008, 96 percent of ATSDR's recommendations were adopted, and in FY 2009, 85 percent of ATSDR's recommendations were adopted. The performance target was set at an approximate level and actual performance is only a slight deviation.

Regarding data integrity, the HAZDAT information system, used as source information for performance measure is no longer functional and is being replaced with Sequoia, a new database for tracking site activities. Input to the Sequoia database has been initiated but is not complete; therefore some information has been pulled from other databases and records. The Sequoia database should be fully populated by December 2010.

**LONG TERM OBJECTIVE 17.2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO PRIORITY HAZARDOUS SUBSTANCES.**

Measure	FY	Target	Result
17.2.1: Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by completing toxicological profiles for substances hazardous to human health. <i>(Outcome)</i>	2011	18	Dec 31, 2011
	2010	18	Dec 31, 2010
	2009	18	16 (Target Not Met)
	2008	18	16 (Target Not Met)
	2007	18	18 (Target Met)
	2006	18	18 (Target Met)
17.2.2: Fill data needs for human health effects/risks relating to hazardous exposures. <i>(Output)</i>	2011	10	Dec 31, 2011
	2010	10	Dec 31, 2010
	2009	34	37 (Target Not Met)
	2008	32	35 (Target Exceeded)
	2007	30 data needs	30 (Target Met)
	2006	Baseline	24 (Target Met)

Unique Identifier	Data Source	Data Validation
17.2.1	Data needs are listed in the Federal Register. ATSDR fills the data needs through U.S. Environmental Protection Agency regulatory mechanism (test rules), private sector volunteerism, and the direct use of CERCLA funds. Additional data needs are filled through collaboration with the National Toxicology Program (NTP), by ATSDRs Great Lakes Human Health Effects Research Program, and other agency programs. Also, data needs can be filled through reevaluation of new or existing data (non-ATSDR sponsored) that become evident during the toxicological profile update process. Toxicological Profiles that are under development are also listed in the Federal Register along with the release dates.	ATSDR's Division of Toxicology and Environmental Medicine manually monitors and tracks the research being performed to meet the data needs and the numbers of profiles under development and published. The Division reports on its progress towards meeting these targets through quarterly strategic planning reviews with the Office of the Director.
17.2.2	The Division of Health Studies (DHS) tracks the percent of data needs filled.	DHS validates the data needs filled on the basis of established criteria and tracks and reports status during strategic planning reviews.



### **Long-term Objective 17.2, Performance Measure 1**

A significant part of ATSDR's work is determining the relationship between human exposures to hazardous substances and health effects. As required by law, ATSDR prepares toxicological profiles (ToxProfiles) for hazardous substances found at the National Priorities List (NPL) sites and upon request from the scientific community. This Priority List of Hazardous Substances is a catalog of the hazardous substances most commonly found at NPL facilities and those that pose significant potential threat to human health. Hazardous substances may be added or deleted from the NPL annually; therefore, each year there may be substances for which ToxProfiles must be developed.

Each profile provides a summary and comprehensive evaluation, and an interpretation of available scientific information on a substance. In 2009, thirteen ToxProfiles were developed. Six of these profiles were released for public comment. Seven are undergoing final review for release as final documents. The profiles are available online at <http://www.atsdr.cdc.gov/toxpro2.html>, on CD-ROM, and in hard copy form.

ToxProfiles are intended to be comprehensive reference documents. When there are insufficient data to provide a complete picture of the health effects of a toxic substance, ATSDR identifies what data are needed and works to collect needed information to complete the profile. This measure tracks the number of identified data needs that are resolved annually.

In FY 2009, sixteen priority data needs were filled for priority hazardous substances. These data needs were filled by information/studies that were identified during the development of the updated toxicological profiles or during literature reviews. For example, exposure levels in humans were identified through the NHANES report for endosulfan, methoxychlor, and xylenes.

DTEM was only able to fill 16 data needs in FY 2009 due to the lack of research focusing on identified priority data needs. DTEM will continue to work with the Division of Laboratory Sciences for the availability of biomonitoring data and look for opportunities with research partners (e.g. private sector, NTP, NIOSH). This will be accomplished through the representation of the division on the Tri-Agency Superfund Applied Research Committee (TASARC).

### **Long-term Objective 17.2, Performance Measure 2**

ATSDR is committed to assessing the relationship between toxic exposures and disease. Through the development of health studies, disease tracking projects, and surveillance studies, ATSDR improves the science base for environmental public health decision-making by filling the gaps in knowledge about human health effects from exposure to hazardous substances. This measure tracks the number of data needs (i.e., gaps in knowledge about effects from exposure to hazardous substances) that ATSDR fills through the completion of site-specific or broader research studies. A data need is a specific question posed by a community or other stakeholders at sites where ATSDR provides services or a question on ATSDR's research agenda.

In the past (FY 2008 and prior), ATSDR has reported for this performance measure the number of data gaps that ATSDR and its partners worked on during the fiscal year. For FY 2010 and moving forward, ATSDR will report the number of data gaps filled by the agency and partners. The FY 2010 and 2011 targets have been adjusted to reflect this change.

In FY 2009, ATSDR filled nine site-specific and research data needs. Examples of these data needs include:

- A journal article on elemental mercury exposure in *Environmental Health Perspectives* (January 2009), and a related government report to Congress (February 2009);
- A manuscript on polycythemia vera in *Cancer Epidemiology, Biomarkers & Prevention* (February 2009); and,

- A journal article on asthma and posttraumatic stress symptoms related to the World Trade Center terrorist attack in the Journal of the American Medicine Association (August 2009).

**LONG TERM OBJECTIVE 17.3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS FROM TOXIC EXPOSURES.**

Measure	FY	Target	Result
17.3.1: Protect human health by preventing or mitigating human exposures to toxic substances or related health effects at sites with documented exposures. (Outcome)	2011	74%	Dec 31, 2011
	2010	74%	Dec 31, 2010
	2009	74%	79% (Target Exceeded)
	2008	72%	82% (Target Exceeded)
	2007	70%	70% (Target Met)
	2006	65%	65% (Target Met)
17.3.2: Provide services to mitigate the risks of health effects from exposure to hazards from disasters. (Output)	2011	Deploy staff as requested to emergency events in a timely manner 100% of the time.	Dec 31, 2010
	2010	Deploy staff as requested to emergency events in a timely manner 100% of the time.	Dec 31, 2010
	2009	Deploy staff as requested to emergency events in a timely manner 100% of the time.	100% (Target Met)
	2008	Deploy staff as requested to emergency events in a timely manner 100% of the time.	100% (Target Met)
	2007	Deploy staff as requested to emergency events in a timely manner 100% of the time.	100% (Target Met)
	2006	Baseline	100% (Target Met)

Unique Identifier	Data Source	Data Validation
17.3.1	ATSDR tracks the completion of this measure using its Goal 3 Program Assessment Sites database.	The completion of these measures is validated by the Division of Health Assessment and Consultations Health Assessors, Technical Project Officers and/or State Site Leads. The Site Leads report follow-up information on an ongoing basis to DHAC and the Office of Policy, Planning, and Evaluation (OPPE). DHAC maintains the database and monitors performance measure progress on an ongoing basis.
17.3.2	The Divisions of Toxicology and Environmental Medicine and Division of Regional Operations track requests for emergency assistance and document the Agency's responses.	The data is validated through the Agency's performance review process.

### **Long-term Objective 17.3, Performance Measure 1**

This outcome measure captures the impact of the agency on human health in communities where actual or potential exposures exist. The long-term measure tracks the percentage of sites where human health risks or effects have been mitigated. The measure compares documented human health risks or effects at the time of the initial site assessment to those after intervention, thus measuring the reduction in a person's actual or potential exposure. Depending on the toxic substance(s) and route(s) of exposure, the impact of interventions on human health can be measured through the following:

- Morbidity/Mortality rates that measure, for example, the reduction in childhood cancer or birth defects rates.
- Biomarkers, which signal the presence of toxic substances in the body, are used in cases where reliable and affordable tests are available.
- Environmental monitoring that measures reductions in environmental contaminants to below levels of human health concern.
- Documented behavioral change which prevents future exposures.

Since FY 2005, the program has met or exceeded its targets. In FY 2008, ATSDR continued to work with the EPA and other partners to assess the status of the implementation of interventions. Based on current data, interventions have been implemented at 82 percent of those sites posing an urgent or public health hazard.

ATSDR's Division of Health Assessment and Consultation continues to provide training to technical staff working on the site evaluations and emphasize the need for them to work closely with site managers, community members, and other health professionals to ensure that appropriate actions needed to minimize exposures are implemented as quickly as possible.

Regarding data integrity, the HAZDAT information system, used as source information for performance measure is no longer functional and is being replaced with Sequoia, a new database for tracking site activities. Input to the Sequoia database has been initiated but is not complete; therefore some information has been pulled from other databases and records. The Sequoia database should be fully populated by December 2010.

### **Long-term Objective 17.3, Performance Measure 2**

ATSDR responds to disasters by deploying expert personnel to affected sites and by providing technical and coordination assistance to other agencies. All ATSDR emergency response staff in Atlanta are to be ready to deploy to sites within two hours of notification and to respond to the CDC Emergency Operations Center within 10 minutes of an emergency call. In addition, ATSDR builds and maintains its response readiness by participating in national and regional planning sessions and emergency exercises. An example of ATSDR's work in emergency response is noted below:

- In 2009, ATSDR provided emergency response when a containment wall failure resulted in the release of fly ash in Tennessee. As part of the emergency response, ATSDR provided on scene presence, reviewed large data packages, provided key action levels for contamination, coordinated a CDC/State epidemiological study with EPA, and participated in several media interviews. As a result of ATSDR's work, community members were able to make informed decisions to protect themselves during the cleanup period. For example, residents were assured that public water supplies were safe but that private wells needed to be evaluated before use.

Since FY 1990, the program has met its targets and will continue to employ its current strategies to ensure continued success.

## OVERVIEW OF PERFORMANCE

### STATEMENT OF MISSION

The Agency for Toxic Substances and Disease Registry (ATSDR) is the nation's public health agency for chemical safety. The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful exposures to toxic substances and related disease.

The discovery of contamination in New York State's Love Canal during the 1970s first brought the problem of hazardous wastes to national attention. Similarly, the health threat from sudden chemical releases came into focus in December 1984, when a cloud of methyl isocyanate gas released from a Union Carbide facility in Bhopal, India, seriously injured or killed thousands of people.

Both events represent the kinds of issues at the core of ATSDR's congressional mandate. First organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, more commonly known as the Superfund law. In 1986, Congress passed the Superfund Amendments and Reauthorization Act (SARA). Through these and other pieces of legislation, Congress responded to the public's demand for a more complete accounting of toxic chemicals and releases. In addition, Congress was—and remains—concerned by other pathways of potential exposure, including food, water, air, and consumer goods.

Since the creation of ATSDR, thousands of hazardous sites have been identified around the country. The Superfund program remains responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR has also been at the forefront in protecting people from acute toxic exposures that occur from hazardous leaks and spills, environment-related poisonings, and natural and terrorism-related disasters.

Under its CERCLA mandate, ATSDR's work falls into four functional areas:

- Protecting the public from toxic exposures;
- Increasing knowledge about toxic substances;
- Delivering health education about toxic chemicals; and
- Maintaining health registries.

Through its work in these areas, ATSDR continues to prevent and mitigate exposures and related health effects at hazardous waste sites across the nation.

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## STRATEGIC PLAN

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ATSDR's mission, focus and overarching strategic goals are complementary to the HHS Strategic Plan and support the agency's congressional mandate. The agency's strategic goals, listed below, were refined through ATSDR's 2007 program reassessment with OMB. ATSDR was originally evaluated in 2003.

*Goal 1: Assess current and prevent future exposures to toxic substances and related human health effects.*

ATSDR assesses current and prevents future exposures by responding to toxic substance releases when they occur or as they are discovered. One of the agency's primary responsibilities during these events is to provide information and to recommend actions, from a public health perspective, to the agency or industry responsible for cleaning up the released toxins and/or mitigating the likelihood of future releases. The agency is successful in preventing ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and take appropriate actions. Therefore, ATSDR takes an active approach of following up on its recommendations with the regulatory agencies to ensure they adopt ATSDR's public health and safety recommendations.

*Goal 2: Determine human health effects associated with exposures to priority hazardous substances.*

A significant part of ATSDR's work is determining the relationship between human exposures to hazardous substances and health effects. As required by law, ATSDR prepares ToxProfiles for hazardous substances found at the NPL sites and upon request from the scientific community. This "Priority List of Hazardous Substances" is a catalog of the hazardous substances most commonly found at NPL facilities and those that pose significant potential threat to human health. Hazardous substances may be added or deleted from the NPL annually; therefore, each year there may be substances for which ToxProfiles must be developed.

ATSDR works to determine the relationship between toxic exposures and disease through health studies, disease tracking, and surveillance activities. ATSDR's research findings help determine whether exposures to hazardous substances can lead to increased risk for various health problems, such as cancer, leukemia, multiple sclerosis, asthma, and other illnesses.

*Goal 3: Mitigate the risks of human health effects from toxic exposures.*

A key indicator of the success of ATSDR's work with its partners is not only to identify exposures to toxic substances, but also to take action and follow-up to ensure that the effect of these risks on exposed individuals is minimal. CDC uses behavior change as a measurement of success but also focuses on more outcome-oriented measures, such as comparing morbidity/mortality rates, measuring the reduction of environmental exposures, performing biomarker tests, and monitoring the behavior change of relevant community members and/or health professionals.

**LINKS TO HHS AND ATSDR STRATEGIC PLANS**

	<b>ATSDR STRATEGIC GOALS</b>		
	Assess and Prevent Exposures	Determine Human Health Effects	Mitigate Risks of Exposures
<b>HHS STRATEGIC GOALS</b>			
<b>GOAL 1: Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.</b>	-	-	-
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, cost and value.	-	-	-
1.4 Recruit, develop and retain a competent health care workforce.	-	-	-
<b>GOAL 2: Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.</b>	<b>X</b>	<b>X</b>	<b>X</b>
2.1 Prevent the spread of infectious diseases.	-	-	-
2.2 Protect the public against injuries and environmental threats.	X	X	X
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	-	-	-
2.4 Prepare for and respond to natural and man-made disasters.	X	X-	X
<b>GOAL 3: Promote the economic and social well-being of individuals, families and communities.</b>	<b>X</b>	<b>X</b>	<b>X</b>
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.	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.	-	-	-

	ATSDR STRATEGIC GOALS		
	Assess and Prevent Exposures	Determine Human Health Effects	Mitigate Risks of Exposures
HHS STRATEGIC GOALS			
<b>GOAL 4: Advance scientific and biomedical research and development related to health and human services.</b>	X	X	X
4.1 Strengthen the pool of qualified health and behavioral science researchers.	-	-	-
4.2 Increase basic scientific knowledge to improve human health and development.	X	X	X
4.3 Conduct and oversee applied research to improve health and well-being.	X	X	X
4.4 Communicate and transfer research results into clinical, public health and human service practice.	X	X	X

**ADDITIONAL ITEMS**

**FULL COST TABLE**

FY 2011 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCE AND DISEASE REGISTRY SUMMARY OF FULL COST (DOLLAR IN MILLIONS)				
	Goals and Performance Area	FY 2009	FY 2010	FY 2011
<b>HHS Strategy Goal 2</b>				
<b>HHS Strategy Goal 2.2</b>				
	<b>ATSDR</b>			
	Goal 1	\$14.3	\$14.2	\$13.7
	<i>Measure 1</i>	\$14.3	\$14.2	\$13.7
	Goal 3	\$53.2	\$52.7	\$51.0
	<i>Measure 1</i>	\$41.5	\$41.1	\$39.7
	<i>Measure 2</i>	\$11.8	\$11.6	\$11.3
	<b>Sub-total</b>	<b>\$67.5</b>	<b>\$66.9</b>	<b>\$64.7</b>
<b>HHS Strategy Goal 4</b>				
<b>HHS Strategy Goal 4.2</b>				
	<b>ATSDR</b>			
	Goal 2	\$12.2	\$12.1	\$11.7
	<i>Measure 1</i>	\$6.4	\$6.3	\$6.1
	<i>Measure 2</i>	\$5.8	\$5.8	\$5.6
	<b>Sub-total</b>	<b>\$12.2</b>	<b>\$12.1</b>	<b>\$11.7</b>

*N/A signifies retired goals and measures, measures Full Cost was not calculated for, or measures not reported in a fiscal years.*

*Note: Full cost estimates are not necessarily reflective of direct programmatic funding levels for a given fiscal year. Estimates incorporate programmatic professional judgments of the portion of budget associated with performance goals and measures. In addition, overhead estimates are applied based on staffing levels. Programmatic methodologies are refined each year, which may contribute to variation across fiscal years.*



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**SUMMARY OF FINDINGS AND RECOMMENDATIONS FROM COMPLETED PROGRAM EVALUATIONS**

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In FY 2009, the Board of Scientific Counselors (BSC) for ATSDR and the CDC's National Center for Environmental Health (NCEH) completed an external review of the NCEH/ATSDR process for the clearance and peer-review of agency documents. The BSC recognizes ATSDR should work to prevent the clearance and external review processes from being an impediment. Steps can be taken to update the current policy to include e-clearance, delegate more accountable authority to divisional management, and improve the present external peer review policy.

In addition, ATSDR has continued to implement recommendations from the BSC's 2007 program evaluation of ATSDR work at sites with the most urgent public health hazards. The review included program goals and objectives, accomplishments, quality of science, and public health impact of the Site Specific Activities of the four divisions of ATSDR. The overarching conclusion of the BSC was that Site Specific Activities of ATSDR have made a positive contribution to the health of communities and to the public health infrastructure. Progress on implementing the BSC recommendations has been tracked during FY 2009 through mid- and end-of-year program reviews with division leadership (convened by NCEH/ATSDR Office of Director). Future plans and activities to address recommendations were also provided by division leadership to NCEH/ATSDR in the reports and meetings. A few of the recommendations tracked included, collaborating among divisions, formalizing succession planning, employing strategies in recruitment, establishing strategic alliances with universities and colleges to enhance the presence of environmental health curricula, and increasing publishing presence in journal publications.

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**DISCONTINUED PERFORMANCE MEASURES**

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<b>Dropped Annual Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
17.E.1: Reduce the average cost per site to deliver public health findings and recommendations to the public. (Efficiency)	2010	17%	12/2010
	2009	16%	-11%
	2008	24%	15%
	2007	21%	6%
	2006	N/A	17%
	2005	N/A	10%
	2004	Baseline	\$36,174