DEPARTMENT of HEALTH and HUMAN SERVICES

Office of Public Health and Science

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's (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 Citizens' Report. These documents are available at http://www.hhs.gov/budget/. The FY 2011Congressional 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 Citizens' Report summarizes key past and planned performance and financial information.

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MESSAGE FROM THE ASSISTANT SECRETARY FOR HEALTH

On behalf of the Office of Public Health and Science (OPHS), I am pleased to submit our 2011 Online Performance Appendix. During our most recent HHS End-of Year Organizational Assessment, our organization was rated exceptional. 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 in FY 2010 include a new effort on addressing the nation's obesity epidemic and continued progress on Healthcare-associated infections.

OPHS is collaborating with HHS divisions and offices to address the nation's obesity epidemic. Through Office of the Secretary led working groups, OPHS is helping to build the science for obesity prevention, implement evidence-based community interventions, and increase messaging to empower American's to make healthy choices. The obesity initiative includes representation across all of the HHS operating and staff divisions and was initiated in November 2009.

HHS began a Department-wide effort to address HAIs by establishing the senior-level Steering Committee for the Prevention of Healthcare-Associated Infections in order to improve and expand prevention efforts. The Steering Committee is charged with developing and implementing the HHS Action Plan to Prevent HAIs. In FY 2009, OPHS is expanding the work of the Steering Committee by coordinating implementation of the Action Plan, monitoring progress in achieving the national goals outlined in the Action Plan, and leading the next tier's efforts.

In late FY 2009, OPHS began development and implementation of a three-year national media campaign to raise awareness of the importance of addressing HAIs with a variety of audiences. The campaign focuses on consumers and healthcare providers in hospital settings as well as medical, dental, nursing students and practicing clinicians with a computer-based interactive training. The campaign includes national public service announcements in both Spanish and English, a consumer and provider checklist, out-of-home advertisements, and a stakeholder/partnership plan to help disseminate campaign information and to identify strategic partnerships.

In those few cases where OPHS did not meet their performance measures, 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.

Howard K. Koh, M.D., M.P.H.
Assistant Secretary for Health

SUMMARY OF PERFORMANCE TARGETS AND RESULTS

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2006	17	16	94%	14	88%
2007	44	42	95%	32	76%
2008	45	39	87%	29	74%
2009	44	23	52%	20	87%
2010	46	0	0%	0	0%
2011	41	0	0%	0	0%

PERFORMANCE DETAIL

PROGRAM: OFFICE OF PUBLIC HEALTH AND SCIENCE

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

Measure 1.a: Shape policy at the local, State, national and international levels (Outcome)
(Measure 1: 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)

FY	Target	Result
2011	35,192	N/A
2010	35,000[1]	N/A
2009	50,000	32,145 (Target Not Met)
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)

Measure 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)

FY	Target	Result
2011	42,506,365	N/A
2010	41,230,280[2]	N/A
2009	52,000,000	40,268,111 (Target Not Met)
2008	51,000,000	52,000,000 (Target Exceeded)
2007	49,000,000	7 (Target Not Met but Improved)
2006	N/A	5 (Historical Actual)

[1]OPHS has consistently not met this target. We are changing our target to keep it more in line with our actual performance.
[2]The Office of HIV/AIDS Policy (OHAP) was a big contributor to this measure. OHAP's Mobilization Campaign has ended and they collected a lot of web visitors to their campaign site. As a result, OPHS had to decrease their target for this measure. A significant drop in OHAP's numbers in FY'10 can be explained due to: (1) the end of the National HIV/Testing Mobilization Campaign (NHTMC) which produced considerable numbers for both preventing disease and addressing health disparities and (2) a reduction in OHAP-generated programs and projects to focus more on HIV/AIDS policy and program review and analysis.

Measure 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)

FY	Target	Result
2011	580	N/A
2010	546	N/A
2009	175	1044 (Target Exceeded)
2008	160	480 (Target Exceeded)
2007	334	499 (Target Exceeded)
2006	N/A	354 (Historical Actual)

Measure 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 findings disseminated;
Measure 3: the number of promising practices identified by research, demonstrations, evaluation, or other studies)

FY	Target	Result
2011	78	N/A
2010	50	N/A
2009	225	363 (Target Exceeded)
2008	200	159 (Target Not Met)
2007	200	447 (Target Exceeded)
2006	N/A	205 (Historical Actual)

Measure 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 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)

FY	Target	Result
2011	1,461	N/A

FY	Target	Result
2010	1,390[3]	N/A
2009	1,600	1,840 (Target Exceeded)
2008	1,500	1,589 (Target Exceeded)
2007	1,300	1,337 (Target Exceeded)
2006	N/A	1,433 (Historical Actual)

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

Measure 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)

FY	Target	Result
2011	102	N/A
2010	98	N/A
2009	97	328 (Target Exceeded)
2008	92	404 (Target Exceeded)
2007	96	190 (Target Exceeded)
2006	N/A	88 (Historical Actual)

Measure 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 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)

FY	Target	Result
2011	2,480,452	N/A
2010	2,410,400	N/A
2009	2,305,000	265,695,094 (Target Exceeded)

[3] OWH is the greatest contributor for this measure. In prior years, OWH had the National Centers of Excellence and the Community Centers of Excellence (established programs). OWH restructured those programs (new competition,etc) and they now have a new coordinated program linked to Healthy People which is the ASIST 2010 program. Their data also changed, therefore they submitted new and more realistic targets for this measure.

FY	Target	Result
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 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)

FY	Target	Result
2011	200	N/A
2010	136	N/A
2009	126	623 (Target Exceeded)
2008	110	331 (Target Exceeded)
2007	72	336 (Target Exceeded)
2006	N/A	142 (Historical Actual)

Measure 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)

FY	Target	Result
2011	65	N/A
2010	60	N/A
2009	45	197 (Target Exceeded)
2008	42	89 (Target Exceeded)
2007	47	275 (Target Exceeded)
2006	N/A	47 (Historical Actual)

Measure 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)

FY	Target	Result
2011	75	N/A
2010	70	N/A
2009	23	549 (Target Exceeded)
2008	23	120 (Target Exceeded)
2007	86	24 (Target Not Met)
2006	N/A	31 (Historical Actual)

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

Measure 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)

FY	Target	Result
2011	981	N/A
2010	951[4]	N/A
2009	1,800	3,575 (Target Exceeded)
2008	1,700	3,529 (Target Exceeded)
2007	2,400	2,416 (Target Exceeded)
2006	N/A	1,978 (Historical Actual)

Measure 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)

FY	Target	Result
2011	1,630,480	N/A
2010	1,615,473	N/A

[4] OSG is the greatest contributor for this measure. They have increased their target as a result of prior performance.

FY	Target	Result
2009	1,178,844	1,568,751 (Target Exceeded)
2008	1,000,000	2,046,913 (Target Exceeded)
2007	650,000	1,173,866 (Target Exceeded)
2006	N/A	670,940 (Historical Actual)

Measure 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)

FY	Target	Result
2011	41	N/A
2010	40	N/A
2009	30	486 (Target Exceeded)
2008	30	131 (Target Exceeded)
2007	6	116 (Target Exceeded)
2006	N/A	117 (Historical Actual)

Measure 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)

FY	Target	Result
2011	1,595	N/A
2010	1,103	N/A
2009	189	7,512 (Target Exceeded)
2008	125	1,927 (Target Exceeded)
2007	67	4,205 (Target Exceeded)
2006	N/A	3,738 (Historical Actual)

Measure 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.
[OSG} M2: # Reserve Officers Commissioned
[OSG] M3: # Activation days
[OSG] M4: # Officers trained)

FY	Target	Result
2011	4,669	N/A
2010	4,600[5]	N/A
2009	7,300	3,149 (Target Not Met but Improved)
2008	7,300	3,114 (Target Not Met)
2007	6,800	3,135 (Target Not Met)
2006	N/A	3,454 (Historical Actual)

PROGRAM: ADOLESCENT FAMILY LIFE

The Adolescent Family Life (AFL) program was reassessed in the spring of 2008 and received a rating of "Adequate," demonstrating a substantial improvement over the original 2004 program assessment rating of "Results Not Demonstrated." In FY 2010, Congress did not appropriate funds for AFL Prevention demonstration grants. In FY 2011, it is anticipated that only AFL Care demonstration grants will be supported. As a result of this change in funding, AFL is not supporting prevention programs in FY10 and is therefore not able to provide outcome data on prevention related performance measures. Prior to FY10, AFL had six long-term performance measures with two of them directly related to prevention demonstration projects. AFL currently has four active long-term performance measures: (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," and (4) "Improve the quality of the Title XX independent evaluations."

Data collection and analysis for the AFL performance measures is conducted each spring. The most recent program data available for AFL is from FY 2008 (analyzed in spring 2009). Based on the data from FY 2008, the AFL 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. The actual result for one of the objectives exceeded the proposed target by nine percentage points, while the targets for two of the other 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

[5]OPHS has consistently not met this target. We are changing our target for this measure to be more realistic with our progress in this area.

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 exceeding the target for this year by five percent. 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 through this office. The actual results for the efficiency measure also exceeded the target by $38 per client hour, indicating the increasing efficiency of programming. 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 up to 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. New AFL grantees do not have the same number of years of AFL expertise and program implementation experience as others, possibly contributing to a reduction in outcome measure performance during initial reporting years. Other possible explanations for reduced performance include inconsistent grantee data collection and inadvertent inclusion of an excluded set of clients in the care grantee data set (i.e., As written, the care measures only look at follow-up data at 12 months.) Some grantees may have included follow-up data at 24 months along with the 12 month data.).

The AFL program continues to focus on improving performance. As part of the AFL improvement plan, targeted feedback and recommendations are provided to all AFL grantees regarding their end of year reports. In addition, AFL has initiated a national cross-site evaluation of AFL demonstration projects that will evaluate the program's impact on desired outcomes related to both prevention and care grant activities. Baseline data collection for this cross-site evaluation began in the spring of 2009. Baseline data collection for the prevention grantees was completed in November 2009. Baseline data collection for the care grantees will be complete in the spring of 2010. Findings from this national cross-site evaluation study will be available in FY 2011. In addition, an assessment of the current performance measures and their ability to appropriately measure the effectiveness of the AFL program has been underway since the fall of 2008. The AFL program has worked closely with an outside contractor and an expert workgroup to review the goals of the AFL program, assess the current objectives, and identify additional methods to measure and promote program success. Initial recommendations for improvements to these performance measures were developed in the fall of 2009 and are being reviewed by OPA.

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

Measure 2.1.1: Increase communication among parents and adolescents on topics relating to puberty, pregnancy, abstinence, alcohol, and/or drugs. (Outcome)[6]

FY	Target	Result
Out-Year Target	N/A	N/A
2011	N/A	N/A

[6] The legacy measures for prevention will be reported on for FY 2009 when the data is available, but since prevention is not being funded in 2010 we will not have new performance measures in this area.

FY	Target	Result
2010	NA	N/A
2009	48.8%	Apr 30, 2010
2008	48.8%	43% (Target Not Met but Improved)
2007	46.6%	42% (Target Not Met)
2006	Set Baseline	44.4% (Baseline)

Measure 2.1.2: Increase adolescents' understanding of the positive health and emotional benefits of abstaining from premarital sexual activity. (Outcome)[7]

FY	Target	Result
Out-Year Target	N/A	N/A
2011	N/A	N/A
2010	NA	N/A
2009	74%	Apr 30, 2010
2008	68%	57.5% (Target Not Met but Improved)
2007	83%	54% (Target Not Met)
2006	Set Baseline	80% (Baseline)

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

Measure 2.2.1: Maintain the incidence of clients in AFL Care demonstration projects who do not have a repeat pregnancy. (Outcome)

FY	Target	Result
Out-Year Target	92% (2015)	N/A
2011	92%	N/A
2010	92%	N/A
2009	92%	Apr 30, 2010
2008	92%	90% (Target Not Met)
2007	Set Baseline	92% (Baseline)

[7] The legacy measures for prevention will be reported on for FY 2009 when the data is available, but since prevention is not being funded in 2010 we will not have new performance measures in this area.

Measure 2.2.2: Increase infant immunization among clients in AFL Care demonstration projects. (Outcome)

FY	Target	Result
Out-Year Target	92% (2015)	N/A
2011	84%	N/A
2010	82%	N/A
2009	80%	Apr 30, 2010
2008	78%	65% (Target Not Met)
2007	Set Baseline	76% (Baseline)

Measure 2.2.3: Increase the educational attainment of clients in AFL Care demonstration projects. (Outcome)

FY	Target	Result
Out-Year Target	84% (2015)	N/A
2011	80%	N/A
2010	79%	N/A
2009	72%	Apr 30, 2010
2008	70%	79% (Target Exceeded)
2007	Set Baseline	68% (Baseline)

Agency Long-Term Objective: (1) Identify interventions that have demonstrated their effectiveness to promote premarital abstinence for adolescents. (2) Identify interventions that have demonstrated their effectiveness to ameliorate the consequences of adolescent pregnancy and childbearing.

Measure 2.3.1: Improve the quality of the Title XX prevention independent evaluations. (Outcome)

FY	Target	Result
Out-Year Target	N/A	N/A
2011	N/A	N/A
2010	44%	N/A
2009	35.75%	Apr 30, 2010

FY	Target	Result
2008	27.5%	48.5% (Target Exceeded)
2007	19.25%	22.2% (Target Exceeded)
2006	Set Baseline	11% (Baseline)

Measure 2.3.2: Improve the quality of the Title XX care independent evaluations. (Outcome)

FY	Target	Result
Out-Year Target	79.8% (2015)	N/A
2011	63%	N/A
2010	58.8%	N/A
2009	54.6%	Apr 30, 2010
2008	50.4%	55.5% (Target Exceeded)
2007	46.2%	37% (Target Not Met)
2006	Set Baseline	42% (Baseline)

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

Measure 2.4.1: Sustain the cost to encounter ratio in Title XX prevention programs. (Outcome)

FY	Target	Result
Out-Year Target	N/A	N/A
2011	N/A	N/A
2010	$29	N/A
2009	$29	Apr 30, 2010
2008	$29	$25 (Target Exceeded)
2007	$37	$29 (Target Exceeded)
2006	Set Baseline	$37 (Baseline)

Measure 2.4.2: Sustain the cost to encounter ratio in care demonstration projects. (Outcome)

FY	Target	Result
Out-Year Target	$110 (2015)	N/A
2011	$110	N/A

FY	Target	Result
2010	$110	N/A
2009	$110	Apr 30, 2010
2008	$110	$72 (Target Exceeded)
2007	$125	$110 (Target Exceeded)
2006	N/A	$125 (Baseline)

PROGRAM: OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

I.a. The FDA Health and Diet Survey, in which awareness of Dietary Guidelines is assessed, was not fielded in 2008 or 2009 (due to budget constraints and programmatic priorities) and is not planned to be fielded in 2010. ODPHP is exploring other options to obtain this data and realizes that data obtained from another source may necessitate a review and revision of the target for this measure. When the Dietary Guidelines were last issued in 2005, there was an expected increase in awareness in the immediate year following as well as an expected decline in awareness in subsequent years. Due to evolving priorities in ODPHP, awareness of the Guidelines by consumers is no longer a priority. Providing DGA-based nutrition information to consumers that is understandable and actionable is a priority and is being effected by nutrition content areas of healthfinder, review of nutrition communication materials developed by HHS and USDA agencies, and partnership with USDA in developing strategic communications for the 2010 DGAs.

Ib. The web traffic for FY 09 is 12.662 million, a decrease of approximately 20% from FY08. This reduction is primarily due to the re-design of healthfinder.gov which has narrowed its scope from general health information to a focus on prevention and health promotion information to be better aligned with the office mission. In addition, the decrease is due in part to blocked access to healthfinder.gov, the correction for which is underway. Also, budget constraints and programmatic priorities have limited efforts to effect an increase the traffic to ODPHP websites.

I.c. Data for next measure of consumer satisfaction with healthfinder.gov is not expected until Fall 2010. As explained in the FY09 Appendix as well as in I.b.above, healthfinder.gov has been re-designed to be more user-centered and inclusive of health literacy principles. The re-design is believed to be the cause of last year's decline but is expected to bring the consumer satisfaction scores in line with our targets in the future.

I.d. ODPHP has surpassed its target for increasing the percentage of Healthy People 2010 focus area progress review summaries that were 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. As all of the Progress Reviews for Healthy People 2010 have been completed, there is no target to establish for FY2010 for this measure.

II.a. In collaboration with the office of the Assistant Secretary for Planning and Evaluation, ODPHP fielded a survey in fall 2008 to measure State use of the Healthy People 2010 objectives in health planning processes. The survey results were completed in early FY 2009. As Healthy People 2020 development is underway, there are no current plans to re-field this survey to obtain follow-up data.

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. Results are expected in 2011.

Agency 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)

FY	Target	Result
2011	NA	N/A
2010	NA	N/A
2009	47%	N/A
2008	41%	N/A[8]
2007	39%	45% (Target Exceeded)
2006	37%	48% (Target Exceeded)

Measure I.b: Visits to ODPHP-supported websites (Output)

FY	Target	Result
2011	16 Million	N/A
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)

Measure I.c: Consumer Satisfaction with healthfinder.gov, measured every three years at a minimum (Output)

FY	Target	Result

[8]Survey not fielded

FY	Target	Result
Out-Year Target	82% (2012)	N/A
2010	80%	Oct 31, 2010
2008	78%	75% (Target Not Met)
2006	75%	75% (Target Met)

Measure 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)

FY	Target	Result
2010	98%	N/A
2009	95%	N/A
2008	75%	92% (Target Exceeded)
2007	50%	40% (Target Not Met)
2006	25%	100% (Target Exceeded)

Agency 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 II.a: Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)

FY	Target	Result
2011	99%	N/A
2010	98%	N/A
2009	98%	100% (Target Exceeded)
2008	98%	N/A
2007	98%	N/A
2006	94%	N/A[9]

Measure II.b: Increase the percentage of Healthy People 2010 objectives that have met the target or are moving in the right direction (Outcome)

FY	Target	Result
2010	60.0%	N/A

[9]Survey not fielded

PROGRAM: OFFICE OF MINORITY HEALTH

For efficiency measure 4.3.1, OMH's basis for setting an initial baseline, establishing initial performance targets, and calculating progress for FYs 2006 through 2008 has been periodic summary data tables of grant program activities provided by a contractor who, up to May 2009, had been supporting the development and maintenance of OMH's Uniform Data Set (UDS), an online data collection tool intended to facilitate OMH program evaluation. In May 2009, the UDS was transferred to a new contractor, with guidance from OMH to address a number of persistent issues related to UDS implementation and performance data (including efficiency measure data) needs up to that point. The OMH guidance included, but was not limited to: redesigning/restructuring the online data collection tool as a *Performance Data System* (PDS) which is more clearly aligned with OMH grant program- and office-wide performance measures and desired outcomes, improves the lay-out and logical flow of data collection for easier use and error prevention, and enables aggregation of grantee data at the program and OMH levels; strengthening training and technical assistance (T/TA) to grantees and other users to ensure greater accuracy, consistency, and completeness of data being submitted; ensuring that data tables provided to OMH for the efficiency measure can be substantiated against the database; and complying with HHS security and accessibility requirements.

As part of this transition to the 'new and improved' PDS, in October 2009, OMH employed specific protocols solely for the collection of FY 2009 efficiency measure data which now excludes, as much as possible, participants who are <u>not</u> directly served by or involved in the OMH-funded efforts being conducted by the grantees (e.g., potential individuals reached by broadcast media), duplicate entries, and other obvious 'outliers' (i.e., grantees whose numbers are appreciably larger than others for the same category within and across grant programs). This process greatly enhances OMH's ability to produce more accurate and meaningful figures for this measure which can be substantiated and documented, but which are now much smaller actual numbers. Thus, OMH has proposed a 'reset' of the baseline in FY 2009 and targets for subsequent fiscal years. OMH's targets will continue to assume a 3-percent increase each year for this measure. OMH expects results for this measure to trend more consistently positive in future years with online data collection system improvements, more systematic T/TA of all users (to include specific instruction regarding improving efficiency), and increased data capture of performance data from OMH-funded partnerships, coalitions, collaborations, or other coordinating bodies.

For the long-term measure 4.1.1, annual, interim targets and results are not required. However, in April 2009, by working closely with NCHS statisticians, OMH was able to extract the latest data available at that time from the *Healthy People DATA2010* in-house system to calculate and compare progress on relevant *HP2010* objectives and sub-objectives for an interim year (2007). The 2007 interim data point is 66.4%, a positive difference from the baseline of 4.02% which indicates that the Nation is on track to reach our 2010 target.

For the annual outcome measure 4.2.1, fielding of the initial survey occurred approximately six months after originally planned due to unexpected delays in obtaining the required OMB

clearance under the Paperwork Reduction Act.[10] OMH is currently reviewing the draft final report and planning for the release and dissemination of study findings. *Preliminary* findings indicate that the Nation's awareness of racial/ethnic health disparities has increased from 47.5% in 1999 to 52.5% in 2009, a statistically significant increase of 5 percentage points.

Improvement Actions to Ensure Future Program Performance: OMH's Efforts to Improve Program Effectiveness & Demonstrate Results via its Performance Improvement and Management System (PIMS)

In response to the compelling need for more meaningful progress on all fronts to improve racial/ ethnic minority health and reduce racial/ethnic health disparities, OMH has been engaged in a systematic and concerted effort to effect 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*)** which provides a vision and rationale for what needs to be done and how to achieve OMH's mission; **initial sets of performance measures** – OMH grantee-specific measures, OMH-wide "core" measures (inclusive of measures that are OMB-approved as well as related to the five objectives of the *National Partnership for Action to Eliminate Health Disparities*), and evidence-based measures from established data sources to guide the selection of performance indicators in program evaluation efforts; 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; 'transformation' of the Uniform Data Set (UDS) into a **Performance Data System (PDS)** that will enable more outcome-oriented data collection and evaluation of OMH-funded efforts; 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 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***; establishment in June 2009 of OMH's online PIMS -- at http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=44 – to provide information about existing and planned documents, tools, and other materials to guide program planning, evaluation planning and implementation, and performance monitoring and reporting.

Measure 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)

[10] The initial OMB clearance package was submitted to OPHS for concept clearance in mid-March 2008. The package was cleared by OPHS and submitted to ASRT in early April 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, and the survey was fielded for 3 months beginning April 16, 2009.

FY	Target	Result
2011	7,757[11]	Dec 31, 2011
2010	7,531[12]	Dec 31, 2010
2009	Set New Baseline[13]	7,312[14] (New Baseline)
2008	20,313	18,283 (Target Not Met)[15]
2007	19,529	19,774 (Target Exceeded)
2006	Set Baseline	18,960 (Baseline)

Agency 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 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)

FY	Target	Result
2010	68.6%	Dec 31, 2010
2007	N/A	66.4% (Historical Actual)[16]

[11]See footnote under baseline for FY 2009.

[12]See footnote under baseline for FY 2009.

[13]OMH's basis for setting an initial baseline, establishing performance targets, and calculating progress for FYs 2006 through 2008 has been periodic summary data tables of grant program activities provided by a contractor who, up to May 2009, had been supporting the development and maintenance of OMH's data source for this measure, the Uniform Data Set (UDS), an online data collection tool intended to facilitate OMH program evaluation. In May 2009, the UDS was transferred to a new contractor, with guidance from OMH to: redesign/restructure the online data collection tool to be more clearly aligned with OMH grant program- and office-wide performance measures and desired outcomes, to improve the lay-out and logical flow of data collection for easier use and error prevention, and to enable aggregation at the program and OMH levels; strengthen training and technical assistance to grantees and other users to ensure greater accuracy, consistency, and completeness of data being submitted; ensure that data tables provided to OMH for this measure can be substantiated against the database; and comply with HHS security and accessibility requirements. As part of this transition to OMH's improved Performance Data System (PDS), in October 2009, OMH employed specific protocols solely for the collection of FY 2009 efficiency measure data which now excludes, as much as possible, participants who are not directly served by or involved in the OMH-funded efforts being conducted by the grantees (e.g., 'potential' individuals reached by broadcast media), duplicate entries, and other obvious 'outliers' (i.e., grantee figures which are appreciably larger than others for the same category within and across grant programs). This process greatly enhances OMH's ability to substantiate and document its figures for this measure, but has resulted in much smaller actual numbers. Thus, OMH has proposed a 'reset' of the baseline in FY 2009 and targets for subsequent fiscal years.

[14]In April 2009, the Uniform Data Set (UDS) -- OMH's initial online data system for collecting grantee activity data in support of this measure -- was transferred to a new support contractor. In examining all performance data tables submitted to OMH for this measure by the previous contractor against data actually in the database, OMH and its new contractor could not validate the figures in the data tables used for previous efficiency measure calculations against actual data. Reconciling data from these two sources raised serious questions about the accuracy of the data collected via the UDS and the integrity of the figures in data tables submitted to OMH for this measure. These issues were sustained over the course of UDS support by the previous contractor, and inappropriately inflated the figures for this measure to date. OMH has aggressively pursued corrective action in this regard which has resulted in the need to 'reset' the baseline and annual targets to reflect more realistic efforts and expectations. Also see footnote for FY 2009 baseline.

[15]The data submitted for FY 2008 is an estimate based on grantee activity data submitted via OMH's Uniform Data Set (UDS) for the second half of FY 2008 and provided to OMH by its former UDS support contractor to comply with OPHS reporting timetables. The actual result for FY 2008 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 new support contractor contractor to ensure provision of evaluation training/technical assistance to grantees to incorporate attention to cost-efficiency in training curricula.

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

Measure 4.2.1: Increased awareness of racial and ethnic health status and health care disparities in the general population (1999 Baseline: 47.5%) (Outcome)

FY	Target	Result
2011	53.8%	Dec 31, 2011
2010	52.8%	Dec 31, 2010
2009	51.8%	52.5% (Target Exceeded)[17]
2008	50.8%	52.5% (Target Exceeded)
2007	49.8%	52.5% (Target Exceeded)

PROGRAM: OFFICE ON WOMEN'S HEALTH

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*. 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.

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. 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.

[16]OMH, working with NCHS, was able to use FY 2007 data to conduct an interim assessment of progress for this measure. This interim result was not required, but does confirm that progress is in the right direction and that the Nation is on track to meet the long-term target at the end of FY 2010.

[17]This is the preliminary result of OMH's first annual general household survey of the public's awareness of racial/ethnic health status and health care disparities. OMH is in the process of finalizing the final report and planning for official release of the study results.

In FY 2010, OWH improvement actions include continuing to analyze program performance data to determine funding of evidence-based interventions. In FY 2008, OWH increased the number of people that participated in OWH-funded programs per million dollars spent annually to exceed its annual efficiency measure. OWH also expanded the numbers of users of OWH communication resources and exceeded its target in FY 2007 and FY 2008. OWH is awaiting Healthy People data to analyze its additional performance measures.

Data trends reveal that OWH is consistently meeting or exceeding its primary performance targets. Final data for FY 2009 is being analyzed and OWH expects to exceed its performance targets for FY 2009.

Another improvement action OWH undertook was developing a program performance monitoring database system. OWH began developing 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 was completed in FY 2009. OWH contractors and grantees also received the PERMS training, and new grantees and contractors will be trained in early FY 2010.

Agency Long-Term Objective: Advance superior health outcomes for women

Measure 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)

FY	Target	Result
Out-Year Target	N/A (2013)	N/A
2010	74.0%	Mar 22, 2012
2009	72.5%	Mar 31, 2011
2008	71.0%	Mar 30, 2010
2007	67.5%	69.5% (Target Exceeded)

Measure: Increase the Percentage of women-specific Healthy People 2020 objectives and sub-objectives that have met their target or are moving in the right direction. (Outcome)

FY	Target	Result
Out-Year Target	N/A (2015)	N/A

Agency Long-Term Objective: Increase heart attack awareness in women

Measure 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)

FY	Target	Result
2011	72.5%	N/A
2010	70.0%	N/A
2009	67.5%	N/A
2008	70.0%	Mar 30, 2010
2007	60.0%	65.8% (Target Exceeded)

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

Measure 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)

FY	Target	Result
Out-Year Target	35,000,000 user sessions (2013)	N/A
2011	33,000,000 user sessions	Mar 14, 2012
2010	32,000,000 user sessions	Mar 9, 2011
2009	34,000,000 user sessions	Mar 10, 2010
2008	31,500,000 user sessions	31,600,000 user sessions (Target Exceeded)
2007	24,500,000 user sessions	28,400,000 user sessions (Target Exceeded)
2006	N/A	2 user sessions (Target Not In Place)

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

Measure 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)

FY	Target	Result
Out-Year Target	1,604,313 (2013)	N/A
2011	1,427,667	N/A
2010	1,321,838	N/A
2009	1,216,046	Mar 31, 2010
2008	1,114,453	1,191,580 (Target Exceeded)
2007	813,904	1,006,245 (Target Exceeded)

FY	Target	Result
2006	N/A	760,658 (Target Not In Place)

PROGRAM: Commissioned Corps: Readiness and Response Program

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 had already exceeded three of its FY2009 performance targets. Consequently, OFRD elected to revise these three of its seven assessment targets for FY 2009, making them even more ambitious. At the end of FY 2009, OFRD met one and exceeded six of its seven assessment targets. For example, OFRD achieved the highest level of officers meeting readiness requirements in the Corps' history, exceeding its FY 2009 performance target by almost 5%, with 94.37% of the Corps qualified for deployment. Additionally, 79.37% of officers were deemed fully deployable in the field, a result that was 2.4% in excess of the FY 2009 performance target. Demonstrating actual efficacy in the field, the Corps also exceeded its FY 2009 performance measure with regard to individual officers: 93% of individual officers met timeliness, appropriateness, and effectiveness requirements during deployments (an excess of 3.3% over the Corps' FY 2009 performance target). Deployed teams composed of Corps officers also performed well: the Corps met its FY 2009 performance measure in this regard with 95% 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.

Assuming continued 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.

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

Measure 6.1.1: Increase the percentage of Officers that meet Corps readiness requirements, thus expanding the capability of the individual Officer. (Outcome)

FY	Target	Result
Out-Year Target	99% (2013)	N/A

FY	Target	Result
2011	96%	N/A
2010	95%	N/A
2009	90%	94.4% (Target Exceeded)
2008	82.5%	89.4% (Target Exceeded)
2007	80%	82.3% (Target Exceeded)
2006	75%	73% (Target Not Met but Improved)

Measure 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)

FY	Target	Result
Out-Year Target	87.5% (2013)	N/A
2011	85%	N/A
2010	82.5%	N/A
2009	77.5%	79.4% (Target Exceeded)
2008	60%	75.4% (Target Exceeded)
2007	55%	61.6% (Target Exceeded)
2006	50%	54% (Target Exceeded)

Measure 6.1.3: Increase the percent of individual responses that meet timeliness, appropriateness, and effectiveness requirements.(Baseline - 2007: 77%) (Outcome)

FY	Target	Result
Out-Year Target	99% (2013)	N/A
2011	95%	N/A
2010	93%	N/A
2009	90%	92.5% (Target Exceeded)
2008	80%	89.3% (Target Exceeded)
2007	Set Baseline	77% (Baseline)

Measure 6.1.4: Increase the percent of team responses that meet timeliness, appropriateness, and effectiveness requirements.(Baseline - 2007: 89%) (Outcome)

FY	Target	Result
Out-Year Target	100% (2013)	N/A
2011	98%	N/A
2010	97.5%	N/A
2009	95%	95% (Target Met)
2008	92.5%	93.2% (Target Exceeded)
2007	Set Baseline	89% (Baseline)

Measure 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)

FY	Target	Result
2011	48	N/A
2010	46	N/A
2009	36	41 (Target Exceeded)
2008	26	26 (Target Met)
2007	26	26 (Target Met)
2006	10	10 (Target Met)

Measure 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)

FY	Target	Result
2011	36	N/A
2010	26	N/A
2009	20	21 (Target Exceeded)
2008	20	20 (Target Met)
2007	10	20 (Target Exceeded)
2006	Set Baseline	0 (Baseline)

Measure 6.1.7: Cost per Officer to attain or maintain readiness requirements. (Efficiency)

FY	Target	Result
Out-Year Target	$90 (2013)	N/A
2011	$90	N/A
2010	$90	N/A
2009	$100	$91.14 (Target Exceeded)
2008	$100	$93.87 (Target Exceeded)
2007	$105	$119.68 (Target Not Met)
2006	$110	$77.74 (Target Exceeded)

PROGRAM: HIV/AIDS IN MINORITY COMMUNITIES

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 MAI Fund expenditures FY'06 – FY'08, 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. We are awaiting future guidance on the continuation of HIV testing or training as priority areas of the Minority AIDS Initiative.

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.

Agency Long-Term Objective: Long-Term Outcome Goals

Measure 7.1.1: Increase the number of ethnic and racial minority individuals surviving 3 years after a diagnosis of AIDS (Outcome)

FY	Target	Result
Out-Year Target	88.5% (2013)	N/A
2011	88%	N/A
2010	87.75%	N/A
2009	86.75%	N/A
2008	85%	83% (Target Not Met)
2007	84.25%	85% (Target Exceeded)
2006	Set Baseline	83.5% (Baseline)

Measure 7.1.2: Reduce the percentage of AIDS diagnosis within 12 months of HIV diagnosis among racial and ethnic minority communities (Outcome)

FY	Target	Result
Out-Year Target	33% (2013)	N/A
2011	34.75%	N/A
2010	35.25%	N/A
2009	36.25%	N/A
2008	38.25%	38% (Target Exceeded)
2007	39.25%	38% (Target Exceeded)
2006	Set Baseline	40.25% (Baseline)

Measure 7.1.3: Reduce the rate of new HIV infections among racial and ethnic minorities in the United States (Outcome)

FY	Target	Result
2011	43.7%	N/A
2010	46%	N/A
2009	48.4%	N/A
2008	50.9%	Feb 28, 2010
2007	53.7%	47.2% (Target Exceeded)
2006	N/A	56.5% (Target Not In Place)

Measure 7.1.4: Increase the number of African American individuals surviving 3 years after a diagnosis of AIDS (Outcome)

FY	Target	Result
2011	89%	N/A
2010	88%	N/A
2009	87%	N/A
2008	85%	79% (Target Not Met)
2007	83%	82% (Target Not Met)
2006	Set Baseline	82% (Baseline)

Measure 7.1.5: Increase the number of Hispanic individuals surviving 3 years after a diagnosis of AIDS (Outcome)

FY	Target	Result
2011	91%	N/A
2010	90%	N/A
2009	90%	N/A
2008	89%	85% (Target Not Met)
2007	89%	88% (Target Not Met)
2006	N/A	88% (Target Not In Place)

Measure 7.1.6: Increase the number of Asian/Pacific Island individuals surviving 3 years after a diagnosis of AIDS (Outcome)

FY	Target	Result
2011	94%	N/A
2010	93%	N/A
2009	89%	N/A
2008	88%	89% (Target Exceeded)
2007	88%	90% (Target Exceeded)
2006	N/A	87% (Target Not In Place)

Measure 7.1.7: Increase the number of American Indian/Alaskan Native individuals surviving 3 years after a diagnosis of AIDS (Outcome)

FY	Target	Result
2011	81%	N/A
2010	80%	N/A
2009	79%	N/A
2008	78%	73% (Target Not Met)
2007	77%	75% (Target Not Met)
2006	Set Baseline	77% (Baseline)

Measure 7.1.8: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among African American communities (Outcome)

FY	Target	Result
2011	33%	N/A
2010	34%	N/A
2009	35%	N/A
2008	36%	35% (Target Exceeded)
2007	37%	38% (Target Not Met)
2006	N/A	38% (Target Not In Place)

Measure 7.1.9: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Hispanic communities (Outcome)

FY	Target	Result
2011	37%	N/A
2010	38%	N/A
2009	39%	N/A
2008	40%	41% (Target Not Met but Improved)
2007	41%	42% (Target Not Met)
2006	N/A	42% (Target Not In Place)

Measure 7.1.10: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Asian/Pacific Islander communities (Outcome)

FY	Target	Result
2011	34%	N/A
2010	35%	N/A
2009	36%	N/A
2008	39%	38% (Target Exceeded)
2007	40%	38% (Target Exceeded)
2006	N/A	41% (Target Not In Place)

Measure 7.1.11: Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among American Indian/Alaskan (Outcome)

FY	Target	Result
2011	35%	N/A
2010	36%	N/A
2009	37%	N/A
2008	38%	38% (Target Met)
2007	39%	39% (Target Met)
2006	Set Baseline	40% (Baseline)

Measure 7.1.12: Increase the number of individuals who learn their HIV status for the first time through MAI Fund programs (Outcome)

FY	Target	Result
2011	178,537	N/A
2010	167,662	N/A
2009	158,172	N/A
2008	149,219	147,726 (Target Not Met but Improved)
2007	132,805	139,750 (Target Exceeded)
2006	N/A	128,975 (Target Not In Place)

Measure 7.1.13: Maintain the actual cost per MAI Fund HIV testing client below the medical care inflation rate (Efficiency)

FY	Target	Result
2011	$105.3[18]	N/A
2010	$101.71	Jun 30, 2012
2009	$98.29	Jun 30, 2011
2008	$94.88	Jun 30, 2010
2007	$91.46	$88 (Target Exceeded)
2006	$88.04	$94.64 (Target Not Met)

Measure 7.1.14: Maintain the actual cost per MAI Fund physician and other clinical staff trained below the medical care inflation rate (Efficiency)

FY	Target	Result
2011	$1,713.02	N/A
2010	$1,670.78	N/A
2009	$1,280.57	N/A
2008	$1,089.36	Jun 30, 2010
2007	$1,050.15	Aug 31, 2009
2006	$1,010.01	$795.7 (Target Exceeded)

[18]This target is premature and tentative.

OVERVIEW OF PERFORMANCE

STATEMENT OF MISSION

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

The Commissioned Corps officers worked with the U.S. Navy, Army, and Coast Guard, as well as with Project Hope, a non-profit organization working to make health care available around the globe with an emphasis on children's health, and with Operation Smile, a non-profit organization focused on repairing childhood facial deformities. Officers served on the *USNS Comfort* in support of Continuing Promise 2009 (CP09). CP09 is an equal partnership mission designed to combine partner nation and U.S. relief capabilities to demonstrate the lasting bonds and shared interest among neighbors. The four-month mission of the *USNS Comfort* is designed to increase the operational capacity of U.S. government personnel to deliver humanitarian assistance, perform public health assessments, conduct public health infrastructure repairs and provide health care training of indigenous health care workers in the Caribbean and Latin America while providing a range of health care services onboard ship and ashore.

In addition to the CP09, Commissioned Corp officers also participate in the Pacific Partnership mission (PP09). The four-month mission of the *USNS Richard E.Byrd* is designed to increase the operational capacity of U.S. government personnel to deliver humanitarian assistance, perform public health assessments, conduct public health infrastructure repairs and provide health care training of indigenous health care workers in the South Pacific while providing a range of health care services onboard ship and ashore. PP09 is an equal partnership mission designed to combine host and U.S. relief capabilities to illustrate enduring bonds and shared interests among partner jurisdictions, non-governmental organizations and other U.S. and international government agencies in the Pacific Fleet area. PP09 is currently in its fourth year.

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. The 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.

Communicate strategically

In an effort to communicate strategically and transparently, the Designated Federal Officer (DFO) of the Chronic Fatigue Syndrome Advisory Committee (CFSAC) is committed to creating open dialogue with the public and the CFS research and care communities. The Spring and Fall 2009 CFSAC meetings were videocast live and subsequently archived for on-demand videocast viewing on the CFSAC website. This was a significant convenience for those unable to travel for the meeting. On the first day of the Fall meeting, we received approximately 900 live hits; the second day had almost 700 hits. In addition, hits during the first 30 days of posting the webcast archive link were over 2,500 for the first day and almost 1,000 for the second. To further transparency efforts, copies of presentations and public testimonies presented at the meeting were provided at the CFSAC meeting and are posted on the CFSAC website. Constituents can send their concerns, comments, and suggestions to the DFO through the CFSAC email box. This mailbox is monitored at least several times weekly, ensuring that concerns of the CFS community are communicated appropriately to the CFSAC members, ex-officios, and staff.

The DFO works with Committee members to provide concise science-based information and recommendations to the Secretary after each meeting. The DFO has met with members of the three CFSAC sub-committees to help focus discussion on agenda items for future meetings and to share advice and counsel on improving meeting practice(s), collaborating with other HHS agencies to bridge communication gaps and streamline efforts, and develop a communication strategy focused on the public. The DFO is working with CDC and other agency representatives, within and outside of the Department, to coordinate agency-specific CFS information. In addition, the CFSAC website is Section 508 compliant, and has been updated to provide information that is concise and readily-available for both patients and caregivers. Working with ex-officio representatives, the DFO has solicited, reviewed, and submitted nominations to replace five Committee members whose terms are scheduled to expire in January 2010. New members will begin their terms before the next scheduled CFSAC meeting.

Healthcare-associated infections exact a significant toll on human life. They are among the leading causes of preventable death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002. In addition to the substantial human suffering caused by healthcare-associated infections, the financial burden attributable to the infections is staggering. It is estimated that healthcare-associated infections cause $28 to $33 billion in excess healthcare costs each year.

For these reasons, the prevention, reduction, and eventual elimination of healthcare-associated infections is a top priority for HHS. OPHS is leading efforts to improve and expand healthcare-associated infection 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 and is chaired by the Deputy Assistant Secretary for

Healthcare Quality. The Steering Committee was charged with developing a national strategy to reduce the infections and issued a 5-year plan which (1) establishes national goals and measurable outcomes for reducing the infections and (2) 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.

OPHS is developing and implementing a national media campaign regarding healthcare-associated infection prevention aimed at multiple audiences (e.g., healthcare consumers and providers) and multiple populations, as well as developing healthcare-associated infection related training materials to be disseminated to health professional students and existing care providers.

Also, the Office of the Surgeon General created multiple public service announcements and statements in regards to the recent H1N1 influenza virus outbreak. The Acting Surgeon General participated in a satellite media tour immediately after the virus outbreak was announced in April 2009 to help alleviate concerns. He appeared on CBS News 9 on Sunday, May 3, 2009 to discuss the virus and provide advice on what the public can do to prevent the spread of the virus, such as washing their hands with soap and water, staying informed through CDC.gov, and encouraging people to follow the instructions of their local public health department. The Nation's doctor also issued a statement to the Commissioned Officers Association of the United States Public Health Service in April 2009, which is posted on their website. In addition, the Office of the Surgeon General released two public service announcements in English, "Take the Lead" and in Spanish, "Mi Cocina" on childhood overweight and obesity prevention. Both PSAs encourage families to be physically active and eat healthy foods.

Promote effective partnerships

Tobacco use is responsible for an estimated 443,000 premature deaths each year, and for every person who dies from smoking, 20 more suffer from at least one serious tobacco-related illness. Tobacco use remains the leading preventable cause of death and disease in the United States. On November 30, 2009, the Assistant Secretary for Health kicked off a Departmental Tobacco Prevention and Control Working Group that will dramatically improve collaboration and coordination throughout the Department. The group is charged with creating a Strategic Plan by March 2010 based on four pillars: Surveillance; Prevention Policies, Education, and Communication; Cessation/Treatment; and Tobacco Regulation. The group plans to use the strategic plan to assist other Federal agencies associated with tobacco prevention and control efforts, state and local tobacco programs, and community efforts.

The Department of Health and Human Services (HHS) announced on June 4, 2008, an agreement between the Department of Defense (DoD) and the Commissioned Corps of the U.S. Public Health Service (PHS) to increase mental health services available to returning war fighters, their family members, and to military retirees. The Commissioned Corps is tasked with providing mental health and Traumatic Brain Injury officers to serve at various military treatment facilities. Officers will be assigned to specific locations within the United States for 3 years. After the initial 3-year period, extensions to remain in an assignment will be negotiated between DoD and PHS.

Moreover, the Assistant Secretary of Health and the Surgeon General partnered with CDC and the American Cancer Society to promote the Great American Smokeout, which was on November 19, 2009. The Assistant Secretary for Health issued a statement, in conjunction with the American Cancer Society, on the benefits of quitting smoking. With recent news that adult smoking rates have remained unchanged since 2004, and research showing that a clear majority of smokers want to quit, the Assistant Secretary of Health urged smokers to mark this 34th Great American Smokeout by making a quit plan and finding out about free resources that help them quit successfully. Research shows that advance planning and preparation greatly increase the likelihood of succeeding.

OPHS has launched the Minority Serving Institutions (MSI) HIV/AIDS Demonstration Initiative and Capacity Building Project. The goals of the Minority Serving Institution (MSI) Initiative are focused on enhancing and supporting the sexual health needs of these young people through social marketing educational and awareness efforts; technical assistance, trainings and HIV testing and prevention activities. The MSI Initiative will be a collaborative and multifaceted effort to adequately assess the needs of MSIs; target and implement effectively and ultimately extract best practices and lessons learned from an evaluation component. HHS stakeholders for this Initiative include the Office of Minority Health, Indian Health Service, Health Resources and Services Administration, the Office on Women's Health, Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, and the Office of Population Affairs. Other stakeholders include the Department of Education and the White House Initiative on Historically Black Colleges and Universities.

Build a stronger science base

The President's Council on Bioethics recently published a report on the Changing Moral Focus of Newborn Screening. One aim of this paper was to provide the background information every parent needs in order to understand the issues and to make informed choices. This paper described how the change in policy to include screening for untreatable as well as treatable diseases came about. It provides basic information about the techniques of screening, the practical and ethical choices parents must face, and the public policies behind those choices. In addition, 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.

In addition, ongoing efforts by the Division of Investigative Oversight of the Office of Research Integrity (ORI) in handling approximately 200 allegations of research misconduct each year and making findings of research misconduct where warranted have a significant impact on preventing waste of taxpayer dollars used to fund biomedical research in the United States. The Division of Education and Integrity within ORI in turn plays a critical role in providing guidance and resources on assisting institutions in promoting responsible conduct of research and teaching young scientists about best research practices. The result of this two pronged effort by ORI is to help build a stronger science base in all areas of biomedical and behavioral research.

Lead and coordinate key initiatives of HHS

Approximately 75 million Americans, ¼ of the U.S. population, have multiple (2 or more) chronic conditions (MCC). As the number of chronic conditions in an individual increases, the following outcomes also increase: mortality, poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice. Due to the increased cost and complexity of managing individual patients with MCC, over the last year, the Assistant Secretary for Health's office has led an interagency workgroup for the Department to develop and coordinate programs and policies that improve the health status of this population.

The workgroup has organized several external stakeholder and internal meetings on topics such as reducing re-hospitalization rates and reducing adverse drug events in this population. It has also developed the first inventory of existing HHS programs, activities, and initiatives (over 50) focused on improving the health of individuals with multiple chronic conditions. Next steps for this workgroup include developing a comprehensive strategic framework across the Department.

The National Health Information Technology Collaborative, or "NHIT," is an innovative public-private initiative to support the development and adoption of patient-centered health information technologies (HIT) within racial and ethnic minority and underserved communities. The Office of Minority Health (OMH) is leading this initiative, and is primarily responsible for ensuring that minority and underserved populations are included in Department of Health and Human Services' (DHHS) plans and programs concerning the proliferation of innovative HIT. Several federal agencies, as well as private organizations and community-based stakeholders, are working together to demonstrate how the utilization of HIT has improved the quality of healthcare, increased access to healthcare and healthcare related services, and reduced the cost of healthcare among minority and underserved populations.

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 in the areas of vaccine safety science, vaccine policy and practice, public engagement, and improving communications. The Task Force later provided guidance on priority items for funding through the National Vaccine Program Office. The Task Force, co-chaired by the Assistant Secretary for Health and the Assistant Secretary for Preparedness and Response, and NVPO have been coordinating federal H1N1 vaccine safety efforts including enhancements to our safety system.

OPHS LINKAGES TO HHS STRATEGIC PLAN

The table below shows the alignment of OPHS's strategic goals with HHS Strategic Plan goals.

HHS Strategic Goals	**OPHS Goal 1:** Prevent Disease and improve the health of individuals and communities	**OPHS Goal 2:** Closing health gaps	**OPHS Goal 3:** Strengthening the public health infrastructure
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.	X	X	X
1.2 Increase health care service availability and accessibility.		X	X
1.3 Improve health care quality, safety and cost/value.		X	X
1.4 Recruit, develop, and retain a competent health care workforce.	X	X	X
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.	X	X	X
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.	X	X	X
2.4 Prepare for and respond to natural and man-made disasters.			X
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.	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, healthier and supportive communities.	X	X	X
3.4 Address the needs, strengths and abilities of vulnerable populations.	X	X	X
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.		X	X

HHS Strategic Goals	**OPHS Goal 1:** Prevent Disease and improve the health of individuals and communities	**OPHS Goal 2:** Closing health gaps	**OPHS Goal 3:** Strengthening the public health infrastructure
4.2 Increase basic scientific knowledge to improve human health and human 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

HHS Strategic Goals and Objectives	FY 2009	FY 2010	FY 2011
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. (Total)	$72.769	$75.813	$76.493
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.	$57.956	$61.000	$62.98
1.4 Recruit, develop, and retain a competent health care workforce.	$14.813	$14.813	$13.513
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)	$123.52	$126.354	$139.572
2.1 Prevent the spread of infectious diseases.	$59.7	$61.659	$62.728
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.	$51.476	$52.114	$64.15
2.4 Prepare for and respond to natural and man-made disasters.	$12.344	$12.581	$12.694
3 Human Services Promote the economic and social well-being of individuals, families, and communities. (Total)	$33.978	$131.358	$200.826
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.	$33.978	$131.358	$200.826
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)	$15.868	$16.067	$16.716
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.	$15.868	$16.067	$16.716
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	$246.135	$349.592	$433.607

EVALUATIONS INCLUDED IN HHS EVALUATIONS DATABASE FOR FY 2009

Office of Population Affairs
Title: Assessment of Strategies for Providing Culturally Competent Care in Title X 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.hhs.gov/opa/pdf/304b-assessment-of-strategies.pdf including program improvement, resulting from the evaluation.

Office of Disease Prevention and Health Promotion
Title: Take Action: Healthy People, Places, and Practices in Communities

Further detail on 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: Assessment of Data Collection/Reporting Policies & Practices in the Conduct of Community-Based Health Screening Programs, and a Final Summary Report on the Testing of Standardized Screening Forms

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: Culturally Competent Nursing Modules (CCNM) Two-Year Evaluation Report

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at http://www.hhs.gov/opa/pdf/304b-assessment-of-strategies.pdf including program improvement, resulting from the evaluation.

Office of Minority Health
Title: Maintenance of the Uniform Data Set (UDS) for Assessing Impacts of OMH-Funded Activities

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: National Consensus Panel on Emergency Preparedness for Racially and Ethnically Diverse Communities

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at http://www.omhrc.gov./templates/content.aspx?lvl=1&lvlID=44&ID=7895 including program improvement, resulting from the evaluation.

DISCONTINUED PERFORMANCE MEASURES

There are no measures.

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. The Office of Public Health and Science has not received any material assistance from any non-Federal parties in the preparation of this FY 2011 Online Performance Appendix.