DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2017

General Department Management

Justification of Estimates for Appropriations Committee

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APPROPRIATIONS LANGUAGE
GENERAL DEPARTMENTAL MANAGEMENT

For necessary expenses, not otherwise provided, for general departmental management, including hire of **[**six**]** passenger motor vehicles, and for carrying out titles III, XVII, XXI, and section 229 of the PHS Act, the United States-Mexico Border Health Commission Act, and research studies under section 1110 of the Social Security Act, **[**$456,009,000**]** *$463,492,000*, together with **[**$64,828,000**]** *$66,078,000* from the amounts available under section 241 of the PHS Act to carry out national health or human services research and evaluation activities: *Provided*, That of **[**this amount,**]** *the funds made available under this heading,* $53,900,000 shall be for minority AIDS prevention and treatment activities: *Provided further*, That of the funds made available under this heading, **[**$101,000,000**]** *$104,790,000*shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy: *Provided further*, That of the amounts provided under this heading from amounts available under section 241 of the PHS Act, $6,800,000 shall be available to carry out evaluations (including longitudinal evaluations) of teenage pregnancy prevention approaches: *Provided further, That of the funds made available under this heading, $1,750,000 shall be for strengthening the Department's workforce capacity and capabilities, including training, recruiting, retaining, and hiring members of the acquisition workforce as defined by 41 U.S.C. 1703, for information technology in support of acquisition workforce effectiveness and for management solutions to improve acquisition management:* **[***Provided further*, That of the funds made available under this heading, $10,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance (defined as voluntarily refraining from non-marital sexual activity): *Provided further*, That funding for such competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity: *Provided further*, That no more than 10 percent of the funding for such competitive grants for sexual risk avoidance shall be available for technical assistance and administrative costs of such programs: *Provided further*, That funds provided in this Act for embryo adoption activities may be used to provide to individuals adopting embryos, through grants and other mechanisms, medical and administrative services deemed necessary for such adoptions: *Provided further*, That such services shall be provided consistent with 42 CFR 59.5(a)(4).**]** *Provided further, That funds made available under this heading may also be used for activities to encourage innovative approaches to increase efficiencyand effectiveness in the Department's programs.*

In addition, to supplement the Department's activities related to implementation of the Digital Accountability and Transparency Act (DATA Act; Public Law 113–101; 31 U.S.C. 6101 note), $10,320,000.

In addition, for a Digital Service team for HHS, $5,000,000. (Department of Health and Human Services Appropriations Act, 2016.)

LANGUAGE ANALYSIS

Language Provision	Explanation
Provided further, That funds made available under this heading may also be used for activities to encourage innovative approaches to increase efficiency and effectiveness in the Department's programs. In addition, to supplement the Department's activities related to implementation of the Digital Accountability and Transparency Act (DATA Act; Public Law 113–101; 31 U.S.C. 6101 note), $10,320,000. In addition, for a Digital Service team for HHS, $5,000,000.	This language will support the DATA Act and Digital Services Legislation in FY 2017.

AUTHORIZING LEGISLATION

(Dollars in Thousands)

Details	2016 Authorized	2016 Enacted	2017 Authorized	2017 Request
General Departmental Management: except account below:	Indefinite	$164,224	Indefinite	$192,712
Reorganization Plan No. 1 of 1953	-	-	-	-
Office of the Assistant Secretary for Health: Public Health Service Act,	-	-	-	-
Title III, Section 301	Indefinite	$187,108	Indefinite	$181,490
Title, II Section 229 (OWH)	1	$32,140	1	$32,140
Title XVII Section 1701 (ODPHP)	2	6,726	2	$7,000
Title XVII, Section 1707 (OMH)	3	$56,670	3	$56,670
Title XVII, Section 1708 (OAH)	4	$1,442	4	$1,500
Title XXI, Section 2101 (NVPO)	5	$6,400	5	$6,000
Subtotal	-	290,486	-	$284,800
Total GDM Appropriation	-	$456,009[1]	-	$478,812[1]

[1]The total GDM appropriation reflects a realignment of the Center for Faith-Based and Neighborhood Partnerships from the Administration for Children and Families to GDM

AMOUNTS AVAILABLE FOR OBLIGATION

Detail	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Annual appropriation	$448,034,000	$456,009,000	$478,812,000
Rescission	-	-	-
Sequestration	-	-	-
Transfers	-	-	-
Subtotal, adjusted general funds	***$448,034,000***	***$456,009,000***	***$478,812,000***
Trust fund annual appropriation	**-**	-	-
Subtotal, adjusted budget authority	***$448,034,000***	***$456,009,000***	***$478,812,000***
Unobligated balance lapsing	**-**	-	-
Total Obligations	***$448,034,000***	***$456,009,000***	***$478,812,000***

SUMMARY OF CHANGES

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2016 Enacted Level	456,009	964
Total Adjusted Budget Authority	456,009	964
FY 2017 Current Request	478,812	1,042
Total Estimated Budget Authority	478,812	1,042
Net Changes	22,803	78

Increases	FY 2016 Enacted Level	FY 2017 Request Change from Base
Immediate Office of the Secretary	13,300	1,200
Assistant Secretary for Public Affairs	8,408	92
Digital Service Teams	0	5,000
ASFR, Financial Systems Integration	30,444	156
Acquisition Reform	1,750	1,750
DATA Act	0	10,320
Assistant Secretary for Administration	17,458	42
Office of Intergovernmental and External Affairs/CFBNP	10,625	0
Centers for Faith Based Neighborhood Partnerships	1,299	83
Office of the General Counsel	31,100	0
Departmental Appeals Board	11,000	7,500
Office of Global Affairs	6,026	674
Shared Operating Services - Enterprise IT, SSF Payments	11,924	5,611
Office of the Assistant Secretary for Health	28,909	1,991
Teen Pregnancy Prevention	101,000	3,790
Office of Minority Health	56,670	0
Office of Women's Health	32,140	0
Minority HIV/AIDS	53,900	0
Total	415,953	36,459

*OASH includes increases in the Immediate Office, OHAIDP, ODPHP, PCFSN, OHRP, and OAH

Decreases	FY 2016 Enacted Level	FY 2017 Request Change from Base
Secretary's Initiative/Innovations	2,000	-2,000
Assistant Secretary for Legislation	4,100	-100
Rent, Operations and Maintenance	16,089	-89
Office of Assistant Secretary for Health	6,867	-467
Embryo Adoption Awareness Campaign	1,000	-1,000
Abstinence Education	10,000	-10,000
Total	40,056	-13,656

*OASH includes decreases in NVPO, and PHR

Total Changes	FY 2016 Enacted Level	FY 2016 FTE	FY 2017 Request Change from Base	FY 2017 FTE Change from Base
Total Increase Changes	415,953	-	36,459	76
Total Decrease Changes	40,056	-	-13,656	0
Total	456,009	1,491	22,803	1,567

BUDGET AUTHORITY BY ACTIVITY - DIRECT

(Dollars in Thousands)

Activity	FY 2015 FTE	FY 2015 Actual	FY 2016 FTE	FY 2016 Enacted	FY 2017 FTE	FY 2017 President's Budget
Immediate Office of the Secretary	79	13,300	72	13,300	79	14,500
Secretarial Initiatives and Innovations	-	2,000	-	2,000	-	-
Assistant Secretary for Administration	121	17,458	114	17,458	114	17,500
Assistant Secretary for Financial Resources	149	30,444	149	30,444	149	30,600
Acquisition Reform	1	1,750	1	1,750	1	1,750
DATA Act	-	-	-	-	12	10,320
Assistant Secretary for Legislation	27	4,100	27	4,100	27	4,000
Assistant Secretary for Public Affairs	54	8,408	54	8,408	54	8,500
Digital Services Team	-	-	-	-	15	5,000
Office of General Counsel	130	31,100	124	31,100	124	31,100
Departmental Appeals Board	66	11,000	70	11,000	112	18,500
Office of Global Affairs	22	6,026	22	6,026	22	6,700
Office of Intergovernmental and External Affairs	65	10,625	68	10,625	70	10,625
Center for Faith-Based and Neighborhood Partnerships	-	-	7	1,299	7	1,382
Office of the Assistant Secretary for Health	255	225,586	255	225,586	255	230,900
Embryo Adoption Awareness Campaign	-	1,000	-	1,000	-	-
HIV-AIDS in Minority Communities	1	52,224	1	53,900	1	53,900
Shared Operating Expenses	-	11,924	-	11,924	-	17,535
Rent, Operations, Maintenance and Related Services	-	16,089	-	16,089	-	16,000
Abstinence Education	-	5,000	-	10,000	-	-
Total, Budget Authority	**970**	**448,034**	**964**	**456,009**	**1,042**	**478,812**

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Code	Description	FY 2016 Enacted	FY 2017 Budget	FY 2017 +/- FY 2016
11.1	Full-time permanent	81,527	90,342	+8,815
11.3	Other than full-time permanent	12,513	12,714	+201
11.5	Other personnel compensation	2,944	2,991	+47
11.7	Military personnel	2,706	2,750	+44
Subtotal	***Personnel Compensation***	***99,690***	***108,797***	***+9,107***
12.1	Civilian personnel benefits	27,234	29,791	+2,557
12.2	Military benefits	1,263	1,267	+4
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***128,187***	***139,855***	***+11,668***
21.0	Travel and transportation of persons	4,983	4,315	-668
22.0	Transportation of things	189	193	+4
23.1	Rental payments to GSA	16,885	17,913	+1,028
23.3	Communications, utilities, and misc. charges	1,966	2,040	+74
24.0	Printing and reproduction	860	874	+14
25.1	Advisory and assistance services	22,401	24,981	+2,580
25.2	Other services from non-Federal sources	42,535	36,294	-6,241
25.3	Other goods and services from Federal sources	69,764	83,654	+13,890
25.4	Operation and maintenance of facilities	6,010	6,117	+107
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,720	4,925	+205
25.8	Subsistence and support of persons	108	110	+2
26.0	Supplies and materials	1,485	1,503	+18
31.0	Equipment	456	463	+7
32.0	Land and Structures	-	-	-
41.0	Grants, subsidies, and contributions	155,456	155,571	+115
42.0	Insurance claims and indemnities	3	3	-
44.0	Refunds	-	-	-
Total	***Non-Pay Costs***	***327,822***	***338,957***	***+11,135***
Total	***Budget Authority by Object Class***	**456,009**	**478,812**	**+22,803**

BUDGET AUTHORITY BY OBJECT CLASS – REIMBURSABLE

(Dollars in Thousands)

Object Class Code	Description	FY 2016 Enacted	FY 2017 Budget	FY 2017 +/- FY 2016
11.1	Full-time permanent	59,625	60,327	702
11.3	Other than full-time permanent	2,905	2,952	47
11.5	Other personnel compensation	944	960	16
11.7	Military personnel	1,666	1,693	27
Subtotal	***Personnel Compensation***	*65,140*	***65,932***	***792***
12.1	Civilian personnel benefits	11,142	11,099	-43
12.2	Military benefits	528	529	1
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	*76,810*	***77,560***	***750***
21.0	Travel and transportation of persons	1,159	1,168	9
22.0	Transportation of things	108	109	1
23.1	Rental payments to GSA	6,526	6,443	-83
23.3	Communications, utilities, and misc. charges	146	147	1
24.0	Printing and reproduction	34	34	-
25.1	Advisory and assistance services	39,638	39,638	-
25.2	Other services from non-Federal sources	18,717	18,836	119
25.3	Other goods and services from Federal sources	110,468	102,005	-8,463
25.4	Operation and maintenance of facilities	2,603	2,644	41
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	3,194	4,492	1,298
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	383	397	15
31.0	Equipment	261	265	4
32.0	Land and Structures	55	56	1
41.0	Grants, subsidies, and contributions	3,172	3,223	51
42.0	Insurance claims and indemnities	-	-	-
44.0	Refunds	-	-	-
Total	***Non-Pay Costs***	*186,464*	***179,457***	***-7,007***
Total	***Budget Authority by Object Class***	**263,274**	**257,017**	**-6,257**

SALARY AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2016 Enacted	FY 2017 Budget	FY 2017 +/- FY 2016
11.1	Full-time permanent	81,527	90,342	+8,815
11.3	Other than full-time permanent	12,513	12,714	+201
11.5	Other personnel compensation	2,944	2,991	+47
11.7	Military personnel	2,706	2,750	+44
Subtotal	***Personnel Compensation***	***99,690***	***108,797***	***+9,107***
12.1	Civilian personnel benefits	27,234	29,791	+2,557
12.2	Military benefits	1,263	1,267	+4
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***128,187***	***139,855***	***+11,668***
21.0	Travel and transportation of persons	4,983	4,315	-668
22.0	Transportation of things	189	193	+4
23.3	Communications, utilities, and misc. charges	1,966	2,040	+74
24.0	Printing and reproduction	860	874	+14
25.1	Advisory and assistance services	22,401	24,981	+2,580
25.2	Other services from non-Federal sources	42,535	36,294	-6,241
25.3	Other goods and services from Federal sources	69,764	83,654	+13,890
25.4	Operation and maintenance of facilities	6,010	6,117	+107
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,720	4,925	+205
25.8	Subsistence and support of persons	108	110	+2
Subtotal	***Other Contractual Services***	***153,537***	***163,504***	***+9,967***
26.0	Supplies and materials	1,485	1,503	+18
Subtotal	***Non-Pay Costs***	***155,022***	***165,007***	***+9,985***
Total	***Salary and Expenses***	***283,209***	***304,862***	***+21,653***
23.1	Rental payments to GSA	16,885	17,913	+1,028
Total	***Salaries, Expenses, and Rent***	**300,093**	**322,774**	**+22,681**
Total	***Direct FTE***	**970**	**964**	**-6**

APPROPRIATION HISTORY TABLE

(Dollars in Thousands)

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2008	-	-	-	-
Appropriation	386,705,000	342,224,000	386,053,000	355,518,000
Rescission	-	-	-	-6,312,000
Transfers	-	-	-	-983,000
Trust Funds	5,851,000	5,851,000	5,851,000	5,792,000
2009	-	-	-	-
Appropriation	374,013,000	361,825,000	361,764,000	391,496,000
Transfers	-	-1,000,000	-1,000,000	-2,571,000
Trust Funds	5,851,000	5,851,000	5,851,000	5,851,000
2010	-	-	-	-
Appropriation	403,698,000	397,601,000	477,928,000	493,377,000
Transfers	-	-1,000,000	-1,000,000	-1,074,000
Trust Funds	5,851,000	5,851,000	5,851,000	5,851,000
2011	-	-	-	-
Appropriation	490,439,000	651,786,000	-	651,786,000
Rescission	-	-1,315,000	-	-1,316,000
Transfers	-	-176,551,000	-	-176,551,000
Trust Funds	-	5,851,000	-	5,851,000
2012				-
Appropriation	363,644,000	343,280,000	476,221,000	475,221,000
Rescission	-	-	-	-898,000
Transfers	-	-	-	-70,000
2013	-	-	-	-
Appropriation	306,320,000	-	466,428,000	474,323,000
Rescission	-	-	-	-949,000
Sequestration	-	-	-	-23,861,000
Transfers	-	-	-	-2,112,000
2014	-	-	-	-
Appropriation	301,435,000	-	477,208,000	458,056,000
Transfers	-	-	-	-1,344,000
2015	-	-	-	-
Appropriation	278,800,000	-	442,698,000	448,034,000
2016	-	-	-	-
Appropriation	286,204,000	361,394,000	301,500,000	456,009,000

General Departmental Management
All Purpose Table

(Dollars in Thousands)

GDM	FY 2015 Final	FY 2016 Enacted Level	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	**$448,034**	**$456,009**	**$478,812**	**+$22,803**

Related Funding	FY 2015 Final	FY 2016 Enacted Level	FY 2017 President's Budget	FY 2017 +/- FY 2016
Pregnancy Assistance Fund P.L. (111-148)	*$23,175*	*$23,300*	*$25,000*	*+$1,700*
PHS Evaluation Set-Aside – Public Health Service Act	*$64,828*	*$64,828*	*$66,078*	*+$1,250*
HCFAC[1]	*$10,000*	*$10,000*	*$10,000*	*$0*
Base Level Program	**$546,037**	**$554,137**	**$579,890**	**+$25,753**
Proposed Legislation (non-add) RAC Collections[2]	*0*	*0*	*$2,000*	*+$2,000*
FTE	**1,460**	**1,491**	**1,583**	**+92**

1 The reimbursable program (HCFAC) in the General Department Management (GDM) account reflects estimates of the allocation account for 2016. Actual allocation will be determined annually.
2 The Recovery Audit Contractor (RAC) Collections for Department Appeals Board reflects $2,000,000 and 16 FTEs, pending approval of A-19 Legislative Proposal.

GENERAL DEPARTMENTAL MANAGEMENT
Overview of Performance

The General Departmental Management (GDM) supports the Secretary in her role as chief policy officer and general manager of HHS in administering and overseeing the organizations, programs and activities of the Department.

The Office of the Assistant Secretary for Health (OASH) is the largest single STAFFDIV within GDM, managing thirteen cross-cutting program offices, coordinating public health policy and programs across HHS operating and staff divisions (OPDIVs/STAFFDIVs), and ensuring the health and well-being of Americans.

The FY 2017 Congressional Justification reflects decisions to streamline performance reporting and improve HHS performance-based management. In accordance with this process GDM STAFFDIVs have focused on revising measures that depict the main impact or benefit of the program and support the rationale articulated in the budget request. This approach is reflected in the Department's Online Performance Appendix (OPA). The OPA focus on key HHS activities, and includes performance measures that link to the HHS Strategic Plan for three GDM offices. They are: Immediate Office of the Secretary (IOS), Offices the Assistant Secretary for Administration (ASA), and OASH.

This justification includes individual program narratives that describe accomplishments, for most of the GDM components. The justification also includes performance tables that provide performance data for specific GDM components: ASA, IOS, OASH, and the Departmental Appeals Board (DAB).

FY 2017 BUDGET BY HHS STRATEGIC GOAL

(Dollars in Millions)

HHS Strategic Goals and Objectives	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
1.Strengthen Health Care	***56.670***	***56.670***	***56.670***
1.A Make coverage more secure for those who have insurance and extend affordable coverage to the uninsured			
1.B Improve health care quality and patient safety			
1.C Emphasize primary & preventative care, linked with community prevention services			
1.D Reduce the growth of health care costs while promoting high-value, effective care			
1.E Ensure access to quality culturally competent care, including long-term care services and support, for vulnerable populations	56.670	56.670	56.670
1.F Improve health care and population through meaningful use of health information technology			
2. Advance Scientific Knowledge and Innovation	***6.493***	***6.493***	***6.800***
2.A Accelerate the process of scientific discovery to improve health	6.493	6.493	6.800
2.B Foster and apply innovative solutions to health, public health, and human services challenges			
2.C Advance the regulatory sciences to enhance food, safety, improve medical product development, and support tobacco regulations			
2.D Increase our understanding of what works in public health & human service practice			
2.E Improve laboratory, surveillance, and epidemiology capacity			
3. Advance the Health, Safety and Well-Being of the American People	***215.647***	***227.323***	***220.690***
3. A Promote the safety, well-being and healthy development of children and youth	102.442	112.442	106.290
3. B Promote economic and social well-being for individuals, families and communities.	1.000	1.000	0.000
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults			
3.D Promote prevention and wellness across the lifespan	52.179	52.179	53.000
3.E Reduce the occurrence of infectious diseases	60.026	61.702	61.400
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies			
4. Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs	***169.224***	***165.523***	***194.652***
4.A Strengthen program integrity and responsible stewardship	6.026	6.026	6.700
4.B Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American People	.934	.934	16.320
4.C Invest in the HHS workforce to help meet America's health and human services need	10.479	10.479	10.500
4.D Improve HHS environmental, energy, and economic performance to promote sustainability	151.785	148.084	164.132
Total GDM Budget Authority	**448.034**	**456.009**	**478.812**

OVERVIEW OF BUDGET REQUEST

The FY 2017 President's Budget for General Departmental Management (GDM) includes $478,812,000 in appropriated funds and 1,042 direct full-time equivalent (FTE) positions. This request is $22,803,000 above the FY 2016 Enacted Level.

The GDM appropriation supports those activities associated with the Secretary's roles as chief policy officer and general manager of the Department. This justification includes narrative sections describing the activities of each STAFFDIV funded under the GDM account, including the Rent and Common Expenses accounts. This justification also includes selected performance information.

Funding for Embryo Adoption Awareness Campaign (-$1,000,000) and Abstinence Education (-$10,000,000), was appropriated in 2016, but not requested by HHS. HHS is not requesting continuation of funds for these programs in FY 2017.

Immediate Office of the Secretary (+$1,200,000) - The resources will allow HHS to continue programmatic activities to support innovative ideas that increase efficiency and effectiveness by providing time, resources, and methodological training to internal teams to help staff take ideas through prototyping and pilot phases.

Secretarial Initiatives and Innovations (-$2,000,000) – The Budget does not include funding for Secretarial Initiatives and Innovations to accommodate Department priorities and inflation increases.

Digital Accountability and Transparency Act (DATA) (+$10,320,000) - To implement the DATA Act of 2014, which expands the Federal Funding Accountability and Transparency Act (FFATA) of 2006 in an effort to improve transparency of Federal spending and Government-wide financial data standards. This request will support necessary changes to IT systems and business processes across all HHS operating divisions. The funding will also support HHS's government-wide work on the grants-specific portion of the DATA Act Pilot to Reduce Recipient Reporting Burden (Section 5 Grants Pilot).

Digital Services Team (+$5,000,000) – This funding is to establish and staff an agency Digital Services team. The request will enable HHS to focus on the implementation of milestones to build capacity and support the development of a Digital Services team and drive the efficiency and effectiveness of the agency's highest-impact digital services.

Departmental Appeals Board (+$7,500,000) - The request supports DAB's efforts to keep pace with the dramatic increase in caseload associated with Medicare Appeals.

Office of Global Affairs (+$674,000) - To provide leadership and coordination on several high priority initiatives, including the Global Health Security Agenda (GHSA) and the National Strategy for Combatting Antimicrobial Resistance Bacteria initiative (CARB).

President's Council on Fitness, Sports, and Nutrition (PCFSN) (+$932,000) – The request enables PCFSN to continue promotion of its programs and initiatives, including the President's Challenge Physical Activity, Nutrition, and Fitness Awards, and the Joining Forces Fitness Initiative, to help inspire and empower Americans of all ages and abilities to be active, eat well, and get healthy.

Teen Pregnancy Prevention (+$3,790,000) – The increase funds the third year of programming for TPP grantees competitively selected in FY 2015 and a Federal evaluation to expand the use and understanding of evidence-based TPP programs.

IMMEDIATE OFFICE OF THE SECRETARY

Budget Summary
(Dollars in Thousands)

Immediate Office of the Secretary	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	13,300	13,300	14,500	+1,200
FTE	72	76	79	+3

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Immediate Office of the Secretary (IOS) provides leadership, direction, policy, and management guidance to HHS and supports the Secretary and Deputy Secretary in their roles as representatives of both the Administration and HHS. IOS serves as the nucleus for all HHS activities and shepherds the Department's mission of enhancing the health and well-being of Americans.

The IOS mission involves coordinating all HHS documents, developing regulations requiring Secretarial action, mediating issues among Departmental components, communicating Secretarial decisions, and ensuring the implementation of those decisions. IOS achieves these objectives by ensuring key issues are brought to leadership's attention in a timely manner, facilitating discussions on policy issues, reviewing documents requiring Secretarial action for policy consistency with that of the Secretary and the Administration. IOS works with other Departments to coordinate analysis of and input on healthcare policy decisions impacting activities within their purview.

IOS leads efforts to reform health care across HHS by improving the quality of the health care system and lowering its costs, computerizing all medical records, and protecting the privacy of patients. In addition, IOS increases the quality of care to all Americans by instituting temporary provisions to make health care coverage more affordable.

The IOS' Chief Technology Officer (CTO) provides guidance and input to the Operating and Staff Divisions on new approaches to problem solving on key agency initiatives. The CTO oversees the HHS Idea Lab which consists of a small group of entrepreneurs who have expertise in technology, policy, and program management methods that assist the Department's workforce through open innovation techniques.

The CTO serves as a liaison to other federal government agencies, and represents the Department by engaging stakeholder organizations on efforts to modernize government programs. The CTO also advises agencies on key technology policies and programs, open government practices, and applications of data to improve health and health care.

The IOS Executive Secretariat works with pertinent components to develop comprehensive briefing documents, facilitates discussions among staff and operating divisions, and ensures final products reflect HHS policy decisions. IOS provides assistance, direction, and coordination to the White House and other Cabinet agencies regarding HHS issues.

IOS sets the HHS regulatory agenda and reviews all new regulations and regulatory changes to be issued by the Secretary and performs on-going reviews of regulations which have already been published, with particular emphasis on reducing regulatory burden.

Funding History

Fiscal Year	Amount
FY 2012	$11,289,000
FY 2013	$10,995,000
FY 2014	$10,995,000
FY 2015	$13,300,000
FY 2016	$13,300,000

Budget Request

The FY 2017 budget request for IOS is $14,500,000, an increase of $1,200,000 above the FY 2016 Enacted level. Current funding levels will be utilized to maintain personnel costs to support innovation initiatives and other services to support achieving the Department's Health Care, Human Services, Scientific Research, Health Data, and Workforce Development Strategic Goals. The budget supports the growth of the Department's Idea Lab and includes $2 million to expand activities. Resources will allow the Department to pilot new programmatic activities to support innovative ideas that increases efficiency and effectiveness. The funding will assist with development of tracking and coordination of Departmental correspondence and inquiries at a strategic level in regards to implementation and review of new and proposed laws. IOS will cover inflation and cost of living increases through reduction in contractual obligations.

Immediate Office of the Secretary - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2016 Target	FY 2017 Target	FY 2017 +/- FY 2016
1.1 Increase number of identified opportunities for public engagement and collaboration among agencies	DISCONTINUTED IN FY15: FY15 Result: 510	--	--	--
1.2 Increase the number of strategically relevant data sets published across the Department as part of the Health Data Initiative	FY 2015: in progress Target: 1800	2000 (increase from 1980)	2025	+25
1.3 Increase the number of participation and collaboration tools and activities conducted by the participation and collaboration community of practice	DISCONTINUTED IN FY15: FY15 Result: 14	--	--	--
1.4 Increase the number of opportunities for the public to co-create solutions through open innovation	FY 2015: in progress Target: 31	20 (reduced from 35)	20	--
1.5 Increase the number of innovation solutions developed across the Department in collaboration with the HHS IDEA Lab	FY 2015: in progress Target: 180	180 reduced from 210)	180	--
1.6 Expand Access to the Results of Scientific Research funded by HHS	FY 2015: in progress Target: 3.25 million	4 million (increase from 3.5 million)	4.5 million	--

Performance Analysis

1.2 Increase number of strategically relevant data sets published across the Department as part of the Health Data Initiative

In 2015, HHS continued executing its Health Data Initiative Strategy & Execution plan which directs the liberation of more data as well as multiple activities that communicate the data's availability and value for innovations across health care and social service delivery. An important focus of this year's data liberation effort has been in the development of the Enterprise Data Inventory for compliance with the Open Data Policy (M-13-13), and the coordination of the Public Access Memo within our research agencies, both of which are expected to yield additional HHS datasets in the future. We are working to increase the availability of machine-readable data sources. Also notable is that we are in the process of updating the healthdata.gov, the primary portal through which health data sets are made available to the public. Changes are being made to the platform to make it more user-friendly for the public and also to increase administrative efficiencies for data program managers across HHS. Additionally, we will have the capability to capture registration keys for any new Application Programming Interfaces (API) that are associated with healthdata.gov

Data inputs to healthdata.gov have steadily increased during this fiscal year. As of May 2015, there are 1,983 data sets from HHS and federated sources. Two notable data sets that were newly published on Health.data.gov during fiscal year 2015 include the new Data on Medicare Part D prescription drugs prescribed by physicians and other healthcare professionals and data from the Study and the Data from Study of Women's Health across the Nation (SWAN). In June of this fiscal year, we will host the fifth Health Datapalooza, which is a major effort to showcase new products and services being developed with HHS data. We are continuing to expand our health data outreach efforts, particularly with our international partners.

1.4 Increase the number of opportunities for the public to co-create solutions through open innovation

Some of initiatives being undertaken to increase the number of high-quality challenges issued by HHS include: 1) Launch of a new HHS Competes Ambassadors group that serve as points of contact within the HHS agencies, and steer the program forward by discussing policy and process issues, as well as effective prize design; 2) Expansion of the original FY14 strategic sourcing mechanism to hire vendors to support the execution of challenges to include not only management services but simple, low-cost, do-it-yourself platforms on which challenges can be run; 3) a bi-weekly newsletter that highlights exciting new challenges being issued by HHS as well as non-HHS agencies; 4) Creation of policies, processes, and agency expertise in OpDivs that have underutilized the mechanism so far, including ACF, ACL, and others.

So far in FY15, HHS has launched 7 competitions, with an additional estimated 12-18 estimated to launch by the end of FY15. Many of the challenges soon to be launched are more ambitious, tackling high-priority problems and using large prize incentives to attract talented innovators.

1.5 Increase the number of innovative solutions developed across the Department in collaboration with the HHS Idea Lab

The HHS IDEA Lab has continued to encourage the development of innovative solutions across the Department during FY15. We have initiated a communications strategy across our all HHS IDEA Lab programs (e.g. HHS Innovates, HHS Ignite, HHS Entrepreneurs, HHS Buyers Club, etc). A primary focus is to enhance outreach capabilities and increase knowledge of IDEA Lab programs across the Department. The HHS IDEA Lab website has been revamped, and we have adapted a commercial solution to better support engagement by the workforce and the public in our projects and programs.

Thus far this fiscal year, we have launched two rounds of the Ignite Accelerator program. We have received 114 submissions through this program, of which 24 were selected for piloting and participated in the training "bootcamp." Notable highlights from HHS Ignite's first round this year include the HRSA Track Team, which tested new management techniques, particularly the use of kanban boards and daily huddles, to improve project collaborations and team engagement. A group at the Administration for Native Americans within ACF designed a new FOA that simplified the grant application process for the tribal nations they serve. A group within FDA leveraged data and visualization tools for improving their processes of inspecting manufacturing plants. The HHS Innovates Award Program received 70 submissions this round, of which 7 were chosen as finalists. These included exciting new employee-led innovations such as the Indian Health Service's Peri-Operative Surgical Home program which is improving the care of complex surgical patients by creating the processes, collaboration and education necessary to deliver the highest standard of care to the most challenging patients in a cost effective way. We have also launched a new Innovator-in-Residence who is funded by ORGANize to work in collaboration with HRSA's Organ Donation and Transplantation programs to develop strategies to increase organ donation.

1.6 Expand Access to the Results of Scientific Research funded by HHS

In February 2015, Secretary Burwell released the HHS Public Access Plans, which provide an outline of the Department's efforts to increase access to the results of our scientific research. These plans will apply to research funded by five of our key scientific agencies: NIH, CDC, FDA, AHRQ and ASPR. The HHS public access plans build on an existing infrastructure, Pub Med Central, for the storing and sharing of publications of publications with the public.

Thus far, the NLM's PubMed Central Database included over 3.4 million journal articles. We expect the number to continue to grow in 2015, as the CDC, FDA, AHRQ and ASPR begin to include their funded journal articles in the PubMed Repository. Initial efforts are aimed at intramural research, but by FY16 will expand to publications stemming from extramurally funded research. As the contents of PMC grow and diversify, we anticipate that it will create yet more opportunities for new connections to be made among disparate fields of scientific inquiry, and new types of knowledge and insights that can benefit health and healthcare. We expect it will allow for faster dissemination of research results into products, services and clinical practices that can improve healthcare.

SECRETARIAL INITIATIVES AND INNOVATIONS

Budget Summary

(Dollars in Thousands)

Secretarial Initiatives and Innovations	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	2,000	2,000	-	-2,000
FTE	0	0	0	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

Secretarial Initiatives and Innovation (SEI) aids the Secretary in most effectively responding to emerging Administration priorities while supporting the missions of HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs). SEI provides the Secretary the necessary flexibility to identify, refine, and implement programmatic and organizational goals in response to evolving business needs and legislative requirements. Additionally, it provides the ability for the Secretary to promote and foster innovative, high-impact, collaborative, and sustainable initiatives that target HHS priorities and address intradepartmental gaps.

Funding History

Fiscal Year	Amount
FY 2012	$2,738,000
FY 2013	$2,735,000
FY 2014	$2,735,000
FY 2015	$2,629,000
FY 2016	$2,000,000

Budget Request

The Budget does not include funds for this program.

ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Administration	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	17,458	17,458	17,500	+42
FTE	121	114	114	0

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Administration (ASA) advises the Secretary on all aspects of administration; provides leadership, policy, oversight, supervision, and coordination of long and short-range planning for HHS; and supports the agency's strategic goals and objectives. ASA provides critical Departmental policy and oversight in the following major areas through eight components. Five are ASA GDM funded entities, the Immediate Office, Office of Human Resources, Equal Employment Opportunity Compliance, and Operations Division, Office of the Chief Information Officer and the Office of Business Management and Transformation and the Real Estate & Logistics. The Office of Security and Strategic Information and the Program Support Center are funded through other sources and not included in this request.

Office of Human Resources (OHR)

OHR provides leadership in the planning and development of personnel policies and human resource programs that support and enhance the Department's mission. OHR provides effective and efficient technical assistance to the HHS Operating Divisions (OPDIVs) to accomplish the OPDIV mission through improved planning and recruitment of human resources and serves as the Departmental liaison to central management agencies on related matters.

OHR provides leadership in creating and sustaining a diverse workforce and an environment free of discrimination at HHS. OHR works proactively to enhance the employment of women, minorities, veterans, and people with disabilities through efforts that include policy development, oversight, complaint prevention, investigations and processing, outreach, commemorative events, and standardized education and training programs.

In FY 2015, in support of the President's hiring reform initiative, OHR convened a hiring process assessment team of senior level hiring managers to identify major pain points in the current hiring process and develop solutions to address these department-wide impediments. The results of this initiative have included policy modifications that clarify the role of hiring managers; including their designation as subject matter experts (SMEs) in the recruitment and selection and a more active role in the position classification process. In addition, OHR has developed a detailed hiring checklist for use by hiring managers and HR specialists to help our hiring managers more easily navigate the federal hiring process.

Equal Employment Opportunity Compliance and Operations Division (EEOCO)

EEOCO provides services to every HHS employee and applicant ensuring equal access to EEO services, timely resolution of complaint as well as an equitable remedy. The Compliance Team provides

leadership, oversight, technical guidance and engages in policy development for the complaint processing units in the HHS Operating Division (OPDIV) EEO Offices Further, EEOCO serves as HHS liaison with lead agencies such as EEOC, Merit Systems Protection Board (MSPB), and Office of Personnel Management (OPM) in matters involving EEO complaint processing.

Real Estate & Logistics Portfolio (REL)
Functions of the former Office for Facilities Management and Policy (OFMP) have been reassigned to the Real Estate & Logistics Portfolio (REL). The critical Departmental policy and oversight functions originally assigned to OFMP continue to be provided through REL. REL is responsible for the HHS Real Property Asset Management program, and in this role provides management oversight across the HHS portfolio of real property assets to ensure appropriate stewardship and accountability is maintained. In addition, REL is responsible for the operation of the HHS headquarters facility, the Hubert H. Humphrey Building, and oversight of HHS-occupied space in the Southwest Complex of Washington, DC.

Office of the Chief Information Officer (OCIO)
OCIO advises the Department on matters pertaining to the use of information and related technologies to accomplish Departmental goals and program objectives. OCIO establishes and provides assistance and guidance on the use of technology-supported business process reengineering, investment analysis and performance measurement while managing strategic development and application of information systems and infrastructure in compliance with the Clinger-Cohen Act. OCIO promulgates HHS IT policies supporting enterprise architecture, capital planning and project management, and security.

In its leadership role, OCIO coordinates the implementation of IT policy from the Office of Management and Budget (OMB) and guidance from the Government Accountability Office (GAO) throughout HHS OPDIVs and ensures the IT investments remain aligned with HHS strategic goals and objectives and the Enterprise Architecture. OCIO coordinates the HHS response to federal IT priorities including data center consolidation; cloud computing; information management, sharing, and dissemination; and shared services.

OCIO is responsible for compliance, service level agreement management, delivery of services, service and access optimization, technology refreshment, interoperability and migration of new services. OCIO works to develop a coordinated view to ensure optimal value from IT investments by addressing key agency-wide policy and architecture standards, maximizing smart sharing of knowledge, sharing best practices and capabilities to reduce duplication, and working with OPDIVs and STAFFDIVs on the implementation and execution of an expedited investment management process.

Office of Business Management and Transformation (OBMT)
OBMT provides results-oriented strategic and analytical support for key management and various HHS components' improvement initiatives and coordinates the business functions necessary to enable the supported initiatives and organizations to achieve desired objectives. OBMT also oversees Department-wide multi-sector workforce management activities. OBMT provides business process reengineering services, including the coordination of the review and approval process for reorganization and delegation of authority proposals that require the Secretary or designees' signature. Finally, OBMT leads Departmental and cross-government initiatives that promote innovation or implement effective management practices within the Department.

Funding History

Fiscal Year	Amount
FY 2012	$19,463,000
FY 2013	$17,958,000
FY 2014	$17,958,000
FY 2015	$17,458,000
FY 2016	$17,458,000

Budget Request

The FY 2017 budget request of $17,500,000 is $42,000 above the FY 2016 Enacted Level. The request will provide the necessary funding for ASA to maintain current staffing levels and continue its established mission of policy and oversight. The increase will be used to offset inflation not funded in contracts.

Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2016 Target	FY 2017 Target	FY 2017 +/- FY 2016
1.1 Increase the percent employees on telework or AWS (Output)	FY 2014: 13.0% Target: 40.0% (Target Not Met)	18.0%	20.0%	+2%
1.2: Reduce HHS fleet emissions	FY 2014: 9,749 MTCO2e Target: 12,205 MTCO2e (Target Exceeded)	11,961 MTCO2e	11,722 MTCO2e	-239
1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors	FY 2014: 99% Target: 100.0% (Target not met)	100%	100%	0
2.5 Increase the top talent at HHS through recruitment, training, and retention	FY 2014: 49% (new metric)	50%	51%	1%
2.6 Increase HHS Employee Engagement	FY 2014: 66% (new metric)	67%	68%	1%
2.7 Attract, hire, develop, and retain a diverse and inclusive HHS workforce	FY 2014: 68% (new metric)	69%	70%	1%

Performance Analysis

1.1: Increase the percent employees on telework or on Alternative Work Schedule

This goal supports the implementation of the HHS Strategic Sustainability Performance Plan (SSPP) prepared under Executive Order (EO) 13514. This EO requires HHS to reduce greenhouse gas (GHG) emissions by technological, programmatic, and behavioral changes. This measure tracks progress towards increasing the percentage of employees who use an alternative work schedule (AWS) and/or regularly scheduled telework to avoid commuting at least 4 days per pay period.

This goal was established in Fiscal Year 2010. When the measure was first established, it aimed to capture both employees who regularly teleworked at least 4 days per pay period as well as those who were on an Alternative Work Schedule and therefore saved fuel by commuting fewer days per pay period. The values for 2011 and 2012 were reported according to the original measure description; however, when it was discovered that the measurement process double counted some employees who were both AWS and teleworked regularly, ASA decided that reporting for future years would exclude AWS and only capture regular teleworkers. Unfortunately, due to confusion surrounding the impact of

this switch in reporting, the value reported for 2013 included not just employees teleworking at least 4 days regularly per pay period, but *all* employees regularly teleworking at least 1 day per pay period (and the goals for FY 2014 and FY 2015 were thus adjusted significantly upwards). This reporting problem was identified during the FY 2014 collection process, and the FY 2014 value represents the correct value, percentage of employees regularly teleworking at least 4 days per pay period. Goals for the upcoming fiscal years have thus been adjusted appropriately for this metric.

Increasing the percentage of teleworking/AWS employees reduces vehicle miles traveled, which in turn reduces GHG emissions and other pollutants in our air, soil and water, which can be harmful to human health. Commuting typically causes employee stress and decreases the amount of time employees can devote to other health activities such as physical activity, planning and preparing healthy meals, and developing social capital by spending time with family or in the community. Widespread telework/AWS coupled with office sharing and swing space can reduce overall facilities costs in rents, waste removal, wastewater treatment, and energy use.

1.2: Reduce HHS fleet emissions

HHS is committed to replacing gasoline-powered vehicles with alternative fuel vehicles (AFV) in accordance with GSA acquisition guidelines. As a result, the fleet's petroleum consumption will decrease, as will the amount of carbon dioxide the fleet releases into the atmosphere.

This goal was established in FY 2010, in alignment with HHS Sustainability Plan and the Presidential Order to reduce greenhouse gases. HHS is aiming to reduce fleet emissions by 2% annually. This measure uses Million Metric Tons of Carbon Dioxide equivalents, or MTCO2e, a standard measure of greenhouse gas emissions. In 2013, primarily through reducing its gasoline fuel use, HHS reduced its CO2e emissions substantially, bringing the number under the 2013 target, and 2014 saw another improvement in emissions levels. HHS CO2e emissions are expected to improve going forward.

1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors

HHS IT contracts have been revised to include power-saving configuration requirements. HHS is measuring the percentage of eligible computers, laptops, and monitors with power management, including power-saving protocols in the standard configuration for employee workstations. Consistent application of power management will decrease the electricity use of HHS facilities. This initiative supports the HHS strategic initiative to be a good steward of energy resources.

The target for this measure is for 100% of HHS eligible computers, laptops, and monitors to have power management. HHS set aggressive goals to move from the 2010 level of 32% of devices with power management enabled to 100% of devices with power management by 2013 and to maintain that level continuing through 2015. In 2011, 85% of eligible devices were reported in compliance across the department, while in 2012 this increased to 94%. In 2013, an improved Department-wide surveying showed that 97% of HHS laptops and computers had power management enabled (108,805 of 112,311 devices), while 89% of monitors were enabled across the Department (621,290 of 697,592 devices), for a total of 90% of devices covered by power management. The 2014 Electronic Stewardship Report showed this value increased to 99% with a breakdown of 98.44% or 107,622 eligible PCs & Laptops on power management, and 99.78% or 116,208 monitors on power management. HHS remains committed to meeting its power management target, and these numbers should continue to rise as HHS improves coordination between OCIO and OPDIV IT teams.

2.5: Increase the top talent at HHS through recruitment, training, and retention
This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS is committed to recruiting and retaining top talent to meet America's health and human service needs, and this metric allows measurement of progress towards this goal. This metric will be measured through responses to OPM Annual Employee Viewpoint survey of all full-time and part-time federal employees. Analysis will be conducted on the responses of HHS managers and supervisors to the question "My work unit is able to recruit people with the right skills." The percentage will be tracked and reported annually. In FY 2014 49% of supervisors and managers answered the recruitment question positively.

2.6: Increase HHS Employee Engagement
This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. Improving employee engagement within HHS is a vital method for promoting new and dynamic solutions to challenges facing the organization. This metric will be tracked using the employee engagement index, calculated from OPM Annual Employee Viewpoint survey. Specifically, the metric is derived from questions related to leadership, supervisor behaviors, and intrinsic experience. A successful agency fosters an engaged working environment to ensure each employee can reach their full potential and contribute to the success of their agency and the entire Federal Government.

Historically HHS has performed above the government norm, and future targets reflect HHS continuing efforts to improve employee engagement. In FY 2014, the HHS-wide employee engagement index was 66%, while the government-wide result was 63%. By increasing employee engagement, we can help create a workforce that is encouraged to provide for the health of all Americans.

2.7 Attract, hire, develop, and retain a diverse and inclusive HHS workforce
This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS strives to have a workforce that reflects the population that it serves. A diverse workforce also introduces new and useful perspectives to issues that HHS must address. In order to gauge its success at hiring, developing, and retaining a diverse and inclusive workforce, HHS, in addition to using hiring and retention data, will look at the most recent results from OPM Annual Employee Viewpoint survey. Specifically, HHS will track the percentage of employees who positively report, "My supervisor is committed to a workforce representative of all segments of society." In 2014, 68% of HHS respondents indicated their supervisors were committed to a diverse workforce. An analysis of this data as well as applicant and employee churn ratio analysis (not reported in this performance measure) will enable HHS leadership to drive further success in this area.

ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Financial Resources	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	30,444	30,444	30,600	+156
FTE	149	149	149	0

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

Office of Budget (OB) – OB manages the performance budget and prepares the Secretary to present the budget to the Office of Management and Budget (OMB), the public, the media, and Congressional committees; serves as the HHS appropriations liaison; and manages HHS apportionment activities, which provide funding to the HHS Operating Divisions and Staff Divisions. OB coordinates, oversees, and convenes resource managers and financial accountability officials within OS to update, share, and implement HHS-wide policies, procedures, operations, rules, regulations, recommendations, and priorities. Additionally, OB leads the Service and Supply Fund by providing budget process, formulation, and execution support including budget analysis and presentation, account reconciliations, reporting, status of funds tracking, and certification of funds availability. OB manages the implementation of the Government Performance and Results Act (GPRA) and all phases of HHS performance budget improvement activities.

Office of Finance (OF) – OF provides financial management leadership to the Secretary through the CFO and the Departmental CFO Community. The OF leads the HHS-wide financial management efforts and prepares the Secretary to present the HHS Agency Financial Report to OMB, Treasury, GAO, Congressional committees and the public in coordination with HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs). OF manages and directs the development and implementation of financial policies, standards, and internal control practices; and prepares the HHS annual consolidated financial and grant statements and audits in accordance with the CFO Act, OMB Circulars, Federal Managers Financial Integrity Act, and the Federal Accounting Standards Advisory Board (FASAB). OF provides department-wide leadership to implement new financial management requirements, such as the Digital Accountability and Transparency Act, the Recovery Act, the Affordable Care Act (ACA), and reporting on Ebola and Hurricane Sandy spending. OF oversees the HHS financial management systems portfolio, and has business ownership, including operation and maintenance responsibilities, for the Unified Financial Management System (UFMS).

OF prepares the Agency Financial Report which includes the Department's consolidated financial statements, the auditor's opinion and other statutorily required annual reporting. For many years, HHS has earned an unmodified or "clean" opinion on the HHS audited Consolidated Balance Sheet, and Statements of Net Cost and Changes in Net Position, and Combined Statement of Budgetary Resources. OF successfully produced the Agency Financial Report on time in compliance with the federal requirements, and for the second year in a row, earned the prestigious Certificate of Excellence in Accountability Reporting Award for the FY 2014 HHS Agency Financial Report.

OF manages HHS-wide policies and standards for financial and mixed financial system portfolios. HHS financial systems portfolio operates on the same commercial-off-the-shelf (COTS) platform that consists of three major components: (1) UFMS, which is the integrated financial management system that operates across most HHS OPDIVs; (2) the Healthcare Integrated General Ledger Accounting System (HIGLAS) at the Centers for Medicare & Medicaid Services (CMS); and (3) NIH's Business System (NBS).

OF initiated a Financial Systems Improvement Program (FSIP) to enhance, upgrade, standardize and simplify the Department-wide financial systems environment. This program will allow HHS to maintain a secure and reliable financial systems environment, strengthen internal controls, and improve financial reporting. The new functionality will increase efficiencies, simplify operations, eliminate customizations, and improve compliance with the Federal Financial Management Improvement Act (FFMIA). The standard accounting practices will improve data integrity, enhance the accuracy of financial reporting, and reduce the need for manual reconciliations. In addition, the transition to commercial shared service provider for managed cloud/hosting services would reduce operating costs, increase efficiencies and promote standardization.

OF will continues to develop the Financial Business Intelligence Program (FBIP) to further business intelligence capabilities that will transform data from disparate business domains (e.g., finance, grants, acquisition, and travel) into meaningful information. The FBIP will result in increased transparency, improved compliance with FFMIA, more effective strategic and tactical decision-making, and enhanced capability to efficiently provide information to external stakeholders (such as Congress, OMB and Treasury).

Office of Grants and Acquisition Policy and Accountability (OGAPA) – OGAPA provides HHS-wide leadership, management, and strategy in grants, acquisitions, small business policy development, performance measurement, and oversight and workforce training. OGAPA also fosters collaboration, innovation, and accountability in the administration and management of the grants, acquisition, and small business functions throughout HHS. OGAPA also fulfills the HHS role as managing partner of GRANTS.gov and supports the financial accountability and transparency initiatives such as those associated with the Federal Funding Accountability and Transparency Act (FFATA), the DATA Act, and Open Government Directive by maintaining and operating HHS Tracking Accountability in Government Grants System and Departmental Contract Information System.

Since FY 2013, HHS has served as the co-Chair for the Council on Financial Assistance Reform and OGAPA supported government-wide grants policy initiatives through the Counsel on Financial Assistance Reform including the development and implementation of the new uniform grants guidance at 2 CFR 200; development and publication of HHS implementing regulation at 45 CFR 75; and update of internal policy guidance within the Grants Policy Statement and Grants Policy Administration Manual.

OGAPA also led an initiative to update the HHS Acquisition Regulation, which is on schedule to be published in FY 2015; participated in acquisition rule-making; made improvements to the HHS acquisition workforce training and certification programs; and began efforts to reform the HHS acquisition lifecycle framework to improve program management and acquisition outcomes across-HHS. OGAPA established and monitored appropriate grant and acquisition related internal controls and performance measures; provided technical assistance and oversight to foster stewardship, transparency, and accountability in HHS grants and acquisition programs; responded to grants or acquisition-oriented GAO and IG audits; and led the Department's Strategic Sourcing, Green Procurement, and Government Purchase Card (GPC) programs.

OGAPA ensured that small businesses were given a fair opportunity to compete for HHS contracts; managed and tracked small business goal achievements; provided technical assistance and Small Business Program training to HHS contracting and program officials; conducted outreach and provides guidance to small businesses on doing business with HHS; and developed and implemented a new online tool to produce and publish HHS procurement forecast.

Funding History

Fiscal Year	Amount
FY 2012	$29,771,000
FY 2013	$28,820,000
FY 2014	$28,974,000
FY 2015	$30,444,000
FY 2016	$30,444,000

Budget Request

The FY 2017 request is $30,600,000, which is $156,000 above the FY 2016 Enacted Level. The requested resources will be used by ASFR to maintain its responsibilities associated with financial management; program integrity; budget and performance analysis and support; grants and acquisition policies; grant transparency; acquisition workforce development; and improving the use of program, performance, and financial data to inform business decisions.

OB will continue to meet its responsibilities for providing financial management leadership including preparation of HHS annual performance budget; production of budget and related policy analyses, options, and recommendations; management and support of performance program reviews, annual strategic plans, and agency priority goals; and development and implementation related to accountability and transparency priorities.

OF will continue to meet its responsibilities for providing financial management leadership including management, development, and implementation of HHS financial policies, standards and internal control practices; and preparing financial statements, financial audits, financial reports; and Financial Systems Intergration. OF will continue to modernize Department wide financial systems by enabling new functionality, standardizing and simplifying financial systems environment, strengthening internal controls and improving financial reporting. When completed, this multi-year modernization initiative will standardize financial management across HHS, modernize financial reporting to provide timely, reliable, and accurate information about HHS finances and enhance, standardize and simplify financial systems environment. OF will use $1,000,000 for planning the next phases of this modernization effort.

OGAPA will continue to lead HHS to ensure that appropriate grant and acquisition related internal controls and policies are followed, provide technical assistance, policy advice, and training to HHS OPDIVs and STAFFDIVs to ensure stewardship of HHS grants, financial assistance, acquisition, and small business programs.

DIGITAL ACCOUNTABILITY AND TRANSPARENCY ACT (DATA ACT)

Budget Summary

(Dollars in Thousands)

Digital Accountability and Transparency Act (DATA Act)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	0	0	10,320	+10,320
FTE	0	0	12	+12

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

The Digital Accountability and Transparency Act of 2014 (DATA Act) expands the Federal Funding Accountability and Transparency Act (FFATA) of 2006 in an effort to improve the transparency of Federal spending.

The DATA Act Project Management Office's (PMO) objective is to focus on establishing a stable organizational infrastructure and lead the U.S. Health and Human Services' (HHS) implementation of the DATA Act. The PMO and Departmental Integrated Project Teams (IPT) will conduct analytic support efforts related to the new data standards that result from the DATA Act and assess the potential impact of those standards on HHS' financial lifecycle. This analysis and associated recommendations will benefit the Department as a whole, and facilitate a long-term strategy toward the adoption and incorporation of agreed upon standards into HHS' policies, processes, and systems. The PMO is also tasked with coordinating the implementation of the grants-specific portion of the DATA Act, Pilot to Reduce Recipient Reporting Burden (Section 5 Grants Pilot), on behalf of OMB as well as engagement with the government-wide Interagency Advisory Council for the DATA Act.

Funding History

Fiscal Year	Amount
FY 2012	$0
FY 2013	$0
FY 2014	$0
FY 2015	$0
FY 2016	$0

Budget Request

The DATA Act FY 2017 request is $10,320,000. The FY 2017 funding will be used to implement a stable organizational infrastructure; conduct analytic support; implement new data standards; assess potential impacts; facilitate long-term policies, processes, and systems; and establish a grants pilot to reduce recipient reporting burden in collaboration with OMB. DATA Act funding will specifically provide for IT and business process changes required to support DATA Act, such as the linkage between the financial management and award systems with the Award ID.

Section 5 Grants Pilot - Funding will support federal FTEs as well as contract resources as HHS carries out the DATA Act Section 5 Grants Pilot. The DATA Act Section 5 Grants Pilot activities will include, but not be limited to, these areas of work:

- Developing and testing the utility of the Common Data Element Repository Library (CDER Library) to facilitate access to grants-specific federal data standards for Federal and non-Federal stakeholders;
- Incorporating agreed upon data standards into grants-related processes/systems to assess the impact of new standards on federal business practices;
- Testing opportunities to streamline and/or reduce recipient reporting burden; and
- Developing a recommended, sustainable governance and outreach model for the CDER Library that ensures appropriate engagement of the federal and recipient community in the development and use ofthe CDER Library.

ACQUISITION REFORM

Budget Summary

(Dollars in Thousands)

Acquisition Reform	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	1,750	1,750	1,750	0
FTE	1	1	1	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

In March 2009, the President mandated that all federal agencies improve acquisition practices and performance by maximizing competition and value, minimizing risk, and reviewing the ability of the acquisition workforce to develop, manage, and oversee acquisitions appropriately. Guidance from the Office of Management and Budget including the memoranda *Improving Government Acquisition*, and *the Guidance for Specialized information Technology Acquisition Cadres*, directed agencies to strengthen the acquisition workforce and increase the civilian agency workforce, to more effectively manage acquisition performance.

The federal acquisition workforce includes contract specialists, procurement analysts, program and project managers, and contracting officer representatives (CORs). This funding will be used to mitigate the risks associated with gaps in the capacity and capability of the acquisition workforce government-wide, enhance suspension and debarment program, increase contracting activities oversight, increase contract funding compliance, and improve the effectiveness of that workforce, in order to maximize value in Federal contracting.

Successful acquisition outcomes are the direct result of having the appropriate personnel with the requisite skills managing various aspects of the acquisition process. Increased workload for the acquisition workforce has left less time for effective acquisition planning and contract administration, which can then lead to diminished acquisition outcomes. This lack of capacity and capability in the acquisition workforce also results in tradeoffs during the acquisition lifecycle, which can reduce the chance of successful outcomes while increasing costs and affecting schedule.

Funding History

Fiscal Year	Amount
FY 2012	$700,000
FY 2013	$681,000
FY 2014	$1,750,000
FY 2015	$1,750,000
FY 2016	$1,750,000

Budget Request

The FY 2017 request is $1,750,000, the same as the FY 2016 Enacted Level. The requested resources will be used to develop the capabilities and capacity of HHS Acquisition workforce through rotational and mentor programs, training and certification initiatives to close competency gaps, and refinements to HHS acquisition regulation, policies, directives, guidance, instructions, and systems. Additionally, funds

will be used to enhance the level of oversight of HHS acquisition lifecycle building the framework required to drive improvements for program/project management, requisite business practices, compliant contracting activities, and performance management.

ASSISTANT SECRETARY FOR LEGISLATION

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Legislation	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	4,100	4,100	4,000	-100
FTE	27	27	27	0

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Legislation (ASL), a staff division within the Office of the Secretary, serves as the principal advocate before Congress for the Administration's health and human services initiatives; serves as chief HHS legislative liaison and principal advisor to the Secretary and the Department on Congressional activities; and maintains communications with executive officials of the White House, OMB, other Executive Branch Departments, Members of the Congress and their staffs, and the Government Accountability Office (GAO).

ASL informs the Congress of the Department's views, priorities, actions, grants and contracts and provides information and briefings that support the Administration's priorities and the substantive informational needs of the Congress. The mission of the office also includes reviewing all Departmental documents, issues and regulations requiring Secretarial action.

Immediate Office of the Assistant Secretary for Legislation - Serves as principal advisor to the Secretary with respect to all aspects of the Department's legislative agenda and Congressional liaison activities. Examples of ASL activities are:

- Working closely with the White House to advance Presidential initiatives relating to health and human services;
- Managing the Senate confirmation process for the Secretary and the 19 other Presidential appointees requiring Senate confirmation;
- Transmitting the Administration's proposed legislation to the Congress; and
- Working with Members of Congress and staff on legislation for consideration by appropriate Committees and by the full House and Senate.

Office of the Deputy Assistant Secretary for Discretionary Health Programs - Assists in the legislative agenda and liaison for discretionary health programs. This portfolio includes:

- Health-science-oriented operating divisions, including HRSA, SAMHSA, FDA, NIH, and CDC
- Health IT
- Medical literacy, quality, patient safety, privacy
- Bio-defense and public health preparedness

Office of the Deputy Assistant Secretary for Legislation for Mandatory Health Programs - Assists in the legislative agenda and liaison for health services and health care financing operating divisions, including

the Centers for Medicare and Medicaid Services (CMS) and the Indian Health Service (IHS). This portfolio includes Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), as well as private sector insurance.

Office of the Deputy Assistant Secretary for Legislation for Human Services - Assists in the legislative agenda and liaison for human services and income security policy, including the Administration for Children and Families (ACF) and the Administration for Community Living (ACL).

These three offices develop and work to enact the Department's legislative and administrative agenda, coordinating meetings and communications of the Secretary and other Department officials with Members of Congress, and preparing witnesses and testimony for Congressional hearings. ASL successfully advocates the Administration's health and human services legislative agenda before the Congress. ASL works to secure the necessary legislative support for the Department's initiatives and provides guidance on the development and analysis of Departmental legislation and policy.
The Office of the Deputy Assistant Secretary for Congressional Liaison (CLO) -Maintains the Department's program grant notification system to Members of Congress (public access at: *GrantsNet* and *TAGGS*), and is responsible for notifying and coordinating with Congress regarding the Secretary's travel and events schedule. In addition, CLO provides staff support for the Assistant Secretary for Legislation coordinating responsibilities to the HHS regional offices, and coordinates the Continuity of Operations Plan (COOP). Activities include:

- Responding to Congressional inquiries and notifying Congressional offices of grant awards (via EconSys) made by the Department;
- Providing technical assistance regarding grants to Members of Congress and their staff; and
- Facilitating informational briefings relating to Department programs and priorities.

The Office of Oversight and Investigations - Responsible for all matters related to Congressional oversight and investigations, including those performed by the GAO, and assists in the legislative agenda and liaison for special projects. This includes coordinating Department response to Congressional oversight and investigations; and acting as Departmental liaison with the GAO and coordinating responses to GAO inquiries.

Funding History

Fiscal Year	Amount
FY 2012	$3,893,000
FY 2013	$3,885,000
FY 2014	$3,791,000
FY 2015	$3,643,000
FY 2016	$4,100,000

Budget Request

The FY 2017 request for ASL is $4,000,000, a decrease of $100,000 below the FY 2016 Enacted level. The Budget allows ASL to provide critical support to the legislative healthcare and human services agenda that, among others, includes reauthorization of the Temporary Assistance to Needy Families (TANF) Program, the Older Americans Act, and the Head Start Program. The Budget will also allow ASL to continue to meet congressional requirements and inquiries related to the broad range of HHS programs.

In FY 2017 ASL will continue to support facilitating the President's commitment to strengthen the systems that protect our food and medical products supply, ongoing activities related to public health emergency preparedness, and the reauthorization of the Substance Abuse and Mental Health Services Administration.

The request for ASL will facilitate increased communication between the Department and Congress. This requires continued work on several mission critical areas with Members of Congress, Congressional Committees and staff including: managing the Senate confirmation process for Department nominees; preparing witnesses and testimony for Congressional hearings; coordinating Department response to Congressional oversight and investigations as well as coordinating responses to GAO inquiries; improving Congressional awareness of issues relating to the programs and priorities of the Administration, and advising Congress on the status of key HHS priority areas.

ASSISTANT SECRETARY FOR PUBLIC AFFAIRS

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Public Affairs	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	8,408	8,408	8,500	+92
FTE	56	56	56	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Public Affairs (ASPA) serves as HHS' principal Public Affairs office leading HHS efforts to promote transparency, accountability and access to critical public health and human services information to the American people. ASPA is also responsible for communicating the HHS' mission, Secretarial initiatives and other activities to the general public through various channels of communication. ASPA plays an important role by:

- Overseeing efforts to expand HHS' transparency and public accountability efforts through new and innovative communications tools and technology.
- Providing timely, accurate, consistent and comprehensive public health information to the public and ensuring the information is easy to find and understand.
- Advising and preparing the Secretary for public communications including communicating HHS strategic plans.
- Coordinating public health and medical communications across all levels of government and with international and domestic partners.
- Developing and managing strategic risk communications plans in response to national public health emergencies.
- Serving as the central HHS press office handling media requests, developing press releases and managing news issues that cut across HHS.
- Overseeing the HHS flagship website HHS.gov.
- Developing Departmental protocols and strategies to utilize social media and the web.
- Supporting television, web, and radio appearances for the Secretary and senior HHS officials; managing the HHS studio and providing photographic services; producing and distributing internet, radio, and television outreach materials.
- Writing speeches, statements, articles, and related material for the Secretary, Deputy Secretary and Chief of Staff and other senior HHS officials.
- Overseeing HHS FOIA and Privacy Act program policy, implementation, and operations.
- Increasing focus on public education efforts surrounding benefits of the Affordable Care Act.

Funding History

Fiscal Year	Amount
FY 2012	$8,983,000
FY 2013	$8,965,000
FY 2014	$8,749,000
FY 2015	$8,408,000
FY 2016	$8,408,000

Budget Request

ASPA's FY 2017 Budget request is $8,500,000, $92,000 above the FY 2016 Enacted Level. The FY 2017 funds will be used to support backlog reduction efforts by ASPA's Freedom of Information Act (FOIA) and Privacy Act Division and the updating of 28+ year old FOIA and privacy program policy and regulations.

ASPA utilizes all methods of mass communication to accomplish its mission of ensuring all Americans have accurate and timely access to the critical public health and human services information necessary to help them achieve economic and health security.

ASPA will conduct Department-wide public affairs programs; support the rollout of new programs and laws; synchronize Departmental policy and activities with communications; and oversee the planning, management, and execution of communication activities throughout HHS.

DIGITAL SERVICES TEAM

Budget Summary
(Dollars in Thousands)

Digital Services Team	FY 2015 Enacted	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	0	0	5,000	5,000
FTE	0	0	15	15

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

Purpose: HHS is taking significant steps to ensure that digital communications and data services demonstrate impact on the health and well-being of the American public. Along with the Digital Government Strategy and the Digital Services Playbook, these existing efforts - including interviews with HHS leadership and key stakeholders - can be leveraged in the establishment of the Digital Services Team.

In FY 2017, HHS will establish a sustainable digital services program that results in improved program services, greater accountability, and better and more easily understood information that is achieved through new approaches to problem-solving, strategic use of external technical experts and more efficient use of shared technologies and services.

The principal pillars supporting this vision are:

- **Technology, Content and Process Integration**: Sustained success for this effort will require tighter collaboration across existing digital-focused operations, principal offices being the Office of the Chief Information Officer (OCIO), the Office of the Chief technology Officer (OCTO) and the Office of the Assistant Secretary for Public Affairs (OASPA).
- **Policy Integration**: Policy integration will define how technology should be implemented in a modern organization. This will build upon open data policies, 508 compliance for technology systems and digital content, Federal Information Technology Acquisition Reform Act (FITARA), Digital Accountability and Transparency Act (DATA), and open innovation initiatives of the Administration.
- **Shared Infrastructure and Services**: Providing, or facilitating HHS-wide access to, cloud-based services and applications can lower cost, increase efficiency and provide the platform for superior integration of HHS content and data. Specific shared infrastructure goals would be based on the needs of identified projects but could include the development of an HHS-wide data warehouse and/or providing space for IT and communication development 'sandboxes' that permit secure agile development.
- **Shared Standards**: Shared services and common infrastructure require common standards to maximize the value-added benefits of a common underlying technologies and platforms. Data standards, for text, tabular and visual data, will improve machine readability, increase efficiency and allow for greater transparency and openness of HHS information. Moreover, common taxonomies will help link content and data resources across organizational boundaries within HHS to create added value in information services and products as well as content structuring and syndication.

- **Accountability**: Data-informed decisions will be the standard for all aspects of the Digital Services Team's work. This ranges from establishing data-informed processes to identify and vet target projects, to the development of a standard set of performance metrics that can be used to evaluate the work of the Digital Services Team and their projects.

Oversight: Sustainable Digital Services Team (DST) support will require coordinated oversight by the HHS OCIO, OCTO and OASPA. This group will establish the process for choosing projects, identify skill sets needed for the core DST members, recruit suitable candidates and develop performance metrics to evaluate the success of approved projects.

Core Members: The establishment of a core group of individuals that can both oversee daily operations of the DST and participate in individual projects will help ensure the use of shared resources and standards. With an entirely distributed model, where projects are largely independent of systemic coordination, the risk for ignoring shared standards or implementing one-off solutions that don't contribute to the larger digital goals of the Department is too high. The initial group will need core expertise in program management, program evaluation, procurement, data science, information architecture, and structured content.

Project-specific: In addition to the core DST members, additional support will be required on a project-by-project basis. These individuals will be identified and recruited as dictated by the requirements of the projects chosen. The number of individuals needed per project will vary and will be influenced by the ability of host offices to contribute expertise to the project. All projects should include DST and host office participation as capacity building and modernization of our business and management operations is an inherent goal to this effort.

Funding History

Fiscal Year	Amount
FY 2011	$0
FY 2012	$0
FY 2013	$0
FY 2014	$0
FY 2015	$0

Budget Request

Funding will be used for salaries and benefits to support 15 FTE, travel, communications, and other program support as well as contracts, acquisition services, training, and the infrastructure needed to establish this project. The results of this effort will reinforce cultural and management changes at HHS designed to establish digital operations as an integrated tool for driving program value and achieving program goals. The program will raise the skill level of HHS programs and bring new project management approaches instilling entrepreneurial approaches that encourage intelligent risk tolerance, promoting pursuit of new approaches and problem-solving. The American public will experience improved program services, greater accountability, and better and more easily understood information from HHS agencies. Finally, through this program, HHS will be well positioned to engage in private sector partnerships that can catalyze innovation, use open data to develop incentives and create new business opportunities.

OFFICE OF THE GENERAL COUNSEL

Budget Summary

(Dollars in Thousands)

Office of the General Counsel	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	31,100	31,100	31,100	0
FTE	173	173	173	0

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Office of the General Counsel (OGC), with a team of over 400 attorneys and a comprehensive support staff, is one of the largest, most diverse, and talented law offices in the United States. It provides client agencies throughout HHS with representation and legal advice on a wide range of highly visible national issues. OGC's goal is to support the strategic goals and initiatives of the Office of the Secretary and Health and HHS by providing high quality legal services, including sound and timely legal advice and counsel.

Accomplishments:

- OGC's Public Health Division (PHD) spearheaded the efforts to resolve over $1.5 billion in contract support costs claims stemming from the multi-year Indian Self-Determination and Education Assistance Act (ISDEAA) contract litigation against the Indian Health Service. This effort has resulted in settling $965 million in claims for $505 million, a savings of over $459 million.
- OGC's Centers for Medicare and Medicaid Division (CMSD) provided advice on numerous legal issues that arose in launching, for the first time, a number of important Affordable Care Act (ACA) provisions. The provisions that took effect in 2014 were far-reaching in scope and extremely complex, including the new "single risk pool" and community rating requirements, a new "guaranteed availability requirement," and implementation of the new individual and small employer health care exchanges. OGC helped the CMS to align statutory and regulatory requirements with the reality of systems limitations.
- OGC's General Law Division (GLD) has been instrumental in advising CMS regarding the ACA, including advising HHS Contracting Officials regarding the administration of relevant contracts, as well as providing advice on the disclosure and handling of information needed for successful outreach and enrollment, as well as essential fiscal law advice that was needed to facilitate funding for key programs and initiatives.
- OGC's Children, Families, and Aging Division (CFAD) provides daily legal support to various HHS components and other federal partners as part of the interagency Unified Coordination (UC) Group in response to the influx of UC across the southwest border of the United States. CFAD support has included regular staffing at the Federal Emergency Management Agency National Response Coordination Center, as well as litigation support to the Justice Department in related litigation.

Funding History

Fiscal Year	Amount
FY 2012	$40,274,000
FY 2013	$39,226,000
FY 2014	$39,226,000
FY 2015	$31,100,000
FY 2016	$31,100,000

Budget Request

The Office of the General Counsel (OGC) requests $31,100,000 which is the same level as FY 2016 Enacted. The budget will support salaries, benefits, and operating costs incurred by OGC as a result of providing HHS with legal representation on key social, economic, and healthcare issues. OGC will absorb all inflation and pay increases by reducing contract costs. Authorized funding will enable the OGC Divisions/Regions to provide the following legal services to HHS OPDIVs.

In FY 2017, ACA will continue to be a high priority. Accordingly, OGC will provide legal advice pertaining to fiscal law, grants, and procurements related to ACA programs and initiatives. OGC attorneys will be highly involved in rulemaking and will continue to assist and support the CMS in its mission of making health insurance available transforming the health care delivery system and the Medicaid program, and reducing fraud, waste and abuse in the federal health care systems.

Additionally, OGC will continue to provide support to all HHS clients in primary practice areas that include: procurement law support for all agency acquisitions of goods and services; fiscal law support for questions related to proper use of federal funds, information law and other general administrative law support that is part of all federal programs. In the labor and employment law area specifically, OGC will continue litigating a large number of cases.

OGC will continue to provide legal advice to clients seeking to revise and update regulations, such as those for HRSA's health professional shortage designation, Substance Abuse Mental Health Services Administration's (SAMHSA) confidentiality of substance abuse patient records, and the 340B Drug Program. OGC will also advise and assist the NIH on many important and complex matters, including the agency's large research grants portfolio, intellectual property, technology transfer, third-party reimbursement at NIH's Clinical Center, genomic data sharing, biodefense research, and diversity initiatives.

OGC will continue to work with the Health Resources Services Administration (HRSA) to implement ACA initiatives, including expanded access and integration of behavioral and mental health care by health centers; transformation of the Ryan White HIV/AIDS Program; updating of preventive services guidelines for women, infants, and children; and the evidence-based maternal, infant, and early childhood home visiting program.

Furthermore, OGC will advise on multiagency preparedness efforts related to pandemic influenza, MERS-CoV and other chemical, biological, radiological, and nuclear threats. OGC will also coordinate and ensure consistency in the negotiation of over 300 Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts, which transfer $2 billion annually to Tribes, and will handle approximately 1,500 contract dispute claims under ISDEAA.

OGC will also be involved in the implementation of the 2007 Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance. OGC will continue to assist in the finalization of major rulemaking efforts by the Office of Child Support Enforcement (OCSE) and the Office of Child Care. In addition, OGC will continue to provide defense of litigation challenging Designation Renewal System rules and re-competition decisions for the Head Start program.

DEPARTMENTAL APPEALS BOARD

Budget Summary
(Dollars in Thousands)

Departmental Appeals Board	FY 2015 Final	FY 2016 Enacted	2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	11,000	11,000	18,500	+7,500
Proposed Legislation (non-add) RAC Collections[1]	-	-	2	
FTE	70	70	112	+42

[1] RAC Collections for Department Appeals Board reflects $2,000,000 and 16 FTEs, pending approval of A-19 Legislative Proposal.FTEs from this proposed legislation are not included in the above FTE levels.

Authorizing Legislation……..Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……..Direct Federal

Program Description and Accomplishments

The Departmental Appeals Board (DAB), a staff division within the Office of the Secretary, provides impartial, independent hearings and appellate reviews, and issues Federal agency decisions under more than 60 statutory provisions governing HHS programs. DAB's mission is to provide high-quality adjudication and other conflict resolution services in administrative disputes involving HHS, and to maintain efficient and responsive business practices. Cases are initiated by outside parties who disagree with a determination made by an HHS agency or its contractor. Outside parties include states, universities, Head Start grantees, nursing homes, clinical laboratories, doctors, medical equipment suppliers, and Medicare beneficiaries. Disputes heard by the DAB may involve over $1 billion in federal funds in a single year. DAB decisions on certain cost allocation issues in grant programs have government-wide impact because HHS decisions in this area legally bind other Federal agencies. DAB is organized into four Divisions:

Board Members – Appellate Division

The Secretary appoints the DAB Board Members, including the Board Chair who serves as the executive for DAB. Board Members, acting in panels of three, issue decisions with the support of Appellate Division staff. Board Members provide appellate review of decisions by DAB ALJs, Food and Drug Administration ALJs (in certain regulatory actions), or Department of Interior ALJs (in certain Indian Health Service cases). Board review ensures consistency of administrative decisions, as well as adequacy of the record and legal analysis before court review. For example, Board decisions in cases involving grant awards promote uniform application of OMB cost principles. Board decisions are posted on the DAB Website and provide precedential guidance on ambiguous or complex requirements.

In FY 2015, the Board/Appellate Division received 113 cases and closed 111 (98%), 72 by decision. Eighty-eight percent of Board decisions issued in FY 2015 had a net case age of six months or less.

Administrative Law Judges – Civil Remedies Division (CRD)

CRD staff support DAB Administrative Law Judges (ALJs) who conduct adversarial hearings in proceedings that are critical to HHS healthcare program integrity efforts, as well as quality of care concerns. Hearings in these cases may last a week or more. Cases may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent

schemes. Cases may also raise legal issues of first impression, such as appeals of enforcement cases brought under the Patient Protection and Affordable Care Act (ACA).

DAB ALJs hear cases appealed from CMS or OIG determinations which exclude providers, suppliers, or other healthcare practitioners from participating in Medicare, Medicaid, and other Federal healthcare programs or impose civil money penalties (CMPs) for fraud and abuse in such programs. CRD jurisdiction also includes appeals from Medicare providers or suppliers, including cases under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Expedited hearings are provided when requested in certain types of proceedings, such as provider terminations and certain nursing home penalty cases. These cases typically involve important quality of care issues. ALJs also hear cases which may require challenging testimony from independent medical/scientific experts (e.g., in appeals of Medicare Local Coverage Determinations or issues of research misconduct).

Through reimbursable inter-agency agreements, ALJs conduct hearings on CMPs imposed by the Inspector General of the Social Security Administration (SSA) and on certain debt collection cases brought by the SSA. ALJs also conduct hearings in certain regulatory actions brought by the Food and Drug Administration (FDA), including CMP determinations, clinical investigator disqualifications, and other adverse actions.

In FY 2015, CRD received 4,201 new cases and closed 3,783 (90%), 853 by decision. Over three-fourths of these new cases (3,285) were appealed under the FDA reimbursable agreements, which will expire in FY 2016.

Medicare Appeals Council – Medicare Operations Division (MOD)

The MOD provides staff support to the Administrative Appeals Judges (AAJs) and Appeals Officers (AOs) on the Medicare Appeals Council (Council). The Council provides the final administrative review of claims for entitlement to Medicare and individual claims for Medicare coverage and payment filed by beneficiaries or health care providers/suppliers. Council decisions are based on a *de novo* review of decisions issued by ALJs in the Office of Medicare Hearings and Appeals (OMHA). CMS (or one of its contractors) and SSA may also refer ALJ decisions to the Council for own-motion review. In the majority of cases, the Council has a statutorily imposed 90-day deadline by which it must issue a final decision.

An appellant may file a request with the Council to escalate an appeal from the ALJ level because the ALJ has not completed his or her action on the request for hearing within the adjudication deadline. MOD has been receiving a greater number of these escalations as the caseload has been increasing at the OMHA level. The Council also reviews cases remanded back to the Secretary from Federal court; related to this workload, the MOD is responsible for preparing and certifying administrative records to Federal court.

Cases may involve complex issues of law, such as appeals arising from overpayment determinations, non-sample audits, or statistical sampling extrapolations involving thousands of claims and extremely high monetary amounts. Some cases, particularly those filed by enrollees in a Medicare Advantage plan, require an expedited review due to the pre-service nature of the benefits at issue (e.g., pre-service authorization for services or procedures or authorization for prescription drugs).

In FY 2015, through a reimbursable agreement with CMS, MOD began adjudicating appeals filed under a CMS demonstration project with the state of New York. The demonstration project, called “Fully Integrated Duals Advantage” Plan (FIDA), offers an estimated 170,000 Medicare-Medicaid enrollees in New York an opportunity for more coordinated care. FIDA will provide a streamlined appeals process which gives beneficiaries the opportunity to address denials of items and services through a unified

system that includes all Medicare and Medicaid protections. These new FIDA cases are not included in the MOD workload Chart C below. DAB will incorporate them into its future workload projections after gaining an experience base from which to project annual FIDA case closures.

In FY 2015, the MOD received 8,200 appeals and closed 2,323 (36%).

Alternative Dispute Resolution Division - Alternative Dispute Resolution (ADR) Division

The ADR Division provides services in DAB cases and supports the Chair as the HHS Dispute Resolution Specialist. The ADR Division provides mediation in DAB cases, provides or arranges for mediation services in other HHS cases (including workplace disputes and claims of employment discrimination filed under the HHS Equal Employment Opportunity program), and provides policy guidance, training, and information on ADR techniques (including negotiated rulemaking – a collaborative process for developing regulations with interested stakeholders).

Under the Administrative Dispute Resolution Act, each Federal agency must appoint a dispute resolution specialist and must engage in certain activities to resolve disputes by informal methods, such as mediation, that are alternatives to adjudication or litigation. The DAB Chair is the Dispute Resolution Specialist for HHS and oversees ADR activities under the HHS policy issued under the Act. Using ADR techniques decreases costs and improves program management by reducing conflict and preserving relationships that serve program goals (e.g., between program offices and grantees, or among program staff). Using ADR also furthers compliance with the Administration's directive of January 24, 2009, entitled "Memorandum to the Heads of Executive Departments and Agencies on Transparency and Open Government." The President called on the Executive Branch to provide increased opportunities for the public to participate in policymaking and to use innovative tools, methods and systems to cooperate with other Federal Departments and agencies, across all levels of government, and with non-profits, businesses and the private sector.

In FY 2015, ADR provided 10 conflict resolution trainings, received 80 requests for ADR services and closed 75 cases (93%).

Workload Statistics:

Board Members – Appellate Division

Chart A shows total historical and projected caseload data for this Division. FY 2015 data is based on database records, and FY 2016 and FY 2017 data are projected based on certain assumptions, including:

- Receipt of new appeals arising under various ACA provisions in FY 2016 and FY 2017;
- Receipt of additional grant appeals under new authorities including ACL regulations on Independent Living Services and Centers for Independent Living programs and memorandum of understanding with ACF regarding formula grants authorized by the Family Violence Prevention and Services Act in FY 2016 and FY 2017; and
- Continued lower level of staff attorney support after two of four Appellate staff attorneys were reassigned to the Medicare Operations Division in the second quarter of FY 2015.

APPELLATE DIVISION CASES – Chart A

Cases	FY 2015	FY 2016	FY 2017
Open/start of FY	51	53	88
Received	113	125	135
Decisions	72	55	55
Total Closed	111	90	95
Open/end of FY	53	88	128

Administrative Law Judges – Civil Remedies Division

Chart B shows total projected caseload data for CRD. FY 2015 data is based on actual data. FY 2016 data is based on actual data through December 15, 2015 and historical trends, and FY 2017 data are projected based on certain assumptions, including:

- Expiration in 2016 of the intra-agency agreements to hear FDA cases;
- CMS's increased use of data analysis techniques to detect provider/supplier fraud and noncompliance;
- The Inspector General's increased focus on exclusion cases; and
- New types of hearing requests provided under the Affordable Care Act.

CIVIL REMEDIES DIVISION CASES – Chart B

Cases	FY 2015		FY 2016		FY 2017
	Non-FDA	FDA	Non-FDA	FDA	Non-FDA
Open/start of FY	328	220	423	543	552
Received	916	3285	950	0	950
Decisions	192	661	192	120	192
Total Closed	821	2962	821	543	821
Open/end of FY	423	543	552	0	681

The data in the preceding chart separates the FDA cases and non-FDA cases, which is CRD's core work. CRD will not receive any new FDA cases in FY 2016, but will continue to work on existing cases until they are closed.

Medicare Appeals Council – Medicare Operations Division

Chart C contains historical and projected caseload data for MOD. FY 2015 data is based on receipts to date and information from OMHA, and FY 2016 and FY 2017 are based on information from OMHA and CMS.

Assumptions on which the data are based include:

- Increased case closures in FY 2016 attributable to 6 FIDA demonstration project staff who are on loan to MOD while FIDA appeals are received and to 5 administrative support contractors who are assigned to MOD through the second quarter of FY 2016; these 11 temporary staff will not be available to work on MOD cases in FY 2017;
- Increased case receipts in FY 2016 and FY 2017 as OMHA's disposition capacity increases with new ALJ teams and resources;
- Increased overpayment (including Recovery Audit (RA) and statistical sampling cases);
- Increased CMS demonstration projects across the country; and
- Increased requests for certified administrative records in cases appealed to Federal court.

MEDICARE OPERATIONS DIVISION CASES – Chart C

Cases	FY 2015	FY 2016[1]	FY 2017
Open/start of FY	8,765	14,642	21,219
Received	8,200	8,900	16,200
Cases Closed	2,323	2,323	4,800
Open/end of FY	14,642	21,219	32,619

1 This data is based on FY 2016 funding levels for the Medicare Operations Division.

In FY 2015, the ADR Division conducted 10 conflict resolution trainings, received 80 requests for ADR services, and closed 75 cases. In addition, the ADR Division continued to leverage limited resources by promoting video teleconferencing (VTC) in place of in-person mediations which require travel, and by partnering with other Federal ADR programs to share resources. ADR also conducted conflict management and mediation trainings for Indian Health Service managers and EEO staff in Aberdeen, South Dakota and Billings, Montana. In addition, ADR conducted several workplace interventions for DHHS agencies, including the Food and Drug Administration.

Funding History

Fiscal Year	Amount
FY 2012	$10,730,000
FY 2013	$10,450,000
FY 2014	$10,450,000
FY 2015	$11,000,000
FY 2016	$11,000,000

Budget Request

DAB's FY 2017 request is $18,500,000, an increase of $7,500,000 above the FY 2016 Enacted level. The request provides funding for 42 new employees needed to handle DAB's growing backlog of Medicare appeals. The request also includes an additional $2 million in proposed legislation from Recovery Audit Contractor (RAC) collections.

Since FY 2010, the Medicare Operations Division of the DAB has experienced a significant increase in the number of annual appeals. Because resources have remained relatively constant over this same period of time, the increase in appeals has led to a backlog of cases and an increase in average case processing times. With case receipts continuing to outpace staff increases, the backlog will continue to grow and hamper overall productivity. In addition, intensified efforts on increasing the disposition of OMHA's appeals backlog will result in an increase of appeals flowing to the DAB further exacerbating the rate of increase in the backlog. In addition to the increased volume of receipts, MOD faces a greater percentage of technically complex statistical sampling cases and multi-claim overpayment cases (such as Recovery Audit Contractor cases and denials arising from program integrity efforts). Further, MOD cases often generate voluminous administrative records and when cases are appealed to Federal court, MOD staff must prepare and certify the accuracy of the record for the court.

The FY 2017 request would allow DAB to hire 35 new legal staff for the MOD: 26 attorneys and 9 program analysts. MOD's overall staff size would increase from 25 to 60, and output by the Council would increase by more than 79% above the projected FY 2016 level, from about 2,680 case closures per year to 4,800 case closures per year.

The addition of 35 new legal staff would significantly increase the size of DAB's workforce and generate substantial new work, challenging DAB's Operations Divisions. All DAB administrative operations are consolidated into the Operations Division. This structure allows judges and legal staff to focus their attention solely on legal work, ensuring maximum productivity. Currently, only 2 of the Operations Division's staff members are responsible for personnel, budget execution, contracting, purchasing, facilities management, and office security and safety. The remainder of the Operations Division is dedicated to case management and administrative support for the DAB's other 4 divisions. Accordingly, the Operations Division would acquire 7 new employees: 1 docket manager (for the MOD caseload), 1 supervisory paralegal specialist, 1 human resources specialist, 1 contract specialist, 1 information technology specialist, and 2 Attorney-Advisors to support the Executive Office of the Board Chair (including support for essential technical legal training of the new MOD staff).

With the FY 2017 request, MOD would be able to reduce its own backlog of Medicare appeals and leverage the Department's broader administrative and legislative initiatives to improve the overall Medicare appeals process.

DAB - Outputs and Outcomes Table

Measure	Year and Most Recent Result/Target for Recent Result (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Request +/- FY 2016
1.1.1 Percentage of Board Decisions with net case age of six months or less	2015: 88% Target: 75% (Target Exceeded)	60%	60%	Maintain
1.2.1 Percentage of Board decisions meeting applicable statutory and regulatory deadlines for issuance of decisions.	FY 2015: 100% Target: 100% (Target Met)	100%	100%	Maintain
1.3.1 Percentage of decisions issued within 60 days of the close of the record in HHS OIG enforcement, fraud and exclusion cases.	FY 2015: 98% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.2 Percentage of decisions issued within 60 days of the close of the record in SSA OIG CMP cases and other SSA OIG enforcement cases.	FY 2015: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.3 Percentage of decisions issued within 180 days from the date appeal was filed in provider/supplier enrollment cases.	FY 2015: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.4.1 Cases closed in a fiscal year as a percentage of total cases open in the fiscal year.	FY 2015: 80% Target: 50% (Target Exceeded)	50%	50%	Maintain
1.5.1 Number of conflict resolution seminars conducted for HHS employees.	FY 2015 10 Sessions Target: 10 Sessions (Target Met)	12	12	Maintain
1.5.2 Number of DAB cases (those logged into ADR Division database) requesting facilitative ADR interventions prior to more directive adjudicative processes.	FY 2015: 80 Target: 80 (Target Met)	90	90	Maintain
1.6.1 Average time to complete action on Requests for Review measured from receipt of the claim file.	FY 2015: 424 days Target: 750 days (Target Exceeded)	885 days	1,402 days	+517 days
1.7.1 Number of dispositions	FY 2015: 2,323 Target: 2,320 (Target met)	2,800	4,880	+2,080 cases

Performance Analysis

DAB has made measurable progress in the strategic management of human capital by reengineering its operations and improving its case management techniques. DAB shifts resources across its Divisions as needed to meet changing caseloads and targets mediation services to reduce pending workloads.

Appellate Division

In FY 2015, 88% of Appellate decisions had a net case age of six months or less, exceeding the Measure 1.1.1 target of 75%. In FY 2015, two Appellate Division staff attorneys were transferred to MOD. With fewer staff resources for FY 2016 and FY 2017, net case age will increase and the targets for Measure 1.1.1 have been adjusted accordingly. In FY 2015, the Appellate Division met the deadline for issuing decisions in 100% of appeals having a deadline, achieving the target for 1.2.1. The target for 1.2.1 remains unchanged for FY 2016 and FY 2017, despite the loss of staff, because Appellate will triage cases to assure that all statutory and regulatory deadlines are met. The Appellate Division projects that it will meet targets for both Measures in FY 2016 and FY 2017.

Civil Remedies Division

Measures 1.3.1, 1.3.2, and 1.3.3 relate to the percentage of cases in which CRD ALJs meet the statutory or regulatory deadline for rendering final decisions in particular types of cases (60 days from record closed date for OIG and SSA enforcement, fraud, or exclusion cases; 180 days for CMS provider/supplier enrollment cases). For FY 2016 and FY 2017, the targets remain the same. CRD exceeded the FY 2015 target and expects to meet the targets in FY 2016 and FY 2017.

Measure 1.4.1 tracks cases closed as a percentage of all cases open during the fiscal year. CRD exceeded its FY 2015 target by closing 80% of open cases, due in large part to the high closure rate of FDA cases (84%) compared to non-FDA cases (66%). Although CRD will continue to work on existing FDA cases until they are all closed, it will not receive any new FDA cases. The FY 2016 and 2017 targets remain unchanged because non-FDA cases are more complex, resulting in longer adjudication times, and because CRD projects an increase in receipts of appeals but level resources. CRD expects to meet target 1.4.1 in both those years but will be challenged to do so if it receives a significant number of new types of appeals under the Affordable Care Act, as may be possible according to the Department.

Medicare Operations Division

Target 1.6.1 measures how long it takes to close a case after MOD receives the claim file. However, DAB does not request the claim file until staff is available to work on the case. Therefore, the measure only reflects how long it takes MOD to close a case after the claim file for the case is received, not how long it takes from the date DAB receives the request for review to the date the Council issues a final decision. The larger the backlog, the longer it takes for MOD staff to be available to work on a new case and the longer the overall time for DHHS to resolve Medicare claims. Average case age will increase to over 800 days in FY 2016 and over 1,400 days in FY 2017. Case closures will increase by approximately 300 cases in FY 2016 and by approximately 2,500 cases in FY 2017. Case closures are directly proportional to staffing.

Alternative Dispute Resolution (ADR) Division

In FY 2015, ADR met Measures 1.5.1 and 1.5.2 by leveraging its limited resources by using video-teleconferencing instead of in-person mediations, thereby reducing staff-time otherwise needed for travel and by using interagency partnerships to share scarce ADR training and mediation resources across Agency lines. With the return of 1 staff position lost in FY 2015, ADR will conduct more training sessions and mediations in FY 2016 and FY 2017. ADR is on track to meet both targets.

OFFICE OF GLOBAL AFFAIRS

Budget Summary

(Dollars in Thousands)

Office of Global Affairs	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	6,026	6,026	6,700	674
FTE	22	22	23	+1

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Office of Global Affairs (OGA) promotes the health of the world's population by advancing HHS's global strategies and partnerships and working with HHS Divisions and other U.S. Government (USG) agencies in the coordination of global health policy and international engagement. OGA develops policy recommendations and provides staff support to the Secretary, Deputy Secretary and other senior HHS leadership in the areas of global health and social issues. OGA coordinates these matters across HHS, and represents the Department in the governing structure of major crosscutting global health initiatives.

OGA takes advantage of capacities present in HHS to address needs and opportunities overseas, while at the same time, providing knowledge and analysis of international developments for the benefit of the Secretary, and HHS as a whole. Priority areas include global health security, antimicrobial resistance, non-communicable diseases, mental health, reducing tobacco and alcohol consumption, increasing access to safe and effective medicines, polio eradication, and reducing barriers to care for vulnerable populations.

HHS has a range of relationships with most U.S. Cabinet Departments as well as nearly all of the world's Ministries of Health. Multilateral partners include the World Health Organization (WHO), the Pan American Health Organization (PAHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the UN Joint Program on HIV/AIDS (UNAIDS), the Organization for Economic Cooperation and Development (OECD), and the GAVI Alliance.

OGA's Policy and Program Coordination Division (PPCD) includes global health experts on a range of policy issues, including non-communicable diseases, infectious diseases, immunizations, intellectual property and trade, global health security, as well as staff to support and coordinate global health policy positions and harmonize global management issues across HHS. While the International Relations Division (IRD) staff lead regional efforts on these issues, the PPCD staff address from a cross-cutting perspective, ensuring a consistent and comprehensive approach.

Significant accomplishments include the following:

- OGA's African region and CDC worked with the Organisation of African First Ladies against HIV/AIDS to become champions for polio eradication. The First Ladies of Rwanda, Kenya, and Ethiopia pledged their commitment to deliver a polio-free Africa through increased advocacy and personal participation in supplementary immunization and accelerated routine immunization activities.
- OGA's Asia-Pacific staff in conjunction with USG and private sector partners created a tool kit on women's health in the workplace for use by employers, NGOs, and governments in the Asia-

Pacific Economic Cooperation. Health issues prevent women from entering and staying in the workforce. This toolkit will hopefully help get women into and stay in the workforce.

- The multilateral staff and the OGA attaché continue to play a pivotal role in promoting U.S. positions through engagement with WHO secretariat staff and other member states, and support the HHS Secretary's role as head of the U.S. delegation to the annual week-long World Health Assembly. In 2015, the Assembly adopted 20 resolutions on health topics, ranging from antimicrobial resistance to the health impact of air pollution.
- OGA co-chaired a key negotiation session during a WHO Executive Board Special Session focusing on Ebola which resulted in the adoption of a comprehensive Ebola response and reform resolution, with urgent measures to strengthen both the immediate Ebola outbreak response and longer-term WHO capacities in outbreaks and emergencies.
- The United States was at the center of almost every major decision at the 2015 World Health Assembly and OGA co-chaired the most difficult negotiation of the week, resulting in a consensus resolution on reforming WHO's role in emergencies.
- Due to active diplomacy, led by OGA, the U.S. achieved its goals and gained endorsement of the Director-General's use of the International Health Regulation framework to promote the vaccination of travelers from polio-affected areas; a resolution on the global vaccine action plan, and prevented the passage of a policy on WHO's engagement with non-state actors that would have been overly restrictive. OGA also worked with the WHO Secretariat to support the formation of an expert group to consider the implications of synthetic biology on the existing smallpox research agenda, meeting a key USG objective.

Funding History

Fiscal Year	Amount
FY 2012	$6,438,000
FY 2013	$6,270,000
FY 2014	$6,270,000
FY 2015	$6,026,000
FY 2016	$6,026,000

Budget Request

The FY 2017 Budget Request of $6,700,000 is an increase of $674,000 above the FY 2016 Enacted level. With this request, OGA will be able to provide leadership and coordination on several high priority initiatives, including the Global Health Security Agenda (GHSA) and the National Strategy for Combatting Antimicrobial Resistance Bacteria initiative (CARB).

For GHSA, OGA will assume an overall leadership role for the USG in this global partnership, including representing the USG at Ministerial and Steering Group meetings, serving as the Secretariat, supporting work on the 11 Action Packages, and coordinating USG support to the assessment process jointly undertaken with the World Health Organization, the Food and Agriculture Organization, and the Organization for Animal Health.

The budget includes $500,000 for the CARB initiative within OGA. OGA will address the international aspects of the CARB Strategy to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria by coordinating with USG and international partners to implement measures to mitigate the emergence and spread of antibiotic resistance and ensure the continued availability of therapeutics for the treatment of bacterial infections. OGA will continue to

coordinate and facilitate the involvement of OPDIVs and STAFFDIVs with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other multilateral organizations.

OGA will lead the Department's engagement on trade agreements, including the Trans-Atlantic Trade and Investment Partnership and the U.S.-China bilateral investment treaty; ambitious undertakings to strengthen trade ties with Europe and Asia, with significant impact on food safety, intellectual property, and other health issues.

In South Africa, Brazil, China, India, Switzerland, and Mexico, OGA health attachés will continue to represent HHS as they work with other government agencies, NGOs and industry on research, regulation, information sharing and multilateral issues – important to pandemic preparedness, safety of products, intellectual property and clinical trials, among many other goals.

OGA's Border Health Commission will continue to work to increase the number of border residents who are covered by insurance, receive public health education or health screenings and address specific disease threats. Community-Based Healthy Border Initiatives are valued on both sides of the U.S.-Mexico border.

Additionally, OGA will continue efforts to ensure the health and well-being of Americans, through collaboration with multilateral organizations like the World Health Organization, through efforts to coordinate USG policy and programs in the intersection between domestic and global health, and through political and diplomatic efforts to improve health and safety across the globe.

Office of Global Affairs - Outputs and Outcomes Table

Program/Measure	Most Recent Result/Target for Recent Result (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Request +/- FY 2016
1.1 USMBHC development and implementation of strategies that are directly related to HHS and/or Secretary's priorities	FY 2014: Target: 25 (Project delayed to FY 2015)	75	125	+25
1.2 The implementation of USMBHC priorities (which are linked to the Department's priorities)	FY 2014: 44,344 Target: 58,765 (Target not met)	49,000	51,500	+5%
1.3 The effectiveness of OGA's communication and outreach activities	FY 2014:246,525 Target 97,000 (Target Exceeded)	298,300	328,130	+10%

Performance Analysis

The Office of Global Affairs will continue its work to promote the health outcome objectives of the Healthy Border 2020 Strategy; as well as increase the number of border residents who receive public health education and/or health screenings each year through the Community-Based Healthy Border Initiatives that are celebrated on both sides of the U.S.-Mexico border. OGA continues to have success in increasing the number of unique visitors to OGA supported websites.

Grants

Grants (whole dollars)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Number of Awards	4	4	4
Average Award	$325,000	$325,000	$325,000
Range of Awards	$290,000 - $455,000	$290,000 - $455,000	$270,000 - $430,000

Program Data Chart

Activity	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Contracts	$695,000	$695,000	$695,000
Grants/Cooperative Agreements	$1,350,000	$1,326,000	$1,300,000
Inter-Agency Agreements (IAAs)	$202,000	$202,000	$205,000
Operating Costs	$931,000	$931,000	$951,000
Total	$3,178,000	$3,154,000	$3,151,000

OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS

Budget Summary
(Dollars in Thousands)

Office of Intergovernmental and External Affairs	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	10,625	10,625	10,625	0
FTE	68	70	70	0

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Office of Intergovernmental and External Affairs (IEA) serves the Secretary as the primary link between the HHS and state, local, territorial and tribal governments and non-governmental organizations and its mission is to facilitate communication related to HHS initiatives with these stakeholders. IEA not only communicates HHS positions to the stakeholders but brings information back to the Secretary for use in the HHS policymaking process.

The IEA is composed of a headquarters team that works on policy matters within HHS Operating and Staff Divisions. In addition to the Headquarters team, IEA has ten regional offices which include the Secretary's Regional Directors, Executive Officer, Outreach Specialist and Intergovernmental Affairs Specialists responsible for public affairs, business outreach and media activities. The Regional Directors (RD) coordinate the HHS Regional Offices in planning, development and implementation of HHS policy. The Office of Tribal Affairs, in IEA, coordinates and manages tribal and native policy issues, assists tribes in navigating through HHS programs and services, and coordinates the Secretary's policy development for Tribes and national Native organizations. In FY 2014, the Centers for Faith Based Neighborhood Partnership (CFBNP) was realigned within IEA and now receives executive leadership and management direction from IEA.

IEA has led an HHS communications and outreach effort that has achieved considerable results. IEA undertook the challenge of leading, drafting and coordinating with the Centers for Medicare & Medicaid Services (CMS) in an HHS-wide strategy to communicate, educate and actively engage with all stakeholders around the implementation of the Affordable Care Act (ACA). IEA has conducted over 9,000 ACA outreach activities reaching approximately 800,000 consumers resulting in increased enrollment in targeted areas across the country. IEA efforts significantly increased the awareness and understanding of states, local, tribal and territorial governments; organizations, groups, private institutions, academia, private sector and labor unions of the various provisions contained within the ACA. IEA has established various electronic mechanisms to capture the concerns and communicate with governmental and non-governmental stakeholders. These efforts have proven to be hugely successful in improving the communication, timeliness and ultimately the relationships with stakeholders across the country.

Funding History

Fiscal Year	Amount
FY 2012	$9,831,000
FY 2013	$9,576,000
FY 2014	$9,576,000
FY 2015	$10,625,000
FY 2016	$10,625,000

Budget Request

IEA's FY 2017 request for $10,625,000 is the same as the FY 2016 Enacted Level. The budget request will be used to support personnel costs, continue coordination of a wide range of outreach activities, and facilitate cross-cutting initiatives. IEA will absorb all inflation and pay increases by reducing travel costs.

IEA will continue mission critical activities via personnel who are knowledgeable about the complexity and sensitivity of various HHS programs including health insurance marketplace, consumer/population distinctions, governmental organizations and external organizations, to ensure successful communication and coordination of healthcare and human services policy issues and other priority initiatives of the Department, Secretary and the Administration. IEA will continue to utilize electronic avenues to reduce travel costs, improve communication, timeliness, and relationships with stakeholders across the country.

CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS

Budget Summary
(Dollars in Thousands)

Center for Faith-Based and Neighborhood Partnerships	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	1,299	1,299	1,382	+83
FTE	7	7	7	0

FY 2017 Authorization……Such sums as may be appropriated
Allocation Method……Direct Federal

Program Description and Accomplishments

Center for Faith-Based and Neighborhood Partnerships (CFBNP) is the Department's liaison to the grassroots. The Partnership Center works to engage secular and faith-based non-profits, community organizations, neighborhoods and wider communities as it reaches people who need servicing the most by ensuring that local institutions that hold community trust have up-to-date information regarding health and human service activities and resources in their area.

CFBNP works to build partnerships between government and community and faith-based organization, which help HHS serve individuals, families, and communities in need. The Partnership Center was realigned within the Office of Intergovernmental and External Affairs (IEA) in FY 2014 and now receives executive leadership and management direction from IEA. CFBNP's role of external engagement is assumed and works in collaboration with IEA to:

- Make community groups an integral part of the economic recovery and poverty a burden fewer have to bear when recovery is complete.
- Be one voice among while addressing the needs of women, children, teen pregnancy and the reduction of the need for abortion.
- Strive to support fathers who stand by their families, by working to get young men off the streets and into well-paying jobs, and encouraging responsible fatherhood, and
- Work with the National Security Council to foster interfaith dialogue with leaders and scholars around the world.

CFBNP is now positioned to take advantage of IEA's established relationships and communication networks, including HHS' regional offices.

Funding History

Fiscal Year	Amount
FY 2012	$1,370,000
FY 2013	$1,299,000
FY 2014	$1,299,000
FY 2015	$1,299,000
FY 2016	$1,299,000

Budget Request

CFBNP's FY 2017 Budget request is $1,382,000; $83,000 above the FY 2016 Enacted Level. Funds requested will be used to provide the necessary staffing to accomplish CFBNP's mission to effectively administer federal programs that promote the economic and social well-being of families, children, individuals, and communities.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

Office of the Assistant Secretary for Health	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	278,810	280,486	284,800	3,674
FTE	256	256	256	-

Agency Overview

The Office of the Assistant Secretary for Health (OASH), headed by the Assistant Secretary for Health (ASH), is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). The ASH serves as the senior advisor for public health and science to the Secretary and coordinates public health policy and programs across the Staff and Operating Divisions of HHS. OASH is charged with leadership in development of policy recommendations on population-based public health and science and coordination of public health issues and initiatives that cut across the Staff and Operating Divisions of HHS. OASH provides leadership on population-based public health and clinical preventive services, ensuring the health and well-being of all Americans.

The mission of OASH is "mobilizing leadership in science and prevention for a healthier Nation." In support of this mission, OASH has identified three priorities to enhance the health and well-being of the Nation:

- Creating better systems of prevention
- Eliminating health disparities and achieving health equity
- Making Healthy People come alive for all Americans

As an organization, OASH represents a wide, cross-cutting spectrum of public health leadership including:

- 12 core public health offices – including the Office of the Surgeon General, U.S. Public Health Service Commissioned Corps, and 10 Regional Health Administrators
- 15 Presidential and Secretarial advisory committees
- 12 Department-wide Action Plans and Strategic Initiatives

OASH contributes to two of the Department's Priority Goals, serving as the goal lead on Tobacco control and as a partner on reducing Healthcare Associated Infections.

Overview of Performance

To evaluate performance and achievement toward the mission of OASH, the five specific objectives that support the three priorities identified are:

- Shape public health policy at the local, state, national, and international, levels
- Communicate strategically
- Promote effective partnerships
- Build a stronger science base
- Lead and coordinate key initiatives of HHS and Federal health initiatives

Achievement of these objectives is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions. In some instances, OASH's contributions act as a catalyst for action; in other instances OASH provides the leadership and

coordination to support the collective efforts of agency partners as they work to shape effective public health policy.

The OASH goals and objectives will be achieved through implementation of the strategies outlined for each goal.

Goal 1: Creating Better Systems of Prevention

Objective A: Shaping Policy at the Local, State, National, and International Level

Strategy 1.A.1: Lead the oversight of *Healthy People 2020* for the Nation.

Strategy 1.A.2: Lead the monitoring of the *National Vaccine Plan* to ensure coordination of the various components of the Nation's vaccine system in order to achieve optimal prevention of human infectious diseases through immunization.

Strategy 1.A.3: Lead the HHS reproductive health programs that reduce unintended pregnancies, adolescent pregnancies, and the transmission of sexually transmitted diseases by developing and implementing policies and programs related to family planning and other preventive healthcare services, including education and social support services.

Objective B: Communicate Strategically

Strategy 1.B.1: Ensure that *healthfinder.gov* becomes the pre-eminent federal gateway for up-to-date, reliable, evidence-based prevention information so that individuals are empowered to adopt healthy behaviors.

Strategy 1.B.2: Maximize the number of Americans who know their HIV health status through targeted HIV awareness and testing campaigns.

Strategy 1.B.3: Emphasize effectively with federal, state, and local stakeholders the extensive systems changes needed in school nutrition and physical activity programs, community infrastructure, and nutrition programs for the poor to reduce childhood obesity.

Strategy 1.B.4: Advance programs and activities that improve health literacy through provision of evidence-based and culturally competent health care.

Objective C: Promote Effective Partnerships

Strategy 1.C.1: Use the *Healthy People Consortium* to make Americans healthier by encouraging use of *Healthy People 2020* objectives at national, state, and local levels.

Strategy 1.C.2: Partner with national public health organizations and medical associations to identify emerging public health and science issues, disseminate information on key initiatives and priorities, and leverage existing programs in order to maximize the positive impact on the nation's health.

Strategy 1.C.3: Through a variety of collaborations, drive community-led discussions about HIV-related stigma and risk behaviors to strengthen HIV/AIDS prevention efforts.

Objective D: Build a Stronger Science Base

Strategy 1.D.1: Lead the promotion and evaluation of evidence-based *Physical Activity Guidelines* for the Nation to help Americans achieve appropriate levels of physical activity that lead to good health.

Strategy 1.D.2: Lead, with the United States Department of Agriculture, the promotion and evaluation of evidence-based *Dietary Guidelines for Americans*, which provides information and advice for choosing a nutritious diet that will meet nutrient requirements, maintain a healthy weight, keep foods safe to avoid food-borne illness, and reduce the risk of chronic disease.

Strategy 1.D.3: Promote future *Surgeon General's Calls to Action* such as those on the prevention of deep venous thrombosis and pulmonary embolism, on the prevention and reduction of underage drinking, on improvement of the health and wellness of persons with disabilities, on the promotion of oral health, and on the prevention and reduction of overweight and obesity.

Objective E: Lead and Coordinate key Initiatives of HHS and Federal health initiatives

Strategy 1.E.1: Lead the department in its effort to improve vaccine safety and public confidence in vaccines in order to maintain high national immunization rates.

Strategy 1.E.2: Continue to implement a HHS plan to reduce healthcare associated infections (HAI) that includes prioritizing recommended clinical practices, strengthening data systems, and developing and launching a national HAI prevention campaign.

Strategy 1.E.3: Lead the Federal initiative to prevent childhood overweight and obesity, by partnering with communities and schools throughout the Nation that are helping kids stay active, encouraging healthy eating habits, and promoting healthy choices.

Strategy 1.E.4: Lead the *President's Council on Fitness, Sports, and Nutrition (PCFSN)* in efforts to significantly increase physical activity in this country.

Strategy 1.E.5: Continue OASH's historic leadership to prevent and treat tobacco abuse and dependence.

Goal 2: Eliminating Health Disparities and Achieving Health Equity

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

Strategy 2.A.1: Provide leadership across the Nation to guide, organize, and coordinate the planning, implementation, and evaluation of policies and programs designed to achieve targeted results relative to minority health and health disparities reduction.

Strategy 2.A.2: Provide leadership to promote health equity for women and girls through the development of innovative programs, through the education of health professionals, and through the motivation of consumer behavior change by disseminating relevant health information.

Strategy 2.A.3: Expand Commissioned Corps initiatives to recruit and retain officers in assignments that meet the public health needs of underserved populations.

Objective B: Communicate strategically

Minority Health Resource Center become the nation's pre-eminent gateways for women's health and minority health information.

Strategy 2.B.2: Significantly increase the number of health care professionals using the nationally accredited on-line *Cultural Competency Training* modules to increase their knowledge and skills to better treat the increasingly diverse U.S. population.

Strategy 2.B.3: Advocate for widespread access for health care providers to foreign language resources to improve communications with patients and families with limited English proficiency (LEP).

Objective C: Promote effective partnerships

Strategy 2.C.1: Ensure that the *National Partnership for Action to End Health Disparities* connects and mobilizes organizations throughout the Nation to build a renewed sense of teamwork across communities, share success stories for replication, and create methods and tactics to support more effective and efficient actions.

Strategy 2.C.2: Provide technical assistance to minority communities so that they are at the forefront in the fight against HIV/AIDS.

Objective D: Build a stronger science base

Strategy: 2.D.1: Develop and test interventions designed to address racial and ethnic disparities through community-level activities that promote health, reduce risks, and increase access to and utilization of appropriate preventive healthcare and treatment services.

Strategy 2.D.2: Foster the development of evidence-based health and disease prevention practices for women through innovative national and community-based programs focused on conditions affecting women's health.

Objective E: Lead and coordinate key initiatives of HHS and Federal Health Initiatives

Strategy 2.E.1: Ensure that the distinctive cultural, language, and health literacy characteristics of minority and special needs populations are integrated into all-hazards emergency preparedness plans.

Strategy 2.E.2: Provide leadership and oversight for the *Minority AIDS Initiative* to ensure that departmental efforts strengthen the organizational capacity of community-based providers and expand HIV-related services for racial and ethnic minority communities disproportionately affected by HIV/AIDS.

Strategy 2.E.3: Lead and manage the *HHS American Indian Alaska Native Health (AI/AN) Research Advisory Council* to ensure input from tribal leaders on health research priorities, to provide a forum through which HHS can better coordinate its AI/AN research, and to establish a conduit for improved dissemination of research to tribes.

Strategy 2.E.4: Lead and manage the *HHS Work Group on Asian, Native Hawaiian and Other Pacific Islander issues* to provide a forum for HHS to develop strategies for improving the health of these communities.

Goal 3: Making Healthy People Come Alive for All Americans

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

Strategy 3.A.2: Provide advice and consultation to the Executive Branch on ethical issues in health, science, and medicine.

Strategy 3.A.3: Lead the development of national blood, tissue, and organ donation policy to maintain and enhance safety through prevention of disease transmission and other adverse events during transfusion and transplantation.

Strategy 3.A.4: Strengthen the public health mission of the Public Health Service through research, applied public health, and provision of health care services including behavioral and mental health.

Objective B: Communicate strategically

Strategy 3.B.1: Foster effective communication to the public that promotes and increases blood and organ donation.

Strategy 3.B.2: For people with multiple chronic conditions, advocate for changes in the research, clinical, health professional education, financing, and health delivery enterprises so that their health can be better managed and acute exacerbations of conditions can be prevented.

Objective C: Promote effective partnerships

Strategy 3.C.1: As appropriate, expand memorandums of understanding (MOUs) and memorandums of agreement (MOAs) between the Commissioned Corps and local, state, and federal health agencies to allow placement of officers in other government organizations (outside HHS).

Strategy 3.C.2: Support Commissioned Corps initiatives to recruit, develop, and retain a competent health care workforce.

Objective D: Build a stronger science base

Strategy 3.D.1: Educate the broad research community on federal regulations that protect human subjects in research.

Strategy 3.D.2: Educate the broad research community on research integrity to minimize cases of research misconduct and to decrease the number of misconduct cases that go unreported.

Strategy 3.D.3: Ensure that *Public Health Reports* remains a pre-eminent peer-reviewed journal on public health practice and public health research for healthcare professionals.

Objective E: Lead and coordinate key initiatives of HHS and Federal health initiatives

Strategy 3.E.1: Consider engaging the Commissioned Corps in health diplomacy missions to provide critically needed medical and public health services beyond our borders.

Strategy 3.E.2: Support the Regional Health Administrators as key coordinators of prevention and preparedness activities at the local, state, and regional level.

Strategy 3.E.3: Lead HHS initiatives to enhance transfusion and transplantation safety and to improve blood availability through collaboration and coordination with relevant stakeholders internal and external to HHS.

OASH SUMMARY TABLE - DIRECT

(Dollars in Thousands)

Office	FY 2015 Final	FY 2015 FTE	FY 2016 Enacted Level	FY 2016 FTE	FY 2017 President's Budget	FY 2017 FTE
Immediate Office of the Assistant Secretary for Health	11,678	50	11,678	50	12,000	50
Office of HIV/AIDS and Infectious Disease Policy	1,402	6	1,402	6	1,500	6
Office of Disease Prevention and Health Promotion	6,726	23	6,726	23	7,000	23
President's Council on Fitness, Sports and Nutrition	1,168	6	1,168	6	2,100	6
Office for Human Research Protections	6,493	31	6,493	31	6,800	31
National Vaccine Program Office	6,400	17	6,400	17	6,000	17
Office of Adolescent Health	1,442	4	1,442	4	1,500	4
Public Health Reports	467	2	467	2	400	2
Teen Pregnancy Prevention	101,000	16	101,000	16	104,790	16
Office of Minority Health	56,670	57	56,670	57	56,670	57
Office on Women's Health	32,140	43	32,140	43	32,140	43
Office of Research Integrity (Non-Add)	*8,558*	*24*	*8,558*	*28*	*8,558*	*28*
HIV/AIDS in Minority Communities	52,224	1	53,900	1	53,900	1
Embryo Adoption Awareness Campaign	1,000	0	1,000	0	0	0
PHS Evaluation Set-Aside						
OASH	4,285	0	4,285	0	4,285	0
Teen Pregnancy Prevention Initiative	6,800	0	6,800	0	6,800	0
Subtotal, PHS Evaluations	11,085	0	11,085	0	11,085	0
Total, OASH BA and PHS Evaluation	**289,895**	**256**	**291,571**	**256**	**295,885**	**256**
Pregnancy Assistance Fund	23,175	2	23,300	2	25,000	2
TOTAL OASH PROGRAM LEVEL	**313,070**	**258**	**314,871**	**258**	**320,885**	**258**

IMMEDIATE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

OASH - Immediate Office	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	11,678	11,678	12,000	322
FTE	50	50	50	0

Authorizing Legislation……..Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……..Direct Federal

Program Description and Accomplishments

The Assistant Secretary for Health (ASH) and the Immediate Office of the Assistant Secretary for Health (OASH), serve in an advisory role to the Secretary on issues of public health and science. The Immediate Office of the ASH drives the OASH mission, "mobilize leadership in science and prevention for a healthier Nation", by providing leadership and coordination across the Department in public health and science, and advice and counsel to the Secretary and Administration on various priority initiatives such as climate change and tobacco cessation.

Senior public health officials within the Immediate Office work to ensure a public health and prevention perspective is addressed in Secretarial and Presidential priorities through effective networks, coalitions, and partnerships that identify public health concerns and undertake innovative projects.

Three key priorities established by the ASH provide a framework for addressing public health needs:

- Creating Better Systems of Prevention
- Eliminating Health Disparities & Achieving Health Equity
- Making Healthy People Come Alive for all Americans.

Creating Better Systems of Prevention

Over the last 100 years, people in the US have gained another 30 years of life, 25 of those years attributable to actions made by public health. The work of the Department and the public health system has expanded in that time, moving from Public Health 1.0, which includes broad public health initiatives such as vaccines or responses to emerging epidemics. Next, moving on to Public Health 2.0, shifting the focus to a clear set of core functions of assessment, policy development, and assurances as well as new challenges to respond to such as disaster response, climate change, and chronic disease.

The nation is now entering a new frontier of Public Health 3.0. At this new stage, OASH is working to shape the vison for health to build communities that by their very nature promote health and healthy living. OASH will work to expand and link the systems of prevention into not only public health, but to housing, transportation, education, environment, and economic development.

Eliminating Health Disparities and Achieving Health Equity

The Immediate Office of the ASH provides leadership in the area of health equity by raising awareness and improving the health care and health system experience for populations disproportionally affected by health disparities including those identified by race, ethnicity, and gender. Efforts in this area include improving cultural and linguistic competency and access to preventive services. Additionally, OASH relies on research and evaluation outcomes to further policy in adolescent health and reducing teen

pregnancy, addressing care and prevention across the life span, and using health information technology to reduce health disparities.

OASH continues to implement the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*, which promotes integrated approaches, evidence-based programs, and best practices to reduce health disparities. The Action Plan enables the Department to continuously assess the impact of all policies and programs on racial and ethnic health disparities, working ultimately to create a nation free of disparities in health and healthcare.

Making Healthy People Come Alive for All Americans
Healthy People 2020, established health goals for the nation, tracks progress toward meeting targets, and aligns national efforts to guide action for public health. In addition to continuing support for *Healthy People 2020,* OASH continues the Leading Health Indicators (LHI) initiative which identifies critical health priorities for the Nation. The LHI initiative also serves as an effective policy framework for policymakers and public health professionals at the local, State, and national level for tracking progress toward meeting key national health goals. LHIs assist in focusing efforts to reduce some of the leading causes of preventable deaths and major illnesses. In FY 2017, OASH will support the development of the next iteration of Healthy People and the Leading Health Indicators.

The OASH Regional Office through the Regional Health Administrators (RHAs) is an important link to overall support for the OASH priorities. The RHAs perform essential functions to promote Departmental and OASH priorities, including:

- Regional implementation of Department and OASH initiatives;
- Regional support and amplification of OPDIV/STAFFDIV programs; and
- Regional coordination and integration of the agency's numerous prevention and public health programs.

The RHAs ensure that the priorities of Department, OASH, and *Healthy People* are better incorporated at the local, state, and national level.

Funding History

Fiscal Year	Amount
FY 2012	$13,474,000
FY 2013	$12,151,000
FY 2014	$12,151,000
FY 2015	$11,678,000
FY 2016	$11,678,000

Budget Request

The FY 2017 President's Budget of $12,000,000 is $322,000 above the FY 2016 Enacted Level. The FY 2017 request supports the ASH's program and policy responsibilities as the senior advisor to the Secretary on public health and science. These responsibilities include operations and support for the 12 program and 10 regional offices.

The FY 2017 request will continue OASH's leadership and coordination of inter- and intra-departmental initiatives on behalf of the Secretary. These include efforts to create better systems of prevention that

require the ASH to coordinate activities of Federal partners to enable HHS to leverage the scientific, evaluative, or programmatic findings of one agency for replication and dissemination through other agencies and government-wide.

Additionally, the FY 2017 request will support efforts on new and emerging Secretarial and Administration priorities as well as ad-hoc requests to lead the Department's activities in public health or scientific areas. These requests are often in response to evolving needs and often require additional resources for multiple years.

Public Health 3.0

The FY 2017 request will support various initiatives to build and expand Public Health 3.0. This will include the development of best practices across the local, State, and federal government. OASH will work to identify new partnerships to build coalitions and bring people from outside of the field of public health to grow and link betters systems to prevention.

Office of the Surgeon General

The Surgeon General provides Americans with scientific information on how to improve their health and reduce the risk of illness and injury. The FY 2017 request will to continue operation and program support of the OSG. The OSG will plan to issue a new *Call to Action* to focus on emerging and important public health issues. The Surgeon General also serves as the chair of the Tobacco Control Implementation Steering Committee, and as the Goal Lead for the HHS Agency Priority Goal to reduce adult combustible tobacco use. OSG partners to lead the Tobacco-Free College Campus Initiative (TFCCI), which is a public-private partnership involving key leaders from universities, colleges, and the public health community, to promote the adoption of tobacco-free policies at institutions of higher learning. Since the inception of TFCCI in 2012 the program has grown to over 1,600 participating campuses.

Immediate Office - Outputs and Outcomes Table

Long Term Objective: Creating Better Systems of Prevention

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
1.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, state and local agencies, Federal entities, NGOs or international organizations that adopt (or incorporate into programs) policies and recommendations generated or promoted by OASH through reports, committees, etc.	FY 2015: 881 Target: 312 (Target Exceeded)	372	530	+158

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
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 OASH-supported prevention efforts (including public affairs events).	FY 2015: 46,339,946 Target: 24,770,771 (Target Exceeded)	27,600,000	27,400,000	-200,000
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 2015: 759 Target: 355 (Target Exceeded)	355	330	-25

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
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 2015: 221 Target: 68 (Target Exceeded)	90	80	-10
1.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; 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 2015: 326 Target: 120 (Target Exceeded)	120	220	+100

Long Term Objective: Eliminating Health Disparities and Achieving Health Equity

Program/Measure	Most Recent Result	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
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	FY 2015: 444 Target: 152 (Target Exceeded)	182	300	+118

Federal entities, that adopt (or incorporate into initiatives) policies and recommendations targeting health disparities that are generated or promoted by OASH through reports, committees, etc.				
2.b: Communicate strategically[1] (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 OASH-supported disparities efforts (including public affairs events); and estimated number of broadcast media outlets airing Closing the Health Gap messages.	FY 2015: 6,146,660 Target: 1,494,114 (Target Exceeded)	2,402,307	2,800,000	+397,693
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 2015: 786 Target: 241 (Target Exceeded)	187	250	+63
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,	FY 2015: 188 Target: 39 (Target Exceeded)	53	50	-3

demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of promising practices identified in research, demonstration, evaluation, or other studies.				
2.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; 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 2015: 186 Target: 61 (Target Exceeded)	50	140	+90

Long Term Objective: Making *Healthy People* Come Alive for All Americans

Program/Measure	Most Recent Result	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
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 OASH.	FY 2015: 365 Target: 153 (Target Exceeded)	163[1]	220	+57
3.b: Communicate strategically (Outcome)	FY 2015: 7,661,388	5,660,603	3,500,000	-2,160,603

[1] The FY16 target reflects operational changes within the Office of the Surgeon General and related activities previously reported.

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.	Target: 3,550,397 (Target Exceeded)			
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 2015: 239 Target: 91 (Target Exceeded)	96	100	+4
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 OASH leadership.	FY 2015: 68 Target: 67 (Target Exceeded)	48	55	+7
3.e: Lead and coordinate key initiatives within and	FY 2015:64,679	32[2]	6,400	-23

[2] Reflects changes to the US PHS Commissioned Corps ending the Reserve Officer Corps.

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 OASH; 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] M\4: # Officers trained	Target: 6,436 (Target Exceeded)			

FY2014-FY2015 and FY2016-FY2017: Agency Priority Goal

Program/Measure	Most Recent Result	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
1.5 Reduce the annual adult combustible tobacco consumption in the United States (cigarette equivalents per capita)	FY 2014: 1,216 (Target Not Met but Improved)	1,145	1,127	-18

Performance Analysis

The OASH performance measures represent an aggregate of the functions and programs carried out through the OASH program offices as well as the OASH led strategic plans. Each measure supports the efforts in accomplishing the objectives and strategies as outlined in the OASH Overview of Performance. Over the past fiscal year OASH has made significant progress in executing the identified strategies.

Moving forward, OASH will continue progress in targeted key measures related to the implementation of the HHS strategic plan and OASH priorities, such as *the Healthy People 2020* and reducing health disparities, while maintaining and strategically reducing others to maximize budget resources. Significant investments will continue to shape policy at the state, local, and national level through OASH policies, regulations, and recommendations. Simultaneously, OASH will streamline efforts in the production of peer-reviewed texts, demonstration or evaluation findings, and public health data enhancements to optimize budget resources while continuing to strengthen the science base.

In those cases where performance targets have not been met, OASH has actively engaged to improve performance. In future fiscal years, OASH will re-evaluate targets to set ambitious and achievable performance results.

OFFICE OF HIV/AIDS AND INFECTIOUS DISEASE POLICY

Budget Summary
(Dollars in Thousands)

Office of HIV/AIDS and Infectious Disease Policy	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	1,402	1,402	1,500	98
FTE	6	6	6	0

Authorizing Legislation……..Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……..Direct Federal

Program Description and Accomplishments

The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) is responsible for coordinating, integrating, and directing the HHS policies, programs, and activities related to HIV/AIDS, viral hepatitis and blood and tissue safety and availability as delegated by the Secretary to the Assistant Secretary for Health (ASH). OHAIDP supports these subject areas by undertaking department-wide planning, internal assessments, and policy evaluations which identify opportunities to maximize collaboration, eliminate redundancy, and enhance resource alignment to address strategic priorities.

OHAIDP develops and shares policy information and analyses with HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs) and ensures that senior Department officials are fully briefed on ongoing and emerging issues pertaining to HIV/AIDS, viral hepatitis, and blood and tissue safety and availability. OHAIDP is in close communication with other federal and non-federal stakeholders, community leaders, service providers and other experts and maintains a high level of transparency by disseminating information about federal domestic programs, resources, and policies pertaining to HIV/AIDS and viral hepatitis on AIDS.gov. OHAIDP manages two federal advisory committees:

- Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) – provides advice and recommendations directly to the Secretary on issues pertaining to blood and tissue safety and availability as well as infectious disease concerns related to organ transplantation
- Presidential Advisory Council on HIV/AIDS (PACHA) – provides advice and recommendations directly to the Secretary on programs and policies that reduce HIV incidence; improve health outcomes for people living with HIV; address HIV-related health disparities; and advance research on HIV/AIDS

<u>Blood and Tissue Safety</u>

OHAIDP provides internal coordination of policies, programs and resources related to blood, organs and tissues, through the Blood Organ and Tissue Senior Executive Council (BOTSEC), a cross-department council comprised of representatives from CDC, FDA, NIH, CMS, HRSA, ASPR and ASPE. OHAIDP actively participates in the Department's preparedness and response activities addressing the safety and availability of blood and tissues during national emergencies. OHAIDP is also responsible for coordinating cross-governmental efforts to collect vital policy information such as distribution and utilization of allograft tissue from deceased donors and incidence and prevalence of HIV and Hepatitis B and CV infection among deceased potential tissue and organ donors.

<u>HIV/AIDS</u>

Following the release of the National HIV/AIDS Strategy (NHAS) and the Federal Implementation Plan, in July 2010, and the updated Strategy in 2015, OHAIDP was delegated the responsibility for coordinating

the response to NHAS across HHS and other federal departments. In FY 2015, OHAIDP convened a cross-Departmental HIV Core Indicator Maintenance Panel that is responsible for developing recommendations for the maintenance, ongoing use of, and reporting on the HHS HIV core indicators.

Additionally, OHAIDP worked with OPDIVs and STAFFDIVs to develop the HHS Action Plan in response to the updated NHAS. Throughout FY 2015, OHAIDP actively monitored NHAS implementation efforts and has strategized closely with the Office of National AIDS Policy (ONAP) in plans to update the National HIV/AIDS Strategy, beyond CY 2015. OHAIDP has taken a leadership role in developing internal recommendations for updating NHAS indicators and has participated in several of the community listening sessions hosted by ONAP.

OHAIDP efforts to improve coordination of HIV/AIDS Programs across HHS include hosting regular meetings of senior HIV/AIDS leadership to discuss HIV/AIDS-related activities and policies; reviewing all HIV/AIDS funding opportunity announcements for consistency with the goals/strategies of the NHAS, supporting topical webinars and hosting or actively collaborating in technical consultations on strategic issues related to NHAS implementation.

In FY 2015, OHAIDP hosted a webinar to highlight promising strategies to support enrollment of people living with HIV/AIDS into the Health Insurance Marketplace in support of reducing health disparities among individuals disproportionately impacted by HIV—especially communities of color. OHAIDP initiated a cross-departmental process to inventory and describe federally funded programs that serve black men who have sex with other men (MSM) to prevent/treat HIV and viral hepatitis. This undertaking enabled HHS to better target programs, policies and research meant to improve health outcomes for Black MSM.

Additionally, through the Secretary's Minority AIDS Initiative Fund, OHAIDP leads two demonstration projects:

- *Partnerships for Care*, a three year multi-agency demonstration project, which will support the integration of high-quality HIV services into primary care through innovative partnerships between community health centers and health departments.
- *MSM Demonstration,* a four year collaboration between OHAIDP and CDC, investing up to $60 million to support innovative comprehensive models of HIV prevention and care for MSM of color.

Funding History

Fiscal Year	Amount
FY 2012	$1,498,000
FY 2013	$1,459,000
FY 2014	$1,459,000
FY 2015	$1,402,000
FY 2016	$1,402,000

Budget Request

The FY 2017 President's Budget of $1,500,000 is $98,000 above the FY 2016 Enacted Level. The FY 2017 request will fund staff to support baseline activities in support of the President's Advisory Council on HIV/AIDS (PACHA).

In FY 2017, PACHA plans to monitor the benchmarks of the National HIV/AIDS Strategy (NHAS). PACHA will continue to make significant progress in meeting the goals of the NHAS, specifically addressing ways to reduce HIV-related health disparities and improve outcomes along each step of the HIV Care Continuum. PACHA will to continue to provide advice and consultation to ensure improved health outcomes for people living with or at risk for HIV.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Budget Summary
(Dollars in Thousands)

Office of Disease Prevention and Health Promotion	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	6,726	6,726	7,000	274
FTE	23	23	23	0

Authorizing Legislation:.....Title XVII, Section 1701 of the PHS Act
FY 2017 Authorization.....Expired
Allocation Method.....Direct Federal, Contract, and Cooperative Agreement

Program Description and Accomplishments

The Office of Disease Prevention and Health Promotion (ODPHP) provides leadership for a healthier America by initiating, coordinating, and supporting disease prevention, health promotion, and healthcare quality activities, programs, policies, and information through collaboration with HHS and other Federal agencies.

Healthy People

ODPHP meets its Congressional mandate to establish health goals for the Nation by leading the development and implementation of *Healthy People. Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans at all stages of life, underpins HHS priorities and strategic initiatives, and provides a framework for prevention and wellness programs for a diverse array of Federal and non-Federal stakeholders.

For example, the priorities identified by the Affordable Care Act's National Prevention Strategy, the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, and other Administration health initiatives align with specific *Healthy People 2020* objectives. Many state and local health departments draw on Healthy People to develop their own health plans. The fourth iteration of the Healthy People 2020 objectives was released in 2010.

In FY 2015, ODPHP expanded its award winning Healthy *People 2020* website (http://www.HealthyPeople.gov), which is aimed at making *Healthy People* 2020 information widely available and easily accessible. ODPHP continued its collaboration with the National Center for Health Statistics (NCHS) and other partners in updating a user-centered, web-based resource that expands the reach and usefulness of the national objectives. This innovative web tool gives users a platform from which to learn, collaborate, plan, and implement objectives and has been continually updated and improved since its launch in FY 2011. In FY 2015, healthypeople.gov continued to receive high consumer satisfaction scores of about 84%, which is well above the Federal government average of 73% (ForeSee Results American Customer Satisfaction Index (ACSI).

In FY 2015, ODPHP continued a series of monthly public webinar-based progress reviews of the Healthy People 2020 objectives and Leading Health Indicators (a subset of objectives representing high-priority health issues), which allowed the Assistant Secretary for Health, in collaboration with the NCHS, the federal agencies that manage specific objectives, and community-based organizations, to demonstrate progress toward achieving the 10-year targets and identify areas needing additional work. On average, more than 1,000 sites registered to attend each webinar. In partnership with the American Public

Health Association, ODPHP offered Continual Medical Education, Continuing Nursing Education, and Certified Health Education Specialist credits to webinar participants.

In FY 2015, ODPHP initiated a mid-course review of Healthy People 2020 to provide a comprehensive assessment of progress in achieving the national objectives halfway through the decade and to identify successes and opportunities for improvement.

Dietary Guidelines for Americans

ODPHP plays a leadership role on behalf of HHS in co-coordinating the development, review, and promotion of the recommendations in the *Dietary Guidelines for Americans* (DGA) as required by Congress (P.L. 101-445). Published jointly every five years by HHS and the U.S. Department of Agriculture (USDA), the DGA is the basis of Federal nutrition policy and programs. ODPHP managed and supported the 2015 Dietary Guidelines Advisory Committee (DGAC), which was established to provide the Departments with independent, science-based advice and recommendations for development of the *DGA 2015*. The DGAC held seven public meetings in FY 2014 and submitted its report for the Secretaries in February 2015. The DGA 2015 was released in January 2016.

Based on the preponderance of current scientific evidence, the DGA provides information and advice for choosing a nutritious diet that will reduce the risk of chronic disease, meet nutrient requirements, maintain a healthy weight, and keep foods safe to avoid food-borne illness. The DGA also serves as the basis of the nutrition and food safety objectives in *Healthy People 2020* and underpins the Secretary's Healthy Eating priority in the National Prevention Strategy.

Physical Activity Guidelines for Americans

ODPHP, in collaboration with the President's Council on Fitness, Sports, and Nutrition (PCFSN); National Institutes of Health (NIH); and Centers for Disease Control and Prevention (CDC), led the Department's development and release in 2008 of the first comprehensive Federal *Physical Activity Guidelines* (PAG), a set of evidence-based recommendations for physical activity for individuals six years and older to improve health and reduce disease. The PAG served as the primary basis for physical activity recommendations of the 2010 and 2015 DGA and the physical activity objectives in *Healthy People 2020* as well as underpins the Active Living Priority in the National Prevention Strategy.

In 2013 ODPHP released the *Physical Activity Guidelines for Americans Midcourse Report*: *Strategies to Increase Physical Activity Among Youth*. ODPHP is planning for the next iteration of the PAG, with an expected release in FY 2018. ODPHP has convened national subject matter experts in physical activity to explore various issues for consideration in the next set of guidelines.

healthfinder.gov

ODPHP fulfills its congressional mandate to provide reliable prevention and wellness information to the public primarily with healthfinder.gov. Since 1997, healthfinder.gov has received numerous awards as a key resource for finding the best government and non-profit online health information. In FY 2015, healthfinder.gov continued to extend the reach of actionable prevention information by disseminating content via the website, Facebook and Twitter, email newsletters, widgets, e-cards, content syndication and an Application Programming Interface (API); healthfinder.gov partnered with CVS Health to integrate the myhealthfinder API into their Minute Clinic Website. As of May 2015, there had been 6,411 requests for the API and the healthfinder.gov Twitter handle had approximately 260,000 followers. A Facebook page was launched in FY 2012 and had over 13,000 "likes" as of May 2015.

Health Topics A-Z/myhealthfinder

The healthfinder.gov website provides over 100 featured topics and tools that use everyday language and examples to explain how taking small steps to improve health can lead to big benefits. The website also includes the myhealthfinder tool, developed in a joint effort with Agency on Health Research Quality, to provide personalized recommendations for clinical preventive services. This interactive tool provides personalized decision support for all of the preventive services covered under the Affordable Care Act. The website has both a content syndication and two APIs

In FY 2015, ODPHP collected data for Healthy People 2020 health communication objectives to increase health websites that adhere to specific quality standards. Data on these objectives show trends of quality health-related websites and motivate action to improve Americans' access to reliable and easy-to-use health information.

ODPHP continues to play a leadership role in improving health literacy. In FY 2015, the HHS Health Literacy Workgroup continued work to establish measures with targets for its Health Literacy Action Plan. Additionally, ODPHP represents OASH at the Institute of Medicine Roundtable on Health Literacy. In FY 2015, ODPHP used health literacy principles in developing two online learning tools for health professional: *Preventing Adverse Drug Events: Individualizing Glycemic Targets Using Health Literacy Strategies* and *Pathways to Safer Opioid Use*.

Funding History

Fiscal Year	Amount
FY 2012	$7,186,000
FY 2013	$6,999,000
FY 2014	$6,999,000
FY 2015	$6,726,000
FY 2016	$6,726,000

Budget Request

The FY 2017 President's Budget of $7,000,000 is $274,000 above the FY 2016 Enacted Level. The FY 2017 request allows ODPHP to support disease prevention and health promotion, activities through continued support for: *Healthy People*, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, health literacy, and healthfinder.gov.

Healthy People

The FY 2017 request will maintain the Healthypeople.gov interactive tools and resources to facilitate communities' use of evidence-based practices to help move the nation toward achievement of the Healthy People 2020 goals and objectives. These activities will be supported through an ongoing collaboration with the National Center for Health Statistics, other HHS agencies, and other federal Departments that manage Healthy People, including the Departments of Agriculture and Education.

Additionally, the FY 2017 request will continue the development of the next decade's objectives, *Healthy People 2030*, using as a starting point the findings of a Healthy People User's Assessment aimed at garnering feedback from a diverse set of health professionals and policymakers at various levels and across sectors both within and outside of government. The development of Healthy People 2030 will be guided also by Department priorities to ensure alignment with key initiatives and to leverage existing resources.

Dietary Guidelines for Americans

Strategic communications activities for the 2015 DGA will continue during FY 2017, including dissemination of consumer information, internet-based outreach and promotion, and partnership engagement. In FY 2017, work will continue on systematic literature reviews leading to the development of a technical report written by Federal staff of nutritional needs, eating patterns, and developmental stages of the birth to 24 month age group so that the DGA 2020 will include this age group as well as nutritional needs of pregnant women as now required by P.L. 113-79. Work will begin in FY 2017 to form the 2020 Dietary Guidelines Advisory Committee.

Physical Activity Guidelines for Americans

HHS plans to initiate in FY 2016 and continue in FY 2017 the development of the 2nd edition of the PAG in response to substantial public and private interest in reviewing the science and providing updated recommendations on the amounts and types of physical activity that can improve health. ODPHP's partners include PCFSN, CDC and NIH. A new edition of the PAG in 2018 would build on the 2008 recommendations with updated scientific evidence.

Healthfinder.gov

At the FY 2017 request Healthfinder.gov will continue to update personalized recommendations for clinical preventive services covered under the Affordable Care Act (ACA) and to provide tools for users to improve their health and their decision making skills related to prevention. Healthfinder.gov will also create new interactive content to remain an informational but engaging website for users to find trusted heath information.

Additionally, ODPHP will continue its outreach and partnership building around use of healthfinder.gov's content syndication and API tools, making its content available for free to use on their sites. In FY 2017, ODPHP will collect data for Healthy People 2020 health communication objectives on quality, health-related website, meeting the Healthy People requirement to collect data two to three times throughout the decade.

ODPHP - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
I.b Visits to ODPHP-supported websites (Output)	FY 2014: 9.73 Million Target: 7 Million (Target Exceeded)	6.93 Million	7.28 Million	+.35 Million
II.a Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)	FY 2015: 93% Target: 84% (Target Exceeded)	90%	90%	Maintain

Performance Analysis

ODPHP has a Congressional mandate to provide health information to professionals and the public. ODPHP continues to consolidate and move a substantial amount of program activities online, enhancing the value to the public and professionals. Healthy People, once a paper-based initiative, is now essentially an online resource with multiple interactive tools for tracking and implementing National health objectives (HealthyPeople.gov).

The Physical Activity Guidelines for Americans has established an online community for stakeholders. Outreach for the Dietary Guidelines for Americans is primarily web-based as well. Healthfinder.gov, once a general health information portal, has been redesigned to provide prevention and wellness information supporting the ACA's coverage of preventive services. As the data reflects, ODPHP is increasing its reach and engagement with Americans and exceeding performance targets. As a result the public and professionals have more evidence- based tools, resources, and support for their prevention and wellness activities.

ODPHP expects to continue to grow its online presence allowing ODPHP to help Americans be more productive in their prevention and wellness activities by offering social media, interactive learning technologies, data visualization tools, content syndication of prevention and wellness information, and forums that have proven to increase public and professional engagement. It also allows ODPHP to continue developing user-centered information and websites based on health literacy and plain language principles, extending the reach and impact to those who are not savvy users of health information or the internet. ODPHP will continue to offer online professional training, with free continuing education credit, to help participants explore the challenges, successes, and processes involved in creating and sustaining healthier people and communities.

ODPHP expects state use of the national disease prevention and health promotion objectives to continue to increase each year Healthy People 2020 throughout the decade and mirror the uptake seen with the previous decade's objectives—Healthy People 2010. By the end of the last decade, 100% of states used Healthy People 2010 to inform their health planning processes.

The FY 2017 request allows ODPHP to improve the resources provided to users of Healthy People 2020, provided primarily online via healthypeople.gov and through other social media and electronic means. The online presence of Healthy People will provide real-time access to the latest data for the more than 1,200 national health objectives, making demographic data collected via surveys and surveillance systems from across the Department and other agencies understandable and relevant to a larger number of users. It will also provide a relational database integrating objectives with evidence-based practices and demographic data, which will make implementation significantly more targeted and actionable.

ODPHP - Program Data Chart

Activity	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Contracts			
ODPHP Web and Communication Support	1,468,954	1,628,214	1,628,214
Subtotal, Contracts	**1,458,954**	**1,628,214**	**1,628,214**
Grants/Cooperative Agreements			
Disease Prevention and Health Promotion Scholarship Program	125,000	0	90,000
Subtotal Grants/Coop	**125,000**	**0**	**90,000**
Inter-Agency Agreements (IAAs)			
Disease Prevention and Health Promotion Scholarship Program	205,000	205,000	280,000
Subtotal Inter-Agency Agreements (IAAs)	**205,000**	**205,000**	**280,000**
Operating Costs	**4,937,046**	**4,892,786**	**5,001,786**
Total	**6,726,000**	**6,726,000**	**7,000,000**

Grants

Grants (whole dollars)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Number of Awards	1	0	1
Average Award	$125,000	0	$90,000
Range of Awards	--	--	--

PRESIDENT'S COUNCIL ON FITNESS, SPORTS AND NUTRITION

Budget Summary

(Dollars in Thousands)

President's Council on Fitness, Sports, and Nutrition	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	1,168	1,168	2,100	932
FTE	6	6	6	0

Authorizing Legislation.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

The President's Council on Fitness, Sports and Nutrition (The Council) (PCFSN) was originally established as the President's Council on Youth Fitness by President Eisenhower with Executive Order 13545 in 1956. Since inception, the scope of the Council's mission expanded to include nutrition and the name of the organization was changed through an additional Executive Order in June 2010. PCFSN is a federal advisory committee of up to 25 volunteer citizens who serve at the discretion of the President. Its mission is to engage, educate, and empower Americans of all ages, socio-economic backgrounds and abilities to adopt a healthy lifestyle that includes regular physical activity and good nutrition.

PCFSN advises the President, through the Secretary of Health and Human Services (HHS), on the promotion of healthy lifestyles through physical activity and good nutrition. PCFSN also and develops programs and partnerships with the public as well as private and non-profit sectors to promote healthy lifestyles through regular physical activity and good nutrition.

PCFSN coordinates programmatic activities in consultation with offices across the Department of Health and Human Services (HHS) as well as through the Departments of Agriculture, Defense, State, Education, Interior, and others to highlight the importance of physical activity and good nutrition for all Americans.

President's Challenge Physical Activity, Nutrition, and Fitness Awards Program

The Council promotes the recommendations of HHS' *Healthy People 2020* through continued promotion of and enhancements to its long-standing President's Challenge Physical Activity, Nutrition, and Fitness Awards program (http://www.presidentschallenge.org); also known as the President's Challenge. Established in 1966, the President's Challenge provides low-cost, easy-to-use tools for educators, organizational leaders, families, and individuals to track fitness, physical activity, and healthy eating.

The President's Challenge is administered via a co-sponsorship agreement with the Society of Health and Physical Educators (SHAPE) America. The program reaches a wide range of individuals through an e-listserv of approximately 150,000 active subscribers. Additionally, the President's Challenge reached an estimated 90,000 health and physical educators through the distribution of the Annual Educator Booklet and other resources. Currently, over 300 organizations representing approximately 20 million citizens are signed on as 'advocates' to promote the mission of PCFSN through programs such as the Presidential Active Lifestyle Award (PALA+) through their networks.

Presidential Youth Fitness Program

Launched in FY 2012, the Presidential Youth Fitness Program (PYFP) (www.pyfp.org) is the national youth fitness program. The Presidential Youth Fitness Program includes resources for physical educators to facilitate proper assessment, implementation, and recognition for school-aged youth fitness levels, including reporting mechanisms to track and share progress over time. The Council's goal for the program is to reach 90 percent of US public and private schools by 2020.

The Presidential Youth Fitness Program provides a model for fitness education that includes a health-related fitness assessment, educational tools and recognition items to support a quality physical education curriculum. By using the assessment and related tools, the program seeks to improve students' overall health by giving them the knowledge, skills and abilities to do so.

In FY 2015, under the leadership of the PCFSN, the Presidential Youth Fitness Program:

- Was incorporated into the Centers for Disease Control and Prevention (CDC) in the School Health Index—a self-assessment and planning tool that schools use to improve their health and safety policies and programs.
- Conducted a process evaluation of the Program with the CDC to determine key barriers and facilitators of program implementation.
- Revamped marketing and communications materials to ensure ease of access and implementation of the program.
- Was included in the revised state standards for physical education in North Dakota.
- Was recommended by the Illinois State Board of Education as the tool for measuring fitness, accessing professional development, and recognizing achievement.
- Was implemented in Department of Defense Education Agency schools.

Approximately 30,000 schools are participating in the Presidential Youth Fitness Program to date, with an estimated reach of 15 million students. PCFSN continues to collaborate with the CDC, Departments of Education, Interior and Defense, and other partners from the public and private sectors, to support implementation.

Comprehensive School-Based Physical Activity Program & School Breakfast Program

The *Physical Activity Guidelines for Americans Midcourse Report (*PAG MR)*: Strategies to Increase Physical Activity Among Youth* highlights the need to integrate physical activity into the school environment to help youth achieve at least 60 minutes of daily physical activity.

In FY 2015, PCFSN continued to encourage implementation of CDC's Comprehensive School-Based Physical Activity Program (CSPAP) in schools to align with the strategies as outlined in the PAG MR. The CSPAP model encourages physical activity before, during, and after school to help students reach recommended minutes of physical activity according to the Physical Activity Guidelines (PAG). Through *Let's Move! Active Schools*, collaboration between public and private sectors, the Council works to facilitate active school environments that provide opportunities for students to be physically active. The goal of *Let's Move! Active Schools* is to reach over 50,000 schools across the nation by 2018, adding at least 10,000 schools per academic school year.

In FY 2015, Active Schools:

- Engaged over 15,000 schools impacting over 9 million students.
- Collaborated with more than 30 organizations to provide tools, resources and support to schools nationwide.

- Aligned with private sector organizations to provide activation grants to over 1,000 schools.
- Conducted 24 Physical Activity Leaders (PAL) attended by 691 school champions.
- Recognized 525 schools with the *Let's Move!* Active Schools National Award.
- Delivered over 950 customized trainings or technical assistance to schools.
- Continue to engage schools districts nationwide, garnered support in over 300 school districts (5+ schools) since the program's launch.

As the lead federal office for Active Schools, the Council oversees the implementation, communications, and strategic direction for the program with support from SHAPE America, the Alliance for a Healthier Generation, and the Partnership for a Healthier America. The Council has an ongoing collaboration with the CDC and the Department of Education, among other partners, to help this generation of children get moving so they reach their greatest potential.

Moreover, the President's Council continues to partner with the United States Department of Agriculture's Food and Nutrition Service to promote the School Breakfast Program through a video and print public service announcement campaign featuring many of the Council members.

I Can Do It, You Can Do It!

It is estimated that 56 million Americans have a disability that requires special services. HHS' *Healthy People 2020* and CDC report that notable disparities in health and healthcare exist for this population. The Council is addressing health disparities through the expansion and evaluation of the *I Can Do It, You Can Do It!* (ICDI) program. ICDI facilitates and encourages opportunities for all Americans, regardless of ability or age, to lead a healthy lifestyle that includes regular physical activity and good nutrition. ICDI previously focused only on youth participation, but now includes children and adults with disability in its mission. In FY14, ICDI sites began to recruit and train stakeholders in schools and communities to facilitate health promotion programs that serve individuals with disability. The goal is to expand ICDI implementation to at least 100 sites by 2018.

In FY15, ICDI:

- Engaged 83 sites to implement health promotion programs for individuals with disability in school and community settings.
- Impacted over 300,000 individuals with disability and their families.
- Trained over 100 teachers, students, and other volunteers to appropriately engage people with disability in activity options that match their specific level of ability.

The vision of ICDI is to ensure all Americans with disability have access to programs that can help keep them healthy, and equal opportunities to achieve optimal health and reach their full potential in life, regardless of circumstance of birth, poverty, age or disability.

Also in FY 2015, PCFSN in collaboration with the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health (NIH) co-hosted the first ever White House Summit and Research Forum on Improved Health and Fitness for Americans with Disability. As a result, the Commit to Inclusion initiative was launched to encourage all private and public entities to ensure their physical activity, nutrition, and obesity programs were inclusive of individuals with disability. Commit to Inclusion was formed through a partnership with the American Association on Health and Disability, the Center on Disability at the Public Health Institute, and the National Center for

Health, Physical Activity, and Disability. To date, almost 50 organizations have made the commitment to inclusion.

The Council's ICDI and Commit to Inclusion programs continue to benefit from cross-departmental and office collaborations, including: White House Office of Public Engagement, HHS Administration for Community Living (ACL), CDC, HHS Office of Minority Health, Administration for Children and Families, NIH, and the Indian Health Service.

Active Aging

The Council's Active Aging Initiative is aimed at all adults over the age of 50 and will encourage them to continue to embrace physical activity, in some form, and good nutrition throughout their daily lives. The Council is working with a number of partners in both the federal and private sectors. Its federal partners, the National Institute on Aging, CDC, ACL, and others, are developing a federal working group on the topic of increasing physical activity in older adults.

PCFSN also played an active role in the 2015 White House Conference on Aging, especially in relation to the Healthy Aging track of the conference. The Healthy Aging track focused on how older adults can make healthier choices and increase their level of regular physical activity. In FY 2015, PCFSN participated as a judge for the 2014-2015 Stanford Center for Longevity Design Challenge, which had university students from around the world present solutions to mobility issues facing older adults. The Council and the Stanford Center for Longevity also hosted a conference to discuss the state of the science to fitness and movement across the population. The conference resulted in an announcement for a new study on activity monitors that measure all of the components of a 24-hour cycle (e.g., exercise, light activity, sedentary behavior, and sleep) as well as the Council's Science Board disseminating a survey on the valuation of and barriers to physical activity among the partners. PCFSN continues to grow its partnerships with organizations like the National Senior Games Association, the International Council on Active Aging, and the AARP. The end goal of this initiative is to improve health outcomes and increase physical activity in the 50+ year old population..

Joining Forces Fitness Initiative

PCFSN's continued partnership with the American Council on Exercise (ACE) and the International Health, Racquet and Sports-Club Association (IHRSA) has provided free fitness benefits for the families of deployed active duty National Guard and Reserve members. In FY 2015, PCFSN evaluated the need for diversifying fitness offerings and continues to work with partners to expand the eligibility requirements to include more service members and their families.

Joining Forces ensures that service members, veterans, and their families have the tools they need to succeed throughout their lives by keeping people healthy and promoting prevention and wellness that is not delivered strictly through the health care system. PCFSN continues to collaborate with the U.S. Department of Defense on this unique initiative.

Operation Live Well

PCFSN is working with the Department of Defense's Operation Live Well to support a personalized wellness platform, UltimateMe, for service members and their families. Through this partnership, all service members and their families are eligible to use the UltimateMe Platform. PCFSN also partnered with Sharecare to launch The UltimateMe PALA+ Challenge, a promotional challenge open to service members and their families at 11 military bases. The goal of the UltimateMe PALA+ Challenge is to improve physical activity and nutrition habits among military families through the use of the Presidential

Active Lifestyle Award. Participating installations receive encouraging, motivational messages and outreach from PCFSN Council Members throughout the 24-week challenge.

Sport for All Initiative

The Sport for All initiative strives to educate Americans of all ages and backgrounds on the social and health benefits associated with sport participation. Sport for All will unite the Council and influential cross-sector leadership in a coordinated strategy built on the core theme, "Sport for all, play for life." Additionally, in partnership with the HHS Office of Women's Health, PCFSN is managing a literature review on the barriers to adolescents' sport participation and the impact of sports participation during adolescence, based on gender, socio-economic status, race, ethnicity, geography, ability/disability and other factors.

Funding History

Fiscal Year	Amount
FY 2012	$1,248,000
FY 2013	$1,215,000
FY 2014	$1,215,000
FY 2015	$1,168,000
FY 2016	$1,168,000

Budget Request

The FY 2017 President's Budget of $2,100,000 is $932,000 above the FY 2016 Enacted Level. The FY 2017 request enables PCFSN to continue promotion of its programs and initiatives, including the President's Challenge Physical Activity, Nutrition, and Fitness Awards; PYFP; Active Schools; ICDI, and the Joining Forces Fitness Initiative, to help inspire and empower Americans of all ages and abilities to be active, eat well, and get healthy. At the FY 2017 requested level, PCFSN will expand new and existing initiatives critical to the success of the Council's overall operations and the advancement and promotion of its mission. Throughout FY 2017, PCFSN will continue to coordinate and collaborate with numerous partners across the public and private sectors to support its vision that all Americans lead healthy, active lives.

PCFSN will continue working with the Office of Disease Prevention and Health Promotion to implement and expand key programs and initiatives that support wide-spread adoption of the PAG and the Midcourse Report. This includes increasing awareness of the most effective intervention strategies to encourage America's youth to be physically active for at least 60 minutes per day. This effort will include a national outreach strategy to create, accelerate, and improve multi-component opportunities for youth, ages 3 – 17, to be physically active each day where they live, learn, and play.

Website/Multimedia Support

By FY 2017, the Council will have celebrated its 60th anniversary (2016) and plans to continue to support activities which preserve its rich history, promote its progress, and emphasize healthy lifestyles for all Americans as a national priority. Goals for website and multimedia support will include:

- Continued acquisition of historical materials and multimedia assets archived at museums, Presidential libraries, and key partner organizations.
- Continued website refresh to examine existing information architecture, add new sections and interactive features to the site at www.fitness.gov, as well as continuously updating content that will include historical photos, videos, and related media to enhance the Council's communication with the public.

These activities are vital to the Council's legacy as a federal advisory committee and will enable the Department to chronicle its accomplishments to address the public health and human services needs of the American people by improving physical activity, sports participation, and good nutrition.

PCFSN - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 +/- FY 2016
8.1 Number of schools implementing the Presidential Youth Fitness Program	FY 2015: 30,000 (Baseline)	35,000	40,000	+5,000
8.2 Number of website visits to the PAG or PAG Midcourse Report including downloads of collateral material (e.g. PAG info-graphic)	FY 2015: 240,000 Target: 1,800,000 (Target Not Met)	800,000	800,000	0
8.3 Number of social media impressions promoting the PAG or PAG Midcourse Report (e.g., Facebook, Twitter)	FY 2015: 944,500 Target: 300,000,000 (Target Not Met)	100 million	50 million	-50 million
8.4 Number of sites implementing *I Can Do It, You Can Do It!* in schools and communities	FY 2015: 83 (Baseline)	90	95	+5

Performance Analysis

The PCFSN performance measures track the national engagement strategy to promote and ensure the widespread adoption of HHS' 2008 PAG and the Midcourse Report launch in March 2013. To help youth achieve the PAG recommendations, PCFSN encourages schools to implement the PYFP, which is a key tool to empower students to be fit for life through fitness education. The result decreases to measures 8.2 and 8.3 represent the normalization of website visits and social media impressions after the initial release of the PAG Mid-Course Report. As the FY 2018 PAGs are being developed and released, PCFSN expects an increased engagement via web and social media.

In FY 2015, PCFSN revisited its performance measures to better match the Department's strategic planning process as well as more accurately capture its direct outreach to schools, colleges/universities, and community organizations for assessment of students' fitness levels, school-based physical activities, and increased access and opportunities for children and adults with disabilities.

Additionally, in order to accurately capture PCFSN's level of engagement to improve access and opportunities for children and adults with disability to be healthy and active, a new measure has been included on the ICDI program, which is the only federal initiative that facilitates physical activity and sports participation through public and private partnerships for Americans with disabilities.

OFFICE FOR HUMAN RESEARCH PROTECTIONS

Budget Summary
(Dollars in Thousands)

Office of Human Research Protections	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	6,493	6,493	6,800	307
FTE	31	31	31	0

Authorizing Legislation……..Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal, Contracts, and Other

Program Description and Accomplishments

The Office for Human Research Protections (OHRP) is the lead federal office for ensuring the integrity of the clinical research enterprise related to the protection of human research subject volunteers. OHRP has oversight over more than 10,000 institutions in the US and world-wide, which conduct clinical and other research. This oversight includes research funded or conducted by the National Institutes of Health (NIH), and is based on statutory authority (42 U.S.C. 289.)

OHRP's mission is to assure that the well-being of volunteers is strongly protected and ensure that any harm, real or perceived, does not negatively impact the pool of volunteers for scientific studies and clinical research trials, delay the outcome of study results or prevent them altogether. OHRP's mission plays a crucial role in supporting the Secretary's Strategic Initiative to Accelerate the Process of Scientific Discovery to Improve Patient Care, and the strategy under that objective to support comprehensive and efficient regulatory review of new medical treatments.

Regulatory Reform

OHRP is charged with providing leadership and advice to the Secretary, HHS officials, other federal departments and agencies, and the public on ethical and other issues associated with the protection of human subjects in research. OHRP is also charged with the implementation of HHS regulations for the protection of subjects in research (45 CFR Part 46). The Department of Health, Education, and Welfare first published regulations for the protection of human subjects in 1974, and HHS revised them in the early 1980s. During the 1980s, HHS began a process that eventually led to the adoption of a revised version of the regulations by 15 U.S. federal departments and agencies in 1991. The purpose of this effort was to create a single body of regulations (Subpart A of 45 CFR Part 46), often referred to as "the Common Rule."

In FY 2015, OHRP collaborated with other HHS Operating Divisions, the Office of Science and Technology Policy (OSTP), and other federal agencies to develop a notice of proposed rulemaking (NPRM), which is part of the process of revising regulations and is designed to strengthen protections and adjust the regulatory system to changes in the evolving research enterprise. On September 8, 2015 the NPRM was published for public comment. The public comment period closes on January 6, 2016. The changes in the regulations will help reform the current system so as to avoid inappropriate delays in the advancement of medical knowledge. This NPRM is built on work completed in 2011, which enabled HHS, in coordination with OSTP, to publish an advance notice of proposed rulemaking (ANPRM) *titled Human Subjects Research Protections: Enhancing Protections for Research Subjects and Reducing Burden, Delay, and Ambiguity for Investigators*.

Office Objectives

- The Division of Compliance Oversight, which evaluates written substantive indications of non-compliance with HHS regulations (45 CFR 46), conducts inquiries and investigations into alleged non-compliance, carries out not-for-cause surveillance evaluations of institutions, and responds to incident reports from Assured institutions.
- The Division of Policy and Assurances, which develops guidance explaining and interpreting the regulations, and administers a system for the filing of Federal-wide Assurances of research institutions and the registration of Institutional Review Board organizations.
- The Division of Education and Development, which develops educational materials and conducts educational activities including sponsored Research Community Forums and educational workshops, meeting presentations, online e-learning educational modules, educational videos, webinars, and educational assistance to constituents through phone calls and emails, to promote, inform and educate research communities and the public on the protection of human subjects in research and the HHS regulations and policies that support this goal.

OHRP also supports the Secretary's Advisory Committee on Human Research Protections (SACHRP), which provides advice and recommendations to HHS on matters related to human subject protection.

OHRP supports the OASH/HHS strategic goals by contributing to the following measures:

- Increase the number of local, state, and national health policies, programs, and services that strengthen the public health infrastructure, and the number of policies in research institutions that improve the research enterprise.
- Increase the reach and impact of OASH communications related to strengthening the public health and research infrastructures.
- Increase the number of substantive commitments to strengthening the public health and research infrastructure on the part of governmental and non-governmental organizations.
- Increase knowledge about the public health and research infrastructure, including research needs, and improve data collection needed to support public health decisions.

Funding History

Fiscal Year	Amount
FY 2012	$6,937,000
FY 2013	$6,756,000
FY 2014	$6,756,000
FY 2015	$6,493,000
FY 2016	$6,493,000

Budget Request

The FY 2017 President's Budget of $6,800,000 is $307,000 above the FY 2016 Enacted Level. The FY 2017 request will allow OHRP to reestablish full program operations to support regulatory reform for the new Common rule. Funds will enable OHRP to continue educational activities, including conducting public outreach and education programs to promote and enhance public awareness of the activities of human subject protections. The FY 2017 request will support the following activities:

- Continuing the activity of making revisions to and implementing the human subjects research protection regulations

- Sponsoring up to three OHRP-sponsored Research Community Forums (a 2-day event that incorporates a 1-day Education Workshop and a 1-day Conference) and one OHRP meeting; traveling support for around 10 OHRP co-sponsored education workshops and participation in other speaking invitations; support for program data analysis and reporting; development and maintenance of 508-compliant online education and information resources, recording and release of up to six 508-compliant webinars online, video-recording and release of up to six 508-compliant lectures online, and the maintenance and update of the education webpages.
- Supporting the processing of more than 3,500 Institutional Review Board Registrations and approving over 3,000 Federal wide Assurances of Compliance
- Opening three Division of Compliance Oversight not-for-cause evaluations of institutions' human subject protections program, and processing more than 600 incident reports from institutions, including reports of any unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with the regulations or the requirements or determinations of the institutional review board (IRB), and any suspension or termination of IRB approval
- Supporting three SACHRP meetings and three to four meetings of SACHRP's subcommittees

NATIONAL VACCINE PROGRAM OFFICE

Budget Summary
(Dollars in Thousands)

National Vaccine Program Office	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	6,400	6,400	6,000	-400
FTE	17	17	17	0

Authorizing Legislation:.....Title XXI of the Public Health Service Act
FY 2017 Authorization.....Expired
Allocation Method.....Direct Federal; Contracts

Program Description and Accomplishments

In 1987, Congress created the National Vaccine Program Office (NVPO) to provide policy leadership and coordination on vaccine-related activities among federal agencies and non-federal stakeholders (state and local government, non-governmental health groups, healthcare providers, health insurers, vaccine manufacturers and the public). NVPO also advances the Secretary's priority and the ACA's emphasis on disease prevention – in this case by promoting health and wellness through immunization and optimization of the vaccine and immunization enterprise in the United States to accomplish that goal. This work is critical as it contributes to the control and potential elimination of vaccine-preventable diseases and the development of vaccines against infectious diseases that have the potential to be effectively and safely prevented by immunization. Moreover, it improves the lives of many by reducing premature deaths, preventing illnesses, hospitalizations, and the long-term consequences of vaccine preventable diseases as well as curtailing lost work and school days in the United States.

NVPO leads the coordination of federal immunization activities to ensure they are carried out in an efficient and consistent manner and works with non-federal stakeholders to achieve the goals outlined in the 2010 National Vaccine Plan (NVP), that provides the framework—goals, objectives, and strategies—for pursuing the prevention of infectious diseases through immunizations. This includes federal government efforts towards vaccine research and development, immunization coverage, supply, financing, safety, education and communications, and global vaccine and immunization initiatives. NVPO also works with non-federal partners to develop and implement strategies for achieving the highest possible level of prevention of vaccine-preventable diseases and adverse reactions to vaccines. NVPO ensures coordination by taking a cross-cutting view to identify and bridge research gaps in immunization activities through various projects.

One of the priority goals of the NVP is to prioritize vaccine research and development. The Institute of Medicine (IOM) in partnership with the National Academy of Engineering developed and enhanced SMART Vaccines (Strategic Multi-Attribute Ranking Tool) a decision-support software tool that is publically available can be downloaded from http://www.nap.edu/smartvaccines. Building on the initial work of the IOM, NVPO has partnered with the National Institutes of Health's Fogarty International Center to enhance the usefulness and usability of this tool by creating a web-based interface, including additional data that will be use in the model, and is organizing a "community of users" to ensure that it meets the needs of the vaccine and immunization community.

NVPO leads a number of activities to enhance research in vaccine safety that a) determines the safety profile of new vaccines during the early development stage; b) develops or modifies existing vaccines to improve their safety; c) directly impacts the current vaccine safety monitoring system; and, d) produces

consensus definitions of vaccine safety outcomes that could be utilized to collect consensus data in clinical research conducted globally. Given recent efforts in maternal immunization, there is a need to ensure that vaccine safety research and monitoring aligns with these public health recommendations. There is particular interest in projects related to researching, establishing or testing the vaccine safety profile of vaccines that are either currently recommended for, or are expected to be, routinely administered to pregnant women and/or newborns. This research, combined with other efforts, has enabled NVPO and other stakeholders to accomplish a robust safety record for recommended vaccines.

NVPO also serves as the Executive Secretariat for the National Vaccine Advisory Committee (NVAC), a federal advisory committee that incorporates the public perspective and advice on federal vaccine and immunization policies. The NVAC consists of experts from academia, public health organizations, state governments, consumers, and others who assist in identifying priority areas of government and non-government cooperation that should be considered in implementing the National Vaccine Plan.

FY 2015 highlights of NVPO activities include:

Coordination and Implementation of the National Vaccine Plan and Mid-Course Review
The NVP identifies priority activities to improve the safety and effectiveness of disease prevention through immunization. In FY 2015, NVPO released the NVP Annual Report (http://www.hhs.gov/nvpo/vacc_plan/annual-report-2014/nvp-2014.html), which includes a summary of progress and accomplishments made by HHS agencies and offices, other United States government entities, and non-federal partners toward accomplishing the five goals of the NVP, with many examples of a synergistic approach to maintaining and enhancing the immunization system of the United States, a core function of NVPO.

National Vaccine Advisory Committee (NVAC)
NVPO serves as Executive Secretariat for NVAC which advises and makes vaccine-related recommendations to the Assistant Secretary for Health. NVAC meets a minimum of three times per year and is supported by NVPO. NVAC efforts have focused on identifying strategies and recommendations for helping HHS achieve the goals in the National Vaccine Plan and the Department's Healthy People 2020 goals. Currently, the NVAC is developing recommendations for overcoming barriers to developing new vaccines for use in pregnant women, improving HPV vaccine coverage among adolescents, and addressing vaccine hesitancy/confidence in parents of young children.

Adult Immunization Plan
Reducing vaccine-preventable diseases in adults is a national health priority. Adult vaccination coverage rates remain low for most routinely recommended vaccines and fall well below Healthy People 2020 targets. NVPO led the development of the National Adult Immunization Plan, the nation's first strategic plan focused on improving the use of vaccines by adults and identifies priority areas for program efforts (1-Strengthen the Adult Immunization Infrastructure, 2-Improve Access to Adult Vaccines, 3-Increase Community Demand for Adult Immunizations, and 4-Foster Innovation in Adult Vaccine Development and Vaccination Related Technologies) and established baselines and targets for performance indicators to measure progress over time.

Following the launch of the Plan in February 2016, NVPO will generate an implementation plan outlining discrete activities with measurable milestones to monitor progress on improving adult immunization. This plan is critical as it will include metrics and the priorities that will focus on areas that will have the

greatest impact on improving adult immunization, such as improving the immunization information systems that are currently in use.

NVPO leads the coordination of the Assistant Secretary for Health's Adult Immunization Task Force designed to support adult immunization activities and collaboration among our federal partners. NVPO will implement the National Adult Immunization Plan in collaboration with the federal Adult Immunization Interagency Task Force. The National Adult Immunization Plan is national in scope in that it is inclusive of what is possible for all partners, not just those at the federal level. NVPO supports HHS Regional Health Office collaboration through evidence-based immunization projects upheld via a contract that includes all HHS Regional Health Administrators.

Standards for Adult Immunization Practices
Building an adult immunization system that can be used during a public health emergency is critical. For example, during the H1N1 pandemic, the role of pharmacists in improving vaccine access was highlighted, and NVPO worked with partners to implement an effort to explore how pharmacists can facilitate collaboration, coordination, and communication amongst the healthcare community as it pertains to adult immunization. NVPO continues to engage leaders in the pharmaceutical industry to build on immunization successes that broaden opportunities for preventive services in pharmacies and bridge pharmacy best practices to other providers. NVAC also released its updated Standards for Adult Immunization Practices (http://www.hhs.gov/nvpo/nvac/reports/nvacstandards.pdf). Due to high adoption by medical professional societies whose members provide healthcare services for adults, it is envisioned that these will become the standards for adult immunization practice in the United States.

Influenza vaccinations: Flu Vaccination Mapping Tool and improving rates of vaccination
In collaboration with Center for Medicare and Medicaid Services (CMS), NVPO developed a real-time influenza vaccination tracking and mapping resource for researchers, providers, and healthcare workers to track influenza vaccination claim rates of Medicare beneficiaries. It includes information for every county and zip code in the United States (http://www.hhs.gov/nvpo/flu-vaccination-map/index.html). Building on this partnership, NVPO is working with CMS, the HHS's Chief Technology Officer, and the White House's behavioral insights team of social scientists to improve uptake of seasonal influenza vaccine in this population. Specifically, this pilot project will examine the impact of various tailored messaging strategies to Medicare beneficiaries.

Vaccines Financing, Coverage, and the Affordable Care Act
NVPO continues to lead the tracking and monitoring of Affordable Care Act (ACA) implementation of vaccine-specific provisions. This includes the development of ACA training models for healthcare providers in collaboration with CMS. It also includes a review of provisions that impact vaccine uptake and efforts to address them as needed. Vaccines and their associated costs have been cited by physicians as a barrier to vaccines access. To better understand these concerns, NVPO also has research underway to document the variations in vaccine pricing for vaccines procured by physicians for privately insured individuals, and the role of purchasing groups in reducing these costs. NVPO also coordinates with interagency and external partners on vaccine financing and its implications for access and vaccine coverage rates.

Coordination and Enhancement of Immunization Safety
NVPO continues to lead the Secretary's cross-government Federal Immunization Safety Task Force (ISTF). Led by the Assistant Secretary for Health, the Task Force includes HHS OPDIVs with assets in immunization safety along with Department of Veterans Affairs and Department of Defense. It is charged with ensuring that all federal assets relevant to immunization safety are coordinated and synergies identified, coordinating vaccine safety strategic planning, including the development of a vaccine safety scientific agenda, and ensuring a coordinated response to emerging immunization safety issues.

HPV Vaccination
In the National Cancer Institute's President's Cancer Panel's report, "Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer," a call to action to enable vaccines to achieve their full potential to prevent HPV-associated cancers was made. CDC's most recent (2013) estimates underscore the disappointment and lack of progress almost a decade since an HPV vaccine was licensed by the FDA: only 57.3% of girls aged 13-17 received an initial dose of HPV vaccine and fewer than 40% had completed the three dose series. For boys, who were not initially indicated to receive the vaccine, and were not included in the Advisory Committee on Immunization's initial vaccine recommendations, the situation is far worse: 34.6% received an initial dose and only 13.9% received the full series. The report highlighted the many missed opportunities to vaccinate during existing health care visits. In addition, the failure of clinicians to provide authoritative, evidence-based recommendations for their patients has also contributed to these missed opportunities.

Charged by the Assistant Secretary for Health to review the current state of HPV immunization to understand the root cause(s) for the observed low vaccine uptake and to identify existing best practices the NVAC approved its report on and recommendations at its June 2015 meeting (http://www.hhs.gov/nvpo/nvac/subgroups/nvac-hpv-wg.html). NVPO is currently working with other stakeholders to improve HPV vaccine uptake by strengthening provider recommendations.

Vaccine Communication
NVPO works with HHS OPDIVs and STAFFDIVs to ensure that communication strategies and tactics are coordinated and leveraged to the fullest extent possible. Key activities include operating vaccines.gov in English and Spanish, supporting short-term and long-term public education activities, establishing and maintaining strong working relationships with communications staff from across the Department, and providing strategic counsel to senior leaders. NVPO develops a number of vaccine communication materials that aid in building a common understanding of emerging issues, work being done in the field and best practices, including developing a comprehensive annual report that highlights work throughout the department as well as outside of HHS and the government.

Behavioral Insights
NVPO will continue to partner with CDC, General Services Administration and others as appropriate to develop and evaluate vaccine-focused behavioral insight projects aimed to increase HPV vaccination and adult immunization rates. These communication and education projects will use experimental field research methods to assess the impact interventions.

Vaccine Research and Development Priorities
The NVP calls for the development of a catalogue of priority vaccine targets of domestic and global health importance. In support of this, NVPO backs a multiphase project conducted by the Institute of Medicine known as the SMART Vaccines tool, designed to provide decision support in vaccine

development in United States and global populations. Since completing phase three enhancements, NVPO continues to partner with NIH's Fogarty International Center to evaluate the publicly released version of the SMART Vaccines decision-support tool. The goals of this collaboration include:

- Provision of capabilities to transform the existing SMART Vaccines' tool into a web-based platform (html open-source model) that can be supported and sustained for public access
- Iterative adaptation and refinement of the tool—or suite of tools—so that it is responsive to the dynamic and emerging information/inputs (e.g., disease burden, antigen-specific technology, and economic data)
- Ongoing assessment/validation of methodologies and user/stakeholder feedback,
- Expansion and updating of the data warehouse (model supporting data) and standardized formats for data sharing
- Dissemination and use of the tool (and/or derivative tools) supported by direct engagement and training of the public sector, academic, and private sector stakeholders and decision-makers associated with vaccine development, purchasing, and deployment/implementation programs
- Hosting the tool in such a way that it is sustainable and provides global access by embedding it into an infrastructure that utilizes existing resources for maintenance of standards and capabilities.

Health Information Technology and Immunizations

Immunization Information Systems, or immunization registries, continue to surface as a critical means to improve uptake and tracking of adult immunization. Partnering with the Office of the National Coordinator for Health IT (ONC), NVPO requested that HHS partners and others focus on the functionality and use of immunization information systems (registries) to improve vaccine and vaccination tracking.

Funding History

Fiscal Year	Amount
FY 2012	$6,837,000
FY 2013	$6,659,000
FY 2014	$6,659,000
FY 2015	$6,400,000
FY 2016	$6,400,000

Budget Request

The FY 2017 President's Budget of $6,000,000 is $400,000 less than the FY 2016 Enacted Level. The FY 2017 request will sustain the NVPO's activities by absorbing certain previously funded activities within its base budget. NVPO will pursue efficiencies to maximize the impact of vaccines on the health of the United States population, advance the priorities of the NVAC, examine evidence-based practices relating to prevention with a particular focus on high-priority areas as identified in the National Prevention Strategy and Healthy People 2020, translate interventions from academic settings to real world settings, and meet the objectives of the HHS Strategic Plan to reduce the occurrence of infectious diseases, which include vaccine-preventable diseases.

NVPO will lead the following initiatives/projects in FY 2017:

- **Identifying and Prioritizing New Preventive Vaccines for Development:** In accordance with the National Vaccine Plan, to accomplish the goal of creating a catalog of priority vaccine targets of domestic and global health importance, the Institute of Medicine developed a decision

framework tool. NVPO will continue to work with the scientific community to advance the use of this tool and monitor progress. This project is a partnership between the NIH Fogarty Institute and NVPO to evaluate and enhance the vaccine decision-making tool.

- **Seasonal Flu Communication Strategy**: As part of the interagency Adult Immunization Task Force and in partnership with the National Adult and Influenza Summit, NVPO will help to coordinate our seasonal flu communications strategy.
- **Health IT improvement:** Advances in Health IT promise to play an important role in our ability to conduct active surveillance, share data and improve coordination to significantly improve vaccination rates, especially in adults. We plan to partner with several stakeholders, including ONC and Federal Occupational Health (FOH) to address existing issues with bidirectional data exchange of immunization data
- **Vaccines Finder**: NVPO will continue to support technical enhancements and upgrades to the Health Map Vaccine Finder throughout the year to ensure the website remains consumer friendly. This initiative will also assist with recruiting new providers, coordinate the participating provider data, and ensure providers regularly update information in the tool. Additionally, the online vaccine recommendation quiz will be updated to reflect new recommendations for adult immunizations. This will ensure that the most current information is available to adults who use the tool to seek vaccination information and providers. NVPO is working with CDC to ensure that the Vaccine Finder tool remains available to all and that necessary enhancements to the systems to ensure accurate information are realized.
- **Vaccines.gov**: The goal of this project is to maintain and enhance a comprehensive HHS website devoted to vaccines and immunization for consumers. This provides an important audience with clear, easy to access information from a variety of government sources. The site provides consumers and stakeholders with one place to obtain information about the development, testing, licensing, supply, and safety of vaccines, as well as information about the risks and benefits of immunizations.
- **HPV Vaccination Partnership**: This project with CDC will continue to support the education of consumers and providers about the HPV vaccine and include education complementing a CDC effort focused on providers. The goal of this project is to coordinate all relevant stakeholders (e.g., immunization and cancer) to provide factual and clear information about the HPV vaccine for consumers, especially parents with adolescent children and to improve the uptake of HPV vaccine by all for whom it is recommended.
- **Vaccine Confidence**: This project will measure and track vaccine confidence by creating a new index, developing communication materials, messages and strategies to address misperceptions about vaccines and the recommended schedule, developing evidence-based toolkits for providers, creating a repository of effective evidence-based strategies, developing billing codes for provider counseling, creating policy strategies to address the issue and writing an implementation plan to address this emerging issue.
- **Global Coordination:** NVPO plans to support the national coordination of global vaccination efforts, especially as they related to the health of Americans. Improving the well-being of those within our country must be done within a global context, taking into account both the threats and the opportunities that we find beyond the borders of the United States.

OFFICE OF ADOLESCENT HEALTH

Budget Summary
(Dollars in Thousands)

Office of Adolescent Health	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	1,442	1,442	1,500	58
FTE	4	4	4	0

Authorizing Legislation: ……..…….Section 1708 of the Public Health Service Act
FY 2017 Authorization……..……Expired
Allocation Method……..Direct Federal, Competitive Grants, Contracts

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is responsible for coordinating the activities of the Department with respect to adolescent health, including program design and support, evaluation, trend monitoring and analysis, research projects, training of healthcare professionals, and national planning. OAH is charged with carrying out demonstration projects to improve adolescent health as well as implementing and disseminating information on adolescent health. OAH coordinates with other HHS agencies to reduce the health risk exposure and risk behaviors among adolescents, placing particular emphasis on the most vulnerable populations (i.e., those in low socio-economic areas and areas where adolescents are likely to be exposed to emotional and behavioral stress).

In FY 2015, OAH updated its Strategic Plan for FY 2016 – 2018. The plan lays out strategic priorities to improve the health and healthy development of America's adolescents, and specifies goals and objectives, as well as measures to track progress. OAH leads the HHS Adolescent Health work group, which brings together representatives from across the Department to strategically plan across adolescent health and related programs.

OAH also administers the Teen Pregnancy Prevention (TPP) discretionary grant program and the Pregnancy Assistance Fund (PAF). The TPP supports evidence-based and innovative approaches to teen pregnancy prevention. PAF supports competitive grants to States and Tribes to support expectant and parenting teens, women, fathers, and their families.

OAH is engaging national partners from health care, public health, education, community and out-of-school time programs, faith-based groups, and social services, in actions to help put adolescent health firmly on the nation's agenda to prevent risky behavior, promote health, and prevent disease. In FY 2015, OAH announced its call to action, Adolescent Health: Think, Act, Grow (TAG), which provides a framework for youth-serving professionals and organizations to support young people when bodies, minds, and emotions are changing rapidly and many opportunities for prevention and healthy development are missed. In initial outreach, 49 national youth-serving organizations and key federal partners have committed to specific actions to help announce TAG. OAH will continue to provide outreach and with providing national partners, professionals, and families with ongoing access to tools and resources from across government on line and through ongoing communications and dissemination.

Funding History

Fiscal Year	Amount
FY 2012	$1,098,000
FY 2013	$1,070,000
FY 2014	$1,500,000
FY 2015	$1,442,000
FY 2016	$1,442,000

Budget Request

The FY 2017 President's Budget of $1,500,000 is $58,000 above the FY 2016 Enacted Level. The funds continue efforts of OAH to reduce the health risk exposure and risk behaviors among adolescents and coordinate program efforts with key government and non-government stakeholders. This includes continued support for the TAG and expanding program activities to include a broader awareness building campaign to engage additional organizations, families, and adolescents in supporting adolescents' health and healthy development.

The FY 2017 request will support the development and implementation of the next iteration (FY 2019 – FY 2021) of the OAH strategic plan and continued support of the OAH Strategic Communications contract which includes support for effective communications on adolescent health, the OAH website, social media activities, and special events.

PUBLIC HEALTH REPORTS

Budget Summary
(Dollars in Thousands)

Public Health Reports	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	467	467	400	-67
FTE	2	2	2	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal Contract; Cooperative Agreement

Program Description and Accomplishments

Public Health Reports (PHR) is the official journal of the U.S. Public Health Service and the Surgeon General. It is the only general public health journal in the federal government and it has been published since 1878. The journal is published through an official agreement with the Associations of Schools and Programs of Public Health (ASPPH).

The journal's audience is mainly public health practitioners, researchers, scholars, and policy makers in state, territorial, local, and tribal health departments, federal departments and agencies, universities, and industry. Each year, the journal publishes six regular bimonthly issues and three or four supplement issues; all are published electronically and in print and are widely distributed through several scholarly channels. The entire set of *PHR* journal articles from 1878 has been digitized and is available at: http://www.ncbi.nlm.nih.gov/pmc/journals/333/.

The journal's mission is to improve the health and well-being of Americans by speeding up the movement of science into public health policy and practice, by publishing scholarly manuscripts that will advance public health policy and practice, and by publishing evaluations of effective public health programs that will help them to be replicated in the field. Through the journal, PHR supports *Keeping People Healthy and Safe* by advancing scientific knowledge and innovation.

Over the last two years, PHR has followed a proactive approach to publishing guidelines and policy perspectives from the many policy-writing offices of the Department of Health and Human Services (HHS) and the Office of the Assistant Secretary for Health (OASH). Recent examples include:

- The new U.S. Public Health Service Recommendations for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries (April 2015)
- The NVAC Statement of Support Regarding Efforts to Better Implement IIS-to-IIS Data Exchange Across Jurisdictions (July 2015)
- Articles on Ebola virus control published online ahead of print. Columns in the regular bimonthly issue include:
    - *Surgeon General's Perspective* (perspectives of the U.S. Surgeon General on key public health issues)
    - *Executive Perspective* (perspectives of leaders of OASH and HHS offices on major public health topics)
    - *Law and the Public's Health* (reviews and commentaries on public health law),
    - *NCHS Dataline* (reports from the National Center for Health Statistics)
    - *From the Schools of Public Health* (articles from ASPPH on teaching public health)

Each supplement issue focuses on a special topic in public health. In collaboration with the journal's publisher ASPPH, PHR also holds at least six national webinars per year on current topics covered in the journal. For example, a webinar in April 2015 focused on women's health and included speakers from the HHS Office on Women's Health and the women's health offices at the National Institutes of Health and the Food and Drug Administration.

Funding History

Fiscal Year	Amount
FY 2012	$499,000
FY 2013	$486,000
FY 2014	$486,000
FY 2015	$467,000
FY 2016	$467,000

Budget Request

The FY 2017 President's Budget of $400,000 is $67,000 less than the FY 2016 Enacted Level. The FY 2017 request level will support contracted submission assistance, copy editing, design and layout, and consulting on editorial processes. PHR will continue to work through existing program partners for journal production including, journal design and layout, management of online manuscript submission, technical editing, and publishing consultation. In FY 2017, *Public Health Reports* plans to publish six regular issues, plus supplements and/or special issues; and plans to produce six science-based webcasts.

TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

Teen Pregnancy Prevention	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	101,000	101,000	104,790	3,790
FTE	16	16	16	0

Authorizing Legislation: ……Division H, Title II of the Consolidated Appropriations Act, 2016
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal, Contract, Grants

Program Description and Accomplishments

The Teen Pregnancy Prevention (TPP) program is a discretionary grant program to support evidence-based and innovative approaches to teen pregnancy prevention. It is administered by the Office of Adolescent Health (OAH) within the Office of the Assistant Secretary for Health. OAH leads coordination of program activities focused on adolescent health among the Department of Health and Human Services (HHS) offices and operating divisions. Through the TPP program, youth receive the education and supports needed to prevent teen pregnancy and promote positive adolescent development.

Competitive grants and contracts supported through TPP are awarded to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and support the Federal costs associated with administration and evaluation of program activities. Additionally, the grants support both the replication of evidence-based program models identified by HHS through an independent systematic review to have proven through rigorous evaluation to prevent teen pregnancy and/or associated sexual risk behaviors, and demonstration programs to identify new effective approaches. In FY 2015, OAH awarded a new cohort of TPP grants through a competitive application and objective review process. The FY 2017 request funds the third year of a five-year project period for TPP grantees competitively selected in FY 2015.

Grants for replication of evidence-based program models provide capacity building assistance to organizations to replicate evidence-based program models as well as support to organizations to replicate evidence-based program models to scale in communities with the highest teen birth rates. Additionally, a contract supports a Federal Evaluation to expand the use and understanding of evidence-based TPP programs and will contribute to the evidence base by conducting program evaluation in areas where there were gaps previously, including addressing important topics related to implementation science and adaptations of evidence-based programs.

Grants for demonstration programs within TPP support early innovation as well as grants to develop, refine, and rigorously evaluate additional models and innovative strategies for preventing teen pregnancy. OAH partners with the Assistant Secretary for Planning and Evaluation (ASPE) to support an ongoing review of the teen pregnancy prevention evidence-base. OAH also collaborates with ASPE, the Administration for Children and Families (ACF), and the Centers for Disease Control and Prevention (CDC) to coordinate programmatic and evaluation training and technical assistance activities for grantees.

OAH manages a performance measurement system for all TPP grantees. From FY 2010 – FY 2014, TPP

grantees reached over 500,000 youth in 39 States and the District of Columbia, partnered with over 3,800 organizations, and trained more than 9,800 staff to implement evidence-based TPP programs. Of the individuals served by TPP grantees, 49% of the youth are female and 51% are male; the majority is ages 16 and under; 37% are Hispanic/Latino, 30% are Black, non-Hispanic, and 23% are White, non-Hispanic. OAH grantees implement evidence-based programs with high fidelity (95% of all activities implemented as intended) and high quality (92% of all sessions rated as either very good or excellent by an observer), and show high rates of youth engagement and retention with 83% of youth served receiving at least 75% of the program. High fidelity, quality, and youth engagement are essential to ensuring that youth served experience the outcomes expected from receiving an evidence-based program. Beginning in FY 2015, the second cohort of OAH TPP grantees are expected to more than double the reach of the program by serving close to 300,000 youth each year. A 2013 white paper developed by the Bridgespan Group, a nonprofit advisor identified the OAH TPP program as a model for implementing evidence-based programs with fidelity and quality.

OAH provides ongoing training and technical assistance to its TPP grantees to ensure high quality programming and evaluation. OAH also maintains the TPP Resource Center, an online collection of resources for professionals working to prevent teen pregnancy. The TPP Resource Center includes resources on choosing an evidence-based program; improving recruitment, retention, and engagement; implementation; engaging diverse populations; strategic communications; building collaborations; sustainability; and performance measurement and evaluation. Along with skill-building information, the TPP Resource Center also features success stories describing some of the accomplishments of the TPP grantees.

Funding History

Fiscal Year	Amount
FY 2012	$104,592,000
FY 2013	$98,366,000
FY 2014	$100,762,000
FY 2015	$101,000,000
FY 2016	$101,000,000

Budget Request

The FY 2017 President's Budget $104,790,000 is $3,790,000 above the FY 2016 Enacted Level. The FY 2017 request funds the third year of programming for TPP grantees competitively selected in FY 2015; funds a Federal evaluation to expand the use and understanding of evidence-based TPP programs that began in FY 2015; provides program support for the grantees, including reviewing materials for medical accuracy and providing programmatic and evaluation training and technical assistance; and covers program operating costs.

No more than 10 percent will be used for operational costs associated with running the program and providing support services to the grantees. Of the remaining funds, OAH intends to award 75 percent of the funds to support grants to replicate evidence-based program models identified by HHS through an independent systematic review of the existing research, and 25 percent to test new and innovative approaches to teen pregnancy prevention. TPP activities in FY 2017 include:

- **Federal Evaluation to Expand the Use and Understanding of Evidence-Based TPP Programs:** The purpose of this Federal Evaluation is to evaluate up to six new rigorous evaluations of the

replication of evidence-based TPP programs. Evaluations will be designed to fill significant gaps in the current knowledge base, including evaluating evidence-based TPP programs that are commonly implemented in the field but have only a single evaluation supporting them, identifying core components or key ingredients of evidence-based TPP programs, and testing important implementation science topics to learn more about how to best implement evidence-based TPP programs.

- **TPP Medical Accuracy**: The purpose of the Medical Accuracy contract is to provide assistance to OAH by providing rigorous reviews of curricula and materials used in TPP grant programs to ensure they are medically accurate. The program statute requires that all materials used in the TPP program be medically accurate. As a condition of their grant, OAH TPP grantees are required to submit all curricula materials proposed for use in their TPP funded grant to the OAH for review prior to implementation to ensure medical accuracy.
- **Capacity Building Assistance for TPP Grantees**: OAH funds grants to organizations to provide capacity building assistance for the OAH-funded TPP grantees. The purpose is to provide capacity building assistance for TPP grantees to ensure implementation and sustainability of high quality teen pregnancy prevention programs. Capacity building assistance will encompass diverse strategies and approaches, including training and follow-up support, technical assistance, coaching, mentoring, peer-to-peer support, syntheses of available research and best practices, development of resources and tools, virtual learning, and securing the services of expert and technical consultants.
- **TPP OAH Strategic Communications**: The purpose of the OAH Strategic Communications contract is to support effective communications on adolescent health, the OAH website, social media, and special events, such as for Teen Pregnancy Prevention Month. The contract maintains and updates the TPP Resource Center and provides information on evidence-based TPP programs and evaluation.

TPP - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target+/- FY 2016 Target
9.1 Number of youth served by the TPP Program	FY 2015: 151,900 Target: 121.196 (Target Exceeded)	40,000	240,000	+200,000
9.2 Number of TPP Program formal or informal partners	FY 2015: 2,161 Target: 1,762 (Target Exceeded)	1,800	1,800	--
9.3 Number of Intervention Facilitators provided new or follow-up training	FY 2015: 2,398 Target: 3,709 (Target Not Met)	3,700	3,700	--
9.4 Percent of youth receiving at least 75% of available TPP programming	FY 2015: 85% Target: 80% (Target Exceeded)	80%	80%	--
9.5 Mean percentage of the evidence-based model being implemented as intended	FY 2015: 96% Target: 95% (Target Exceeded)	95%	95%	--

Performance Analysis

A new cohort of competitive grants was awarded in FY 2015. The new cohort of grantees will engage in a planning, piloting, and readiness period of up to 12 months during the first year of their grant. As a result, OAH anticipates a decrease in the number of youth served for the FY 2016 targets as this data will reflect the new cohort of grantees' planning and piloting period. In FY 2017, grantees will be in their first year of full implementation. It is expected that the new cohort of grantees will increase their reach to at least the current performance levels by FY 2017.

Program Data Chart

Activity	FY 2015 Enacted	FY 2016 President's Budget	FY 2017 Higher Level
Contracts			
Training, technical assistance, and other program support	2,174,703	1,584,020	2,150,000
Rigorous Evaluation of Evidence-Based TPP Programs contract	5,100,000	4,000,000	4,000,000
Subtotal, Contracts	**7,274,703**	**5,584,020**	**6,150,000**
Grants/Cooperative Agreements			
Tier I – Replication Projects	65,338,182	65,338,182	67,740,000
Tier II – Research and Demonstration Projects	24,048,461	23,158,461	24,000,000
Program Support – Capacity Building for TPP Grantees	0	2,900,000	2,900,000
Subtotal, Grants/ Cooperative Agreements	**89,386,643**	**91,396,643**	**94,400,000**
Operating Costs	**4,338,654**	**4,019,337**	**4,000,000**
Total	**101,000,000**	**101,000,000**	**104,790,000**

Grants

Grants (whole dollars)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Number of Awards	85	89	93
Average Award	$1,051,608	$1,033,333	$1,033,333
Range of Awards	$400,000-$2,000,000	$400,000-$2,000,000	$400,000-$2,000,000

OFFICE OF MINORITY HEALTH

Budget Summary
(Dollars in Thousands)

Office of Minority Health	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	56,670	56,670	56,670	0
FTE	57	57	57	0

Authorizing Legislation:.....Title XVII, Section 1707 of the PHS Act
FY 2017 Authorization.....P.L. 111-148; Expires 2016
Allocation Method.....Direct federal, Competitive Grant and Cooperative Agreement, Contract

Program Description and Accomplishments

The Office of Minority Health (OMH) was created in 1986 as one of the most significant outcomes of the 1985 *Secretary's Task Force Report on Black and Minority Health*. OMH was subsequently established in statute by the Disadvantaged Minority Health Improvement Act of 1990 (PL 101-527), re-authorized under the Health Professions Education Partnerships Act of 1998 (PL 105-392), and most recently re-authorized under the Affordable Care Act of 2010 (PL 111-148).

OMH Mission and Vision

- OMH's mission is to improve the health of racial and ethnic minority populations through the development of policies and programs that help eliminate disparities.
- OMH's vision is to change health outcomes for racial and ethnic minority communities through leadership that strengthens coordination and impact of HHS programs and actions of communities of stakeholders across the United States.

OMH serves as the lead agency for coordinating efforts across the government to address and to eliminate health disparities. OMH convenes and provides guidance to HHS operating and staff divisions and other Federal departments to identify health disparity and health equity policy and programmatic actions. This targeted leadership improves performance through better coordination on cross-cutting initiatives, minimizes programmatic duplication, and leverages funds to reduce health disparities.

OMH Strategic Priorities

OMH focuses on translating core minority health and health disparity programs into strategic activities and policies at the federal, state, tribal, territorial, and local levels. OMH's three strategic priorities are:

- Supporting the development and implementation of the provisions of the Affordable Care Act (ACA) that address health disparities and equity *(a statutorily mandated program)*
- Leading the implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities *(a cross-departmental collaboration)*
- Coordinating the National Partnership for Action to End Health Disparities *(a cross-governmental, cross-sector collaboration)*

OMH plays a critical role in supporting and implementing the provisions of the ACA that address health disparities and equity. Racial and ethnic minorities have the highest rates of being uninsured, are less likely to receive preventive care, have higher rates of many chronic conditions, have fewer treatment options, and are less likely to receive quality health care. Educational outreach serves to raise the awareness of minority and underserved populations about the ACA and to support increased enrollment of underserved populations in health plans. OMH collaborates with strategic partners and stakeholders

to increase the understanding of health plans, benefits, and eligibility as well as increase access to Health Insurance Marketplace enrollment services for racial and ethnic minorities and underserved populations.

OMH also leads and coordinates the implementation of the National Partnership for Action to End Health Disparities (NPA), whose mission is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. The NPA promotes cross-cutting, multi-sector, and systems-oriented approaches to eliminate health disparities by coordinating the efforts of the four NPA implementation arms: the Federal Interagency Health Equity Team (FIHET); the 10 Regional Health Equity Councils (RHECs); the State and Territorial Offices of Minority Health; and National Partners. These implementation partners provide the leadership, community connection, and cross-sector representation necessary to address health disparities. OMH provides guidance and technical assistance for the activities of the implementation partners to maximize their effectiveness and ensure alignment with the goals outlined in the *National Stakeholder Strategy*.

FY 2015 Key Accomplishments

OMH promotes integrated approaches, evidence-based programs, and best practices to reduce health disparities. FY 2015 accomplishments are organized by the HHS FY2014-2018 Strategic Goals (although many support multiple goals), illustrating OMH's commitment to enhancing and assessing the impact of all policies and programs on racial and ethnic health disparities.

Strategic Goal 1: Strengthen Health Care

Key accomplishments in FY 2015 include:

- Through OMH leadership the **HHS Disparities Action Plan** supported:
    - The development of the HHS Disparities Action Plan Implementation Progress Report, for both internal and external stakeholders, which was signed by the Secretary in mid-September and released in early November2015.
    - Collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote the use of health disparity impact statements in grant funding announcements.
    - Collaboration and coordination with CMS to develop and disseminate culturally-competent materials to support Affordable Care Act outreach and enrollment efforts.
- OMH's **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** supported:
    - The launch of a new e-learning program for *promotores de salud,* the revision of e-learning programs for physicians and nurses, the revision of an e-resource on communication and language assistance, and the continued monitoring of its other two e-learning programs for health care personnel.
    - Think Cultural Health (TCH) registered approximately 36,000 new participants in its five e-learning programs (for physicians, nurses, disaster response personnel, oral health professionals, and *promotores de salud*) in FY 2015, bringing the cumulative total to date of registrants for these programs to approximately 210,000.
    - The programs awarded approximately 196,000 continuing education credits in FY 2015, bringing the cumulative total of credits awarded for these programs to approximately 1,076,000.
- OMH furthered the adoption, implementation, and evaluation of the **National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)** by supporting:

- A *National CLAS Standards* Implementation Initiative to develop national partnerships.
- An evaluation study examining level of awareness, knowledge acquisition, adoption, and implementation of the *National CLAS Standards* in a sample of health and health care organizations.
- Coordination with the National Center for Health Statistics to add two questions on the *National CLAS Standards* to the 2015 National Ambulatory Medical Care Survey.
- An electronic survey to assess the HHS implementation of the enhanced *National CLAS Standards*.

Strategic Goal 2: Advance Scientific Knowledge and Innovation

Key accomplishments in FY 2015 include:

- A continuing partnership between OMH and the National Center for Health Statistics (NCHS) in support of the Native Hawaiian and Pacific Islander (NHPI) National Health Interview Survey (NHIS) aims to address the persistent lack of data for this small and hard to reach population. This project supports the HHS Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status required by Section 4302 of the Affordable Care Act. Data from the NHPI NHIS are expected to be available in FY 2016.
- OMH produced four data briefs in FY 2015, including one of the first briefs produced by the Department that details socio-demographic information specifically about Hispanic/Latino males by group, entitled "Demographic Characteristics and Health Behaviors among a Diverse Group of Adult Hispanic/Latino Males (Ages 18-64) in the United States".
- The **HHS American Indian and Alaska Native (AI/AN) Health Research Advisory Council (HRAC)** supported:
  - Submission of recommendations to HHS on issues of concern from the tribal communities including: Tribal Epidemiology Centers being recognized as public health authorities; and research topics such as suicide prevention, chronic disease risk factor reduction, and methamphetamine prevalence/prevention.
  - Development of an Annual Health Research Report that includes summaries of various HHS research projects focusing on AI/ANs and used as a resource to share research findings, topics, and available federal programs with tribes.

Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People

Key accomplishments in FY 2015 include:

- In April 2015, OMH hosted the **National Minority Health Month HHS Health Equity Summit** in commemoration of the 30th Anniversary of the *Heckler Report* and 30 years of advancing health equity. The impact of the Report and strategies for accelerating health equity to address the needs of diverse communities was discussed.
- The **Office of Minority Health Resource Center (OMHRC)** supported:
  - A twitter storm at the beginning and a thunderclap at the end of National Minority Health Month potentially reached 8 million individuals. An additional 2.1 million were reached during coverage of the Health Equity Summit.
  - A three-week radio outreach campaign to promote the ACA Special Enrollment Period and Coverage to Care initiative targeting African American and Latino adults. The campaign reached over 5 million people through radio and digital outreach in the DC metro and Houston metro areas. Total additional media reach was 4.4 million.
  - Capacity building training included Higher Education Technical Assistance Project (HETAP), grant writing training to community based organizations (VDC), and Community Health Worker training, and reached more than 349 individuals from institutions of higher

education including minority serving institutions, public health offices, tribal entities and community based organizations and associations in all 10 HHS Regions. The Vision, Design, Capacity (VDC) Resource Development Curriculum evaluation shows that it is robust and flexible enough to trigger and deliver a significant increase in proposal writing knowledge gained across a diverse cohort of participants with varying degrees of experience.
    - In FY 2015, the Knowledge Center reached 60 percent digitization of its catalog, allowing researchers, government staff and community workers access to the collection without restriction to location or time.
- In FY 2015 the OMH website had 1.5 million unique visitors providing access to a variety of information on health disparities and disparities reduction efforts. The **American Indian and Alaska Native (AI/AN) Health Disparities Program** supported:
    - Technical assistance, training, and outreach to 3,500 participants to improve data collection and analysis to address health disparities, accurately identify highest priority health focus areas, and to create public health career pathways for American Indians/ Alaska Natives.
- The **HIV/AIDS Health Improvement for the Re-entry Population Demonstration Program (HIRE) Project** supported:
    - Grantees providing HIV/AIDS-related services to 20,840 individuals; HIV counseling, testing, and linkages services to 7,700 individuals; and HIV/AIDS prevention education to 10,400 individuals. Approximately 80% of recently released individuals, who at the time of the first HIRE Program encounter were newly diagnosed with HIV, were entered into continuum of care HIV treatment, within 30 days of the new diagnosis. In addition, 97% of recently released individuals that had already been diagnosed with HIV prior to their first HIRE Program contact received HIV treatment services within 30 days.
- The **Partnerships to Increase Coverage in Communities Initiative (PICC)** supported:
    - Outreach and education to approximately 173,000 participants regarding the ACA and enrollment in the Marketplace. Patients and healthcare practitioners received one-on-one or group instruction, consultation, education, training related to ACA. Of these individuals, 80,616 were reached through community screenings, health fairs and other public events.
- The **FIHET Equity in All Policies Workgroup** supported:
    - Nine webinars as part of the "Equity in All Policies" series, featuring levers for promoting equity through policies and programs and including speakers from the health, education, and juvenile justice sectors. Participants included practitioners at all levels of government (about 50% of the audience), as well as non-profit, academia and community- and faith-based organizations.
- **RHEC** activities include:
    - ACA outreach and education events with partner organizations in 13 states and the District of Columbia, reaching 21,058 individuals across 362 events. Technical assistance from OMH was used to support their data collection activities through the development of a tool used by the RHEC to assess the impact of outreach efforts.
    - Webinars for regional practitioners and policy makers to raise awareness of culturally competent and linguistically appropriate services standards and elevate regional promising practices for integrating community health workers into care models.
    - Development of regional blueprints for action and a health equity report card that highlight key health disparities issues affecting populations across several regions.
    - Establishment of two cross-RHEC workgroups focused on oral health and Community Health Workers respectively.

- Support for the **Youth National Partnership for Action (yNPA)** included:
  - Support for three pilot projects in Georgia, West Virginia, and Connecticut. The purpose of these pilots was to identify effective practices for exposing youth to curricula about health equity, health disparities, and the role of the social determinants of health.

Strategic Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs
OMH supports this goal by maintaining and strengthening OMH's internal performance improvement and management system and evaluating implementation of the HHS Disparities Action Plan and the National CLAS Standards. OMH also plays a critical role in educating students about health disparities and social determinants of health and preparing them to become future leaders and practitioners. Key accomplishments in FY 2015 include:

- OMH's **Performance Improvement and Management System (PIMS)** supported:
  - Training and technical assistance to new staff for continuation grant projects and for all new grantees integrated into the PIMS on the importance of evaluation, planning and implementation of systematic performance data collection and evaluation of intervention effectiveness, and expectations regarding documentation and inclusion of evidence in quarterly and annual progress reports.
  - Revision and integration of strengthened protocols for the Evaluation Technical Assistance Center (ETAC) to ensure cost-efficiency and improved documentation and reporting of evidence of intervention effectiveness and identification of grantee best practices.
  - Development of initial project profiles and evaluation plan assessment reports for selected new 2015 grantees to guide their subsequent evaluation planning and data collection, including identification of evaluation planning best practices.
  - Completion of two rounds of evaluation monitoring/check-ins with all new, continuing, and completing grantees whose programs were integrated into the PIMS during FY 2015.
  - Completion of additional initial online reports from data generated via the web-based Performance Data System (PDS) (e.g., organization type; resources and leveraging; long-term problems and contributing factors being addressed; funding by long-term problems, race/ethnicity, gender, and age; types of interventions; expected outcomes) to enable direct access by authorized OMH users.
- OMH's monitoring of the implementation of the **HHS Disparities Action Plan** supported:
  - Evaluation of health disparity impact statements for policies and programs.
  - Evaluation and assessment of the development of a multifaceted health disparities data collection strategy across HHS, as outlined in the HHS Disparities Action Plan.
  - Initial development of a framework for the long-term evaluation of National CLAS Standards. OMH continued implementation in 2015 of an evaluation project begun in FY 2014 to systematically describe and examine the awareness, knowledge, adoption, and implementation of the National CLAS Standards.
- OMH's monitoring of the implementation of the **NPA** supported:
  - Development of the second comprehensive NPA evaluation report in 2014 and use of the information to identify accomplishments and make adjustments in NPA implementation to maximize impact.

Funding History

Fiscal Year	Amount
FY 2012	$55,782,000
FY 2013	$39,533,000
FY 2014	$56,516,000
FY 2015	$56,670,000
FY 2016	$56,670,000

Budget Request

The FY 2017 President's Budget of $56,670,000 is equal to the FY 2016 Enacted Level. The FY 2017 request enables OMH to continue to provide leadership in coordinating policies, programs, and resources to support implementation and monitoring of both the HHS Disparities Action Plan and the NPA. OMH will continue coordination of HHS health disparity programs and activities; assessing policy and programmatic activities for health disparity implications; building awareness of issues impacting the health of racial and ethnic minorities; developing guidance and policy documents; collaborating and partnering with agencies within HHS, across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance.

Additionally, OMH will continue to serve in a critical leadership role within HHS in outreach and education of racial and ethnic minorities on the ACA and the Health Insurance Marketplace through its many national, regional, state and territorial, tribal, and community-based partnerships and networks across the nation.

In FY 2016 and FY 2017, OMH will continue to support program activities through leadership of workgroups and committees, grants, contracts, and strategic use of interagency agreements to achieve coordination of federal efforts related to health disparities such as:

- **American Indian/Alaska Native Health Equity Initiative (AI/AN HQI)** will support projects that enhance the tribes/tribal organizations' capacity to carry out disease surveillance, including the interpretation and dissemination of surveillance data; address vital statistics needs; conduct epidemiologic analysis; investigate disease outbreaks; develop disease control and prevention strategies and programs; and/or coordinate activities with other health authorities in the respective regions. In FY 2017, an estimated 1,800 individuals are projected to receive services, training, and technical assistance.
- The **Partnership to Achieve Health Equity (PAHE)** program will demonstrate that partnerships between Federal agencies and national organizations can efficiently and effectively: 1) improve access to care for targeted racial and ethnic minority populations; 2) address social determinants of health to achieve health equity for targeted minority populations through projects of national significance; 3) reduce violence, among and against, minority youth populations; 4) increase the diversity of the health-related work force; and 5) increase the knowledge base and enhance data availability for health disparities and health equity activities.
- The **Social Determinants of Health Collaborate Network (SDHCN)** is an initiative to promote the creation of healthy communities by building a culture of health across all sectors at the state, territorial, tribal, local and community levels to address health disparities and to strengthen collaboration and make better use of existing networks and existing public health and related institution bureaus.

- The **State Partnership Initiative to Address Health Disparities (SPI)** supports State-level partnerships to improve health outcomes in selected geographical hotspots in communities and address health disparities affecting minorities and disadvantaged populations. The State Agencies such as departments of health will produce: (1) health disparities profiles on one to three Healthy People 2020 leading health indicator topics; (2) community intervention plans with concrete strategies to improve health outcomes; and (3) publish the results/articles. It is estimated that the SPI will engage more than 220,000 organizations and consumers in FY 2017.
- The **Multiple Chronic Condition Management (MCCM)** will demonstrate the effectiveness of a client-centered, integrated health and social service network in improving management of multiple chronic conditions for the targeted racial and ethnic minority populations, leading to improved health outcomes for the targeted populations. It will also address the multi-levels of social determinants of health that contribute to increase multiple chronic conditions among racial and ethnic minorities. The MCCM will result in evidenced-based condition management and preventive health programs and services designed to meet the specific needs of minorities living with multiple chronic conditions.
- **Addressing Childhood Trauma (ACT)** is a multidisciplinary initiative to improve the education and health status of minority youth from disenfranchised populations. CPCT grantees will serve high-risk minority and other disenfranchised youths or adolescents and their families living in communities with significant rates of violence, homicides, suicides, substance abuse, depressive episodes, and incarceration/legal detention. This program is expected to impact approximately 2,500 youths, adolescents or families from minority and disenfranchised populations through community-based, community-focused intervention programs.
- The **National Workforce Diversity Pipeline (NWDP) Program** supports projects that develop innovative strategies to identify promising students in their first year in high school and provide them with a foundation to pursue a successful career in a health profession. It is anticipated the NWDP will expand the diversity of health professional pipelines. In FY 2017, it is expected this program will impact almost 5,000 minority youth.
- The **Re-entry Community Linkages (RE-LINK)** demonstrates the effectiveness of multiple stakeholders within the public health system working together to implement a model transition process. RCCL establishes a connection between the reentry population and community-based, minority-serving organizations that provide linkages to health care and other social services, such as housing, adult education and employment assistance programs. The goals of the RCCL evidence-based interventions are to: 1) improve coordination and linkages among the criminal justice, public health, social service and private entities to address health care and health care access of the reentry population; 2) reduce health disparities experienced by the reentry and justice involved population; 3) increase access to needed public health and/or social services; and 4) reduce recidivism. In FY 2017, this program is expected to impact approximately 1,000 disenfranchised persons returning from jail or prison and their communities through public health and social support services.
- **National Health Education Lupus Plan (NHELP)** will continue to support implementation of a national health education program on lupus to increase awareness, improve diagnosis and treatment outcomes for individuals living with lupus; and outreach and education program on clinical trials that educates and recruits racial and ethnic and other disadvantaged minorities, particularly groups underrepresented in clinical research, with an emphasis on minority and other disadvantaged women. In FY 2017, the program is expected to serve approximately 1,000 participants.
- The **Office of Minority Health Resource Center (OMHRC)** will continue to provide English and Spanish web sites for OMH; increase digital access to the Knowledge Center catalog; distribute

publications; manage conference exhibits; manage training in non-communicable diseases, HIV/AIDs and hepatitis to community based organizations; provide capacity building to institutions of higher education including minority serving institutions and CBOs; create campaigns to support ACA enrollment, Coverage to Care, and the NPA; oversee the Preconception Peer Health Educators (PPE) infant mortality campaign; and support other OMH and HHS initiatives.

- The **Implementation of the National Partnership for Action to Eliminate Health Disparities (NPA)** includes three contracts:
  - **Core Implementation** of the NPA includes monitoring and updating the implementation strategy for the NPA; supporting and sustaining implementation at the state, territorial, regional, national, and federal levels; coordinating and streamlining the implementation-related activities of OMH and the various contractors; documenting and sharing implementation successes, challenges, and lessons learned.
  - **Logistical** support is provided throughout the year in the form of telephone and webinar conference coordination for as well as logistical technical support for the Federal Interagency Health Equity Team (FIHET).
  - **Core Evaluation** support includes collecting, analyzing, and summarizing baseline data and initial follow-up data to explore indicators of immediate and intermediate outcomes.
- The **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** will: increase the support and promotion of cultural and linguistic competency e-learning programs for physicians, nurses, disaster and emergency preparedness personnel, oral health professionals, and *promotores de salud* (community health workers) with updates, additional on-line resources, and marketing plans for each curriculum. CLCCHS will also support the development of new cultural and linguistic competency e-learning programs and resources for other health professionals such as those in behavioral health professionals and professionals in other social service sectors (e.g., justice); and will support the development of new educational and training resources for health professionals related to linking culturally and linguistically appropriate services (CLAS) and the *National CLAS Standards* to the NPA, ACA, and other health policies.

Office of Minority Health – Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target+/- FY 2016 Target
4.2.1 Increased percentage of continuing education credits earned or awarded to enrollees who complete at least one or more of OMH's accredited 'Think Cultural Health' e-learning programs (Output)	FY 2015: 53% Target: 20% (Target Exceeded)	25%	30%	+5%
4.3.1 Increased average number of persons participating in OMH grant programs per $1 million in OMH grant support (Efficiency)	FY 2015: 107,464 Target: 12,928 (Target Exceeded)	13,316	13,715	+399
4.3.2 Increased average number of OMH grant program participants per $1 million in OMH grant support through partnerships established by grantees to implement funded interventions. (Efficiency)	FY 2015: 25,560 Target: 4,533 (Target Exceeded)	4,669	4,809	+140
4.4.1 Unique visitors to OMH-supported websites (Output)	FY 2015: 1,327,369 Target: 595,000 (Target Exceeded)	600,000	650,000	+50,000
4.5.1 Increased percentage of State and Territorial Offices of Minority Health/Health Equity that have incorporated national disease prevention and health promotion (e.g., Healthy People 2020) and health equity (e.g., National Partnership for Action to End Health Disparities) goals in their health disparities/ health equity planning processes. (Output)	FY 2015: 56% Target: 38% (Target Exceeded)	41%	44%	+3%
4.6.1: Increase the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners (Output)	FY 2015: 0% Target: 35% (Target Not Met)	36%	37%	+1%

Performance Analysis

4.2.1: Think Cultural Health (TCH) houses a suite of continuing education e-learning programs dedicated to advancing health equity at every point of contact. The focus is on increasing provider self-awareness and, over time, changed beliefs and attitudes that will translate into better health care. With the addition of new e-learning programs and resources for more health care and public health professionals and service providers and sustained focus on the promotion and adoption of the *National CLAS Standards*, OMH expects to see a 30% increase in the number of CE credits earned or awarded to enrollees who complete at least one or more of OMH's accredited Think Cultural Health e-learning programs in their respective fields.

4.3.1 AND 4.3.2: OMH provides grant funds to State Offices of Minority Health, community and faith-based organizations, Tribes and tribal organizations, national organizations; and institutions of higher education. These grants play a critical role in supporting the HHS Disparities Action Plan and the Assistant Secretary for Health's priority goal to eliminate health disparities and achieve health equity. In FY 2017, OMH will continue a number of grant programs and initiate several new ones that address health disparities and expects to see a 3% increase in the average number of people participating in OMH grant programs per $1 million.

4.4.1: OMH's main website, www.minorityhealth.hhs.gov, is administered by the OMHRC. The site houses a digital database of the OMH Knowledge Center collection containing minority health and health disparities data and literature, resources for community- and faith-based organizations and institutions of higher education (including minority serving institutions), and information about OMH. The website supports community organizations and health disparities researchers in assembling accurate and comprehensive information and articles for use in program development and grant writing. The websites serve as an information dissemination tool for the HHS Disparities Action Plan (DAP) and the NPA (www.minorityhealth.hhs.gov/npa) and facilitate educational outreach to Black/African American, Hispanic/Latino, American Indian, Alaskan Native, Asian American, Native Hawaiian, and Pacific Islander communities. The NPA toolkit, aimed at helping community organizations, has been viewed 1.7 million times since it was unveiled. OMHRC keeps NPA partners connected through its web page, electronic newsletter, blog, and related media. OMH expects to see at least 650,000 unique visitors to its main website in FY 2017. This increased number reflects additional viewers brought in via OMH's burgeoning social media accounts on Twitter, Facebook and Instagram, and continual improvement of website content and features.

4.5.1: OMH builds strategic partnerships and provides leadership and coordination for State and Territorial Offices of Minority Health/Health Equity. OMH expects to see a 3.5% increase in the percentage of these entities that have incorporated national disease prevention and health promotion (e.g., *Healthy People 2020*) and health equity (e.g., *National Partnership for Action to End Health Disparities*) goals in their health disparities/health equity planning processes.

4.6.1: OMH is charged with advising the Secretary and the department on the effectiveness of community-based programs and policies impacting health disparities. OMH funds demonstration grants to develop, test, and implement interventions to reduce health disparities. Results from these demonstration programs play a critical role in supporting the DAP and the Assistant Secretary for Health's priority goal to eliminate health disparities and achieve health equity. OMH is charged with ensuring on-the-ground implementation of many of the ACA provisions and HHS Disparities Action Plan strategies. OMH expects to see a 1% increase in the percentage of promising approaches, models, and

evidence-based practices produced by OMH-funded grantees and cooperative agreement partners per year.

Program Data Chart

Activity	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Contracts			
OMH Resource Center	3,816,947[3]	3,500,000	3,980,464
Logistical Support Contract	1,800,000	1,800,000	1,800,000
National Partnership for Action to end Health Disparities	1,806,000	1,500,000	1,613,000
Center for Linguistic and Cultural Competency in Health Care	1,700,000	1,700,000	1,700,000
HHS Action Plan to Reduce Racial and Ethnic Health Disparities	725,000	600,000	600,000
Evaluation	900,000	900,000	900,000
Disparities Health Prevention	985,000	0	1,040,000
Subtotal, Contracts	**11,732,947**	**10,000,000**	**11,633,464**
Grants/Cooperative Agreements			
State Partnership Programs	4,152,285[4]	3,000,000	4,152,285
American Indian/Alaska Native Partnership	1,200,000	1,200,000	2,000,000
Youth Empowerment Program	2,064,734	2,070,000	0
Specified Project – Lupus	1,988,679	2,000,000	2,000,000
Minority Youth Violence Prevention	6,730,510	6,729,708	0
Partnership to Increase Coverage for Communities of Color	6,768,156	3,500,000	0
Addressing Childhood Trauma (ACT)[5]	0	3,000,000	3,000,000
Re-entry Community Linkages (RE-LINK)[6]	0	2,000,000	2,000,000
Multiple Chronic Condition Management (MCC)	0	3,000,000	4,000,000

[3] Funding was increased in FY15 to support additional services within the existing contract.
[4] OMH made additional awards above previous plans because of the strength of applications that targeted hard to reach racial and ethnic minority populations.
[5] Formerly titled, Communities Addressing Childhood Trauma
[6] Formerly titled, Re-entering Citizens Community Linkages

HIV/AIDS Initiative for Minority Men (AIMM)	2,999,807[7]	2,249,814	0
National Workforce Diversity Pipeline Program (NWDP)	2,316,169	2,500,000	5,875,742
Partnership to Achieve Health Equity (PAHE)	0	0	4,000,000
Social Determinants of Health Collaborate Network (SDHCN)	0	0	2,000,000
Subtotal, Grants/Coop	**28,220,340**	**31,249,522**	**29,028,027**
Inter-Agency Agreements (IAAs)	2,556,285	500,000	1,500,000
Operating Costs	**14,160,428**	**14,920,478**	**14,508,509**
Total	**56,670,000**	**56,670,000**	**56,670,000**

Grants

Grants (whole dollars)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Number of Awards	101	116	121
Average Award	$279,409	$269,392	$239,901
Range of Awards	$150,000-$500,000	$200,000 -$2,000,000	$170,000-$500,000

[7] In FY 2015, OMH was awarded funds through the Secretary's Minority AIDS Initiative Fund, which offset funds associated with this program.

OFFICE ON WOMEN'S HEALTH

Budget Summary
(Dollars in Thousands)

Office on Women's Health	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	32,140	32,140	32,140	0
FTE	43	43	43	0

Authorizing Legislation: .....Title II, Section 229 of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct federal, Competitive grants, Contracts

Program Description and Accomplishments

The Office on Women's Health (OWH) was established in 1991 and authorized by the Patient Protection and Affordable Care Act (ACA) of 2010. The mission of OWH is to provide national leadership to improve the health of women and girls through policy, education, and model programs. OWH seeks to impact policy, and produce educational and model programs that providers, communities, agencies, and other stakeholders across the country can replicate and expand. To achieve these goals, the office works with many partners, including federal agencies; nonprofit organizations; consumer groups; associations of health care professionals; tribal organizations; and state, county, and local governments.

<u>Impact National Health Policy as it Relates to Women and Girls</u>

OWH coordinates health policy, leads and administers committees, and participates in government-wide policy efforts.

- HHS Coordinating Committee on Women's Health (CCWH), chaired by OWH, advises the Assistant Secretary for Health on current and planned activities across HHS that safeguard and improves the health of women and girls. Accomplishments in FY 2015 include:
  - Published article in a peer reviewed journal as a companion to the interactive website and timeline in celebration of the 30th anniversary of the coordinating committee.
  - Expanded participation on CCWH, reaching out to, for example, the Office of the Assistant Secretary for Preparedness and Response and the Veteran's Administration.
- HHS Violence Against Women (VAW) Steering Committee (VAW-SC) works collaboratively on issues involving violence against women and girls. OWH and the Family Violence Prevention and Services Program within the Administration for Children and Families (ACF), chair the committee, which works strategically to improve awareness, increase collaboration, and advance evidence-based programs and policies. Accomplishment in FY 2015 include:
  - Collaborated on projects and educational activities to highlight Dating Violence Month, Sexual Assault Month, and Domestic Violence Month. Participation on the VAW-SC also informs the work of the member offices, including OWH (for more information, see descriptions of planned and ongoing activities, below).
- Chronic Fatigue Syndrome Advisory Committee (CFSAC), which OWH manages, is composed of non-federal researchers, clinicians, a patient representative, and federal ex-officio representatives. This committee meets semi-annually and makes recommendations to the Secretary on a broad range of topics including research, clinical care, and quality of life for patients with Chronic Fatigue Syndrome. Accomplishment in FY 2015 include:
  - Based on CFSAC discussions and ex-officio input, the NIH Pathways to Prevention (P2P) Program, held a workshop, *Advancing the Research on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome*, on December 9-10, 2014. The agenda was

informed by a systematic review of the research conducted by AHRQ and public comment during the workshop.
    - Based a recommendation from the CFSAC, the National Academies of Science, Engineering and Medicine (the latter formerly known as the Institute of Medicine) conducted and presented a study to identify the evidence for various diagnostic clinical criteria using stakeholder input, including from practicing clinicians and patients. HHS sponsored this activity. The final report, including recommendations, *Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness,* was released on February 10, 2015. The report has been one of the top ten most downloaded reports for the Academies for 2015.
    - Formed three work groups to develop recommendations to the Secretary. The focus areas were: (1)Developing Patient Registries for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS); (2) Developing Centers of Excellence for ME/CFS research and clinical care; and (3) Responding to the NIH and IOM major reports.
- OWH represents HHS on the White House Council of Women and Girls, which ensures that federal agencies account for the needs of women and girls in the policies they draft, the programs they create, and the legislation they support. Accomplishments in FY 2015 include:
    - Participated in working groups on Women Veterans and Advancing Equity and Empowerment.
    - Contributed to release of White House Report on federal activities for women and girls of color entitled *Women of Color: Addressing Challenges and Expanding Opportunity.*
- OWH represents HHS on the White House Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities, which is comprised of leaders from across the federal government. The working group published its first report in September 2013, which included a detailed implementation plan. Accomplishments in FY 2015 include:
    - Published update on efforts to address the intersection of HIV/AIDS and violence against women and girls, and gender-related health disparities.
    - Co-hosted event with the White House Council on HIV/AIDS on National Women and Girls HIV/AIDS Awareness Day (March 10, 2015) which gave an overview of the intersection of violence against women and HIV/AIDS; and discussed the federal government's efforts to address these issues.

<u>Model Programs on Women's and Girls' Health</u>

OWH supports activities and programs aimed at gathering evidence on effective strategies to help women and girls of all ages live healthier lives. For example, in FY 2015 OWH successfully completed implementation of Project Connect, a multi-state initiative started in 2010 to educate public health professionals about the effects of violence and victimization on women's health. OWH programs also continue to provide training on the relationship between violence against women and HIV/AIDS.

OWH programs also focus on advancing the science on effective women's health interventions.

- OWH launched Phase II of the Coalition for a Healthier Community (CHC) program in September 2011. Since its inception, the CHC has comprised local, regional, and national organizations, academic institutions, and public health departments across the country developing and implementing a strategic plan to address health conditions that adversely affected the health of women and girls in their community, with goals and objectives linked to Healthy People 2020. Accomplishments in FY 2015 include:
    - Facilitated policy changes at the local and state level.

  - Used participatory evaluation approaches to assess the effectiveness of gender-based systems approaches to improving women and girl's health.
  - Submitted a literature review, which identifies best or promising practices in using gender-based approaches to improve health among women and girls, for a special issue of the peer-reviewed journal Evaluation and Planning.
  - Published an August 2015 supplement in the Journal of Evaluation and Program Planning featuring CHC. The CHC used a gender-based framework in several urban, suburban and rural communities across the nation. The supplement described all aspects of the program, including frameworks, strategies for needs assessment, implementation, and policy outcomes.
- Since FY 2012 OWH has actively worked to develop and test pilot interventions that promote healthy weight and weight reduction in lesbian and bisexual women through group support programs and community approaches. Preliminary results have been positive, with waist circumference measures declining in most sites. Accomplishments in FY 2015 include:
  - Completed interventions in Washington, DC, New York City, and San Francisco
  - Data analyses are on-going and will be published in a special supplement in the coming year.

Education and Collaboration on Women's and Girls' Health

As directed by the ACA, OWH administers the National Women's Health Information Center, which utilizes websites, social media, print materials, and a telephone helpline to provide information to women across the nation. These resources allow women and girls to find scientifically accurate and reliable health information in English and Spanish.

In FY 2015, OWH continued its collaborative project with ACF and provided funds to expand efforts to educate health care providers on human trafficking and strengthen the health care response. Additionally, OWH and ACF partnered to establish the Human Trafficking Data Collection Project, which will coordinate human trafficking-related research, data, and evaluation to support evidence-based practices in victim services and improve baseline knowledge.

OWH's has led a far-reaching effort to educate the public about women's health and the benefits for women under the ACA, with demonstrated results.

- Between May 2014 and May 2015, over 275,000 consumers reviewed educational materials about women's health coverage under the ACA (e.g. pregnancy and childbirth, preventative screening and breastfeeding). More than 19,000 providers participated in the CME activities. The materials were developed through a partnership between OWH, CMS, and WebMD.
- In FY 2015, OWH and CMS developed and launched a Young Women's Preventive Benefits Campaign to educate young women about the preventive benefits available to them free of charge. The campaign encouraged women to enroll in a plan, so they could take advantage of these benefits. The campaign used online paid media advertisements on Google and Facebook, online video such as Hulu and YouTube, and online magazines. All ads and promotion ran between January 1, 2015, and February 15, 2015. The results showed that 340 million people had the opportunity to see the ads, 900,000 clicked through to see the ads, 436,000 people went to the account start up page, and 1.7 million people went to the re-enroll page to "keep or change your plan," and 50,000 signed up for the email listserv.
- OWH created the *Supporting Nursing Moms at Work: Employer Solutions* video project to support the ACA's "Break Time for Nursing Mothers" provision. The Supporting Nursing Moms at Work web pages feature short videos about how employers in 22 different industries,

including agriculture, education, and manufacturing, can use simple but creative solutions to comply with the time and space provisions in the ACA to support employees who are breastfeeding their children. This online resource provides businesses with cost-effective tips and solutions for any industry setting. Since the program launched on June 20, 2014 over 115,000 visitors have gone to the website to view solutions and videos.

In addition to media outreach, OWH coordinates the National Women and Girls HIV/AIDS Awareness Day and the National Women's Health Week observances each year to raise awareness about the increasing impact of HIV/AIDS on the lives of women and girls and the many effective steps women can take to improve their health.

- Accomplishments from the 2015 National Women and Girls HIV/AIDS Awareness Day include over 34,000 visits to a newly designed section of the Womenshealth.gov website focusing on HIV/AIDS awareness. This reflects a three-fold increase in visits to that section as compared to FY 2014.

OWH also collaborates with federal partners and outside organizations on products to educate the public about important issues impacting the health of women and girls. For example, in FY 2015 OWH worked with CDC, the Office of Adolescent Health, the National Vaccine Program Office, and WebMD on an educational collaborative to inform parents of preteens and teens about vaccines. More than ten products were developed and promoted through social media and an OWH blog post.

Funding History

Fiscal Year	Amount
FY 2012	$33,682,000
FY 2013	$33,002,000
FY 2014	$33,958,000
FY 2015	$32,140,000
FY 2016	$32,140,000

Budget Request

The FY 2017 President's Budget of $32,140,000 is equal to the FY 2016 Enacted level, allowing OWH to maintain a leadership role creating new efficiencies in coordinating policies, programs, and information to support the implementation of the OWH Strategic Plan. In FY 2017, OWH supported projects will focus on OWH's strategic areas, with a particular emphasis on reducing health disparities, promoting the health of women and girls across the lifespan, supporting new and continuing initiatives to address violence and trauma and supporting the ACA. Detailed OWH activities for FY 2017 level include:

Regional Women's Health

- OWH will continue support for the National Women's Health Prevention Awards, which fund regional and national projects to promote women's health through prevention initiatives and/or women's health information dissemination.

Communications and Logistics

- **Health Communications**: Supports all of OWH's health communications activities and helps the office achieve its mission of providing national leadership and coordination to improve the health of women and girls through policy, education, and model programs. As directed by the ACA, OWH administers the National Women's Health Information Center, which utilizes

websites, social media, print materials, and a telephone helpline to provide information to women across the nation. These resources allow women and girls to find scientifically accurate and reliable health information in English and Spanish.

Evaluation and Assessment

OWH will routinely incorporate formal evaluation methods earlier in the program planning process.

- **Assessment of the Impact of the Bakken Oil Boom on the Mental and Behavioral Health of Women in Western North Dakota and Eastern Montana:** OWH will continue to fund a mixed methods study to examine the impact of the Bakken oil development on the physical, mental, and emotional wellbeing of women in western North Dakota and eastern Montana, including the two reservations on the oil patch. This research will help policymakers, oil industry executives, health care providers, and human service professionals to develop policies and best practices to address women's health needs in the oil development region.
- **OWH Program Evaluation:** OWH will continue to support comprehensive evaluation and analysis of new and existing data to inform women's health programs, policy and outreach.
- **Quick Health Data Online Transition:** This online resource does not fit into the mission of the office and a new home and/or approach to the data services will be continued in FY 2017.

Trauma/Violence Against Women

- **Violence and Trauma: Campus Sexual Assault**: In FY 2017, OWH will continue to support this cooperative agreement grant, which funds projects focused on policies to address sexual assault on college campuses. These awards are enhancing and implementing sexual assault prevention policies through provision of national outreach and technical assistance, development of institutional partnerships, and creation of campus coalitions.
- **Trauma Informed Care for Health care Providers – Online Clinical Cases:** OWH is developing a set of interactive online clinical cases for health care providers, particularly physicians, advanced practice nurses, physician assistants, and others to train them on the prevalence and impact of trauma and how to provide trauma-informed care.
- **The Intersection of Violence Against Women and HIV/AIDS – A Cross-Training Guide for Service Providers**: In FY 2017, OWH will evaluate the final version of the compilation of training materials for domestic violence and HIV/AIDS service providers, which is focused on the intersection of domestic violence and HIV/AIDS, and how to enhance their organizations' outreach capacity and foster collaborative service delivery.
- **The Interpersonal Violence (IPV) Provider Network:** In FY 2017, OWH will continue to support this cooperative agreement grant. This initiative is researching system changes for integrating interpersonal violence assessment and intervention into basic care, as well as evaluating collaboration models between healthcare providers and IPV programs.

Women's Health Across the Lifespan

- **Professional Education:** The Office on Women's Health (OWH) will utilize the findings from current research on medical education and continuing education best practices to develop a comprehensive strategy to educate health professionals on women's health issues. OWH plans to develop a communications vehicle (e.g. a website or information network) to provide training materials to health professionals, and will conduct outreach activities (e.g. building partnerships with medical associations, and making presentations at conferences) to increase awareness of resources and to make information easily accessible.
- **OWH Prevention Project Grants**: In FY 2017 OWH is planning to award grants that will fund regional women's health prevention projects among the 10 public health regions including the

US territories. Applications will be solicited for evidence-based women's health prevention projects. Awarded grants must address health disparities among women and girls and must cover at least one of the following topic areas: outreach to women about the ACA, prevention of violence and trauma affecting women, HIV/AIDS in women, health issues affecting women across their lifespan.

- **Caregiver Health Project:** The vast majority of caregivers are women, and OWH recognizes that caregiving can lead to adverse health effects on the caregiver herself. OWH has partnered with the Health Resources and Services Administration (HRSA) on a standard curriculum for healthcare providers on Alzheimer's and related dementias. In 2017, funding will support a more comprehensive assessment of the various health effects of caregiving, in addition to identifying current evidence-based practices that can be more widely utilized.
- **Oral Health Project:** In FY 2017, OWH will continue to partner with the Administration on Community Living and other federal and non-federal agencies to address the lack of oral health prevention and treatment services for older women.
- **Women of Child-Bearing Age Health Collaboration:** OWH is partnering with HRSA on the Maternal Health Initiative to expand professional education on the leading causes of maternal morbidity and mortality. Based on the information and interventions coming out of this initiative, OWH plans to utilize a variety of methods to disseminate clinical and public health information focused on reducing maternal mortality and morbidity associated with pregnancy, labor and delivery, and the postpartum period.
- **Centers of Excellence in Women Health Collaborative:** In 2017, OWH plans to continue support of a collaborative made up of academic centers focusing on women's health. These nationally and internationally recognized women's health experts will provide stakeholder input into OWH priorities and activities for 2016-2020 and collaborate on projects.

<u>Health Disparities in Women</u>

- **Female Genital Cutting**: Efforts in 2017 will focus on community-based efforts to address the needs of the women and girls in the US affected by or at risk of FGC.
- **Health Disparities Initiative:** OWH will continue to partner with agencies to increase the focus and/or collection of data on women's health issues. Potential activities include the addition of specific women's health questions to existing surveys and co-funding grants/contracts.
- **Older Women and HIV/AIDS:** Because women 50+ infected with HIV are likely to suffer from one or more chronic health conditions, OWH commissioned an evidence review from the Agency for Healthcare Research and Quality (AHRQ) to assemble evidence-based strategies and information to inform future efforts in this area. The evidence report and a series of stakeholder-based discussions will inform OWH's areas of focus for HIV/AIDS in Women. Evidence-based programs can then be developed and implemented with robust and trustworthy strategies.

<u>Health Care Services for Women</u>

- **Patient and Health Care Provider Education Campaign**: OWH will utilize the findings from current research on medical education and continuing education best practices to educate health professionals on the importance of providing comprehensive health services for women. This focus area is very dynamic and will be driven by best practices from program and policy.

OWH - Outputs and Outcomes Table

Program/Measure	FY 2015 Results	FY 2016 Target	FY 2017 Target	FY 2017 Target+/- FY 2016 Target
5.2.1 Number of users of OWH's social media channels. (Output)	FY 2015: 1,593,938 Target: 810,175 (Target Exceeded)	1,500,000	1,750,000	+250,000
5.3.1 Number of users of OWH communication resources (Output)	FY 2015: 24,837,817 user sessions Target: 21,500,000 (Target Exceeded)	20,000,000	21,500,000	+1,500,000
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 2015: 500,847 Target: 770,461 (Target Not Met)	1,000,000	1,500,000	+500,000

Performance Analysis

OWH's outreach efforts will ensure the availability of a central source of reliable women's health information to the public. Without funding for these efforts, women and girls across the country will have to find alternate means of receiving this helpful health information. Data from the Pew Research Center shows that 79% of women who are online use the internet to find health information (http://www.pewinternet.org/2013/01/15/health-online-2013). The evidence base for OWH includes the number of user sessions to the OWH websites, the number of users of OWH's social media channels, and the number of women and girls served by OWH programs and initiatives.

OWH's continued social media efforts will ensure that valuable information regarding the health of women and girls is available to the public in the most accessible and widely used formats (e.g., desktop, mobile, or tablet). Data from the Pew Research Center shows that 68% of women use social media in a typical day. As of FY 2015, almost 1.6 million users subscribed to OWH social media channels, and OWH is ranked as the #2 (@womenshealth) and #3 (@girlshealth) most popular Twitter channels at HHS.

Program Data Chart

Activity	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Contracts			
Program Evaluation	2,164,111[8]	1,600,000	1,750,000
Health Communications	4,193,409	4,178,373	5,000,000
Logistical Meeting Support	200,000[9]	300,000	500,000
Women's Health Across the Lifespan	0[10]	1,600,000	1,700,000
Incarcerated Women in Transition & Trauma	730,721[11]	1,500,000	0
Health Disparities	250,000	0	800,000
Breastfeeding	450,000	300,000	0
Online Data Query System[12]	500,000	400,000	100,000
HIV/AIDS	0[13]	1,400,000	550,000
Violence Against Women	1,200,000	850,000	900,000
Subtotal, Contracts	**9,688,241**	**11,728,373**	**11,300,000**
Grants/Cooperative Agreements			
National Women's Health Prevention Awards	2,253,642	2,640,515	1,200,000
Coalitions for Health Community	3,000,000	0	0
Health Disparities	0[14]	2,000,000	2,000,000
Violence Against Women	3,703,398	3,752,530	5,685,556
Subtotal, Grants/Cooperative Agreements	**8,957,040**	**8,393,045**	**8,885,556**
Inter-Agency Agreements (IAAs)	**3,338,064**[15]	**1,984,000**	**1,700,000**
Operating Costs	**10,156,655**	**10,034,582**	**9,614,444**
Total	**32,140,000**	**32,140,000**	**31,500,000**

[8] OWH redirected funds to Program Evaluation to increase accountability and efficiencies of programs and to assist with future plans in FY16 and FY17.
[9] OWH redirected funds from Logistical Meeting Support to Program Evaluation to increase accountability and efficiencies of programs.
[10] Contract initiatives addressing Women's Health across the Lifespan were redirected through an IAA to capitalize on existing Departmental resources to meet objective.
[11] OWH redirected funds from Incarcerated Women in Transition & Trauma to Program Evaluation to increase accountability and efficiencies of programs and to assist with future plans in FY16 and FY17.
[12] Formerly titled Quick Health Data Online (QHDO)
[13] Contract initiatives addressing HIV/AIDS were redirected through an IAA to capitalize on existing Departmental resources to meet objective.
[14] Grant activities addressing health disparities were redirected through an IAA to capitalize on existing Departmental resources to meet objective.
[15] Additional funds supported new and existing partnerships and program activities to promote stronger women's health focus.

Grants

Grants (whole dollars)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Number of Awards	24	21	26
Average Award	$373,068	$426,000	$341,752
Range of Awards	$300,000-$1,200,000	$200,000-$1,200,000	$200,000-$1,200,000

OFFICE OF RESEARCH INTEGRITY

Budget Summary
(Dollars in Thousands)

Office of Research Integrity	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	8,558	8,558	8,558	0
FTE	24	28	28	0

Authorizing Legislation: ……Section 493 of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct federal, Contracts, Grants

Program Description and Accomplishments
Since its inception in 1992, the mission of the Office of Research Integrity (ORI) has been to promote integrity in biomedical and behavioral research, reduce research misconduct, and maintain the public confidence in research supported by funds of the U.S. Public Health Service (PHS); supporting the Department's goal to lead in science and innovation.

ORI also directly supports the Office of the Assistant Secretary for Health's initiative of providing national level leadership on the quality of public health systems. Recipients of PHS funds are required by federal regulation to foster an environment that promotes the responsible conduct of research, implement policies and procedures to respond to allegations of research misconduct, protect the health and safety of the public, and conserve public funds (42 C.F.R. Part 93).

ORI functions through two divisions. The Division of Investigative Oversight (DIO) handles allegations of research misconduct and monitors institutional research misconduct processes, and the Division of Education and Integrity (DEI) manages programs to ensure that PHS-funded institutions have policies and procedures in place for handling allegations of research misconduct and provides educational resources to help institutions in promoting research integrity.

One example of ORI's engagement in cross-departmental collaboration is through training and oversight activities involving the Office for Human Research Protections (OHRP) and the HHS Office of the Inspector General. ORI convenes quarterly meetings for representatives from other agencies responsible for handling allegations of research misconduct, including the National Science Foundation, the Veteran's Administration, National Institutes of Health, the Department of the Interior, the Environmental Protection Agency, and the Department of Defense.

ORI's accomplishments in FY 2015 have furthered the goal of promoting research integrity as follows:

- Closed 36 cases following independent oversight review of institutional investigations, which included 14 HHS findings of research misconduct;
- Closed 41 cases following independent oversight review of institutional assessments or inquiries of allegations of research misconduct;
- Provided 36 instances of technical and procedural assistance to institutions involved in research misconduct proceedings through the Rapid Response for Technical Assistance (RRTA) program, including guidance in forensic image analysis and compliance with federal regulations;
- Handled 257 telephone calls and correspondence to ORI, including allegations of potential research misconduct and requests for information;

- Offered more than 20 presentations at research institutions, clinical centers and federal agencies involving research integrity and use of forensic tools;
- Completed two intensive trainings for non-government and government Research Integrity Officers (RIOs) responsible for handling allegations of misconduct;
- Held a meeting for "Research Misconduct in Clinical Research", which enabled Institutional Review Board (IRB) Chairs and RIOs from across the country, and representatives from OHRP to discuss handling allegations of research misconduct in clinical research;
- Held a February 2015 planning meeting for the "Research Integrity in Asia and the Pacific Rim" meeting (anticipated for February 2016), convening 11 participants from Australia, China, Hong Kong, India, Japan, Pakistan, South Korea, Singapore, Taiwan, Thailand and New Zealand and established the Asia Pacific Research Integrity (APRI) network designed to address allegations of misconduct involving PHS-funded research and promote research integrity; Presented five sessions, including a plenary and a full-day training session, at the 4th World Conference on Research Integrity, the premiere forum for addressing research misconduct and research integrity in an international context, which drew 600 attendees from 55 countries;
- Maintained the ORI assurance database that tracks annual reports from the nearly 5,000 institutions worldwide that receive PHS funds for research and ensured that they implement policies for handing allegations of research misconduct;
- Developed educational resources, such as video-based case studies, to promote research integrity;
- Disseminated two new Funding Opportunity Announcements seeking meritorious applications for conducting research and convening conferences related to research integrity and completed OASH peer review process;
- Provided competitive grant awards and continuation awards to twelve U.S. institutions to fund exploratory study of efforts to promote research integrity.

Funding History

Fiscal Year	Amount
FY 2012	$9,027,000
FY 2013	$8,558,000
FY 2014	$8,558,000
FY 2015	$8,558,000
FY 2016	$8,558,000

Budget Request

The FY 2017 President's Budget of $8,558,000 is equal to the FY 2016 Enacted Level. At this level, ORI will provide staff needed to conduct investigative and educational activities. This includes managing contracts and grants that are needed to support the dissemination of educational information regarding research integrity, and training activities aimed at increasing awareness and technical skill in conducting research misconduct proceedings at PHS-funded research institutions. ORI's plans for the use of FY 2017 funds include:

Database and Website Development

ORI supports database and website development including updating and enhancing the ORI website (https://ori.hhs.gov/) and developing a robust intranet portal and tracking system. The digital/web-based communication is a critical tool for ORI to accomplish program goals and support program activities. The ORI website receives over 2,000,000 page views per year from users seeking information

about ORI, misconduct cases, research education, and policies and procedures, including a secure Ask ORI mailbox to receive allegations of research misconduct.

ORI uses a secure on-line email program on a monthly basis to communicate with the biomedical research and research integrity communities. The ORI website requires intensive maintenance to ensure compliance with Federal Web Policies and HHS Web Communications and New Media Policies and Standards. Finally, the ORI Intranet Portal contains a Case Tracking System used by the ORI investigative division to monitor and document the progress of research misconduct allegations and cases.

Research Integrity Training and Education:

Two RIO Boot Camps

ORI will support two Boot Camps designed to provide formalized training for RIOs and their legal counsel. ORI maintains a waiting list for RIOs and institutional counsel interested in this program, which helps institutions comply with 42 C.F.R. 93. When the process is mismanaged at the institutional level, both nationally and abroad, ORI is unable to fulfil its regulatory mandate by making research misconduct findings against guilty respondents. Attesting to the national importance of this training program, the Boot Camps have led to the creation of an independent professional association, the Association for Research Integrity Officers (ARIO), to provide a forum for RIOs across the country to convene.

Promoting Research Integrity to Senior Institutional Officials

RIOs need support from their presidents, provosts, and chancellors in order to effectively implement policies on handling allegations of research misconduct and promoting research integrity as required by 42 C.F.R. 93. To address this need, the meeting will convene 50 senior administrative officials from PHS-funded institutions, senior RIOs, institutional counsel, and individuals involved in Responsible Conduct of Research education. Meeting attendees will identify key strategies for promoting research integrity at the highest institutional level.

Planning for "The ORI 2019 Conference"

To build upon momentum generated during previous meetings and ensure compliance with 42 C.F.R. 93 on behalf of PHS-funded institutions, ORI will host a global conference on research integrity in 2019. The conference will emphasize four themes: 1) Publication; 2) International Networks; 3) Promoting Research Integrity; and, 4) Handling Research Misconduct & Questionable Research Practices. ORI seeks to hold a planning meeting for "The ORI 2019 Conference." The planning meeting will convene 30 research integrity experts who represent journals, research institutions, funding agencies, and scientific associations. The Planning Committee will identify co-sponsors and speakers, develop a conference agenda, and establish timelines for accomplishing goals.

Planning Meeting for the 6th World Conference on Research Integrity (WCRI)

ORI has been involved in the WCRI since its inception in 2007. The most recent WCRI in 2015 attracted more than 600 representatives from 55 countries. ORI intends to co-sponsor the Planning Committee meeting of the 6th WCRI, tentatively with the University of Michigan. The Planning Committee will develop the conference theme and agenda, identify speakers and co-sponsors, and establish timelines for accomplishing goals. As the U.S. Health and Human Services is viewed as an international leader in promoting research integrity and handling

research misconduct, HHS involvement in planning of this conference is critical to ensuring responsible stewardship of PHS funds around the world.

Research Integrity in Asia and the Pacific Rim: 2018 Meeting

In February 2015, ORI and the University of California, San Francisco formed a committee of 11 representatives of Asia Pacific PHS-funded institutions to discuss critical issues faced by research institutions in Asia and the Pacific Rim. ORI and the committee established the Asia Pacific Research Integrity (APRI) network and developed an agenda for a larger meeting anticipated for February 2016. As a follow up to the 2016 meeting, ORI seeks to co-sponsor a meeting to convene representatives of the 100 PHS-funded institutions in Asia and the Pacific Rim. The meeting objective is to familiarize non-U.S. institutional officials with their obligations under U.S. regulation 42 C.F.R. Part 93 and to promote research integrity in the region.

Research Integrity in Africa: 2018 Meeting

African institutions receive a significant amount of PHS research funding and have little or no infrastructure for managing allegations of research misconduct and providing responsible conduct of research education. ORI seeks to establish an African Research Integrity network and convene representatives of PHS-funded institutions across the continent. The meeting objective is to familiarize non-U.S. institutional officials with their obligations under U.S. regulation 42 C.F.R. 93 and to promote research integrity in the region.

Educational Resource Development

ORI plans to support educational resource development activities designed to educate the research community to comply with 42 C.F.R. 93 and NIH guidelines. Materials include training videos, on-line learning and information modules, infographics, and guidance for institutional officials and responsible conduct of research coordinators. These materials will be freely available.

Extramural Research Grants

ORI plans to support up to thirteen competitive grant awards for exploration of critical questions related to the promotion of research integrity and the proper stewardship of PHS research funds.

Grants

Grants (whole dollars)	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget
Number of Awards	10	14	15
Average Award	$94,811	$107,143	$100,000
Range of Awards	$25,000 - $150,000	$25,000 - $150,000	$25,000 - $150,000

EMBRYO ADOPTION AWARENESS CAMPAIGN

Budget Summary

(Dollars in Thousands)

Embryo Adoption Awareness Campaign	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	1,000	1,000	0	-1,000
FTE	0	0	0	0

Authorizing Legislation: .....Public Health Service Act, Section 1704
FY 2017 Authorization.....Indefinite
Allocation Method.....Competitive grants, Contract Inter-Agency Agreement

Program Description and Accomplishments

The purpose of the embryo donation/adoption awareness campaign is to educate the American public about the existence of frozen embryos created through in-vitro fertilization (IVF) that could be available for adoption by infertile individuals or couples

Funding History

Fiscal Year	Amount
FY 2012	$1,996,000
FY 2013	$1,000,000
FY 2014	$997,000
FY 2015	$1,000,000
FY 2016	$1,000,000

Budget Request

The Budget does not include funds for this program in FY 2017.

MINORITY HIV/AIDS INITIATIVE

Budget Summary
(Dollars in Thousands)

Minority HIV/AIDS Initiative	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	52,224	53,900	53,900	0
FTE	1	1	1	0

Authorizing Legislation:……Title III Section 301 of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal, Grants, Cooperative Agreements, Contracts

Program Description and Accomplishments

The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) administers the Secretary's Minority HIV/AIDS Initiative Fund (SMAIF) on behalf of the Office of the Assistant Secretary for Health (OASH). The SMAIF is funded through the Minority AIDS Initiative (MAI), which was established in 1999 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States. The principal goals of the MAI are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV related health disparities. The resources provided through MAI supplement, rather than replace, other Federal HIV/AIDS funding and programs.

SMAIF funds are used to support cross-agency demonstration initiatives and are competitively awarded to HHS agencies and offices to fund innovative HIV prevention, care and treatment, outreach and education, technical assistance activities serving racial/ethnic minorities. The awards are approved and made by the Assistant Secretary for Health.

Following the release of the National HIV/AIDS Strategy (NHAS) in 2010, OHAIDP restructured the SMAIF to better align with the goals, objectives, and priorities of the NHAS including working with HHS agencies and offices to enhance the targeting and the effectiveness of SMAIF funds. These efforts seek input from various community leaders and providers about unmet HIV/AIDS prevention and care needs and emerging priorities. This is accomplished through program and process directives, including the development and use of a formal internal Funding Opportunity Announcement (FOA). The internal FOA designates four priority project areas: HIV prevention and linkage to care services for racial and ethnic minority populations; improving health outcomes for racial/ethnic minority populations living with HIV/AIDS; mobilization to reduce HIV-related health disparities among racial/ethnic minorities; and capacity development in support of NHAS goals. Approximately $23 million was awarded in FY 2015 through the FOA.

Guidance provided by OHAIDP requires the use, where relevant services are provided, of the approved HHS HIV core indicators and standardized training metrics for all SMAIF projects. OHAIDP has elevated the importance of cross-department collaboration by including collaboration as one of the four project proposal review criteria and through the development of innovative, cross-agency demonstration projects. For example, the SMAIF currently funds a three-year demonstration project (FY14—FY16), Partnerships 4 Care (P4C). The P4C includes CDC, HRSA-Bureau of Primary HealthCare and HRSA-HIV/AIDS Bureau in a collaborative effort to expand the capacity of Community Health Centers (CHCs), Health Departments (HDs), and their respective grantees to develop and implement effective, replicable and sustainable service delivery models that improve the identification of undiagnosed HIV infection,

establish new access points for HIV care and treatment, and improve HIV outcomes along the continuum of care for underserved people living with HIV (PLWH), especially disproportionately impacted racial and ethnic minority populations.

Also in FY 2015, CDC released a FOA for a four year demonstration effort, *Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral health, and Social Services for Men Who Have Sex with Men of Color at Risk for and Living with HIV Infection,* designed to address the high rates of new HIV infections among MSM of color and the poor outcomes and gaps present along the HIV Care Continuum for these vulnerable populations.

The following are additional examples of activities that have been supported with the SMAIF in FY 2015 and are also in alignment with the updated National HIV/AIDS Strategy released on July 30, 2015:

- *Capacity Development*: SAMHSA will seek to reduce HIV-related health disparities linked to intimate partner violence (IPV) by expanding the capacity of some of its clinics to screen for IPV and provide referral for care and services;
- *Preventing HIV*: developing or expanding prevention efforts for racial and ethnic minority sub-populations, including ex-offenders; African American and Hispanic Men Who Have Sex with Men; adolescent African American and Latino males in need of sexual health services; and Native and Tribal women experiencing co-morbid intimate partner violence, alcohol and other substance use/abuse and STDs; evaluating the role of disease intervention specialists and STD prevention in HIV prevention, and expanding communication and marketing tools for clinical and community-based providers serving transgender women;
- *Improving Health Outcomes*: developing retention and re-engagement interventions for HIV-positive racial/ethnic minority patients; expanding tele-health opportunities in rural and tribal locations; and establish a resource and technical assistance center to compile and develop a comprehensive resource inventory of successful evidence-based strategies to engage and retain newly diagnosed HIV-positive BMSM in clinical care and an HIV and Housing data systems integration project to facilitate a coordinated and comprehensive approach to HIV/AIDS housing, care and support services to homeless and unstably housed PLWH; and
- *Mobilization to Reduce Health Disparities*: use of emerging technologies and social marketing campaigns, including AIDS.gov, new and social media to broaden reach to racial and ethnic minority populations, including the development of Positive Spins, an HIV Continuum of Care digital storytelling project designed to reach Black Men who have Sex with other Men.

Funding History

Fiscal Year	Amount
FY 2012	$53,681,000
FY 2013	$50,354,000
FY 2014	$52,082,000
FY 2015	$52,224,000
FY 2016	$53,900,000

Budget Request

The FY 2017 President's Budget of $53,900,000 is equal to the FY 2016 Enacted Level. Funds will support the continuation of the CDC demonstration project, *Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral health, and Social Services for Men Who Have Sex with Men of Color at Risk for and Living with HIV Infection.*

The FY 2017 request will also support the continuation of several other ongoing projects and activities, including the following:

- Initiatives that seek to address HIV prevention or care among young men who have sex with men, a population that bears heavy burden of HIV and in which we have seen troubling increases in rates of new HIV infections in recent years, particularly among young MSM of Color.
- Prevention and treatment of substance abuse and mental health disorders and HIV/AIDS and the Promotion of Behavioral Health in High-Risk Populations through program integration and the use of emerging technologies.
- HIV Continuum of Care efforts, including linkage to HIV care, re-engagement in care, retention in care and ART adherence and viral suppression with a particular focus on improving weak links and addressing gaps in the Continuum.
- Continued use of webinar technology to explore critical questions, issues and strategies and to reach a broad national spectrum of stakeholders
- Targeted HIV testing and prevention efforts involving disproportionately impacted racial and ethnic minorities, as well as communications, outreach, and resource avenues such as AIDS.gov, the Regional Resource Network Program and the National Resource Center for HIV/AIDS Prevention.
- Strategies that seek to address the social and structural barriers that continue to confound or derail our prevention and care efforts.

In addition, OHAIDP will continue to work in FY 2017 with partnering agencies, offices and key stakeholders to develop a plan to better identify and disseminate strategic information and promising practices through Webinars, blogs and other new communication means—especially for items related to the updated NHAS, the HIV Continuum of Care Initiative, the HHS Action Plan to Reduce Health Disparities among Racial/Ethnic Minorities, the Common Core HIV Indicators, and community consultations such as the FY 2013 Black MSM Technical Consultation. The identification and dissemination of promising practices will accelerate progress in reaching targets and goals.

SMAIF - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2016 Target	FY 2017 Target	FY 2017 Target +/- FY 2016 Target
7.1.12a: Increase the number of racial and ethnic minority clients who are tested through the Secretary's MAI fund programs. (Outcome)	FY 2012: 257,310 Target: 209,578 (Target Exceeded)	372,018	390,619	+18,601
7.1.12b: Increase the diagnosis of HIV-positive racial and ethnic minority clients through HIV testing programs supported by the Secretary's MAI Fund programs. (Outcome)	FY 2012: 530 Target: 221 (Target Exceeded)	289	303	+14
7.1.12c: Increase the proportion of HIV-positive racial and ethnic minority clients who learn their	FY 2012: 80% Target: 95% (Target Not Met)	98%	98%	--

test results through the Secretary's MAI Fund programs. (Outcome)				
7.1.15: Increase the proportion of newly diagnosed and re-diagnosed HIV-positive racial and ethnic minority clients linked to HIV care, as defined by attendance of at least one appointment, within three months of diagnosis, through the Secretary's MAI Fund programs. (Outcome)	FY 2012: 72% Target: 73% (Target Not Met but Improved)	80%	85%	+5%
7.1.17: Increase the proportion of clinical and program staff who are provided HIV-related training through the Secretary's MAI Fund programs in one or more of the following areas: (1) HIV testing and risk counseling; (2) patient navigation and medical case management; (3) adherence assessment and counseling; (4) alternative models for delivering HIV care (task shifting, telemedicine, etc.); or (5) cultural competency (racial/ethnic, gender, and sexual orientation). (Outcome)	FY 2012: 447 Target: 5,585 (Target Not Met)	7,111	7,467	+356
7.1.18: Increase the proportion of SMAIF community-based and faith-based organizations that adopt new or enhanced organizational policies, programs, or protocols in one or more of the following capacity building areas: (1) targeting HIV testing in community settings; (2) increasing the rate of receipt of HIV test results; (3) improving active linkage to, or re-engagement in, care for infected clients; and (4) facilitating effective patient navigation that improves retention in continuous care. (Outcome)	FY 2012: 11 Target: 133 (Target Not Met)	173	182	+9

Performance Analysis

HIV testing is at the center of *Measures 7.1.12.a, 7.1.12b & 7.1.12c.* The measures identify the number of racial and ethnic minorities tested for HIV; the numbers diagnosed HIV-positive; and the numbers who receive their HIV-positive diagnosis and are therefore aware of their HIV status. Increasing awareness of HIV status is a critical objective of the National HIV/AIDS Strategy where it is estimated

that 16% of those who are infected do not know their status. More critically, knowledge of status anchors the prevention and care/treatment efforts and represents the first bar, HIV diagnosis, of the HIV Care Continuum. The SMAIF-funded projects continue to excel at increasing HIV testing and identifying those individuals who are HIV-positive as they have met or exceeded established targets. There was a drop in the proportion of HIV-positive racial and ethnic minority clients who learn their test results through the Secretary's MAI Fund programs. OHAIDP will continue to monitor these measures over time to access the likely hood of the trend continuing in future years.

In addition, an essential component of HIV testing is the linkage to care activity for those who are diagnosed HIV-positive. This activity is captured under *Measure 7.1.15*. Recent studies have shown the challenges the U.S. is having along a "continuum of care" from HIV diagnosis to viral suppression of clients – estimates show 66% are linked to care; 37% are retained in care; 33% are prescribed antiretroviral medication; and only 25% are virally suppressed. SMAIF testing projects have approached the target for linkage to care and reflect the importance of HIV-positive client engagement in a care system.

Measures 7.7.17 and 7.1.18, involving training and capacity building, respectively, highlighting the continued importance of funding projects that facilitate or improve, prevention, care, and treatment activities. In both areas, improved targeting and the identification of specific areas of focus are essential to improving the desired performance in health outcomes we seek. The FY 12 results report a sharp drop off for these two measures from the previous cycle and may reflect several important factors, including: decrease in projects involving the kinds of training and policy adoption from previous years; overly ambitious targets; decline on the data collection and/or reporting on these two measures; or re-thinking of what qualifies under the described criteria. OHAIDP will access these two measures with the reporting agencies to evaluate the effectiveness and target setting for future years..

The proposed budget will enable SMAIF projects to continue to pursue the kinds of targeted HIV testing that is necessary to further identify those individuals who unaware of their HIV-positive status and link them to care. An individual's receipt of a positive diagnosis and active linkage to care anchors many of the SMAIF-funded projects and will go a long way to meeting the established targets. Similarly, being more prescriptive about the domains, focus, and targeting of SMAIF-funded training and capacity building will complement the HIV testing and linkage to care activities and makes the overall investment in SMAIF-funded activities more coherent and strategic.

RENT, OPERATION, AND MAINTENANCE AND RELATED SERVICES

Budget Summary

(Dollars in Thousands)

Rent, Operating, and Maintenance and Related Services	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	16,089	16,089	16,000	-89
FTE	0	0	0	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

The Rent/Operation and Maintenance (O&M) and Related Services account funds headquarters facilities occupied by the OS STAFFDIVS funded by the GDM account. Descriptions of each area follow:

- *Rental payments (Rent)* to the General Services Administration (GSA) include funds to cover the rental costs of office space, non-office space, and parking facilities in GSA-controlled buildings.

- *O&M* includes funds to cover the operation, maintenance, and repair of buildings for which GSA has delegated management authority to HHS; this includes the HHS headquarters, the Hubert H. Humphrey Building (HHH).

- *Related Services* include funds to cover non-Rent activities in GSA-controlled buildings (e.g., space management, events management, guard services, other security, and building repairs and renovations).

Funding History

Fiscal Year	Amount
FY 2012	$18,665,000
FY 2013	$16,272,328
FY 2014	$16,429,000
FY 2015	$15,798,000
FY 2016	$16,089,000

Budget Request

The FY 2017, Rent, Operation and Maintenance and Related Services request is $16,000,000, which is $89,000 below the FY 2016 Enacted Level. To absorb this reduction, GDM Rent will consolidate duplicative space management services and improve coordination of safety and environmental support services. Improved efficiencies will also allow GDM Rent to reduce the amount of supplies and materials needed for the SW Complex.

SHARED OPERATING EXPENSES

Budget Summary

(Dollars in Thousands)

Shared Operating Expenses	FY 2015 Enacted	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	11,924	11,924	17,535	5,611
FTE	0	0	0	0

Common Expenses/ Service and Supply Fund (SSF) Payment

Common Expenses include funds to cover administrative items and activities which cut across and impact all STAFFDIVs under the GDM appropriation. The major costs in this area include:

- Worker's Compensation
- Federal Employment Information and Services
- Records storage at the National Archives and Records Administration
- Radio Spectrum Management Services
- Federal Executive Board in Region VI
- Telecommunications (e.g., FTS and commercial telephone expenses)
- CFO and A-123 audits
- Federal Laboratory Consortium
- Postage and Printing
- Unemployment Compensation

Payments to the SSF are included in the overall Common Expenses category, but are broken out separately here for display purposes. These payments cover the usage of goods and services provided through the SSF:

- Personnel and Payroll Services
- Finance and Accounting activities
- Electronic communication services (e.g., voice-mail and data networking)
- Unified Financial Management System (UFMS) Operations and Maintenance

FY 2017 HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives

The GDM will use $384,090 of its FY 2017 request to support HHS-wide enterprise information technology and government-wide E-Government initiatives. Staff Divisions help to finance specific HHS enterprise information technology programs and initiatives, identified through the HHS Information Technology Capital Planning and Investment Control process, and the government-wide E-Government initiatives. The HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability.

FY 2017 E-Gov Initiatives and Line of Business*	Original Amount	Revised Amount
Budget Formulation and Execution LoB	$6,685	$6,685
E-Rulemaking (moved from FFS)	$42,642	$42,642
Financial Management LoB	$17,736	$17,736
Geospatial LoB	$619	$619
GovBenefits.gov	$4,465	$4,465
Grants.gov	$150,336	$164,777
Human Resources Management LoB	$2,551	$2,551
IAE – Loans and Grants	$106,869	$106,869
Integrated Acquisition Environment	$37,746	$37,746
FY 2015 E-GOV Initiatives Total	**$369,650**	**$384,090**

* Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

Enterprise IT and government-wide e-Gov initiatives provide benefits such as standardized and interoperable HR solutions utilizing common core functionality to support the strategic management of Human Capital. End-to-end grants management activities promoting improved customer service; decision making; financial management processes; efficiency of reporting procedure; and, post-award closeout actions. They also improve sharing across the federal government of common budget formulation and execution practices and processes resulting in improved practices within HHS.

Funding History

Fiscal Year	Amount
FY 2012	$16,062,000
FY 2013	$13,457,000
FY 2014	$13,982,000
FY 2015	$13,369,000
FY 2016	$11,924,000

Budget Request

The FY 2017 request for other Shared Operating Expenses is $17,535,000, an increase of $5,611,000 above the FY 2016 Enacted Level. The Budget reflects an increase in GDM's contribution to the Service and Supply Fund associated with additional costs of new GDM activities proposed in FY 2017. The increase also includes an inflation factor for Service and Supply Fund charges as well as shared expenses.

PHS EVALUATION FUNDED APPROPRIATIONS

Budget Summary
(Dollars in Thousands)

Program Level	FY 2015 Enacted	FY 2016 Enacted	2017 President's Budget	FY 2017 +/- FY 2016
ASPE	41,243	41,243	42,493	+1,250
Health Care Reform	12,500	12,500	12,500	0
OASH	4,285	4,285	4,285	0
Teen Pregnancy Prevention Initiative	6,800	6,800	6,800	0
Total	64,828	64,828	66,078	+1,250
FTE	134	141	144	+3

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Planning and Evaluation	FY 2015 Enacted	FY 2016 Enacted	2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	41,243	41,243	42,493	+1,250
Health Care Reform	12,500	12,500	12,500	0
FTE	134	141	144	0

Authorizing Legislation: .....43 U.S.C. 241 Public Health Service Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal/Intramural, Contracts; Competitive Grants, Cooperative Agreement; Other (Salaries and Expenses, etc.)

Program Description and Accomplishments
The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is a team of program analysts and researchers including economists, statisticians, lawyers, ethicists, sociologists, and physicians who coordinate and conduct policy research and analysis to support leadership decision-making on policy alternatives. ASPE also leads some special HHS initiatives on behalf of the Secretary.

As the senior policy advisor and chief economist to the Secretary, ASPE serves the Secretary and the Department in a number of ways. These include:

ASPE accepted the lead on developing and coordinating the implementation of a Department-wide plan to address the opioids epidemic. ASPE also has a central role in behavioral health working with SAMHSA and NIMH to develop a federal plan for serious mental illness. ASPE convened a Department-wide analytic team to support the Marketplace open enrollment campaign by identifying eligible populations using Census and other data, providing customized targeting data in response to agency requests, producing weekly enrollment tracking reports for HHS and Administration leadership to allocate outreach resources, and producing monthly enrollment reports to inform the public.

ASPE maintains a diverse portfolio of intramural and extramural research and evaluation that supports policy formulation and decision-making for HHS and Administration leadership. ASPE also maintains a

number of simulation models, databases, actuarial support, and other resources to support rigorous policy analysis and development. In developing research priorities, ASPE consults widely within the Department so that it focuses on work that is central to Department priorities, where ASPE work will add value to existing agency efforts, and where ASPE has the resources to make an important contribution. Agencies often request that ASPE undertake specific projects to support HHS priorities. Examples include numerous CMS requests on topics such as Medicare post-acute bundling, Marketplace premium simulation models, and Medicaid eligibility thresholds.

ASPE works across the Department, and with the Office of Management and Budget, agencies throughout the federal government, and other stakeholders to develop infrastructure to evaluate federal investments and support evidence-informed policies. ASPE's work in these areas is enhanced by participation at all levels in interagency collaborations, and ASPE serves a convening role for HHS priorities that require the input and participation of multiple operating divisions.

The following outlines ASPE's programs and goals in FY 2017.

Strengthen Health Care

Priority projects under this goal include providing analysis and developing data to measure and evaluate the implementation and impact of specific provisions of the Affordable Care Act (ACA), improving health care and nursing home quality, developing innovative payment and delivery systems, identifying the best ways to serve individuals who are dually eligible for Medicare and Medicaid, modernizing Medicaid, and improving prevention efforts as well as public health infrastructure and financing.

ASPE will identify key strategies to reduce the growth of health care costs while promoting high-value, effective care. Priority projects will produce the measures, data, tools, and evidence that health care providers, insurers, purchasers, consumers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions. ASPE provides analytic support for the continued implementation of the health insurance marketplaces, on-going efforts to expand Medicaid, and initiatives aimed at delivery system reform that promote access to quality and affordable health care.

ASPE will identify information needed to monitor the results of the expansion of health coverage, including both Medicaid and private market coverage, and improve methods for using survey and administrative data to measure Medicaid participation among eligible populations and the access of Medicaid participants to participating providers. ASPE will monitor health insurance premium rates in states, both inside and outside the Marketplaces, and will continue to work actively with CMS to evaluate rate review data and monitor trends.

ASPE will conduct policy research and evaluation related to best serving vulnerable populations to ensure that they benefit from reforms and new opportunities offered by the ACA, and will consult regularly with the operating divisions who serve these populations. Health care reform has opened up possibilities to those who need them most, such as frail older adults, people with behavioral health problems, low income children, and people with disabilities. This includes research and evaluation related to the direct care workforce, the recruitment and retention of a qualified, stable and geographically well-distributed health workforce, and improving the effectiveness and efficiency of the health system through adoption of health information technology. ASPE will continue to develop and integrate HHS data capabilities for public health surveillance and health system change.

With the implementation of the ACA and the resulting expansion of health insurance coverage, demand for services of primary care professionals will increase substantially. ASPE evaluation studies will provide the necessary data for HHS to monitor and assess the adequacy of the nation's health professions workforce in shortage areas and in those smaller communities likely to experience health professional shortages, monitor national workforce issues, and conduct evaluations on priority topics.

Affordable Care Act Activities

ASPE has undertaken and will continue a variety of policy development, research, analysis, evaluation and data development activities in support of ACA implementation in FY 2017 and beyond, including:

- Data analysis and economic modeling to other parts of the federal government and will work to improve data to track changes as the ACA is implemented and to support the development of policy alternatives relating to ACA provisions regarding coverage, affordability, and market reforms.
- Identifying effective prevention strategies and associated benefits, including in the area of community-based and clinical preventive service integration.
- Supporting outreach and enrollment activities for Medicaid and Marketplace health insurance coverage expansion to ensure that these activities are used most effectively to reach vulnerable populations.
- Developing a primer on modeling and evaluation methods to support CMS Innovation Center activities.
- Evaluating the overall impact of Medicaid expansions on vulnerable populations and of specific new Medicaid options that enable states to serve individuals with multiple chronic conditions and needs for functional assistance.
- ASPE has prepared dozens of issue and research briefs on ACA impacts, including the monthly enrollment reports produced each month and at the end of each open enrollment period. These reports highlight national and state-level enrollment information for the Marketplace, including State-Based Marketplaces. ASPE also has projects designed to assist HHS in assessing the impact of the ACA on employers, consumers, and health insurance issuers.
- In partnership with the operating divisions, ASPE will monitor the impact of the ACA impact on programs such as Ryan White, Community Health Centers, the Maternal and Child Health block grant, and others.

Advance Scientific Knowledge and Innovation

Priority projects under this goal include research and analysis to support regulatory risk assessment and management, the translation of biomedical research into every day health and health care practice, the development and adoption of innovation in health care, and food, drug, and medical product safety and availability.

ASPE leads an HHS-wide Analytics Team to provide recommendations for strengthening regulatory analysis and provides technical assistance on regulatory impact analysis development to HHS agencies and offices. ASPE works in close partnership with HHS operating divisions such as FDA on areas such as food safety and tobacco regulation, and with the White House, the Office of Management and Budget, and the Federal Trade Commission to continue efforts to introduce more experimental evidence into decision making around the design of regulations. For example, ASPE is working on developing a coherent framework and concrete procedures for estimating net benefits of actions affecting the consumption of addictive and habitual goods. When complete, the framework and procedures will

provide a basis for benefit-cost analysis to be used going forward for required regulatory impact analyses.

ASPE has also played a significant role in HHS health IT initiatives since their inception and incubated the concept of an HHS Health IT initiative. ASPE also drafted the President's Executive Order creating the Office of the National Health IT Coordinator. Because of ASPE's role as a place to incubate new ideas and further develop the evidence base to inform policy decision making, ASPE now focuses on the question of how to capitalize on the growth of electronic health records and improved claims data, with attention to pilot studies and evaluations.

Advance the Health, Safety and Well-being of the American People

Priority projects will include studying ways to enhance the economic security, stability, and well-being of vulnerable individuals, families, and communities; evaluating methods to improve the coordination of physical and behavioral health services; fostering innovative approaches to delivering integrated health care and long-term support and services; conducting research to promote healthy development, early learning, school readiness, and comprehensive services for young children; and examining potential strategies to improve the safety and well-being of children involved with the child welfare system. Priority projects will include examining residential care alternatives for the aged, caregiver support, evidence-based clinical and community-based preventive services, mental health and substance abuse programs, and disparities in health.

ASPE assembles evidence that is critical to the design of departmental programs. For example, ASPE manages a systematic review of teen pregnancy prevention programs to identify evidence-based interventions, as well as the Teen Pregnancy Prevention Replication Study, which tests multiple replications of three widely-used evidence-based program models currently funded through the Teen Pregnancy Prevention program, administered by the Office of Adolescent Health. Four new program models were added in the most recent round of reviews, bringing the total to 35 program models in the TPP Evidence Review. The latest round also included two additional studies that replicated previous findings on program effectiveness. The 35 program models represent a range of different program approaches, including abstinence, comprehensive sex education, HIV/STI prevention, and youth development approaches.

ASPE also will conduct research and evaluation of important initiatives such as HIV/AIDS prevention and treatment, tobacco prevention and control, obesity prevention, and reducing health disparities. For example, ASPE provided leadership in developing the Healthy Weight Initiative and provided advice and analysis for key issues in nutrition labeling, guidance on fish consumption for at-risk individuals, and implementation of new food safety legislation.

ASPE will also develop quality measures that multiple payers can use in their payment systems and across HHS programs and will develop a quality measure public reporting inventory and strategy. ASPE leads interagency workgroups to support the alignment and public reporting of quality measures across HHS programs. One workgroup focuses on public reporting across HHS agencies. A second workgroup focuses on quality measure endorsement and input on the National Quality Strategy, which was developed under the Affordable Care Act as a catalyst for the nation to focus on quality improvement efforts and ways to measure quality.

ASPE has partnered with SAMHSA, CMS, and NIMH over the past few years to develop additional quality measures for behavioral health care. The measures address important issues regarding follow-up after

inpatient and emergency room treatment, screening and care for co-morbid conditions, screening for risk of suicide or other violent behavior, and fidelity to evidence-based treatments. We have worked together to develop and promote these measures for use in various programs throughout the Department including the meaningful use measures used by the Office of the National Coordinator for Health Information Technology and the reporting requirements used by CMS for the inpatient psychiatric facility prospective payment system in Medicare. In addition, we have worked together to sponsor a study by the Institute of Medicine on developing quality standards for psychosocial interventions.

Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs
Priority projects in FY 2017 under this goal include developing metrics for performance measurement and conducting research in support of efforts to develop strategies for reducing improper payments, understanding disability, and Medicare quality improvement. ASPE will coordinate HHS data collection and analysis activities; ensure effective long-range planning for surveys and other investments in major data collection; and will proactively identify opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on healthdata.gov and other means.

ASPE maintains several databases, which allow for short-term monitoring and evaluation of existing and newly-implemented policies. For example, ASPE is currently evaluating why safety net hospitals that provide care for people with limited or no access to health care have higher readmission rates, and whether the recently implemented penalty for readmissions within a month disproportionally affects these providers. We also extensively use unique data sets, such as IMS Health data, in order to better monitor, evaluate, and track the effects of policies on vulnerable populations. Truven health data is being used to examine reasons for the slowdown in national health spending, as well as Medicare health spending; including the impact of the recession and ACA delivery system reform provisions.

Fiscal Year	Amount
FY 2012	$53,993,000
FY 2013	$53,993,000
FY 2014	$53,993,000
FY 2015	$53,743,000
FY 2016	$53,743,000

Budget Request
The FY 2017 request for ASPE is $54,993,000, $1,250,000 above the FY 2016 Enacted Level. The increase will fund a $1,000,000 study of federal market place policy research. It also includes $250,000 to fund the logistics required to coordinate the Advisory Council on Alzheimer's Research, Care, and Services on behalf of HHS.

ASPE will also perform analytic work on the Federal marketplace. This includes estimating state level Marketplace eligible uninsured populations; simulating health insurance enrollment under the ACA based upon eligibility for programs and subsidies, health insurance coverage and options in the family, health status, socio-demographic characteristics, and any applicable penalties for remaining uninsured; and assessing the impact of ACA requirements on employers, insurance markets, providers, and consumers. ASPE will investigate factors that result in individuals markets not operating efficiently (e.g. specific geographic markets), markets dynamics related to insurance industry practices (reference pricing) and the interaction of public programs on market dynamics. ASPE will continue to examine measures that will enhance the effectiveness of consumer decision-making in the health insurance

marketplace. ASPE's FY2017 research plan will continue to expand upon and develop ASPE's research program related to Health Insurance Markets with projects that support policy making aimed at improving access to affordable, high quality insurance coverage; informed consumer choice, and an understanding of the impact of the coverage expansion on PHS programs.

ASPE maintains a grants program which awards $800,000 to $1,300,000 per year to academically based research centers of important and emerging social policy issues associated with income dynamics, poverty, transitions from welfare to work, child well-being, and special populations. The poverty center program conducts a broad range of research to describe and analyze national, regional, and state environments (e.g., economics, demographics) and policies affecting the poor, particularly families with children who are poor or at-risk of being poor. It also focuses on expanding our understanding of the causes, consequences, and effects of poverty in local geographic areas, especially in states or regional areas of high concentrations of poverty, and on improving our understanding of how family structure and function affect the health and well-being of children, adults, families, and communities. All of the centers develop and mentor social science researchers whose work focuses on these issues.

Grants

Grants (whole dollars)	FY 2015 Enacted	FY 2016 Enacted	FY 2017 President's Budget
Number of Awards	3	3	3
Average Award	$800,000	$800,000	$800,000
Range of Awards	$700,000 - $800,000	$700,000 - $800,000	$700,000 - $800,000

SEC. 228. The Secretary shall include in the fiscal year 2017 budget justification an analysis of how section 2713 of the PHS Act will impact eligibility for discretionary HHS programs.

Response

Section 2713 of the Public Health Service Act concerning coverage of preventive services applies to non-grandfathered group health plans and health insurance issuers who offer group and individual health insurance coverage. The provisions of Section 2713 do not amend or effect eligibility for discretionary HHS programs.

Some individuals served by discretionary HHS programs may receive health insurance coverage through Marketplace plans, and health care providers participating in HHS programs such as the Health Center Program, the Title X Family Planning Program, and the Ryan White HIV/AIDS Program can bill and be reimbursed for covered services they provide to individuals with this type of health insurance. Other individuals who use these programs are insured through Medicare and Medicaid; access to preventive services under these programs was also expanded. Many individuals who are insured through either public or private insurance continue to obtain care from discretionary HHS programs, which often provide a wide range of services that may not be covered by private insurance, such as case management services, medical transportation, and non-clinical supportive services.

The following tables provide national and program-specific statistics on illustrative clinical preventive services delivered through discretionary HHS programs. They indicate that while a substantial proportion of individuals recommended to receive such services are indeed receiving them, there are still significant unmet needs at the national level across the entire U.S. population. The data also indicate that the PHS discretionary programs are contributing to the national effort to increase utilization of preventive services. The HHS discretionary programs, however, are only able to address a portion of this unmet need for medically underserved populations. For example, there were approximately 6.1 million female health center patients age 24 to 64 served in 2014, of whom 3.4 million were screened for cervical cancer within the prior 3 years. While an unknown number of health center patients may have received cervical cancer screening in another type of facility not captured in health center data, it is likely that a substantial amount of unmet need remains for these populations.

Public Health Service Programs and Illustrative Examples of Clinical Preventive Services

National Statistics

PREVENTIVE SERVICE	RECOMMENDATION and SOURCE	NATIONAL POPULATION COVERED BY RECOMMENDATION (2014)	NATIONAL POPULATION RECEIVING SERVICE
Seasonal Flu Vaccine	Routine annual influenza immunization is recommended for all persons aged greater than six months who do not have contraindications (ACIP)[16]	The U.S. population in 2014 is estimated at 319 million (number of people less than six months of age not available; number of people with contraindications not available)	46.2% of those older than 6 months were covered by the flu vaccine for the 2013-2014 flu season[17]
HIV Test	Screen for HIV in adolescents and adults ages 15-65 (USPSTF)[18]	Approximately 211 million people were in this age range. Approximately 1.2 million people are at very high risk for HIV transmission (e.g., MSM, injection drug users, high-risk heterosexual adults)	42% of persons aged 18-64 reported ever receiving an HIV test in 2014[19]
Cervical Cancer Screening	Screen women ages 21 to 65 with Pap smear every three years, or for women ages 30 to 65 who want to lengthen interval, screen every five years with a combination of Pap smear and HPV testing (USPSTF)[20]	Nationally, there are an estimated 93.5 million women in this age group.	69.4% of women 18 years of age and over reported having had a Pap test within the past 3 years in 2013[21]
Breast Cancer Screening	Screening mammography for women every 1 to 2 years for women 40 years and older. Age to discontinue screening uncertain (USPSTF 2002 recommendation)[22]	Approximately 67.3 million women ages 40-75, nationally.	66.8% of women 40 years of age and over reported having had a mammogram within the past 2 years in 2013[23]

[16] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm
[17] http://www.cdc.gov/flu/fluvaxview/coverage-1314estimates.htm
[18] http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/
[19] http://kff.org/hivaids/state-indicator/hiv-testing-rate-ever-tested/
[20] http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/
[21] http://www.cdc.gov/nchs/fastats/pap-tests.htm
[22] http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/
[23] http://www.cdc.gov/nchs/fastats/mammography.htm

A few examples of the significant volume of these services that are delivered by discretionary HHS programs include:

Seasonal Flu Vaccine:

- In 2014, Health Centers provided 3.1 million of their patients with seasonal flu vaccinations.
- 68.1% of adults 65 and over obtaining care at IHS Facilities and 65.5% of those obtaining care at Tribal Facilities were vaccinated against influenza in 2014.

HIV Tests

- 1.2 million Health Center patients received an HIV test in 2014.[24]
- In 2014, the Ryan White Program provided HIV tests to 807,400 people.

Cervical Cancer Screening

- 3.4 million women age 24 to 64 who use Health Centers received a Pap test in 2014 or within the preceding 2 years.
- 54.6% of women who received care from IHS Facilities received a Pap test in 2014; 55.1 percent of women receiving care in Tribal Facilities received this service.

Breast Cancer Screening

- 471,000 women received mammograms in Health Centers in 2014.
- In 2014, 54.2% of women using IHS Facilities and 55.3% using Tribal Facilities in the age range had received a mammogram within the past two years.

Appendix – Related Statutory Language

SEC. 2713. COVERAGE OF PREVENTIVE HEALTH SERVICES.
(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—

(1) evidence-based items or services that have in effect a rating of ''A'' or ''B'' in the current recommendations of the United States Preventive Services Task Force;
(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and
(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.
(4) with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph.
(5) for the purposes of this Act, and for the purposes of any other provision of law, the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

[24] Some Health Centers also receive Ryan White funding.

Nothing in this subsection shall be construed to prohibit a plan or issuer from providing coverage for services in addition to those recommended by United States Preventive Services Task Force or to deny coverage for services that are not recommended by such Task Force.

(b) INTERVAL.—

(1) IN GENERAL.—The Secretary shall establish a minimum interval between the date on which a recommendation described in subsection (a)(1) or (a)(2) or a guideline under subsection (a)(3) is issued and the plan year with respect to which the requirement described in subsection (a) is effective with respect to the service described in such recommendation or guideline.

(2) MINIMUM.—The interval described in paragraph (1) shall not be less than 1 year.

(c) VALUE-BASED INSURANCE DESIGN.—The Secretary may develop guidelines to permit a group health plan and a health insurance issuer offering group or individual health insurance coverage to utilize value-based insurance designs.

PHS EVALUATION
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

OASH - Public Health Service Evaluation	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	4,285	4,285	4,285	0
FTE	0	0	0	0

Authorizing Legislation: ……..Section 241 PHS Act
FY 2017 Authorization……..Indefinte
Allocation Method……..Direct federal, Contracts

Program Description and Accomplishments

The Office of Assistant Secretary for Health (OASH) performs an essential role in the Public Health Evaluation Set-Aside program at HHS. Within OASH, the Immediate Office of the Assistant Secretary for Health (ASH) coordinates the Evaluation Set-Aside program for the ASH. Each fiscal year, OASH program offices submit proposals in an effort to improve and evaluate programs and services of the U.S. Public Health Service, and identify ways to improve their effectiveness. Studies supported by these Set-Aside funds serve decision makers in federal, state, and local government, and the private sector of the public health research, education, and practice communities by providing valuable information about how well programs and services are working. Projects that were approved for FY 2015 evaluation funds are listed below by HHS Strategic Goal:

Strategic Goal 1

- Evaluating the Impact of the ACA on Family Planning Centers – Analyze practice changes in Title X Family Planning funded centers in response to the health system transformation resulting from the Affordable Care Act (ACA). Assess practices and factors that affect sustainability in the different types of Title X Family Planning centers (health departments, free standing non-profit, community health centers, and planned parenthoods). Determine methods that contribute to long term sustainability that may be applied to the entire Title X Family Planning service delivery network.

- Contraceptive Services Patient-Reported Outcome Measures – Evaluate the quality of care provided in Title X clinics and in any setting where family planning services are provided. Develop a measure(s) that capture the client's perception of how care is provided, and are an important aspect of health care quality.

Strategic Goal 3

- Healthy People 2020 Midcourse Review -- Assess progress made in achieving national disease prevention and health promotion objectives halfway through the decade. Review and revise objectives, as needed to ensure they remain relevant and reflect the latest science. Update and improve healthypeople.gov tools, resources, and content to reflect the revisions and to maximize reach and communication with stakeholders.

- Dietary Guidelines for Americans 2015 – Evaluate and coordinate the development of the 2015 Dietary Guidelines for Americans, a multi-year project spanning FY 2012 - 2016. Assess past research and establish future evaluative criteria.

- Sustainability Assessment of the Pregnancy Assistance Fund (PAF) and Teen Pregnancy Prevention (TPP) Grant Programs – Assess the extent to which former grantees have been able to sustain their PAF and TPP programs post funding. Identify the key factors that either enabled or hindered grantees ability to sustain programs.

- Health Disparities Information Transfer – Assess the needs of people living with HIV/AIDS and viral hepatitis, their caregivers, individuals at high risk for undiagnosed HIV/AIDS and viral hepatitis, and service providers. Evaluate which technology/new media/communication tools are most effective in reaching those target audiences.

- Program Evaluation – Continue and expand the longitudinal evaluation of the "National Action Plan to Prevent Healthcare Associated Infections: Roadmap to Elimination" Program. Assess all healthcare-associated infection prevention related activities across the Department of Health and Human Services.

- Physical Activity Guidelines for Americans – Evaluate and coordinate development of the 2018 Phase 1 of the Physical Activity Guidelines, a multi-year project spanning FYs 2015 to 2019. Assess past research and establish future evaluative criteria.

Strategic Goal 4

- Evaluation of Secretary's Transparency, Accountability and Ownership Initiative – Assess the effectiveness of cross OASH program management and collaboration to determine better systems of transparency and accountability. Identify means to more effectively address public health initiatives across OASH.

Funding History

Fiscal Year	Amount
FY 2012	$4,510,000
FY 2013	$4,510,000
FY 2014	$4,664,000
FY 2015	$4,285,000
FY 2016	$4,285,000

Budget Request

The FY 2017 President's Budget of $4,285,000 is equal to the FY 2016 Enacted Level. In FY 2017, OASH program offices will submit proposals to improve and evaluate public health programs and identify ways to improve their effectiveness. The funding will support evaluations of community based actives supporting the health of individuals affected by health disparities. The evaluations will continue to serve decision makers in, federal, state, and local government, as well as support OASH priorities and the HHS Strategic Plan.

PHS EVALUATION
TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

Teen Pregnancy Prevention – PHS Evaluation	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	6,800	6,800	6,800	0
FTE	0	0	0	0

Authorizing Legislation: .....Section 241 of the PHS Act
FY 2017 Authorization.....Indefinte
Method.....Direct Federal; Contracts

Program Description and Accomplishments

The Office of Adolescent Health (OAH) supports several evaluation activities to continue to build the evidence base to prevent teenage pregnancy. OAH has supported projects that make a significant contribution to the field of teen pregnancy prevention including Federal evaluations, technical assistance to grantees conducting rigorous program evaluation, performance measurement and the HHS Pregnancy Prevention Evidence Review. Each project makes a significant contribution to the evidence base of what works in teen pregnancy prevention and for expectant and parenting youth, and their families.

The Federal study, "The Evaluation of Programs for Expectant and Parenting Youth", began in FY 2013 with a feasibility study that identified three potential programs for rigorous evaluation. The evaluation of those sites began in FY 2014 and continues through FY 2019. It contributes to the evidence base in this field by determining the effectiveness of the selected programs on education and health outcomes. Two additional Federal evaluations build upon and expand OAH's initial 5-year investment in evaluation of Teen Pregnancy Prevention (TPP) programs. These evaluations, which began in FY 2015, consist of additional program evaluation, evaluation of adaptations to evidence-based programs, and examinations of key implementation science topics, as well as an evaluation of the new FY 2015 - FY 2019 TPP Tier 1 replication grant program to further the evidence base in teen pregnancy prevention.

OAH continues to support the HHS Pregnancy Prevention Evidence Review, a systematic review of the literature making up the HHS List of Evidence-Based TPP Programs. To date, four reviews have identified 37 evidence-based TPP programs. In collaboration with ASPE and the Administration for Children and Families, Family and Youth Services Bureau, OAH supports an interagency agreement with ASPE to regularly update the evidence review and develop program implementation reports for use by community-based providers.

In an effort to ensure excellence in scientific research, over 20 OAH TPP and Center for Disease Control and Prevention (CDC), Division of Reproductive Health evaluation grantees are receiving intensive evaluation training and technical assistance, through a contractor, to ensure that all grantee evaluations are high quality, rigorous, and able to meet the HHS Teen Pregnancy Prevention Evidence Review standards. Grantees primarily conducting randomized controlled trials and their Federal project officers receive ongoing technical assistance on conducting, analyzing, and reporting on their evaluations. Additional evaluation resources created under this contract are utilized by TPP grantees and the larger evaluation field. Rigorous impact evaluation reports from all evaluation grantees from the FY 2010-2014

cohort will be submitted to the HHS Pregnancy Prevention Evidence Review, and grantees are encouraged to publish their reports in peer-reviewed academic journals.

OAH continues to maintain a web-based data repository to collect standardized performance measure data for OAH's TPP grantees and Pregnancy Assistance Fund (PAF) grantees. The data system allows grantees to utilize their data for continuous quality improvement work, for reporting back to partners and stakeholders, and for their sustainability efforts. Additionally, the data repository allows for future analyses of TPP Program data.

Funding History

Fiscal Year	Amount
FY 2012	$8,455,000
FY 2013	$8,455,000
FY 2014	$8,455,000
FY 2015	$6,800,000
FY 2016	$6,800,000

Budget Request

The FY 2017 President's Budget of $6,800,000 is equal to the FY 2016 Enacted Level. OAH will continue to support contracts and up to two grants to carry out evaluations (including longitudinal evaluations) of teen pregnancy prevention approaches. In FY 2017 OAH will carry out the following activities:

- The Evaluation of Programs for Expectant and Parenting Youth study is being conducted to assess the implementation and impacts of previously untested approaches for preventing subsequent pregnancies.
- The Federal Evaluation Expanding our Use and Understanding of Evidence-Based Teen Pregnancy Prevention Programs will contribute to the evidence base by conducting program evaluation in areas where there were gaps previously, and addressing important topics of implementation science and adaptation to evidence-based programs.
- The evaluation of the Tier 1 TPP program will inform OAH's TPP programming decisions as well as provide valuable information to the field about approaches to scaling up evidence-based interventions. The contractor is documenting and evaluating the strategy of using scale, partners, community mobilization, fidelity, linkages and health referrals in reducing teen pregnancy and existing disparities.
- Intensive evaluation training and technical assistance for TPP evaluation grantees to ensure that all grantee evaluations are high quality, rigorous, and able to meet HHS evidence review standards. Support research projects, through grants, to conduct additional, advanced and secondary data analyses, related to teen pregnancy prevention.
- Through ASPE, OAH will continue the systematic review of the teen pregnancy prevention evidence base. The new contract was awarded in FY 2014 to build the understanding of the program models that have been rigorously evaluated and shown to reduce teen pregnancy, sexually transmitted infections, or associated sexual risk behaviors. The funding provides, under contract, the collection and analysis of program evaluation materials, preparation of findings for dissemination on an HHS website, consultation with experts, and the development of papers to help advance the TPP evidence-base; funds do not support federal staff.
- OAH will continue to fund an evaluation fellow to gain experience in conducting research and evaluation in the field of teen pregnancy prevention, presenting conference presentations and academic journal articles, and working on individual projects related to TPP evaluation work.

PREGNANCY ASSISTANCE FUND

Budget Summary

(Dollars in Thousands)

Pregnancy Assistance Fund	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Budget Authority	23,175	23,300	25,000	1,700
FTE	2	2	2	0

Authorizing Legislation: ……Patient Protection and Affordable Care Act, Section 10214
FY 2017 Authorization……FY 2019
Allocation Method……Direct Federal; Competitive Contracts; Grants

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is responsible for administering the Pregnancy Assistance Fund (PAF), a competitive grant program for States and Indian Tribes to develop and implement projects to assist expectant and parenting teens, women, fathers and their families. PAF is authorized by Sections 10211-10214 of the Affordable Care Act (Public Law 111-148); specifically, the Act appropriates $25,000,000 for each of fiscal years 2010 through 2019 and authorizes the Secretary of the Department of Health and Human Services (HHS), in collaboration and coordination with the Secretary of Education (as appropriate) to establish and administer the PAF program.

PAF aims to strengthen access to and completion of education (secondary and postsecondary); improve child and maternal health outcomes; improve pregnancy planning and spacing and reduce the likelihood of repeat teen pregnancies; increase parenting skills for mothers, fathers, and families; strengthen co-parenting relationships and marriage where appropriate, increase positive paternal involvement; improving services for pregnant women who are victims of domestic violence, sexual violence or assault, and stalking; and raise awareness of available resources.

In FY 2017, OAH will competitively award a new set of grants for a three year project period (FY 2017-2019). Also, in FY 2017 OAH will continue supporting three grants awarded in FY 2015 for a five year project period (FY 2015-2019).

OAH manages a performance measurement system for all PAF grantees. Preliminary data from the current cohort of grantees (FY 2013-2016) show that PAF grantees served over 15,000 participants and partnered with over 1,000 organizations. Of the participants served by PAF grantees, 88% are female and 12% are male, the majority of participants are 16-19 years of age, and just over half of participants were Hispanic. Almost half (49.5%) of the participants were white; 30.5% were Black or African American, 8.5% were American Indian and Alaska Native, 2.5% were Asian, 0.5% were Native Hawaiian or other Pacific Islander, and 8.5% were more than one race. The services for which grantees provided referrals and supports included education support, vocational services, food, housing, clothing, child care, health care, intimate partner violence prevention, transportation, case management, home visitation services, healthy relationships and parenting skills information.

Funding History

Fiscal Year	Amount
FY 2012	$25,000,000
FY 2013	$23,725,000
FY 2014	$23,200,000
FY 2015	$23,175,000
FY 2016	$23,300,000

Budget Request

The FY 2017 President's Budget of $25,000,000 is $1,700,000 above the FY 2016 Enacted Level. The FY 2017 request level will support a new cohort of PAF grantees, which would be funded from FY 2017 through FY 2019, as well as continuation funding for the three (3) grants funded in FY 2015. These funds will be used to continue to support expectant and parenting teens, women, fathers and their families to improve their health, educational, and social outcomes.

In addition, the FY 2017 request level will provide program support to the PAF grantees, including: maintaining the PAF Resource and Training Center, which provides technical assistance and training; facilitating the exchange of information on best practices and program related resources; capacity building for program implementation; supporting program goals of recruiting and retaining young fathers, and developing strategies for sustaining programmatic efforts; and the PAF Grantee Conference, which would include the current cohorts of funded grantees and the newly funded (FY 2017 to FY 2019) cohort.

Funds will continue to support a data collection system that tracks grantee progress and outcomes. These activities include support for tracking grantee progress and outcomes, assessment and responding to grantee reports; site visits; six-month and annual progress reports; and review of grantee work plans and budgets. This system will also provide analytic capabilities to track grantee progress, track OAH grantee recommendations on program implementation, and provide ongoing feedback to grantees by project officers to strengthen sustainability efforts and continues quality improvement.

Department of Health and Human Services
Office of the Assistant Secretary for Health
FY 2017 Discretionary State Grants
Pregnancy Assistance Fund (PAF)

State/Territory	FY 2015 Final	FY 2016 Enacted	FY 2017 President's Budget	Difference 2017 +/- FY 2016
Children's Trust Fund of South Carolina	$1,500,000	$1,392,298	0	0
Choctaw Nation of Oklahoma	$977,432	$907,251	0	0
Commonwealth of Massachusetts	$1,500,000	$1,392,298	0	0
Confederated Salish and Kootenal Tribes	$504,343	$468,131	0	0
Connecticut State Department of Education	$1,500,000	$1,392,298	0	0
Health Research, Inc./New York State Department of Health	$1,333,436	$1,237,694	0	0
Michigan Department of Community Health	$1,500,000	$1,392,298	0	0
Minnesota Department of Health State Treasurer	$1,500,000	$1,392,298	0	0
Montana Department of Public Health and Human Services	$1,000,000	$928,199	0	0
New Mexico Public Education Department	$1,499,990	$1,392,289	0	0
North Carolina Department of Health and Human Services	$1,500,000	$1,392,298	0	0
Oregon Department of Justice	$1,000,382	$928,553	0	0
Riverside-San Bernardino County Indian Health	$704,355	$653,781	0	0
State of California Maternal, Child, and Adolescent Health	$1,500,000	$1,392,298	0	0
State of New Jersey Department of Children and Families	$1,500,000	$1,392,298	0	0
Washington State Department of Health	$1,500,000	$1,392,298	0	0
Wisconsin Department of Public Instruction	$1,499,999	$1,392,297	0	0
New Hampshire Department of Education	$381,731	$354,322	$381,731	0
Mississippi State Department of Health	$636,939	$591,206	$636,939	0
Missouri Department of Elementary and Secondary Education	$637,888	$592,087	$637,888	0
New Grant Awards – TBD	$0	$0	$22,019,937	
Subtotal States/Tribes	*** $23,676,495**	**$21,976,495**	**$23,676,495**	**0**
Program Support	**$1,180,063**	**$1,323,505**	**$1,323,505**	**0**
Total Resources	**$23,200,000**	**$23,300,000**	**$25,000,000**	**0**

*Includes FY 2014 unobligated funds in the amount of $1,656,558 to offset FY2015 funds.

SUPORRTING EXHIBITS

DETAIL OF POSITIONS

Detail	FY 2015 Actual	FY 2016 Enacted	FY 2017 Budget
Executive level I	1	1	1
Executive level II	1	1	1
Executive level III	-	-	-
Executive level IV	2	2	2
Executive level V	1	1	1
Subtotal	**5**	**5**	**5**
Total - Exec. Level Salaries	**$ 862,818**	**$ 871,446**	**$ 880,161**
SES	110	109	109
Total - ES Salary	**$ 17,926,275**	**$ 17,940,942**	**$ 18,120,351**
GS-15	196	199	204
GS-14	267	321	322
GS-13	208	181	192
GS-12	206	207	225
GS-11	166	167	179
GS-10	11	11	21
GS-9	119	120	128
GS-8	57	52	56
GS-7	37	37	41
GS-6	5	5	6
GS-5	8	8	9
GS-4	8	8	8
GS-3	9	9	10
GS-2	1	1	1
GS-1	-	-	-
Subtotal	**1,298**	**1,326**	**1,402**
Commissioned Corps	47	51	51
Total Positions[25]	**1,460**	**1,491**	**1,567**
Average ES salary	$ 155,881	$ 157,377	$ 158,950
Average GS grade	13.7	13.7	13.8
Average GS Salary	$110,650	$111,429	$112,326

[25] The FTE total does not reflect for the Department Appeals Board includes +16 FTE contingent on authorization to collect filing fees to support this FTE increase.

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail	FY 2015 Actual Civilian	FY 2015 Actual Military	FY 2015 Actual Total	FY 2016 Estimate Civilian	FY 2016 Estimate Military	FY 2016 Estimate Total	FY 2017 Estimate Civilian	FY 2017 Estimate Military	FY 2017 Estimate Total
Direct	945	25	970	937	27	964	1015	27	1042
Reimbursable	468	22	490	503	24	527	517	24	541
Total FTE[26]	**1413**	**47**	**1460**	**1440**	**51**	**1491**	**1532**	**51**	**1583**
-	-	-	-	-	-	-	-	-	-
Average GS Grade	-	-	-	-	-	-	-	-	-
FY 2013	13.6	-	-	-	-	-	-	-	-
FY 2014	13.6	-	-	-	-	-	-	-	-
FY 2015	13.7	-	-	-	-	-	-	-	-
FY 2016	13.7	-	-	-	-	-	-	-	-
FY 2017	13.8	-	-	-	-	-	-	-	-

[26] The FTE total does not reflect for the Department Appeals Board includes +16 FTE contingent on authorization to collect filing fees to support this FTE increase.

FTE FUNDED BY THE AFFORDABLE CARE ACT

(Dollars in Thousands)

Program	Section	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FTEs
Pregnancy Assistance Fund Discretionary P.L. (111-148)	**Section 10214**	**25,000**	**25,000**	**23,200**	**23,175**	**23,300**	**25,000**	**2**

STATEMENT OF PERSONNEL RESOURCES

General Departmental Management
Total Full-Time Equivalents

Detail	FY 2015 Final	FY 2016 Estimate	FY 2017 Estimate
Direct Ceiling FTE	*970*	*964*	1042
Reimbursable Ceiling FTE	*490*	*527*	541
Total Ceiling FTE[27]	***1460***	***1491***	***1583***
Total Civilian FTE	1413	1440	1532
Total Military FTE	**47**	**51**	**51**

[27] The FTE total for the Department Appeals Board includes +16 FTE contingent on authorization to collect filing fees to support this FTE increase.

FTE PAY ANALYSIS

Detail	FY 2015	FY 2016	FY 2017
Total FTE	970	964	1,042
Number change from previous year	-71	-6	+78
Funding for object classes 11	$99,015	$99,690	$108,797
Average cost per FTE	$102,077	$103,413	$104,412
Percent change in average cost from previous year	-1.0%	+1.3%	+1.0%
Average grade/step of GS employee	**13.5**	**13.5**	**13.5**

RENT AND COMMON EXPENSES

(Dollars in Thousands)

Details	FY 2015 Actual	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Rent	-	-	-	-
GDM	8,524	8,703	8,860	+157
ASFR	150	154	156	+2
DAB	245	250	255	+5
IEA	-	-	725	+725
OGA	500	500	509	+9
OGC	2,827	2,886	2,938	+52
OASH	4,310	4,392	4,469	+77
Subtotal	**16,556**	**16,885**	**17,913**	**+1,027**
Operations and Maintenance	-	-	-	-
ASA	225	268	273	+5
ASFR	290	296	302	+6
DAB	40	41	82	+41
OGA	231	216	220	+4
OGC	1,571	1,535	1,562	+27
OASH	1,690	1,718	1,748	+30
Other GDM	3,685	3,971	3,970	-1
Subtotal	**7,732**	**8,046**	**8,158**	**+112**
Service and Supply Fund	**-**	**-**	**-**	**-**
GDM Shared Services	7,590	7,590	13,935	+6,345
ASA	2,019	2,120	2,226	+106
ASFR	5,177	5,436	5,708	+272
DAB	1,060	1,113	1,168	+56
OGA	919	965	1,014	+48
OGC	6,640	6,972	7,321	+349
OASH	7,169	7,527	7,903	+376
Other GDM	537	564	592	+28

SIGNIFICANT ITEMS IN CONFERENCE, HOUSE, AND SENATE APPROPRIATIONS COMMITTEES REPORTS

L-HHS Appropriations Committee Omnibus (Public Law 114-113)

Item

Breast Cancer Patient Education Campaign *- The agreement directs the Secretary to plan and implement the breast cancer patient education campaign and the annual update in the congressional justification as described in the Senate fiscal year 2016 report (114-74) accompanying S. 1695.*

Action Taken or To Be Taken

Education and awareness related to breast cancer continues to be a priority for the Department of Health and Human Services. The Centers for Medicare & Medicaid Services (CMS) produced a fact sheet to explain the protections provided under the Women's Health and Cancer Rights Act to patients who choose to have breast reconstruction in connection with a mastectomy. The fact sheet clarifies the benefits guaranteed in connection with a mastectomy and breast reconstruction to an individual if that individual's group health plan or individual health insurance policy covers mastectomies. In addition, the fact sheet states that the Women's Health and Cancer Rights Act requires group health plans and health insurance issuers to notify individuals regarding coverage under the law.

The National Institutes of Health, National Cancer Institute (NCI) coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

The Centers for Disease Control and Prevention (CDC) develops and disseminates education campaigns to prevent, detect, and ease the burden of breast cancer. The Office on Women's Health, within the Office of the Secretary, has a consumer website womenshealth.gov that provides visitors with health information in plain language, and can assist visitors in directing them to NCI, CDC, and other resources.

The Department looks forward to its continued role in making scientifically and medically accurate information and resources available to the American people and particularly increasing the availability of this information and resources to women in vulnerable populations.

Item

Lupus Initiative *– The agreement continues to provide $2,000,000 for Lupus activities at the Office of Minority Health. The Office of Minority Health shall initiate a program to develop a clinical trial education action plan for Lupus and begin preliminary steps towards implementation of the action plan. The Office of Minority Health shall work with the relevant Lupus stakeholders in this effort. The agreement includes the remaining $1,000,000 for this new initiative, and it should focus on developing public-private and community partnerships, evaluate current minority clinical trial education and participation programs, and development of a research plan for creating new clinical trial education models in lupus.*

Action Taken or To Be Taken

In FY 2016, the Office of Minority Health intends to award grant funds for projects to develop an education plan on clinical trials for lupus and begin preliminary steps toward implementation of such a plan. The projects will focus on developing public-private partnerships and community partnerships; evaluation of current clinical trial education and participation programs for minority and/or disadvantaged populations; and development of a research plan for creating new education models on clinical trials for lupus. The Office of Minority Health intends to provide an update to the Committees on Appropriations of the House of Representatives and the Senate on this new initiative, 120 days after enactment of the Appropriations Act for 2016.

Item

Office of Women's Health *- The agreement includes $3,100,000 to continue the State partnership initiative to reduce violence against women, which provides funding to State-level public and private health programs to improve healthcare providers' ability to help victims of violence and improve prevention programs.*

Action Taken or To Be Taken

As part of the Administration's effort to better address the needs of victims of interpersonal violence the Office of Women's Health awarded cooperative agreements to five sites in August 2015. This three-year initiative, entitled The Interpersonal Violence Provider Network: Engaging the Health Care Provider Response to Interpersonal Violence Against Women, focuses on testing and evaluating interventions that will integrate interpersonal violence assessment and intervention into basic care, as well as encouraging collaborations between healthcare providers (including public health programs), and interpersonal violence service programs in the community. Outcomes from the initiative include integration of the Affordable Care Act's interpersonal violence screening and counseling benefit into routine clinical practice, utilizing continuous quality measurement and process improvement techniques, and identifying evidence-based interpersonal violence interventions that are culturally and legally appropriate.

The Office on Women's Health has worked with national experts and federal partners to develop a free online e-learning course to educate and train healthcare and allied health professionals on screening, assessing, treating, and referring female victims of interpersonal violence. The e-learning course will be piloted in three states, Nevada, Oklahoma, and South Carolina. These states were selected because they have the highest rates of interpersonal violence. Up to 5,000 providers will be recruited from health professional associations to participate in the pilot. The evaluation will help identify areas of improvement and measure the effectiveness of the e-learning course in educating healthcare providers about interpersonal violence and will also help identify any problems in the navigation and functioning of the e-learning course. The advisory panel formed during the creation of the e-learning curriculum will serve in an advisory capacity for any updates to the curriculum resulting from the pilot evaluation. The pilot evaluation results will also assist in coordinating a national launch to make the e-learning course available to healthcare providers across the U.S.

Item

Overhead Costs *- The agreement continues to direct the Department to include the amount and percentage of administrative and overhead costs spent by the Department for every program, project and activity in the fiscal year 2017 justification and for each year thereafter*.

Action Taken or To Be Taken

Please refer to page139 for a detailed table for Overhead Costs.

Item

Quick Health Data *- The Secretary is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate on the feasibility of moving the online system to another Department agency.*

Action Taken or To Be Taken

This online data query system was established in 2004 and needs major upgrades to meet current user interface expectations and federal data standards. The Office on Women's Health plans to bring the system up to current standards in FY 2016.. Part of this process will include conversations with Department database sources that provide data for the current system, as well as current or likely users of the system. These conversations will address the desired features of an updated system and the feasibility of moving the system to a more appropriate agency with a mission that better supports a data system. A summary of these activities will be submitted to the Committee on Appropriations no later than the end of the fiscal year.

Item

Children with Disabilities *- The agreement urges the Office of the Assistant Secretary for Health to support a demonstration project to test new and improved methods of providing a patient-centered electronic medical record that is complete and interoperable, secure, and cost effective for children with disabilities.*

Action Taken or To Be Taken

This demonstration project was inaccurately identified to the Office of the Assistant Secretary for Health. These functions are supported by the Office of the National Coordinator for Health Information Technology (ONC), which coordinates nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. As such, ONC recognizes the importance of accurate, complete, confidential, and transportable health records for all populations, including children most in need of care. As part of carrying out ONC's missions, ONC will continue this important work and looks forward to working with the Committee.

Item

Office of Medicare Hearings and Appeals *- The agreement directs the Office of Medicare Hearings and Appeals to use the additional funds provided to address the current backlog and requests a spend plan within 45 days after enactment of this Act. The Office of Medicare Hearings and Appeals should focus on reducing the backlog of appeals without undermining the accuracy and quality of their decisions. Furthermore, in collaboration with the intra-agency working group focusing on Recovery Audit Contractors, the Office of Medicare Hearings and Appeals shall provide semi-annual updates to the Committees on Appropriations of the House of Representatives and the Senate reflecting the total number of appeals filed, appeals pending, and appeals disposed of for all four levels of the appeal process.*

Action Taken or To Be Taken

The Office of Medicare Hearings and Appeals (OMHA) remains committed to continuous improvement in the Medicare appeals process and has taken a number of administrative actions to address the pending appeals workload. The additional funding will be used to increase adjudicatory capacity and a spending plan will be developed accordingly. In collaboration with the ongoing intra-agency working group focusing on all levels of the Medicare appeals process, the Office of Medicare Hearings and Appeals will provide semi-annual updates reflecting the total number of appeals filed, pending and disposed of for all levels.

The FY 2016 Omnibus appropriations bill increased OMHA's budget authority from $87.4 million to $107.4 million. The report language requested a spend plan for the $20 million increase. The additional $20 million in budget authority in FY 2016 will be used to increase adjudicatory capacity and expand administrative actions to address the pending appeals workload and meet the needs of the public such as Medicare beneficiaries, who are among our nation's most vulnerable populations, providers, suppliers and tax-paying public.

Purpose	Amount
15 additional Administrative Law Judge teams (Administrative Law Judge and corresponding adjudicatory support), additional operational staff, temporary ALJ team support staff, and related overhead costs	$17,200,000
Expansion of the Senior Judge Pilot program	$1,400,000
Expansion of administrative initiatives (Settlement Conference Facilitation and Senior Attorney Pilot)	$1,400,000
Total	**$20,000,000**

Item

Office of the National Coordinator for Health Information Technology Precision Medicine *- The agreement encourages the coordination and development of data standards necessary to advance the Precision Medicine Initiative.*

Action Taken or To Be Taken

Please see the Office of the National Coordinator for Health Information Technology President's Budget for a narrative on this item.

Item

Office of Inspector General *- The agreement expects the OIG to continue to improve its annual budget request with more details and performance measures related to discretionary oversight.*

Action Taken or To Be Taken

Please see the Office of Inspector General's President's Budget for a narrative on this item.

Item

Biomedical Advanced Research and Development Authority (BARDA) *- The agreement requests an update in the fiscal year 2017 budget request on the joint BARDA, NIAID, and CDC goals and measurable objectives to ensure the best leveraging of the funds provided*.

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Center for Innovation in Advanced Development and Manufacturing (ADM) *- To further enhance the Nation' s preparedness and response capabilities, BARDA is encouraged to review the ADM network's current access to advanced technological platforms. The review should determine if the existing network includes the necessary mix of technological capabilities to address potential gaps in the medical countermeasure enterprise and to ensure rapid deployment of medical countermeasures.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Drug Delivery Devices *- The Department is urged, as practicable, to secure enough injection devices necessary to ensure that these medical countermeasures that require such devices can be delivered to patients in real time.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Pandemic Influenza Response Activities *- The agreement directs the Department to use available no-year carry over funding along with the resources provided to support the fiscal year 2016 budget request level of requirements to support pandemic influenza activity.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Treatment Capacity *- Without affecting funding set aside for Project BioShield, the Assistant Secretary for Preparedness and Response should allocate a portion of the unobligated emergency funds to partially reimburse facilities for renovation and alteration undertaken in preparation for, or in response to, the need to improve preparedness and response capability at the State and local level-as authorized by the FY 2015 Ebola emergency appropriations-to help ensure that such treatment capacity is maintained.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Conscience Protections *- In the Explanatory Statement accompanying the fiscal year 2015 Appropriations Act, the Secretary was directed to respond expeditiously to complaints regarding violations of this provision. The Committee notes that no resolution has been made to date and reiterates its directive that such complaints be responded to immediately and that this general provision be enforced.*

Action Taken or To Be Taken

The Office of Civil Rights takes its responsibilities under the Weldon Amendment seriously and supports clear provider conscience clause protections. The Office of Civil Rights currently has open investigations related to complaints of Weldon Amendment violations. In line with Office of Civil Rights policy on open investigations, the Office is unable to comment further at this time because these investigations are ongoing.

Item

Premium Class Travel *- The Committee also expects the fiscal year 2017 and future budget requests to include, for each operating division and the Office of the Secretary, the total number of premium class travel waivers granted and the number and percentage of these related to medical waivers.*

Action Taken or To Be Taken

Historical GovTrip data is unavailable due to the transition to a new travel management system. In an effort to provide an answer to Congress as soon as possible, the Department has issued a special data call to all Operating Divisions, and will provide this information in a separate document as soon as possible.

Item

Assisted Outpatient Treatment Grant Program *- The Committee includes $15,000,000 within the Office of the Assistant Secretary for Health to implement section 224 of the Protecting Access to*

Medicare Act of 2014 (Public Law 113–93), the Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (AOT). The Committee expects a full report in the fiscal 2017 budget request on the implementation and uses of this $15,000,000.

Action Taken or To Be Taken

These funds were not appropriated to the Office of the Assistant Secretary for Health in the final FY 2016 Omnibus appropriations. Please see the Substance Abuse and Mental Health Services Administration President's Budget for a narrative on this item.

Item

Viral Hepatitis *- The Committee encourages the Office of the Assistant Secretary for Health to work with partners to tackle the issue of disease status awareness by leveraging federal with non-federal contributions and organizing partnerships with stakeholders.*

Action Taken or To Be Taken

The Department is committed to furthering the implementation of the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis. Since the release of the Viral Hepatitis Action Plan in 2011, the Office of HIV/AIDS and Infectious Disease Policy has convened bi-monthly meetings of the Viral Hepatitis Implementation Group, composed of twenty four federal leaders across the Departments of Health and Human Services, Housing and Urban Development, Justice, and Veterans Affairs, to coordinate and support viral hepatitis activities, promote efficient use of available resources, and the implementation of the Viral Hepatitis Action Plan. Federal partners made important progress during FY 2015, including securing funding for an Institute of Medicine Study to determine the feasibility of setting hepatitis B and C elimination goals for United States, and working to address the critical gap in the hepatitis C care continuum to improve rates of hepatitis C testing by developing and disseminating a new resource, "Recommended Testing Sequence for identifying Currently Hepatitis C Viral Infection."\ The Office of HIV/AIDS and Infectious Disease Policy will continue to engage with these leaders to ensure active involvement and coordination and to monitor progress toward achieving the goals of the Viral Hepatitis Action Plan.

In FY 2015, the Office of HIV/AIDS and Infectious Disease Policy worked with CMS to add hepatitis B and C testing to the list of preventive services on www.healthcare.gov in response to non-federal partners' requests to encourage healthcare providers, health systems, and employers to implement testing. In FY 2015 and 2016, the Office of HIV/AIDS and Infectious Disease Policy presented, in collaboration with non-federal partners, on progress made in implementing the Viral Hepatitis Action Plan with an emphasis on the importance of testing and diagnosis of viral hepatitis. These results were presented to key stakeholders at the U.S. Conference on AIDS hosted by the National Minority AIDS Council, the National Viral Hepatitis Technical Assistance Meeting hosted by the National Alliance of State and Territorial AIDS Directors, and the annual meetings of the Association of Nurses in AIDS Care, and the American Public Health Association.

In FY 2016, the Office of HIV/AIDS and Infectious Disease Policy will begin the process of updating the Viral Hepatitis Action Plan including coordinating with the Viral Hepatitis Implementation Group to identify activities for 2017 – 2020, working with state health departments and external partners to explore non-federal roles and strategies for inclusion in the updated Action Plan, review and revise measures to track progress in implementing the Action Plan, and publicly release and disseminate the updated Action Plan broadly.

Item

Privacy Protections *- The Committee encourages the Office of Human Research Protections in the Department of Health and Human Services and other Federal agencies and departments that administer the Common Rule to adopt an exception to the Common Rule for situations where individuals or entities are collecting identifiable patient information, but are not engaged in direct human subjects intervention or interaction (e.g., clinical studies) and are following all the applicable requirements of the HIPPA regulations with respect to protecting the privacy and security of such information.*

Action Taken or To Be Taken

On September 8, 2015, the Department and 15 other Federal Departments and Agencies published a notice of proposed rulemaking to modernize, strengthen, and make more effective the Federal Policy for the Protection of Human Subjects that was promulgated as a Common Rule in 1991. The public comment period closed on January 6, 2016.

One of the proposed changes in the notice of proposed rulemaking will accomplish what the Committee is requesting, as it specifically proposes that the research use of protected health information that is already covered by the HIPAA rules would not need to also comply with the Common Rule. This proposal was included in the notice of proposed rulemaking as a proposed new section 101(b)(2)(iv) of the Common Rule.

Item

Adult Vaccinations *- Therefore the Committee encourages the Secretary of Health and Human Services to develop an adult vaccine strategy that includes assessments of barriers to adult immunizations, and strategies to overcome those barriers, including public outreach about the importance of adult immunization and strategies to increase influenza vaccination rates among health care workers.*

Action Taken or To Be Taken

The National Vaccine Program Office will be releasing the first National Adult Immunization Plan in early February, 2016. The goal of this plan is to work collaboratively to overcome barriers to adult immunization, strengthen infrastructure and improve adult vaccination rates across the board. The plan, based on recommendations from a wide range of organizations and public health experts, builds on the efforts of a number of groups inside and outside of government focused on this issue, and provides a framework to mobilize these groups to work together to overcome barriers to adult immunization.

This strategic plan also establishes four key goals:

1) Strengthen the public health and healthcare systems involved in adult immunization;
2) Improve access to adult vaccines;
3) Increase awareness of adult vaccine recommendations and use of recommended vaccines; and
4) Foster innovations in adult vaccines, including new vaccines and novel ways to provide them.

The National Adult Immunization Plan also contains strategies to improve public outreach, promote the importance of adult immunization and encourage health care providers to recommend and/or deliver adult vaccinations. The draft version of the National Adult Immunization Plan is currently

available on the National Vaccine Program Office website, which will be updated when the final plan is released in early February 2016.

Item

Breastfeeding *- The Committee is aware of the Surgeon General's Call to Action to Support Breast Feeding and encourages the Secretary to support and expand efforts to guarantee continuity of skilled support for breastfeeding between hospitals and health care settings in the community.*

Action Taken or To Be Taken

In FY 2015, the Surgeon General used social media to promote the importance of breastfeeding and health of moms for National Breastfeeding month (August, 2015). In total the posts were liked 268 times and shared over 179 times. The Office of the Surgeon General is scheduled to do additional messaging on social media to highlight the National Breastfeeding month in 2016.

Item

Teen Pregnancy Prevention and Sexual Risk Avoidance *- The Committee encourages the Secretary to conduct a review of programs chosen by the Teen Pregnancy Prevention Program and issue a report to determine which programs address teen dating violence and healthy relationship strategies as a means to prevent teen pregnancy.*

Action Taken or To Be Taken

Beginning on July 1, 2015, the Office of Adolescent Health Teen Pregnancy Prevention program provided funding to 58 grantees to implement evidence-based programs that have been identified by the Teen Pregnancy Prevention Evidence Review, and to 26 grantees to develop and evaluate new and innovative approaches to prevent teen pregnancy. The Teen Pregnancy Prevention Evidence Review, which is managed by the Department's Assistant Secretary for Planning and Evaluation, currently includes 34 diverse evidence-based teen pregnancy prevention programs and is updated periodically.

All Office of Adolescent Health Teen Pregnancy Prevention grantees are currently in their first year of funding and are in the process of finalizing the selection of programs that they will implement. Once the Teen Pregnancy Prevention grantees have finalized their program selection, the Office of Adolescent Health will conduct a review of the programs selected to determine which programs include a focus on teen dating violence and healthy relationships, and a description of how these issues are addressed.

Item

Hepatitis B *- The Committee urges the Office of Minority Health to expand outreach and preventive hepatitis B programs specific to Asian and Pacific Islanders and other groups disproportionately affected by hepatitis B.*

Action Taken or To Be Taken

In 2013, the Office of Minority Health funded the Hepatitis B United project, led by the Association of Asian Pacific Community Health Organizations, an Office of Minority Health grantee, and comprised of a coalition of local and federal partners. The project focused on raising the profile of hepatitis B and liver cancer as an urgent public health priority, increasing hepatitis B testing and

vaccination among Asian Americans and at risk communities, and improving access to care and treatment to prevent liver disease and liver cancer. One of the significant accomplishments of the Hepatitis B United is the partnership with CDC's Division of Viral Hepatitis in launching the *Know Hepatitis B* national campaign. In 2015, Office of Minority Health partnered with CDC's Division of Viral Hepatitis to commission the Institute of Medicine to examine scientific and policy issues related to the prevention, detection, control, and management of hepatitis B and C virus to determine whether elimination goals for hepatitis B and C in the U.S. are feasible and to identify possible critical success factors.

Through the Office of Minority Health Resource Center, the Office of Minority Health has been able to take on additional outreach and prevention activities, including the creation of social marketing campaigns to educate and inform minority populations, the development of hepatitis B information guidelines for Asian Pacific Islander consumers, the development of a visual roadmap for providers to identify high risk patients based on the CDC's guidance provided to the U.S. Preventive Services Task Force, and expanding, where possible, the data on hepatitis rates within for Asian Pacific Islander by country of origin. Looking forward for 2016, a roundtable is tentatively scheduled for May, Hepatitis Awareness Month, in order to encourage representatives from racial and ethnic minorities to discuss their concerns and provide recommendations for further advancement in hepatitis research and outreach.

Item

Hepatitis C Treatment *- The Committee urges the Department to convene an ongoing, multidisciplinary treatment guidelines panel or other mechanism to issue periodically updated recommendations for the treatment of hepatitis C virus infection.*

Action Taken or To Be Taken

In FY 2013 and 2014, in collaboration with the Office of the Assistant Secretary for Health, the Office of HIV/AIDS and Infectious Disease Policy explored the development of a Department hepatitis C virus treatment guidelines panel with key leadership at CDC and NIH, the two agencies within the Department that have historically issued guidelines for prevention and treatment of health conditions. NIH was identified as the best host of hepatitis C virus treatment recommendations as they host the Guidelines for the Use of Anti-retroviral Agents in HIV-1-Infected Adults and Adolescents which are developed by an expert panel and regularly updated as the hepatitis C virus guidelines would require.

Item

Health Disparities Research in Women *– The Committee encourages the Office of Minority and Women's Health to conduct research into the causes of health disparities and develop and evaluate interventions to address these causes.*

Action Taken or To Be Taken

In response to the disproportionate disease burden of HIV/AIDS and obesity among minority women, the Office of Minority Health has set forth new initiatives to address the most affected populations. Proposed activities targeting improved disease prevention among black women are planned for FY 2017. Black men and women in southern cities with the highest AIDS incidence and mortality will be targeted to increase awareness of localized epidemics through gender-specific

media campaigns. Further, a gender-specific intervention will predominantly target black women in heterosexual relationships for Couples HIV Testing and Counseling, to increase HIV screening and also improve HIV risk communication between women and their partners. The proposed project will be a partnership between the Office of Minority Health, the Office on Women's Health, the Office of the Assistant Secretary for Health regional staff, and CDC for implementation in collaboration with community-based and faith-based organizations, local health departments, and HIV networks.

Additionally, the Office of Minority Health intends to partner with a national stakeholder network of academics and community representatives focused on African American obesity research for preparation of a document outlining evidence-based prevention intervention of obesity in black populations. As a byproduct of an Office of Minority Health FY 2016 black obesity prevention policy and research roundtable, this report will highlight innovative and evidence-based approaches to reducing adult and child obesity within disadvantaged black communities. An area of special emphasis will be black women, due to markedly high prevalence and high correlation to the population's leading causes of death. Research and policy interventions proven efficacious among black women for obesity reduction will be widely disseminated through this report to serve as a guide for broader implementation by various health officials.

Item

Diabetes *- The Committee encourages the Office of Minority Health to develop an extramural grant program that specifically focuses on the broad spectrum of diabetes prevention and control, including approaches to predict, prevent, treat and cure diabetes. The Committee is particularly interested in studies to predict those at highest risk for Type 2 diabetes accurately, including those utilizing metabolomics and proteomics.*

Action Taken or To Be Taken

The Office of Minority Health will continue its collaboration and support across the Department Operating Divisions to translate research and training advances in diabetes prevention to racial and ethnic minority communities. Through the Office of Minority Health Resource Center, the Office of Minority Health coordinates community outreach and training activities geared to increasing awareness of diabetes, especially among those at highest risk for Type 2 diabetes.

Since diabetes remains a public health concern and disproportionately impacts racial and ethnic minority groups, the Office of Minority Health focuses on innovative approaches and methods for preventing, treating, and managing the disease and its associated risk factors. In addition, the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health takes the lead for the Department in supporting extramural grant programs focused on diabetes prevention and control, including those utilizing metabolomics and proteomics. In partnership, the Office of Minority Health, the National Institute of Diabetes and Digestive and Kidney Diseases, and other Department agencies support diabetes-related activities through the Diabetes Mellitus Interagency Coordinating Committee. Diabetes Mellitus Interagency Coordinating Committee works together to build upon each other's expertise and resources, while helping to ensure that federal diabetes activities are coordinated and not duplicated.

Item

Female Genital Mutilation Prevention and Education Initiative *– The Committee encourages the Office on Women's Health to work with other federal agencies in developing a comprehensive prevention, education, and outreach plan to stop Female Genital Mutilation in the U.S., focusing on communities in which female genital mutilation is likely to be more prevalent.*

Action Taken or To Be Taken

The Office on Women's Health has been designated as one of several federal agencies and offices that devote efforts to stop the practice in this country. The Office on Women's Health is an active participant in a National Security Council-led subcommittee of an interagency policy committee of federal agencies working on the issue. The Office on Women's Health is continuing to build partnerships with those agencies, civil society organizations, health care professionals, associations, academicians, and others. Consistent with its mission, the Office on Women's Health is focusing on what is needed to successfully meet the health care needs of women who have experienced female genital cutting, how to prevent more women and girls from getting cut, and how to reduce the threat for girls living in the US from being sent to their home country to get cut.

To better understand the issues faced by various communities and stakeholders, the Office on Women's Health hosted a Listening Session on female genital cutting in September 2015 with individuals representing the medical and religious communities, scientists, and researchers involved in female genital cutting as well as survivors. Listening Session participants had either worked in or had personal experience with communities from Somalia, Kenya, Sierra Leone, Guinea, Gambia, and Nigeria. Informed by those discussions, the Office on Women's Health formulated a funding opportunity announcement for FY 2016 a competitive grant entitled *Announcement of Availability of Funds for the Female Genital Cutting Community-Centered Care and Prevention Projects.* Applicants must demonstrate the capacity to: 1) address the gaps or problems in the female genital cutting-related health care services for women who have experienced female genital cutting; or 2) address preventing female genital cutting on at-risk girls living in the U.S.; or 3) address both issues. These approaches will culminate in the development and implementation of efforts to improve culturally competent care for women with female genital cutting and/or to create community-endorsed messages and mechanisms to prevent girls from undergoing female genital cutting. For these efforts to be successful, they must be conducted in the community setting and through community-led and -controlled initiatives.

Item

Sickle Cell *- The Committee encourages the Office of the Surgeon General to initiate Sickle Cell Trait informational awareness to encourage at risk populations to learn about their Sickle Cell Trait status and help persons living with Sickle Cell Trait understand their status.*

Action Taken or To Be Taken

The Office of the Surgeon General will support a multi-social media approach by communicating awareness of the Sickle Cell Trait to encourage at risk populations to learn about their Sickle Cell Trait status and help persons living with Sickle Cell Trait understand their status. Through social media, the Office of the Surgeon General will elevate educational material from CDC to support community education, raise awareness of Sickle Cell Trait, and continue to promote health education.

Item

Health Reform Oversight *- The Committee encourages more and broader collaboration on other aspects of health reform and other Department programs that may touch Treasury jurisdictions to reduce, fraud, overpayments, and enhance government operations.*

Action Taken or To Be Taken

Please see the Office of Inspector General's President's Budget for a narrative on this item.

Item

Antibiotic Resistance *- The Committee requests an update in the fiscal year 2017 budget request on the joint Biomedical Advanced Research and Development Authority, the National Institute of Allergy and Infectious Diseases, and CDC goals and measurable objectives to ensure the best leveraging of the funds provided to CDC and the National Institute of Allergy and Infectious Diseases on this effort.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Conference Attendance *– The Department is directed to provide the Committees on Appropriations of the House of Representatives and the Senate recommendations to help streamline administrative commitments, particularly relating to travel, within 90 days of enactment of this act.*

Action Taken or To Be Taken

The Department is compiling this information and will provide the Committees with a report within the specified timeframe.

Item

Integrative Health *- The Committee encourages the Department and the Surgeon General to guide the Council to more uniformly address across all federal agencies each of the National Prevention Strategy's other priorities, including active, injury and violence free living, and mental and emotional wellbeing.*

Action Taken or To Be Taken

The Office of the Surgeon General serves as the chair of the National Prevention Council established in 2010 under the Affordable Care Act. This interagency council receives recommendations from the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. This group, which includes public health leaders, academicians, and clinicians, met in December 2015 to review their priority recommendations to 1) revise and update the standing National Prevention Strategy, 2) address violence as a public health issues and 3) develop a plan to address climate change. The Office of the Surgeon General continues to collaborate with federal partners through the National Prevention Council to advance healthy worksite policies and activities related to smoke-free environments and healthy eating. Over the next year, the Surgeon General will chair a total of four National Prevention Council meetings and take part in four Advisory Group meetings to further the Council's reach.

Item

IT Efficiency *– The Department should compare those usage numbers to its purchased licenses and seek to increase cost savings and efficiencies by using this information to obtain Department-wide acquisitions as opposed to component-specific purchases of licenses.*

Action Taken or To Be Taken

The Office of the Chief Information Officer has named a Department Software Asset manager to participate in Office of Management and Budget discussions regarding software license costs and renewals. Additionally we have been working closely with the Government Services Administration regarding establishment of a Salesforce services contract available for all federal agencies. Our strategic procurement group is working to determine our highest enterprise software needs across the department and identify or create supporting vehicles that will help us to meet our enterprise objectives.

Item

National Strategy for Combating Antibiotic Resistant Bacteria - *The Department shall include in the fiscal year 2017 CJ a detailed update on the progress being made to implement the Combating Antibiotic Resistant Bacteria national strategy initiative.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Prescription Drugs on Infants *- The Committee encourages the Department to coordinate all activities in this area and requests an update in the fiscal year 2017 CJ on the progress made on the safety and efficacy of drugs in this population, as well as potential projects related to data gathering and other relevant initiatives underway related to this issue.*

Action Taken or To Be Taken

The Department is still compiling this information and will provide the Committee with the update at the soonest possible date under separate cover.

Item

Reducing Health Disparities *- The Committee encourages the Secretary to coordinate the capabilities of Department agencies and partner with NIH to improve recruitment and training of health professionals and biomedical researchers to meet the needs of minority and underserved populations and to reduce health disparities in local communities.*

Action Taken or To Be Taken

Please see the National Institutes of Health President's Budget for a narrative on this item.

Item

United States-Mexico Border Health Commission *- The Committee urges the Secretary to continue supporting the United States-Mexico Border Health Commission and to focus on infection disease surveillance, epidemiology, and preparedness activities.*

Action Taken or To Be Taken

The Office of Global Affairs Border Health Commission will continue to bring together the two countries and their border states to address border health challenges by providing the necessary leadership to develop coordinated and binational actions that can improve the health and quality of life of all border residents.

Item

Viral Hepatitis Action Plan *– The Committee urges the Secretary to continue to implement the Viral Hepatitis Action Plan and requests a report on spending by HHS agencies to implement the Action Plan in the fiscal year 2017 CJ.*

Action Taken or To Be Taken

The Department is fully committed to furthering the goals of the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis. Within the Department, the Office of HIV/AIDS and Infectious Disease Policy is responsible for coordination the implementation of the Viral Hepatitis Action Plan since its release in 2011. The Office of HIV/AIDS and Infectious Disease Policy regularly convenes federal partners, engages with external stakeholders, and actively monitors and documents progress with support from the federal Viral Hepatitis Implementation Group. The Department has published progress reports for 2012, 2013, and 2014 (available at www.AIDS.gov/hepatitis). The Office of HIV/AIDS and Infectious Disease Policy is currently planning the progress report for 2015 and this year we will request for information about anticipated federal viral hepatitis activities that will be supported in FY 2017 based on the President's Budget. A brief report of the planned spending by Department agencies will be developed and shared with the Committee; however, implementation of these activities will be dependent on final FY 2017 appropriations levels.

The current Viral Hepatitis Action Plan details actions that will be undertaken by federal partners from 2014-2016. The Office of HIV/AIDS and Infectious Disease Policy is currently formulating a plan for the update of the Action Plan for 2017 – 2020. The planning process will engage federal and external stakeholders in a review of progress to date, recent and anticipated advances in prevention, care and treatment of viral hepatitis, and the development of goals and priorities for 2017-2020.

Item

Allocation of Funds - The Committee urges the Assistant Secretary for Preparedness and Response and State grantees to be strategic about allocation of Hospital Preparedness Program funds. Under current structures, States may allocate funds to as many healthcare coalitions as they deem appropriate. The Assistant Secretary for Preparedness and Response is encouraged to communicate to grantees the minimum standards a healthcare coalition must meet to be qualified under the program. The Assistant Secretary for Preparedness and Response should also provide oversight and technical assistance to ensure coalitions are meeting those standards and States are sub-granting funds appropriately.

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Item

Local Health Departments *- The Committee requests more detailed information in the fiscal year 2017 CJ on how State Hospital Preparedness Program funding is distributed at the local level.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund President's Budget for a narrative on this item.

Grants.Gov

The following is presented pursuant to Sections 737(b) and (d) of the Consolidated Appropriations Act of 2008 (P.L. 110-161).

The Assistant Secretary for Financial Resources (ASFR) manages the Grants.gov program. Grants.gov is the Federal government's "one-stop-shop" for grants information, providing information on over 1,000 grant programs and approximately $500 billion awarded by the 26 grant-making agencies and other federal grant-making organizations. The initiative enables federal agencies to publish grant funding opportunities and application packages online, while allowing the grant community of over one million organizations (state, local, and tribal governments, education and research organizations, non-profit organizations, public housing agencies, and individuals) to search for opportunities and download, complete, and electronically submit applications.

Through the use of Grants.gov, agencies are able to provide the public with increased access to government grants programs and are able to reduce operating costs associated with online posting and application of grants. Additionally, agencies are able to improve their operational effectiveness through the use of Grants.gov, by increasing data accuracy and reducing processing cycle times.

The initiative provides benefits to the following agencies:

- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Energy
- Department of Health and Human Services
- Department of Homeland Security
- Department of Housing and Urban Development
- Department of the Interior
- Department of Justice
- Department of Labor
- Department of State
- U.S. Agency for International Development
- Department of Transportation
- Department of the Treasury
- Department of Veterans Affairs
- Environmental Protection Agency
- National Aeronautical and Space Administration
- National Archives and Records Administration
- National Science Foundation
- Small Business Administration
- Social Security Administration
- Corporation for National Community Service
- Institute of Museum and Library Services
- National Endowment for the Arts
- National Endowment for the Humanities

From its inception, Grants.gov has transformed the federal grants environment by streamlining and standardizing public-facing grant processes, thus facilitating an easier application submission process for our applicants. The Grants.gov Program Management Office (PMO) works with agencies on system adoption, utilization, and customer satisfaction.

RISK MANAGEMENT OVERVIEW: Risks are categorized and prioritized to facilitate and focus risk management activities. Risk categories are aligned with OMB risk management guidance, ensuring comprehensive consideration of possible risks and simplifying program reporting. Risk prioritization is based on the probability of occurrence and potential impact, and focuses project resources where they are most needed.

All risks are tracked in the Grants.gov Risk Management Database, from identification through resolution. This online database is accessible to all Grants.gov team members and is updated regularly, in keeping with a continuous risk management process. Although physically separate, the Risk Management Database is considered an integral part of the Grants.gov Risk Management Plan.

Risks are categorized to facilitate analysis and reporting. The Grants.gov risk categories are aligned with Office of Management and Budget (OMB) guidance on risk assessment and mitigation. The risk category describes potentially affected areas of the program, and helps put individual risks into context when assessing their severity. The categories are also used to drive risk identification: the lack of identified risks in a given category may indicate overlooked risks. The following risks have been identified to OMB:

Risk 1: The global financial crisis (2008-present) has dramatically reduced federal revenues and increased the federal deficit. Widespread calls to reduce federal spending could result in decreased funding for Grants.gov. The Grants.gov PMO operations, funded entirely by agency contributions, include: salaries and expenses for full-time staff, and support contracts for system integration, hardware platforms, upgrades, software licenses, Independent Verification and Validation, outreach and liaison, contact center, performance metrics monitoring, and office support. If the PMO does not receive sufficient funding, or if the agency contributions are not provided in a timely manner, the PMO would have to limit or stop providing the services it offers to its stakeholders.

Risk mitigation response: Grants.gov risk mitigation is a multifaceted approach that includes internal actions as well as external entities. Internally, the PMO times the majority of its contract actions toward the 3rd and 4th quarter of the fiscal year, to accommodate the speed of incoming contributions. Additionally, if sufficient funding is not available, the PMO can reduce the scope of its contracts, reprioritize contract awards, and/or postpone awarding of contracts. All contract actions and award decisions are made in the context of ensuring full, reliable functionality of the Grants.gov system. The PMO closely monitors contract expenditures and PMO activities such as training and travel expenditures to ensure the available budget will cover the actual expense. No later than the 2nd quarter of the fiscal year, the PMO develops and sends documentation to each funding agency to initiate funding transfers and then reports (weekly) the status of agency contributions to the Council on Financial Assistance Reform (COFAR), GLCE, and OMB.

Risk 2: A fundamental concept of electronic commerce is the standardization of a common set of terms to be used by trading partners during business communications. Grants.gov requires common data processes in order to function. The inability to define common data and processes could impede program goals.

Risk mitigation response: The Grants.gov system was developed in accordance with the electronic standards for core grants data, Transaction Set 194, which were developed by the Inter-Agency Electronic Grants Committee (IAEGC). The Grants.gov PMO worked with the PL 106/107 workgroup and IAEGC to build consensus, and continues to work to minimize the required changes to agency and applicant processes. Agencies are being encouraged to simplify their forms and if possible develop a common set of forms and data definitions. To meet that goal, Grants.gov is consolidating already existing forms and working with Agencies for adoption to avoid duplicate forms used across the agencies.

FUNDING: The total development cost of the Grants.gov initiative by fiscal year -- including costs to date, estimated costs to complete development to full operational capability, and estimated annual operations and maintenance costs -- are included in the table below. Also included are the sources and distribution of funding by agency, showing contributions to date and estimated future contributions through FY 2017.

GRANTS.GOV

FY 2015 to FY 2017 Agency Contributions

Agency	Total FY 2015	Total FY 2016	Total FY 2017
HHS	4,964,848	5,161,848	6,073,905
DOT	394,724	358,714	226,825
ED	543,914	446,120	427,881
HUD	241,593	149,921	172,882
DHS	361,185	330,995	213,357
NSF	450,354	435,517	263,279
USDA	439,294	454,039	516,493
DOC	289,592	332,452	283,833
DOD	666,561	584,477	704,902
DOE	379,656	378,312	446,964
DOI	1,603,166	1,754,577	1,750,200
DOL	209,386	217,684	191,911
EPA	281,852	271,467	217,262
USAID	398,331	389,857	230,637
USDOJ	435,397	545,783	440,794
NASA	161,725	167,049	107,516
CNCS	57,453	61,574	32,271
DOS	413,404	467,400	377,976
NEH	196,177	180,501	216,601
SBA	49,186	59,023	66,497
IMLS	77,833	76,082	81,723
NEA	174,423	193,697	232,436
VA	57,304	68,765	82,518
NARA	36,160	38,622	37,443
SSA	26,578	26,327	25,000
USDOT	71,606	85,927	76,462
Grand Total	**12,981,702**	**13,236,730**	**13,497,568**

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA)

Office of the Assistant Secretary for Planning and Evaluation

Physician Categories	FY 2015 Enacted	FY 2016 Enacted	FY 2017 President's Budget
1) Number of Physicians Receiving PCAs	2	2	2
2) Number of Physicians with One-Year PCA Agreements	1	1	2
3) Number of Physicians with Multi-Year PCA Agreements	1	1	0
4) Average Annual PCA Physician Pay (without PCA payment)	$146,426	$163,245	$163,245
5) Average Annual PCA Payment	$20,000	$20,000	$20,000
6) Number of Physicians' Receiving PCA's by Category (non-add) Category I Clinical Position	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category II Research Position	2	2	2
Number of Physicians' Receiving PCA's by Category (non-add) Category III Occupational Health	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-A Disability Evaluation	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	0	0	0

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) offers physicians filling the Category II Research positions the maximum of $30,000 per employee. These physicians provide expert medical advice and analysis on ASPE topics relating to medical care, informatics, and the management of chronic conditions and access of HHS data. The qualifications of these two medical experts provide an exceptional level of skill, expertise and experience necessary to support the ASPE office's initiatives.

ASPE has traditionally had difficulty in recruitment of research and informatics physicians. The last recruitment in our office resulted in only three candidates and most were not a good fit. ASPE has had to pursue other avenues for physicians such as short term Intergovernmental Personnel Act (IPA) employees through universities which often result in higher costs. Recruiting physicians at the GS salary schedule would prove to be challenging without the ability to offer the PCA incentive, which assists in obtaining the qualifications and expertise useful to ASPE's efforts.

CENTRALLY MANAGED PROJECTS

The GDM Staff Divisions are responsible for administering certain centrally-managed projects on behalf of all Operating divisions in the Department. Authority for carrying out these efforts is authorized by either specific statute or general transfer authority (such as the Economy Act, 31 USC 1535). The costs for centrally-managed projects are allocated among the Operating Divisions in proportion to the estimated benefit to be derived.

Project	Description	FY 2016 Funding
The Digital Accountability and Transparency Act	The funds will focus on developing a strategy and laying the groundwork to begin incorporating agreed upon standards into the Department of Health and Human Services 'Policies, processes and systems to ensure full compliance with the Digital Accountability and Transparency Act.	$5,000,000
Department-wide CFO Audit of Financial Statements	These funds cover the costs of auditing the HHS financial statements annually (as required by the CFO Act of 1990), and stand-alone audit of the CMS producing Department-wide financial statements, and coordinating the HHS audit process, including costs for FISMA.	$14,387,724
Bilateral and Multilateral International Health Activities	These funds support activities by the Office of Global Affairs in leading the U.S. government's participation in policy debates at multi-lateral organizations on health, science, and social welfare policies and advancing HHS's global strategies and partnerships, and working with USG agencies in the coordination of global health policy and setting priorities for international engagements.	$6,563,001
Regional Health Administrators	The RHA's provide senior-level leadership in health, bringing together the Department's investments in public health and prevention by providing a health infrastructure across the ten HHS regions. Particularly in the areas of prevention, preparedness, coordination and collaboration, the RHA's represent the Secretary, Assistant Secretary for Health and Surgeon General in the Regions, and are key players in managing ongoing public health challenges.	$2,772,090
National Science Advisory Board for Bio-Security (NSABBS)	Funds will be used by the NSABBS for providing guidance on ways to enhance the culture of responsibility among researchers, developing strategies for enhancing interdisciplinary bio-security, recommending outreach strategies, engaging journal editors on policies for review, continuing international engagement, and develop Federal policy for oversight of life sciences research at the local level based on recommendations of the NSABBS.	$2,672,000
Departmental Ethics Program	These funds will be used to support attorneys and other legal staff under the direction of HHS's Designated Agency Ethics Official, who provide ethics-related program services, financial disclosure reviews, training programs and audits, as required by the Ethics in Government Act and the Office of Government Ethics.	$3,500,000

Secretary's Advisory Committee on Blood Safety and Availability	The Committee advises the Secretary on a broad range of public health, ethical and legal issues related to blood transfusion and transplantation safety. Such issues require coordination across many of the Operating Divisions. Funds support Committee meetings, workshops, staff, and subject matter experts.	$1,500,000
President's Commission for the Study of Bioethical Issues	The Commission, created by Executive Order 13521 on November 24, 2009, replaced the President's Council on Bioethics. Its purpose is to advise the President on bioethical issues that may emerge as a consequence of advances in biomedicine and related areas of science and technology. Funding for the Council comes entirely from HHS.	$3,000,000
Media Monitoring and Analysis	These funds permit the Office of the Assistant Secretary for Public Affairs to provide coordinated, succinct daily monitoring services of all agency-relevant media coverage for the entire department, thus preventing duplication and overlap by individual Operating Divisions.	823,230
NIH Negotiation of Indirect Cost Rates	At the request of Operating Divisions, NIH has expanded its capacity to negotiate indirect cost rates with commercial (for-profit) organizations that receive HHS contract and/or grant awards, to ensure that such indirect costs are reasonable, allowable, and allocable.	$1,114,000
Intradepartmental Council on Native American Affairs	These funds will be used for continued support of HHS-wide tribal consultation; support new initiatives such as tribal emergency preparedness, suicide prevention and the HHS American and Alaska Native Health Research Advisory Council and to continue to serve as the HHS focal point for Native American Health and Human Services.	$383,184
Chronic Fatigue Syndrome Advisory Committee (CFSAC)	CFSAC provides expertise in biomedical research in the area of CFS, health care delivery services, insurers and voluntary organizations concerned with the problems of individuals with CFS. They meet on research, patient care, education, and quality of life for persons with CFS.	$100,000
HHS Broadcast Studio	These funds will be used to give staff and operating divisions the ability to utilize the studio as a lead component in their communication strategies both to internal and external audiences.	$1,927,000
President's Advisory Council on Combating Antibiotic- Resistant Bacteria	EO 13676 directs the Secretary of Health and Human Services to establish the Advisory Council in consultation with the Secretaries of Defense and Agriculture. The Council will also provide advice on programs and policies to preserve the effectiveness of antibiotics, to strengthen surveillance of antibiotic-resistant bacterial infections, and the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the general public and human and animal healthcare providers.	$1,125,000