U.S. DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Strategic Plan

FY 2004-2009

“ It is not enough to do what has been done before, nor even enough merely to do our jobs well. We must always aim at the next step, and we must always aim at the best – to understand America’s needs, to adjust to change, to work together as One Department and One Nation, and to move forward.”

-- HHS Secretary Tommy G. Thompson

WEB SITE FOR
2004-2009 STRATEGIC PLAN:

http://aspe.hhs.gov/hhsplan/

HHS Strategic Plan

FY 2004 - 2009

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Department of Health and Human Services
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EXECUTIVE SUMMARY

We have established eight (8) strategic outcome goals for accomplishing the Department of Health and Human Services (HHS) mission to protect and improve the health and well-being of the American public. These goals and accompanying objectives provide the focus for HHS investments of effort and resources over the next five years. The following summary highlights the *key* priorities of the Secretary, among the broad range of programs and activities that HHS carries out, that are found in the Plan:

Goal 1 is to **"reduce the major threats to the health and well-being of Americans."** To achieve our goal, we will focus on the behavioral and environmental threats that have a significant effect on health. Strategic objectives will especially focus on:

- promoting healthy behaviors, such as regular exercise and a healthy diet to reduce obesity and the incidence of chronic diseases, such as diabetes;
- increasing abstinence education for young Americans aimed at reducing unsafe sexual behaviors and preventing unintended pregnancies; and
- expanding and improving communities' substance abuse prevention and treatment programs.

Goal 2 is to **"enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges."** To achieve this goal, the strategic objectives under this goal will focus our efforts on:

- upgrading the capacity of the health care system to prepare for and respond to public health threats, especially bioterrorism; and
- taking steps to improve the safety of food, drugs, biological products, and medical devices.

Goal 3 is to **"increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices."** To achieve our goal, we plan to undertake a multi-faceted approach that includes the following strategic objectives:

- creating new, affordable health insurance options;
- strengthening and improving Medicare;
- strengthening and expanding the health care safety net, especially in underserved rural and urban areas and for low income persons; and
- expanding the availability of health services.

Goal 4 is to **"enhance the capacity and productivity of the Nation's health science research enterprise."** Strategic objectives to achieve this goal will concentrate on:

- making investments that advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability; and
- implementing policies to accelerate the development of new drugs, medical technology, and biologic therapies.

Goal 5 is to **"improve the quality of health care services."** For this goal, we will especially focus on strategic objectives that:

- support the development of evidence-based practices to reduce medical errors and improve patient care; and
- promote the development and use of an electronic health information infrastructure.

Goal 6 is to **"improve the economic and social well-being of individuals, families, and communities, especially those most in need."** The objectives in Goal 6 will concentrate on:

- engaging all families receiving Temporary Assistance for Needy Families (TANF) in work;
- reducing barriers to independent living for persons with disabilities; and
- expanding community and faith-based partnerships to find more creative and effective ways of delivering human services.

Goal 7 is to **"improve the stability and healthy development of our Nation's children and youth."** In achieving this goal, strategic objectives will focus on:

- promoting family formation and healthy marriages; and
- strengthening the learning readiness of preschool children.

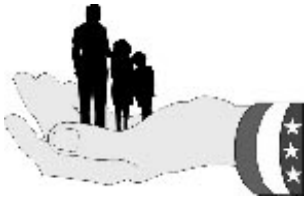
Goal 8 is to **"achieve excellence in management practices."** To help us achieve the above seven program objectives, we will institute a multi-pronged approach to improve management practices and achieve excellence by focusing on the key areas in the President's Management Agenda. For example, management reforms will center on strategic objectives to:

- create a unified "One HHS;"
- improve workforce planning and financial management;
- enhance the efficiency and effectiveness of competitive sourcing; and
- enhance information technology governance processes to promote the use of electronic commerce and ensure data privacy and information security controls.

Strategic indicators for measuring achievement of the objectives are provided in Appendix A. Descriptions of how the goals and objectives inter-relate, as well as how we coordinate with external entities, what external factors may affect our ability to accomplish the goals and objectives, what program evaluations are planned to measure effectiveness of strategies, management tools and resources required to carry out the objectives, and how resources relate to the eight One HHS outcome goals are provided in other appendices.

INTRODUCTION

THE DEPARTMENT - "ONE HHS"



The over-arching central direction of the Department is to function as a single entity – as *One HHS*. To ensure that the Department of Health and Human Services (HHS) is "One Department" rather than a collection of disparate and unrelated agencies, we have taken a number of steps, and are planning more.

For example, we have consolidated administrative support activities to increase efficiency of administrative services to the entire Department and have begun to implement more effective coordination of HHS research and demonstration activities. In the future we will be increasingly collaborating and coordinating significant activities among HHS agencies, such as work on delivery of health care services to children and families, and privacy and confidentiality policies. For the first time ever, the HHS Strategic Plan contains a Management Improvement Goal, including strategies to reduce the number of personnel offices; modernize and improve human, financial, and technological management, including the information technology governance process, at HHS; and reform regulations to reduce excessive paperwork and burden on doctors, nurses, and other health care professionals. To provide accountability as well as feedback and tracking of how we are doing, we are instituting performance contracts (tied to the strategic goals and objectives) for the Department's senior leadership, which will cascade throughout the Department. These performance contracts will institute explicit standards against which HHS officials' work will be measured.

In terms of our structure, HHS is one of the largest federal departments, the Nation's largest health payer, and the largest grant-making agency in the United States federal government. The Department promotes and protects the health and well-being of all Americans and provides world leadership in biomedical and public health sciences. As indicated above, in doing this, HHS is committed to becoming a unified Department, and has developed the "One HHS" eight outcome goals and 40 objectives designed to progress in achieving the outcome goals.

DEVELOPMENT AND UPDATE OF THE PLAN

In 1997, HHS published its first strategic plan in response to the Government Performance and Results Act (GPRA). This plan was updated and transmitted to Congress in September 2000. We utilized key indicators and research on objectives in the previous Strategic Plan to track data trends and determine how strategic objectives should be revised in the new plan. Also a planning assessment initiative was conducted on two of the strategic objectives in the 2001 plan: improving diet and physical activity

and reducing violence and injuries. We constructed extensive logic models and conducted evaluation syntheses to determine what is known about how effective HHS' strategies are for these four strategic areas. Based in part on the research, improving diet and physical activity were retained as key strategies (Objective 1.1) to improve healthy behaviors, and reducing injuries and violence was retained as a strategic objective with updates to the strategies as appropriate (Objective 1.6).

In addition, HHS uses a variety of program evaluation techniques (see Appendix E) to review the effectiveness of programs and to ensure that programs are on target so that HHS can meet its strategic goals. Comprehensive, independent evaluations are an important component of the HHS strategy to improve overall program effectiveness and ensure that the goals identified in the Strategic Plan accurately represent HHS' progress in improving the overall health of the nation. These evaluations are an important component in evaluating whether or not programs are effective, well designed, and well managed. The development of Corrective Action Plans for the FY 2004 Program Assessment Rating Tools (PART) represents another important element of our strategy to improve program effectiveness. Following the FY 2004 PART process, HHS' Departmental Annual Performance Planning Team requested and received corrective action plans from the HHS agencies for 14 selected programs. These were reviewed and evaluated with specific comments and suggestions provided to the agencies so they could begin implementing corrective actions. HHS will continue to use the results of PART reviews and other independent evaluations to inform the Department's strategic direction.

Our quality improvement efforts in strategic planning have focused on updating the HHS Strategic Plan to reflect the emergence of new priorities and the experience that has been gained while implementing the initial two plans. The result is an expansion and revision of the Strategic Plan goals and objectives. The discussion of implementation strategies also is expanded and refined. Strategic outcome indicators are presented and an explanation of how the strategic and annual performance plans are closely linked is discussed in detail (Appendix A). A more thorough discussion of data and management challenges and solutions is provided (Appendices D and H), and a more complete analysis of external factors that might affect the goals/objectives and how the Department might mitigate them is included (Appendix C). Perspectives and outlook concerning overall health or human services trends are discussed at the beginning of each strategic goal.

Despite these changes, the basic logic of the plan remains the same. The strategic goals and objectives reflect Department-wide priorities that cut across individual HHS agencies and programs. In contrast, our implementation strategies are aligned with the authority and funding of categorical programs (see Appendix J). Often, however, individuals and families have needs that go beyond the individual Department programs. For example, the person who is moving from welfare to work may also need access to affordable housing—a program that is within the purview of the Department of Housing and Urban Development (HUD). In this respect, the HHS implementation strategies for helping these individuals would appear to be constrained by the scope of the programs that we administer. However, HHS works with a wide range of federal, state, tribal, and local service providers to coordinate the planning and delivery of services in a way that maximizes resources and provides individuals with an integrated approach to meeting their needs. The discussion of internal and external coordination has been expanded to

provide a clearer sense of where the Department's programs and activities intersect with each other and with organizations outside HHS (see Appendix B).

In addition, Appendix B describes the unique service delivery partnerships that we have with state and local governments, tribes, and private organizations that have programs and goals similar to those of HHS. The appendix provides a discussion of how these partnerships work in planning and delivering services and the important role that these organizations play in helping us achieve the objectives we have set in the HHS Strategic Plan.

Many of the Department's objectives and implementation strategies focus on populations within our program authority[1] (e.g., persons with particular diseases, low-income, underserved and minority populations). Given finite resources, where we have discretion, we target groups with the greatest needs. We do not cast our objectives and implementation strategies by particular populations, given the number of separate populations that are eligible for special services.

Similarly, the Strategic Plan is not a depository for all actions that we might take to achieve an objective. Therefore, implementation strategies under each objective are merely illustrative and not meant as a catalogue of all potential implementation plans; they illustrate the general direction we plan to take. For example, a research strategy may be central to achieving one of our objectives. In this case, we would list selected research priorities to provide readers with the major thrust of our agenda and how research relates to achieving the particular objective. Listing every possible research activity would be impossible, given the number of potential research priorities that we might support.

Planning and Assessment Cycle

[1] Given the broad range of HHS programs, there are numerous program authorities for HHS work, many of which are found in the Public Health Service Act, the Social Security Act (where Medicare and Medicaid program authorities stem from), the Food, Drug, and Cosmetic Act (FDA), the Head Start Act, and the Older Americans Act.

In revising the plan, HHS consulted widely with stakeholders on proposed revisions. The plan was posted on the web and comments were solicited from service delivery partners (e.g., health care practitioners), employees, unions, patients, beneficiaries, the general public, and other stakeholders. Letters were sent to approximately 1,200 stakeholder organizations inviting attendance at an open stakeholder meeting and/or written comments by e-mail, fax, or regular mail. Stakeholders were also provided phone numbers to call and discuss the plan. We met with 225 stakeholder representatives from a wide variety of organizations all across the United States. The comment period yielded over 400 suggestions, with input ranging from editorial to more substantive comments. Many of these were quite useful and helpful, and we made a number of changes (including revisions to strategic objectives in some cases) and additions to the plan based on the comments that we received.

Our Mission

The mission of the Department of Health and Human Services is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering strong, sustained advances in the sciences underlying medicine, public health, and social services.

Our Vision for a Healthy and Productive America

Healthy and productive individuals, families, and communities are the very foundation of the Nation's present and future security and prosperity. Through leadership in medical sciences and public health, and as guardian of critical components of America's health and safety net programs, HHS seeks to improve the health and well-being of people in this country and throughout the world.

The Department's successes are measured against a yardstick of steady, progressive improvements in the physical and mental health and economic well-being of individuals, families, and communities, and advances in medicine and public health that benefit the entire world. Achieving and sustaining good health as individuals and communities is a shared responsibility. To realize our goals, we will develop the policies, tools, and resources that are appropriately national in scope. To realize the objectives for improving the Nation's health, strengthening the social and economic fabric, and contributing to global health, the Department will form many kinds of partnerships. These include partnerships with other federal departments; state, local, and tribal governments; academic institutions; the business community; nonprofit and volunteer organizations; and our counterparts in other countries and international organizations.

STRATEGIC GOALS

The HHS strategic goals are broad statements of what we plan to accomplish over the next five years. More detailed objectives are set for each goal. We have articulated the key strategies we plan to undertake to work toward our objectives and goals in order to help us to achieve the overall HHS mission. The HHS annual performance plan and report contains more detailed performance goals related to the strategic goals and objectives. Individual HHS Agency annual performance plans and reports, which are part of each agency's budget request, also link to the strategic goals and objectives by setting interim (annual) performance targets for specific programs and/or populations.

While there is a need in developing a strategic plan to focus on particular and focused goals and objectives, the reality is that objectives and strategies are inter-related and inter-dependent. For example, in leaving no child behind, strategies must be implemented to improve their health and nutrition, as well as to maintain the foundation of social and emotional competence and strengthen the language and literacy among our Nation's children.

The final Strategic Plan will be posted on the Internet, and the site as well as a summary of Strategic Goals and Objectives will be shared with employees. HHS stakeholders (including partners, interest groups, and customers) will be sent a summary of the Plan along with the link to the Internet site. The Goals, objectives, and strategies will be used as the basis for our budget requests, financial statements, and constructing performance plans for HHS officials throughout the Department.

OUR CORE VALUES

In the Department's ongoing management of its programs, and in our strategic planning process, we have been guided by a set of core values that define HHS. These are:

Deliver results
Be accountable
Focus on prevention
Create collaborations
Provide information
Seek scientific knowledge
Foster flexibility and innovation
Maintain a creative work environment
Work as "One HHS"

- To deliver results that are useful both to the people and communities that are directly served by the Department's programs and to the taxpayers who pay for these programs.

- To be an accountable steward of the Department's programs and enhance the efficiency and quality of the services provided.

- To focus on health promotion and the prevention of disease and social problems, including the prevention and correction of unlawful discrimination in the provision of health and human services.

- To create useful, effective forms of collaboration with partners in regulation, research, service delivery, and management.

- To provide accurate, reliable, understandable, and timely information to our partners and customers.

- To apply the most current scientific knowledge when making decisions that affect public well-being.

- To foster flexibility and encourage innovation in the effective delivery of health and human services programs.

- To maintain a work environment that encourages creativity, diversity, innovation, teamwork, accountability, continuous learning, a sense of urgency, enthusiasm, trust, celebration of achievement, and the highest ethical standards.

- To work as a single corporate entity with a "One HHS" approach to management.

The Department has established eight "One HHS" Outcome goals to fulfill its mission:

Goal 1 Reduce the major threats to the health and well-being of Americans

Goal 2 Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges

Goal 3 Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices

Goal 4 Enhance the capacity and productivity of the Nation's health science research enterprise

Goal 5 Improve the quality of health care services

Goal 6 Improve the economic and social well-being of individuals, families, and communities, especially those most in need

Goal 7 Improve the stability and healthy development of our Nation's children and youth

Goal 8 Achieve excellence in management practices

HHS GOALS AND OBJECTIVES – FY 2004-2009

"PREVENTING DISEASE AND ILLNESS"

GOAL 1: Reduce the major threats to the health and well-being of Americans

Objective 1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases

Objective 1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies

Objective 1.3 Increase immunization rates among adults and children

Objective 1.4 Reduce substance abuse

Objective 1.5 Reduce tobacco use, especially among youth

Objective 1.6 Reduce the incidence and consequences of injuries and violence

"PROTECTING OUR HOMELAND"

GOAL 2: Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges

Objective 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats

Objective 2.2 Improve the safety of food, drugs, biological products, and medical devices

"CLOSING THE GAPS IN HEALTH CARE"

GOAL 3: Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices

Objective 3.1 Encourage the development of new, affordable health insurance options

Objective 3.2 Strengthen and expand the health care safety net

Objective 3.3 Strengthen and improve Medicare

Objective 3.4 Eliminate racial and ethnic health disparities

Objective 3.5 Expand access to health care services for targeted populations with special health care needs

Objective 3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)

"IMPROVING HEALTH SCIENCE"

GOAL 4: Enhance the capacity and productivity of the Nation's health science research enterprise

Objective 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability

Objective 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology

Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers

Objective 4.4 Improve the coordination, communication, and application of health research results

Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process

"REALIZING THE POSSIBILITIES OF 21ST CENTURY HEALTH CARE"

GOAL 5: Improve the quality of health care services

Objective 5.1 Reduce medical errors

Objective 5.2 Increase the appropriate use of effective health care services by medical providers

Objective 5.3 Increase consumer and patient use of health care quality information

Objective 5.4 Improve consumer and patient protections

Objective 5.5 Accelerate the development and use of an electronic health information infrastructure

"WORKING TOWARD INDEPENDENCE"

GOAL 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need

Objective 6.1 Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition

Objective 6.2 Increase the proportion of older Americans who stay active and healthy

Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs

Objective 6.4 Improve the economic and social development of distressed communities

Objective 6.5 Expand community and faith-based partnerships

"LEAVING NO CHILD BEHIND"

GOAL 7: Improve the stability and healthy development of our Nation's children and youth

Objective 7.1 Promote family formation and healthy marriages

Objective 7.2 Improve the development and learning readiness of preschool children

Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children

Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment

"IMPROVING DEPARTMENT MANAGEMENT"

GOAL 8: Achieve excellence in management practices

Objective 8.1 Create a unified HHS committed to functioning as one Department

Objective 8.2 Improve the strategic management of human capital

Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing

Objective 8.4 Improve financial management

Objective 8.5 Enhance the use of electronic commerce in service delivery and record keeping

Objective 8.6 Achieve integration of budget and performance information

Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services

STRATEGIES FOR ACCOMPLISHING OUR GOALS

In this section we describe our strategies for accomplishing our strategic goals and objectives. Legislation and/or regulations required to accomplish objectives are presented as part of the strategies. In general, we conduct a number of activities to achieve objectives and goals, such as disseminating information; providing technical assistance to contractors, states, and local governments; conducting research and demonstrations; financing services for program beneficiaries; and delivering services directly to program recipients. The strategic indicators (how we will track and measure the extent to which we are achieving our objectives) are presented in Appendix A. A discussion of resources that will support these strategies is found in Appendix F, and a matrix relating the Department's strategic objectives to programs is shown in Appendix J.

The design and implementation of strategies/actions to accomplish our objectives and goals is a process that is influenced by information gained through program evaluation. Appendix E provides an in-depth discussion of program evaluations and the Department's plans to look at the effectiveness of the implementation strategies.

Goals / OBJECTIVES / Strategies

"PREVENTING DISEASE AND ILLNESS"

GOAL 1: Reduce the major threats to the health and well-being of Americans

Research indicates that a significant percentage of premature mortality and morbidity in the United States can be prevented if individuals avoid certain high-risk behaviors, adopt a healthy lifestyle, and reduce exposure to major environmental risks to health. The strategic objectives under this goal focus Department efforts on changing behaviors and reducing the risks that are associated with the leading causes of premature mortality and morbidity (e.g., heart disease and stroke) in the United States.

The importance of this goal is evident from the health and economic consequences of the behaviors that are addressed. A recent HHS report (U.S. Department of Health and Human Services. "Prevention Makes Common 'Cents'". Washington, D.C.: U.S. Department of Health and Human Services, 2003.), found that,

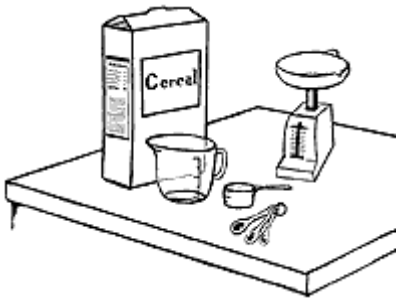
- Tobacco use is the single most preventable risk factor for death and disease, contributing to more than 440,000 premature deaths annually in the United States from 1995-1999.
- Recent estimates indicated that more than 129 million U.S. adults are considered to be overweight or obese. Obesity is believed to be associated with more chronic disorders and worse physical health-related quality of life than is smoking or problem drinking. Estimates of the deaths of U.S. adults due to causes related to obesity range from 280,000 to 325,000 each year.
- In 2000, it was estimated that 17 million people – 6.2 percent of the population – had diabetes. Untreated or poorly treated diabetes can result in death or significant disability, including heart disease and stroke, kidney failure, blindness, and lower limb amputations.
- Heart disease and stroke are the first and third leading causes of death in the United States, respectively, in both men and women. The costs of cardiovascular disease have steadily increased past the $300 billion dollar mark over the past three years.
- Asthma is the 6th-ranking chronic condition among the general U.S. population in terms of prevalence and the leading serious chronic illness of children in the U.S. Both the prevalence and costs of asthma have increased markedly over the past decade and a half.

Other examples include,

- Alcohol abuse exacts a financial toll on the nation, costing over $166 billion annually by some estimates.[2]
- Drug abuse, estimated to cost society over $100 billion per year, is linked to other public health problems, such as suicide, homicide, motor-vehicle injury, sexually transmitted diseases, and HIV infection.[3]

Objective 1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases

How We Will Accomplish Our Objective



➢ **Prevention**

- Support programs to train current practitioners and health professions students on how to incorporate disease prevention concepts into clinical practice.
- Support the "Steps to a Healthier U.S." Initiative to improve community-based health promotion and disease prevention activities.
- Promote the use of early detection and screening services, especially through HHS-supported programs such as Medicare.
- Support research to determine the causes of chronic diseases (such as asthma) and develop effective interventions to prevent their onset.
- Disseminate information to providers about effective interventions that reduce the incidence and effects of chronic diseases, particularly asthma and diabetes.
- Enable consumers to make informed decisions through enhanced communication of empirically-based health benefit/risk information associated with foods, drugs, and other medical products.

➢ **Physical Activity and Diet**

- Promote proper nutrition and regular physical exercise with a focus on public education, content labeling for foods, and nutritious meals for the elderly.
- Support research to better understand the effects of nutrition and physical exercise, on health, and to better understand the factors that act as incentives or barriers to physical activity or healthy eating.

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[2] Harwood H, Fountain D, Livermore G. "The Economic Costs of Alcohol and Drug Abuse in the United States, 1992." Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, 1998.
[3] ibid.

- Study how changes in the physical environment affect levels of physical activity.

➢ **Treatment**

- Provide patient information and training for health personnel on the care for chronic diseases, such as diabetes, to prevent the complications of the diseases.
- Encourage the use of evidence-based chronic disease treatment protocols in health programs funded by the department.
- Test the effectiveness of disease management models for the chronically ill Medicare population through disease management demonstrations.

➢ **Environmental Conditions**

- Provide assistance to states and tribes to develop and implement surveillance and prevention programs that reduce environmental and occupational health threats.
- Support research to better understand the effects of environmental toxins on health, and develop more effective monitoring and prevention interventions.
- Help enhance the capacity of other countries in risk assessment for, and in response to, toxic substances, hazardous wastes, and other forms of pollution introduced into the environment.

Objective 1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies

How We Will Accomplish Our Objective

- Expand abstinence education programs and use evaluation and technical assistance to identify and promote successful approaches, especially those oriented toward young people.
- Incorporate abstinence messages into Department programs that target adolescents.
- Provide assistance for state, tribal, and local efforts to monitor and reduce the incidence of sexually transmitted diseases (STD).
- Promote the implementation of effective HIV and STD prevention programs that target populations most at risk, including implementation in HHS-funded programs such as community health centers.

- Provide assistance to help states, tribes, schools, faith-based and community-based organizations, and medical and public health professionals develop curricula and train staff in the prevention of STD and HIV infection.

- Support research to learn more about the prevention of STDs and HIV and develop more effective prevention strategies, including biomedical and behavioral interventions.

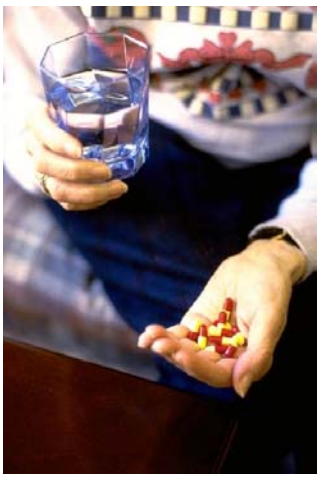
Objective 1.3 Increase immunization rates among adults and children

How We Will Accomplish Our Objective

- Disseminate public information to patients and providers about the importance of vaccinations, and educate the public about the efficacy and safety of vaccines for children and adults.
- Provide assistance to health departments, state Medicaid agencies and State Children's Health Insurance Programs, health care providers, and community health organizations to purchase and administer vaccines.
- Publicize coverage of immunization services under Medicare and the State Children's Health Insurance Program and Medicaid.
- Support and conduct research to learn more about adverse reactions to vaccines and develop safer, more effective vaccines.
- Help countries and global partners increase their capacity to detect, monitor, and immunize against diseases that emerge abroad that could affect Americans.

Objective 1.4 Reduce substance abuse

How We Will Accomplish Our Objective



➢ **Prevention**

- Support a coordinated approach to addressing the risk and protective factors that are associated with problem behaviors, including substance abuse, in order to achieve positive health outcomes.
- Support communities in assessing factors impacting substance abuse; developing a strategic plan; identifying, adapting, and adopting evidence-based practices; mobilizing the community through coalitions; and evaluating outcomes.
- Support surveillance and data systems that monitor substance abuse, especially among populations disproportionately affected by substance abuse.
- Conduct research to understand the causes of addiction and to develop new prevention methods.

➢ **Treatment**

- Provide support to states, tribes, and communities to improve alcohol and drug treatment programming.
- Develop mechanisms that enable those in need of addiction treatment and recovery support services to choose the programs and providers that will help them the most.
- Develop innovative ways to encourage public and private financing alternatives for treatment services.
- Provide support for identification, dissemination, and adoption of evidence-based practices.
- Provide support to strengthen the knowledge, skills, and competencies of treatment and related-health professionals.
- Provide support for data systems that track substance abuse treatment service delivery characteristics and outcomes.
- Conduct research to develop new treatment methods.

Objective 1.5 Reduce tobacco use, especially among youth

How We Will Accomplish Our Objective

- Develop and disseminate educational materials for youth, parents, schools, and sports officials to educate against tobacco use and exposure to secondhand tobacco smoke.
- Incorporate anti-tobacco education messages into Department programs that target youth.
- Promote the adoption of evidence-based guidelines on the treatment of tobacco dependence by health providers.
- Help states, tribes, schools, local governments, and anti-tobacco organizations develop tobacco control programs through financial and technical assistance.
- Participate in negotiations around the Framework Convention on Tobacco Control and provide technical assistance to international tobacco education and prevention programs.
- Conduct research to understand addiction to tobacco and develop new biomedical and behavioral interventions to prevent and stop its use.

- Disseminate research findings and provide technical assistance to help states implement the Synar Amendment, which requires states to conduct random inspections of tobacco vendors to assess their compliance with state tobacco access laws.

Objective 1.6 Reduce the incidence and consequences of injuries and violence

How We Will Accomplish Our Objective

➢ **Prevention**

- Provide financial assistance to community-based injury, suicide, and violence prevention programs.
- Disseminate information on how to prevent injuries and violence, such as use of seat belts, to public safety and community-based organizations, employers, the elderly, schools, and youth.
- Disseminate information to industry on ways to improve workplace safety.
- Provide technical assistance to hospitals and public health agencies on how to improve surveillance and monitoring activities for injuries in order to devise more effective methods of prevention.
- Promote the development and improvement of state and tribal safety legislation.
- Conduct research on the causes and risk factors for violence and injuries, and develop more effective prevention strategies.

➢ **Treatment**

- Educate health and human service providers on recognizing the symptoms of violence-related injuries, and develop and disseminate effective protocols for addressing the needs of those affected by violence.

"PROTECTING OUR HOMELAND"

GOAL 2: Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges

There is little experience, especially in the United States, with the deliberate release of biological agents to cause major disease outbreaks. However, events of the September 2001 terrorist attacks and the subsequent use of anthrax as a biological weapon have focused attention on the increasing possibility of such incidents, particularly to the possibility of terrorist incidents aimed at the civilian population. Concern about deliberate use of disease agents presently focuses on anthrax, as well as smallpox, pneumonic plague, tularemia, viral hemorrhagic fevers, and botulism.

To respond to any future bioterrorist attack, a strong public health network (which includes hospitals, health networks, physicians, nurses, mental health workers, and public health officials, for example) would be needed to piece together early reports of a suspected attack, quickly determine what has happened, and mount an effective response to care for casualties and prevent further exposure. Therefore, Goal 2 is concerned with the need to improve our network of infectious disease surveillance, including improving communications, upgrading laboratory facilities, developing advanced diagnostic techniques, and expanding the training of personnel to provide emergency health care.

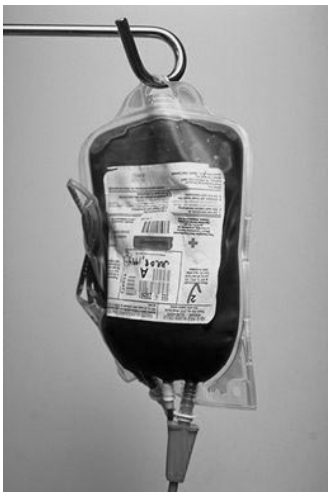
Objective 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats

How We Will Accomplish Our Objective

- Upgrade the capacity of federal, state, tribal, and local public health systems (private and public), hospitals, and other health care facilities.
- Upgrade the Nation's laboratory capacity to quickly identify and characterize suspected biological threat substances and respond to actual incidents.
- Create a national electronic communications (surveillance and response) system to link federal, state, tribal, and local public health and other health officials, health care providers, and other emergency responders, so that relevant information regarding public health threats can be rapidly shared.
- Establish "continuity of operations" plans to ensure that personnel and analytical capability will still be operational in the event of a terrorist attack.
- Facilitate the development and availability of medical countermeasures to limit the effects of a terrorist attack on the civilian or military populations.
- Identify shortages that exist in the healthcare workforce and upgrade the skills of the health care workforce, including first responders, emergency personnel, and mental health workers.
- Increase the size and skills of the fully deployable PHS Commissioned Corps.
- Ensure the safety and security of personnel, physical assets, and sensitive information.
- Cooperate with other countries and with international organizations to enhance bioterrorism preparedness and response.
- Conduct and support research to produce more effective vaccines, therapeutics, rapid diagnostic tests and other monitoring technologies to address bioterrorism and other public health threats, such as SARS.
- Ensure the security of food and medical products.

Objective 2.2 Improve the safety of food, drugs, biological products, and medical devices

How We Will Accomplish Our Objective



➢ **Provide high quality, cost-effective oversight of industry manufacturing, processing, and distribution to reduce risk.**

- Use science-based risk management in all regulatory activities, so that limited resources can provide the most health promotion and protection at the least cost to the public.
- Apply the most current scientific knowledge about risk management and quality assurance to FDA's requirements, including current Good Manufacturing Practice (GMP) inspection, compliance, and enforcement activities.
- Develop new inspection approaches to more effectively utilize new and existing resources.
- Implement an efficient, risk-based system to promote the wide availability of safe FDA-regulated imports by: increasing the standards and improving the practices of source countries and at points of entry into US commerce; improving detection of noncompliant products; and developing standards and procedures to maximize the cost-effectiveness of Agency oversight.

➢ **Assure the safety of the US food supply to protect consumers at the least cost for the public.**

- Develop and use new scientific knowledge and use public health systems to quickly and accurately identify food safety hazards so that disease risks can be properly managed.
- Identify appropriate prevention standards, and apply appropriate preventive controls and inspection and monitoring systems to assure food safety for all Americans.
- Measure results regarding health outcomes to verify that food borne illness and injury is being reduced.
- Consider risk information in deciding how to manage food imports, whether by working with foreign countries and manufacturers to improve compliance with safe manufacturing abroad as an alternative to detailed inspections at the border, or by using better information on imports to focus border checks of final products

that present significant potential risks, or by collaborating with domestic producers to improve checks on the safety of the ingredients they use.

- **Develop methodological strategies and analyses to evaluate options, identify the most effective and efficient risk management strategies, and optimize regulatory decision-making.**

  - Develop and evaluate strategies using scientific data to optimize pre-market and post-market regulatory decisions.

  - Develop timely, first-rate integrated risk assessment and economic analysis to identify risk management options for policy makers.

"CLOSING THE GAPS IN HEALTH CARE"

GOAL 3: Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices

The focus of Goal 3 is to promote increased access to health care, especially for persons who are uninsured, underserved, or otherwise have health care needs that are not adequately addressed by the private health care system.

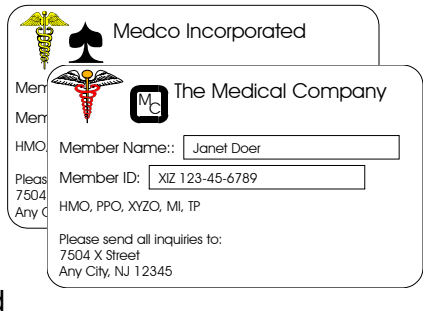
The access challenges are substantial, particularly for some groups. Overall, approximately 44 million persons in the United States lack health insurance. Although recent efforts to cover the nation's children are beginning to show success, many children still lack coverage. Over 2,000 counties in the United States are designated health profession shortage areas where access to primary health care for 53 million residents would be limited without HHS community programs. Access to treatment for persons with HIV/AIDS, estimated to cost as much as $12,000 per year for antiretroviral therapy alone, could be severely limited without support for the cost of drug therapies and associated services. A substantial majority of adults with diagnosable mental disorders do not receive treatment. Many families cannot afford the cost of care for children with special health care needs.

Minority populations often have particular difficulties with access and they face a range of disparities in health care. For instance, approximately 35 percent of Hispanics and 23 percent of African-Americans are without health insurance, compared with 14 percent of white adults. Blacks and Hispanics are more likely than whites to be in fair or poor health.

In addition to Medicare, the Department addresses the access challenge through a variety of entitlement and safety net programs, such as Medicaid, the State Children's Health Insurance Program, and Community Health Centers, that provide access to health care for uninsured and low income individuals.

Objective 3.1 Encourage the development of new, affordable health insurance options

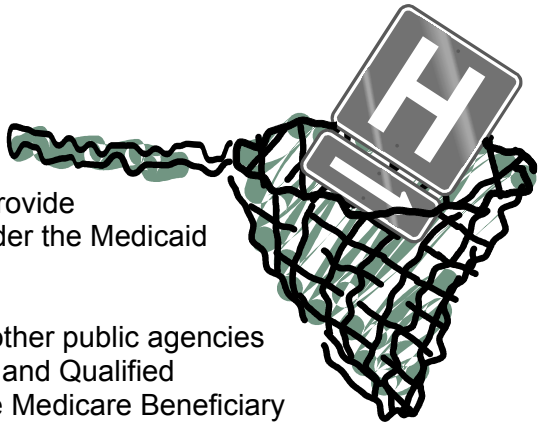
How We Will Accomplish Our Objective



- Support legislative changes[4] that remove excessive restrictions on Medical Savings Accounts and make them permanent.
- Promote the creation of purchasing groups and state high-risk insurance pools through grants and technical assistance to states.
- Support adoption of income-based tax credits toward the purchase of health insurance for Americans without employer-subsidized insurance.
- Support adoption of temporary health credits for workers who have lost their jobs.
- Support medical malpractice litigation reform to reduce the need to practice defensive medicine, and thus restrain health care costs.
- Assist other federal departments in the implementation of the Health Coverage Tax Credit under the Trade Adjustment Assistance Reform Act of 2002, including helping interpret and determining the applicability of "qualified" health coverage under the Act.
- Conduct research to understand changes in the health insurance market and the impact of changes on access to care.

Objective 3.2 Strengthen and expand the health care safety net

How We Will Accomplish Our Objective



➢ **Medicaid/SCHIP**

- Support legislative reform of the Medicaid program to allow states increased flexibility to design more effective ways to provide health coverage to children and families under the Medicaid and SCHIP programs.
- Provide technical assistance to states and other public agencies to increase enrollment of SCHIP, Medicaid, and Qualified Medicare Beneficiary/Specified Low-Income Medicare Beneficiary eligible individuals.
- Provide transitional medical assistance for welfare to work participants.

[4] All strategies that involve supporting legislative changes or reforms will be undertaken utilizing HHS' official legislative proposal process.

- Monitor trends in children's access to health services and inform policymakers about the health care received by children who are largely uninsured or underinsured.

➢ **Underserved Rural and Urban Areas**

- Support effective telemedicine and distance learning programs to extend state-of-the-art health care and information to the Nation's most isolated communities.
- Provide Rural Health Outreach Grants to help establish new partnerships between health organizations and schools, churches, faith-based organizations, emergency medical services providers, private practitioners, social service organizations, and other groups, to improve the delivery of clinical care.
- Support nursing education programs and promote practice and retention in underserved rural and urban areas.
- Enhance flexibility in provision of health care in rural areas by helping communities tailor health care services to the needs of their communities.
- Provide assistance for to doctors, nurses, emergency medical technicians, and other health professionals who serve in areas lacking adequate access to care.
- Modernize the Consolidated Health Center and National Health Service Corps programs.
- Ensure that resource allocation methodologies direct resources to the underserved areas and populations most in need of services.
- Conduct research on where and how uninsured and underinsured people receive health care, as well as research on primary care services, to identify difficulties in access, quality, and outcomes, and to develop better strategies to improve the efficacy of these services.

Objective 3.3 Strengthen and improve Medicare

How We Will Accomplish Our Objective

- Support legislation to modernize and improve Medicare including:

  > providing all Medicare beneficiaries with access to prescription drug coverage, and while transitioning to full implementation, providing immediate assistance to low-income beneficiaries and access to lower drug prices for all beneficiaries through a prescription drug discount card.

> providing options for Medicare beneficiaries that offer more choices and better benefits, including a comprehensive prescription drug benefit, full coverage of preventive care, and limits on high out-of-pocket costs.

> providing the option for Medicare beneficiaries to keep traditional Medicare coverage, with access to discounted drugs and additional protection against high out-of-pocket prescription drug expenses. In addition, providing new Medigap options that include prescription drug coverage and provide beneficiaries with additional protection against high out-of-pocket costs.

- Support interim measures to assist Medicare beneficiaries with accessing prescription drugs, such as through model Medicaid pharmacy waivers.
- Test new health plan options for beneficiaries by developing flexible demonstration programs.
- Provide more private health plan options for Medicare beneficiaries by ensuring that payment formulas are fair and by creating incentives for popular coverage options like preferred provider plans.
- Conduct demonstrations to test ways to incorporate disease management programs into Medicare.
- Develop strategies and tools to promote price and quality competition among health plans and providers.
- Support Medicare contractor reform through administrative steps to improve program management as well as customer service and Medicare contractor reform legislation.
- Streamline the process of approving national coverage of proven new medical procedures.
- Conduct research and surveys to measure and track beneficiary satisfaction with services.

Objective 3.4 Eliminate racial and ethnic health disparities

How We Will Accomplish Our Objective

- Undertake outreach efforts to raise awareness among minority communities about major health risks prevalent in their specific populations and provide access to information on how to reduce these risks.
- Undertake outreach efforts, including working with faith-based and other community-based organizations, to raise awareness among minority communities about protections against illegal discrimination in access to and receipt of quality health care.

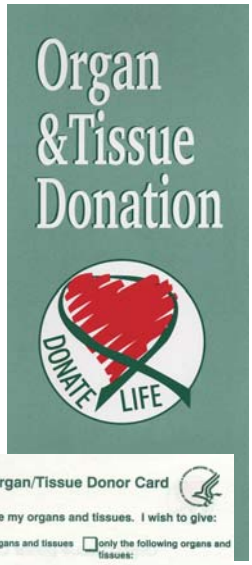
- Reduce communication barriers between health care providers and patients through provider education and training and the development and dissemination of appropriate technical assistance tools.

- Partner with faith-based and other community-based organizations to help reach diverse racial and ethnic populations concerning major health risks and prevention in their communities.

- Conduct and support research to understand the underlying causes of racial and ethnic health disparities and develop and disseminate effective strategies to eliminate preventable disparities.

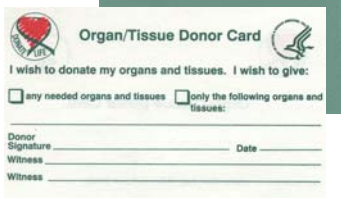
Objective 3.5 Expand access to health care services for targeted populations with special health care needs

How We Will Accomplish Our Objective



➢ **Organ and tissue transplantations**

- Promote awareness of the importance of organ donations.
- Evaluate strategies for increasing donations and promote what works.
- Develop and disseminate the curriculum concerning organ and tissue donation for health care professionals.
- Support research on alternative sources of tissue and organs suitable for transplantation.



➢ **HIV/AIDS**

- Promote awareness of the Ryan White CARE Act, which provides resources for uninsured and underinsured people disproportionately affected by HIV/AIDS.
- Support HIV healthcare workforce development through training, technical assistance, and dissemination of evidence-based guidelines to Ryan White CARE Act grantees and providers.
- Evaluate results and utilize evidence-based best practices as a part of quality management programs to ensure responsible provision of HIV/AIDS care and treatment.
- Support Medicaid's Maternal HIV Consumer Information Project.
- Provide technical assistance to state Medicaid agencies on appropriate treatment and monitoring of HIV.

- Provide technical and financial support to the Global Fund to Fight HIV/AIDS.

➢ **Mental health services**

- Promote the adoption of evidence-based treatment services, support, and prevention strategies.

- Conduct and support research to improve the effectiveness of existing mental illness treatments and develop new interventions to prevent and treat mental disorders.

- Promote the integration of services, including mental health treatment, substance abuse treatment, primary care, and other needed services for people of all ages with co-occurring disorders, including individuals who are chronically homeless.

- Enhance access to services by strengthening outreach and engagement approaches in relevant programs that will facilitate the enrollment of individuals who are chronically homeless.

- Provide support for data systems that track mental illness, epidemiology, service system characteristics, and outcomes. (See Appendix A.)

➢ **Persons with special health care needs**

- Provide outreach to educate populations with special needs about systems of care.

- Utilize information from national surveys and research to assist in filling gaps in services.

- Promote fulfillment of the Americans with Disabilities Act and the President's New Freedom Initiative that will improve the ability of people of any age who have a disability to live and participate in their communities.

- Provide guidance to states to ensure that children with special needs receive appropriate care.

- Conduct research to develop improved screening tools for identifying children with special needs.

Objective 3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)

How We Will Accomplish Our Objective

- Provide support for health professionals who serve in Indian health locations.
- Increase core capacity of tribes and tribal organizations to effectively assess needs, and implement and evaluate programs to eliminate health disparities.
- Support the integration of traditional healing practices into conventional health care.
- Increase the collection of payments to IHS, tribal, and urban Indian providers from third-party health insurance.
- Refine and expand the information technology infrastructure within the Indian health system to improve health status monitoring, health care quality and efficiency, and financial management.
- Allocate resources to services that address health conditions that disproportionately affect American Indian and Native Alaskan populations in urban and rural settings.
- Enhance and expand collaborative efforts between the Indian Health Service and other HHS agencies directed towards reducing the disparities in health status between American Indian and Alaska Native people and the U.S. general population.
- Increase the capacity of tribal epidemiology programs to assure that essential public health services are available in local, tribal, and urban settings.

"IMPROVING HEALTH SCIENCE"

GOAL 4: Enhance the capacity and productivity of the Nation's health science research enterprise

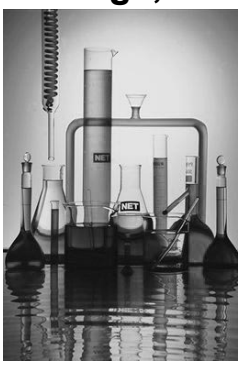
The "health research" goal recognizes the prominence of health research in HHS and its importance in furthering the overall mission of improving the nation's health. Many strategies under other goals and objectives are also research based, so there is overlap among the goals and objectives. The objectives under Goal 4 deal with creating knowledge that ultimately is useful in addressing health challenges. In this respect, the objectives address the need to maintain and improve the research infrastructure that produces scientific advances.

Objective 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability

How We Will Accomplish Our Objective

- Continue to support basic, clinical, and applied biomedical and behavioral research, with stringent peer review for scientific quality of research proposals.
- Develop and implement processes for setting research priorities that ensure that research is responsive to public health needs, scientific opportunities, and advances in technology.
- Promote scientific and technology transfer through mechanisms such as interagency collaborations and partnerships with academia and industry.
- Ensure that women and members of minority groups are included in biomedical and behavioral clinical research projects.

Objective 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology



How We Will Accomplish Our Objective

- Use science-based risk management in all regulatory activities, so that limited resources can provide the most health promotion and protection at the least cost to the public.

- Provide timely, high quality, cost-effective processes for review of new technologies/pre-market submissions.

- Initiate the development of a continuous improvement/quality systems approach to the approval process throughout pre-market review of new applications.

- Direct Agency research programs and develop standards to effectively handle emerging technologies, especially in areas of pharmacogenomics, gene therapy, and combination devices. The objective is more efficient and rapid translation of new scientific developments and breakthroughs into safe and effective medical products.

- Reduce avoidable delays and costs in product approvals through clear expectations and effective communication of standards to sponsors by: 1) analyzing root causes of multiple review cycles and establishing steps to prevent additional cycles when possible and 2) developing additional Agency guidance on innovative and cross-cutting product development where development pathways are particularly difficult or unclear.

Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers

How We Will Accomplish Our Objective

- Invest in research training and career development programs in basic, clinical, and applied research.

- Conduct outreach activities to apprise minorities of research training and career development opportunities to expand the pool of those interested in applying for such programs.

Objective 4.4 Improve the coordination, communication, and application of health research results

How We Will Accomplish Our Objective

- Provide for easy access by academia and industry to HHS databases and findings from HHS research, with appropriate privacy and confidentiality protection.

- Expand the use of electronic technology and media channels to gather and transfer research information to researchers, practitioners, and the public.

- Establish quality standards for the dissemination and strategic application of consumer/communication research findings.

- Establish partnerships with health professional associations, industry groups, patient representatives, community groups, disability groups, and purchasers of care to more widely disseminate research findings.

- Support "implementation research" to determine how innovative, effective interventions can be implemented in actual settings and populations, including the means to reach diverse communities.

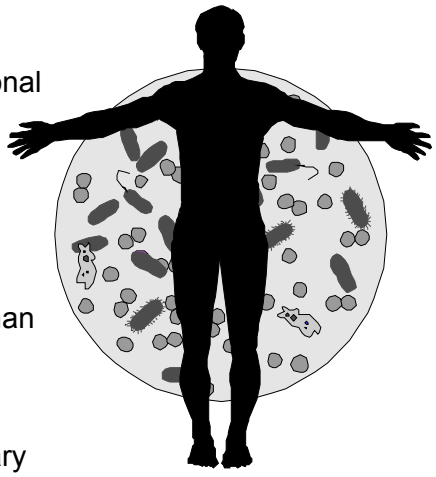
- Ensure that consumer research, demonstration, and evaluation results are communicated effectively across HHS agencies and to all decision-makers.

- Support development of data-based quality of care and outcome measurement systems to track adoption of evidence-based practices.

Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process

How We Will Accomplish Our Objective

➢ **Human Subjects Protection**



- Promote education of research sponsors, institutional administrators, investigators, and Institutional Review Board members and staff on the application of human subjects protection requirements.

- Promote programs to increase the quality, performance, and efficiency of an institution's human subjects protection program and help institutions ensure compliance with federal regulations.

- Promote the development and use of valid voluntary accreditation for human subjects protection programs.

- Develop sensible, effective policies and procedures for dealing with financial relationships in human research as part of ensuring protections for human research participants without impeding appropriate research activities.

➢ **Research Integrity**

- Expand education on conducting responsible research for our research partners.

- Conduct research on research integrity, including methods to make education more effective, discovery of regulatory standards that work, and identification of best practices that can be adopted to ensure responsible research.

"REALIZING THE POSSIBILITIES OF 21ST CENTURY HEALTH CARE"

GOAL 5: Improve the quality of health care services

Improving quality of life and health in the United States also involves improving the quality of human services and health care that persons receive. The focus of this goal and supporting objectives is on the implementation of a variety of strategies to improve service quality. In this respect, several of the objectives parallel the goals in the Department's health care quality initiative. (Other elements of the initiative are included elsewhere in the Strategic Plan.)

Objective 5.1 Reduce medical errors

How We Will Accomplish Our Objective

- Support the development and dissemination of evidence-based practices, including information systems and new technology for the home and for clinical settings.

- Work with representatives from public and private sectors and standard development organizations to develop consensus on standards for content and transmission of patient-specific clinical information.
- Analyze data from health care organizations to better understand safety problems with medical products.
- Communicate risks and correct safety problems associated with medical products, dietary supplements and foods.
- Improve reporting systems for medical errors and adverse events (including those related to medical devices and drugs), and disseminate lessons learned from the data collected.
- Conduct research on the underlying causes of medical errors and adverse events.

Objective 5.2 Increase the appropriate use of effective health care services by medical providers

How We Will Accomplish Our Objective

- Provide quality improvement assistance to providers and practitioners and enhance the utilization of market forces though entities such as Quality Improvement Organizations and other public and private sector partnerships to spur quality improvement.

- Conduct research and evaluation to develop knowledge about effective health services.
- Translate this knowledge into strategies, educational tools, and information to help clinicians and health care policy makers improve health care quality.

Objective 5.3 Increase consumer and patient use of health care quality information

How We Will Accomplish Our Objective

- Disseminate health care quality information through provider networks, faith-based and community groups, and Internet information sites.
- Work with private sector partners to educate Medicare beneficiaries on making informed decisions about health care.

- Work with private sector and health care provider communities to develop and make publicly available standardized, risk-adjusted indicators of health care quality that are meaningful to purchasers, providers, and consumers.
- Conduct research to improve information about nursing home quality so that comparative information provided to consumers about nursing home quality is risk-adjusted, valid and reliable.

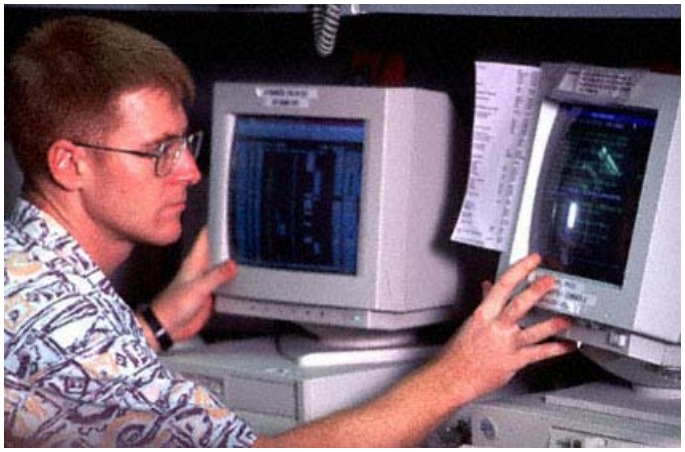
Objective 5.4 Improve consumer and patient protections

How We Will Accomplish Our Objective

- Support a prohibition on the use of genetic information to deny access to health insurance.
- Improve survey and certification processes for participation in Medicare and Medicaid.
- Provide information to HHS beneficiaries on grievance and appeal rights in HHS health care programs, and on protections and complaint procedures for privacy of health information and civil rights.
- Provide training and technical assistance to HHS "protection and advocacy programs" for persons who are elderly, mentally ill, or developmentally disabled.
- Develop and implement options to streamline the Medicare appeals process.

Objective 5.5 Accelerate the development and use of an electronic health information infrastructure

How We Will Accomplish Our Objective



- Provide leadership to promote the rapid development of the technology necessary for electronic health records, consistent with secure and confidential treatment of health information.
- Promote the voluntary adoption of national data standards, within the private and public health sectors, as the building blocks for a national health information infrastructure.
- Conduct research on the practical applications of a national health information infrastructure that serves consumers and patients, as well as serving professionals and other decision makers.

"WORKING TOWARD INDEPENDENCE"

GOAL 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need

The focus of this goal is to promote and support interventions that help disadvantaged and distressed individuals, families, and communities improve their economic and social well-being. The objectives further prioritize Department efforts by targeting interventions toward low-income families (including those receiving TANF), children, the elderly, persons with disabilities, and distressed communities.

While substantial progress has been made in the past several years in reducing poverty, evidence supports a continued focus on helping those who need help.

Also, as the American population ages, evidence points to the need to extend efforts to help the growing number of elderly persons remain as active and healthy as possible and delay or avoid chronic medical problems. An aging society means that the number of persons needing long-term-care services will increase and the availability of these services in the home and community will be a significant challenge if we are to help these citizens maintain their independence and quality of life. The need for long-term support is not limited to the elderly. As survival rates increase among people who are born with or acquire disabilities, and with more opportunities for them to lead better-quality lives in the community, there will be greater need to expand the options for home and community-based support structures for people of all ages.

Finally, despite the need to use a wide range of community resources and organizations to deliver services to improve the well-being of families and communities, there remains widespread bias against faith- and community-based organizations participating in Federal social service programs.

Objective 6.1 Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition

How We Will Accomplish Our Objective

- Require states and tribes to engage all families on TANF in constructive activities leading to self-sufficiency as defined by their own state or tribal program.
- Encourage states and tribes to use their flexibility and capacity to coordinate human services and workforce programs so that families can better access services to obtain and maintain employment and to enhance child and family well-being.
- Provide support for child care services and parental choice that allows low income parents to enter and remain in the workforce.
- Conduct research, provide technical assistance, and identify best practices on ways to eliminate barriers to employment for persons who experience significant employment difficulties, such as individuals with disabilities, homeless persons, and minority populations.
- Develop and implement a research, evaluation, and data strategy to create an integrated picture of the low-income population and understand the effects of welfare reform on children, families, and communities.

Objective 6.2 Increase the proportion of older Americans who stay active and healthy

How We Will Accomplish Our Objective

- Promote healthy lifestyles.
- Provide health care providers with information about the preventive care, primary health care, and chronic disease management needs of the elderly.
- Educate people over 50 about the benefits of health screening, immunizations, and life-style counseling and behavior changes.
- Support state, tribal, and community programs that provide basic services (meals and transportation) to combat factors (such as poor nutrition, social isolation, and accidents) that lead to functional decline

among the elderly.

- Support nursing home ombudsmen, senior legal assistance, pension counseling, and other state and local programs to prevent elder abuse, neglect, and discrimination.

- Support biomedical, behavioral, and health services research to better understand the aging process and factors that prolong independent functioning, such as the use of assistive devices and technology.

Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs

How We Will Accomplish Our Objective

- Support continuing attention to the Olmstead Supreme Court decision on community integration under the Americans with Disabilities Act and provide technical assistance to states in its implementation.

- Support tax and respite care benefits for home caregivers.

- Provide caregiver training and link caregivers to support networks.

- Facilitate development of new long-term care insurance products to give Americans more choice in covering long-term care needs.

- Support tax deductions for long-term care insurance.

- Continue attending to the President's New Freedom Initiative and solutions identified in the Department's report to the President entitled "Delivering on a Promise."

- Identify and eliminate barriers to community living for persons with disabilities.

- Allow states and tribes to demonstrate new options of community-based services, including options to children's residential treatment facilities.

- Help communities develop comprehensive community-based, long-term care services.

- Develop and disseminate financing and service delivery models that improve the coordination and integration of home health, rehabilitation, and nursing facility services.

- Promote policies that empower individuals needing long-term care to be involved in the planning and direction of their services.

- Improve the long-term care data infrastructure to better monitor the demand for and use of services and transitions across residential care settings.

Objective 6.4 Improve the economic and social development of distressed communities

How We Will Accomplish Our Objective

- Support individual development accounts to encourage low-income individuals to save for purchasing homes and starting businesses, and for post-secondary education.
- Provide employment and entrepreneurial opportunities for low-income individuals, including those with disabilities, through partnerships with industrial and commercial business and by providing assistance for self-employment and small business ventures.
- Provide training, technical assistance, and financial resources to state, local, public, and private agencies for economic development and related social service support activities.
- Assist community development corporations and community action agencies in leveraging existing federal, state, and local resources for neighborhood revitalization activities.
- Sponsor programs that develop community leadership and empower residents to participate in the design and implementation of programs that best meet local needs.

Objective 6.5 Expand community and faith-based partnerships

How We Will Accomplish Our Objective

- Identify and reduce unnecessary legislative, regulatory, and programmatic barriers to participation of these organizations in federal programs.
- Improve the communication channels, disseminate information, and provide technical assistance to community and faith-based organizations on how to participate in federal programs, and work effectively together.
- Develop and disseminate “best practices,” highlighting successful community and faith-based programs.
- Establish a national resource center to provide technical assistance, training, and information to faith- and community-based organizations.
- Conduct research to determine how faith- and community-based organizations provide social services and the role they play in communities and in the lives of the people they serve.

"LEAVING NO CHILD BEHIND"

GOAL 7: Improve the stability and healthy development of our Nation's children and youth

While trends in the well-being of our nation's children and youth are positive, additional effort needs to be made. Data illustrate the difficulties and the challenges. The numbers of substantiated victims of child maltreatment remain high–over 900,000 cases in 2001. Too many children are living in single parent households–28 percent in the year 2002, and an estimated 534,000 children were in foster care the last day of calendar year 2002. Research is rife with evidence of the positive effects that marriage has on the stability and sound development of children, as well as the importance of fathers' involvement with children's lives on a daily basis. Also, more needs to be done to ensure that non-custodial parents are meeting their financial obligations. In 2002, although over 70 percent of parents who came to the child support enforcement program for help have child support orders in place, 32 percent of those parents did not receive child support payments.

Finally, while an increasing number of children age three to five are enrolled in center-based early learning programs, children below the poverty line are lagging behind. In 2001, 56 percent of all three to five year-olds were enrolled, while only 47 percent of children in poverty were enrolled.

Objective 7.1 Promote family formation and healthy marriages

How We Will Accomplish Our Objective

- Support research, evaluation, demonstrations, and technical assistance to develop and disseminate best practices in supporting healthy marriages, family formation, and nurturing the positive development of children and youth.
- Encourage states to provide equitable treatment of two-parent married families under state TANF programs.
- Provide competitive matching grants to states, territories, and tribal organizations to develop innovative approaches to support healthy marriages.
- Provide grants to community and faith-based organizations to promote responsible fatherhood and help both custodial and non-custodial fathers become more involved in the lives of their children.
- Support international efforts to strengthen families.

Objective 7.2 Improve the development and learning readiness of preschool children

How We Will Accomplish Our Objective

- In Head Start and childcare, strengthen language and early literacy services through evidence-based training and technical assistance, while continuing to strengthen children's social and emotional competence, health, and nutrition.
- Develop a new Head Start accountability system to assess learning in early literacy, language, and proficiency in math.
- Encourage state development of voluntary guidelines on literacy, language, and pre-reading skills that align with the K-12 learning standards adopted by each state.
- Promote the professional development and training of early child care and education teachers.
- Promote better coordination of services through service partnerships among Head Start, childcare, pre-kindergarten, family literacy, and health programs.
- Employ and provide training to parents of Head Start Children, and encourage parents to volunteer in their child's classroom.
- Provide intergenerational activities (involving grandparents and other family members).
- Increase enrollment of children in Head Start programs.
- Conduct research on ways to improve children's healthy development and school readiness, and use research findings to improve practice.

Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children

How We Will Accomplish Our Objective

- Support rigorous enforcement of child support obligations.
- Provide states and tribes with financial incentives to increase the amount of collections on overdue child support given directly to families, especially those that have left welfare.
- Require states and tribes to regularly review and adjust child support orders for families that participate in TANF.

- Provide training and technical assistance to state and tribal child support enforcement agencies on the use of the Federal Parent Locator Services and best collection practices.

- Identify access and safe visitation practices that encourage non-custodial parents to be more involved in their children's lives.

Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment

How We Will Accomplish Our Objective

- Encourage adoptions, for example, by identifying and addressing the sources of delays in inter-jurisdictional adoptions and holding states to standards for improving the timeliness of adoptions, particularly for children with special needs.

- Provide support for developmental and other services to help homeless and runaway youth return home or live in secure alternative environments.

- Provide support for independent living services to help foster youth transition to independence, including support for educational vouchers to help that transition.

- Improve the safety, permanency, and well-being of children in the child welfare system by emphasizing outcomes for children in child and family services reviews and through technical assistance to states.

- Support research and demonstrations to better understand how to prevent and treat child abuse and neglect and family violence, and provide stable family situations.

- Support Protection and Advocacy Systems programs that investigate and resolve the inappropriate and unsafe treatment of children with disabilities.

- Promote the continuity of family reunification when safe and possible.

IMPROVING DEPARTMENT MANAGEMENT

GOAL 8: Achieve Excellence in Management Practices

In order to accomplish all the other goals and objectives in HHS' Strategic Plan, it will be necessary to improve management practices to achieve excellence in HHS management. A central objective in achieving excellence is to function as *One HHS*. To ensure that HHS is "One Department" rather than a collection of disparate and unrelated agencies, we are reforming the management of the Department, in part by consolidating activities and by improving collaboration among agencies in administering HHS programs, and in part, by re-engineering business practices to improve efficiency and support a unified approach.

HHS is pursuing objectives consistent with the five government-wide elements of the President's Management Agenda (Competitive Sourcing, Human Capital Management, Improve Financial Management, Strengthen E-Government, and Budget and Performance Integration). These elements form the basis for objectives 8.2 through 8.6. Highlights of recent HHS efforts and accomplishments in these areas follow.

The General Accounting Office estimates that more than 15 percent of the federal workforce will retire in the next five years, drastically hindering the government's ability to serve the public. Given the growing proportion of HHS staff eligible to retire in the next few years, HHS will improve the management of human capital through workforce planning as well as training and recruitment efforts. We plan to enhance the effectiveness of the balance between work done by government employees and work conducted by private sector contractors.

We are implementing an integrated Department-wide financial management system—the Unified Financial Management System (UFMS). This system will replace the five outdated legacy accounting systems currently in use across the HHS agencies. The system will serve as the "hub" of the Department's financial systems infrastructure and will support business operations and decision-making at all management levels. The major source of health coverage for older Americans is Medicare. Ensuring the fiscal integrity of the program is critical to continued access to care. Significant accomplishments in reducing the financial drain from fraud, waste, and abuse have been recorded. Still, we can do more to reduce improper payments, which in fiscal year 2001 were estimated at $12.1 billion, or about 6.3 percent of the $191.8 billion in processed fee-for-service payments.

We will also build on previous efforts to improve financial management by reducing payment error rates to providers and by pursuing modernization of Medicare contractors' financial systems. We intend to reform regulations to reduce excessive paperwork and the burden on doctors, nurses, and other health care professionals so that they have more time to spend with patients. With growing use of technology, enhancing the use of electronic commerce in service delivery, communications, and record keeping will contribute greatly to improved management practices. HHS continuously strives to integrate performance information and budget information so that program results inform budget decisions, and all HHS agencies are collaborating on budget integration improvements.

Taken together, these efforts will greatly enhance management and program performance at HHS.

Objective 8.1 Create a unified HHS committed to functioning as one department

How We Will Accomplish Our Objective

- Consolidate HHS operations, including:
  - facilities management, centralizing building and location-related decisions and to help co-locate HHS employees who work together;
  - Departmental personnel operations to enhance effectiveness and efficiency in hiring, training, and deployment of personnel; and administrative services.
- Implement more effective coordination of HHS research and evaluation activities.
- Enhance the coordination of administration of programs and policies, such as the State Children's Health Insurance Program and privacy and confidentiality policies, across HHS to better leverage our collective resources so that services to program recipients from HHS agencies are seamless and complementary.
- Consolidate the work and physical location of some of our agencies to increase efficiencies and reduce costs.
- Eliminate excessive management layers to speed decision-making.
- Consolidate and modernize existing financial management systems.
- Establish a single corporate information technology enterprise system and standardize electronic communications systems and software so that all HHS agencies can communicate easily.

Objective 8.2 Improve the strategic management of human capital

How We Will Accomplish Our Objective

- Conduct ongoing workforce planning to assess the skills we need to accomplish the Department's mission now and in the future.
- Attract, hire, and retain exceptional individuals in critical occupations throughout HHS.
- Hold employees accountable for achieving measurable results through performance contracts linked to the Department's program and management priorities, and use the results to reward excellence.

- Provide better access to learning opportunities for all HHS employees so they can enhance their critical competencies.

- Design effective succession planning and career development programs to recruit the next generation of HHS leaders.

Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing

How We Will Accomplish Our Objective

- Require that Agencies set progressive targets for competitive sourcing of commercial activities each year, which align with identified areas for management improvement.

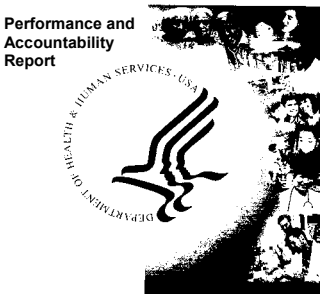
- Ensure that all resulting contracts with both public and private entities are "performance based" and provide a process for vigorous contract monitoring and administration.

- Produce a competitive sourcing plan, and require each HHS Agency to produce a plan, which studies a progressive percentage of commercial activities performed by Departmental staff.

- Use competitive sourcing information generated to identify new performance efficiencies and institute ongoing, continuous improvement.

- Ensure that competitive sourcing targets are aligned with HHS workforce restructuring plans, and conduct studies that examine each area of operations for cost comparison where efficiencies would be gained.

Objective 8.4 Improve financial management



How We Will Accomplish Our Objective

- Reduce payment error rates and improve internal controls.[5]

- Assess programs' risk of payment errors and take action to mitigate identified risks and minimize improper payments.

- We will test a Medicaid/SCHIP payment error rate measurement methodology through the Medicaid and SCHIP payment accuracy measurement pilots, and, when feasible, will implement the methodology nationally.

[5] Please see Appendix H "Accuracy of Medicare Fee-for-Service Payments" section for additional information and FY 2008 targets.

- Modernize Medicare contractors' financial systems by implementing the Healthcare Information General Ledger Accounting System (HIGLAS).

- Develop a Department-wide integrated financial management system that supports (1) financial analysis, (2) performance measurement, and (3) operational decision-making.

- Maintain the Department's standard of highly reliable financial reporting and deliver financial reports in accordance with the federal government's accelerated reporting guidelines.

Objective 8.5 Enhance the use of electronic commerce in service delivery and record keeping

How We Will Accomplish Our Objective

- Implement electronic standards for archival and record keeping that facilitate electronic storage, access, and usage of critical information.

- Support e-government initiatives with e-government productivity measures, strong Information Technology security, and integrated enterprise architecture.

- Institute seamless electronic communications systems within HHS with the use of standardized, compatible, electronic mail and software systems.

- Adopt electronic data interchange standards under the Health Insurance Portability and Accountability Act (HIPAA), and provide implementation assistance to providers and health plans.

- Implement the HHS IT Strategic Plan[6], which has goals to:

  - Provide a secure and trusted IT environment,
  - enhance the quality, availability, and delivery of HHS information and services to citizens, employees, businesses, and governments,
  - implement an enterprise approach to IT infrastructure and common administrative systems that will foster innovation and collaboration,
  - enable and improve the integration of health and human services information, and
  - achieve excellence in IT management practices, including a governance process that complements program management, supports e-government initiatives, and ensures effective data privacy and information security controls.

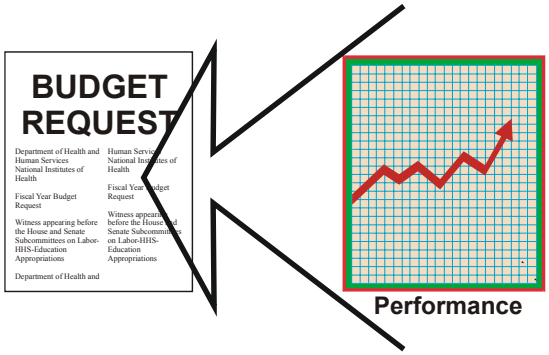
[6] See also Appendix F, Information Technology section. For further details, see the HHS IT Strategic Plan (to be available on the InterNet, a link from the HHS home page).

Objective 8.6 Achieve integration of budget and performance information

How We Will Accomplish Our Objective

- Develop Departmental Agency Performance Plans that align budget requests and priorities with national health and human services outcomes.

- Develop Department-wide performance measures to measure overall, strategic direction in HHS crosscutting areas, such as measures of prevention and anti-bioterrorism efforts.



- Prepare a One HHS Action Plan which integrates both budgeting and performance information into one report.

- Use the Secretary's Budget Council meetings to review information on program performance as well as how additional resources would be used to improve the program's ability to meet its goals.

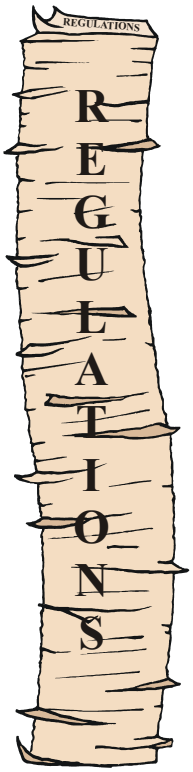
- Require that the HHS agencies include full cost estimates in their FY 2005 performance plans and beyond.

- Require HHS agencies to prepare an integrated performance budget in FY 2006 and beyond.

- Implement a multi-part strategy for improving program effectiveness.

- Implement a strategy for promoting accountability among program managers and other employees, including linking individual HHS employee performance assessment plans to strategic goals and objectives.

Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services



How We Will Accomplish Our Objective

- Seek advice from stakeholders.
- Examine the findings and recommendations from the Advisory Committee on Regulatory Reform.
- Clarify and simplify confusing regulations.
- Provide the health care provider community with regular and predictable information on new regulatory and other developments in the Medicare and Medicaid programs.
- Conduct open-door forums and other outreach efforts to enhance communication with beneficiaries, health care providers, and other stakeholders to increase responsiveness and identify areas for reducing regulatory burden under the Medicare and Medicaid programs.
- Promote health plan participation in Medicare by fostering stability and predictability in health plan payments and reducing administrative burden.

Appendix A
Performance Plan Linkage and Success Indicators

LINKAGE

The Department of Health and Human Services (HHS) Annual Performance Plan is the primary mechanism for implementing the Department's Strategic Plan. The two planning documents are intertwined. The HHS Strategic Plan sets broad, long-term objectives for the Department; for example: Increase Immunization Rates Among Adults and Children (Objective 1.3). It also describes the principal implementation strategies for achieving the strategic objective; for example: 1) disseminate public information to patients and providers about the importance of vaccinations; 2) educate the public about the efficacy and safety of vaccines; 3) support research to learn more about adverse reactions and develop safer and more effective vaccines; or 4) help countries and global partners increase their capacity to detect, monitor and investigate diseases that emerge abroad that could affect Americans. In turn, the Department's Annual Performance Plan sets annual performance goals for HHS programs and relates these goals to the task of carrying out the strategies and long-term objectives in the Department's Strategic Plan. In so doing, the link between annual program activities and goals and the strategic plan is established. The link can occur in various ways.

In many cases, annual performance goals may be identical to the strategic objective or the principal implementation strategies contained in the strategic plan. In these cases, the performance plan provides more detail and often sets annual targets for the strategic objective or implementation strategy. For example, a FY 2001 –FY 2005 annual performance goal for the Centers for Disease Control is to ensure that 90% of two-year-olds are appropriately vaccinated. Another CDC annual performance goal for FY 2002 – FY 2005 is to eliminate vaccine-associated paralytic polio by 2010. A final example is the FY 2003 – FY 2005 CDC annual performance goal to eliminate indigenous measles transmission in all 47 countries of the Americas. The relationship with the Department's Strategic Plan strategies cited in the preceding paragraph is evident.

Cumulatively, the HHS Annual Performance Plan outlines–in the form of annual performance goals for HHS programs–the incremental steps the Department will take each year to achieve its strategic objectives. Likewise, the annual performance data generated to report on annual performance goals can be useful in assessing progress toward achieving the strategic objectives. First, the performance plans and reports provide an extensive body of information on programs, performance measures, and program strategies that are relevant to the objectives in the strategic plan. Second, the performance plans and reports will provide annual performance data that allow HHS to analyze progress toward the achievement of the Departments goals and objectives on a continuous basis. Finally, the performance plans and reports provide a mix of measures, particularly process, output, and outcome measures, that provide for a richer assessment of progress than can be provided by long-term outcome measures alone.

In summary, the HHS performance plans and reports will continue to identify an extensive set of strategies, initiatives, programs, and performance goals that will support all of the strategic objectives and

serve as the primary mechanism for tracking progress toward achievement of the HHS Strategic Plan's goals and objectives.

SUCCESS INDICATORS

Table A provides examples of indicators that can be used to gauge whether we are making progress toward achieving strategic plan objectives. Some of the indicators are illustrated by a graph or chart when sufficient trend data were available to merit such an approach. Data sources for the indicators are varied, and some representative sources are listed within the table. However, it should be noted that responsibility for accomplishment of the indicators is not necessarily linked to the entity collecting the data. For example, CDC's National Center for Health Statistics (NCHS) serves a unique role within the Department, providing data support for a myriad of programs not necessarily carried out by CDC.

As stated, performance data from the HHS Annual Performance Plan is relevant in demonstrating progress toward achieving the Department's Strategic Plan objectives. We have incorporated an illustrative set of measures from the FY 2002 performance plan into the table to demonstrate this linkage.[1] In addition, we have coordinated the indicators with other performance measurement activities.

One of the five initiatives in the President's Management Agenda is budget-performance integration. As an element of this initiative, the Office of Management and Budget developed the Program Assessment Rating Tool (PART). PART was designed to be a common, transparent approach to assessing federal programs. It examines program purpose, strategic planning, program management, and results. As a prelude to the FY 2004 budget, OMB and HHS examined 31 HHS programs—more than any other federal department. HHS is actively using PART to improve programs, support budget decision making, and refine the performance measurement process.

HHS will continue to assess progress toward achievement of the Department's strategic goals and objectives in the HHS Annual Performance Plan which accompanies the detailed performance plans and reports (which contain a broad range of performance measures on HHS programs) submitted to the Congress each year with the HHS Budget. For example, in the HHS Annual Performance Plan submitted to the Congress in February 2000, the Department described how selected results for measures in the annual performance plans provided substantive evidence of HHS progress toward the achievement of its strategic goals.

As the data in the table are examined, please note that apparent differences may not reflect statistically significant differences in trends. Closer analysis of data would be necessary to determine if there are actual differences in trends.

[1] Performance goals and data presented here may change over time depending on outyear corrections and updates; the HHS performance plan and/or individual HHS agency annual performance plans should be consulted.

TABLE A
STRATEGIC OBJECTIVE INDICATORS[2]

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
GOAL 1: Reduce major threats to the health and well being of Americans		
Objective 1.1		
Reduce behavioral and other factors that contribute to the development of chronic diseases	Reduce the proportion of Americans defined as obese (by age group)	National Health and Nutrition Examination Survey (HP2010, indicator 19-2, 19-3) **1999-2000 Baseline:** 30.9% **HP2010Target**: 15%
	Decrease hospitalizations due to asthma for states that have implemented a comprehensive asthma control program.	National Vital Statistics System (HP2010, indicator 24-1) **FY 2001 Baseline:** <5 years: 60.9/100,000; 5-64 years: 13.8/100,000; >64 years: 19.3/100,000 **FY 2005 Target:** 12% reduction in each age group
	Decrease new diabetes cases (per 1,000 population per year)	National Health Interview Survey (HP2010, indicator 5-2) **1999-2001 Baseline:** 6.4 per 1,000 **HP2010 Target:** 2.5 new cases per 1,000 population per year
Objective 1.2		
Reduce the incidence of sexually transmitted diseases and unintended pregnancies	Reduce the incidence of gonorrhea in women aged 15-44	Sexually Transmitted Diseases Surveillance System (CDC) (APP) **FY 2000 Baseline**: 278 cases per 100,000 population **FY 2009 Target**: < 250 cases per 100,000

[2] Column Headings will be repeated on each page in subsequent versions.
[3] The HHS Agency listed indicates that it is the source of the data, not that it is necessarily responsible for achieving the objective or for improvements in the measure.

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
	Reduce the number of HIV infection cases diagnosed each year among people under 25 years of age	HIV/AIDS Surveillance System (CDC) (HP2010 indicator 13.5-Developmental Measure) **FY 2002 Baseline:** Overall – 2185 reported cases (data from 25 states with HIV reporting) **FY 2009 Target**: 25% reduction
	Decrease the number of perinatally acquired AIDS cases, from the 2002 base of 141 cases	HIV/AIDS Surveillance System (CDC) (APP) **FY 2002 Baseline**: 141 cases **FY 2009 Target**: < 90 cases
Objective 1.3		
Increase immunization rates among adults and children	Achieve or sustain immunization coverage of at least 90% in children 19 to 35 months of age 3 doses DtaP vaccine 3 doses Hib vaccine 1 dose MMR vaccine 3 doses hepatitis B vaccine 3 doses polio vaccine 1 dose varicella vaccine 4 doses pneumonococcal conjugate vaccine	National Immunization Survey (CDC) (APP) **FY 2002 Baseline**: DtaP – 95% Hib – 93% MMR – 91% hepatitis B – 90% varicella vaccine – 81% **FY 2005 Target**: Maintain 90% immunization rate
	Increase the vaccination rate among non-institutionalized high-risk adults ages 18 to 64 years for influenza and pneumococcal pneumonia	National Health Interview Survey (non-institutionalized population) (CDC) (APP/HP2010 indicator 14.29) **FY2001 Baseline:** flu – 29%, pneumonia – 17% **FY 2005 Target**: flu – 32%, pneumonia – 22%
Objective 1.4		
Reduce substance abuse	Decrease the percentage of adolescents and adults engaged in binge drinking in past 30 days	National Household Survey on Drug Abuse (SAMHSA) **FY 2001 Baseline:** 20.5% **HP2010 Target:** 11% (high school seniors); 20% (college students)

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
	Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.	National Household Survey on Drug Abuse (SAMHSA) (APP) **FY 2001 Baseline**: 10.8% **HP2010 Target**: 11%
	Decrease the percentage of adults age 18 years and over who have used illicit drugs in past 30 days	National Household Survey on Drug Abuse (SAMHSA) (APP/ HP2010 indicator 26-10c) **FY 2001 Baseline:** 6.6% **HP2010 Target:** 2%
Objective 1.5		
Reduce tobacco use, especially among youth	Reduce the percentage of youth (grades 9-12) who smoke	Youth Risk Behavioral Surveillance System (CDC)(APP) **FY 2001 Baseline:** 28.5% **FY 2009 Target**: 26.5%
Objective 1.6		
Reduce the incidence and consequences of injuries and violence	Decrease the death rate from unintentional injuries including those resulting from falls, residential fires, drowning, or motor vehicles (per 100,000 population)	National Vital Statistics System (HP2010 indicator 15-13) **2001 Baseline**: 35.7 deaths per 100,000 **HP2010 Target**: 17.5 deaths per 100,000
	Decrease the death rate from homicides including those resulting from child maltreatment, intimate partner violence, and youth violence (per 100,000 population)	National Vital Statistics System (HP2010 Indicator 15-32) **2001 Baseline**: 7.1 deaths per 100,000 **HP2010 Target**: 3.0 death per 100,000

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
GOAL 2:	**Enhance the ability of the nation's health care system to effectively respond to bioterrorism and other public health challenges**	
Objective 2.1		
Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats	States develop state-wide plans (including the development of emergency mutual aid agreements and/or compacts, and provision for regular exercises that test regional response proficiency) for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies	CDC/HRSA Bioterrorism Preparedness Cooperative Agreement Programs **FY 2002 Baseline:** 0% of states **FY 2005 Target:** 100% of states
	States develop and implement regional hospital plans for a potential epidemic involving at least 500 patients in each State or region	CDC/HRSA Bioterrorism Preparedness Cooperative Agreement Programs **FY 2002 Baseline**: 0% of states **FY 2005 Target**: 75% of states
Objective 2.2		
Improve the safety of food, drugs, biological products, and medical devices	Increase the number of import field exams and sample analyses conducted on products with suspect histories	Field Data Systems (FDA) (APP) **FY 2003 Baseline: 78,659 field examinations** **FY 2005 Target: 97,000 field examinations**
GOAL 3:	**Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices**	
Objective 3.1		
Encourage the development of new, affordable health insurance options	Increase the proportion of persons with health insurance (age-adjusted under 65)	(1) National Health Interview Survey (NHIS) (CDC) (2) Health Insurance Coverage (HIC) (U.S. Census Bureau) (HP2010 indicator 1-1) **2001 Baseline:** 84% **2010 Target**: 100%

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
Objective 3.2		
Strengthen and expand the health care safety net	Increase the number of uninsured and underserved persons who have access to Health Centers	Program data/Uniform Data System (Health Resources and Services Administration–HRSA) (APP) **FY 2002 Baseline**: 11.3 million **FY 2006 Target:** 16.39 million
	Increase the proportion of persons in rural areas who have a specific source of ongoing care	National Health Interview Survey (HP2010 indicator 1-4) Performance: **2001 Baseline:** 90% **HP2010 Target**: 96%
Objective 3.3		
Strengthen and Improve Medicare	Reduce the percentage of improper payments made under the Medicare fee-for-service program	Comprehensive Error Rate Testing (CERT) methodology with oversight by the HHS Office of the Inspector General (CMS) (APP) **FY 1996 Baseline:** 14% **FY 2008 Target:** 4.0%
	Reduce the Medicare contractor error rate	Comprehensive Error Rate Testing (CERT) methodology with oversight by the HHS Office of the Inspector General (CMS) (APP) **Baseline: Error rate for FY 2004** **FY 2008 Target:** All Medicare claims will be processed by contractors who have an error rate less than or equal to the previous year's actual unadjusted national paid claims error rate
	Decrease the provider compliance error rate	Comprehensive Error Rate Testing (CERT) methodology with oversight by the HHS Office of the Inspector General (CMS) (APP) **Baseline: FY 2004 level** **FY 2007 Target**: Decrease the provider compliance error rate 20% below the 2006 level

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
Objective 3.4		
Eliminate racial and ethnic health disparities	Increase the proportion of persons with health insurance (by available race/ethnicity)	Health Insurance Coverage (U.S. Census Bureau) (HP2010 indicator 1-1) **2001 Baseline:** 84% (overall) **2010 Target**: 100%
	Decrease infant deaths (under the age of 1 year) (per 1,000 live births, collected by available race/ethnicity)	National Vital Statistics System (HP2010 indicator 16-1c) **2001 Baseline:** 6.8 per 1,000 **2008 Target**: 6.5 per 1,000
Objective 3.5		
Expand access to health care services for targeted populations with special needs	Increase the proportion of HIV-infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health Service (PHS) treatment guidelines	Adult Spectrum of Disease Surveillance Project (HP2010 indicator 13-13) **1997 Baseline**: Treatment: any antiretroviral therapy – 80%; Highly Active Antiretroviral therapy- 40% Prophylaxis: Pneumocystis carinii pneumonia prophylaxis – 80%; Mycobacterium avium complex prophylaxis – 44% **HP2010 Target**: 95%
	Increase the proportion of persons with serious mental illness who are employed	National Health Interview Survey (HP2010 indicator 18-4) **2001 Baseline**: 35.6% **HP2010 Target:** 51%
	Increase the number of children served by Maternal and Child Health Block Grants (Title V of the Social Security Act)	State block grant reports (HRSA) (APP) **FY 2002 Baseline**: 22.8 million **FY 2009 Target**: 23.0 million
Objective 3.6		

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
Increase access to health services for American Indians and Alaskan Native (AI/AN)	Decrease cancer mortality rates for AI/AN population	National Vital Statistics System (with miscoding adjustments) (HP2010 indicator 3-1) **1997-99 Baseline**: 124.5 per 100,000 **HP2010 Target**: 21% improvement
	Increase proportion of AI/AN diabetics with ideal blood sugar control	IHS Diabetes Care and Outcomes Audit **FY 2003 Baseline**: 28% **HP2010 Target**: 40%
	Decrease childhood obesity rates for AI/AN children	IHS automated record system (Resource and Patient Management system/Patient Care Component-RPMS/PCC) data (IHS) **FY2004 Baseline:** Under development **FY 2009 Target:** 10% reduction of FY 2004 baseline

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
GOAL 4:	**Enhance the capacity and productivity of the nation's health science research enterprise**	
Objective 4.1		
Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability	By 2007, evaluate the efficacy of three new treatment strategies for HIV infection in clinical trials in an effort to identify agents or combinations of agents that are more effective, less toxic, and/or simpler to use than the current recommended HIV treatment regimen	Science advances, science capsules, and stories of discovery (qualitative description with relevant citations as appropriate) (NIH) (APP) **FY 2004-2005 Baseline:** 1) 23 approved antiretroviral drugs exist for HIV infection treatment 2) Clinical trials for the next generation of fusion inhibitors and lead compounds representing integrase inhibitors are being completed **FY 2003-2007 Targets:** 1) Develop three anti-HIV compounds; 2) Initiate four drug clinical trials; 3) Develop/test two agents to prevent/treat drug complications; and 4) Develop/test one new approach to inhibit mother-to-child transmissions
Objective 4.2		
Accelerate private sector development of new drugs, biologic therapies, and medical technology	Meet PDUFA III commitments for the review of original new drug application (NDA) submissions by reviewing 90% of standard NDAs within 10 months and 90% of priority NDAs within 6 months	Center-wide Oracle Management Information System (COMIS); New Drug Evaluation/Management Information System (NDE/MIS) (FDA) **FY 2001 Baseline**: Standard - 90% of 86 submissions; Priority – 100% of 10 submissions **FY 2007 Target:** Standard – 90%; Priority – 90%
	Complete review and decision on 70% of expedited premarket approval application actions within 300 days	Center for Devices and Radiological Health Premarket Tracking System and Receipt Cohorts (FDA) (APP) **Baseline**: New measure **FY 2007 Target:** 90%

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers	Ensure that the proportion of predoctoral trainees and fellows (NRSA program) applying for and receiving NIH research grants exceed relevant comparison groups	Evaluations of career development programs **FY 2003 Baseline:** NRSA Group – 7,125; Comparison Group A – 9,985; Comparison Group B - 9,229 **FY 2004 Target:** Proportion of NIH trainees receiving grants exceeds comparison groups by 10% within 10 years of termination
	Increase the number of research training and career development position occupied by individuals from underrepresented racial and ethnic groups	NIH monitoring and evaluation surveys **FY 2003 Baseline**: White-9,957; Asian-1,862; African American – 1,112; American Indian – 106; Pacific Islander – 52 **FY 2004 Target**: 1% increase over baseline
Objective 4.4 Improve the coordination, communication, and application of health research results	Increase the dissemination of health data in innovative ways	Research Coordination Council **FY 2009 Target**: Implement recommendations from the Research Coordination Council on research translation, dissemination, implementation
Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process	Increase the percentage of institutional policies for responding to allegations of scientific misconduct that have been reviewed for compliance with federal regulations	Administrative files (OPHS) (APP) **FY 2003 Baseline**: 47% **FY 2009 Target**: 53%
GOAL 5: Improve the quality of health care services		
Objective 5.1 Reduce medical errors	Increase the number of medical errors identified while decreasing the number of severe ones	Evaluative studies/surveys **Baseline:** Establish in 2005 **FY 2009 Target:** Under development

Strategic Objective	Indicator(s) for Objective	Data Source[3] (APP = Annual Performance Plan HP2010 = Healthy People 2010)
Objective 5.2 Increase the appropriate use of effective health care services by medical providers	Maintain the percentage of women aged 40 and over who have received a mammogram and clinical breast exam within the preceding two years	National Health Interview Survey HP2010 indicator 3-13) **2000 Baseline:** 70% **HP2010 Target:** 70%
	Increase the percentage of people age 50 or over who have had a fecal occult blood test in the past two years (for colorectal cancer screening)	National Health Interview Survey (HP2010 indicator 3-12) **2000 Baseline:** 33% **HP2010 Target**: 50%
	Increase the percentage of mothers receiving prenatal care in the first trimester of pregnancy (by available race/ethnicity)	National Vital Statistics System (HP2010 indicator 16-6) **2001 Baseline:** 83% **HP2010 Target**: 90%
Objective 5.3 Increase consumer and patient use of health care quality information	Increase the number of visitors to HHS web pages containing information on health insurance and health care.	On-line monitoring and surveys **Baseline:** FY 2004 usage **FY 2009 Target**: 30% increase over FY 2004 baselines.

Strategic Objective	Indicator(s) for Objective	Data Source
Objective 5.4 Improve consumer and patient protections	Increase the percentage of individuals who have their complaint of abuse, neglect, discrimination, or other human or civil rights corrected	Program Performance Reports of Protection and Advocacy Systems (ACF) (APP) **Baseline:** Under development **FY 2009 Target**: 92%
Objective 5.5 Accelerate the development and use of an electronic health information infrastructure	Increase proportion of physicians using an electronic health record for patient data	Evaluative studies/surveys **FY 2002 Baseline:** 15-17% **FY 2009 Target:** 17-23%
GOAL 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need		
Objective 6.1 Increase the proportion of low income individuals and families including those receiving welfare who improve their economic condition	Increase Temporary Assistance for Needy Families (TANF) workforce participation rates	TANF data (ACF) (APP) **FY 2002 Baseline**: all families – 83%; two parent families – 100% **FY 2009 Target:** 100%
	Increase the percentage of adult TANF recipients who become newly employed	National Directory of New Hires (ACF) (APP) **FY 2002 Baseline**: 36.0% **FY 2009 Target:** 52.5%
	Increase the percentage of refugees entering employment through Administration on Children and Families (ACF)-funded refugee employment services	ACF administrative data (ACF) (APP) **FY 2002 Baseline**: 53.5% **FY 2009 Target:** 65.8%
Objective 6.2 Increase the proportion of older Americans who stay active and healthy	Increase the proportion of older adults who have participated during the preceding year in at least one organized health promotion activity	National Health Interview Survey (HP2010 Indicator 7-12) **1998 Baseline**: 12% **HP2010 Target**: 90%

Strategic Objective	Indicator(s) for Objective	Data Source
Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	Increase the proportion of adults with disabilities reporting satisfaction with life	Behavioral Risk Factor Surveillance System (HP2010 indicator 6-6) **1998 Baseline:** 87% **HP2010 Target**: 96%
Objective 6.4 Improve the economic and social development of distressed communities	Increase the amount of non-federal dollars per 1,000 federal dollars (Community Service Network Block Grant) expended to support state and local activities to combat local conditions that keep people in poverty	Community Services Block Grant Information System (ACF) (APP) **FY 2002 Baseline**: Under development **Target**: Under development
Objective 6.5 Expand community and faith-based partnerships	Increase the number of grant/contract awards annually to community and faith-based organizations	HHS Administrative Data; Survey to Ensure Equal Opportunity for Applicants **Baseline**: Under development **Target**: Under development
GOAL 7: Improve the stability and healthy development of our Nation's children and youth		
Objective 7.1 Promote family formation and healthy marriages	Increase the number of children in a state living in married couple families (as a percentage of all children in the state living in households)	Current Population Reports (U.S. Bureau of the Census) **FY 2002 Baseline: 60%** **Target:** Under development
Objective 7.2		
Improve the development and learning readiness of preschool children	Increase the average percent gain in word knowledge (Head Start Children)	Family and Child Experience Survey (FACES) (ACF) (APP) **FY 2002 Baseline:** 32% gain **FY 2009 Target:** 36% gain
	Increase the average percent gain in letter identification for children completing the Head Start program (Head Start Children)	(FACES) (ACF) (APP) **FY 2002 Baseline:** 38% gain **FY 2009 Target**: 70% gain

Strategic Objective	Indicator(s) for Objective	Data Source
	Increase the percentage of parents who report reading to child three times per week or more (Head Start Children)	(FACES) (ACF) (APP) **FY 2002 Baseline:** 69% **FY 2009 Target**: 72% gain
Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children	Increase the percentage of paternity established for children born out of wedlock	State data from Child Support Enforcement data system (ACF) (APP) **FY 2001 Baseline**: 91% **FY 2009 Target:** 98%
Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment	Decrease the rate of substantiated cases of maltreatment that have a repeated substantiated report of maltreatment within 6 months	National Child Abuse and Neglect data system (ACF) (APP) **2002 Baseline**: 9% **FY 2009 Target**: 5%
	Increase the percentage of children who exit foster care within two years of placement through guardianship or adoption	Adoption and Foster Care Analysis and Reporting System (AFCARS) (ACF) (APP) **FY 2002 Baseline**: 31% **FY 2009 Target:** 39%
	Increase the percentage of children who exit foster care through reunification within one year of placement	AFCARS (ACF) (APP) **FY 2002 Baseline**: 68% **FY 2009 Target**: 70%
	Increase the proportion of youth living in safe and appropriate settings after existing ACF-funded services	Runaway and Homeless Youth Management Information System (RHYMIS) (ACF) (APP) **FY 2002 Baseline**: 89.5% **FY 2009 Target:** 96%
GOAL 8 Achieve Excellence in Management Practices		
Objective 8.1 Create a unified HHS committed to functioning as one Department.	Increase coordination of research, demonstration, and evaluation activities across research agencies through the Secretary's Research Coordination Council	Internal HHS management reports **Annual Target:** Develop and implement annual recommendations of the Research Coordination Council that promote increased coordination of activities based on ongoing review of agency research budgets and associated narrative reports

Strategic Objective	Indicator(s) for Objective	Data Source
Objective 8.2 Improve the strategic management of human capital	Increase the percentage of the HHS workforce in mission-direct positions (as opposed to mission-support) to provide stronger alignment of human capital to accomplishing the Department's mission	Internal HHS reports **FY 2002 Baseline:** 57% mission direct **FY 2006 Target:** 67% mission direct
Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing	Increase the percentage of standard competitions complete within a 12-month time frame	HHS Internal Management reports **FY 2002 Baseline:** 0% **FY 2004 Target:** 90%
	Increase the percentage of streamlined competitions completed within a 90 day time frame	HHS Internal Management reports **FY 2002 Baseline**: 0% **FY 2004 Target:** 95%
Objective 8.4 Improve financial management	Decrease percentage of improper payments under the Medicare fee-for-service programs (post-payment claims)	Comprehensive Error Rate Testing (CERT) methodology with oversight by the HHS Office of Inspector General (CMS) (APP) **FY 1996 Baseline**: 14% **FY 2008 Target:** 4%
Objective 8.5 Enhance the use of electronic commerce in service delivery and record keeping	Increase the use of SNOMED in medical software to facilitate a common vocabulary (a basis for electronic commerce).	**Industry Surveys** **FY 2004 Baseline: Under development** **FY 2008 Target**: 80% of electronic health record applications use SNOMED

Strategic Objective	Indicator(s) for Objective	Data Source
Objective 8.6		
Achieve integration of budget and performance information	Senior agency managers meet at least quarterly to examine reports that integrate financial and performance information. This information is used to make program management decisions. Strategic plans contain a limited number of outcome-oriented goals and objectives. Annual budget and performance documents incorporate all measures identified in the PART. Performance appraisal plans for at least 60 percent of agency positions link to agency mission, goals, and outcomes; effectively differentiate between various levels of performance; and provide consequences based on performance. Budget and performance documents report the full cost of achieving performance goals accurately (+/- 10 percent) and can accurately (+/- 10 percent) estimate the marginal cost of changing performance goals. All programs contain at least one efficiency measure. PART evaluations are used to direct program improvements and the ratings are used consistently to justify funding requests, management actions, and legislative proposals. Less than 10 percent of agency programs receive a 'Results Not Demonstrated' rating for more than two years in a row.	President's Management Scorecard **FY 2003 Baseline**: Red score (Status) and Green score (Progress) and PMA **FY 2007 Target**: Green scores on Status and Progress

Strategic Objective	Indicator(s) for Objective	Data Source
Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services	Reduce the average time to marketing approval or tentative approval for safe and effective new generic drugs.	Center-wide Oracle-based Management Information System (COMIS) and New Drug Evaluation/Management Information System (NME/MIS) (FDA) **FY1998-2000 Baseline** (3-year average)*: 17.9 months **FY 2005-2007 Target** (3-year average) *: 16.4 months *Sample is average approval time for the fastest 70% of approved or tentatively approved original generic drug applications submitted during the 3-year periods of 1998-2000 and 2005-07.

Appendix B
Coordination

Many programs within the Department have goals, objectives, and target populations that appear similar. Likewise, many Department programs appear to overlap programs in other federal agencies. Many state, local, and private sector programs also have goals, objectives, and target populations in common with Department programs. Although many programs work to achieve similar goals and objectives, the specific activities that they undertake are often very different and represent complementary approaches to improving health and human services for the Nation's population.

For example, a number of Department programs spend resources to reduce the use of tobacco (Objective 1.5). The same is true of state and local health departments and other public and private health organizations. While working to achieve this goal, the various agencies and organizations play different roles. The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion provides funds to states for the development of tobacco prevention programs. The Substance Abuse and Mental Health Services Administration (SAMHSA) implements the Synar Amendment and provides funds to states for compliance activities to prevent the sale of tobacco to minors. The National Institutes of Health (NIH) supports research on ways to reduce nicotine addiction and how to provide better prevention and treatment interventions. The Office of Public Health and Science (OPHS) works with Smoke-Free Kids, and other community coalitions to develop and incorporate prevention programs into their activities.

The example illustrates how programs with overlapping goals and objectives can be complementary. We use a variety of **internal and external coordination** mechanisms, such as coordinating committees and joint program planning to assure that the Department's programs complement each other. These mechanisms are described in the sections on internal and external coordination that follow.

INTERNAL COORDINATION

Over 300 Department programs make up the resource base that HHS deploys to implement the goals and objectives in this plan. Appendix J shows that deployment by program (or aggregated program categories).

The table illustrates the Department's challenge: making sure that each program contributes to the achievement of Department goals and objectives in a way that is complementary and so that HHS resources are used effectively and efficiently. How this challenge is met and how coordination is achieved is critical. We achieve internal coordination in a number of ways:

♦ PLANNING SYSTEMS

The Department maintains a number of planning systems that enable coordination of program operations across the operating divisions. In this respect, strategic planning, annual performance planning, and the annual budget process are primary tools for reviewing program priorities and harmonizing program activities. For example, the strategy sections of strategic and annual performance plans are used to plan and delineate the complementary roles of the various programs for achieving a particular goal. Additionally, the budget process gives Department staff the chance to review resource allocations each year and improve coordination and collaboration.

In addition to these major planning systems, the Department manages a process for coordinating the development of legislative proposals and regulations. More broadly, the Department engages in an annual planning process for research, demonstration, and evaluation activities. This planning involves representatives from all HHS agencies.

♦ JOINT INITIATIVES

Both to advance important areas of policy interest and to promote program coordination, HHS routinely designates special initiatives and assigns management responsibility to two or more operating divisions. The Department's health disparity and anti-bioterrorism initiatives are representative of these initiatives. The Initiative to Improve Health Care Quality is another example, through which representatives from all HHS agencies collaborate to make information on quality easier for consumers to use (Objective 5.3), improve the quality of health care services delivered directly by Department programs (Goal 5), and expand research that improves health care quality (Goal 4). These special initiatives are subsequently incorporated into the strategic and performance plans.

♦ COORDINATING COMMITTEES/ACTIVITIES

HHS establishes coordinating committees as a way to integrate a variety of internal activities. These established coordinating bodies include, for example:

- The HHS Rural Task Force has completed a Department-wide assessment of how HHS agencies serve rural communities along with implementation recommendations. The Task Force will continue its work by working with HHS agencies to implement the recommendations of the Task Force, including better integration of health and social services and coordination of rural policy initiatives.
- The Research Coordination Council (RCC), chaired by the Assistant Secretary for Planning and Evaluation (ASPE), and including representatives of HHS agencies, will foster greater interactions among its research programs. The RCC is being provided with information on FY 2004 Program Assessment Rating Tools (PART) as well as a list of the FY 2005 PARTs currently underway so that this information can be used in the process of setting HHS research priorities and in preparing the annual HHS Research Demonstration and Evaluation plan and budget. In coordinating these priorities, particular emphasis will be placed on addressing PART reviews that resulted in an "ineffective" or "results not demonstrated" rating. The Council will also further streamline research and evaluate Department-wide research priorities to ensure greater efficiencies in research, demonstration, and evaluation. The Council will strengthen HHS research coordination and planning around key Departmental priorities and themes.
- The Federal Steering Group on Suicide Prevention is comprised of representatives from the Office of the Surgeon General, NIH, HRSA, CDC, IHS, and SAMHSA. It also has liaison members from 11 other federal offices. It works on developing research agendas, statements of work, guidance for applications, and conference grants.
- The HHS Data Council advises the Secretary on data policy and serves as a forum for coordination and consideration of those issues. The Council also coordinates the Department's data collection and analysis activities and ensures effective long-range planning for surveys and other investments in major data collection. The Council also serves as the Department's focal point for data standards and national health information issues.
- The Intradepartmental Council on Native American Affairs (comprised of representatives of the HHS operating and staff divisions) will develop recommendations for solutions to improve American Indian and Alaska Native (AI/AN) policies and programs, provide recommendations on how HHS should be organized to administer services to the AI/AN population, and ensure that the HHS policy on tribal consultation is implemented by all HHS divisions and offices.
- The Oral Health Coordinating Committee examines issues of oral health that cut across all HHS agencies, such as oral health information needed for decision making and efforts related to reducing disparities and promoting multi-agency oral health initiatives.
- The Interagency Narcotic Treatment Policy Review Board coordinates federal policy regarding the use of methadone. The board helps ensure that agencies responsible for

regulatory and oversight activities, funding, technical assistance, and policy development meet, deliberate, review and comment on pertinent agency/departmental issues. Membership includes representatives from the Food and Drug Administration (FDA), SAMHSA, National Institute on Drug Abuse (NIDA), Centers for Medicare & Medicaid Services (CMS), Office of the Secretary (OS), Department of Veterans Affairs, Drug Enforcement Administration (DEA), and Office of National Drug Control Policy (ONDCP).

- The Healthy People 2010 Steering Committee includes all HHS Operating Divisions/Agencies, and the Healthy People Consortium is comprised of 650 national and state organizations. Together, these bodies coordinate, advise, and plan activities for measuring and implementing health and social services throughout the Department.
- The Secretary's Council on National Health Promotion and Disease Prevention serves to further advise the Department with regard to the development, monitoring, measurement, and implementation of Healthy People 2010.
- The Health Disparities Steering Committee coordinates efforts to improve the health of racial and ethnic groups across the Department.
- The HHS Chief Financial Officers Council ensures that HHS's financial management policy and reporting support program missions by providing accurate, timely, and useful information for decision making. The Council is also responsible for reporting financial information to the Congress, Office of Management and Budget (OMB), General Accounting Office (GAO), the Department of the Treasury, and the public.
- The HHS Chief Information Officer (CIO) Advisory Council includes membership from each of the HHS agencies. The Council advises the Chief Information Officer on the promotion of Department-wide Information Resources Management (IRM) goals, strategic policies and initiatives, and enhanced communications among the agencies. In addition, CIO Advisory Council members serve on the HHS Information Technology Investment Review Board.
- The Secretary's Work Group on Ending Chronic Homelessness, comprised of representatives across HHS agencies, is charged with developing and recommending a comprehensive approach to improve access to treatments and supports for persons experiencing chronic homelessness and to prevent additional episodes from occurring.
- The HHS Uniform Financial Management System (UFMS) Steering Committee provides strategic guidance and oversight for the UFMS Program.

EXTERNAL COORDINATION

Almost all health and human service programs entrusted to the Department intersect in some manner with programs of other federal agencies and the public and private sector. This diversity

HHS relies on a large network of state, local, and tribal government organizations, contractors, and private entities to help develop, finance, and carry out the goals, objectives, and programs that we share in common.

compounds the challenge of coordinating HHS programs with those outside the Department. In addition, Department programs are organized and delivered in a variety of ways, ranging from the direct provision of services where the Department supports most of the costs, to block grants to states where the Department supports a fraction of the costs. This diversity means that the mechanisms for achieving coordination are necessarily as varied as the programs. Coordinating mechanisms can be imbedded in service delivery partnerships. They can be formal mechanisms such as coordinating Councils. They can be ad hoc mechanisms such as meetings or workgroups. Department staff are also directly responsible for coordination. For example, the HHS Regional Directors help ensure that Department programs and activities are coordinated with state, local, tribal, and private organizations in their regions. A discussion of two of these coordination mechanisms follows.

♦ Service Delivery Partnerships

Although the Department delivers services directly under several programs—most notably the Indian Health Service—HHS relies on a large network of state, local, and tribal government organizations, contractors, and private entities to help develop, finance, and carry out the goals, objectives, and programs that we share in common. Program services delivered by these organizations range from financing and providing health services (Medicaid and community health services) to providing services that help families, communities, and individuals improve their well-being (Temporary Assistance to Needy Families, Head Start and Refugee Assistance).

Several aspects of coordination are essential to these service delivery partnerships. First, the role of each partner must be well defined. Second, there must be a mutual understanding of the goals and objectives of the partnership. Finally, there must be a continuing dialogue between the partners to address ongoing policy and operational issues. Coordination is achieved in a variety of ways. Some of the most common mechanisms are:

- Consultation with partners in the development of the program goals and objectives that we have in common.
- Partnership agreements (grants, contracts, cooperative agreements, collaborations, memoranda of understanding, and other agreements).
- Partnership meetings.
- Advisory Councils.

♦ Other Federal Agencies

A number of other federal agencies have goals and objectives and run programs that are parallel to or intersect with those of the Department. Often the people being served are the same or similar. When responsibilities are shared, it is important to ensure that efforts are harmonized, not duplicated. This is done in a number of ways, such as joint planning, coordinating councils and workgroups, and cooperative agreements. Several examples illustrate the priority placed on effective coordination between federal agencies and how coordination is accomplished:

- Approximately 11 federal agencies are part of the *Interagency Committee on School Health.* The committee is tasked with jointly identifying needs and facilitating the planning of strategies to improve federal leadership in addressing school health needs.
- Drug control efforts are coordinated by the *Office of National Drug Control Policy* through a comprehensive strategic plan that outlines the distinct roles and responsibilities of various federal agencies in the war on drugs.
- The *Quality Interagency Coordination Task Force* (QuIC) ensures that all federal agencies involved in purchasing, providing, studying, or regulating health care services are working in a coordinated way toward the common goal of improving quality of care.

In addition to the examples of external coordination provided above, the following table (**Table B**) provides a more comprehensive list of HHS program activities that intersect with the programs and activities of organizations outside the Department and where coordination is important. The table also shows how coordination is achieved. (The content represents examples rather than an exhaustive list.)

APPENDIX B - TABLE B
EXTERNAL COORDINATION

GOAL 1: Reduce the major threats to the health and well being of Americans

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases	Chronic disease prevention and management campaign	AoA, FDA, NIH	State and local health departments, state and area agencies on aging	Joint projects, joint planning
	State and community-based disease prevention programs	HRSA, CDC, AHRQ	State and local health departments, community based coalitions	Intra-agency planning group
Objective 1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies	Prevention programs (domestic)	OPHS, CDC, HRSA, IHS, NIH	State and local departments of education and health, community prevention programs	HIV/AIDS Prevention Community Planning Process
	Prevention programs (international)	NIH, CDC, HRSA	USAID, World Health Organization, UNAIDS, European Union, Medical Research Council of the United Kingdom, Rockefeller Foundation	International working group on Microbicides, Sexually Transmitted Disease Diagnostics Initiative, Syphilis Research Initiative
	Surveillance	CDC	State and local health departments, other national and community organizations	Partnership agreements

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.3 Increase immunization rates among adults and children	Surveillance	CDC, FDA	Department of Agriculture, state and local health departments, international health organizations	Partnership agreements
	Immunization programs	CDC, FDA, IHS, CMS, HRSA, NIH	State and local health departments, state Medicaid and SCHIP state agencies, health care providers, voluntary health organizations, Quality Improvement Organizations	Joint planning, cooperative agreements, National Vaccine Advisory Committee
Objective 1.4 Reduce substance abuse	Substance abuse prevention campaigns	SAMHSA, HRSA	Departments of Transportation, Education and Justice; state and local health departments; community organizations; Office of National Drug Control Policy	Joint planning
	Substance abuse treatment services	SAMHSA, IHS	State, tribal, and local health departments; correctional institutions; community drug and alcohol treatment organizations; Office of National Drug Control Policy; Department of Justice	Joint national and regional meetings

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.4 (cont'd)	Research on prevention and treatment of substance abuse	HRSA, NIH, SAMHSA, CDC	Departments of Energy, Labor, Justice and Veterans Affairs; National Science Foundation; Uniformed Services University of the Health Sciences; institutions of higher education	Partnership agreements; Attorney Generals Methamphetamine Task Force; Interagency Narcotic Treatment Policy Review Board
Objective 1.5 Reduce tobacco use, especially among youth	Education programs to prevent tobacco use	CDC, NIH, SAMHSA, IHS, HRSA	State and local health departments, health promotion and research organizations, the film industry	Partnership agreements, HHS Interagency Working Group on Tobacco; enlist help of the film industry on the portrayal of smoking
	Research: National longitudinal study of adolescent health	NIH, CDC	Robert Wood Johnson Foundation	Joint planning and funding
	Research on smoking and the aged population	AoA	State and local health departments, state and area agencies on aging	Joint planning, interagency agreements

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.6 Reduce the incidence and consequences of injuries and violence	Surveillance/research on the causes of injury and violence and development of prevention strategies	CDC, IHS, ACF, SAMHSA, NIH	Departments of Justice, Labor, Education, and Transportation; state and local health departments; Brain Injury Association, American Academy of Physical Medicine and Rehabilitation, Consumer Product Safety Commission; consumer product safety organizations; World Health Organization	Partnership agreements and contracts; joint research, research planning, and information sharing
	Education programs to prevent violence and injury	CDC, IHS, ACF, SAMHSA, HRSA, AoA	Departments of Justice, Labor, and Transportation; Consumer Product Safety Commission; consumer product safety organizations; multiple state, tribal, and local government agencies; community organizations	Partnership agreements, joint planning

GOAL 2: Enhance the ability of the nation's health care system to effectively respond to bioterrorism and other public health challenges

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats	Surveillance/Bio-monitoring	NIH, CDC, ATSDR, OPHEP	Association of Public Health Laboratories, state and local health agencies	Joint projects, partnership agreements
	Development of surveillance and response systems and plans for bioterrorism and other health threats	CDC, OPHS, HRSA, SAMHSA, NIH, FDA, OPHEP	Departments of Agriculture, Defense, Justice, and Transportation; Federal Emergency Management Agency; state and local health departments	Partnership agreements, Federal Interagency Workgroup
	Upgrading the public health information infrastructure	CDC, HRSA, SAMHSA, OPHEP	State and local health and substance abuse prevention and treatment agencies	Partnership agreements
Objective 2.2 Improve the safety of food, drugs, biological products, and medical devices	Food inspection and outbreak surveillance	FDA, CDC	Department of Agriculture, Environmental Protection Agency, state and local health departments	President's Council on Food Safety, Foodborne Outbreak Coordinating Group, partnership agreements, integrated surveillance networks (e.g., FoodNet)

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 2.2 (cont'd)	Food safety research, education and information dissemination to regulated industries	FDA, CDC, NIH, ASPE	Department of Agriculture, Defense, other federal Departments, institutions of higher education, National Center for Food Safety and Technology, Food and Drug Law Institute, Drug Information Association	Advisory Councils, partnership agreements, Memoranda of Understanding
	Inspection of food imports	FDA	U.S. Customs Service	Cooperative development of processes
	Inspections for safety of blood products and vaccines	FDA, NIH, CDC, OPHS	American Red Cross, state health departments, blood banks, WHO, American Academy of Pediatrics	Collaborative standard setting

GOAL 3: Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 3.1 Encourage the development of new, affordable health insurance options	Oversight of HIPAA	CMS	Departments of Labor and Treasury	Joint Regulatory Development
	Enrollment outreach	CMS, AoA, ACF, HRSA	Departments of Agriculture and Education, child care providers, early education providers, state and local health departments, Medicaid and SCHIP state agencies, area agencies on aging	Partnership agreements, joint planning
Objective 3.2 Strengthen and expand the health care safety net	Financing and delivery of health care services for underserved populations in rural and urban areas	HRSA, CMS, IHS, SAMHSA, Office on Disability	State and local health departments, state Medicaid agencies, tribal representatives, health care providers	Joint planning, community-based health care coalitions
Objective 3.3 Strengthen and Improve Medicare	National Medicare Educational Program	CMS	Employers, unions, major trade and professional societies, consumer and senior advocacy groups	Joint planning with Medicare "Alliance Network" of over 140 national groups
	Strengthen data collection, measurement, analysis, and intervention strategies related to beneficiary health and satisfaction	CMS, AHRQ	Departments of Labor and Defense and Veterans Administration	Joint planning through Quality Interagency Coordination Task Force (QuIC)

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 3.4 Eliminate racial and ethnic health disparities	Partner with faith-based and other community-based organizations to help reach diverse racial and ethnic populations concerning major health risks and prevention	OCR, AHRQ, CMS, CDC, HRSA, OPHS, NIH	State and local health departments, Medicaid and SCHIP state agencies, health care providers, state and local provider organizations, medical societies, universities, faith-based organizations, civil rights advocacy and community-based organizations	Local coalitions
	Outreach to raise awareness among minority communities about major health risks prevalent in their specific populations and provide access to information on how to reduce these risks	AoA, Office of Minority Health, CDC, NIH	Local media, state and local health departments, state and area agencies on aging	Joint planning
Objective 3.5 Expand access to health care services for targeted populations with special health care needs	Financing of HIV/AIDS prevention and treatment services	HRSA, CMS, IHS	State and local health departments, Medicaid and SCHIP state agencies, community health providers, AI/AN tribes	Joint planning, interagency agreements

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 3.5 (cont'd)	Building community-based systems of care for mental health services	SAMHSA, HRSA, ACF	Departments of Education and Justice, state and community mental health service providers, substance abuse service providers, homeless service providers	Joint planning
	Delivering health care services to adults and children with special health care needs	HRSA, CMS	Departments of Education and Labor, state and local health departments, state Medicaid agencies, President's Council on Disabilities	Joint planning
	Provision of information and education on health care resources for children with special health care needs	HRSA	State and local health departments, health care providers, American Academy of Pediatrics, community organizations	Joint planning
Objective 3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)	Address health conditions that disproportionately affect American Indian and Native Alaskan populations in urban and rural settings initiatives	IHS, CMS, ACF/ Administration for Native Americans (ANA)	Departments of Interior, Housing and Urban Development, Transportation, and Justice, tribal governments	Interagency agreements, joint planning
	Development, implementation, and coordination of policies affecting Native Americans	ACF, IHS, AoA, CMS, AHRQ, CDC, ATSDR, FDA, HRSA, IHS, SAMHSA, OS	Department of Interior, tribal governments	Intra-departmental Council on Native American Affairs

GOAL 4: Enhance the capacity and productivity of the nation's health science research enterprise

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability	Scientific research	NIH, CDC, FDA, AHRQ, Office on Disability	Extramural research community: academic institutions, hospitals, other research centers	Research partnerships
			Other federal agencies: NASA, Department of Education, and Environmental Protection Agency, VA, DOD, NSF	Joint program/project planning and coordination
			Private industry	Technology transfer agreements
Objective 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology	Harmonizing regulatory standards with those of other nations	FDA, NIH	Foreign governments and organizations	International committees and organizations
Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers	Training and career development programs	NIH, CMS, HRSA, AHRQ, CDC	Academic institutions, National Science Foundation	Advisory committees, joint grant announcements

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 4.4 Improve the coordination, communication, and application of health research results	Establish partnerships to more widely disseminate research findings	NIH, CDC, FDA, AHRQ, HRSA, CMS, OPHS's President's Council for Physical Fitness and Sports, Surgeon General's Office	Academic institutions, voluntary health-related organizations, community organizations, state and local health departments, private sector organizations	Memoranda of understanding, partnership agreements, joint conferences and meetings
Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process	Strengthening Institutional Review Boards	OPHS, NIH, FDA, CDC, AHRQ, ACF, CMS, HRSA, ASPE	Academic institutions, foundations, industry associations, professional associations, accrediting organizations	Meetings, conferences, technical assistance

GOAL 5: Improve the quality of health care services

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 5.1 Reduce medical errors	Develop consensus on standards for content and transmission of patient-specific clinical information	AHRQ, CDC, NIH, FDA, CMS, HRSA	Department of Labor and all federal departments with health care responsibility	Joint planning though the Quality Interagency Coordination Task Force (QuIC)
	Improve reporting systems for medical errors and adverse events	AHRQ, FDA, CDC, NIH	All federal departments with health care responsibility	Task force
Objective 5.2 Increase the appropriate use of effective health care services by medical providers	Quality Improvement Initiatives	AHRQ, CMS, CDC, HRSA, NIH	Department of Labor and all federal departments with health care responsibility, Quality Improvement Organizations	Joint planning through the Quality Interagency Coordination Task Force (QuIC)
Objective 5.3 Increase consumer and patient use of health care quality information	Development and dissemination of health care quality information	CMS, HRSA, NIH, AHRQ, IHS, FDA, Office on Disability	Departments of Labor, Defense, and Veterans Affairs; and other federal departments with health care responsibility; consumer groups; health care providers; and trade associations	Joint planning, Quality Interagency Coordination Task Force, interagency agreements
Objective 5.4 Improve consumer and patient protections	Survey and certification	CMS	State survey agencies	Joint planning and budget formulation

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 5.5 Accelerate the development and use of an electronic health information infrastructure	Provide leadership to promote the rapid development of the technology and standards necessary for an electronic health record	CMS, IHS, ACF, AHRQ, NIH, CDC, ASPE	DOD, VA, HRSA, USDA, SSA, EHealth Initiative, Markle Foundation, Robert Wood Johnson Foundation, and other federal departments and private organizations with interest in electronic communication of health information	Consolidated Health Informatics (CHI) Council and sub-teams; partnership agreements and joint planning efforts
	Applied research	NIH, AHRQ, OPHS, CDC, SAMHSA, FDA, ASPE	VA, DOD, private industry, academic health centers, public health agencies, health plans	Advisory committee (NCVHS), HHS Data Council, joint projects, interagency agreements, grants
	Voluntary adoption of standards	CMS, AHRQ, CDC, HRSA, IHS, FDA, NIH, SAMHSA, ASPE	VA, DOD, OMB, health care organizations, health insurance plans, health care providers, public health agencies, research community	Advisory committee (NCVHS), joint planning through HHS Data Council, conference, interagency task forces

GOAL 6: Improve the economic and social well being of individuals, families, and communities, especially those most in need

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 6.1 Increase the proportion of low-income individuals and families including those receiving welfare who improve their economic condition	Develop and implement a comprehensive approach to end chronic homelessness that includes a focus on access, coordination, prevention, and research	ACF, AoA, CMS, HRSA, SAMHSA ASPE, ASBTF, ASL, OGC, IHS, OS	HUD, VA, DOL	Secretary's Workgroup and Interagency Council on Homelessness, coordination of grants, development of appropriate service definitions
	Encourage states and tribes to use their flexibility and capacity to coordinate human services and workforce programs so families can better access services to obtain and maintain employment	ACF, ASPE, IGA	DOT, state and local TANF agencies, state and local transportation agencies	Joint planning, interagency agreements, joint regulatory guidance
	Reauthorize TANF, CCD BG, TMA, and related programs, and implement reauthorized provisions	ACF, OS	State and local agencies	Joint planning
Objective 6.2 Increase the proportion of older Americans who stay active and healthy	Research	NIH, AoA, CDC, CMS, AHRQ, President's Council for Physical Fitness and Sports, Office on Disability	National Academy of Sciences, NASA, AARP	Interagency agreements, health promotion and education activities

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	Research and demonstrations on use of long-term-care services	CMS, AoA, OCR, SAMHSA, NIH, Office on Disability	State developmental disability agencies, long-term-care providers, state and local agencies on aging, state Medicaid agencies	Joint planning
Objective 6.4 Improve the economic and social development of distressed communities	Community building/ community development/ social services	ACF, HRSA, CDC, SAMHSA	Departments of Agriculture, Commerce, Education, HUD, DOJ, DOL, Small Business Association, state and local governments, philanthropic organizations, faith-based groups, local level community development and social service entities (e.g., CACs, CDCs, schools), homeless service providers and advocates	Joint planning
Objective 6.5 Expand community and faith-based partnerships	Improve communications and disseminate lessons learned and information on how to participate in federal programs and work together effectively	Faith-based organizations and all HHS agencies	Faith and Community-based organizations	Conferences, and technical assistance/guidance

Goal 7: Improve the stability and healthy development of our Nation's children and youth

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 7.1 Promote family formation and healthy marriages	Program development, research, and best practices	ACF, NIH, ASPE	State TANF agencies, APHSA, NGA, NCSL	Joint planning committees pertaining to individual agency projects
	Work to promote parenting and family reunification as appropriate among parents in prison and upon re-entry into the community	ACF, ASPE, SAMHSA, CDC, OS (OWH and OMH)	Departments of Justice, Education, and Labor; HUD, NGA, Council of State Governments, APHSA, and other organizations, including faith-based organizations	Joint planning, interagency agreements, partnership agreements
Objective 7.2 Improve the development and learning readiness of preschool children	Strengthen language and early literacy services through evidence-based training and technical assistance	ACF, HRSA, CMS, IHS, OPHS, SAMHSA, Office on Disability	Department of Education; other federal agencies; state, tribal, and local education agencies; state and local health departments; Medicaid and SCHIP state agencies; health care providers; Head Start providers; day care providers	Joint planning, interagency agreements, partnership agreements, Interagency Children's Health Outreach Task Force

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 7.2 (cont'd)	Early childhood research	ACF, NIH ASPE, CDC, HRSA, SAMHSA, Office on Disability	Department of Education, USDA, and other federal departments and agencies	Joint planning, interagency and partnership agreements, working groups including: -Early childhood research working group -Science and Ecology of Early Development (SEED) -Early Childhood Education and School Readiness Initiative
Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children	Locating delinquent parents, enforcing child support orders, and promoting access and visitation	ACF, OIG, ASPE	Departments of Justice, State, and Treasury; state child enforcement agencies, National Child Support Enforcement Association, state courts	Joint planning committees pertaining to individual agency projects, state grantee meetings, work groups
Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment	Child abuse prevention, child welfare and independent living support services	ACF, SAMHSA	Outside stakeholders and state staff are used as peer reviewers in child and family service reviews (child welfare monitoring visits)	Interagency working group on child abuse and neglect includes approximately 15 federal agencies that meet quarterly. DOJ, DOL, and DOD (addresses child abuse/neglect among military families) and others participate

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 7.4 (cont'd)	Working with parents in prison and upon return to community to promote successful parenting and family reunification, as appropriate	ACF, ASPE, SAMHSA CDC, ACF	DOJ, ED, DOL, HUD, NGA, Council of State Governments, International Community Corrections Association, National Practitioners Network for Fathers and Families, prison fellowship ministries, and other faith-based organizations	Joint planning, interagency agreements, partnership agreements

GOAL 8: Achieve Excellence in Management Practices

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 8.1 Create a unified HHS committed to functioning as one Department	N/A (Internal HHS activity)	All	N/A (internal activity)	N/A
Objective 8.2 Improve the strategic management of human capital	Human Resources consolidation	All HHS operating divisions and staff divisions	Contractors, OMB, OPM	Implementation team joint decision making, including, HR Center Directors
	HHS recruitement and retention plan	All HHS operating divisions and staff divisions	OPM, OMB, external applicants	OHR oversight; quarterly scorecards
Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing	Restructuring and consolidation	All HHS operating divisions and staff divisions	OMB	Monthly meetings with HHS OPDIV managers; regular meetings with OMB representatives
Objective 8.4 Improve financial management	Unified Financial Management Systems (UFMS), including HIGLAS	All HHS Operating Divisions	Medicare contractors and private consulting organizations	UFMS committees, UFMS Program Management Office, UFMS Configuration Board, HHS Architecture Program Team, Information Technology Investment Review Board, Functional Control Change Board
	OIG Substantive Claims review	OS, OIG, CMS	Medicare contractors	Joint planning and coordination
	Comprehensive Error Rate Testing Program	OS, OIG, CMS	Medicare contractors	Joint planning and coordination

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 8.5 Enhance the use of electronic commerce in service delivery and record keeping	Consolidated Health Informatics (CHI)	CMS, IHS, ACF, AHRQ, HRSA, NIH, NLM	DOD, VA, USDA, SSA, and other federal departments and private organizations with interest in electronic communication of health information	CHI Council and sub-teams
	Modify and update technical standards related to HIPAA administrative simplification	CMS	Designated Standard Maintenance Organizations (DSMO), Workgroup for Electronic Data Interchange (WEDI)	Technical guidance and consultation
	Promote e-commerce applications such as electronic fund deposits and electronic billing	CMS, OCR, HRSA, IHS, NIH	Health care professionals, providers, suppliers, vendors, clearinghouses, contractors, trade associations	Forum and meetings, joint planning and development of educational videos
	E-Grants	All HHS grant-making agencies	26 federal grant-making departments including 11 partner agencies: HHS (managing partner); Defense; Education; Housing and Urban Development; Justice; Transportation; Agriculture; Commerce; Labor; FEMA; and NSF	E-Grants Program Office, forum and meetings
Objective 8.6 Achieve integration of budget and performance information	Program assessment rating tool	All HHS agencies	OMB, DOJ, state/local government agencies, trade organizations	Sharing drafts, final documents, information exchange, both formal and informal, collaboration on methods of budget integration

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services	Obtaining external comments and suggestions concerning regulatory streamlining	ASPE, CMS, FDA, NIH, HRSA, ASBTF	Any/all interested external groups (such as health care providers, health professionals and human services practitioners), trade associations, program beneficiaries, and the public at large	The Secretary's Advisory Committee on Regulatory Reform, open door forums, listening sessions
Objective 8.7 (cont'd)	Improve coordination of Medicaid and Medicare for dually eligible individuals	CMS, ASPE	OMB, state Medicaid agencies, APHSA	Joint planning Medicaid /Medicare Technical Advisory Group

Appendix C
External Factors

In some cases, achieving our strategic goals and objectives may be impeded by factors that are beyond the control of the Department of Health and Human Services (HHS). For example, national or local economic conditions can influence whether we are successful in helping families on welfare become economically independent. In some cases, there may be ways to ameliorate the impact of these conditions on our strategies and objectives. In other cases, there may not. The following table (**Table C**) provides a list of the significant external factors (economic, human, environmental, etc.) that could present challenges for HHS officials and could affect whether or how well we achieve our strategic goals and objectives. The table also provides an indication of actions that might be taken to ameliorate these factors (which might require additional resources), should they arise.

TABLE C
EXTERNAL FACTORS

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
GOAL 1: Reduce major threats to the health and well being of Americans			
Objective 1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases	Constraints (e.g., economic) that limit individual and family ability to adopt and maintain a healthy diet and exercise program	The full contingent of necessary enablers of behavior change and sustained healthy behaviors would not be in place	Promote adoption of family-friendly workplaces; work with Department of Education to encourage schools to further increase proportion of schools that provide access to physical activity spaces and facilities for people, outside of normal school hours

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 1.1 (cont'd)			Work with USDA to promote healthy school food choices, and with restaurant and fast food industry to promote healthy food portions and choices
	Patient reluctance concerning cancer screening tests and other preventive health care services	Some people may not receive tests that can help detect health issues early and prevent them from becoming more severe	Conduct education campaigns to raise awareness of the benefits of screening tests and preventive services and to reduce patient misconceptions or reluctance to be tested
	Inhibited access to drugs and other therapies to prevent and treat chronic disease	Inability to afford medications and supplies, such as insulin for diabetes or inhalers for asthma, that are needed to treat chronic disease	Support and promote model approaches, such as disease management programs, that improve access to medically necessary medications and supplies
	Limitations on practitioners' understanding of the complex interaction of environmental, genetic, social, and behavioral factors that cause and contribute to chronic disease and its complications	It is not always completely clear what strategies will be the most effective or cost-effective to reduce the incidence and consequences of chronic disease	Continue to support and carry out research on the causes of disease and the most effective strategies to prevent and treat chronic disease
Objective 1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies	Demographic, cultural and economic trends	Can lead to increases in unsafe behaviors or out-of-wedlock pregnancies	Conduct research to identify effective approaches in changing conditions and enhance effectiveness of programs through application of science-based knowledge

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 1.3 Increase immunization rates among adults and children	Lack of stability in the production of essential vaccines	Limited or delayed production of critical vaccines, such as flu vaccine and vaccines that protect against potentially fatal childhood illnesses, compromises the ability of health care providers to deliver essential vaccines in a timely fashion	Continue to work with vaccine manufacturers to assure availability of essential vaccines; continue to support research to improve vaccine production
	Decreasing public confidence in the safety of vaccines	Adverse publicity focused on real and perceived risk of vaccines erodes public confidence and reduces public willingness to accept the risk-benefit profile of vaccines	Continue/increase vaccine injury compensation program; continue efforts to improve the safety of vaccines; continue public education about the value of vaccines in preventing death and disability
Objective 1.4 Reduce substance abuse	Increase in size of the 12 to 20 population cohort	Increase in number of people in most vulnerable age group for initiation of drug use	Increase prevention efforts for 12 to 20 age group
	Unforeseen emergence of new "designer" drugs that are initially seen as benign	New epidemics could emerge and increase the level of drug use	Maintain surveillance systems and react quickly to proscribe and publicize dangers and consequences of new drugs
Objective 1.5 Reduce tobacco use, especially among youth	Increased advertising and other media promoting use of tobacco products	Smoking among youth and adults increases	Increase HHS counter-media events/advertising
Objective 1.6 Reduce the incidence and consequences of injuries and violence	Demographic and economic trends	Higher rates of violence are associated with economic distress and the size of the population below age 25	Expand effective youth development programs; maintain safety net programs

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 1.6 (cont'd)	Increases or decreases of violence in the media	Violent behaviors influenced by media exposure may increase or decrease with level of violence shown in the media	Encourage media to reduce display/ presentation of violence
	Trends in requirements for the use of occupational and recreational safety equipment (e.g., safety helmets)	Safety equipment reduces amount and extent of injuries	Promote increased collaboration and sharing of information between public safety interest groups and all levels of government to strengthen safety requirements
GOAL 2: Enhance the ability of the nation's health care system to effectively respond to bioterrorism and other public health challenges			
Objective 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats	New threats emerge that outpace capacity	Inadequate preparation for all threats	Attempt to improve capacity to identify new strains of pathogenic microorganisms
	Lack of communication between public health sector and hospital/health care sector	Duplication of resources, inadequate communications links in emergency situations	Public Health Preparedness enhancements to improve state/local capabilities; HHS-sponsored meetings to address communications issues; joint training exercises at state and local levels between the public health and hospital sectors

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 2.2 Improve the safety of food, drugs, biological products, and medical devices	Increasing importation of foods and products from around the world	There is an increased risk of foodborne illness appearing or unsafe products being marketed, due to varying foreign standards	Develop increased international cooperation and standards
	Technological advances create greater product complexity and diversity	Increasingly more complex products may slow review process and delay market approvals; health professionals may have insufficient skills and resources to maintain safety at current levels	Improve skills and training and early involvement and communications with scientific community in development of new products
GOAL 3: Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices			
Objective 3.1 Encourage the development of new, affordable health insurance options	Economic conditions	Economic variables affect business decisions to provide employee health insurance and decreasing family income and job loss cause increases in the uninsured; decisions by state insurance regulators also affect insurance coverage	Focus on outreach to enroll eligible persons in insurance programs; monitor trends in coverage and propose legislative or regulatory changes where needed
Objective 3.2 Strengthen and expand the health care safety net	Economic conditions	An economic downturn can increase demand for health care services from safety net providers and strain the ability of current safety net providers to meet the demand for care Decreased state revenue leads to restrictions on Medicaid funding	Monitor trends in access to care among uninsured and low-income individuals and propose legislative or regulatory changes where needed.
Objective 3.3 Strengthen and Improve Medicare	Structural and financial changes in the health care industry, the changing nature and complexity of health care, and rapid changes in health care technology	Possible decline in beneficiary satisfaction with access to and quality of services	Utilize data sources to understand health care needs of beneficiaries and develop proposals for improving services where possible; use improved evidence-based processes for addressing Medicare coverage issues

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
			coverage issues
Objective 3.4 Eliminate racial and ethnic health disparities	Economic conditions	An increase in the number of uninsured persons affects minorities disproportionately, decreasing their access to quality care	Monitor trends in access to care among racial and ethnic minorities; design and implement innovative demonstration programs and initiatives to improve health and access to care among these groups; propose legislative or regulatory changes where needed
Objective 3.5 Expand access to health care services for targeted populations with special health care needs	Cost of anti-retroviral therapies for HIV and treatment may increase and/or insurance companies may drop coverage	Access to therapies and treatment could be restricted if costs escalate	Develop better purchasing agreements with drug manufacturers; support for program expansions to subsidize purchases and monitoring of Medicaid coverage
	Shifting demographics of HIV-related disease and affected populations	Affected populations expand and become harder to reach and serve, or longer life expectancy greatly increases the number of persons being treated	Develop improved surveillance and outreach strategies; provide assistance to service providers in planning and capacity building to meet sudden demographic shifts

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 3.5 (cont'd)	Fragmentation, expensive, and/or incomplete public transportation infrastructure	Access to service sites, training, or employment would be impeded	Develop coordination strategies for transportation planning and service provision
Objective 3.6 Increase access to health services for American Indians and Alaska Natives	Continued poor economic conditions in American Indian/Alaska Native (AI/AN) communities	Because poverty is correlated with poor health status, making significant progress in improving the health status of AI/AN people is likely to be limited in the face of extreme and persistent poverty	Expand efforts to collaborate with agencies and organizations that have the potential to increase economic development in AI/AN communities; expand the development of preventive technologies that are less dependent on individual compliance and refractory to the negative effects of poverty
GOAL 4: Enhance the capacity and productivity of the nation's health science research enterprise			
Objective 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability	The uncertainties and risks intrinsic to the process of research	The pace of progress in scientific research is intrinsically unpredictable; history demonstrates the benefits of sustained research effort, but at any given time it is difficult to predict how/from where the next important advance will emerge	Broaden the research portfolio; carry out sound management of the research enterprise; encourage the flexibility to respond to changing scientific opportunities and willingness to take risks
	The pace of technological advance	Improvements in existing technologies or the availability of radically new capabilities can significantly affect the current array of scientific opportunities; as with research progress, these important developments can be difficult to predict in advance	See above

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 4.1 (cont'd)	Level of resources available, other factors (e.g., rates for indirect cost and inflation) which influence purchasing power of research dollars	The year-to-year level of budget authority directly affects the agency's abilities to maintain the existing research effort and to expand to address new opportunities	Carry out sound management of the research enterprise; maintain strong support for biomedical and behavioral research in Congress, the Executive branch, and other public organizations, and in the private sector
	Public acceptance and support	The public's willingness to continue to broadly support the biomedical research enterprise is an important factor to the extent to which the frontier of knowledge can be pushed forward in biology and related sciences; among other issues, advances in medical technology and breakthroughs in medical research have created a new set of challenges regarding ethical and moral considerations that are associated with the pursuit of these scientific advances and their incorporation into medical practice	Find additional ways to communicate with the public about new scientific achievements and their important implications for health; institute processes to involve the public in dialogue about these important issues
	Nature of and rate at which basic research yields new insights about the fundamentals of biological functions and behavior	While developing new approaches for prevention, diagnosis, and treatment can be a demanding scientific exercise, the availability of new insights about fundamental processes is often a precondition for development to become feasible	Managing for a successful and productive basic research enterprise

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 4.1 (cont'd)	Various business considerations (e.g., intellectual property issues, technical capabilities, competing opportunities, and other business considerations)	The efforts of many different actors are involved in the successful development and commercialization of new approaches; high degrees of concern among researchers from private and public interests and others may hinder cooperation among research entities, thus inhibiting creative and successful development of new approaches	Encourage programs that provide for the rapid and widespread dissemination of new scientific findings; support public policies that strengthen technology transfer and encourage the development of innovative products and services
	Level of public acceptance and support for research	Same as for basic research	Same as for basic research
Objective 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology	Developmental costs of new drugs can be expensive	New treatment for diseases may not be forthcoming	Create public/private partnerships to share the cost of developing new drug therapies
Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers	Strength of job market for research scientists; extent of opportunities for both new and seasoned researchers; remuneration	Realities and the perceptions about potential candidates, as well as candidates' perceptions of job opportunities, salary levels, etc. affect recruitment	Encourage successful basic and applied research programs, which continue to yield new scientific knowledge and opportunities, and continuing public support for the biomedical research enterprise provide the greatest leverage in sustaining demand for well qualified and creative researchers; promote career messages

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 4.3 (cont'd)	Level of resources available to support agency programs for training and career development	The year-to-year level of budget authority directly affects an agency's ability to maintain existing programs and to expand to address new needs	Maintain strong support for training and career development programs with public budget decision makers, with relevant sectors of private industry, and with the general public
Objective 4.4 Improve the coordination, communication, and application of health research results	Increasing sense of "competition" and proprietary interests	Less sharing of information and collaboration between researchers, and/or between researchers and practitioners	Devise creative incentives to share information among researchers and practitioners
	Providers and the general public receive a lot of information resulting from health research; some information may be conflicting, difficult to understand, or impractical to apply	Health care practices may be slow to change	Further improve internal coordination of release of research results and other health information by HHS Continue to develop partnerships with non-federal entities, including provider associations, non-profit organizations, and industry to disseminate health information and facilitate behavior change on the part of providers and the general public Support further research on effective ways to disseminate research findings and to determine the best ways to increase application of new knowledge by providers and the public

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process	Expansion of private research and pressure to move research from the laboratory to market more quickly to recoup costs	Patient protections may erode as competition for volunteers increases; quality of study may decrease under time pressures	Expand oversight where authority exists
GOAL 5: Improve the quality of health care services			
Objective 5.1 Reduce medical errors	Increasing complexity of healthcare delivery and/or technologies	Greater propensity for error	Intensified and improved training; promote the use of standardized electronic systems for prescribing; promote electronic health records accessible across plans and providers to ensure availability of key personal health information at the point of prescribing
	Changing demographics: aging population, increasing numbers of non-English speaking and/or low literacy populations	Older populations use multiple medications and have heightened risk of adverse reactions Elderly and non-English speaking/low literacy people have added difficulties in understanding prescription and other instructions	Recruitment efforts of additional health care and/or support personnel with competence in other languages and cultural/ethnic groups; increased creative incentives for people to enter health care delivery field

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 5.2 Increase the appropriate use of effective health care services by medical providers	Increasing complexity of the health care system; ongoing development of new technologies and pharmaceuticals; lack of access to health care by many Americans	Increased need for research and the dissemination of research findings in the outcomes, quality, cost, access, and use of health care	Continue building evidence base for the delivery of health care and focus on fostering the implementation of evidence-based research findings into health care practice and making information available to consumers
Objective 5.3 Increase consumer and patient use of health care quality information	Increasing complexity of health care system	Consumers are unsure about what quality indicators mean and how to use them	Promote public/private educational efforts; continue conducting research and evaluation to determine effective strategies
	Proliferation of quality measures and information	Volume and complexity of quality information hinders consumers' and patients' ability to interpret data	Promote consensus on core quality measures and consumer information
Objective 5.4 Improve consumer and patient protections	Increasing complexity of the system through which health care is delivered	Business decisions by employers about offering employee health insurance can impact the type of coverage and therefore protections; decisions by state insurance regulators also can affect insurance coverage	Continue to develop outreach and education materials for the public
Objective 5.5 Accelerate the development and use of an electronic health information infrastructure	Lack of widely accepted content and interoperability standards	Proprietary systems and applications do not support information exchange; the complexity of health information and the multitude of existing incompatible information systems contributes to the difficulty of agreeing upon standards for the content and format of health information, which has been widely identified as the major barrier to improvements in the national health information infrastructure	Enhanced HHS leadership and support of efforts to promote the development and voluntary adoption of format and content standards for health information Enhanced use of e-Gov CHI initiative; HHS participation in various standards development efforts

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 5.5 (cont'd)	Adequate national protection of the confidentiality of health information	Real and perceived threats to privacy of health information have a negative impact on the likelihood of public acceptance of improved health information infrastructure	Enhanced public education on the national standards to protect the privacy of personally identifiable health information.
	Lack of resources for providers and public health agencies to acquire and implement standards-based systems	Providers and public health agencies make individual IT purchasing decisions that do not support information exchange	HHS grants to public health agencies require standards-based systems for bioterrorism
	Lack of incentives for health care providers to share patient health information	Clinics and hospitals consider core information, such as patient allergies and family health history, to be proprietary	Collaborate on identifying a minimum set of non-proprietary personal health information
	Lack of consensus on policies and practices for privacy, security, and confidentiality protections	Hesitation by providers and consumers to embrace electronic health information solutions	Implement privacy regulations; identify and promote best practices for privacy, security, and confidentiality protections
	Lack of consensus on the content of a personal health record	Missed opportunities for consumers to have continuous access to their own personal health information or that of their children/families	Collaborate on identifying a minimum set of non-proprietary personal health information; work with consumer/patient advocacy organizations to identify preferred approaches; work with other stakeholders on consensus approach

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
GOAL 6: Improve the economic and social well being of individuals, families, and communities, especially those most in need			
Objective 6.1 Increase the proportion of low-income individuals and families including those receiving welfare who improve their economic condition	Economic conditions	Historically, when negative economic conditions occur, welfare recipients, low income minorities, and persons with disabilities are more vulnerable to unemployment. This may offset efforts to move from welfare to work. Conversely, when positive economic conditions exist, there are increased employment opportunities and local resources	Require states and tribes to engage all families on welfare in work and constructive activities Provide states greater flexibility to accomplish TANF purposes Consider use of waivers to enhance states' capacity to coordinate a broad range of services Provide adequate support for child care services and parental choice Ensure families moving into work remain connected to other safety net programs for which they are eligible Increase the involvement and financial support of non-custodial parents Conduct research, provide TA, and identify best practices that focus on elimination of barriers for the hard-to-employ and cost-effective service delivery

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 6.2 Increase the proportion of older Americans who stay active and healthy	Rapidly aging population and increasing life expectancy	As the population grows older, there will be increasing numbers of older adults to serve; additionally, older adults are living longer lives and as a result experience longer periods of frailty, making staying active and healthy a challenge	Conduct research to identify effective approaches to targeting health promotion and long-term care services to specific populations of older adults, including ethnic and racial minorities, as well as cost-effective models to support increasingly frail older adults in their homes
	Decreasing availability of time, safe environments, and other resources to adopt and maintain an exercise program and a healthy diet	Some older Americans may find it difficult to exercise regularly or eat nutritious meals	Promote more simple ways people can improve exercise and diet
Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	Economic conditions	Putting qualified working-age adults with disabilities to work calls for job availability; decreases in state and local budgets could result in a reduction in funding for home and community-based placements for individuals with disabilities; changes in national and state economies and budgets have a direct effect on the availability of a quality long-term care workforce	Increase monitoring and training of long-term care service delivery personnel; coordinate extensively with other agencies and departments
	Success of efforts to make medical insurance available to disabled persons who work	Disabled individuals rely on continuing medical insurance to maintain employment; the success of efforts to protect access to affordable insurance will affect decisions of disabled persons to move from dependency to work	Monitor recent changes in access to medical insurance to see if further modification to existing legislation is needed

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 6.3 (cont'd)	Issues related to long-term care coverage: individual perceptions of the need for coverage, affordability of insurance, fear of product instability, lapses in coverage, and limited availability of financing options	Individuals may not plan adequately for their long-term care needs, which may result in divestiture of assets, increased reliance on state Medicaid programs, and reduction in quality of life	Enhanced education of the public to raise awareness of long-term care coverage, thereby stimulating the market and creating more choices for consumers
Objective 6.4 Improve the economic and social development of distressed communities	The nation's overall economic condition as well as that of particular geographic regions The availability of state and local resources	Economic decline and limited state and local resources are correlated with fewer jobs and lack of economic development, and conversely, economic prosperity and adequate state and local resources are associated with increased employment and economic development	Facilitate job creation through partnerships with state and local governments, private employers, and community based groups Provide financial resources, training and technical assistance to state and local government and private agencies for job creation and supportive services that help residents excel in their jobs Assist community action agencies, community development corporations and other community groups in leveraging federal, state, local and philanthropic resources to strengthen neighborhoods Build social capital by developing community leadership and strengthening community-based organizations

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 6.4 (cont'd)			Support asset development projects for residents of distressed communities
Objective 6.5 Expand community and faith-based partnerships	Legislative, regulatory, and programmatic barriers to participation of faith-based and community organizations in federal programs	Faith and community-based organizations may have difficulty accessing federal programs	Improve communication and provide TA on how to participate in federal programs Develop and disseminate best practices
GOAL 7: Improve the stability and healthy development of our nation's children and youth			
Objective 7.1 Promote family formation and healthy marriages	Public attitudes toward cohabiting, unwed childbearing, no-fault divorce; tax penalties and other policies that discourage marriage	May provide cultural disincentives that discourage long-term commitments and marriage	Further increase awareness of economic, social, and health benefits through research, educational campaigns, conferences, and summits
Objective 7.2 Improve the healthy development and learning readiness of preschool children	Economic and demographic conditions	Can lead to greater disadvantage for families and children	Conduct research to identify effective approaches in changing conditions and for different populations Enhance effectiveness of programs through application of science-based knowledge

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children	Many noncustodial parents have low educational attainment, poor work histories, and few job skills which make them more vulnerable to economic downturns	Non-custodial parents may lose jobs/income resulting in fluctuations in income support ability	Increase efforts to achieve more emotional involvement of non-custodial parents with their children, encourage job retention or greater efforts to find employment during economic downturns, and coordinate child support enforcement with opportunities for job training and supported work activities
	Work/time demands on parents	Work stress and parental difficulty in finding time for involvement with children may result in high levels of family conflict and family discord; children may grow up without parental role models	Identify access and visitation safe practices that encourage non-custodial parents to be more involved in their children's lives
Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment	Economic conditions	Family stress is greater as economic situations deteriorate leading to increased potential for violence and family breakup	Maintain integrity of safety net programs
	Impact of welfare reform	Welfare reform has not had the deleterious effects on the safety of children that some had feared. We need to continue to be alert to potential future economic and social conditions that will have an effect on children's safety and well-being	Share with states successful strategies to use TANF, child welfare, and other funding streams to serve families in an effective manner

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
GOAL 8: Achieve Excellence in Management Practices *(Note: This goal, for the most part, is internal to HHS; therefore, for the most part there are not external factors specifically relevant to most of the objectives for goal 8.)*			
Objective 8.1 Create a unified HHS committed to functioning as one Department	None		
Objective 8.2 Improve the strategic management of human capital	Possible administrative and/or budget imperatives	Various alternative possible requirements and actions of OPM could affect management of human capital	Integrate new imperatives into current approaches with smooth transition; maximize information flow to all affected groups and individuals throughout HHS.
Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing	Possible administrative and/or budget imperatives; changes in the private market (pricing and/or quality of service)	Changes in the relative value of external sourcing could affect the overall efficiency and effectiveness of competitive sourcing	Attempt to re-adjust the balance of internal vs. external work as needed with minimum disruption to service delivery
Objective 8.4 Improve financial management	Commercial-off-the-shelf (COTS) software applications may not meet HHS requirements	Can increase costs and lead to implementation delays as COTS software products are modified to meet specific HHS requirements	Utilize to the extent possible existing COTS applications, limiting the number of specific enhancements that need to be developed and implemented

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 8.5 Enhance the use of electronic commerce in service delivery and record keeping	Availability of technology and communications	HHS could be behind the state of the art technology if technology advances faster than it can be adopted or acquired by HHS.	Assess, monitor, and adopt technology in cost effective ways
	Commercial-off-the-shelf (COTS) software applications may not meet HHS requirements	Can increase costs and lead to implementation delays as COTS software products are modified to meet specific HHS requirements	Utilize to the extent possible existing COTS applications, limiting the number of specific enhancements that need to be developed and implemented
	Lack of federal granting agency participation or delay in integration of partners into the current technology	Can limit success of E-Grants initiative and can delay targeted implementation and roll-out	Effective outreach to maintain federal agency support, as well as involvement of federal agencies early in the process
	Lack of adoption of CHI standards across federal health care enterprise	Failure to adopt a portfolio of health data interoperability standards for all federal agencies that would allow all relevant agencies to "speak the same language"	Promote collaboration and participation in the establishment of the standards, as well as processes and procedures
Objective 8.6 Achieve integration of budget and performance information	None identified		

Goal/ Objective	External Factor	Effect on Strategies/ Goal/Objective	HHS Response to Mitigate Factor
Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services	The changing nature and complexity of health care, rapid changes in health care technology, and the pace and scope of legislative changes may influence regulatory requirements	The complexity and costs of complying with regulations can influence provider participation in Departmental programs and may hinder access to some health care services and products	Seek even greater regular and open consultation with stakeholders to streamline and clarify regulatory standards so that physicians and providers can spend more time providing patient care and consumers have access to the latest proven medical technologies

APPENDIX D
Data Challenges and Approaches

Overview

Sound information is essential to the Department of Health and Human Services' (HHS) mission of enhancing the health and well-being of the population by providing for effective health and human services and by fostering sustained advances in the sciences underlying medicine, public health, and social services. For virtually every HHS strategic goal and program mission, reliable and readily available information is necessary for planning and decision-making. In addition, the increasing reliance on program accountability requires that we develop and maintain significant amounts of performance information to determine whether our programs are succeeding in their mission.

Accordingly, the Department plays an essential role in creating data and information for decision-making both as a direct producer and user of data and as a partner with other health and human service entities and governmental agencies. In addition, HHS is playing a national leadership and convener role to promote and accelerate the development of the National Electronic Health Information Infrastructure (NHII), and to encourage health and human services applications in that framework.

A number of significant improvements have been made in HHS data systems. However, new needs are arising and a number of data gaps remain. As a result, the Department continues to pursue a number of steps designed to address key data needs, develop a coordinated HHS wide strategy on data issues, and strengthen the Department's ability to work in collaboration with state and local governments, health and human service organizations, and the research and public health communities.

A Strategic Perspective

The HHS Data Council is the principal internal advisory body to the Secretary of Health and Human Services on health and human services data policy. The Council serves as a Department-wide forum for data issues and undertakes activities to identify and close current information gaps and build information systems for the future commensurate with priorities and available resources.

To facilitate its work, the Council has established a Data Strategy Work Group to identify current and emerging needs for data on a continuing basis, assess current HHS data capabilities to address these needs, develop recommendations for data priorities and review budget investment requests for data from a collective, Department-wide perspective to address those priorities. In addition to program-specific data, the Work Group identifies crosscutting departmental data

needs as part of an HHS data strategy and coordinates with the HHS Research Coordination Council on research related data issues. As a result of its continuing reviews, the Work Group has identified the following continuing critical data needs in relationship to HHS strategic goals:

- data for monitoring the health status and social and economic well being of the overall population and sub-populations, and for assessing progress towards national health and human services objectives, including data on race and ethnic groups, persons with disabilities, and data by gender and other populations with special health and human services needs (Goals 1, 3, 6, and 7)
- data for assessing the impact of policies and programs on the health and well being of families and individuals at the state level (Goals 1, 2, 3, 6, and 7)
- data for measuring access to health care and improving the safety, quality, and effectiveness of health care (Goals 3 and 5)
- data for understanding the changes occurring in the delivery and organization of health care and human services (Goals 3 and 5)
- data for measuring program performance (Goal 8)
- data to support national public health protection, emergency health preparedness and response (Goal 2)

IMPROVING DATA ON HEALTH STATUS AND THE SOCIAL AND ECONOMIC WELL BEING OF POPULATIONS AND SUB-POPULATIONS

A wide variety of statistical information is needed to monitor the health status and social and economic well being of individuals, families and communities, to identify and address threats to that health and well being, and to assess progress on HHS initiatives and strategic objectives. As a result, HHS supports a number of data systems that provide reliable and timely statistical information on these topics. These HHS core data and statistical systems provide cross-cutting support to the policy and program initiatives of the Secretary and agencies, allow HHS to set strategic objectives, manage and evaluate programs, and maintain accountability, and often represent the basic building blocks in the assessment of the nation's health and well being.

Despite major advances in longevity, health status and health care in the United States, significant disparities persist in key health indicators across all racial and ethnic groups. Similar disproportionate health risks may exist for other populations. The elimination of these disparities is a major focus of HHS initiatives. The Department's ability to identify disparities, understand their causes, and measure progress toward their elimination is limited because of data availability. With few exceptions, existing surveys do not provide adequate information at the national level on minority and other special populations in the United States. Information on minority sub-populations is extremely limited. Consequently, even when information is available on minority populations, such as Hispanics or Asians, it often masks significant

variations in health and well-being among specific subgroups, such as Mexican American versus Cuban populations.

HHS is taking steps to improve data on minority and ethnic populations and sub-populations. The HHS strategy includes 1) use of the OMB standards for collecting information on race and ethnicity in all HHS data collections, 2) oversampling of minority populations in national surveys where feasible and cost effective, 3) targeted studies of special populations, and 4) public use data access policies and opportunities to promote the widest availability and use of the data that are collected. On the recommendation of the Data Council, HHS has adopted a policy requiring the inclusion of standardized information on race and ethnicity in Department-sponsored data collection efforts. A number of HHS surveys now over-sample some minority populations, and a number of special studies are underway that focus on racial and ethnic minority populations. The Data Council's Working Group on Race and Ethnicity Data has completed a review of race and ethnicity data needs and developed a set of recommendations for moving forward. Also, HHS is in the process of assessing the current capabilities of Department surveys to provide data on minority populations and sub-populations, including innovative analytical approaches. HHS also is funding a Congressionally mandated study by an expert panel at the National Academy of Sciences on the adequacy of race and ethnicity data in health and human services. In addition, HHS has supported a review and synthesis of the literature on measures of race discrimination in health care, with approaches for improving both the measures themselves and the resulting data collected.

State-level Data to Assess the Impact of Policies and Programs on the Health and Well-being of Families and Individuals

While a number of forces continue to transform the nation's health and human services systems, the Department's ability to describe and assess the impact of those changes on individuals, families and communities is limited. Many of the changes in the health and human services systems have their impact at the state level and in local and regional markets, yet HHS has limited capacity to assess their effects. While there has been some progress, most current surveys have very limited ability to identify and monitor key trends in health and well-being, health insurance coverage, access, utilization, welfare participation, and other issues at the state level, where key health and human services policies and decisions are made. The Data Council is currently considering how to address the need for state-level data as one component of the HHS data strategy.

Data to Understand Changes in the Delivery and Organization of Health Care and human services

Major changes in the health care sector and the human services system continue to occur at a more rapid pace than the Department's ability to either describe them or systematically assess their impact. In addition, because of proprietary concerns, traditional sources of data on the health system are disappearing. To address these issues, HHS has established an interagency working group to identify health care system data needs, including the needs for data related to health plans, providers and health resources supply and demand. The group is evaluating current data availability and opportunities for improvement including the increased use of administrative data for research and statistical analytical purposes.

Data to Measure and Improve Access to Care and the Safety, Quality, and Effectiveness of Health Care

Improving access to health care and assuring the quality and safety of health care are major concerns and objectives of the Department. While significant progress has been made to collect and improve access and quality data, additional improvements are needed. Therefore, a number of data enhancements currently are under consideration within the Department to ensure that HHS can fulfill its leadership role.

Data to Measure Program Performance

The advent of the Government Performance and Results Act (GPRA) has focused attention on the need for data to measure whether HHS programs and activities are achieving intended results. This is a reflection of a broader shift in thinking toward accountability, results, outcomes, and evidence-based decisions for public programs. Accordingly, HHS agencies are in the process of assessing their current capacity for program performance data and identifying future needs. In addition, agencies are working with their service delivery partners to promote and help develop data systems for measuring program results. Strategies for a more systematic and coordinated approach to data needs across HHS are under consideration, including the potential for sharing common data resources to enhance performance measurement.

DATA TO SUPPORT PUBLIC HEALTH PROTECTION, EMERGENCY PREPAREDNESS AND RESPONSE

Enhancing the ability of the nation's health care system to effectively respond to bioterrorism and other public health challenges is a major HHS goal. Progress will involve building the capacity of the health care system to prepare for and respond to public health threats, especially bioterrorism, and ensuring the safety of food, drugs, biological products and medical devices. In many aspects, these functions rely to a large extent on the same data sources, data systems and information infrastructure that the health care system and the public health system rely on in general.

HHS is taking a number of steps with the health industry and the public health community to develop a common vision for the national health information infrastructure that will use a national, data standards based framework to support improvements in both public health data and clinical data and information to improve health, enhance the quality and safety of health care and support public health preparedness. In addition, HHS is exploring how enhancements could be made to current and planned data systems relating to health care providers to assess and monitor emergency preparedness and readiness.

PRIVACY AND CONFIDENTIALITY

The Department has a longstanding commitment to carrying out its collection and use of data with privacy and confidentiality as a fundamental consideration. HHS participates in the development and use of data and information to carry out its programs and functions with a focus on protecting the confidentiality of that information. Indeed, HHS has a long tradition of and commitment to the fair, respectful, and confidential treatment of the information that is entrusted to it in the performance of its functions.

Identifiable information that the Department and, as required, its contractors receive is protected by legal controls, most particularly the Privacy Act of 1974. Additionally in some instances information in our programs is protected by special federal research and statistical confidentiality statutes similar to the Census Bureau statutes for protecting information.

In addition, HHS has issued a major health information confidentiality regulation. Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, HHS was directed to issue a final regulation with national standards to protect the privacy and security of individually-identifiable health information. The regulation applies to health care providers that transmit data electronically, health plans, and health care information clearinghouses. It gives individuals rights with respect to their records, constrains record holders in their use and disclosure of personal health information, and requires record holders to have safeguards for the information.

NEXT STEPS

HHS will continue to improve its data to support strategic goals and objectives. The HHS Data Council will continue to serve as the HHS focal point for promoting a coordinated, "One HHS" approach to data collection planning and investments across the Department. The Council will continue to identify major data gaps from a collective, HHS wide perspective, develop priorities and recommendations and coordinated approaches and strategies for addressing data needs commensurate with available resources. The Council has updated its Directory of HHS Data and Statistical Resources, a web based gateway for user-friendly access to existing HHS data and statistical resources on the web. The goals of these efforts are to:

- Encourage HHS-wide communication and planning for data collection, analysis, and dissemination from a collective, department-wide perspective;
- Address interagency and departmental data needs in a coordinated fashion;
- Promote coordination and cost efficiencies in addressing interagency data needs and issues;
- Identify potential duplication of effort at an early stage and assure cost effective approaches to data collection; and
- Increase user-friendly access to major HHS data and statistical resources.

Appendix E
Program Evaluations

The Office of Management and Budget's Program Assessment Rating Tool (PART) measures program evaluation activities, among other things. In response to the latest PART ratings, HHS is conducting additional evaluations in the areas identified by the PART review (such as IHS sanitation facilities, the drug treatment initiative, effectiveness of immunizations, and the nurse education loan repayment program).

HHS is continuously striving to enhance the quality and quantity of program evaluations to learn more about the effectiveness of our interventions. Program evaluations can play an important role in formulating goals, objectives, and implementation strategies for a variety of planning activities throughout the Department of Health and Human Services (HHS). Program evaluations also tell us whether our efforts are successful. While there are still gaps in what we know, we now are beginning to assemble a body of evaluative information that supports the way we craft our various goals and objectives and substantiates the effectiveness of strategies to achieve those goals and objectives. To illustrate this, we provide a discussion of the evaluative information that contributed to setting our goals and objectives. We discuss program evaluations that demonstrate the effectiveness of implementation strategies that we will use. In addition, we provide a list of future evaluations that will provide additional insight into the effectiveness of our strategies and cumulative impact of our efforts.[1] Information gained from evaluation studies plays an important role in planning for the future of the Department's programs. This information has been used to assist in identifying critical health care issues, developing the best available strategies for addressing those issues; understanding the characteristics of various populations, as well as their service utilization and expenditure patterns; examining differences in costs, quality, and access to care under alternative service delivery models; and identifying improvements that can be made in administering various programs. A goal by goal discussion follows.

GOAL 1: Reduce the major threats to the health and well-being of Americans

SETTING THE GOAL/OBJECTIVES

A variety of statistical data on health trends in the United States contributed to the creation of Goal 1. For example, information from the *National Vital Statistics Report* provided the basis for establishing strategic objectives that address major causes of premature mortality and morbidity in the United States. Also useful was a wide variety of information on specific behavioral trends and incidences of disease available from national surveys and public health

[1] Program evaluation information is displayed only for those objectives for which future evaluations are planned.

surveillance systems, such as the *Behavioral Risk Factor Surveillance System, the Total Diet Survey (Food and Drug Administration)* and the *National Household Survey on Drug Abuse*.[2]

EFFECTIVENESS OF OUR IMPLEMENTATION STRATEGIES

Available evaluation studies underline the effectiveness of a number of the strategies that the Department will use to achieve its objectives. For example, a key element in our strategy to reduce tobacco use among youth is the support of tobacco education programs. A recent evaluation of a major anti-tobacco media campaign in Florida demonstrated the effectiveness of a paid advertising campaign in preventing tobacco use, especially when targeted to younger persons. As a deterrent to tobacco sales to minors, the effectiveness of strategies to enforce the prohibition on sales to minors (Synar) is supported by recent evaluations.

Similarly, evaluations, such as the review of the Child and Adolescent Trial for Cardiovascular Health (CATCH) program, point to the effectiveness of education programs in changing behaviors and attitudes toward diet and physical activity (Objective 1.1). Also, findings from Food and Drug Administration's (FDA) *Food Label and Nutrition Tracking System* indicate that consumers are reading, understanding, and changing their minds about food products as a result of FDA food labeling activities. The positive impact of consumer education on diets is also supported by the study *The Effects of Education and Information Source on Consumer Awareness of Diet-Disease Relationships.*

Examples of other evaluations that underline the effectiveness of our strategies in Goal 1 include: preliminary results from the National Cross-site Evaluation of High Risk Youth substance abuse prevention programs, results from the National Treatment Improvement Evaluation Studies (NTIES) evaluation showing that treatment works (Objective 1.4), and evaluations of behavior counseling programs such as Project RESPECT (Objective 1.2).

[2] This includes information tracking major health risks in America (e.g., the percentage of adults who are obese), behavioral risk factors among adults for cardiovascular disease (Centers for Disease Control and Prevention), and information tracking other trends.

FUTURE EVALUATIONS

Objective	Subject	Methodology	End Date	Agency
Objective 1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases	Evaluation of the effectiveness of population-based tobacco prevention and control programs	National/state prevalence surveys and demand models based on tobacco pricing and state policies	Ongoing with annual updates	Centers for Disease Control and Prevention (CDC)
	Evaluation of state and local school-based programs designed to prevent chronic disease, overweight/obesity, and programs to improve dietary patterns, and physical activity	Cross sectional and process evaluation studies	Ongoing	CDC
	Evaluation of implementation and impact of tobacco use prevention and control strategies	Being developed	FY 2004	CDC
	Outcome Evaluation of Sleep Education Programs (getting better sleep)	Survey	FY 2003	NIH
Objective 1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies	Evaluation of state and local school-based programs designed to improve adolescent reproductive health, including prevention of HIV, other sexually transmitted diseases (STDs), and teenage pregnancy	Cross sectional and process evaluation studies	Ongoing	CDC
	Evaluation of Abstinence Education Programs Funded Under Title V Section 510	Experimental	2005	ASPE
	Evaluation of Community-Based Abstinence Education Programs	Being developed	Being developed	ASPE

Objective	Subject	Methodology	End Date	Agency
Objective 1.3 Increase immunization rates among adults and children	Analysis of influenza and pneumoccocal reports/data	Claims database and survey data analyses	Ongoing	CMS
	Evaluation of the vaccine program management by National Immunization Program, funded through the 317 program as required by OMB through the Performance Assessment Rating Tool (PART) process complete in FY 2002	Being developed	July 2004	CDC
Objective 1.4 Reduce substance abuse	Evaluation of the Family Drug Treatment Courts to stop the cycle of substance abuse and child neglect or abuse that occurs in many families	Survey	2005	Substance Abuse and Mental Health Services Administration
	Evaluation of processes related to the introduction of buprenorphine, a new treatment for opioid addiction	Survey	2005	SAMHSA
	Evaluation of the opioid accreditation process	Accrediting Survey	2005	SAMHSA
	Evaluation of existing treatment programs for methamphetamine abuse	Multi-site clinical trial	2003	SAMHSA
	National Treatment Outcomes Monitoring Study for evaluating treatment programs to determine the quality and costs for specific patient groups (USC 290bb; Sections 507(b)(13) and (14) of the Public Health Services Act as amended)	Surveillance system using sampling	2005	SAMHSA
	National Evaluation Data Services Program (NEDS II) for data infrastructure, GPRA support, secondary analysis, and web-based data tools and applications	Multimethod	2003	SAMHSA
	The Persistent Effects of Treatment Studies (PETS) is an evaluation of the long-term effects of treatment	Multimethod	2003	SAMHSA

Objective	Subject	Methodology	End Date	Agency
	State Incentive Grants Program Analysis of SIG grantees at the state, community, and the program levels	Cross-site studies	2004	SAMHSA
	Evaluation of Substance Abuse Prevention and HIV/AIDS Prevention Initiative Program designed to assist communities in providing services for those persons disproportionately impacted by HIV/AIDS infection and disease	Cross-site	Ongoing evaluation	SAMHSA
	Evaluation of Parent/Family Strengthening Initiative Program designed to assist in the planning and implementation of science-based intervention models with high-risk children, youth, and their families	Cross-site studies	Ongoing evaluation	SAMHSA
	Full Scale Evaluation of NIAAA's Alcohol Research Centers program	Database analysis, surveys, and interviews	FY 2005	NIH
Objective 1.5 Reduce tobacco use, especially among youth	Evaluation of the effectiveness of population-based tobacco prevention and control programs	National/state prevalence surveys and demand models based on tobacco pricing and state policies	Ongoing with annual updates	Centers for Disease Control and Prevention (CDC)
	Evaluation of implementation and impact of tobacco use prevention and control strategies	Being developed	FY 2004	CDC
	Evaluation of tobacco use cessation initiatives among youth	Being developed	FY 2004	CDC
	Evaluation of Transdisciplinary Tobacco Use Research Centers	Analysis of researcher questionnaires, bibliometric and expert panel	FY 2006	NIH

Objective	Subject	Methodology	End Date	Agency
	Evaluation of American Stop Smoking Intervention Study	Regression Analysis	FY 2004	NIH
Objective 1.6 Reduce the incidence and consequences of injuries and violence	Evaluation of multi-level parenting interventions to prevent child maltreatment	Randomized control group (experimental) design with outcome measures including child maltreatment reports, parent-child skills, and provider skill and knowledge measures	2009	CDC
	Evaluation of a fire and fall prevention program for community-dwelling older adults	Controlled trial with baseline and follow-up surveys	Fall 2004	CDC
	Evaluation of multi-faceted youth violence prevention interventions	To be developed	Being developed	CDC
	Evaluation of interventions to increase proper restraint use for children	To be developed	Being developed	CDC
	Evaluation of the effect of state and local residential smoke alarm legislation on smoke alarm use and reductions in injuries and fire related deaths	To be developed	Being developed	CDC
	Evaluation of the Safe Schools/Health Students Initiative to prevention violence, alcohol, tobacco and drug use	Multiple surveys	2005	SAMHSA, ASPE
	Collaborative for the National Strategy for Suicide Prevention	Feasibility study	FY 2004	NIH
	Guide to Community Preventive Services	Combined approach	FY 2003	NIH

GOAL 2: Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges

SETTING THE GOAL/OBJECTIVES

Concern about the need for effective response to public health challenges has been heightened by the experience with Anthrax and awareness of potential bio-terrorist threats. Effective response to ongoing and emerging threats requires strength in all elements of the public health infrastructure and effective coordination among all elements of the health care delivery and public health systems.

A variety of assessments of the capacity of the Public Health Service to identify and respond to health challenges in the United States are available and support the need to strengthen the public health infrastructure. For example, a 1999 GAO study (GAO/HEHS-99-26) documented difficulties with laboratory capacity. This is supported by a Department assessment (1997), *Public Health Workforce: An Agenda for the 21st Century,* which singles out laboratory capacity as a pressing challenge. *Healthy People 2010* documents the need for better information technology. The Institute of Medicine (1988) published perhaps the most comprehensive view of the challenge, *The Future of Public Health*.

EFFECTIVENESS OF OUR IMPLEMENTATION STRATEGIES

Achievement of Goal 2 rests largely on the dual strategies of improving the surveillance and response capacity of federal, state, and local health agencies and improving the effectiveness and timeliness of communications throughout the public health system. Our adoption of these strategies is supported by assessments that are beginning to show successes in several areas. For example, assessments of efforts in the CDC's National Center for Health Statistics (NCHS) to improve the timely release of surveillance and survey data have been positive. Also, an assessment of the CDC Assessment Initiative to enhance the ability of state and local health departments to use data for policy making has been positive.

In the area of medical device safety, evidence suggests that FDA information dissemination about faulty medical products, transmitted through advisories, has a positive impact on product safety, although further review is indicated. There is evidence that the implementation of FDA *Adverse Event Reporting System for Biologics* has resulted in improved products through changes in product labeling. The success of foodsafety consumer education strategies is supported by analytic findings in *Background Research and Recommendations for the Food Safety Campaign*. Finally, strategies to make drug prescription information more easily available and understandable seem to be successful, according to information obtained through our biennial National Survey of Prescription Medicine Information Received by Consumers.

FUTURE EVALUATIONS

Objective	Subject	Methodology	End Date	Agency
Objective 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats	Evaluation of the effectiveness of safety and public health advisory issuances	Survey	Ongoing	FDA
Objective 2.2 Improve the safety of food, drugs, biological products, and medical devices	National Survey of Prescription Medicine Information Received by Consumers	Survey	Biennial	FDA
	Evaluation of Vaccine Safety: Data Mining: in Vaccine Adverse Event Reporting System (VAERS) and FDA Pre-Licensure Vaccine BLS Databases	Computerized Empirical Bayesian data mining method which circumvents lack of denominator data	Ongoing	FDA
	Total Diet Study	Sample of foods tested for pesticide residues, contaminants and food nutrients	Annual	FDA

Objective	Subject	Methodology	End Date	Agency
Objective 2.2 (cont'd)	Food Labeling and Package Surveys (FLAPS)	Sample of packaged food products	Ongoing	FDA
		Analysis and five year update on serving size	FY 2003	FDA
		Study of nutrition labeling, health claims, and nutrient content claims on product labels	FY 2003	FDA
	Food Safety Survey	National sample of American consumers	Every 4-5 years	FDA
	Safe Alert Satisfaction Surveys for Medical Devices	Survey of health care practitioners to determine impact of risk communication through FDA's Public Health Advisories Program	Annually	FDA

GOAL 3: Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices

SETTING THE GOAL/OBJECTIVES

Data from a number of health related surveys, such as the U.S. Census and Current Population Survey, were instrumental in helping set Goal 3 objectives that address challenges such as the lack of access to health care insurance and services and health disparities. Examples include the Medical Expenditure Panel Survey (Agency for Healthcare Research and Quality), the National Survey of Health Insurance (Kaiser/Commonwealth), the National Vital Statistics System (CDC), policy briefs of the National Center for Cultural Competence, and the report of the Surgeon General on Mental Health. Also useful were program data from the Health Resources and Services Administration on medical shortage areas and cost data from the Agency for Healthcare Research and Quality (AHRQ) on the cost of services to persons with HIV/AIDS (see AHRQ Pub No. 99-RO28). Information from the Department's Office of the Inspector General (OIG) contributed to the development of our objective on the integrity of the Medicare and Medicaid programs. Data from the Medicare Current Beneficiary Survey were useful for assessing issues related to the effectiveness of and access to Medicare services.

EFFECTIVENESS OF OUR IMPLEMENTATION STRATEGIES

A number of evaluative studies and other evidence illustrate the effectiveness of Goal 3 implementation strategies in increasing access to and effectiveness of health care services. For example, increasing the supply of physicians in underserved areas is a successful strategy for improving access to health care services. In addition, there is a similar impact where community health centers are located, and considerable evidence supports the success of Ryan White programs in increasing access to health care services for persons with HIV/AIDS. Finally, a continuing national evaluation of the strategy to support comprehensive community mental health services for children and their families shows improvements in a range of child outcome indicators (e.g., school attendance and behavior).

FUTURE EVALUATIONS

Objective	Subject	Methodology	End Date	Agency
Objective 3.1 Encourage the development of new, affordable health insurance options	Evaluation of state waiver demonstrations	Claims database and survey data analyses	Ongoing	CMS
Objective 3.2 Strengthen and expand the health care safety net	Evaluation of Health Center Performance	User visit survey	2003	HRSA
	Evaluation of Critical Access Hospitals program	Rural Research Center case studies and analyses	Some work complete; ongoing pending reauthorizat -ion	HRSA
	Evaluation of the State Children's Health Insurance Program	National analysis of enrollment and service use files and meta-analysis of state evaluations	2004	CMS
Objective 3.3 Strengthen and improve Medicare	Evaluation of state pharmacy benefit/assistance programs for low-income Medicare beneficiaries	Claims database and survey data analyses	2004	CMS
	Evaluation of programs of coordinated care and disease management	Claims database and survey data analyses	2005	CMS
	Evaluation of private fee-for-service plans in the Medicare +Choice program	Survey data analyses	2004	CMS
	Evaluation of Medicare PPO demonstrations methodology	Claims database, survey data analyses, and case studies	2007	CMS

Objective	Subject	Methodology	End Date	Agency
Objective 3.4 Eliminate racial and ethnic health disparities	Evaluation of Racial and Ethnic Approaches to Community Health (REACH) demonstrations to eliminate health disparities	Comparison across and within communities using Behavioral Risk Factors Surveillance System (BRFSS)-matched demographic comparisons	Ongoing	CDC
Objective 3.5 Expand access to health care services for targeted populations with special health care needs	Evaluation of Ryan White HIV/AIDS programs	Analysis of grantee data	Ongoing	HRSA
	The National Evaluation of the Comprehensive Community Mental Health Services program for Children and Their Families is focused on developing community-based systems of care for children with serious emotional disturbance and their families through six year grants provided to public entities in States, political subdivisions of States, American Indian and Alaska Native Tribes, and territories	Multiple method	Ongoing	SAMHSA
	Study on Children with Special Health Care Needs	State and Local Area Integrated Telephone Survey (SLAITS) interview mechanism	FY 2003	HRSA, CDC
	Evaluation of obesity at diabetes prevention pilot sites to determine effectiveness of prevention approaches in decreasing overweight and obesity in young children	Clinical assessments and behavioral surveys	2004	Indian Health Service (IHS)/ACF

Objective	Subject	Methodology	End Date	Agency
Objective 3.5 (cont'd)	Evaluation of the SAMHSA/HRSA collaboration to improve access to behavioral and primary care services for chronically homeless persons	Descriptive analysis using program implementation and client data	2005	SAMHSA, HSRA, and ASPE
Objective 3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)	Evaluation of sanitation facilities construction, as recommended by OMB in the Performance Assessment Rating Tool (PART)	Under development	2005	IHS

GOAL 4: Enhance the capacity and productivity of the nation's health science research enterprise

SETTING THE GOAL/OBJECTIVES

Almost every day, the American health science research community announces new discoveries that hold tremendous potential for the prevention and treatment of disease and injury. The promise of these discoveries argues for the nurture of the research infrastructure that produces the discoveries. As a result of this productivity, strengthening this country's health sciences enterprise has become and remains one of the strategic goals of the Department.

EFFECTIVENESS OF OUR IMPLEMENTATION STRATEGIES

Success in achieving Goal 4 will rely on how effectively our strategies nourish health research. One element is to facilitate the conduct of research and to move successful research into practice and products. Evaluative information supporting our direction is continuing to emerge. For example, attempts to accelerate the development of new medical products through streamlining the product application and review process has led to shorter review times, and we are seeing new products approved under Fast Track processes. (Two such products for the treatment of HIV were approved in 1999.) Overall, streamlining efforts in response to the Prescription Drug User Fee Act (PDUFA) and the Food and Drug Administration Modernization Act (FDAMA) efforts are working to decrease product approval times, as reported in the FY 1999 Performance Report to Congress.

FUTURE EVALUATIONS

Objective	Subject	Methodology	End Date	Agency
Objective 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability	Review and assessment of results achieved from funded research, conducted as a normal part of scientific planning and priority setting	Various mechanisms, involving numerous internal and external groups	Continuous	NIH
	Development of PET and SPECT Ligands for Brain Imaging (Phased Innovation Award)	Workshop	FY 2008	NIH
	Conference on the Analysis of Multiple Unit Activity	Conference	FY 2003	NIH
	Chemical Sciences Roundtable	Case studies	FY 2003	NIH
	AIDS International Training and Research Program – Phase I Feasibility Study	Database analysis, modified case study	FY 2003	NIH
	AIDS International Training and Research Program – Phase II Outcome Evaluation	Database analysis, modified case study, literature review, survey	FY 2004	NIH
	International Biodiversity Cooperative Groups-Outcome Evaluation	Database analysis, modified case study, site visit, literature review	FY 2005	NIH
	International Training and Research Program in Population and Health: Phase I, Feasibility Study	Database analysis, modified case study	FY 2004	NIH
	International Training and Research Program in Population and Health: Phase II, Outcome Evaluation	Database analysis, modified case study, literature review, survey	FY 2005	NIH

Objective	Subject	Methodology	End Date	Agency
Objective 4.1 (cont'd)	Minority International Research and Training Grant Outcome Evaluation	Database analysis, literature review, site visit, survey	FY 2008	NIH
	Fogarty International Research Collaboration Award Phase I: Feasibility Study	Database analysis, modified case study	FY 2003	NIH
	Fogarty International Research Collaboration Award Phase II: Outcome Evaluation	Database analysis, literature review, survey, modified case study	FY 2004	NIH
	Evaluation of Special Funding Program for Type I Diabetes Research	Survey, database analysis	FY 2003	NIH
	Evaluation of NIDDK Special Emphasis Funding	Comparison study	FY 2005	NIH
	Assessment of Division of AIDS Research Networks	Database analysis	FY 2008	NIH
	HIV Prevention Trial Network Program Review	External panel assessment	FY 2003	NIH
	Annual Review of New Imaging Technologies for Autoimmune Diseases	Program review	FY 2003	NIH
	Expert Panel on Food Allergy	Expert panel	FY 2003	NIH
	The Center for Scientific Review's Integration and Reorganization of Behavioral and Social Science Review: A Retrospective Evaluation	Survey	FY 2005	NIH
	Hepatitis C Program Review	External program review	FY 2003	NIH
	Sexually Transmitted Diseases Program Review	External program review	FY 2003	NIH

Objective	Subject	Methodology	End Date	Agency
Objective 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology	Evaluation of statutory performance for the Prescription Drug User Fee Act (PDUFA) of 1992 as authorized by the Prescription Drug User Fee Amendments of 2002.	Analysis of premarket review data for human drugs and biological products	Annual	FDA
Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers	Survey of graduate science student support – ongoing	Survey	Biennial	NIH
	Survey of doctorate recipients – ongoing	Survey	Biennial	NIH
	Evaluation of the NIH-wide program to conduct outreach to increase the number of minority institutions interested in applying to participate in biomedical and behavioral research	Survey and Case Study Design	FY 2006	NIH
	Network of minority research investigators	Effectiveness Assessment	FY 2008	NIH
Objective 4.4 Improve the coordination, communication, and application of health research results	Evaluation of Internet-based tools to improve cancer clinical trials	Comparison groups	2003	NIH
	Qualifying the value of R and E investments in chemistry and related disciplines	Case studies and database analysis	FY 2004	NIH
Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process	Ethics program review	Site visits and random sampling of ethics forms for review	FY 2004	NIH

GOAL 5: Improve the quality of health care services

SETTING THE GOAL/OBJECTIVES

Goal 5 development was substantially influenced by recent findings of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and the Institute of Medicine's report on medical errors. The Commission found that medical errors occur in hospitals, nursing homes, pharmacies, urgent care centers, and home care, and that all medical errors cost the nation approximately $37.6 billion annually. Also, the challenge to improve health care quality in the United States is well outlined in the Department's report, *The Challenge and Potential for Assuring Quality Health Care for the 21st Century*. In developing Goal 5, we also considered the continuing need to improve the quality of human services based on widely available trend data on the well-being of children and families in the United States.

EFFECTIVENESS OF OUR IMPLEMENTATION STRATEGIES

Although much of the initiative to improve care quality is new and evaluations of programs and activities are just beginning, some evidence of effectiveness has emerged. This is linked to the design of our strategies. For example, a key component of our quality improvement strategies is to develop evidence-based findings on effective health services and promote use of the findings. Evaluation findings of the Agency for Healthcare Research and Quality in 1999 (Publication No. 99-R043) and evidence from other studies (Publication No. 95-N012) support the conclusion that evidence-based research is making its way into practice and, in turn, is contributing to improvements in patient outcomes. Similarly, GAO testified in 1995 (GAO/T-HEHS-95-221) that AHRQ practice guidelines seemed to have a positive impact on patient outcomes.

Efforts to increase consumer and patient use of health care information are the focus of an ongoing evaluation of the Centers for Medicare & Medicaid Services education program–Medicare & You–which is designed to help beneficiaries make the best use of new benefits and program flexibility. This evaluation will continue to provide feedback on the program and guide future directions. Finally, ongoing assessments of the impact and effectiveness of the Mammography Quality Standards Act has shown the value of certification and inspection strategies as an effective means of addressing patient protections.

A key implementation strategy for improving the quality of human services programs is the development of a broad framework that includes quality data, performance measurement systems, and program evaluations. As policy and program design devolve to state and local levels, it is vital that these levels of government have reliable information on which to base their decisions and that the effects of different policy and program choices on quality and accessibility is understood. Documenting, understanding, interpreting, and facilitating the exchange of information and experiences among states is essential to providing high quality services that promote the well-being of families and children.

FUTURE EVALUATIONS

Objective	Subject	Methodology	End Date	Agency
Objective 5.1 Reduce medical errors	Evaluation of Centers for Education and Research on Therapeutics to assess their effectiveness in translating and disseminating objective information on the appropriate and safe use of therapeutics	Citation analysis; other methodologies under development – evaluation	FY 2004	AHRQ
	Assessment of State Rules and Practice Regarding Collection and Reporting of Racial and Ethnic Data by Health Insurers and Managed Care Plans	Database analyses and selected site visits	FY 2004	OPHS
Objective 5.2 Increase the appropriate use of effective health care services by medical providers	Quality Improvement Organization Assessments of state performance	Annual reviews/ assessments	Ongoing	CMS
Objective 5.3 Increase consumer and patient use of health care quality information	Ongoing evaluation of Medicare & You (the national education campaign to help Medicare beneficiaries make choices among health benefits and plans)	MCBS Survey	Ongoing	CMS
Objective 5.4 Improve consumer and patient protections	National Assessment of Culturally and Linguistically Appropriate Services in Managed Care Organizations (MCOs) Serving Racially and Ethnically Diverse Communities	Survey of random sample of MCOs	Ongoing	OPHS
Objective 5.5 Accelerate the development and use of an electronic health information infrastructure	Centers of Excellence in Cancer Communications Research	Survey, textual analysis, and observational data	FY 2008	NIH

Objective	Subject	Methodology	End Date	Agency
Objective 5.5 (cont'd)	MEDLINEplus Follow-Up Evaluation	On-line user survey	2003	NIH
	Physician-Patient Outreach Evaluation	Case studies, interviews, focus groups	FY 2004	NIH
	Hispanic Outreach Evaluation	Case studies, interviews, focus groups	FY 2003	NIH
	Tribal Connections Phase III Evaluation	Case studies, interviews, focus groups	FY 2003	NIH
	Four Corners Tribal Evaluation Project	Case studies, interviews, focus groups	FY 2004	NIH
	Spanish MEDLINEplus evaluation Part II	On-line focus groups	FY 2003	NIH
	Spanish MEDLINEplus Evaluation	On-line user survey	FY 2003	NIH
	Senior Citizen Outreach Evaluation	Case studies, interviews, focus groups	FY 2003	NIH
	Assessment of use of health information technology in community health centers	Case studies	FY 2003	ASPE
	Assessment of progress on the national health information infrastructure	Hearings and other ongoing activities under the auspices of the National Committee on Vital Health Statistics	Ongoing	ASPE

GOAL 6: Improve the economic and social well being of individuals, families, and communities, especially those most in need

Setting the Goals/Objectives

Data from a variety of national, state and program-specific sources provided valuable insights and information useful for the development of Goal 6, including development of the objectives and implementation strategies. For example, there is substantial evidence that many welfare-to-work experiments supported by the Department have been adopted by states. Many elements of these successful demonstrations were adopted in the welfare reform provisions of Temporary Assistance to Needy Families (TANF) in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Effectiveness of our Implementation Strategies

In Goal 6, there are a number of implementation strategies that focus on identifying effective program practices and disseminating these to states and other service providers through federal technical assistance and capacity development activities. Evaluative assessments of these efforts point to their value and argue for continuing to help identify and disseminate best practices as a key strategy to achieve our objectives in Goal 6. For example, the national evaluation of welfare-to-work strategies is beginning to provide information on the effectiveness of the JOBS program in seven sites and is influencing welfare reform reauthorization discussions.

Future Evaluations

Objective	Subject	Methodology	End Date	Agency
Objective 6.1 Increase the proportion of low-income individuals and families including those receiving welfare who improve their economic condition	Evaluation of employment retention and advancement strategies; impact of welfare reform on child outcome measures; impact of rural welfare to work strategies; and the effectiveness of employ-ment services for special populations	Experimental	2005	Adminis-tration for Children and Families (ACF)
	Evaluation of the Workforce Investment Act One-Stop Centers for service to TANF and low income populations	Descriptive analysis using literature review and case studies	2003	ASPE

Objective	Subject	Methodology	End Date	Agency
Objective 6.1 (cont'd)	Evaluation and demonstration of enhanced services for hard-to-employ parents	Experimental	2010	ACF and ASPE
Objective 6.2 Increase the proportion of older Americans who stay active and healthy	Evaluation of multi-faceted fall-prevention programs for community-dwelling elderly	To be determined	Being developed	CDC
	Evaluation of the following services provided to the elderly under the Older Americans Act: nutrition programs, community supportive services, and preventive health services	To be determined	Variable 2003-2006	AOA
Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	Evaluation of the home and community-based services waiver program	Descriptive analysis and consumer survey	2002	CMS
	Evaluation of multi-state demonstrations for integrating acute and long-term-care services	Quasi-experimental using surveys, case studies and database analysis	2005	CMS
	Multi-state evaluation of dual eligibles demonstrations (cash and counseling demonstrations for making individuals more involved in planning and directing their community-based long-term care services)	Control group	2003	CMS
	Evaluation of the Alzheimer's Disease Demonstration Grants to States	To be determined	Ongoing	AoA
Objective 6.4 Improve the economic and social development of distressed communities	Evaluation of impact of Individual Development Accounts	Non-experimental	2005	ACF

Objective	Subject	Methodology	End Date	Agency
Objective 6.4 (cont'd)	Evaluation of the role of private employers and TANF recipients	Descriptive analysis using existing studies, surveys, data sources, and interviews with experts	2003	ASPE
	Evaluation of welfare reform in four large urban areas	Administrative and survey data, neighborhood indicators, implementation and an ethnographic study	2003	ASPE
Objective 6.5 Expand community and faith-based partnerships	Evaluation of state and local contracting for social services under Charitable Choice	Descriptive analysis using interviews and surveys	2004	ASPE, Center for Faith Based and Community Initiatives
	Evaluation of innovative practices and promising approaches that faith- and community-based organizations are using so that other organizations can benefit from their unique approaches	Faith based organizations will provide	Faith based organizations will provide	ASPE, Center for Faith Based and Community Initiatives

GOAL 7: Improve the stability and healthy development of our Nation's children and youth

SETTING THE GOALS/OBJECTIVES

State and program administrative data were particularly useful in assessing trends and establishing the objectives for child welfare, abuse and neglect, early learning (Head Start) and child care. The Federal Interagency Forum on Child and Family Statistics annual report, *America's Children: Key National Indicators of Well-Being*, provided a secondary source of trend data for these objectives. Projections by the Department's micro simulation model, the Transfer Income Model (TRIM), were useful in testing alternative approaches and strategies for human services programs. Census data and data from surveys of the National Center for Health Statistics (CDC) contributed to the development of objectives that address trends in aging and long term care.

EFFECTIVENESS OF OUR IMPLEMENTATION STRATEGIES

For Goal 7, we point to the success of bonus payments and technical assistance to help states reduce barriers to adoption (Objective 7.4). The National Survey of Child and Adolescent Well-being (NSCAW) will provide valuable descriptive information including risk factors, service needs, and services received on children and families who come into contact with the welfare system.

This evaluative evidence, which goes back a number of years, demonstrates the success of programs such as Head Start to prepare children for school. Results from the Family and Child Experiences Survey and the Early Head Start Evaluation are beginning to show positive trends for Head Start children in cognitive and social skills, indicating learning readiness for kindergarten and the Early Head Start evaluation, completed in May 2002, demonstrated that Early Head Start improves some of the early building blocks necessary for the development of literacy and school readiness (Objective 7.2).

FUTURE EVALUATIONS

Objective	Subject	Methodology	End Date	Agency
Objective 7.1 Promote family formation and healthy marriages	Multi-site evaluation and synthesis of Responsible Fatherhood Projects	Descriptive analysis using implementation evaluation, program and administration data, and client interviews	2003	ASPE, ACF/OCSE
	Evaluation of community marriage demonstrations	Impact study	FY 2010	ACF
	Evaluation of healthy marriage programs for low-income parents who are married or plan to marry	Experimental	FY 2010	ACF
Objective 7.2 Improve the development and learning readiness of preschool children	Continuing surveillance of the impact of Head Start children in social, cognitive, and other domains (Family and Child Experiences Survey)	Surveys, observations, childhood assessments	Ongoing	ACF
	Head Start Impact Study is examining the development and school-readiness of low-income children including language and literacy development	Experimental	Ongoing	ACF
	Child Care Subsidy Evaluation, multi-year, multi-site study evaluating effects of alternative state and community subsidy policies	Various	2008	ACF
	Early Head Start follow-up study examining Early Head Start and control group children's progress through pre-kindergarten	Experimental	FY 2004	ACF

Objective	Subject	Methodology	End Date	Agency
	Early Childhood Longitudinal Studies with the Department of Education, studying a cohort of Head Start children at kindergarten entry and continuing through the fifth grade	Observations, interviews, and data analysis	Ongoing	ACF
Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children	Partners for Fragile Families Evaluation	Process evaluation—interviews and focus groups. Impact evaluation—program and administrative data, and surveys	2006	ASPE, ACF/OCSE
Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment	Continuation of a national longitudinal study of child welfare that looks at the outcomes for families and children	Surveys, interviews	Ongoing in three to five year cycles	ACF
	Assessment of child welfare outcomes in areas of safety, permanency, and child and family well-being	Annual state submission of data, monitoring visits	Ongoing	ACF
	Consortium for longitudinal studies of child maltreatment from time children are 4 years old until they reach adulthood	Interviews and assessments	Ongoing	ACF
	Research and evaluation related to the Promoting Safe and Stable Families program	Multiple methods	Date-phased	ACF

GOAL 8: Achieve excellence in management practices

SETTING THE GOALS/OBJECTIVES

We envision a Department that has a citizen-based focus, is results-oriented, and where practicable, market-driven. To improve the functioning of government and achieve efficiencies in its operations, the President highlighted a series of government-wide management reforms for the federal government in the President's Management Agenda. HHS continues to place special emphasis on these reforms. They include:

- Strategic Management of Human Capital
- Competitive Sourcing
- Improved Financial Performance
- Expanding Electronic Government
- Budget and Performance Integration

EFFECTIVENESS OF OUR IMPLEMENTATION STRATEGIES

Work continues to progress in these five areas throughout the Department, and in some cases there are already impressive results (ASBTF to include examples). Because some of these are areas of new or expanded emphasis, new goals and measures in the Department's and in HHS agencies annual performance plans have been developed to capture on-going activity. Even these new goals and measures are expected to show positive results.

FUTURE EVALUATIONS

Objective	Subject	Methodology	End Date	Agency
Objective 8.1 Create a unified HHS committed to functioning as one Department	Assessment of consolidation of functions, annual feedback on coordination of research, and standardization of electronic communcations systems	Qualitative assessments	Ongoing	OS
Objective 8.2 Improve the strategic management of human capital	Human Resources Accountability System	Developmental. We are developing a comprehensive system that will link evaluations to a balanced scorecard methodology.	FY 2004	OS

Objective	Subject	Methodology	End Date	Agency
Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing	Competitive sourcing savings and productivity gains	Developmental: Pending OMB direction	Ongoing	Department-wide
Objective 8.4 Improve financial management	Evaluate financial performance of President's Management Agenda items, as targeted in the HHS Financial 5 Year Plan and as reported in the HHS Performance and Accountability Report	Compare target versus actual performance for a variety of financial management activities	Ongoing, with annual assessments of trends and achievements	OS
Objective 8.5 Enhance the use of electronic commerce in service delivery and record keeping	Individual accountability agreements between OS/ASBTF and enterprise initiative-specific program managers. (See also HHS IT strategic plan, appendices for action plans on enterprise level initiatives.)	Establish work breakdown structures and schedules of delivery and milestones against which progress may be measured	Ongoing	OS
	Results-based management across all IT and management initiatives	IT Investment Review Board (ITIRB) Performance measurement and management by HHS CIO	Ongoing	OS/ASBTF/ OIRM
Objective 8.6 Achieve integration of budget and performance information	Results-based management in NCI's business management infrastructure	Multiple logic models	Ongoing	NIH
Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services	Review of regulatory burden(s)	OMB review of regulations on a case by case basis	Ongoing/ periodic	OS

Appendix F
Resources Supporting the HHS Strategic Plan

The United States federal government, through the Department of Health and Human Services (HHS), remains committed to investing resources to improve the health and well-being of all Americans. The Department does not anticipate increased spending across the board, but expects stable funding for programs and for the management and administration of these programs. HHS and its partners will continue to enhance the nation's investment through wise program and resource utilization decisions that get the most for the funds available.

To support the strategies described in the HHS Strategic Plan, and to ensure that HHS and its partners have the capacity to implement them effectively, the Department will pursue resources that are compatible with the demands of the plan's program strategies. The discussion that follows describes the approaches HHS will employ to coordinate resources for two resource categories that are critical to program success at this time: human and information resources. In addition, we highlight many of the resources that the Department and its partners will employ to achieve the strategic goals in the HHS Strategic Plan.

The highly coordinated HHS budget formulation processes ensure that the resources for both programmatic and management strategies are identified to support the HHS Strategic Plan. The HHS Secretary's Budget Council, which consists of Department leaders representing broad policy and functional interests, will continue to conduct hearings on the budget requests of all HHS components and make recommendations regarding cross-cutting Departmental budget initiatives that improve HHS programs. In recent years, for example, HHS budget coordination resulted in budgets that supported critical resource challenges associated with bioterrorism.

BUDGETARY RESOURCES

The table below displays the Department's FY 2004 discretionary budget request amounts, organized by Strategic Goal. Funding for individual goals may not add precisely to the Department total due to rounding errors.

Strategic Goal		Goal Budget (in millions)
Goal 1	Reduce the major threats to the health and well-being of Americans	$ 6,481
Goal 2	Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges	$ 3,159
Goal 3	Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices	$ 9,481
Goal 4	Enhance the capacity and productivity of the Nation's health science research enterprise	$28,619
Goal 5	Improve the quality of health care services	$ 682
Goal 6	Improve the economic and social well-being of individuals, families, and communities, especially those most in need	$ 4,769
Goal 7	Improve the stability and development of our Nation's children and youth	$10,274
Goal 8	Achieve excellence in management practices	$ 2,449
	Total	$64,845

HUMAN RESOURCES

Over the last several years, workforce planning has emerged as a significant resource challenge for HHS. The Department is responding with coordinated planning efforts that are linked to the HHS budget process. Multiple factors contribute to the workforce planning challenge faced by HHS and other federal agencies. The Department's agencies are confronted with an aging workforce that will be subject to high levels of retirement beginning within the next few years. Unprecedented advances in information technology and the legitimate expectations of the Congress that federal agencies better manage technology have significantly altered the skill

requirements of positions throughout federal agencies and programs. Advances in medical science and the reform of human service programs have had a similar effect on federal, state, and community organizations and their employees who must adapt rapidly and continuously to changing demands.

To ensure coordinated planning in the budget context, HHS requires program components to submit a workforce plan with each fiscal year budget. This workforce plan must address the strategies and costs of addressing these critical issues. HHS workforce plans are developed following Departmental guidance presented in *Building Successful Organizations–Workforce Planning in HHS, November 1999*. This guidance presents a flexible Departmental model of planning that addresses the analysis of several common fundamental elements of workforce planning: workforce analysis, competency assessment, gap and solution analysis, workforce transition analysis, and evaluation.

INFORMATION TECHNOLOGY

The mission of the U.S. Department of Health and Human Services is clearly defined:

> *To enhance the health and well-being of Americans by providing for effective health and human services and by fostering strong, sustained advances in the sciences underlying medicine, public health and social sciences.*

Information technology (IT) is a powerful conduit for accomplishing the HHS mission, and it presents significant opportunities to drive progress for public health and human services.

The HHS Enterprise IT Strategic Plan for FY 2003 – FY 2008 details the IT strategies and enterprise initiatives that will best support and achieve the HHS mission and goals, advance the most effective and efficient use of IT resources across HHS, and align the enterprise-wide IT strategic direction with Departmental, government-wide, and national priorities, while maintaining a focus on citizens, customers, and stakeholders. The HHS Enterprise IT Strategic Plan establishes a comprehensive and robust guide for the direction of IT across HHS.

Achievement of the IT vision and fulfillment of the IT mission occur by accomplishing the IT goals and objectives. Implementation of these strategies is achieved through enterprise IT and management initiatives. Successful implementation of the Enterprise Initiatives furthers the fulfillment of the IT objective with which it is aligned, and continues cascading upwards to the achievement of the IT goals and vision. The table below aligns the Enterprise Initiatives with the IT goals and objectives and identifies a timetable for fulfillment of the initiatives and as a result the IT strategies.

HHS Enterprise IT Strategic Plan Overview

IT Mission	*Provide a well-managed and secure enterprise information technology environment that enables stakeholders to advance the causes of better health, safety and well-being of the American people.*
IT Vision	*Provide robust, flexible, efficient, and secure information technology enabling the HHS enterprise and its partners to respond to the dynamic requirements of their missions.*

IT Goal	IT Objective	Enterprise Initiatives	Completion Date
Goal 1 *Provide a secure and trusted IT environment*	**Objective 1.1** *Enhance confidentiality, integrity, and availability of IT resources.*	Departmental IT Security Program	5/2004
		Critical Infrastructure Protection	7/2003
		Managed Security Services	6/2003
		Enterprise IT Security	12/2003
		Network Modernization	9/2005
		Public Key Infrastructure	6/2006
	Objective 1.2 *Protect IT assets and resources from unauthorized access or misuse.*	Departmental IT Security Program	5/2004
		Critical Infrastructure Protection	7/2003
		Managed Security Services	6/2003
		Enterprise IT Security	12/2003
		Public Key Infrastructure	6/2006
	Objective 1.3 *Enhance security awareness department-wide.*	Departmental IT Security Program	5/2004
	Objective 1.4 *Ensure that IT security is incorporated into the lifecycle of every IT investment*	Departmental IT Security Program	5/2004
		Enterprise IT Security	12/2003
		Critical Infrastructure Protection	7/2003
		Capital Planning and Investment Control	1/2005
Goal 2 *Enhance the quality, availability, and delivery of HHS information and services to citizens, employees, businesses, and governments*	**Objective 2.1** *Provide an intuitive one-stop solution to quickly and reliably deliver information for public access.*	E-Government Program	Ongoing
		Web Portal	12/2004
	Objective 2.2 *Leverage web services to conduct business securely with customers and stakeholders.*	Public Key Infrastructure	6/2006
		E-Government Program	Ongoing
		E-Grants	10/2003
		Web Portal	12/2004
	Objective 2.3 *Ensure the availability and dissemination of information in preparation of or in response to local and national emergencies or other significant business disruptions.*	Critical Infrastructure Protection	7/2003
		Web Portal	12/2004

IT Goal	IT Objective	Enterprise Initiatives	Completion Date
	Objective 2.4 *Provide technologies enabling HHS employees to work collaboratively and share knowledge.*	Active Directory Implementation	2/2004
		E-Government Program	Ongoing
		Web Portal	9/2004
Goal 3 *Implement an enterprise approach to information technology infrastructure and common administrative systems that will foster innovation and collaboration*	**Objective 3.1** *Establish a basis for consolidated infrastructure to achieve interoperability and communication among operating divisions.*	Enterprise Architecture	9/2007
		IT Consolidation	9/2004
		Network Modernization	9/2005
		Active Directory Implementation	2/2004
	Objective 3.2 *Improve the performance of HHS' communication/network resources.*	Network Modernization	9/2005
	Objective 3.3 *Enable the unification and simplification of similar IT business processes and services within and across operating divisions.*	Enterprise Architecture	9/2007
		UFMS	10/2007
		IT Consolidation	9/2004
		Network Modernization	9/2005
		Active Directory Implementation	2/2004
		E-Grants	10/2003
	Objective 3.4 *Implement consolidated financial management and other administrative systems.*	Enterprise Architecture	9/2007
		E-Grants	10/2003
	Objective 3.5 *Maximize the value of technology investments through enterprise-wide procurement and licensing.*	Consolidated IT Procurement	6/2004
Goal 4 *Enable and improve the integration of health and human services information*	**Objective 4.1** *Provide integrated public health information services across HHS that are compatible with private industry, first responders, other healthcare providers, and the public.*	Enterprise Architecture	9/2007
		Federal Health Architecture	12/2004
	Objective 4.2 *Provide national leadership for Consolidated Health Informatics to promote the adoption of data, process, and vocabulary standards.*	Consolidated Health Informatics	9/2006
Goal 5 *Achieve excellence in IT management practices*	**Objective 5.1** *Strengthen HHS enterprise-wide processes for collaborative IT strategic planning, capital planning, and investment control.*	Strategic Planning	1/2004
		Capital Planning and Investment Control	1/2005
		Enterprise Architecture	9/2007

IT Goal	IT Objective	Enterprise Initiatives	Completion Date
	Objective 5.2 *Apply strong project management and performance measurements processes to critical IT projects to achieve project success.*	Capital Planning and Investment Control	1/2005
		Project Management	12/2003
		Enterprise Architecture	9/2007
	Objective 5.3 *Develop an IT human capital plan to guide the recruitment, retention, and skill development of staff.*	Workforce Assessment	9/2004
	Objective 5.4 *Establish and maintain IT policies and SOPs to ensure compliance with evolving Federal legislation and OMB regulations.*	Departmental IT Security Program	5/2004
		Enterprise Architecture	9/2007
		Capital Planning and Investment Control	1/2005

Action plans for each enterprise initiative identified above provide descriptions of the initiatives, high-level implementation activities, milestones, performance indicators, and a risk management plan. Action plans have been developed for each of the enterprise initiatives and are part of the HHS Enterprise IT Strategic Plan. Most importantly, each goal, objective, and enterprise initiative is based on a results-oriented management approach. The HHS CIO will track the progress of each goal, objective, and enterprise initiative through a series of performance indicators.

The Enterprise IT Strategic Plan reflects the HHS IT community's commitment to support the President's and the Secretary's visions by providing a roadmap to help HHS improve the way business is conducted and customer and stakeholders are served. Consolidation and modernization together will improve both the breadth and depth of HHS services while increasing efficiency. To the extent that increased efficiency reduces our overall operating costs, savings can be redirected from overhead funded areas to programs that directly benefit the people served. In addition, increased attention to the many facets of IT security will increase public confidence in the integrity of HHS programs and services.

Ultimately, HHS' commitment to meeting the challenges of IT security, the President's Management Agenda, E-government strategies, homeland security priorities, and the Secretary's *One HHS* initiative is at the core of the HHS Enterprise IT Strategic Plan for FY 2003 – FY 2008.

Appendix G
Schedule for Initiating Significant Actions

A sampling of the high priority, significant actions to be undertaken in the next fiscal year or two (as part of the strategies articulated in the HHS Strategic Plan) to accomplish the strategic objectives are based on key Departmental priorities which fall into five general themes as indicated below:

Preventing Disease and Illness and Protecting America's Consumers (Goal 1 and Objective 2.2):

Consumer health and safety is a major concern for the public and for HHS. Consumers are inundated each year with increasing amounts of new ingestible products and ingredients. Providing consumers with information about these products is of key importance for reducing health threats. Key actions to help reduce major threats to the health and well-being of Americans include:

- Establishing current good manufacturing practices for dietary supplements and ingredients (a proposed rule). (Objectives 2.2 and 5.4)
- Improving egg safety by requiring that shell eggs be produced using measures designed to prevent Salmonella Enteritidis from contaminating eggs on the farm during production (a proposed rule). (Objectives 2.2 and 5.4)

Improving the Department's Ability to Respond to Emergencies and Disasters (Objective 2.1):

HHS is responsible for directing and coordinating the medical and public health response to terrorism, natural disasters, major accidents, and other events that can result in mass casualties. Timely and well-focused responses to such events are key to limiting death and injury. The Department and its partners must be able to react quickly, and tailor responses to the specific emergency without being encumbered by unnecessary or counter-productive activities.

Upcoming actions designed to help ensure that HHS has appropriate authority and flexibility to address emergencies and disasters include:

- Establishing registration requirements for all facilities engaged in manufacturing, processing, packaging, or holding food for U.S. consumption (a proposed rule). (Objectives 2.2 and 5.4)

- Requiring the establishment and maintenance of certain records regarding food products (proposed rule).
- Authorizing the Food and Drug Administration to prevent the release or shipment of food if it is determined that such acts would present a serious health threat (proposed rule).
- Clarifying the exception from the general requirement providing for an exception from the general requirement for informed consent for use of investigational diagnostic devices during a potential terrorism event or other public health emergency (proposed rule). (Objective 2.1)
- Establishing a process for people infected with or exposed to communicable diseases to be quarantined, including surveillance of quarantined persons; also, requiring airlines, etc. to maintain passenger manifests for a minimum period of time. (Objective 2.1)

Reducing Medical Errors and Enhancing Patient Safety (Objectives 2.2, 5.1, 5.3, and 5.4):

Medical errors and other patient safety risks have been the subject of many recent studies and reports, and reducing these risks is a priority for HHS. Actions related to reducing medical errors include:

- Requiring that human drug products have a scanable bar code that will reduce medication errors (a proposed rule – FY 2003); the code would contain information about the product, and when used with bar code scanners and computer equipment, would help reduce the number of medication errors. (Objectives 5.1 and 5.5)
- Enhancing and making more timely the safety reporting on drugs and biologics by amending the expedited and periodic safety reporting regulations for human drugs and biological products to revise definitions and reporting formats as recommended by the International Conference on Harmonisation (a proposed rule).
- Requiring improvements in the format and content requirements of the "professional" labeling of drug products which would include a section containing highlights of prescribing information and a section containing an index to prescribing information, enabling health care practitioners to prescribe drugs more safely (a final rule – final action expected). (Objectives 2.2 and 5.3)
- Requiring that blood establishments prepare and follow written procedures for appropriate action when it is determined that blood and blood components pose an increased risk for transmitting hepatitis C virus infection because they have been collected from a donor who, at a later date, tested reactive for evidence of the virus. The HIV lookback regulations will also be amended for consistency. (final rule). (Objectives 2.2 and 5.4)
- Requiring a toll-free number on labels for human drugs for reporting adverse events. (Objectives 2.2 and 5.4)

- Strengthening requirements that hospitals have in place, including policies and procedures to assess and improve the quality of the medical care they provide (a final rule).

Quality of and Access to Health Care (Goals 3 and 5):

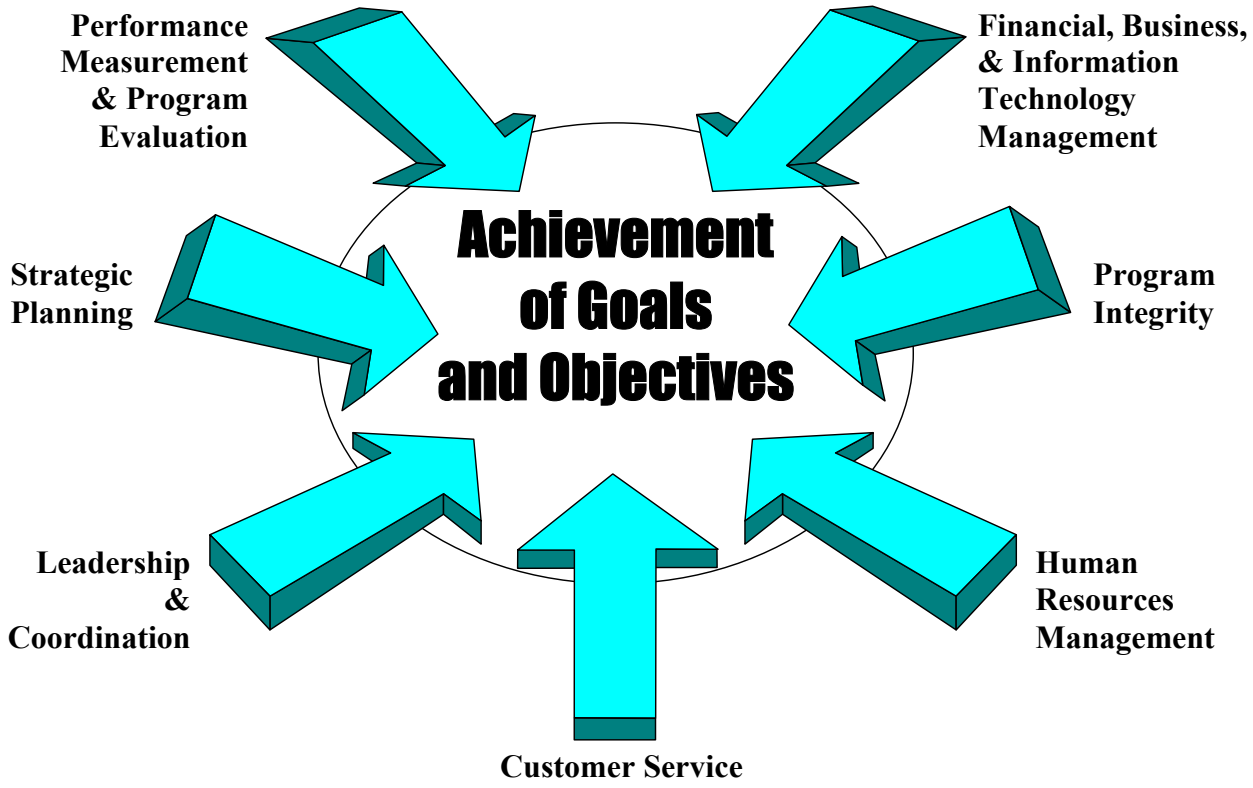
- Establishing conditions for coverage for organ procurement organizations to be certified to receive payment from Medicare and Medicaid for organ procurement costs, and to be designated for a specific geographic service area. (Objective 3.5)
- Establishing a prospective payment system for psychiatric hospitals. (Objective 3.3)
- Revising the methodology for determining the average wholesale price of prescription drugs covered by Medicare incident to physicians' services (in order to lower the costs). (Objective 3.3)
- Implementing revised hospital quality review conditions and criteria to ensure they focus primarily on actual quality of care provided to patients, and the outcomes of that care, rather than on procedural compliance.

Reducing Unnecessary and Counter-Productive Regulations (Objective 8.7):

HHS' Advisory Committee on Regulatory Reform addressed the Department's priority of reducing regulatory burden on consumers, beneficiaries, health care providers, and other stakeholders. In addition to conducting many public meetings with stakeholders, the Committee reviewed an array of Departmental regulations, with the goal of identifying reforms that would maintain or enhance program performance while reducing burdens and costs. Proposed ways to accomplish this include a) clarifying and simplifying regulations in order to remove impediments to high quality care and safe medical products, b) eliminating unnecessary paperwork, c) improving the quality and timeliness of information for consumers, beneficiaries, and providers, d) increasing flexibility in federal health programs, e) promoting collaboration and coordination among and between HHS agencies and other public and private stakeholders, and f) recognizing the significant role for technology that can improve the delivery of health care and speed administrative functions. Specific and more immediate Department actions include:

- Reducing unnecessary process and procedural requirements and focusing on the patient and the results of care provided to end stage renal disease patients, including establishment of new infection control guidelines, updated water quality standards, and care planning. (FY 2004)
- Clarifying the responsibilities of Medicare hospitals that provide emergency room treatment.
- Implementing a standard identifier to identify health plans that process and pay certain electronic health care transactions for administrative simplification; also, jointly with Department of Commerce, adopting standards for the security of certain electronically individually-identifiable health information (Objectives 8.5 and 8.7).

Appendix H
Using Management Tools in Support of Program Goals



This section discusses several "management tools" such as workforce planning and training, information technology (IT), and customer service. All of these tools help the Department of Health and Human Services (HHS) achieve its strategic goals and objectives. For example, building on IT tools to build greater consistency and efficiency into information technology management across the Department, and reducing threats to computer security contributes directly to Objectives 2.1 and 8.5. In addition, it contributes to all the strategic objectives in direct or indirect ways.

The Department has committed itself to achieve results that improve the lives of Americans. Thus, all of the strategic goals of HHS are programmatic goals. At the same time, the Department recognizes that these goals will not be achieved without paying attention to the means or management methods that are employed to carry them out. Just as the Congress is instrumental in the development of strategies that support the achievement of programmatic

goals, in the last ten years, the Congress has worked with the Executive Branch to provide an extensive array of management tools to help federal agencies improve program performance.

HHS resolved long ago to take full advantage of the tools that the Congress, the Executive Branch, and others have provided to improve the management and administration of our program responsibilities. In this appendix, we have summarized the HHS efforts to make use of a variety of management tools to support the improvement of program results. It is important to the Department that this strategic plan identifies in a broad way how these functional management tools can and will influence program improvement over the term of the plan. The Congressional and Executive Branch oversight staff who have contributed significantly to the development and utilization of these tools are important stakeholders and partners of the Department in our efforts to improve program results. The information that follows illustrates that their efforts will continue to influence the performance of HHS programs.

- The *Government Performance and Results Act (GPRA)* is the principal tool that compels federal programs to focus on results. In addition to this Strategic Plan, HHS will continue to use performance measures from its Annual GPRA Performance Plans and Reports to inform its decision making processes.
- The financial management tools provided by the *Chief Financial Officers (CFO) Act* and the *Federal Financial Management Improvement Act (FFMIA)*, in conjunction with the *Federal Managers Financial Integrity Act (FMFIA)* and the *Debt Collection Improvement Act (DCIA)*, will continue to produce greater financial accountability across HHS for years to come.
- The *Clinger-Cohen Act* has provided a solid and consistent basis for the planning and management of technology resources and policy issues. *Presidential Decision Directive 63 (PDD63): Critical Infrastructure Development* is a tool that recognizes that addressing computer-based risks to the nation's critical infrastructures requires an approach that involves coordination and cooperation across federal agencies and among public and private-sector entities and other nations.
- The Executive Branch also provides for the development and sharing of best management practices and tools through the *President's Management Council (PMC),* the *President's Council for Integrity and Efficiency (PCIE)*, and the *Chief Financial Officers' Council*.
- The *Office of Federal Procurement Policy Act and Executive Order 12931* seek to improve procurement efficiency in support of the mission accomplishments of federal agencies, and instruct agencies to establish clear lines of contracting authority and accountability. The Act promotes electronic commerce in the administration of procurement systems. The *Presidential Directive on Electronic Commerce* states that government must adopt a market-oriented approach to electronic commerce, one that facilitates the emergence of a global, transparent, and predictable environment to support business and commerce.
- The *Federal Acquisition Streamlining Act (FASA)* broke new ground in acquisition methodology and embodies key principles of acquisition reform. FASA was designed to simplify and streamline the federal procurement process, offering reforms for more cost-effective government and the ability of businesses to compete for government contracts.

- The private sector has offered tools that provide innovative methods for federal agencies to improve the accountability of their management functions. HHS recently converted to the Harvard Balanced Scorecard Business Tool for use in federal agencies (we won a Hammer Award for application of the tool) for procurements.
- Formal, ongoing measurement of employee satisfaction is the basis for continuous improvement under the *Quality of Worklife Initiative*. The programmatic goals and objectives that have been set forth in this HHS Strategic Plan cannot be achieved without attention to management. The Department uses the tools that the Congress and others have provided to improve management in support of our program policy goals.
- Through the ongoing development of *Major Management Challenges*, the General Accounting Office (GAO) and the HHS Office of Inspector General (OIG) offer the Department an additional tool, through their reports, to assist us in identifying and defining management challenges which can affect the ability of HHS components to effectively achieve important program objectives.

LEADERSHIP AND COORDINATION

HHS will continue to employ management strategies that support and coordinate program activities across the Department.

In line with the structure and diversity of the Department and its program activities, HHS management strategy is focused on creating "One HHS" by consolidating functions, coordinating program delivery, and enhancing coordination of research, information exchange, and other functions. HHS Agencies are encouraged to collaborate in program administration for health and human services. Staff units should engage in activities that facilitate program coordination, prevent duplication of effort, and ensure consistent attention to the mission, goals, and objectives of the Department and the priorities of the Administration and the Secretary.

Consistent with HHS' organizational philosophy, the focus of management issues within the Department will be on substantive, policy issues as well as formal, organizational management processes. Methods of decision making in HHS will be collaborative and will engage high levels of interaction among program and staff executives. In the Department's budget process, for example, the Secretary and senior executives throughout HHS will develop the budget based on themes that reflect Departmental priorities. Each year, the HHS leadership will establish a manageable number of initiatives that call for collaborative efforts across separate Operating Divisions (OPDIVs) and the Office of the Secretary (OS). Collaborative management does not preclude regular high-level Departmental interest and guidance in the management of HHS components. To ensure and foster the kind of performance-based management that GPRA has prompted, the Deputy Secretary, along with the Chief of Staff, the Assistant Secretary for Planning and Evaluation, the Assistant Secretary for Budget Technology and Finance, the Assistant Secretary for Administration and Management, and other senior executives of the Office of the Secretary, will continue to meet with the head and senior staff of each HHS Operating Division to ensure that we are undertaking the strategies set out in the Strategic Plan intended to reach our objectives. Performance plans for senior executives will be linked to the strategic goals and objectives, and HHS officials will be held accountable for results.

PERFORMANCE MEASUREMENT

As performance measures mature and performance trends emerge, HHS GPRA performance data will inform and support budget decision-making in HHS.

The GPRA is a valuable tool that enhances the Department's efforts to improve programs that serve the American people. With the continued refinement of performance measures for approximately 300 programs, HHS provides objective performance information for managers, Congress, and the public. Such data will become increasingly important to HHS leadership and program coordination efforts. Although the Department consists of large agencies with many and disparate functions, HHS coordinates the focus and direction of its program activities through Departmental initiatives developed by the Secretary's office using the GPRA strategic planning process and carried out in the annual HHS budget decision-making processes. Performance measurement will steadily strengthen these processes as data on program performance trends become available and serve as indicators to support the persistent cultivation of strategies and objectives to improve programs across the Department. In particular, performance measurement will inform the following:

- The budget process in which HHS develops coordinated Departmental initiatives and uses the annual performance plans to improve programs and support the achievement of HHS' long-term goals.
- Program evaluation, to assist HHS in providing programs with a deeper assessment of program effectiveness than can be provided by performance data, and to inform the development of improvements in ongoing performance measurement.
- The Strategic Plan, in which HHS sets out long-term goals and objectives for its program components and the external entities that engage in the day-to-day administration of HHS programs across the country.

Budget decision-making in HHS is key to Departmental coordination of program activity and performance measurement in HHS. In recent years, HHS modified its Departmental budget formulation processes specifically to better bring together information and leaders from throughout the Department to define the program initiatives that move HHS toward the accomplishment of its mission. Performance information will enhance this decision-making process. As performance measurement continues to mature, program executives and managers throughout HHS will increasingly be able to use trend data to seek the coordinated improvement of HHS programs on an ongoing basis, specifically by: 1) assessing performance activity and results, 2) engaging in program evaluation activity where deeper assessment is required, 3) redefining program strategies to produce improved results, and 4) modifying future performance targets to be consistent with available resources and up-to-date priorities and policy decisions.

PROGRAM EVALUATION

HHS is committed to ensuring that its evaluations yield valuable knowledge, and that this knowledge is used to complement annual performance planning and reporting.

In the era of results-oriented management, evaluations are playing an increasingly important role in strategic planning, performance management, and program improvement. Evaluations conducted by HHS agencies generally serve one or more of the following purposes: to evaluate program effectiveness, develop performance measurements, assess environmental impacts on health and human services (i.e., external factors affecting program performance), and improve program management.

The results of these evaluations are increasingly being used by HHS program managers to inform the annual performance planning process and the interpretation and reporting of annual performance data. *Program effectiveness* provides a way to determine the impact of HHS programs on achieving intended goals and objectives. *Performance measurement* is the primary mechanism used to monitor annual progress in achieving departmental strategic and annual performance goals. To support performance measurement, we are investing evaluation funds to develop and improve performance measurement systems and improve the quality of the data that support those systems. We use *environmental assessment* to monitor and forecast changes in the health and human services environment that will influence the success of our programs and the achievement of our goals and objectives. In turn, this understanding allows us to adjust our strategies and continue to deliver effective health and human services. *Program management* evaluations provide program managers with the necessary information or data helpful for effectively designing and managing a program. These evaluations generally focus on developmental or operational aspects of program activities and provide understanding of services delivered and populations served.

FINANCIAL MANAGEMENT

All HHS resources are used appropriately, efficiently, and effectively. Decision makers should have timely, accurate, and useful program and financial information.

The *HHS CFO Financial Management Five Year Plan* highlights the functions that will affect the financial condition and resources of HHS programs for the next five years. This financial planning document, updated, and published every year, puts forth two strategic financial management goals for the Department (highlighted immediately above) that are focused on a vision where managers at all levels work with program partners to provide services to the American people.

Under the auspices of the Government Management Reform Act (GMRA), HHS continues to improve the financial management of its programs and supporting activities. Individual agency and HHS financial statements and audits are key tools for determining how well the Department manages taxpayer funds. It is important that we continue to maintain our efforts to receive

unqualified "clean" audit opinions from auditors for its accounts. The financial integrity of the Medicare program is an important Department objective. Although the Department has achieved a "clean" audit opinion for the program, we are continuing to improve the financial management system underlying the program. This includes validating the financial management systems of all Medicare claims processing contractors and evaluating commercial off-the-shelf software for development of an integrated general ledger system to standardize the accounting systems used by contractors (see Objective 8.4).

The annual HHS Performance and Accountability Report integrates financial information with key GPRA program performance results and other management reports. The report provides HHS managers, the Congress, and the public with information, including the cost of HHS programs, that is important to decision making.

One of the management reports included in the HHS Performance and Accountability Report presents the actual results of the performance measures and targets established in the HHS CFO Financial Management Five Year Plan. These measures track and report on the many functions that affect the financial condition and resources of HHS, and support the Department's financial management goals.

Five management priorities have been identified to achieve these goals:

- Decrease erroneous payments
- Financial management improvement
- Financial systems enhancements
- Improve accountability
- Integrate financial and performance management systems

For more information regarding HHS' financial management performance and achievements, visit the Office of Finance web site at www.hhs.gov/of/reports/account.

BUSINESS MANAGEMENT FOR GRANTS AND ACQUISITION

> *HHS will better focus grant and contract resources toward achieving the Department's program objectives. We will support the Administration's goal of developing and utilizing the nation's small business capacity.*

Another vital component of the Department's corporate strategy involves intense management of its relationships with the external contractor and grantee communities. These relationships play a crucial role in the delivery of HHS's mission objectives and account for the spending of over $155 billion annually. Our objectives, summarized immediately above, seek to focus grant and contract resources toward achieving the Department's program objectives and to support the Administration's goal of developing and utilizing the nation's small business capacity.

Prominent among the Department's strategies are the HHS Scorecards for acquisition and grants that strive to achieve balance among various perspectives and goals, such as efficient business processes, innovative leadership, empowered employees, satisfied customers, and dedicated grantees and vendors. This cost-effective grants and acquisition performance management approach will help HHS to:

- Gauge the overall health of its grants and acquisition systems.
- Target opportunities for organizational improvement.
- Achieve its program missions.
- Give grants and acquisition executives a useful risk management and decision-making tool.
- Promote the sharing of successful practices.
- Gauge our progress in implementing grants and acquisition reform initiatives.

HHS recently converted to the Harvard Balanced Scorecard Business Tool for use in federal agencies (we won a Hammer Award for application of the tool) for procurements. The *balanced scorecard* strategies that have been devised by the Office of Grants and Acquisition Management in the Office of the Assistant Secretary for Administration and Management are being implemented by HHS Operating Divisions.

To further improve results through the objectives of the HHS grants and acquisition management enterprise, the Department will employ additional implementation strategies, such as:

- Departmental business managers will team with OPDIV counterparts to develop creative policy guidance, techniques, and best practices.
- Departmental training programs will develop and certify business managers throughout the OPDIVs.
- Participatory balanced scorecard improvement systems will allow OPDIV business offices to oversee and continually benchmark operations.
- HHS corporate business managers will team with the Office of Management and Budget (OMB) and counterparts in sister agencies to improve policies and develop new initiatives to manage and improve the government's business processes.
- HHS leadership in the Inter-Agency Electronic Grants Committee will result in a "Federal Commons" designed to provide all types of grantee organizations, with a common "face" for conducting grants business electronically. As the largest grant-making component in the federal government, HHS plays a key role in the federal grants management arena.
- HHS has developed systems to streamline, target, and improve the accountability of its partners consistent with Single Audit Act Amendments and various legislative initiatives. Systems will ensure that all grantees that are required to submit federal Single Audits do so.

- For Electronic Government/Electronic Commerce (E-Gov/EC), HHS has set forth three goals to meet a Departmental E-Gov/EC vision. HHS's vision is for an enterprise-wide electronic environment where best business practices and enabling technologies are used to facilitate the most efficient exchange of business information resulting in streamlined and rapid response to the customer and supporting the HHS mission. The E-Gov/EC goals supporting this vision are:

    - Achieve flexibility, increased productivity, and a dynamic working environment through the application of E-Gov/EC.

    - Achieve efficient and effective responses to changing environments by the introduction of business process improvements or reengineering and the exploitation of E-Gov/EC technologies.

    - Achieve cultural changes from the current business practices through guidance and the attainment of necessary skills for the implementation of E-Gov/EC.

HUMAN RESOURCES MANAGEMENT

> *Mission accomplishment in HHS, as everywhere, means developing and keeping a workforce with the capacity for today's jobs and the dedication to learn to do tomorrow's.*

Strategic Management of Human Capital encompasses the vast array of activities that help us align our workforce with our mission. A variety of Departmental initiatives support overall human capital management efforts. Workforce planning points the way to change, identifying workforce skills and needs, analyzing skills gaps and surpluses, and putting into operation strategic plans to address those gaps and surpluses. *Building Successful Organizations*, the Department's guide to workforce planning, provides the Department's model for workforce planning, from workforce analysis to developing and implementing workforce transition plans. The Department's recruitment and retention plan focuses on cross-cutting initiatives to recruit, hire, and keep employees with the skills needed for the future. The Emerging Leaders Program provides a high profile, Department-wide program to attract and develop our next generation of managers.

The Department's efforts to find and hire the talent we will need are complemented by efforts to reduce turnover and keep our employee talent. HHS has developed and put in place programs to strengthen workplace learning, providing the means for employees to keep up with their field or to develop new skills and abilities to prepare them for more challenging positions. Technology has allowed us to deliver training to the employee's desktop, providing cost effective individualized training opportunities. A retention study is examining factors that influence employees to stay in a job, information that will reduce turnover by allowing the Department concentrate on job satisfiers. This project dovetails with an exit interview project that is gathering data on why employees leave. Taken together with the Department's ongoing Quality of Work Life program, these efforts are aimed at making HHS an employer of choice.

Property Management

HHS will prudently manage the personal and real property assets owned by HHS. To ensure high-quality stewardship over the Department's investment in property, HHS will continue to improve the accuracy of accounting for real and personal property.

HHS has a newly created Real Property "czar" to coordinate and track property acquisitions and allocation. For real property tracking, HHS will continue the implementation of the Foundation Information for Real Property Management (FIRM) database, an automated tool provided by the General Services Administration to enhance accountability for real property across the federal government. FIRM will ensure consistent, automated management and accounting for real property Department-wide. To assure high-quality stewardship over the Department's investment in property, HHS will continue to improve the accuracy of accounting for real and personal property.

Program Integrity Partnership with the HHS Office of Inspector General

The detection and elimination of health care fraud and abuse is a top priority of federal law enforcement.

Although by design the Office of Inspector General (OIG) is an independent entity to ensure the objectivity of its findings and reports, HHS and the OIG have established an unprecedented partnership to reduce fraud and abuse and improve program integrity, especially in the large Medicare and Medicaid programs. For this purpose, the Congress and the Administration have provided the tools that have made this partnership possible, and they have extended the partnership to include the Department of Justice. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) will continue to allow for the consolidation and coordination of HHS, OIG, and Department of Justice efforts to combat fraud through prosecutions and other enforcement actions, through collaboration and information sharing, and through prevention and outreach to the business community.

Customer Service

Customer service is a prominent element of HHS accountability and self-assessment.

HHS plans an enhanced focus on customer service over the next five years. In addition to an extensive array of programmatic initiatives focused on customer service throughout HHS, the Department will continue to work with the White House in its use of customer service tools such as customer satisfaction surveys and public conversations with Americans to identify and act on feedback from HHS beneficiaries and customers. HHS will collaborate with other federal

agencies in their efforts to encourage federal agencies to look to the customer service features offered by the Balanced Scorecard method for their programs, particularly as an element that underlies agency and employee performance assessment.

GAO AND OIG DESIGNATED "MAJOR MANAGEMENT CHALLENGES"

HHS performance plans are a prominent tool for addressing the management challenges identified by the General Accounting Office and the HHS Office of Inspector General.

The Office of Inspector General (OIG) and the General Accounting Office (GAO) have served HHS and other federal agencies through ongoing review and analysis of high-risk areas and major management challenges. The OIG and GAO have identified a number of important management issues that can affect overall performance, or are linked to fraud, waste, and abuse.

HHS uses GAO and OIG findings to improve the management of its programs. HHS GPRA annual performance plans and reports address a number of important management issues that can affect overall performance, or are linked to fraud, waste, and abuse. Below are some of the most important challenges identified in the OIG's list of Top Management Challenges, which identifies the issue and summarizes progress. In addition, another perspective of overall Department management issues is detailed in GAO-01-748, Health and Human Services - Status of Achieving Key Outcomes and Addressing Major Management Challenges.

Bioterrorism Preparedness

Events of and since the September 2001 terrorist attacks have underscored the need for the necessary infrastructure and tools to respond to potential future terrorist events, including bioterrorism and other public health emergencies. HHS is responsible for much of the nation's federal health care resources and programs. CDC has specific, key responsibilities to help protect the nation from, and respond to, acts of bioterrorism.

The OIG's concern centers on HHS' vulnerabilities to outside threats, and the readiness and capacity of responders at all levels of government to protect the public health. The OIG is evaluating the effectiveness of CDC's bioterrorism effectiveness efforts, and plans to continue security and health system preparedness studies.

Federal, state, and local health departments are working cooperatively to ensure that bioterrorist attacks are detected early and responded to appropriately. As part of this effort, CDC has taken steps to increase the supply of pharmaceuticals needed in the event of chemical, biological, or radiological attacks. CDC has funded five state environmental health laboratories to provide additional surge capacity in the event of a major chemical terrorism incident. CDC has expanded the existing bioterrorism cooperative agreements to fund all states, four localities, and eight territories. All jurisdictions now receive funding for each of the key elements of bioterrorism preparedness and response, which are: preparedness planning and readiness assessment; surveillance and epidemiology; laboratory capacity; communications and information

technology; health risk communication and information dissemination; and education and training.

Grants Management

Departmental discretionary grants were estimated to total over $35 billion in FY 2002. Those discretionary grant programs are numerous and diverse, and vigilance is required to assure that monitoring systems are established to assess whether grants are administered in accordance with applicable laws, regulations, terms, and conditions. In addition, monitoring systems must be sufficient to assess achievement of targeted goals, objectives, and outcomes.

The OIG has initiated a two-part grant management review plan and is studying grant-making and oversight processes in several HHS agencies. Reviews are also assessing individual grantee program activities and stewardship of funds.

A wide variety of Departmental activities are currently underway which focus on assessing grantee-progress in achieving grant outcomes and monitoring grantee compliance with grant requirements. Specifically, HHS agencies are continuing their efforts to establish performance goals in various grant programs by requiring applicants, as part of their grant application proposals, to identify performance targets to be achieved by the end of each budget period. In addition, targeted reviews of specific grant operations within the Department are currently underway or being planned. These reviews examine a variety of pre-award and post-award activities performed by an HHS awarding agency. HHS agencies also administer a Grants Management Balanced Scorecard enabling operating divisions to assess perceptions of performance by soliciting feedback from a variety of internal and external users/customers. The results provide indicators as to how well an operating division is performing a variety of pre-award and post-award grant award activities enabling operating divisions to develop and implement action plans to address areas targeted for improvement.

Pricing Prescription Drugs

Because prescription drugs are such a significant part of 21st century medical care to help ensure proper treatment and maximum wellness, it is important that Medicare and Medicaid beneficiaries' access to pharmaceuticals is not hindered by disproportionate overpricing.

The OIG has found that HHS pays too much for prescription drugs for both Medicare and Medicaid. For example, Medicare payments for 24 leading drugs in CY 2000 were $887 million higher than actual wholesale prices available to physicians and suppliers, and they were $1.9 billion higher than prices available through the Federal Supply Schedule. OIG reports have indicated that the average wholesale price that Medicare has used to establish drug prices bore little resemblance to actual prices available elsewhere.

CMS continues analyzing data on drug pricing and the costs to physicians to administer these drugs. For example, CMS is studying non-Medicare drug pricing of selected drugs covered under Medicare part B to determine the feasibility of other approaches to more accurately

determine an Average Wholesale Price. In addition, CMS has begun to utilize a single contractor to determine payment rates to eliminate variation in contractor prices.

Protection of Critical Infrastructure

HHS is addressing the security of its information systems, data, and critical assets as one of its top management priorities. IT security is a prominent part of the HHS Enterprise Information Technology Strategic Plan (FY2003-FY2008), which establishes an enterprise approach to IT in support of fulfilling the HHS mission. Since providing health care to the elderly and the disabled, facilitating research, preventing and controlling disease, and other critical missions all depend on information technology, the IT Strategic Plan outlines IT goals, objectives, and enterprise initiatives that enable the fulfillment of those missions.

Recent OIG assessments found weaknesses in entity-wide security, access controls, service continuity and segregation of duties. While the OIG has not found any evidence that these weaknesses have been exploited, they leave the Department potentially vulnerable to unauthorized access to sensitive information, malicious changes, improper payments, and disruption of critical operations.

HHS is addressing information security as one of its top priorities (see also Appendix F, "Information Technology in Support of the HHS Mission"). IT security is a prominent part of the HHS Enterprise Information Technology Strategic Plan. Based on plan priorities, contracts were awarded in FY 2002 to install multi-tier virus protection across HHS, implement vulnerability scans of critical HHS systems, and to provide perimeter protection for all Internet access points. For FY 2003, contracts are in place to establish round-the-clock monitoring of security alerts, to provide certification and accreditation for all Critical Infrastructure Protection assets, reduce Government Information Security Reform Act corrective action items and continue the Project Matrix process through the implementation of a Phase 2 Analyses of Critical Assets. The HHS CIO and CIO Council will continue to provide Departmental oversight for the Security Program to ensure that all HHS security and privacy requirements are met.

Nursing Facilities

Nursing facilities provide residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health related care services above the level of custodial care to other than mentally retarded individuals.

The OIG continues to review financial controls and quality of care provided in nursing homes. The OIG has found some services that were paid for twice, and it has examined overutilization and underutilization of Part B therapy in nursing homes.

CMS has made significant gains in assuring that services being paid under the skilled nursing facility prospective payment system (SNF PPS) by fiscal intermediaries are not also billed to and paid by carriers. In April 2002, CMS implemented common working file (CWF) edits that will detect and deny cases in which carriers are being billed for services that the CWF shows to be in a Medicare covered Part A stay during the period in which the supplier billed the carrier for the service. In July 2002, CMS also implemented edits that will detect and mark payments that were made by carriers for persons in the course of a Medicare covered SNF stay where the SNF claim did not post to the CWF record before the carrier claim was paid, thus resulting in an incorrect payment. In January 2003, CMS implemented CWF edits that will detect similar incorrect cases in the fiscal intermediary claims processing system. In addition, CMS has developed a website application that can be used by a physician, practitioner, or supplier to determine if a service at the Common Procedure Coding System (HCPCS) level should be billed to the SNF or to the carrier. Finally, CMS is seeking to improve its oversight of the SNF PPS through a program safeguard contract that examines the minimum data set 2.0 resident assessment data, including some on-site reviews at nursing homes.

Medicaid Payment System

Accuracy in the federal share of Medicaid costs is important to help ensure fairness across all state Medicaid programs as well as to assure that these federal health care dollars reach and achieve their maximum intended health care purposes.

The OIG found that some States inappropriately inflated the federal share of Medicaid by requiring public providers to return Medicaid payments to the state governments through intergovernmental transfers. Once the payments were returned, the states used the funds for other purposes, some of which were unrelated to Medicaid.

To curb abuses and ensure that state Medicaid payment systems promote economy and efficiency, CMS issued a final rule, effective March 13, 2001, which modified upper payment limit regulations in accordance with the Benefits Improvement and Protection Act of 2000. The regulatory action created three aggregate upper payment limits—one each for private, state, and non-state government-operated facilities. The new regulations will be gradually phased in and become fully effective on October 1, 2008. The CMS projected that these revisions would save $55 billion in federal Medicaid funds over the next 10 years.

Accuracy of Medicare Fee-for-Service Payments

To help ensure the financial integrity of the Medicare program, continued access to Medicare benefits, as well as the long-term viability of the Medicare trust fund, it continues to be essential that documented and accurate bills are submitted for correct payment for properly rendered health care services.

Based on a statistical sample, the OIG estimated that improper Medicare benefit payments made during FY 2001 totaled $12.1 billion, or about 6.3 percent of the $191.8 billion in processed fee-for-service payments reported by CMS. While progress is being made, the OIG's analysis indicates that challenges remain, and more remains to be done.

CMS reported that the FY 2001 error rate was less than half of the 13.8 percent reported for FY 1996. Corrective actions enhanced internal pre- and post-payment controls, targeted vulnerable program areas, and educated providers regarding documentation guidelines and common billing errors. In FY 2003, CMS fully implemented the Comprehensive Error Rate Testing (CERT) program. The CERT program will produce national, contractor specific, and benefit category specific fee-for-service paid claims error rates. With CERT, CMS has set a target to reduce the national error rate to 4 percent by FY 2008 and developed two new performance goals for FY 2004. The goals are Provider Compliance Rate–to be reduced 20 percent per year and to reduce the Medicare Contractor Specific Error Rates–all would be at 5 percent or less by FY 2008.

Medicare Contractors

Because of the crucial role Medicare contractors play in helping facilitate efficient and effective health care delivery to Medicare beneficiaries, it is important that they be held accountable for their role in the health care financing and delivery system.

The OIG expressed an unqualified opinion on the CMS FY 1999 through 2001 financial statements largely because CMS continued to contract for validation and documentation of accounts receivable. However, OIG's FY 2001 financial statement audit disclosed that the lack of a fully integrated financial management system continued to impair the reporting of accurate financial information.

To address these challenges, CMS has made significant improvements in this area over the last few years, as evidenced by the unqualified opinions on the CMS 1999, 2000, 2001, and 2002 financial statements. CMS has begun to implement the Healthcare Integrated General Ledger Accounting System, expected to be fully operational at the end of FY 2007. CMS has also continued to revise and clarify financial reporting and debt collection policies and procedures based on audit and review findings.

Note: The Departmental Management GPRA Annual Performance Plans will reflect new, updated (annually) approaches to these challenges and the plans discuss specific performance measures to address them.

Appendix I
HHS Department Organization

The Department of Health and Human Services (HHS) works to accomplish our mission through the separate and collaborative efforts of our operating divisions and staff offices within the Office of the Secretary (OS):

Operating Divisions

Administration on Aging (AoA) serves as the primary federal focal point and advocacy agent for older Americans. Through a network of state and area agencies on aging, AoA funded programs deliver comprehensive in-home and community services and make legal services, counseling, and ombudsmen programs available to elderly Americans.

Administration for Children and Families (ACF) leads the nation in improving the economic and social well-being of families, children, and communities though federal grant programs like Head Start, Child Support Enforcement, Child Welfare Services, Child Care and Development, and Temporary Assistance for Needy Families.

Agency for Healthcare Research and Quality (AHRQ) provides evidence-based information on health care outcomes; quality; and cost, use, and access. Information from AHRQ's research helps people make more informed decisions and improves the quality of health care services. AHRQ was formerly known as the Agency for Health Care Policy and Research.

Agency for Toxic Substances and Disease Registry (ATSDR) prevents exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

Centers for Disease Control and Prevention (CDC) monitors health; detects and investigates public health problems; provides credible health information; conducts research; strengthens national preparedness for terrorism; fosters safe and healthy environments; provides leadership and training; and develops and advocates sound public health policies to prevent and control disease, injury, and disability.

Centers for Medicare & Medicaid Services (CMS) pays Medicare benefits; provides states with matching funds for Medicaid benefits and funds for the State Children's Health Insurance Program; conducts research, demonstrations, and oversight to ensure the safety and quality of medical services, facilities and laboratories serving beneficiaries; and establishes rules for eligibility and benefit payments.

Food and Drug Administration (FDA) promotes improvement in the health of the American public by ensuring the effectiveness and/or safety of drugs, medical devices, biological products, food, and cosmetics and by encouraging the active participation of business and the public in managing the health hazards associated with these products.

Health Resources and Services Administration (HRSA) promotes equitable access to comprehensive, quality health care for all, with a particular focus on underserved and vulnerable populations.

Indian Health Service (IHS) provides comprehensive health services for American Indian and Alaska Native people, with opportunity for maximum tribal involvement in developing and managing programs to improve health status and overall quality of life.

National Institutes of Health (NIH), through its 27 institutes and centers, supports and conducts biomedical and behavioral research, domestically and abroad, into the causes, diagnosis, treatment, control, and prevention of diseases and promotes the acquisition and dissemination of medical knowledge to health professionals and the public.

Substance Abuse and Mental Health Services Administration (SAMHSA) supports states and communities in building resilience and facilitating recovery for people with or at risk for substance abuse and mental illness through grant programs, policy guidance, information dissemination, data collection and reporting, evaluation, and technical assistance.

STAFF DIVISIONS/OFFICE OF THE SECRETARY (OS)

Assistant Secretary for Administration and Management (ASAM) advises the Secretary on all aspects of administration and human resource management.

Assistant Secretary for Budget, Technology, and Finance (ASBTF) provides general oversight and direction of the administrative and financial organizations and activities of the Department, including production of the Department's financial statements and the annual performance plan and report under the Government Performance and Results Act. ASBTF is the Department coordinator for the President's Management Agenda e-Government Initiatives, and pursues the advancement of the HHS mission through effective use of information technology solutions and services.

Assistant Secretary for Public Affairs (ASPA) provides information to the public about HHS programs and activities. ASPA coordinates media relations as well as health and other public service information campaigns throughout the Department. ASPA also manages the Freedom of Information process for the Department.

Assistant Secretary for Planning and Evaluation (ASPE) provides policy analysis and advice; guides the formulation of legislation; coordinates strategic and implementation planning; conducts regulatory analysis and reviews regulations; oversees the planning of evaluation, non-biomedical research, and major statistical activities; and administers evaluation, data collection, and research projects that provide information needed for HHS

policy development. ASPE manages the development, periodic updates, and follow-up and tracking of the HHS Strategic Plan.

Office of the Assistant Secretary for Legislation (ASL) provides advice to the Secretary and the Department on congressional legislation and facilitates communication between the Department and Congress. The Office informs the Congress of Departmental priorities, actions, grants, and contracts.

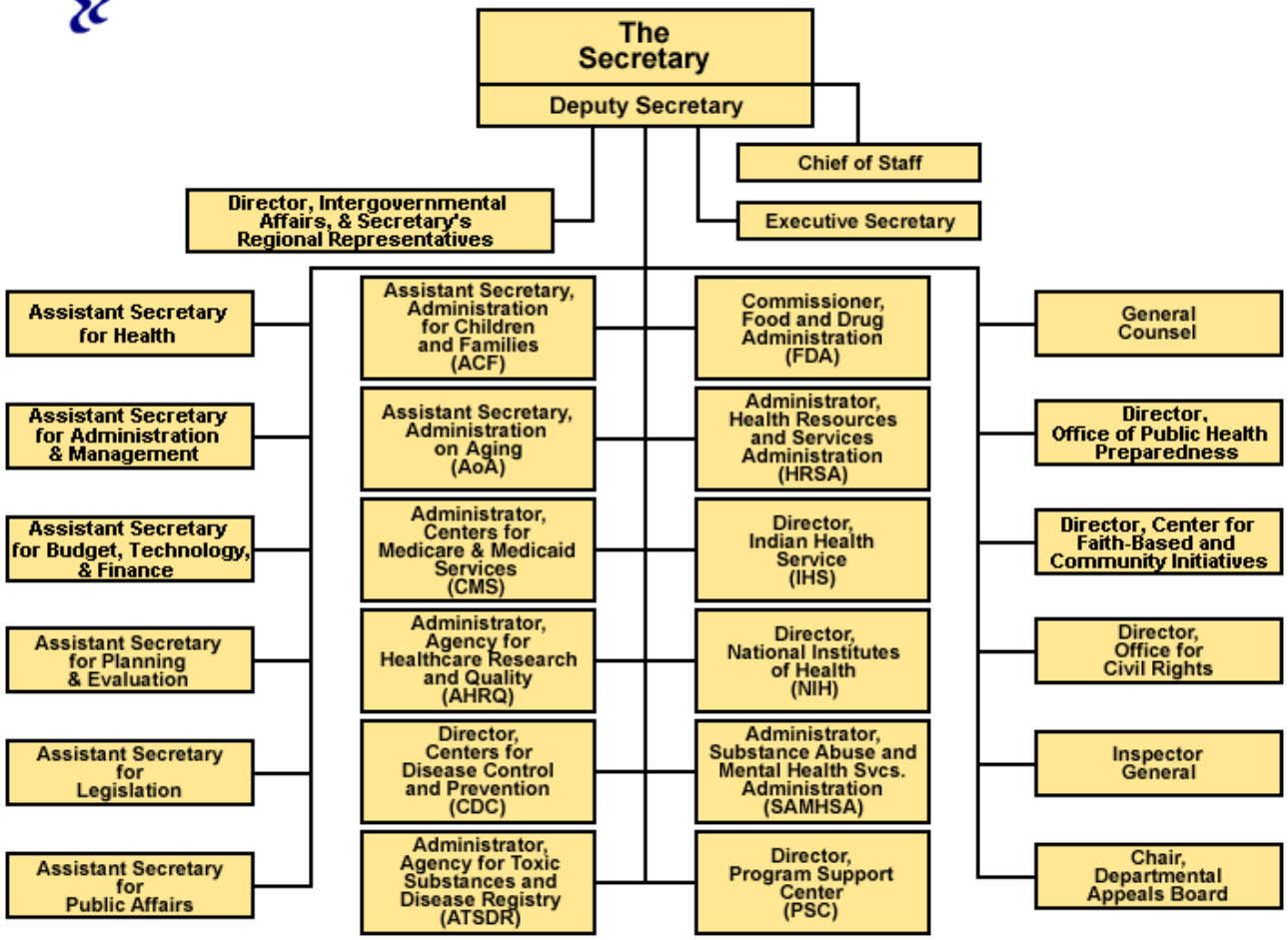
Office for Civil Rights (OCR) promotes and ensures that people have equal access to and opportunity to participate in and receive services in all HHS programs without facing unlawful discrimination. Through prevention and elimination of unlawful discrimination, the Office for Civil Rights helps HHS carry out its overall mission of improving the health and well-being of all people affected by its many programs.

Office of the General Counsel (OGC) is the legal team for HHS, and provides quality representation and legal advice on a wide range of national issues. The OGC team writes and reviews proposed regulations and legislation affecting significant issues of health and human services.

Office of Inspector General (OIG) improves HHS programs and operations and protects them against fraud, waste, and abuse. By conducting independent and objective audits, evaluations, and investigations OIG provides timely, useful, and reliable information and advice to Department officials, the Administration, the Congress, and the public.

Office of Public Health and Science (OPHS) provides senior professional leadership across HHS on population-based public health and clinical preventive services by providing scientifically sound advice on health and health policy to the Secretary, Departmental officials and other governmental entities and communicating on health issues directly to the American public; conducting essential public health activities through eleven program offices, and providing professional leadership on cross-cutting Departmental public health and science initiatives.

Office of Public Health Emergency Preparedness (OPHEP) provides advice to the Secretary and leadership on matters related to bioterrorism and other public health emergencies. The OPHEP directs the department's emergency response activities. The office also coordinates interagency activities between HHS, other federal departments, agencies, offices, and State and local officials responsible for emergency preparedness and the protection of the civilian population from acts of bioterrorism and other public health emergencies.


U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
The Secretary
Deputy Secretary
Chief of Staff
Executive Secretary
Director, Intergovernmental Affairs, & Secretary's Regional Representatives
Assistant Secretary for Health
Assistant Secretary for Administration & Management
Assistant Secretary for Budget, Technology, & Finance
Assistant Secretary for Planning & Evaluation
Assistant Secretary for Legislation
Assistant Secretary for Public Affairs
Assistant Secretary, Administration for Children and Families (ACF)
Assistant Secretary, Administration on Aging (AoA)
Administrator, Centers for Medicare & Medicaid Services (CMS)
Administrator, Agency for Healthcare Research and Quality (AHRQ)
Director, Centers for Disease Control and Prevention (CDC)
Administrator, Agency for Toxic Substances and Disease Registry (ATSDR)
Commissioner, Food and Drug Administration (FDA)
Administrator, Health Resources and Services Administration (HRSA)
Director, Indian Health Service (IHS)
Director, National Institutes of Health (NIH)
Administrator, Substance Abuse and Mental Health Svcs. Administration (SAMHSA)
Director, Program Support Center (PSC)
General Counsel
Director, Office of Public Health Preparedness
Director, Center for Faith-Based and Community Initiatives
Director, Office for Civil Rights
Inspector General
Chair, Departmental Appeals Board

Appendix J
Matrix of Programs that Support HHS Strategic Objectives

The cross-reference chart that follows relates the Department of Health and Human Services (HHS) Strategic Objectives to key HHS programs. Each ◆ in the grid indicates that the program activity supports, or is related to, the respective strategic objective(s).

The Matrix of Programs that Support HHS Strategic Program Objectives highlights those Agencies of the Department whose work addresses the HHS Strategic Plan objectives explicitly and most directly. Some HHS Agencies, including the Office of Inspector General and the Office for Civil Rights, by virtue of their department-wide or broad health and human services missions, essentially support all or most of the HHS Strategic Plan objectives in some way.

Goal 8 (achieve excellence in management practices) by definition is supported by all agency programs. Thus, Goal 8 is not listed in this appendix.

In this appendix, the agencies are listed in the following order:

CDC
Department Management
FDA
IHS
NIH
AHRQ
SAMHSA
AoA
CMS
ACF
HRSA

Agencies of the Department of Health and Human Services →	Centers for Disease Control and Prevention (CDC)																
Matrix of Programs that Support The HHS Strategic Plan Program Objectives	Preventive Hlth Block Grants	Crime Act-Violence Prev Actvts	Eliminating Hlth Disparities	HIV/AIDS	Sexually Trans Diseases	Tuberculosis	Immunization	Chronic & Environ Dis. Prev	Breast & Cervical Cancer Prev	Prevention Centers	Infectious Disease	Prevention Research	Lead Poisoning Prevention	Injury Control	Occupational Safety & Health	Epidemic Services	Health Statistics
Goal 1: Reduce the major threats to the health and well-being of Americans (FY 2004 discretionary budget: $6,480,000)																	
1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases	◆		◆	◆	◆	◆		◆		◆			◆			◆	◆
1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies	◆		◆	◆	◆	◆		◆								◆	◆
1.3 Increase immunization rates among adults and children	◆		◆				◆										◆
1.4 Reduce substance abuse																	
1.5 Reduce tobacco use, especially among youth	◆							◆								◆	◆
1.6 Reduce the incidence and consequences of injuries and violence	◆	◆	◆											◆	◆	◆	◆
Goal 2: Enhance the ability of the Nation's health care system to effectively respond to bio-terrorism and other public health challenges (FY 2004 discretionary budget: $3,160,000)																	
2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bio-terrorism threats	◆			◆	◆	◆	◆		◆	◆	◆			◆	◆	◆	◆
2.2 Improve the safety of food, drugs, biological products, and medical devices							◆		◆		◆				◆		◆
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices (FY 2004 discretionary budget: $9,481,000)																	
3.1 Encourage the development of new, affordable health insurance options																	◆
3.2 Strengthen and expand the health care safety net																	◆
3.3 Strengthen and improve Medicare																	
3.4 Eliminate racial and ethnic health disparities	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆		◆		◆	◆
3.5 Expand access to health care services for targeted populations with special health care needs	◆		◆	◆	◆	◆	◆	◆	◆						◆	◆	◆
3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)	◆		◆	◆	◆	◆	◆	◆						◆			
Goal 4: Enhance the capacity and productivity of the Nation's health science research enterprise (FY 2004 discretionary budget: $28,619,000)																	
4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability				◆	◆	◆	◆	◆	◆		◆	◆		◆	◆	◆	◆
4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology												◆					
4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers		◆	◆	◆	◆	◆	◆	◆		◆					◆		
4.4 Improve the coordination, communication, and application of health research results		◆		◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆
4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process		◆					◆								◆	◆	◆

Agencies of the Department of Health and Human Services →	Centers for Disease Control and Prevention (CDC)																
Matrix of Programs that Support The HHS Strategic Plan Program Objectives	Preventive Hlth Block Grants	Crime Act-Violence Prev Actvts	Eliminating Hlth Disparities	HIV/AIDS	Sexually Trans Diseases	Tuberculosis	Immunization	Chronic & Environ Dis. Prev	Breast & Cervical Cancer Prev	Prevention Centers	Infectious Disease	Prevention Research	Lead Poisoning Prevention	Injury Control	Occupational Safety & Health	Epidemic Services	Health Statistics
Goal 5: Improve the quality of health care services (FY 2004 discretionary budget: $682,000 ~ since this is discretionary, Medicare/Medicaid entitlements are excluded from this total)																	
5.1 Reduce medical errors								◆	◆		◆						
5.2 Increase the appropriate use of effective health care services by medical providers	◆		◆	◆	◆	◆	◆	◆	◆		◆		◆		◆	◆	◆
5.3 Increase consumer and patient use of health care quality information		◆	◆	◆	◆	◆	◆				◆			◆	◆	◆	◆
5.4 Improve consumer and patient protections		◆	◆	◆	◆	◆											
5.5 Accelerate the development and use of an electronic health information infrastructure	◆						◆		◆							◆	◆
Goal 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need (FY 2004 discretionary budget: $4,769,000)																	
6.1 Increase the proportion of low-income individuals and families including those receiving welfare who improve their economic condition																	
6.2 Increase the proportion of older Americans who stay active and healthy	◆	◆						◆		◆				◆		◆	◆
6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	◆			◆	◆	◆	◆	◆						◆		◆	◆
6.4 Improve the economic and social development of distressed communities																	
6.5 Expand community and faith-based partnerships	◆		◆				◆	◆									
Goal 7: Improve the stability and healthy development of our Nation's children and youth (FY 2004 discretionary budget: $10,274,000)																	
7.1 Promote family formation and healthy marriages																	
7.2 Improve the development and learning readiness of preschool children	◆						◆	◆					◆			◆	◆
7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children																	
7.4 Increase the percentage of children and youth living in a permanent, safe environment		◆					◆	◆					◆	◆		◆	◆

Note: The management goal (Goal 8) is not included in these program charts since all programs have a relationship to the management goal and its objectives. The FY 2004 discretionary budget for Goal 8 is $2,449,000).

Agencies of the Department of Health and Human Services →	Departmental Management								Food and Drug Administration (FDA)						Indian Health Service (IHS)		National Institutes of Health (NIH)			Agency for Healthcare Research and Quality
Matrix of Programs that Support the HHS Strategic Plan Program Objectives	Adolescent Family Life	Physical Fitness & Sports	Minority Health	Office of Women's Health	OPHEP	PHSSEF	Office of Inspector General	Office for Civil Rights	Foods	Drugs	Med Devices & Radiol. Health	Natl Ctr for Toxicolog Resrch	Biologics	Animal Drugs & Feeds	Health Services	Health Facilities	Research	Res. Trng & Career Develop.	Research Facilities	TOTAL AHRQ (no sub-categories)
Goal 1: Reduce the major threats to the health and well-being of Americans																				
1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases		◆							◆						◆		◆		◆	◆
1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies	◆														◆		◆		◆	
1.3 Increase immunization rates among adults and children										◆			◆		◆		◆		◆	
1.4 Reduce substance abuse															◆		◆		◆	
1.5 Reduce tobacco use, especially among youth															◆		◆		◆	
1.6 Reduce the incidence and consequences of injuries and violence															◆	◆	◆		◆	◆
Goal 2: Enhance the ability of the Nation's health care system to effectively respond to bio-terrorism and other public health challenges																				
2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bio-terrorism threats					◆	◆			◆	◆	◆	◆	◆				◆			◆
2.2 Improve the safety of food, drugs, biological products, and medical devices									◆	◆	◆	◆	◆	◆		◆	◆			◆
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices																				
3.1 Encourage the development of new, affordable health insurance options								◆												◆
3.2 Strengthen and expand the health care safety net															◆	◆				◆
3.3 Strengthen and improve Medicare							◆	◆							◆					◆
3.4 Eliminate racial and ethnic health disparities			◆	◆				◆							◆	◆	◆			◆
3.5 Expand access to health care services for targeted populations with special health care needs			◆					◆		◆			◆							◆
3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)			◆					◆							◆	◆				◆
Goal 4: Enhance the capacity and productivity of the Nation's health science research enterprise																				
4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability										◆	◆	◆	◆	◆	◆		◆	◆	◆	◆
4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology										◆	◆	◆	◆	◆			◆			◆
4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers																		◆	◆	◆
4.4 Improve the coordination, communication, and application of health research results										◆	◆	◆	◆	◆			◆	◆		◆
4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process										◆	◆		◆				◆	◆		◆

Agencies of the Department of Health and Human Services →	Departmental Management								Food and Drug Administration (FDA)						Indian Health Service (IHS)		National Institutes of Health (NIH)			Agency for Healthcare Research and Quality
Matrix of Programs that Support the HHS Strategic Plan Program Objectives	Adolescent Family Life	Physical Fitness & Sports	Minority Health	Office of Women's Health	OPHEP	PHSSEF	Office of Inspector General	Office for Civil Rights	Foods	Drugs	Med Devices & Radiol. Health	Natl Ctr for Toxicolog Resrch	Biologics	Animal Drugs & Feeds	Health Services	Health Facilities	Research	Res. Trng & Career Develop.	Research Facilities	TOTAL AHRQ (no sub-categories)
Goal 5: Improve the quality of health care services																				
5.1 Reduce medical errors									◆	◆	◆		◆		◆	◆	◆	◆		◆
5.2 Increase the appropriate use of effective health care services by medical providers								◆							◆		◆			◆
5.3 Increase consumer and patient use of health care quality information								◆		◆	◆		◆		◆	◆	◆			◆
5.4 Improve consumer and patient protections								◆												
5.5 Accelerate the development and use of an electronic health information infrastructure								◆							◆	◆	◆			◆
Goal 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need																				
6.1 Increase the proportion of low-income individuals and families including those receiving welfare who improve their economic condition								◆												
6.2 Increase the proportion of older Americans who stay active and healthy															◆		◆			◆
6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs								◆									◆			◆
6.4 Improve the economic and social development of distressed communities															◆					
6.5 Expand community and faith-based partnerships																	◆			
Goal 7: Improve the stability and healthy development of our Nation's children and youth																				
7.1 Promote family formation and healthy marriages															◆		◆			
7.2 Improve the development and learning readiness of preschool children	◆		◆														◆			
7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children							◆													
7.4 Increase the percentage of children and youth living in a permanent, safe environment								◆							◆					

Matrix of Programs that Support the HHS Strategic Plan Program Objectives

Agencies of the Department of Health and Human Services →	Substance Abuse and Mental Health Services Administration (SAMHSA)							Administration on Aging (AoA)								Centers for Medicare & Medicaid Services													
	Best Practices	Targeted Capacity Expansion	Children's Mental Hlth Svcs	Mental Hlth Perf. Partnership	PATH Homeless Grants	Protection & Advocacy	Subs Abuse Perf Partnership	Supportive Services & Centers	Congregate Meals	Home-Delivered Meals	Grants to Indian Tribes	Preventive Health Services	Research, Training, & Discretionary Projects	Protection of Vulnerable Older Americans	Alzheimer's Prog.	Medicaid	Vaccines for Children	Medical Assistance State & Local Program Admin	State Children's Hlth Ins Prgm (SCHIP)	Supp Medical Insurance	Hospital Insurance	R&D & Evaluation	Medicare Operations	Medicare State Survey & Certification	Medicare+Choice (user fee)	Clin Lab Improve. Amendments	Quality Improvement Organizations	Health Care Fraud & Abuse Control (CMSC)	Federal Administration
Goal 1: Reduce the major threats to the health and well-being of Americans																													
1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases	◆	◆					◆		◆	◆	◆																		
1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies		◆					◆																						
1.3 Increase immunization rates among adults and children																◆	◆	◆	◆	◆							◆		◆
1.4 Reduce substance abuse	◆	◆					◆																						
1.5 Reduce tobacco use, especially among youth							◆															◆							◆
1.6 Reduce the incidence and consequences of injuries and violence																													
Goal 2: Enhance the ability of the Nation's health care system to effectively respond to bio-terrorism and other public health challenges																													
2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bio-terrorism threats	◆	◆																											
2.2 Improve the safety of food, drugs, biological products, and medical devices																													
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices																													
3.1 Encourage the development of new, affordable health insurance options																◆		◆	◆			◆							◆
3.2 Strengthen and expand the health care safety net																◆		◆	◆	◆	◆								◆
3.3 Strengthen and improve Medicare																				◆	◆	◆	◆		◆		◆	◆	◆
3.4 Eliminate racial and ethnic health disparities																◆	◆	◆	◆	◆	◆	◆	◆	◆			◆		◆
3.5 Expand access to health care services for targeted populations with special health care needs	◆	◆	◆	◆	◆	◆	◆				◆					◆		◆	◆	◆	◆	◆							◆
3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)																◆	◆	◆	◆	◆	◆								◆
Goal 4: Enhance the capacity and productivity of the Nation's health science research enterprise																													
4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability																													
4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology																													
4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers																						◆							◆
4.4 Improve the coordination, communication, and application of health research results	◆	◆	◆	◆			◆															◆					◆		◆
4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process																													

Matrix of Programs that Support the HHS Strategic Plan Program Objectives

Agencies of the Department of Health and Human Services →	Substance Abuse and Mental Health Services Administration (SAMHSA)							Administration on Aging (AoA)								Centers for Medicare & Medicaid Services													
	Best Practices	Targeted Capacity Expansion	Children's Mental Hlth Svcs	Mental Hlth Perf. Partnership	PATH Homeless Grants	Protection & Advocacy	Subs Abuse Perf Partnership	Supportive Services & Centers	Congregate Meals	Home-Delivered Meals	Grants to Indian Tribes	Preventive Health Services	Research, Training, & Discretionary Projects	Protection of Vulnerable Older Americans	Alzheimer's Prog.	Medicaid	Vaccines for Children	Medical Assistance State & Local Program Admin	State Children's Hlth Ins Prgm (SCHIP)	Supp Medical Insurance	Hospital Insurance	R&D & Evaluation	Medicare Operations	Medicare State Survey & Certification	Medicare+Choice (user fee)	Clin Lab Improve. Amendments	Quality Improvement Organizations	Health Care Fraud & Abuse Control (CMSC)	Federal Administration
Goal 5: Improve the quality of health care services																													
5.1 Reduce medical errors																						◆		◆		◆	◆		◆
5.2 Increase the appropriate use of effective health care services by medical providers	◆	◆	◆	◆			◆															◆	◆	◆			◆		◆
5.3 Increase consumer and patient use of health care quality information														◆				◆					◆	◆	◆		◆		◆
5.4 Improve consumer and patient protections						◆												◆					◆	◆		◆	◆		◆
5.5 Accelerate the development and use of an electronic health information infrastructure																		◆					◆						◆
Goal 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need																													
6.1 Increase the proportion of low-income individuals and families including those receiving welfare who improve their economic condition																◆		◆	◆										◆
6.2 Increase the proportion of older Americans who stay active and healthy								◆	◆	◆	◆	◆	◆			◆		◆		◆	◆	◆					◆		◆
6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	◆	◆	◆	◆	◆	◆		◆		◆	◆		◆	◆	◆	◆		◆		◆	◆	◆							◆
6.4 Improve the economic and social development of distressed communities																													
6.5 Expand community and faith-based partnerships	◆	◆																											
Goal 7: Improve the stability and healthy development of our Nation's children and youth																													
7.1 Promote family formation and healthy marriages																													
7.2 Improve the development and learning readiness of preschool children	◆		◆					◆								◆	◆	◆	◆										◆
7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children																													
7.4 Increase the percentage of children and youth living in a permanent, safe environment																													

Agencies of the Department of Health and Human Services →	Administration for Children and Families (ACF)																												
Matrix of Programs that Support the HHS Strategic Plan Program Objectives	Child Support Enforcement	Temporary Asstnc to Needy Families (TANF)	Child Care Entitlement	Low Income Home Energy Assistance	Office of Refugee Resettlement	Child Care Developm. Block Grants	Social Services Block Grant	Head Start	Community Services Block Grant	Community Programs	Runaway & Homeless Youth	Runaway Youth-Trans Living	Child Abuse Program	Child Welfare Services	Child Welfare Training	Adoption Incentives	Adoption Opportunities	Abandoned Infants Asst	Section 1110 Social Svcs Rsrch & Demo.	Family Violence/Battered Women's Shelters	Education & Prevention Grants (Crime Act)	Domestic Violence Hotline (Crime Act)	Developmental Disabilities	Administration for Native Americans	Foster Care	Independent Living	Promoting Safe & Stable Families	Adoption Assistance	Individual Dev. Accounts
Goal 1: Reduce the major threats to the health and well-being of Americans																													
1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases																													
1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies																													
1.3 Increase immunization rates among adults and children																													
1.4 Reduce substance abuse																													
1.5 Reduce tobacco use, especially among youth																													
1.6 Reduce the incidence and consequences of injuries and violence														◆	◆					◆	◆	◆					◆		
Goal 2: Enhance the ability of the Nation's health care system to effectively respond to bio-terrorism and other public health challenges																													
2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bio-terrorism threats																													
2.2 Improve the safety of food, drugs, biological products, and medical devices																													
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices																													
3.1 Encourage the development of new, affordable health insurance options										◆																			
3.2 Strengthen and expand the health care safety net																													
3.3 Strengthen and improve Medicare																													
3.4 Eliminate racial and ethnic health disparities																													
3.5 Expand access to health care services for targeted populations with special health care needs								◆					◆									◆							
3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)																													
Goal 4: Enhance the capacity and productivity of the Nation's health science research enterprise																													
4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability																													
4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology																													
4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers																													
4.4 Improve the coordination, communication, and application of health research results																													
4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process																													

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Goal 5: Improve the quality of health care services																													
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5.5 Accelerate the development and use of an electronic health information infrastructure																													
Goal 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need																													
6.1 Increase the proportion of low-income individuals and families including those receiving welfare who improve their economic condition		◆			◆		◆																						◆
6.2 Increase the proportion of older Americans who stay active and healthy																													
6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs																							◆						
6.4 Improve the economic and social development of distressed communities				◆					◆	◆														◆					◆
6.5 Expand community and faith-based partnerships		◆							◆	◆																			
Goal 7: Improve the stability and healthy development of our Nation's children and youth																													
7.1 Promote family formation and healthy marriages		◆						◆																					
7.2 Improve the development and learning readiness of preschool children			◆			◆		◆																			◆		
7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children	◆		◆																										
7.4 Increase the percentage of children and youth living in a permanent, safe environment											◆	◆	◆	◆	◆	◆	◆	◆							◆	◆	◆	◆	

Agencies of the Department of Health and Human Services ▶	Health Resources and Services Administration (HRSA)																																		
Matrix of Programs that Support the HHS Strategic Plan Program Objectives	Health Professional Training for Diversity	Training-Primary Care/Medical Dentistry	Public Health Workforce	Area Health Education Centers	Health Ed. & Training Centers	Community Access	Geriatric Training & Research	Rural Health Interdisc. Training	Nurse Training	Telehealth	Organ Transplantation	Health Care Facilities	Bone Marrow Donor Registry	HIV/AIDS	Family Planning	Rural Health Research	Rural Health Outreach	Rural Hosp. Flex Grants	Abstinence Education	Vaccine Injury Trust Fund	Poison Control	Consolidated Health Centers	Natl Health Service Corps Field	Ntnl Health Service Corps Recruit.	Black Lung Clinic	Nursing Loan Repayment	Hanson's Disease Services	Children's Hospital Graduate Medical Ed	MCH Block Grant	Healthy Start	EMS for Children	Ntnl Practitioner Data Bank	Universal Newborn Hearing	Hospital Preparedness
Goal 1: Reduce the major threats to the health and well-being of Americans																																			
1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases																						◆							◆	◆				
1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies														◆	◆				◆			◆							◆	◆				
1.3 Increase immunization rates among adults and children																						◆							◆					
1.4 Reduce substance abuse																						◆							◆	◆				
1.5 Reduce tobacco use, especially among youth																						◆							◆	◆				
1.6 Reduce the incidence and consequences of injuries and violence																						◆							◆		◆			
Goal 2: Enhance the ability of the Nation's health care system to effectively respond to bio-terrorism and other public health challenges																																			
2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bio-terrorism threats			◆						◆	◆				◆							◆	◆	◆						◆		◆			◆
2.2 Improve the safety of food, drugs, biological products, and medical devices																																			
Goal 3: Increase the percentage of the Nation's children and adults who have access to regular health care services, and expand consumer choices																																			
3.1 Encourage the development of new, affordable health insurance options						◆																◆							◆					
3.2 Strengthen and expand the health care safety net	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆		◆	◆	◆	◆	◆				◆	◆	◆	◆	◆			◆	◆				
3.3 Strengthen and improve Medicare																																			
3.4 Eliminate racial and ethnic health disparities	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			◆	
3.5 Expand access to health care services for targeted populations with special health care needs														◆	◆							◆							◆	◆			◆	
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5.2 Increase the appropriate use of effective health care services by medical providers														◆								◆							◆	◆				
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