

APPENDIX B

# Performance Indicators

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## Performance Indicators—Supplemental Information

		Most Recent Result	FY 2012 <sup>20</sup> Target	Source
Strategic Goal 1: Health Care				
Strategic Objective 1.1 Broaden health insurance and long-term care coverage.				
1.1.1	Implement the Medicare Prescription Drug Benefit – Increase the percentage of Medicare beneficiaries with Prescription Drug Coverage from Part D or other sources.	90% (FY 2007)	93%	Management Information Integrity Repository (MIIR) and updates from other external data sources
1.1.2	Reduce the percentage of improper payments made under the Medicare FFS program.	4.4% (FY 2006)	(Available FY 2009)	CMS Comprehensive Error Rate Testing Program
Strategic Objective 1.2 Increase health care service availability and accessibility.				
1.2.1	Increase the number of persons (all ages) with access to a source of ongoing care.	87% (FY 2005)	96%	National Health Interview Survey
1.2.2	Expand access to health screenings for American Indians and Alaskan Natives: a) Increase the proportion of patients with diagnosed diabetes who receive an annual retinal examination; and b) Increase the proportion of eligible patients who have had appropriate colorectal cancer screening.	a) 49%; and b) 22%. (FY 2006)	a) 75%; and b) 50%. (FY 2010)	IHS Clinical Reporting System
1.2.3	Increase the number of patients served by Health Centers.	14.1 million (FY 2005)	16.4 million	Bureau of Primary Health Care Uniform Data System
1.2.4	Serve the proportion of racial/ethnic minorities in programs funded through the Ryan White HIV/AIDS Program at a rate that exceeds their representation in national AIDS prevalence data.	72% (FY 2005)	5 percentage points above CDC data on national prevalence	Ryan White HIV/AIDS Program Data; CDC HIV/AIDS Surveillance Report
1.2.5	Increase the number of client admissions to substance abuse treatment programs receiving public funding.	1,875,026 (FY 2004)	2,005,220	Treatment Episode Data Set

20 FY 2012 Target, unless otherwise indicated.

		Most Recent Result	FY 2012 <sup>20</sup> Target	Source
Strategic Goal 1: Health Care				
Strategic Objective 1.3 Improve health care quality, safety, cost, and value.				
1.3.1	Increase physician adoption of electronic health records.	10% (FY 2005)	40%	National Ambulatory Medical Care Survey
1.3.2	Decrease the prevalence of restraints in nursing homes.	6.1% (FY 2006)	5.8%	Minimum Data Set-Quality Measure
1.3.3	Increase the number of States that have the ability to assess improvements in access and quality of health care through implementation of the Medicaid Quality Strategy.	0 States (FY 2007)	12 States	State Reports include, but are not limited to: State Quality Improvement strategies, External Quality Review Organization Reports, and Home- and Community-Based Services Waiver Quality Assessment reports
Strategic Objective 1.4 Recruit, develop, and retain a competent health care workforce.				
1.4.1	Increase the number of Commissioned Corps response teams formed.	10 teams (FY 2006)	36 teams	OSG/Office of Force Readiness and Deployment
1.4.2	Increase the number of Commissioned Corps officers.	5,906 (FY 2006)	6,600	Office of Public Health and Science, monthly billing amounts

		Most Recent Result	FY 2012 Target	Source
Strategic Goal 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness				
Strategic Objective 2.1 Prevent the spread of infectious diseases.				
2.1.1	Achieve or sustain immunization coverage of at least 90% in children 19 to 35 months of age for: a) 4 doses of Diphtheria-Tetanus-Pertussis (DtaP) vaccine; b) 3 doses of polio vaccine; c) 1 dose of Measles-Mumps-Rubella (MMR) vaccine; d) 3 doses of hepatitis B vaccine; e) 3 doses of Haemophilus influenzae type b (Hib) vaccine; f) 1 dose of varicella vaccine; and g) 4 doses of pneumococcal conjugate vaccine (PCV7).	a) DTaP: 86%; b) Polio: 92%; c) MMR: 92%; d) Hepatitis B: 93%; e) Hib: 94%; f) Varicella: 88%; and g) PCV7: 83%. (FY 2005)	At least 90%	National Immunization Survey
2.1.2	Increase the proportion of people with HIV diagnosed before progression to AIDS.	76.5% (FY 2005)	81%	HIV/AIDS Reporting System
2.1.3	Reduce the incidence of infection with key foodborne pathogens: a) Campylobacter; b) Escherichia coli O157:H7; c) Listeria monocytogenes; and d) Salmonella species.	Cases/100,000: a) 12.72; b) 1.06; c) 0.30; and d) 14.55. (FY 2005)	Cases/100,000: a) 12.30; b) 1.00; c) 0.23; and d) 6.80.	FoodNet (The Foodborne Diseases Active Surveillance Network) Data
2.1.4	Increase the rate of influenza vaccination: a) In persons 65 years of age and older; and b) Among noninstitutionalized adults at high risk, aged 18 to 64.	a) 59.6%; and b) 25.3%. (FY 2005)	a) 90%; and b) 60%.	National Health Interview Survey
Strategic Objective 2.2 Protect the public against injuries and environmental threats.				
2.2.1	a) Reduce nonfatal work-related injuries among youth ages 15 to 17; and b) Reduce fatal work-related injuries among youth ages 15 to 17.	a) 4.4/100 FTE <sup>21</sup> ; and b) 3.2/100,000 FTE. (FY 2006)	a) 4.2/100 FTE; and b) 2.8/100,000 FTE.	a) National Electronic Injury Surveillance System; and b) Census of Fatal Occupational Injuries special research file provided to National Institute of Occupational Safety and Health by Bureau of Labor Statistics.

21 FTE = full-time equivalent employee, and one FTE = 2,000 hours worked (average hours worked by a full-time employee in a year).

		Most Recent Result	FY 2012 Target	Source
Strategic Goal 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness				
Strategic Objective 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery.				
2.3.1	Reduce complications of diabetes among American Indians and Alaska Natives by increasing the proportion of patients with diagnosed diabetes who have achieved blood pressure control (<130/80).	37% (FY 2006)	50% (FY 2010)	IHS Clinical Reporting System
2.3.2	Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.	74.6% (CY 2005)	77%	Behavioral Risk Factor Surveillance System
2.3.3	Reduce 30-day use of illicit substances (age 12 and older).	7.9% (FY 2005)	5.8%	National Survey on Drug Use and Health
2.3.4	Reduce the number of suicide deaths.	32,439 (FY 2004)	30,584	National Vital Statistics Report
Strategic Objective 2.4 Prepare for and respond to natural and manmade disasters.				
2.4.1	Increase the percentage of State public health agencies prepared to use materiel contained in the Strategic National Stockpile (SNS).	70% (FY 2006)	90%	4th Quarter report on CDC evaluation of standard functions using SNS Assessment Tools, based on criteria outlined in <i>A Guide for Preparedness, V. 10.00</i>
2.4.2	Increase the number of States and territories that include persons with disabilities in emergency management plans and responses.	6 (FY 2006)	55	Annual Assessment Report of State Emergency Management Plans and  U.S. Department of Homeland Security Annual Report to the President.

22 FTE = full-time equivalent employee, and one FTE = 2,000 hours worked (average hours worked by a full-time employee in a year).

		Most Recent Result	FY 2012 Target	Source
Strategic Goal 3: Human Services				
Strategic Objective 3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.				
3.1.1	Increase the percentage of adult TANF recipients who become newly employed.	34.3% (FY 2005)	39%	National Directory of New Hires
3.1.2	Increase the percentage of individuals with developmental disabilities reached by State Councils on Developmental Disabilities who are independent, self-sufficient, and integrated into the community.	11.27% (FY 2005)	11.34%	Program Performance Reports of State Councils on Developmental Disabilities
3.1.3	Increase the child support collection rate for current support orders.	60% (FY 2005)	63%	Office of Child Support Enforcement Form 157
Strategic Objective 3.2 Protect the safety and foster the well-being of children and youth.				
3.2.1	Increase the adoption rate for children involved in the Child Welfare System.	10.06% (July 2007)	10.40%	Adoption and Foster Care Analysis Reporting System
3.2.2	Increase the percentage of Head Start programs that achieve average fall to spring gains of: a) At least 12 months in word knowledge (Peabody Picture Vocabulary Test); and b) At least four counting items.	a) 52%; and b) 84.6%.  a) (FY 2005) b) (FY 2006)	66%; and 86%.	National Reporting System
3.2.3	Increase the percentage of children receiving Children's Mental Health Services who have no interaction with law enforcement in the 6 months after they begin receiving services.	69.3% (FY 2006)	70%	Delinquency Survey
Strategic Objective 3.3 Encourage the development of strong, healthy, and supportive communities.				
3.3.1	Increase the number of children living in married couple households as a percentage of all children living in households.	69% (CY 2005)	72%	Census Survey Data
Strategic Objective 3.4 Address the needs, strengths, and abilities of vulnerable populations.				
3.4.1	Increase the number of older persons with severe disabilities who receive home-delivered meals.	313,362 (FY 2005)	500,000	National Aging Program Information System State Program Reports National Surveys
3.4.2	Increase the percentage of refugees entering employment through refugee employment services funded by ACF.	53.49% (FY 2005)	60%	Quarterly Performance Report (Form ORR-6)

		Most Recent Result	FY 2012 Target	Source
Strategic Goal 4: Scientific Research and Development				
Strategic Objective 4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.1.1	Through the National Research Service Award program, increase the probability that scientists continue participation in NIH-funded research within the following 10 years: a) Postdoctoral fellows; and b) Predoctoral trainees and fellows	a) 13 percentage points; and b) 13 percentage points. (FY 2006)	a) 12+ percentage points; and b) 12+ percentage points.	Outcome Evaluation of NIH National Research Service Award Postdoctoral Training Program
Strategic Objective 4.2 Increase basic scientific knowledge to improve human health and human development.				
4.2.1	Develop and apply clinically one new imaging technique to enable tracking the mobility of stem cells within cardiovascular tissues.	Researchers in the NIH intramural program have developed probes that are compatible with optical microscopy techniques developed by intramural scientists. (FY 2006)	Develop one new imaging technique that is able to be clinically applied.	Study Data
4.2.2	Identify at least one clinical intervention that will delay the progression or onset of Alzheimer's disease (AD), or prevent it.	Nearly 1,000 new late-onset AD families have been identified and recruited to the AD Genetics Initiative. (FY 2006)	Identify the next generation of compounds for testing in pilot clinical trials.	Study Data
4.2.3	Develop a novel advanced pattern recognition algorithm to analyze data obtained from imaging technologies to aid clinicians in diagnosing the earliest stage of disease, e.g., brain cancer.	The prototype pattern recognition algorithm has been designed and trained to recognize anomalies in the pilot study of Brain MRS scans. (Nonpublished results, spring 2007)	Apply, in conjunction with a CRADA partner, a pattern recognition algorithm to identify early biomarkers of brain disease to other disease endpoints in clinical applications such as those used to identify breast cancer markers.	Annual NCTR Research Accomplishments and Plans document located at: <a href="http://www.fda.gov/nctr/science/research/index.htm">http://www.fda.gov/nctr/science/research/index.htm</a>

	Most Recent Result	FY 2012 Target	Source
Strategic Goal 4: Scientific Research and Development			
Strategic Objective 4.3 Conduct and oversee applied research to improve health and well-being.			
4.3.1	Conduct clinical trials to assess the efficacy of at least three new treatment strategies to reduce cardiovascular morbidity/ mortality in patients with type 2 diabetes and/or chronic kidney disease.	Initial findings were made public at the annual American Diabetes Association meeting in June 2006. (FY 2006)	Complete clinical trials, and make results available.  Study Data
Strategic Objective 4.4 Communicate and transfer research results into clinical, public health, and human service practice.			
4.4.1	Increase the number of AoA-supported community-based sites that use evidence-based disease and disability prevention programs.	27 sites (FY 2005)	136 sites  Evidence-Based Disease Prevention discretionary grant semiannual reports
4.4.2	Reduce the disparity between African-American infants and White infants in back sleeping by 50% to reduce the risk of Sudden Infant Death Syndrome (SIDS).	The SIDS rate for African-American infants is two times greater than that of White infants. (FY 2003)	Reduce disparity by 50%.  Study Data
4.4.3	Reduce the financial cost (or burden) of upper GI hospital admissions by implementing known research findings	\$93.46 per U.S. resident ages 65 to 85. (FY 2006)	10% reduction  Healthcare Cost and Utilization Project