General Departmental Management

TABLE OF CONTENTS

APPROPRIATIONS LANGUAGE

GENERAL DEPARTMENTAL MANAGEMENT

For necessary expenses, not otherwise provided, for general departmental management,including hire of **[**six**]** passenger motor vehicles, and for carrying outtitles III, XVII, XXI, and section 229 of the PHS Act, the United States-MexicoBorder Health Commission Act, and research studies under section 1110 of theSocial Security Act, **[**$448,034,000**]** *$472,196,000*, together with **[**$64,828,000**]***$66,078,000* from the amounts available under section 241 of the PHS Act to carryout national health or human services research and evaluation activities: *Provided*, That **[**of this amount, $52,224,000**]** *of the funds made available under this heading,$53,900,000* shall be for minority AIDS prevention and treatment activities:*Provided further,* That of the funds made available under this heading,**[**$101,000,000**]** *$104,790,000* shall be for making competitive contracts and grantsto public and private entities to fund medically accurate and age appropriateprograms that reduce teen pregnancy and for the Federal costs associated withadministering and evaluating such contracts and grants, of which not more than10 percent of the available funds shall be for training and technical assistance,evaluation, outreach, and additional program support activities, and of the remainingamount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral riskfactors underlying teenage pregnancy, or other associated risk factors, and 25percent shall be available for research and demonstration grants to develop, replicate,refine, and test additional models and innovative strategies for preventingteenage pregnancy: *Provided further*, That of the amounts provided under thisheading from amounts available under section 241 of the PHS Act, $6,800,000shall be available to carry out evaluations (including longitudinal evaluations) ofteenage pregnancy prevention approaches: *Provided further,* That of the fundsmade available under this heading, $1,750,000 is for strengthening the Department'sacquisition workforce capacity and capabilities **[**: *Provided further*, Thatwith respect to the previous proviso, such funds shall be available for**]** *, including*training, recruiting, retaining, and hiring members of the acquisition workforceas defined by 41 U.S.C. 1703, for information technology in support of acquisitionworkforce effectiveness and for management solutions to improve acquisitionAccount Number: 009-90-9912 General Departmental Management (APPROPRIATIONS)(Department of Health and Human Services - Departmental Management) Page: 1Agency: Department of Health and Human Services Printed: 5:48 PM Thursday, January 15Bureau: Departmental Management For General Counsel Reviewmanagement: **[***Provided further,* That of the funds made available under thisheading, $5,000,000 shall be for making competitive grants to provide abstinenceeducation (as defined by section 510(b)(2)(A)-(H) of the Social Security Act) to adolescents,and for Federal costs of administering the grant: *Provided further,* That grants made under the authority of section 510(b)(2)(A)-(H) of the Social Security Act shall be made only to public and private entities that agree that, with respect to an adolescent to whom the entities provide abstinence education under such grant, the entities will not provide to that adolescent any other education regarding sexual conduct, except that, in the case of an entity expressly required by law to provide health information or services the adolescent shall not be precluded from seeking health information or services from the entity in a different setting than the setting in which abstinence education was provided: *Provided further*, That funds provided in this Act for embryo adoption activities may be used to provide to individuals adopting embryos, through grants and other mechanisms, medical and administrative services deemed necessary for such adoptions: *Provided further*, That such services shall be provided consistent with 42 CFR 59.5(a)(4)**]** *Provided further, That funds made available under this heading may also be used for activities to encourage innovative approaches to increase efficiency and effectiveness in the Department's programs. In addition, to supplement the Department's activities*

related to implementation of the Digital Accountability and Transparency Act (DATA Act; Public Law 113–101;31 U.S.C. 6101 note), $10,320,000, of which $500,000 shall be available to supportthe Department's implementation of a uniform procurement instrument identifier,as described in 48 C.F.R. subpart 4.16. In addition, for a Digital Service team for HHS, $10,000,000. (Department of Health and Human Services Appropriations Act, 2015.)

LANGUAGE ANALYSIS

Language Provision

Provided, further, That funds made available under this heading may also be used for activities to encourage innovative approaches to increase efficiency and effectiveness in the Department's programs. In addition, to supplement the Department's activities related to implementation of the Digital Accountability and Transparency Act (DATA Act; Public Law 113–101;31 U.S.C. 6101 note), $10,320,000, of which $500,000 shall be available to support the Department's implementation of a uniform procurement instrument identifier, as described in 48 C.F.R. subpart 4.16. In addition, for a Digital Service team for HHS, $10,000,000.

Explanation

This language supports the Data Act and Digital Services Legislation.

AUTHORIZING LEGISLATION

(Dollars in Thousands)

Details	2015 Authorized	2015 Enacted	2016 Authorized	2016 Request
General Departmental Management: except account below:	Indefinite	$169,070	Indefinite	$202,361
Reorganization Plan No. 1 of 1953	-	-	-	-
Office of the Assistant Secretary for Health: Public Health Service Act	-	-	-	-
Title III, Section 301	Indefinite	175,586	Indefinite	$187,485
Title, II Section 229 (OWH)	1	$32,140	1	$31,500
Title XVII Section 1701 (ODPHP)	2	6,726	2	$7,000
Title XVII, Section 1707 (OMH)	3	$56,670	3	$56,670
Title XVII, Section 1708 (OAH)	4	$1,442	4	$1,500
Title XXI, Section 2101 (NVPO)	5	$6,400	5	$6,000
Subtotal	-	*278,810*	-	*$290,155*
Total Appropriation	**-**	**$458,034**	**-**	**$492,516**

AMOUNTS AVAILABLE FOR OBLIGATION

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Annual appropriation	$458,056,000	$448,034,000	$492,516,000
Rescission	-	-	-
Sequestration	-	-	-
Transfers	-$1,344,000	-	-
Subtotal, adjusted general funds	***$456,712,000***	***$448,034,000***	***$492,516,000***
Trust fund annual appropriation	-	-	-
Subtotal, adjusted budget authority	***$456,712,000***	**$448,034,000**	***$492,516,000***
Unobligated balance lapsing	-	-	-
Total Obligations	**$456,712,000**	**$448,034,000**	**$492,516,000**

Summary of Changes

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2015 Enacted Level	448,034	1,000
Total Adjusted Budget Authority	448,034	1,000
FY 2016 Current Request	492,516	1,128
Total Estimated Budget Authority	492,516	1,128
Net Changes	**44,482**	**128**

Increases	FY 2015 Enacted Level	FY 2016 Request Change from Base
Immediate Office of the Secretary	10,566	434
Chief Technology Officer – Idea Lab	0	3,000
Secretary's Initiative/Innovations	2,629	0
Assistant Secretary for Administration	17,258	742
Assistant Secretary for Public Affairs	8,408	292
Digital Service Teams	0	10,000
Assistant Secretary for Legislation	3,643	157
ASFR, Financial Systems Integration and Acquisition Reform	29,594	2,356
DATA Act	0	10,320
Office of Intergovernmental and External Affairs	9,202	2,780
Office of the General Counsel	37,697	1,503
Departmental Appeals Board	10,043	2,457
Office of Global Affairs	6,026	494
Rent, Operations and Maintenance	15,789	711
Shared Operating Services - Enterprise IT, SSF Payments	13,369	2,891
Office of the Assistant Secretary for Health	28,909	7,986
Teen Pregnancy Prevention	*101,000*	*3,790*
Minority HIV/AIDS	52,224	1,676
Minority Health	56,670	0
Total	**403,027**	**51,589**

Decreases	FY 2015 Enacted Level	FY 2016 Request Change from Base
Office of Assistant Secretary for Health	6,867	-467
Office of Women's Health	32,140	-640
Embryo Adoption Awareness Campaign	1,000	-1,000
Abstinence Education	5,000	-5,000
Total	**45,007**	**-7,107**

Total Changes	FY 2015 Enacted Level	FY 2015 FTE	FY 2016 Request Change from Base	FY 2016 FTE Change from Base
Total Increase Changes	403,027		51,589	128
Total Decrease Changes	45,007		-7,107	0
Total	**448,034**	**1,000**	**44,482**	**128**

BUDGET AUTHORITY BY ACTIVITY - DIRECT

(Dollars in Thousands)

Activity	FY 2014 FTE	FY 2014 Final	FY 2015 FTE	FY 2015 Enacted	FY 2016 FTE	FY 2016 President's Budget
Immediate Office of the Secretary	72	10,995	72	10,566	76	14,000
Secretarial Initiatives and Innovations	-	2,735	-	2,629	-	2,629
Assistant Secretary for Administration	116	17,958	114	17,258	114	18,000
Assistant Secretary for Financial Resources	149	28,974	149	27,844	149	30,200
Acquisition Reform	1	1,750	1	1,750	1	1,750
DATA Act	-	-	-	-	12	10,320
Assistant Secretary for Legislation	26	3,791	27	3,643	27	3,800
Assistant Secretary for Public Affairs	56	8,749	54	8,408	56	8,700
Digital Services Team	-	-	-	-	30	10,000
Office of General Counsel	184	39,226	167	37,697	173	39,200
Departmental Appeals Board	75	10,450	70	10,043	82	12,500
Office of Global Affairs	24	6,270	22	6,026	23	6,520
Office of Intergovernmental and External Affairs	70	9,576	68	9,202	70	10,600
Center for Faith-Based and Neighborhood Partnerships	-	-	-	-	7	1,382
Office of the Assistant Secretary for Health	267	228,426	255	225,586	314	236,255
Embryo Adoption Awareness Campaign	-	997	-	1,000	-	-
HIV-AIDS in Minority Communities	1	52,082	1	52,224	1	53,900
Shared Operating Expenses	-	13,317	-	13,369	-	16,260
Rent, Operations, Maintenance and Related Services	-	16,429	-	15,789	-	16,500
Abstinence Education	-	4,986	-	5,000	-	-
Total, Budget Authority	**1,041**	**456,712**	**1,000**	**448,034**	**1,135**	**492,516**

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
11.1	Full-time permanent	91,229	87,950	100,321
11.3	Other than full-time permanent	11,509	11,828	12,524
11.5	Other personnel compensation	2,916	2,898	2,946
11.7	Military personnel	3,754	2,685	3,881
Subtotal	***Personnel Compensation***	***109,408***	***105,361***	***119,673***
12.1	Civilian personnel benefits	28,077	27,431	30,724
12.2	Military benefits	1,504	1,277	1,536
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***138,989***	***134,069***	***151,933***
21.0	Travel and transportation of persons	4,830	4,737	5,027
22.0	Transportation of things	185	185	190
23.1	Rental payments to GSA	16,342	16,556	16,904
23.3	Communications, utilities, and misc. charges	1,939	1,826	1,967
24.0	Printing and reproduction	851	851	871
25.1	Advisory and assistance services	23,009	26,848	27,354
25.2	Other services from non-Federal sources	38,468	37,004	37,988
25.3	Other goods and services from Federal sources	64,797	65,716	84,991
25.4	Operation and maintenance of facilities	6,246	5,606	6,037
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,990	4,590	5,631
25.8	Subsistence and support of persons	106	106	108
26.0	Supplies and materials	1,449	1,449	1,485
31.0	Equipment	447	447	456
32.0	Land and Structures	-	-	-
41.0	Grants, subsidies, and contributions	154,060	148,040	151,571
42.0	Insurance claims and indemnities	3	3	3
44.0	Refunds	-	-	-
Total	***Non-Pay Costs***	***317,723***	***313,965***	***340,584***
Total	***Budget Authority by Object Class***	**456,712**	**448,034**	**492,516**

BUDGET AUTHORITY BY OBJECT CLASS – REIMBURSABLE

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
11.1	Full-time permanent	47,720	47,720	53,632
11.3	Other than full-time permanent	3,305	3,305	2,905
11.5	Other personnel compensation	934	934	944
11.7	Military personnel	1,491	1,491	924
Subtotal	***Personnel Compensation***	***53,450***	***53,450***	***58,406***
12.1	Civilian personnel benefits	10,184	10,184	10,887
12.2	Military benefits	444	444	526
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***64,078***	***64,078***	***69,818***
21.0	Travel and transportation of persons	1,230	1,230	1,159
22.0	Transportation of things	107	107	108
23.1	Rental payments to GSA	6,108	6,108	6,526
23.3	Communications, utilities, and misc. charges	207	207	146
24.0	Printing and reproduction	35	35	34
25.1	Advisory and assistance services	40,491	40,491	39,135
25.2	Other services from non-Federal sources	19,132	19,132	18,717
25.3	Other goods and services from Federal sources	90,972	93,071	84,837
25.4	Operation and maintenance of facilities	2,551	2,551	2,603
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	3,173	3,173	3,194
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	399	399	383
31.0	Equipment	256	256	261
32.0	Land and Structures	54	54	55
41.0	Grants, subsidies, and contributions	3,107	3,107	3,172
42.0	Insurance claims and indemnities	-	-	-
44.0	Refunds	-	-	-
Total	***Non-Pay Costs***	***167,822***	***169,921***	***160,330***
Total	***Budget Authority by Object Class***	**231,900**	**233,999**	**230,148**

SALARY AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
11.1	Full-time permanent	91,229	88,055	100,322
11.3	Other than full-time permanent	11,509	11,828	12,524
11.5	Other personnel compensation	2,916	2,898	2,946
11.7	Military personnel	3,754	2,685	3,881
Subtotal	***Personnel Compensation***	***109,408***	***105,466***	***119,674***
12.1	Civilian personnel benefits	28,077	27,457	30,724
12.2	Military benefits	1,504	1,277	1,536
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***138,989***	***134,200***	***151,934***
21.0	Travel and transportation of persons	4,830	4,737	5,027
22.0	Transportation of things	185	185	190
23.3	Communications, utilities, and misc. charges	1,939	1,826	1,967
24.0	Printing and reproduction	851	851	871
25.1	Advisory and assistance services	23,009	26,848	27,354
25.2	Other services from non-Federal sources	38,468	37,004	37,988
25.3	Other goods and services from Federal sources	64,797	65,585	84,990
25.4	Operation and maintenance of facilities	6,246	5,606	6,037
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,990	4,590	5,631
25.8	Subsistence and support of persons	106	106	108
Subtotal	***Other Contractual Services***	***145,422***	***147,339***	***170,163***
26.0	Supplies and materials	1,449	1,449	1,485
Subtotal	***Non-Pay Costs***	***146,871***	***148,788***	***171,648***
Total	***Salary and Expenses***	***285,860***	***282,988***	***323,582***
23.1	Rental payments to GSA	16,342	16,556	16,904
Total	***Salaries, Expenses, and Rent***	**302,202**	**299,544**	**340,486**
Total	***Direct FTE***	**1,041**	**1,000**	**1,128**

APPROPRIATION HISTORY TABLE

(Dollars in Thousands)

2006

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	353,325,000	338,695,000	353,614,000	352,703,000
Rescission	-	-	-	-3,585,000
Trust Funds	**5,851,000**	**5,851,000**	**5,851,000**	**5,851,000**

2007

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	362,568,000	-	-	350,945,000
Rescission	-	-	-	-500,000
Supplemental	13,512,000	-	-	-
Trust Funds	**5,851,000**	**-**	**-**	**5,793,000**

2008

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	386,705,000	342,224,000	386,053,000	355,518,000
Rescission	-	-	-	-6,312,000
Transfers	-	-	-	-983,000
Trust Funds	**5,851,000**	**5,851,000**	**5,851,000**	**5,792,000**

2009

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	374,013,000	361,825,000	361,764,000	391,496,000
Transfers	-	-1,000,000	-1,000,000	-2,571,000
Trust Funds	**5,851,000**	**5,851,000**	**5,851,000**	**5,851,000**

2010

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	403,698,000	397,601,000	477,928,000	493,377,000
Transfers	-	-1,000,000	-1,000,000	-1,074,000
Trust Funds	**5,851,000**	**5,851,000**	**5,851,000**	**5,851,000**

2011

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	490,439,000	651,786,000	-	651,786,000
Rescission	-	-1,315,000	-	-1,316,000
Transfers	-	-176,551,000	-	-176,551,000
Trust Funds	**-**	**5,851,000**	**-**	**5,851,000**

2012

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	363,644,000	343,280,000	476,221,000	475,221,000
Rescission	-	-	-	-898,000
Transfers	**-**	**-**	**-**	**-70,000**

2013

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	306,320,000	-	466,428,000	474,323,000
Rescission	-	-	-	-949,000
Sequestration	-	-	-	-23,861,000
Transfers	**-**	**-**	**-**	**-2,112,000**

2014

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	301,435,000	-	477,208,000	458,056,000
Rescission	-	-	-	-
Sequestration	-	-	-	-
Transfers	**-**	**-**	**-**	**-1,344,000**

2015

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
Appropriation	278,800,000	-	442,698,000	448,034,000
Rescission	-	-	-	-
Sequestration	-	-	-	
Transfers	**-**	**-**	**-**	**-**

General Departmental Management
All Purpose Table

(Dollars in Thousands)

GDM	FY 2014 Actual	FY 2015 Enacted Level	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	**$456,712**	**$448,034**	**$492,516**	**+$44,482**

Related Funding	FY 2014 Actual	FY 2015 Enacted Level	FY 2016 President's Budget	FY 2016 +/- FY 2015 PB
Pregnancy Assistance Fund P.L. (111-148)	*$23,200*	*$23,175*	*$25,000*	*+$1,825*
PHS Evaluation Set-Aside – Public Health Service Act	*$69,211*	*$64,828*	*$66,078*	*+$1,250*
HCFAC[1]	*$13,000*	*$10,000*	*$10,000*	*$0*
Base Level Program	**$562,123**	**$546,037**	**$593,594**	**$47,557**
Proposed Legislation Recovery Audit Recoveries[2]	*0*	*0*	*$2,000*	*+$2,000*
FTE	**1,250**	**1,283**	**1,357**	**+74**

[1] The reimbursable program (HCFAC) in the General Department Management (GDM) account reflects estimates of the allocation account for 2016. Actual allocation will be determined annually.
[2] The RAC Recoveries reflect $2,000,000 in GDM, pending approval of A-19 Legislative Proposal.

GENERAL DEPARTMENTAL MANAGEMENT
Overview of Performance

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

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

The FY 2016 Congressional Justification reflects decisions to streamline performance reporting and improve HHS performance-based management. In accordance with this process GDM STAFFDIVs have focused on revising measures that depict the main impact or benefit of the program and support the rationale articulated in the budget request. This approach is reflected in the Department's Online Performance Appendix (OPA). The OPA focus on key HHS activities, and includes performance measures that link to the HHS Strategic Plan for three GDM offices. They are: Immediate Office of the Secretary (IOS), Offices the Assistant Secretary for Administration (ASA), and OASH.

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

FY 2015 BUDGET BY HHS STRATEGIC GOAL

(Dollars in Millions)

HHS Strategic Goals and Objectives	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
1.Strengthen Health Care	***79.466***	***79.213***	***81.670***
1.A Make coverage more secure for those who have insurance and extend affordable coverage to the uninsured			
1.B Improve health care quality and patient safety	10.450	10.043	12.500
1.C Emphasize primary & preventative care, link with community prevention services			
1.D Reduce the growth of health care costs while promoting high-value, effective care	12.500	12.500	12.500
1.E Ensure access to quality culturally competent care, including long-term care services and support, for vulnerable populations	56.516	56.670	56.670
1.F Improve health care and population through meaningful use of health information technology			
2. Advance Scientific Knowledge and Innovation	***6.756***	***6.493***	***6.800***
2.A Accelerate the process of scientific discovery to improve health	6.756	6.493	6.800
2.B Foster and apply innovative solutions to health, public health, and human services challenges	13.119	11.085	11.085
2.C Advance the regulatory sciences to enhance food, safety, improve medical product development, and support tobacco regulations			
2.D Increase our understanding of what works in public health & human service practice			1.000
2.E Improve laboratory, surveillance, and epidemiology capacity			
3. Advance the Health, Safety and Well-Being of the American People	***192.877***	***251.682***	***258.205***
3. A Promote the safety, well-being and healthy development of children and youth	130.412	130.442	131.290
3. B Promote economic and social well-being for individuals, families and communities.	.997	1.000	0.000
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults			
3.D Promote prevention and wellness across the lifespan	54.809	52.188	58.995
3.E Reduce the occurrence of infectious diseases	60.200	60.026	61.400
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	15.249	6.026	6.520
4. Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs	***269.905***	***199.389***	***234.834***
4.A Strengthen program integrity and responsible stewardship	8.558	8.558	8.558
4.B Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American People	55.415	52.177	75.813
4.C Invest in the HHS workforce to help meet America's health and human services need	20.057	17.258	18.000
4.D Improve HHS environmental, energy, and economic performance	185.875	121.396	132.463

HHS Strategic Goals and Objectives	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
to promote sustainability			
Total GDM Program Level	**562.123**	**546.037**	**593.594**

OVERVIEW OF BUDGET REQUEST

The FY 2016 President's Budget for General Departmental Management (GDM) includes $492,516,000 in appropriated funds and full-time equivalent (FTE) positions. This request is $44,482,000 above the FY 2015 Enacted Level.

The GDM appropriation supports those activities associated with the Secretary's roles as chief policy officer and general manager of the Department. In FY 2014 HHS took steps to continue implementation of Health Reform and other ongoing public health initiatives through eliminating or reallocating resources and support new and focused strategic partnerships to provide national health leadership. This justification includes narrative sections describing the activities of each STAFFDIV funded under the GDM account, including the Rent and Common Expenses accounts. This justification also includes selected performance information.

The Budget restores an $8,000,000 reduction from the FY 2015 Omnibus bill that supports positions, facilities and programs within the OS Staff Divisions. This restoration of funds is described in each narrative section and outlines the activities that will be restored. The FY 2016 President's Budget proposes the following programmatic changes.

Funding for Embryo Adoption Awareness Campaign (-$1,000,000) and Abstinence Education (-$5,000,000), was appropriated in 2015, but not requested by HHS. HHS is not requesting continuation of funds for these programs in FY 2016.

Immediate Office of the Secretary (+$3,000,000) - This increase supports the growth of the HHS IDEA Lab. The resources will allow HHS to pilot new programmatic activities to support innovative ideas that increase efficiency and effectiveness by providing time, resources, and methodological training to internal teams to help staff take ideas through prototyping and pilot phases.

Digital Accountability and Transparency Act (DATA) (+$10,320,000) - To implement the DATA Act of 2014 as well as expand the Federal Funding Accountability and Transparency Act of 2006 to improve transparency of Federal spending and Government-wide financial data standards. The focus will make improvements to Grants.gov as well as data standardization efforts that will include both financial and non-financial data.

Office of Intergovernmental and External Affairs (+$2,780,000) – The increase of $2,780,000 supports personnel costs, continued coordination of a wide range of outreach activities, and will facilitate cross-cutting initiatives in the field such as ongoing support of the Affordable Care Act along with Tribal activities. This increase also includes the addition of the Center for Faith Based and Neighborhood Partnerships which is being reallocated from the Administration on Children and Families. Additional funding is being reallocated from the Secretary's Flexibility Account to expand IEA's support to state, territorial and tribal representatives.

Digital Services Team (+$10,000,000) – The implementation of $10,000,000 is to establish and staff an agency Digital Services team. The success rate of government digital services is improved when agencies have digital service experts on staff with modern design, software engineering, and product management skills. To ensure the agency can effectively build and deliver important digital services, the FY 2016 Budget includes funding for staffing costs to build a Digital Service team that will focus on

transforming the agency's digital services with the greatest impact to citizens and businesses so they are easier to use and more cost-effective to build and maintain. The request will enable HHS to focus on the implementation of milestones to build capacity and support the development of a Digital Services team and drive the efficiency and effectiveness of the agency's highest-impact digital services.

Departmental Appeals Board (+$2,000,000) - The request supports DAB's efforts to keep pace with the dramatic increase in caseload associated with the Medicare Appeals.

Office of the Assistant Secretary for Health (+$12,346,000) – The Budget request continues the ASH's responsibility as the senior advisor to the Secretary and Administration on public health and science by addressing several highly visible public health needs, such as: viral hepatitis; fostering greater coordination among the various HHS entities to continue implementation of the Environmental Health action plan; and continued coordination of the HHS Tobacco Control Implementation Steering Committee. The request will also continue support for the Office of the Surgeon General and the Regional Health Administrators.

IMMEDIATE OFFICE OF THE SECRETARY

Budget Summary
(Dollars in Thousands)

Immediate Office of the Secretary	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	10,995	10,566	14,000	+3,434
FTE	72	72	76	+4

Authorizing Legislation: ……Title III of the PHS Act
FY 2016 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

The IOS mission involves coordinating all HHS documents, developing regulations requiring Secretarial action, mediating issues among Departmental components, communicating Secretarial decisions, and ensuring the implementation of those decisions. IOS works with other Departments to coordinate analysis of and input on healthcare policy decisions impacting activities within their purview.

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

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

The IOS Executive Secretariat works with pertinent components to develop comprehensive briefing documents, facilitates discussions among staff and operating divisions, and ensures final products reflect HHS policy decisions.

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

Funding History

Fiscal Year	Amount
FY 2011	$11,108,000
FY 2012	$11,289,000
FY 2013	$10,995,000
FY 2014	$10,995,000
FY 2015	$10,566,000

Budget Request

The FY 2016 budget request for $14,000,000 is $3,434,000 above the FY 2015 Enacted Level. Current funding levels will be utilized to restore FY 2015 reductions to personnel costs and other services which support achieving the Department's Health Care, Human Services, Scientific Research, Health Data, Idea Lab, and Workforce Development Strategic Goals. The funding will assist with development of tracking and coordination of Departmental correspondence and inquiries at a strategic level in regards to implementation and review of new and proposed laws. IOS will utilize $434,000 of the budget increase to address new and existing contractual initiatives for the Secretary's new Policy Tracking System. OS will utilize the additional $3,000,000 increase to fund personnel and activities for its mission critical IDEA Lab, including programmatic and contractual initiatives related to the HHS Ignite, Ventures, Innovates, and Entrepreneurs programs.

Immediate Office of the Secretary - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 +/- FY 2015
1.1 Increase number of identified opportunities for public engagement and collaboration among agencies (Output)	FY 2014: 747 Target: 500 (Target Exceeded)	510	N/A	*
1.2 Increase number of high-value data sets and tools that are published by HHS (Output)	FY 2014: 1657 Target: 1200 (Target Exceeded)	1440	N/A	*
1.3 Increase the number of participation and collaboration tools and activities conducted by the participation and collaboration community of practice (Output)	FY 2014: 13 Target: 13 (Target Met)	14	N/A	*

***Submission of proposed new measures for FY 2016 identified on "Summary of Proposed Changes to Performance Measure," table.**

Performance Analysis

1.1 Increase number of identified opportunities for public engagement and collaboration among agencies

In 2014, HHS exceeded its targets. The Department projected 500 engagement opportunities and identified 747 opportunities in that year. A key mechanism for engaging with the public is through the HHS Federal Advisory Committees. As HHS continues to advance its use of webcasting technologies across the Department, all of the HHS Federal Advisory Committees are utilizing webcasting technologies or other means to engage the public in open meetings. On the challenge competition front, HHS issued fewer challenges than expected, in part due to the setback faced by the closure of General Services Administrations' challenge.gov platform for non-technical challenges. However, it is notable that some of the challenges issued over the course of FY 2014 have been very innovative. For example, the Breast Cancer Startup Challenge issued by that National Institutes of Health National Cancer Center has led to the creation of 11 new start-up companies and was recognized as a Secretary's pick in the HHS Innovates competitions. It is notable that the newly hired Director of Open Government Challenges and Competitions has been ramping up outreach and assistance to challenge managers across HHS. One important mechanism of outreach has been a regular email communication to all the HHS challenge managers and an on-line learning series. During FY 2014, the digital strategy has continued to call attention to the development of Application Programming Interface (API's) as an important mechanism for allowing the public to access HHS data. During this time, HHS added more than a hundred new API's.

Also notable is that in FY 2014 HHS formally established the HHS Innovation Design Entrepreneurship and Action (IDEA) Lab. As a result, during FY 2015, IOS expects to further increase opportunities for public collaboration and engagement, double the number of challenges, and increase the number of APIs.

1.2 Increase number of high-value data sets and tools that are published by HHS

In 2014, HHS continued executing its Health Data Initiative Strategy & Execution plan which directs the liberation of more data as well as multiple activities that communicate the data's availability and value for innovations across health care and social service delivery. HHS published 102 datasets and has federated datasets from states (454) and cities (66) into the catalog as part of the execution plan which recognizes that valuable data also resides at the local level and is a valuable resource for innovators. Federation of datasets continues as HHS began federating health data from USDA (10) and continues to work with federal agencies like the Veterans Administration and CFPB to harness additional health specific datasets for a comprehensive catalog of data resources. It is also important to acknowledge that a portion of this year's data liberation effort has been in the development of the Enterprise Data Inventory for compliance with the Open Data Policy M13-13, and the coordination of the Public Access Memo within our research agencies, both of which are expected to yield additional HHS datasets in the future. The IDEA Lab continues to educate our data communities on the content of HHS data through increased use of the HealthData.gov blog, expanded social media presence, while benefiting from health data focused events like the well-known Health Datapalooza. IOS continues to explore additional innovative uses of our datasets by contributors to health care and social services across the health ecosystem.

1.3 Increase the number of participation and collaboration tools and activities conducted by the participation and collaboration community of practice

In 2014, the HHS Innovations Staff and its agency collaborators (e.g. innovation staff from HHS operating and staff divisions who partner with OS on projects) successfully implemented 13 projects. Each of the

projects is labor-intensive, and thus only a few projected are selected in a given year. In 2014, the following projects were successfully executed:

1) The second round of HHS Ignite, an innovation program that provides seed funding and mentoring to HHS employees for the purpose of incubating and testing new ideas. HHS employees submitted 76 applications, and among these 12 were chosen for funding.

2) Roll out of Yammer, a web-based collaboration tool, to employees across HHS for purposes of professional collaboration. Currently, more than one fifth of all HHS employees are active on Yammer and it has been effectively used to disseminate new information and create collaborative workgroups.

3) The seventh round of the HHS Innovates competition, a program that recognizes and shares promising new approaches developed by HHS employees. The public voting was extremely successful, garnering thousands of page hits from public viewers.

4) The third round of HHS Entrepreneurs, a program that pairs internal and external expertise to solve high priority problems. It is expected to bring to HHS a total of four external entrepreneurs on four projects, across four different Operating and Staff Divisions.

5) Held 10 HHS Innovation Council meetings in which speakers from inside and outside of government engaged HHS leadership and staff on innovation topics such social networking and behavior insight theory.

6) IOS led the development and successful execution of the fifth annual HHS Datapalooza, an event that attracted over 2000 participants and showcased 250 exciting new health applications and products.

7) A second partnership with the West Health Institute the Innovator in Residence Program, which serves as a bridge to the entrepreneurial community to further the development of new health care-related applications and services. The IIR hired in 2014 is developing solutions focused on patient engagement.

8) Held a public meeting in collaboration with HRSA to receive public input on new methodologies and potential applications HHS text libraries.

9) HHS Fairtrade launched a Beta site at the end of May to a small group of testers within HHS for two-month pilot to provide feedback on usability, functionality and the concept.

10) IDEA Lab has solicited submissions from the various agencies for v 3.0 of the Open Government Plan with a goal of having a draft for clearance by July 1st. The plan focuses on 3 major areas – Transparency, Participation & Collaboration.

11) A new initiative within HHS IDEA Lab focused on addressing a critical problem in government, which is that 94% of all IT projects in excess of $10 million fail for one reason or another. The objective of the project is to significantly increase the success rate by doing the following: a)Testing innovative procurement methodologies for IT service acquisition (and sharing the results in Use Cases for

everyone to benefit); b)Developing newer, easier, and effective procurement models and processes; c)Engaging all key stakeholders) with effective Education/Outreach.

12) Convened an HHS-wide working group for public access to scientific research and draft plans submitted by each agency were sent to Office of Science and Technology Policy (OSTP) in July.

13) Made good progress towards all 5 strategic goals for the Health Data Initiative with notable progress in the area of Data Federation and increasing the number of machine readable data sets.

Immediate Office of the Secretary

Summary of Proposed Changes to Performance Measures – 2B & 4B

Unique Identifier	Change Type	Original Measure Wording	Proposed Change	Reason for Change	HHS Performance Plan (APP/R) Measure?
1.1	Retire	Increase number of identified opportunities for public engagement and collaboration among agencies (Output)	Retire	Refinement of public engagement goal using challenge data as a measure	Yes
1.4	New	Increase the number of opportunities for the public to co-create solutions through open innovation		Refinement of public engagement goal using challenge data as a measure	Yes
1.2	Move and Revise	Increase number of high-value data sets and tools that are published by HHS (Output)	Migrate to 4B; revise wording to "Increase the number of strategically relevant data sets published across the department as part of the Health Data Initiative"	This measure is more applicable to Objective 4B, which involves access and use of data sets, therefore recommendation is to move it to that objective.	Yes
1.3	Retire	Increase the number of participation and collaboration tools and activities conducted by the participation and collaboration community of practice (Output)	Retire	Refinement of goal to look at IDEA Lab programming and its impact across the Department	Yes
1.5	New	Increase the number of innovation solutions developed across the Department		Refinement of goal to look at IDEA Lab programming and its impact across the Department	Yes
1.6	New	Expand access to the results of scientific research funded by HHS		New measure in Objective 4B to capture HHS's efforts to make research more readily available	Yes

SECRETARIAL INITIATIVES AND INNOVATIONS

Budget Summary
(Dollars in Thousands)

Secretarial Initiatives and Innovations	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	2,735	2,629	2,629	0
FTE	0	0	0	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

The Secretarial Initiatives and Innovation request will aid the Secretary in most effectively responding to emerging Administration priorities while supporting the missions of HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs). The funding allows the Secretary the necessary flexibility to identify, refine, and implement programmatic and organizational goals in response to evolving business needs and legislative requirements. Additionally, the request will allow the Secretary to promote and foster innovative, high-impact, collaborative, and sustainable initiatives that target HHS priorities and address intradepartmental gaps. The request will help meet the needs of the Secretary, while remaining within a reasonable and modest funding level.

This funding allows the Secretary to proactively respond to the needs of the Office of the Secretary (OS) as it continues to implement programs intended to improve and ensure the health and welfare of Americans. These funds will be directed to the Secretary's highest priorities and are implemented and monitored judiciously. The impact of these resources will be monitored based on the Secretary's stated goals and objectives for their use.

Funding History

Fiscal Year	Amount
FY 2011	$1,600,000
FY 2012	$2,738,000
FY 2013	$2,735,000
FY 2014	$2,735,000
FY 2015	$2,629,000

Budget Request

The FY 2016 Budget for Secretarial Initiatives and Innovation is $2,629,000, the same as the FY 2015 Enacted Level. The funding will continue to allow the Secretary to support HHS component offices as they respond to new and ongoing legislative requirements and seek to implement innovative programs to address new and existing critical health issues.

ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Administration	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	17,958	17,258	18,000	+742
FTE	114	114	114	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

Office of Human Resources (OHR)

OHR provides leadership in the planning and development of personnel policies and human resource programs that support and enhance the Department's mission. OHR also provides technical assistance to improve planning and recruitment of human resources. OHR serves as the Departmental liaison to central management agencies on related matters. OHR provides leadership in creating and sustaining a diverse HHS workforce free of discrimination. OHR proactively enhances the employment of women, minorities, veterans, and people with disabilities through policy development, oversight, complaint prevention, investigations, processing, outreach, commemorative events, and standardized education and training programs.

In support of the President's hiring reform initiative, OHR convened a hiring process assessment team to identify and modify major pain points in the current hiring process. The results of this initiative have included policy modifications that clarify the role of hiring managers including their designation of subject matter experts (SMEs); a more active role in position classification process improvements.

Equal Employment Opportunity Compliance and Operations Division (EEOCO)

EEOCO provides service to HHS employees and applicants ensuring access to EEO services. The Compliance Team provides leadership, oversight, technical guidance and engages in policy development for the complaint processing units in the EEO Offices. EEOCO serves as HHS' liaison with lead agencies such as EEOC, Merit Systems Protection Board (MSPB), and Office of Personnel Management (OPM) in matters involving EEO complaint processing.

Office of the Chief Information Officer (OCIO)

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

OCIO establishes and provides assistance on the use of technology-supported business process reengineering, investment analysis and performance measurement while managing strategic development and application of information systems and infrastructure in compliance with the Clinger-Cohen Act. OCIO disseminates HHS IT policies supporting enterprise architecture, capital planning and project management, and security.

OCIO is also responsible for compliance, service level agreement management, delivery of services, service and access optimization, technology refreshment, interoperability, and migration of new services. The office work provides a coordinated view to ensure optimal value from IT investments by addressing policy and architecture standards, maximizing smart knowledge sharing, sharing best practices, and implementing and executing an expedited investment management process.

Office of Business Management and Transformation (OBMT)
OBMT provides results-oriented strategic and analytical support for key HHS management and improvement initiatives necessary to achieve desired objectives. OBMT also provides Department-wide multi-sector workforce management activities, business process reengineering services, reorganization approval processes, and delegation of authority for the Secretary's signature, and promotes innovation or implement effective management practices within the Department.

Funding History

Fiscal Year	Amount
FY 2011	$19,482,000
FY 2012	$19,463,000
FY 2013	$17,958,000
FY 2014	$17,958,000
FY 2015	$17,258,000

Budget Request

The Assistant Secretary for Administration FY 2016 request is $18,000,000, an increase of $742,000 above the FY 2015 Enacted level. This funding level includes a restoration of $700,000 from the FY 2015 Omnibus decrease. The increase will cover the maintenance, operations and helpdesk support for the Information Collection Request, Review and Approval System (ICRAS) contract in FY 2016. In addition; this request will allow ASA to continue its established mission of policy and oversight. ASA will offset the inflationary increases by reducing contracts, limiting travel, and lowering the number of employees that utilize Blackberrys in FY 2016.

ASSISTANT SECRETARY FOR ADMINISTRATION – Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
1.1 Increase the percent employees on telework or AWS (Output)	FY 2013: 38.0% Target: 16.0% (Target Exceeded)	18.0%	44.0%	+26%
1.2: Reduce HHS fleet emissions	FY 2013: 11,129 MTCO2e Target: 12454 MTCO2e (Target Exceeded)	12,454 MTCO2e	11,961 MTCO2e	-493
1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors	FY 2013: Data Pending Target: 90.0% (Target not met)	100%	100%	0
2.1 Reduce the average number of days to hire	FY 2013: 68 Target: 60 (Target not met)	60	60	0

Performance Analysis

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

This goal supports the implementation of the HHS Strategic Sustainability Performance Plan (SSPP)

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

Currently, information on telework is being collected manually through HHS-wide data calls. An automated system for data collection is in the process of being deployed. Results for the first year exceeded the target by 1%. Subsequent years' targets have increased and in 2013 already significantly exceeded the 2015 goal of 18% of employees reducing commute time through telework or Alternative Work Schedule. As a result, the 2015 goal has been adjusted upwards accordingly.

1.2: Reduce HHS fleet emissions

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

This goal was established in FY 2010, in alignment with HHS Sustainability Plan and the Executive Order to reduce greenhouse gases. HHS is aiming to reduce fleet emissions by 2% annually. This measure uses Million Metric Tons of Carbon Dioxide equivalents, or MTCO2e, a standard measure of greenhouse gas emissions. In 2013, primarily through reducing its gasoline fuel use, HHS reduced its

CO2e emissions substantially, bringing the number under the 2013 target. HHS's CO2e emissions are expected to improve going forward.

1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors
HHS IT contracts have been revised to include power-saving configuration requirements. HHS is measuring the percentage of eligible computers, laptops and monitors with power management, including power-saving protocols in the standard configuration for employee workstations. Consistent application of power management will decrease the electricity use of HHS facilities. This initiative supports the HHS strategic initiative to be a good steward of energy resources.

The target for this measure is for 100% of HHS eligible computers, laptops and monitors to have power management. HHS set aggressive goals to move from the 2010 level of 32% of devices with power management enabled to 100% of devices with power management by 2013 and to maintain that level continuing through 2015. In 2011, 85% of eligible devices were reported in compliance across the department, while in 2012 this increased to 94%. In 2013, an improved Department-wide surveying showed that 97% of HHS laptops and computers had power management enabled (108,805 of 112,311 devices), while 89% of monitors were enabled across the Department (621,290 of 697,592 devices), for a total of 90% of devices covered by power management.

2.1: Reduce the average number of days to hire
Prompt turn-around times for recruitment requests are not only necessary for hiring highly qualified candidates in today's competitive market, but are also required under Office of Personnel Management (OPM) directives. OHR has set aggressive HHS-wide goals that exceed the OPM federal hiring targets. To optimize performance, OHR has implemented a number of process and systems improvements to support hiring managers in their recruitment efforts.

Over the past three years, transaction reports have shown steady progress and an overall decrease in the hiring cycle time as measured from receipt of a complete job requisition package to job offer. However, in FY2013, days-to-hire rose to 68. One potential cause for this rise is adaptation to the decentralization of HR offices; HHS transitioned from having 3 HR centers to an HR center at each OPDIV, which resulted in staff changes and the need to train new staff. HHS is working to reach its 60-day goal by transitioning some HR hiring functions to the National Finance Center over the next 18 months, which is anticipated to have a positive impact on days to hire.

ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary
(Dollars in Thousands)

Staff Division Name	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	28,974	27,844	30,200	+2,356
FTE	149	149	149	+0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

Office of Finance (OF) – OF provides financial management leadership to the Secretary through the CFO and the Departmental CFO Community. OF manages and directs the development and implementation of financial policies, standards and internal control practices in accordance with the CFO Act, OMB Circulars, and the Federal Accounting Standards Advisory Board (FASAB) and prepares HHS' annual consolidated financial statements. The OF oversees the Department's financial management systems portfolio, and also has business ownership responsibility for the Unified Financial Management System (UFMS).

OF prepares the Agency Financial Report. HHS earned an unqualified or "clean" opinion on the HHS audited Consolidated Balance Sheet, and Statements of Net Cost and Changes in Net Position, and Combined Statement of Budgetary Resources. The Department received the Association of Government Accountants' *Certificate of Excellence in Accountability Reporting* for the FY 2013 AFR.

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

OF leads HHS' Program Integrity Initiative which seeks to ensure that every program operates in an effective and efficient manner, spending HHS dollars in the manner for which they were intended. .

OF supports the Program Integrity Coordinating Council (PICC), who provide strategic direction and oversight for the Initiative.

In FY 2014 , OF continued the implementation the Financial Systems Improvement Program (FSIP) to enhance, upgrade, standardize, simplify, maintain security, strengthen internal controls, improve reporting, minimize risk, and manage risk assessment data in the financial systems environment. System environment improvement will increase efficiencies, simplify operations, and reduce customizations maintaining compliance with the Federal Financial Management Improvement Act (FFMIA). The standard accounting practices will improve data integrity, accuracy of financial reporting, and reduce the needs for manual reconciliations. Furthermore, transition to commercial shared service provider for managed cloud/hosting services will reduce operating costs, increase efficiencies, and promote standardization.

In addition, the office continues its role with the Financial Business Intelligence Program (FBIP) to develop comprehensive business intelligence capabilities transforming data from disparate business domains such as finance and grants into "real" data which will increase transparency; improve compliance with FFMIA; improve strategic and tactical decision-making, and enhance reporting capability to external stakeholders.

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

In FY 2014, OGAPA supported government-wide grants policy initiatives through the Counsel on Financial Assistance Reform to include: the development and implementation of the new uniform guidance at 2 CFR 200, developed HHS's implementing regulation at 45 CFR 75, and updated internal policy guidance within the Grants Policy Statement and Grants Policy Administration Manual.

OGAPA also led an initiative to update the HHS Acquisition Regulation, which is due to be published in FY 2015; participated in acquisition rule-making; made improvements to the HHS acquisition workforce training and certification programs; and began acquisition lifecycle framework reform to improve program management and acquisition outcomes across-HHS. In addition, OGAPA established and monitored appropriate grant and acquisition related internal controls and performance measures; provided technical assistance and oversight to foster stewardship, transparency, and accountability in HHS's grants and acquisition programs.

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

Funding History

Fiscal Year	Amount
FY 2011	$28,103,000
FY 2012	$29,771,000
FY 2013	$28,820,000
FY 2014	$28,974,000
FY 2015	$27,844,000

Budget Request

ASFR's FY 2016 request is $30,200,000, an increase of $2,356,000 above the FY 2015 Enacted level. The increase will allow ASFR to reestablish FY2015 funding reduction impacts applied to travel, training, and federal sourced contracts. Inflation will be absorbed by reducing operating expenses. The requested resources will be used by ASFR to maintain its responsibilities associated with financial management; program integrity; budget and performance analysis and support; grants and acquisition policies; grant transparency; acquisition workforce development; and improving the use of program, performance, and financial data to inform business decisions.

In FY2016, the Office of Finance will continue to modernize HHS-wide financial systems by enabling new functionality, standardizing and simplifying financial systems environment, strengthening internal controls and improving financial reporting. When completed, this multi-year modernization initiative will standardize financial management across HHS, modernize financial reporting to provide timely, reliable and accurate information about HHS' finances and enhance, standardize and simplify financial systems environment.

DATA ACT

Budget Summary

(Dollars in Thousands)

Staff Division Name	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	0	0	10,320	+10,320
FTE	0	0	12	+12

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

Funding History

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

Budget Request

The DATA Act FY 2016 request is $10,320,000. HHS will use $500,000 of the funding to implement a uniform procurement instrument identifier. The additional funding will be used to implement a stable organizational infrastructure; conduct analytic support; implement new data standards; assess potential impacts; facilitate long term policies, processes, and systems; and establish a grants pilot.

Section 5 Grants Pilot - funding will be used to support both federal FTE as well as contract resources as HHS carries out the DATA Act Section 5 Grants pilot. The DATA Act Section 5 Grant pilot activities will focus on three areas of work:

- Leveraging technology to support the use of data standards across the federal community and facilitate recipient's access to and understanding of common federal data standards;

- Incorporating agreed upon data standards into grants-related processes/systems to assess the impact of new standards on federal business practices as well as opportunities to streamline and/or reduce recipient reporting burden;

- Developing a sustainable governance and outreach model that ensures appropriate engagement of the federal and recipient community in the development & use of common financial data standards.

- HHS will serve as the government-wide lead on grants data standardization and partner with OMB and DATA Act stakeholders as appropriate to facilitate the analysis and adoption of data standards to facilitate greater financial transparency & accountability.

- HHS will continue its strategic planning and implementation of the DATA Act in partnership with its' components.

- Funding will be used to support related to procurement spending and management as well as acquisition workforce changes

ACQUISITION REFORM

Budget Summary
(Dollars in Thousands)

Acquisition Reform	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	1,750	1,750	1,750	0
FTE	1	1	1	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

In March 2009, the President mandated that all federal agencies improve acquisition practices and performance by maximizing competition and value, minimizing risk, and reviewing the ability of the acquisition workforce to develop, manage, and oversee acquisitions appropriately. Guidance from the Office of Management and Budget (including the memorandum *Improving Government Acquisition*, issued July 29, 2009; and *the Guidance for Specialized information Technology Acquisition Cadres*, issued July 13, 2011) directed agencies to strengthen the acquisition workforce and increase the civilian agency workforce, to more effectively manage acquisition performance.

The federal acquisition workforce includes contract specialist, procurement analyst, program and project managers, and contracting officer representatives (CORs). This funding will be used to mitigate the risks associated with gaps in the capacity and capability of the acquisition workforce government-wide, enhance suspension and debarment program, increase contracting activities oversight, increase contract funding compliance, and improve the effectiveness of that workforce, in order to maximize value in Federal contracting. The Office the Assistant Secretary for Financial Resources (ASFR) will continue to lead this initiative.

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

Funding History

Fiscal Year	Amount
FY 2011	$700,000
FY 2012	$700,000
FY 2013	$681,000
FY 2014	$1,750,000
FY 2015	$1,750,000

Budget Request

Acquisition Reform's FY 2016 request is $1,750,000, the same as the FY2015 Enacted Level. Inflation will be absorbed by reducing operating expenses. The requested resources will be used to implement HHS's Acquisition Lifecycle Strategic Initiatives. The FY 2016 funds will be used to develop the capabilities and capacity of HHS's Acquisition workforce through rotational and mentor programs, training and certification initiatives to close competency gaps, and refinements to HHS's acquisition regulation, policies, directives, guidance, instructions, and systems. Additionally, funds will be used to enhance the level of oversight of HHS' acquisition lifecycle building the framework required to drive improvements for program/project management, requisite business practices, compliant contracting activities, and performance management.

ASSISTANT SECRETARY FOR LEGISLATION

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Legislation	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	3,791	3,643	3,800	+157
FTE	26	27	27	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

ASL is organized into six divisions:

- Immediate Office of the Assistant Secretary for Legislation;
- Office of the Deputy Assistant Secretary for Discretionary Health Programs;
- Office of the Deputy Assistant Secretary for Mandatory Health Programs;
- Office of the Deputy Assistant Secretary for Human Services;
- Office of the Deputy Assistant Secretary for Congressional Liaison; and
- Office of Oversight and Investigations.

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

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

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

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

Office of the Deputy Assistant Secretary for Legislation for Mandatory Health Programs - Assists in the legislative agenda and liaison for health services and health care financing operating divisions, including the Centers for Medicare and Medicaid Services (CMS) and the Indian Health Service (IHS). This portfolio includes Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), as well as private sector insurance.

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

These three offices develop and work to enact HHS's legislative and administrative agenda; coordinating meetings and communications of the Secretary and other HHS officials with Members of Congress; and preparing witnesses and testimony for Congressional hearings. ASL successfully advocates the Administration's health and human services legislative agenda before the Congress. ASL works to secure the necessary legislative support for HHS's initiatives and provides guidance on the development and analysis of HHS legislation and policy.

The Office of the Deputy Assistant Secretary for Congressional Liaison (CLO*)* -Maintains HHS's program grant notification system to Members of Congress (public access at: *Grants* and *TAGGS*), and is responsible for notifying and coordinating with Congress regarding the Secretary's travel and events schedule. In addition, CLO provides staff support for the Assistant Secretary for Legislation coordinating responsibilities to the HHS regional offices, and coordinates the Continuity of Operations Plan (COOP). Activities include:

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

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

Funding History

Fiscal Year	Amount
FY 2011	$3,423,000
FY 2012	$3,893,000
FY 2013	$3,885,000
FY 2014	$3,791,000
FY 2015	$3,643,000

Budget Request

The FY 2016 request for ASL is $3,800,000; an increase of $157,000 above the FY 2015 Enacted Level. The increase will allow ASL to reestablish FY 2015 reduction impacts and return to full-operation levels. The requested resources will be used to provide critical support to the legislative Healthcare and Human Services agenda that, among others, includes reauthorization of the Temporary Assistance to Needy Families (TANF) Program, the Older Americans Act, and the Head Start Program. In FY 2016, ASL will continue to support facilitating the President's commitment to strengthen the systems that protect our food and medical products supply, ongoing activities related to public health emergency preparedness, the reauthorization of the Substance Abuse and Mental Health Services Administration, and others.

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

ASSISTANT SECRETARY FOR PUBLIC AFFAIRS

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Public Affairs	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	8,749	8,408	8,700	292
FTE	56	54	56	+2

Authorizing Legislation: ……Title III of the PHS Act
FY 2016 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

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

Funding History

Fiscal Year	Amount
FY 2011	$5,477,000
FY 2012	$8,983,000
FY 2013	$8,965,000
FY 2014	$8,749,000
FY 2015	$8,408,000

Budget Request

ASPA's FY 2016 Budget request is $8,700,000, is $292,000 above the FY 2015 Enacted Level. The FY 2016 funds will be used to provide the necessary staffing and support to accomplish ASPA's mission of ensuring that all Americans have the most transparent access to critical public health and human services information. The funding level will allow ASPA to restore $292,000 from the FY 2015 Omnibus decrease and will allow fully-staffed levels in the Freedom of Information Act (FOIA) and Privacy Act Division, continued momentum to the FOIA backlog reduction initiatives, and the updating of program policy and regulations.

ASPA will continue efforts geared toward increased public awareness of HHS tools, resources, and health education initiatives. ASPA also expects to continue public education activities around the Health Insurance Marketplaces under the Affordable Care Act that went into effect in 2014, thus increasing FOIA and privacy inquiries. These initiatives require increased staffing levels to support these activities; however, ASPA will continue to explore opportunities to cut contract costs through collaboration with other HHS agencies whenever practicable.

DIGITAL SERVICES TEAM

Budget Summary
(Dollars in Thousands)

Digital Services Team	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	0	0	10,000	10,000
FTE	0	0	30	30

Authorizing Legislation: ……Such sums as may be appropriated
FY 2016 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

In FY 2016, HHS will establish a sustainable digital services program that results in improved program services, greater accountability, and better and more easily understood information that is achieved through new approaches to problem-solving, strategic use of external technical experts and more efficient use of shared technologies and services.

The principal pillars supporting this vision are:

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

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

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

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

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

Funding History

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

Budget Request

Funding will be used for salaries and benefits to support 30 FTE, travel, communications, and other program support as well as contracts, acquisition services, training, and the infrastructure needed to establish this project. The results of this effort will reinforce cultural and management changes at HHS designed to establish digital operations as an integrated tool for driving program value and achieving program goals. The program will raise the skill level of HHS programs and bring new project management approaches instilling entrepreneurial approaches that encourage intelligent risk tolerance, promoting pursuit of new approaches and problem-solving. The American public will experience improved program services, greater accountability, and better and more easily understood information from HHS agencies. Finally, through this program, HHS will be well positioned to engage in private sector partnerships that can catalyze innovation, use open data to develop incentives and create new business opportunities.

OFFICE OF THE GENERAL COUNSEL

Budget Summary
(Dollars in Thousands)

Office of the General Counsel	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	39,226	37,697	39,200	+1,503
FTE	173	173	173	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

Accomplishments:

- OGC's Public Health Division (PHD) spearheaded the efforts to resolve over $1.5 billion in contract support costs claims stemming from the multi-year Indian Self-Determination and Education Assistance Act (ISDEAA) contract litigation against the Indian Health Service. This effort has resulted in settling $965 million in claims for $505 million, a savings of $459 million from Nov 2013-July 25, 2014.
- In FY 2014, OGC's Centers for Medicare and Medicaid Division (CMSD) provided advice on numerous legal issues that arose in launching, for the first time, a number of important Affordable Care Act (ACA) provisions. The provisions that took effect in 2014 were far-reaching in scope and extremely complex, including the new "single risk pool" and community rating requirements, a new "guaranteed availability requirement," and implementation of the new individual and small employer health care exchanges. OGC helped the CMS to align statutory and regulatory requirements with the reality of systems limitations.
- During FY 2014, OGC's General Law Division (GLD) was instrumental in advising CMS regarding the ACA, including advising HHS Contracting Officials regarding the administration of relevant contracts, as well as providing advice on the disclosure and handling of information needed for successful outreach and enrollment, as well as essential fiscal law advice that was needed to facilitate funding for key programs and initiatives.
- In FY 2014, OGC's Children, Families, and Aging Division (CFAD) provided daily legal support to various HHS components and other federal partners as part of the interagency Unified Coordination Group in response to the influx of Unaccompanied Children (UAC) across the southwest border of the United States. CFAD support has included regular staffing at the Federal Emergency Management Agency National Response Coordination Center, as well as litigation support to the Justice Department in related litigation. The influx reflects a substantial increase in the number of Unaccompanied Children in HHS custody from under 15,000 in FY 2012 to over 70,000 in FY 2014.

Funding History

Fiscal Year	Amount
FY 2011	$39,911,000
FY 2012	$40,274,000
FY 2013	$39,226,000
FY 2014	$39,226,000
FY 2015	$37,697,000

Budget Request

The Office of the General Counsel (OGC) requests $39,200,000, a $1,503,000 increase from the FY 2015 Enacted Level. The funding level will restore $1,503,000 from the FY 2015 Omnibus and will enable OGC to restore its total staffing level and fully fund its Information Technology (IT) contract. The FY 2016 Budget will fund the salaries, benefits, and operating costs incurred by OGC as a result of providing HHS with legal representation on key social, economic, and healthcare issues. Specifically, authorized funding will enable the OGC Divisions/Regions to provide the following legal services to HHS Operational Divisions.

In FY 2016, the ACA will continue to be a high priority. Accordingly, OGC will provide legal advice pertaining to fiscal law, grants, and procurements related to ACA programs and initiatives. OGC attorneys will be highly involved in rulemaking and will continue to assist and support the CMS in its mission of making health insurance available, transforming the health care delivery system and the Medicaid program, and reducing fraud, waste and abuse in the federal health care systems.

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

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

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

Furthermore, OGC will advise on multiagency preparedness efforts related to pandemic influenza, MERS-CoV and other chemical, biological, radiological, and nuclear threats. OGC will also coordinate and ensure consistency in the negotiation of over 300 Indian Self-Determination and Education

Assistance Act (ISDEAA) contracts and compacts, which transfer $2 billion annually to Tribes, and will handle approximately 1,500 contract dispute claims under ISDEAA.

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

Additionally, OGC will continue to serve as a principal legal advisor to the Assistant Secretary for Preparedness and Response (ASPR) (including the Biomedical Advanced Research and Development Authority (BARDA)) regarding a host of matters.

DEPARTMENTAL APPEALS BOARD

Budget Summary
(Dollars in Thousands)

Departmental Appeals Board	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	10,450	10,043	12,500	+2,457
FTE	75	70	82	+12

Authorizing Legislation:.....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

Board Members – Appellate Division

The Secretary appoints the DAB Board Members; the Board Chair is also the STAFFDIV Head of DAB. All Board Members are judges with considerable experience who, acting in panels of three, issue decisions with the support of Appellate Division staff. In other cases, Board Members provide appellate review of decisions by DAB ALJs or Department of Interior ALJs (in certain Indian Health Service cases). Board review ensures consistency of administrative decisions, as well as adequacy of the record and legal analysis before court review. For example, Board decisions in grant cases promote uniform application of OMB cost principles. Board decisions are posted on the DAB Website and provide precedential guidance on ambiguous or complex requirements.

In FY 2014, the Board/Appellate Division received 120 cases and closed 120 (67 by decision). Ninety-two percent of Board decisions issued in FY 2014 had a net case age of six months or less.

Administrative Law Judges – Civil Remedies Division (CRD)

CRD staff support DAB ALJs who conduct adversarial hearings in proceedings that are critical to HHS healthcare program integrity efforts, as well as quality of care concerns. Hearings in these cases may last a week or more. Cases may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent schemes. Cases may also raise legal issues of first impression. For example, appeals of enforcement cases brought under the Patient Protection and Affordable Care Act (ACA) are likely to raise new issues.

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

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

In FY 2014, CRD received 2,014 new cases and closed 1,937 (96%), 463 by decision. Of these new cases, about half (1,105) were appealed under the FDA reimbursable agreements, which will expire in late FY 2015.

Medicare Appeals Council – Medicare Operations Division (MOD)

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

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

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

In FY 2015, through a reimbursable agreement with CMS, MOD will begin adjudicating appeals filed under a CMS demonstration project with the state of New York. The demonstration project, called "Fully Integrated Duals Advantage" Plan (FIDA), offers an estimated 170,000 Medicare-Medicaid enrollees in New York an opportunity for more coordinated care. FIDA will provide a streamlined appeals process which gives beneficiaries the opportunity to address denials of items and services through a unified system that includes all Medicare and Medicaid protections. These new FIDA cases are not included in the MOD workload Chart C below. DAB will incorporate them into its future workload projections after gaining an experience base from which to project annual FIDA case closures.

In FY 2014, MOD received 4,500 new cases and closed 2,515 (56%).

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

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

In FY 2014, ADR received 89 requests for ADR services and closed 80 (89%).

Workload Statistics:

Board Members – Appellate Division
Chart A shows total historical and projected caseload data for this Division. FY 2014 data is based on database records and FY 2015 and FY 2016 data are projected based on certain assumptions, including:

- Receipt of new cases arising under various newly implemented ACA provisions in FY 2015 and FY 2016;
- Retirement of a long-time Board Member in January 2015 and time needed for appointment and training of a replacement; and
- Reassignment of two of the four Appellate Division staff attorneys to the Medicare Operations Division during the second quarter of FY 2015

APPELLATE DIVISION CASES – Chart A

Cases	FY 2014	FY 2015	FY 2016
Open/start of FY	51	51	86
Received	120	125	135
Decisions	67	55	55
Total Closed	120	90	95
Open/end of FY	51	86	126

Administrative Law Judges – Civil Remedies Division
Chart B shows total historical and projected caseload data for CRD. FY 2014 data is based on database records and FY 2015 and FY 2016 data are projected based on certain assumptions, including:

- A continued upward trend in cases having statutory or regulatory deadlines, such as provider/supplier enrollment cases, due to heightened enforcement and oversight efforts by DHHS OIG, CMS, and OCR;
- Expiration of the intra-agency agreements to hear FDA cases by the end of Q3 FY 2015;
- Not backfilling positions that became vacant in FY 2014;
- Restoring FY 2015 FTE decrease in FY 2016; and
- Receipt of new cases arising under various newly implemented ACA provisions in FY 2015 and FY 2016.

CIVIL REMEDIES DIVISION CASES – Chart B

FY 2014

Cases	Non-FDA	FDA
Open/start of FY	306	184
Received	909	1105
Decisions	199	264
Total Closed	882	1055
Open/end of FY	**333**	**234**

FY 2015

Cases	Non-FDA	FDA
Open/start of FY	333	234
Received	900	1750
Decisions	185	264
Total Closed	830	1984
Open/end of FY	**403**	**0**

FY 2016

Cases	Non-FDA
Open/start of FY	403
Received	950
Decisions	200
Total Closed	880
Open/end of FY	**473**

The data in the preceding chart separates the FDA cases, which will expire by the end of the third quarter of FY 2015, and non-FDA cases, which is CRD's core work.

Medicare Appeals Council – Medicare Operations Division

Chart C contains historical and projected caseload data for MOD. FY 2014 data is based on database records and FY 2015 and FY 2016 are projected based on information from OMHA and CMS. DAB reports data about cases requiring individual determinations, while noting the associated individual claims (a single case may represent hundreds of Medicare claims and more than one Medicare contractor denial).

Assumptions on which the data are based include:

- Increased case receipts in FY 2015 and FY 2016 as OMHA's case receipt and disposition rate increases;
- Increased overpayment (including Recovery Audit (RA)) and statistical sampling cases;
- Restoring FY 2015 FTE decrease in FY 2016, and adding new staff;
- Increased CMS demonstration projects across the country; and
- Increased requests for certified administrative records in cases appealed to Federal court.

MEDICARE OPERATIONS DIVISION CASES – Chart C

Cases	FY 2014	FY 2015	FY 2016
Open/start of FY	5,147	7,132	16,812
Received	4,500	12,000	14,000
Cases Closed (claims closed)	2,515 (12,575 claims)	2,320 (11,600 claims)	3,280 (15,600 claims)
Open/end of FY	7,132	16,812	27,532

Alternative Dispute Resolution Division

In FY 2014, the ADR provided services in 80 cases and provided 15 conflict resolution seminars. In FY 2014, the Division also continued its initiative with the Indian Health Service to mediate all EEO complaints requiring travel via video teleconference (VTC). IHS personnel are located in tribal areas throughout the country, often in remote locations. Using VTC has provided an effective way to conduct face-to-face mediation conferences, saving staff time and travel costs. In addition, the Division undertook an initiative with the Phoenix Area Indian Health Service to train managers in conflict management skills and to train new mediators for the Phoenix Area mediator cadre. For FY 2015 and FY 2016, ADR projects case receipts at approximately the same level. Also, ADR projects losing one staff member in FY 2015 and filling the position in FY 2016.

Funding History

Fiscal Year	Amount
FY 2011	$10,583,000
FY 2012	$10,730,000
FY 2013	$10,450,000
FY 2014	$10,450,000
FY 2015	$10,043,000

Budget Request

DAB's FY 2016 request is $12,500,000, which is $2,457,000 above the FY 2015 Enacted Level of $10,043,000. The request restores the FY 2015 reduction of $407,000 and provides additional funding to replace staff lost in FY 2015 and to hire seven new staff for the Medicare Operations Division.

With additional staff, MOD will increase closures by almost 1,000 cases, but the growing backlog will continue to challenge overall productivity. MOD's backlog is now projected to grow to over 27,000 cases by the end of FY 2016, and average case age in Part B cases is likely to increase to over 1,000 days. In addition to the increased volume of receipts, MOD anticipates a greater percentage of technically complex statistical sampling cases and multi-claim overpayment cases (such as Recovery Audit Program audits). Furthermore, MOD cases often generate voluminous administrative records, and when cases are appealed to Federal court MOD staff must prepare and certify the accuracy of the record for the court. These factors combined make it difficult to meet the statutorily and regulatory mandated decision deadlines.

HHS is actively pursuing a number of administrative and legislative initiatives at the CMS, OMHA, and DAB levels of appeal to address the backlog and improve the overall Medicare appeals process. The additional funds will enable MOD to address growing receipts pending the outcome of these initiatives.

Outputs and Outcomes Table

Measure	Year and Most Recent Result/Target for Recent Result (Summary of Result)	FY 2015 Enacted	FY 2016 Request	FY 2016 Request +/- FY 2015
1.1 Percentage of Board Decisions with net case age of six months or less	2014: 92% Target: 86% (Target Exceeded)	75%	60%	-15%
2.1 Percentage of Board decisions meeting applicable statutory and regulatory deadlines for issuance of decisions.	FY 2014: 100% Target: 100% (Target Met)	100%	100%	Maintain
3.1 Percentage of decisions issued within 60 days of the close of the record in HHS OIG enforcement, fraud and exclusion cases.	FY 2014: 100% Target: 100% (Target Met)	90%	95%	+5%
3.2 Percentage of decisions issued within 60 days of the close of the record in SSA OIG CMP cases and other SSA OIG enforcement cases.	FY 2014: 100% Target: 100% (Target Met)	90%	95%	+5%
3.3 Percentage of decisions issued within 180 days from the date appeal was filed in provider/supplier enrollment cases.	FY 2014: 100% Target: 100% (Target Met)	90%	95%	+5%
4.1 Cases closed in a fiscal year as a percentage of total cases open in the fiscal year.	FY 2014: 77% Target: 65% (Target Exceeded)	67%	65%	-2%
5.1 Number of conflict resolution seminars conducted for HHS employees.	FY 2014: 15 Sessions Target: 15 Sessions (Target Met)	10	12	+2
5.2 Number of DAB cases (those logged into ADR Division database) requesting facilitative ADR interventions prior to more directive adjudicative processes.	FY 2014: 89 Target: 80 (Target Exceeded)	80	80	Maintain
6.1 Average time to complete action on Part B Requests for Review measured from receipt of the claim file.	FY 2014: 321 days Target: 231 days (Target Not Met)	750 days	1200 days	+450 days
7.1 Number of dispositions	FY 2014: 2,515 Target: 3,280 (Target not met)	2,320	3,280	+960 cases

Performance Analysis

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

Appellate Division

In FY 2014, 92% of Appellate decisions had a net case age of six months or less, exceeding the Measure 1.1 target of 86%. One Board Member is retiring at the end of January 2015. Even if the position is filled quickly, it will take time for the new Board Member to become as productive. In addition, as a result of the surge in Medicare appeals received by the MOD, another Board Member will be devoting increasing amounts of time to MOD appeals, and two staff attorneys will be reassigned to MOD during the second quarter of FY 2015. Therefore, Appellate is reducing target 1.1 from 86% to 75% for FY 2015 and 60% for FY 2016. In FY 2014, Appellate met the deadline for issuing decisions in 100% of appeals having a deadline, achieving the target for 2.1. Appellate projects that it will meet the targets again in FY 2015 and FY 2016.

Civil Remedies Division

Measures 3.1, 3.2, and 3.3 relate to the percentage of cases in which CRD ALJs meet the statutory or regulatory deadline for rendering final decisions in particular types of cases (60 days for OIG and SSA enforcement, fraud, or exclusion cases; 180 days for CMS provider/supplier enrollment cases). CRD expects an upward trend in the cases targeted by 3.1, 3.2, and 3.3. For FY 2015, the targets for 3.1 and 3.2 are adjusted downward due to this increase and to fewer staff. For FY 2016, the targets are adjusted slightly upward to reflect the restoration of staffing levels in FY 2015. CRD expects to meet all three adjusted targets in FY 2015 and FY 2016.

Measure 4.1 tracks cases closed as a percentage of all cases open during the fiscal year. CRD exceeded its FY 2014 target by closing 77% of open cases, due in large part to the high closure rate of FDA cases (82%). FDA cases (open as well as received) will be transferred to FDA in FY 2015 due to the expiration of the FDA agreement. Therefore, the FY 2015 and FY 2016 targets are based only on CRD's non-FDA work. CRD adjusted the FY 2016 target slightly downward from 67% to 65% due to the combined effect of: 1) the increased backlog (403 cases open at start of FY16) and 2) the projected increase in new cases (950 new receipts in FY16). CRD expects to meet the target in both those years.

Medicare Operations Division

MOD did not meet its FY 2014 targets for Measures 6.1 and 7.1. Those targets assumed fewer case receipts and more staff (which did not materialize due to flat funding). Average case age in Part B cases (Measure 6.1) increased to 321 days in FY 2014 and, is projected to increase to 750 days in FY 2015 and 1,200 in FY 2016. Case closures (Measure 7.1) decreased to 2,515 in FY 2014, and with a staff reduction in FY 2015 will decrease further to 2,320. The sheer volume of receipts in FY 2015 and FY 2016 will outpace capacity and, despite staff increases in FY 2016, will lead to unprecedented backlogs and difficulty in meeting statutorily and regulatory mandated decision deadlines.

Alternative Dispute Resolution (ADR) Division

In FY 2014, the ADR met Measures 5.1 and 5.2 by leveraging its limited resources through: (1) mediating via video-teleconferencing instead of in-person, thereby reducing staff-time otherwise needed for travel; (2) continuing its training partnership with DOT; and (3) using the Federal Sharing Neutrals Program to mediate HHS cases when needed. In FY 2015, ADR will lose one FTE which is about 1/3 of ADR's current staff, so trainings completed and cases closed will decrease proportionally. Since case receipts are projected to be about the same, a backlog of about 25 cases will develop in FY 2015. By restoring one FTE in FY 2016, the backlog should decrease to roughly 15 cases. Also, trainings will

increase, but to 12 rather than 15 per year, due to a slight change in demand from trainings to casework. The Division is on track to meet its adjusted FY 2015 and FY 2016 targets.

OFFICE OF GLOBAL AFFAIRS

Budget Summary
(Dollars in Thousands)

Staff Division Name	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	6,270	6,026	6,520	+494
FTE	24	22	23	+1

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

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

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

Significant accomplishments include the following:

- In 2014, OGA's health attaché in China orchestrated a breakthrough in the country that consumes by far more tobacco than any other, working with China's government and industry partners the China-U.S. Smoke-free Worksite partnership which was launched in 2012. Nearly 70 U.S. and Chinese employers agreed to limit or ban smoking in their workplaces, a huge change from previous norms and practices. The U.S. and China continue to promote, expand, and advance the interests of this effort within the private and public sectors.
- The multilateral staff and the OGA attaché play a pivotal role in promoting U.S. positions through engagement with WHO secretariat staff and other member states, and support the Secretary's role as head of the U.S. delegation to the annual World Health Assembly. In 2014,

the Assembly adopted 19 resolutions on health topics, ranging from antimicrobial resistance to a newborn health action plan. During the Assembly, the OGA co-chaired negotiations resulting in a consensus resolution on violence against women and children.

- Due to active diplomacy, led by OGA, the U.S. achieved its goals and gained endorsement of its positions on various topics including support for consideration of further research goals on the smallpox virus; endorsement of the Director-General's use of the International Health Regulation framework to promote the vaccination of travelers from polio-affected areas, and a resolution on hepatitis.
- OGA organized the Global Health Security Agenda launch event in February 2014. Attendees included the Directors-General of the World Health Organization (WHO), World Organization for Animal Health (OIE), and Food and Agriculture Organization (FAO), and senior representatives from 28 partner countries from across health, foreign affairs, defense, and agricultural sectors. International partners announced commitment and leadership across all objectives of the Global Health Security Agenda.

Funding History

Fiscal Year	Amount
FY 2011	$6,329,000
FY 2012	$6,438,000
FY 2013	$6,270,000
FY 2014	$6,270,000
FY 2015	$6,026,000

Budget Request

OGA's FY 2016 Budget request of $6,520,000 is $494,000 above the FY 2015 Enacted Level. This funding level includes a restoration of $244,000 from the FY 2015 Omnibus decrease which will allow OGA to continue to perform the critical work of coordinating HHS' engagements with international stakeholders. The additional $250,000 will support the implementation of the National Strategy for Combating Antibiotic-Resistant Bacteria (CARB). OGA will address the international aspects of the Strategy to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria by coordinating with USG and international partners to implement measures to mitigate the emergence and spread of antibiotic resistance and ensure the continued availability of therapeutics for the treatment of bacterial infections.

OGA's health diplomacy and policy coordination role will include, but not be limited to:

- Strengthening international communication of critical events that may signify new resistance trends with global public and animal health implications
- Co-chairing the Trans-Atlantic Task Force on Antimicrobial Resistance (TATFAR), seeking to harmonize and improve reporting across international surveillance programs
- Developing bilateral, multilateral, and public-private collaborations to gather and disseminate information on drivers of antibiotic resistance, identify effective interventions, and to advance drug development
- Supporting efforts to coordinate regulatory approaches with bilateral partners and international organizations

Office of Global Affairs - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
1.1 USMBHC development and implementation of strategies that are directly related to HHS and/or Secretary's priorities	FY 2014: Target: 25 (Project delayed to FY 2015)	25	75	+50
1.2 The implementation of USMBHC priorities (which are linked to the Department's priorities)	FY 2014: 44,344 Target: 58,765 (Target not met)	46,600	49,000	+5%
1.3 The effectiveness of OGA's communication and outreach activities	FY 2014: 246,525 Target 97,000 (Target Exceeded)	271,200	298,300	+10%

Performance Analysis

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

Program Data Chart

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Contracts	$1,262,000	$1,367,000	$1,315,328
Grants/Cooperative Agreements	$1,430,000	$1,326,000	$1,300,000
Inter-Agency Agreements (IAAs)	$202,000	$201,000	$205,221
Operating Costs	$3,376,000	$3,376,000	$3,699,451
Total	**$6,270,000**	**$6,270,000**	**$6,520,000**

Grants

Grants (whole dollars)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	4	4	4
Average Award	$325,000	$325,000	$325,000
Range of Awards	**$280,000 - $445,000**	**$290,000 - $455,000**	**$290,000 - $455,000**

OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS

Budget Summary
(Dollars in Thousands)

Staff Division Name	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	9,576	9,202	10,600	+1,398
FTE	70	68	70	+2

Authorizing Legislation: ……Title III of the PHS Act
FY 2016 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

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

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

Funding History

Fiscal Year	Amount
FY 2011	$9,688,000
FY 2012	$9,831,000
FY 2013	$9,576,000
FY 2014	$9,576,000
FY 2015	$9,202,000

Budget Request

IEA's FY 2016 request for $10,600,000 is $1,398,000 above the FY 2015 Enacted Level. The funding level will allow IEA to restore $374,000 from the FY 2015 Omnibus decrease. The additional $1,024,000 will support personnel costs, continue coordination of a wide range of outreach activities, and facilitate cross-cutting initiatives. The increase in funding will allow IEA to return to fully-staffed levels.

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

CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS

Budget Summary
(Dollars in Thousands)

Center for Faith-Based and Neighborhood Partnerships	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	1,299	1,299	1,382	+83
FTE	7	7	7	0

FY 2016 Authorization……..…Such sums as may be appropriated
Allocation Method……..…Direct Federal

Program Description and Accomplishments

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

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

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

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

Funding History

Fiscal Year	Amount
FY 2011	$1,373,000
FY 2012	$1,370,000
FY 2013	$1,299,000
FY 2014	$1,299,000
FY 2015	$1,299,000

Budget Request

CFBNP's FY 2016 Budget request is $1,382,000, $83,000 above the FY 2015 Enacted Level. Funds requested will be used to support the realignment of CFBNP within IEA and to provide the necessary staffing to accomplish CFBNP's mission to effectively administer federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF's FY 2016 Budget will not include funding for CFBNP.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	281,506	278,810	290,155	+11,345
FTE	268	256	315	+59

Agency Overview

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

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

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

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

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

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

Overview of Performance

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

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

Achievement of these objectives is dependent on various health programs and providers, all levels of government, and the efforts of the private sector as well as individual contributions. In some instances,

OASH's contributions act as a catalyst for action; in other instances OASH provides the leadership and coordination to support the collective efforts of agency partners as they work to shape effective public health policy.

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

Goal 1: Creating Better Systems of Prevention

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

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

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

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

Objective B: Communicate Strategically

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

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

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

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

Objective C: Promote Effective Partnerships

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

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

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

Objective D: Build a Stronger Science Base

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

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

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

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

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

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

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

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

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

Goal 2: Eliminating Health Disparities and Achieving Health Equity

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

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

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

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

Objective B: Communicate strategically

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

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

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

Objective C: Promote effective partnerships

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

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

Objective D: Build a stronger science base

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

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

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

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

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

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

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

Goal 3: Making Healthy People Come Alive for All Americans

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

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

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

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

Objective B: Communicate strategically

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

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

Objective C: Promote effective partnerships

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

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

Objective D: Build a stronger science base

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

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

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

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

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

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

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

OASH SUMMARY TABLE - DIRECT

(Dollars in Thousands)

Office	FY 2014 FTE	FY 2014 Final	FY 2015 FTE	FY 2015 Enacted	FY 2016 FTE	FY 2016 President's Budget
Immediate Office of the Assistant Secretary for Health	55	12,152	50	11,678	87	17,995
Office of HIV AIDS and Infectious Disease Policy	6	1,459	6	1,402	9	1,500
Office of Disease Prevention and Health Promotion	23	6,999	23	6,726	24	7,000
President's Council on Fitness, Sports and Nutrition	6	1,215	6	1,168	8	2,100
Office for Human Research Protections	33	6,756	31	6,493	33	6,800
National Vaccine Program Office	17	6,659	17	6,400	17	6,000
Office of Adolescent Health	4	1,500	4	1,442	6	1,500
Public Health Reports	2	486	2	467	2	400
Teen Pregnancy Prevention	16	100,726	16	101,000	13	104,790
Office of Minority Health	63	56,516	57	56,670	65	56,670
Office on Women's Health	43	33,958	43	32,140	43	31,500
Office of Research Integrity (Non-Add)	24	8,558	24	8,558	28	8,558
HIV-AIDS in Minority Communities	-	52,082	-	52,224	1	53,900
Embryo Adoption Awareness Campaign	-	997	-	1,000	-	-
Subtotal, GDM	***268***	***281,506***	***255***	***278,810***	***315***	***290,155***
PHS Evaluation Set-Aside	-	-	-	-	-	-
OASH	-	4,664	-	4,285	-	4,285
Teen Pregnancy Prevention Initiative	-	8,455	-	6,800	-	6,800
Subtotal, PHS Evaluations	***-***	***13,119***	***-***	***11,085***	***-***	***11,085***
Total, OASH	***268***	***294,625***	***255***	***289,895***	***315***	***301,240***
GRAND TOTAL OASH PROGRAM LEVEL	**268**	**294,625**	**255**	**289,895**	**315**	**301,240**

IMMEDIATE OFFICE

Budget Summary
(Dollars in Thousands)

Immediate Office	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	12,151	11,687	17,995	+6,308
FTE	55	55	87	+32

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

Senior public health officials within the Immediate Office work to ensure a public health and prevention perspective is addressed in Secretarial and Presidential priorities. This is accomplished by the IOASH through effective networks, coalitions, and partnerships that identify public health concerns and undertake innovative projects. Three key priorities established by the ASH provide a framework for addressing public health needs:

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

Creating Better Systems of Prevention

OASH leads and coordinates many inter- and intra-departmental initiatives on behalf of the Secretary. Efforts to create better systems of prevention require the ASH to coordinate activities of Federal partners to enable HHS to leverage the scientific, evaluative, or programmatic findings of one agency for replication and dissemination through other agencies and government-wide.

In FY 2014 the Office of the Surgeon General released the *Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014*, through this and other calls to action the Surgeon General of the Public Health Service continues to focus the Nation's attention on important public health issues. OASH continues to lead department efforts regarding implementation of *Ending the Tobacco Epidemic, A Tobacco Control Strategic Action Plan.* The ASH serves as the chair of the Tobacco Control Implementation Steering Committee and the lead for the HHS Agency Priority Goal to reduce combustible tobacco use. OASH partners to lead the Tobacco-Free College Campus Initiative (TFCCI), which is a public-private partnership involving key leaders from universities, colleges, and the public health community, to promote the adoption of tobacco-free policies at institutions of higher learning. Since the inception of TFCCI in 2012 the program has grown to over 1,000 participating campuses.

Healthcare Associated Infections and Adverse Drug Events
Through the Office of Disease Prevention and Health Promotion (ODPHP), OASH continued its leadership on healthcare associated infections and adverse drug events through the National Action Plan to Prevent Health Care-Associated Infections (HAIs): Road Map to Elimination and the National Action Plan for Adverse Drug Event Prevention (ADE), respectively. In FY 2014, progress continued in reducing Healthcare HAIs, including improved surveillance systems, inclusion in quality improvement efforts such as the Quality Improvement Organization (QIO) program, and investments in innovative intervention efforts. Two HAI measures are included in the Deputy Secretary's annual performance goal, and the HAI Action Plan is one of the key strategies tracked in the Secretary's Strategic Planning System. ODPHP released the ADE Action Plan in FY2014 and has initiated efforts to implement components of the action plan, including the development of an online training toolkit to educate health professionals on the principles outlined in the Action Plan.

OASH also partners and leads other Department prevention-related initiatives and strategic actions to, such as:

- Viral hepatitis – *Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis*
- Multiple chronic conditions – *Multiple Chronic Conditions: A Strategic Framework*
- Public health quality –Established a public health quality curriculum for public health education and facilitated adoption of the 9 Aims of public health quality by the National Quality Forum.

Eliminating Health Disparities and Achieving Health Equity
The IOASH provides leadership in the area of health equity by raising awareness; and improving the health care and health system experience for populations disproportionally affected by health disparities including those identified by race, ethnicity, and gender. Efforts in this area include improving cultural and linguistic competency and access to preventive services through enrollment in the ACA. Additionally, OASH relies on research and evaluation outcomes to further policy in adolescent health and reducing teen pregnancy; addressing care and prevention across the life span and using health information technology to reduce health disparities.

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

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

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

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

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

Funding History

Fiscal Year	Amount
FY 2011	$12,495,000
FY 2012	$13,474,000
FY 2013	$12,151,000
FY 2014	$12,151,000
FY 2015	$11,687,000

Budget Request

The FY 2016 President's Budget request of $17,995,000 is $6,308,000 above the FY 2015 Enacted Level, which includes a restoration of $430,000 from the FY 2015 Omnibus decrease. The additional funding primarily accounts for a FTE increase that reflects shift in use of contract staff to support mission critical program operations. The FY 2016 request supports the ASH's program and policy responsibilities as the senior advisor to the Secretary on public health and science. These responsibilities include operations and overhead support for the 12 program and 10 regional offices. In addition, the FY 2016 funding will support activities such as the Office of the Surgeon General (OSG); the HHS role in Administration initiatives on Climate Change and Department and Administration policy related to Environmental Health; HHS Tobacco Control Implementation Steering Committee and ongoing support for the HHS domestic and international response to the 2014 Ebola epidemic.

The FY 2016 requested level will continue the management of OSG. The Surgeon General provides Americans with scientific information on how to improve their health and reduce the risk of illness and injury. In FY 2014 the Office of the Surgeon General released the *Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014*, through this and other calls to action the Surgeon General of the Public Health Service continues to focus the Nation's attention on important public health issues.

Funding at this level fully supports the operating and program costs associated with the functions of the RHAs. RHAs play an important role in connecting and coordinating Regional initiatives, which support the Department's wide ranging investments in public health and prevention. Support of HHS programs and priorities by RHAs in the 10 HHS regions is critical to leveraging OPDIV investments and efforts with local and state health partners.

OASH will continue to lead implementation of the HHS *Ending the Tobacco Epidemic, A Tobacco Control Strategic Action Plan*. The funding will continue OASH's leadership of the Tobacco-Free College Campus Initiative (TFCCI), which is a public-private partnership involving key leaders from universities, colleges, and the public health community, to promote the adoption of tobacco-free policies at institutions of

higher learning. Since the inception of TFCCI in 2012 the program has grown to over 1,000 participating institutions.

In FY 2016 funds will support cross-federal and national efforts to prevent health care associated infections (HAIs) and adverse drug events (ADEs). These two important pillars of national patient safety are actively supported through the National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination (HAI Action Plan) and the recently released National Action Plan for Adverse Drug Event Prevention (ADE Action Plan), respectively. Continuing in FY 2016, ODPHP will oversee national efforts to advance this work including convening stakeholders to identify new prevention strategies, enhance surveillance systems, and coordinate with public and private partners to recognize and promote examples of leadership.

In FY 2016 OASH will continue coordinating and overseeing the federal response to the national Viral Hepatitis Action Plan (VHAP). Making use of information obtained through public with cross-governmental representatives to produce an updated Viral Hepatitis Action Plan, released April 2014, which outlines federal actions that will be undertaken during FY 2014-2016. OASH will continue to work with a broad cross-section of governmental and non-governmental partners to disseminate U.S. Preventive Services Task Force Recommendations supporting hepatitis C and hepatitis B screening and to leverage opportunities to expand access to needed viral hepatitis diagnostic, treatment and immunization services.

Immediate Office - Outputs and Outcomes Table
Long Term Objective: Creating Better Systems of Prevention

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
1.a: Shape policy at the local, State, national and international levels (Outcome) **Measure 1**: The number of communities, state and local agencies, Federal entities, NGOs or international organizations that adopt (or incorporate into programs) policies and recommendations generated or promoted by OASH through reports, committees, etc.	FY 2014: 40,094 Target: 40,292 (Target Not Met but Improved)	312	372	+60
1.b: Communicate strategically (Outcome) **Measure 1**: The number of visitors to Websites and inquiries to clearinghouses; **Measure 2**: Number of regional/national workshops/conferences, community based events, consultations with professional and institutional associations; **Measure 3**: new, targeted educational materials/campaigns; **Measure 4**: media coverage of OASH-supported prevention efforts (including public affairs events).	FY 2014: 46,744,091 Target: 33,939,393 (Target Exceeded)	24,770,771	27,600,000	+2,829,229

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
1.c: Promote effective partnerships (Outcome) **Measure 1**: Number of formal IAAs, MOUs, contracts, cooperative agreements, and community implementation grants with governmental and non-governmental organizations that lead to prevention-oriented changes in their agendas/efforts.	FY 2014: 895 Target: 363 (Target Exceeded)	355	355	Maintain
1.d: Strengthen the science base (Outcome) **Measure 1**: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; **Measure 2**: number of research, demonstration, or evaluation studies completed and findings disseminated; **Measure 3**: the number of promising practices identified by research, demonstrations, evaluation, or other studies.	FY 2014: 159 Target: 61 (Target Exceeded)	68	90	+22
1.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) **Measure 1**: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; **Measure 2**: Number of outcomes from efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	FY 2014: 257 Target: 163 (Target Exceeded)	120	120	Maintain

Long Term Objective: Eliminating Health Disparities and Achieving Health Equity

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
2.a: Shape policy at the local, State, national and international levels (Outcome) **Measure 1**: The number of communities, NGOs, state and local agencies, or Federal entities, that adopt (or incorporate into initiatives) policies and recommendations targeting health disparities that are generated or promoted by OASH through reports, committees, etc.	FY 2014: 313 Target: 228 (Target Exceeded)	174	182	+8

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
2.b: Communicate strategically[1] (Outcome) **Measure 1**: The number of visitors to Websites and inquiries to clearinghouses; **Measure 2**: number of regional/national workshops/conferences or community based events; **Measure 3**: new, targeted educational materials/campaigns; **Measure 4**: media coverage of OASH-supported disparities efforts (including public affairs events); and estimated number of broadcast media outlets airing Closing the Health Gap messages.	FY 2014: 6,587,474 Target: 1,487,614 (Target Exceeded)	1,494,114	2,402,307	+908,193
2.c: Promote Effective Partnerships (Outcome) **Measure 1**: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts to address health disparities.	FY 2014: 212 Target: 408 (Target Not Met)	272	187	-85
2.d: Strengthen the science base (Outcome) **Measure 1**: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; **Measure 2**: number of research, demonstration, or evaluation studies completed and findings disseminated; **Measure 3**: number of promising practices identified in research, demonstration, evaluation, or other studies.	FY 2014: 99 Target: 49 (Target Exceeded)	39	53	+14
2.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) **Measure 1**: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; **Measure 2**: Number of outcomes from efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	FY 2014: 229 Target: 57 (Target Exceeded)	61	50	-11

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

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
3.a: Shape policy at the local, State, national and international levels (Outcome) **Measure 1**: The number of communities, NGOs, state and local agencies, Federal entities, or research organization that adopt (or incorporate into programs) policies, laws, regulations and recommendations promoted or overseen by OASH.	FY 2014: 4,264 Target: 10,179 (Target Not Met but Improved)	11,153	163[1]	-11,015
3.b: Communicate strategically (Outcome) **Measure 1**: The number of visitors to Websites and inquiries to clearinghouses; **Measure 2**: number of regional/national workshops/conferences, community based events and consultations with professional and institutional associations; **Measure 3**: new, targeted educational materials/campaigns.	FY 2014: 6,424,934 Target: 3,334,220 (Target Exceeded)	3,550,397	5,660,603	+2,110,206
3.c: Promote Effective Partnerships (Outcome) **Measure 1**: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts related to the public health or research infrastructure.	FY 2014: 85 Target: 307 (Target Not Met)	91	96	+5
3.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of public health data enhancements (e.g. filling developmental objectives or select population cells; development of state and community data) attributable to OASH leadership.	FY 2014: 113 Target: 49 (Target Exceeded)	67	48	-19

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

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
3.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) **Measure 1**: Number of relevant initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OASH; **Measure 2**: specific outcomes of the efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc. **[OSG] M\4**: # Officers trained	FY 2014: 36,829 Target: 6,122 (Target Exceeded)	6,436	32[2]	-6.404

FY2014-FY2015: Agency Priority Goal

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
1.5 Reduce the annual adult combustible tobacco consumption in the United States (cigarette equivalents per capita)	**FY 2012: 1,259 (Baseline)**	**1,174**	**NA***	**NA**

***** Agency Priority goal closes in FY 2015.

Performance Analysis

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

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

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

[2] FY16 target reflects changes to the US PHS Commissioned Corps ending the Reserve Officer Corps.

OFFICE OF HIV/AIDS AND INFECTIOUS DISEASE POLICY

Budget Summary
(Dollars in Thousands)

Office of HIV/AIDS and Infectious Disease Policy	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	1,459	1,402	1,500	+98
FTE	6	6	9	+3

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

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

Blood and Tissue Safety

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

HIV/AIDS

Following the release of the National HIV/AIDS Strategy (NHAS) and the Federal Implementation Plan, in July 2010, OHAIDP was delegated the responsibility for coordinating the response to NHAS across HHS and other federal departments. The Implementation Plan identifies specific tasks and activities HHS must perform through calendar year 2015. In FY 2014, OHAIDP worked collaboratively with HHS OPDIVs as they deployed changes to adopt the common HIV program indicators and reduce reporting burden in a manner that preserves accountability for program outcomes. At the end of FY 2013, OHAIDP completed a detailed inventory of all HIV Indicators in use across HHS and continues to use this information to standardize HHS HIV data indicators and their specifications, reduce duplicative HIV data collection, and enhance data harmonization and sharing within and between Operating Divisions. In FY 2014, continued efforts to prepare several of these core indicators for inclusion in Meaningful Use Stage 3, which will facilitate their incorporation into electronic medical records and support enhanced data collection which will, in turn, help us to direct efforts to improve outcomes along the HIV care continuum.

Efforts to improve coordination of HIV/AIDS Programs across HHS include hosting regular meetings of senior HIV/AIDS leadership to discuss HIV/AIDS-related activities and policies; supporting topical webinars and hosting or actively collaborating in technical consultations on strategic issues related to NHAS implementation. For example, in FY 2014, OHAIDP hosted a webinar to highlight promising practices and suggest new areas of research on the topic of improving HIV-related health outcomes for black gay, bisexual and other men having sex with men (MSM). In FY 2014, OHAIDP also participated in a technical consultation with Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) and the National Alliance of State and Territorial AIDS Directors to explore options for integrating planning for federally funded HIV prevention and care programs so as to improve program outcomes, decrease redundancy and improve resource targeting. In FY 2014, OHAIDP also contributed information that was included in the White House's Fact Sheet: "Progress in Four Years of the National HIV/AIDS Strategy."

OHAIDP has worked across HHS and with other federal partners to improve HIV program planning and coordination. When the White House released the report "Improving Outcomes: Accelerating Progress along the HIV Continuum of Care", OHAIDP was charged with coordinating the implementation of the five key recommendations, which span actions across HHS as well as other federal offices. OHAIDP has actively monitored implementation efforts, most recently by hosting a major progress review where federal leaders shared information about headway in implementing the specific actions outlined in the plan. OHAIDP has also taken a leadership role in the implementation of the fifth recommendation "Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the state and local levels." These implementation efforts include coordinating a government-wide inventory of current training and technical assistance resources related to the HIV continuum of care so as to better promote resources and identify gaps in required materials and trainings. OHAIDP has also collaborated with ONAP to conduct town halls around the country to highlight progress toward achieving the goals of the NHAS, share lessons learned, and to build state, local and tribal government support.

OHAIDP remains actively involved in in coordinating implementation of the Care and Prevention of HIV in the United States (CAPUS) which is supported by the Office of the Secretary's Minority AIDS Fund and supporting the federal response to the National Viral Hepatitis Action Plan.

Funding History

Fiscal Year	Amount
FY 2011	$1,429,000
FY 2012	$1,498,000
FY 2013	$1,459,000
FY 2014	$1,459,000
FY 2015	$1,402,000

Budget Request

The FY 2016 President's Budget request Level of $1,500,000 is an increase of $98,000 above the FY 2015 Enacted Level. The FY 2016 request will restore as well as fund staff to support baseline activities in support of the President's Advisory Council on HIV/AIDS (PACHA). The FTE increase reflects shift in use of contract staff to support mission critical program operations.

PACHA plans to monitor the benchmarks of the National HIV/AIDS Strategy (NHAS). PACHA will continue to make significant progress in meeting the goals of the NHAS, specifically addressing ways to reduce HIV-related health disparities and improve outcomes along each step of the HIV Care Continuum. In FY 2016, PACHA also plans to continue to provide advice and consultation to ensure improved health outcomes for people living with HIV.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Budget Summary
(Dollars in Thousands)

Office of Disease Prevention and Health Promotion	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	6,999	6,726	7,000	+274
FTE	23	23	24	+1

Authorizing Legislation: .....Title XVII, Section 1701 of the PHS Act
FY 2016 Authorization.....Expired
Allocation Method.....Direct Federal, Contract, and Cooperative Agreement

Program Description and Accomplishments

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

Healthy People

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

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

In FY 2014, ODPHP maintained and expanded the online version of *Healthy People 2020* (available at www.HealthyPeople.gov), which is aimed at making *Healthy People* 2020 information widely available and easily accessible. ODPHP collaborated with the National Center for Health Statistics and other partners in updating a user-centered, web-based resource that expands the reach and usefulness of the national objectives. This new web tool gives users a platform from which to learn, collaborate, plan, and implement objectives and has been continually updated and improved since its launch in FY 2011.
In FY 2014, healthypeople.gov received the Merit Health Web Award, recognizing the site as a leader among all health websites and continued to receive high consumer satisfaction scores of about 84%, which is well above the Federal government average of 73% (ForeSee Results American Customer Satisfaction Index (ACSI).

In FY 2014, ODPHP continued a series of monthly public webinar-based progress reviews of the Healthy People 2020 objectives and Leading Health Indicators (a subset of objectives representing high-priority health issues) , which allowed the Assistant Secretary for Health, in collaboration with the National Center for Health Statistics, the federal agencies that manage specific objectives, and community-based organizations, to demonstrate progress toward achieving the 10-year targets and identify areas needing

additional work. In FY 2014, webinars continued to be well-attended. On average, more than 1,000 sites registered to attend each webinar. In partnership with the American Public Health Association, ODPHP offered Continual Medical Education, Continuing Nursing Education, and Certified Health Education Specialist credits to webinar participants.

Dietary Guidelines for Americans

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

Based on the preponderance of current scientific evidence, the DGA provides information and advice for choosing a nutritious diet that will reduce the risk of chronic disease, meet nutrient requirements, maintain a healthy weight, and keep foods safe to avoid food-borne illness. It also serves as the basis of the nutrition and food safety objectives in *Healthy People 2020* and supports the Secretary's initiative to Help Americans Achieve and Maintain Healthy Weight.

Physical Activity Guidelines for Americans

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

In FY 2014, following the 2013 release of the *Physical Activity Guidelines for Americans Midcourse Report*: *Strategies to Increase Physical Activity Among Youth*, ODPHP began planning for the next iteration of the PAG. ODPHP convened national subject matter experts in physical activity to explore various issues for consideration in the next set of guidelines.

healthfinder.gov

ODPHP fulfills its congressional mandate to provide reliable prevention and wellness information to the public primarily with healthfinder.gov. Since 1997, healthfinder.gov has received numerous awards as a key resource for finding the best government and non-profit online health information. In FY 2014, healthfinder.gov received two Merit Web Health Awards: one for the *myfamily* app (in the Mobile App: Tool/Resource category) and the other for healthfinder's Everyday Healthy Living quiz (in the Interactive Content/Rich Media category). In FY 2014, healthfinder.gov extended the reach of actionable prevention information by disseminating content via Twitter, email newsletters, widgets, e-cards, and a mobile application. The healthfinder.gov Twitter following grew by approximately 17,000 new followers in FY 2014 to approximately 237,000 followers. A Facebook page was launched in FY 2012 and had over 12,000 "likes" in FY 2014. The healthfinder.gov-powered mobile app launched in FY 2013 had more than 7,000 downloads and 1,800 active users in FY 2014.

Health Topics A-Z/myhealthfinder

As of FY 2014, healthfinder.gov provided over 100 featured topics and tools that use everyday language and examples to explain how taking small steps to improve health can lead to big benefits. The website also includes the myhealthfinder tool, developed in a joint effort with Agency on Health Research Quality, to provide personalized recommendations for clinical preventive services. This interactive tool provides personalized decision support for all of the preventive services covered under the Affordable Care Act. The website has both a content syndication and two Application-Programming Interfaces (API) that provide a way for healthfinder.gov content to be placed onto other websites; in FY 2014 healthfinder.gov content was viewed on other sites approximately 277,000 times, using both tools.

ODPHP continues to play a leadership role in improving health literacy. In FY 2014, the HHS Health Literacy Workgroup developed an Action Plan under the co-leadership of ODPHP and CDC and will continue work on the plan by setting measures and targets in FY 2015. Additionally, ODPHP represents OASH at the Institute of Medicine Roundtable on Health Literacy. In FY 2014, ODPHP assumed a leadership role on the Roundtable by helping develop a Roundtable Workshop on technology, prevention and health literacy planned for FY 2015.

Funding History

Fiscal Year	Amount
FY 2011	$7,200,000
FY 2012	$7,186,000
FY 2013	$6,999,000
FY 2014	$6,999,000
FY 2015	$6,726,000

Budget Request

The FY 2016 President's Budget request of $7,000,000 is $274,000 greater than the FY 2015 Enacted Level. The FY 2016 request allows ODPHP to support disease prevention and health promotion, activities through continued support for: Healthy People, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, health literacy, and healthfinder.gov. The FTE increase reflects shift in use of contract staff to support program operations to supporting inherently governmental program operations with FTEs.

Healthy People

In FY 2016, ODPHP will conduct a midcourse review of Healthy People 2020 to provide a comprehensive assessment of progress in achieving the national objectives mid-way through the decade and to identify successes and opportunities for improvement. Healthypeople.gov will provide additional interactive tools and resources to facilitate communities' use of evidence-based practices to help move the nation toward achievement of the Healthy People 2020 goals and objectives. These activities will be supported through an ongoing collaboration with the National Center for Health Statistics, other HHS agencies, and other federal Departments that manage Healthy People, including the Departments of Agriculture and Education.

Additionally, in FY 2016 HHS will initiate development of the next decade's objectives, Healthy People 2030, using as a starting point the findings of a Healthy People User's Assessment aimed at garnering feedback from a diverse set of health professionals and policymakers at various levels and across sectors both within and outside of government.

Dietary Guidelines for Americans
Strategic communications activities for the DGA will take place during FY 2016, including the official launch and dissemination of the DGA 2015 policy and accompanying consumer information, internet-based outreach and promotion, and partnership engagement. In FY 2016, work will continue on systematic literature reviews of nutritional needs, eating patterns, and developmental stages of the birth to 24 month age group so that the DGA 2020 will include this age group as well as pregnant women as now required by P.L. 113-79.

Physical Activity Guidelines for Americans
HHS is considering initiating in FY 2016 the development of the 2nd edition of the PAG in response to substantial public and private interest in reviewing the science and providing updated recommendations on the amounts and types of physical activity that can improve health. ODPHP plans to partner with President's Council on Fitness, Sports, and Nutrition; CDC; and NIH in this effort. A new edition of the PAG 2018 would build on the 2008 recommendations with updated scientific evidence. Pending availability of funds, in FY 2016, a PAG Advisory Committee would be appointed, hold two or three of its six public meetings and begin a comprehensive literature review with the goal of developing an Advisory Committee Report by the end of 2017, which would be the scientific basis for the PAG 2018 policy document.

healthfinder.gov
In FY 2016, ODPHP will collect data for Healthy People 2020 health communication objectives to increase health websites that adhere to specific quality standards, meeting the Healthy People requirement to collect data two-three- times throughout the decade. Data on these objectives show trends of quality, health-related websites and motivate action to improve American's access to reliable and easy- to- use health informationHealthfinder.gov will continue to stay up to date with personalized recommendations for clinical preventive services covered under the Affordable Care Act (ACA) and to provide tools for users to improve their health and their decision making skills related to prevention. Healthfinder.gov will also create new interactive content to remain an informational but engaging website for users to find trusted heath information. Additionally, ODPHP will continue its outreach and partnership building around use of healthfinder.gov's content syndication and API tools, making its content available for free to use on their sites.

ODPHP - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
I.b Visits to ODPHP-supported websites (Output)	FY 2013: 12.59 Million Target: 17.85 Million (Target Not Met)	6.7 Million[1]	6.93 Million	+0.23 Million
I.c Consumer Satisfaction with healthfinder.gov, measured every three years (Output)	FY 2013: 75% Target: 80% (Target Not Met)	N/A[2]	80%	N/A
II.a Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)	FY 2013: 90% Target: 35% (Target Exceeded)	84%	90%	+7%

1 In alignment with the Federal digital strategy, ODPHP's website visits reporting methodology has been changed from using "log files" to "page tagging" resulting in fewer but more meaningful numbers.
2 Baseline data for this measure was collected in FY13; ODPHP will establish performance targets in the FY 2016 budget.

Performance Analysis

ODPHP has a Congressional mandate to provide health information to professionals and the public. ODPHP continues to consolidate and move a substantial amount of program activities online, enhancing the value to the public and professionals. Healthy People, once a paper-based initiative, is now essentially an online resource with multiple interactive tools for tracking and implementing National health objectives (HealthyPeople.gov). The Physical Activity Guidelines for Americans has established an online community for stakeholders. Outreach for the Dietary Guidelines for Americans, for which HHS will have the lead in FY 2015, will be primarily web-based as well. Healthfinder.gov, once a general health information portal, has been redesigned to provide prevention and wellness information supporting the ACA's coverage of preventive services. As the data reflect, ODPHP is increasing its reach and engagement with Americans and exceeding performance targets. As a result the public and professionals have more evidence- based tools, resources, and support for their prevention and wellness activities.

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

ODPHP expects State use of the national disease prevention and health promotion objectives to continue to increase each year following the launch of Healthy People 2020 in December of 2010 and mirror the uptake of experience seen with the previous decade's objectives—Healthy People 2010. By

the end of the last decade, 100% of states used Healthy People 2010 to inform their health planning processes.

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

Program Data Chart

Contracts

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
ODPHP Web and Communication Support	1,468,954	2,284,000	1,500,000
Subtotal, Contracts	**1,468,954**	**2,358,000**	**1,500,000**

Grants/Cooperative Agreements

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Disease Prevention and Health Promotion Scholarship Program	200,000	0	0
Subtotal Grants/Coop	**200,000**	**0**	**0**

Inter-Agency Agreements (IAAs)

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Disease Prevention and Health Promotion Scholarship Program[2]	280,000	200,000	280,000
Performance measures collection, outreach management, website infrastructure	60,000	111,000	90,000
Subtotal Inter-Agency Agreements (IAAs)	340,000	311,000	370,0000
Operating Costs	4,990,046	4,131,000	5,130,000
Total	**6,999,000**	**6,726,000**	**7,000,000**

Grants

Grants (whole dollars)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	1	0	0
Average Award	$200,000	0	0
Range of Awards	--	--	--

PRESIDENT'S COUNCIL ON FITNESS, SPORTS AND NUTRITION

Budget Summary
(Dollars in Thousands)

President's Council on Fitness, Sports, and Nutrition	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	1,215	1,168	2,100	+932
FTE	6	6	8	+2

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

PCFSN coordinates programmatic activities in consultation with offices across the Department of Health and Human Services as well as through the Departments of Agriculture, Defense, State, Education, Interior, and others to highlight the importance of quality physical education and physical activity in schools. The Council's activities and programs are aligned with and support the Department's mission to help provide the building blocks that Americans need to live healthy, successful lives.

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

The Council promotes the recommendations of HHS' *Healthy People 2020* through continued promotion of and enhancements to its long-standing President's Challenge Physical Activity, Nutrition, and Fitness Awards program (www.presidentschallenge.org/); also known as the President's Challenge. Established in 1966, the President's Challenge provides low-cost, easy-to-use tools for educators, organizational leaders, families, and individuals' use to track fitness, physical activity, and healthy eating. The President's Challenge is administered by Indiana University (IU) School of Public Health—Bloomington\Department of Kinesiology via a co-sponsorship agreement with SHAPE America. It reaches a wide range of individuals through a listserv of approximately 131,000 subscribers. Additionally, the President's Challenge reached an estimated 90,000 health and physical educators through the distribution of its Annual Educator Booklet and other resources. In FY 14, over 300 organizations signed on to promote the mission of PCFSN through programs such as the Presidential Active Lifestyle Award (PALA+) through their networks.

Presidential Youth Fitness Program

Launched in FY 12, the Presidential Youth Fitness Program (PYFP) (www.presidentialyouthfitnessprogram.org) is now the only comprehensive national youth fitness program. PYFP includes resources for physical educators to facilitate proper assessment,

implementation, and recognition for school-aged youth and reporting mechanisms to track and share progress over time. The Council's goal for the program is to reach 90 percent of US public and private schools by 20.

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

In FY 2014, during the program's second year of implementation, PCFSN:

- Attracted 59,824 unique visitors to the PYFP website.
- Hosted a webinar to train stakeholders on resources available to assess students with disabilities and secured supplemental Brockport Physical Fitness Test resources for schools.
- Received the 2013 Domestic Excellence in Partnering award from the Centers for Disease Control and Prevention (CDC).
- Confirmed second year program renewals for 463 schools, a 91 percent renewal rate.

An estimated 13,500 schools are participating in PYFP with the potential of reaching an estimated 6,750,000 students. Among participating schools, Georgia became the first state to fully implement the program in FY14.

Let's Move! Active Schools

In FY14, PCFSN continued support for the *Let's Move!* Active Schools (LMAS), with public and private sector partners. This sub-initiative focuses on creating active school environments to ensure students achieve at least 60 minutes of physical activity per day. The goal of LMAS is to reach over 50,000 schools across the nation by 2018, adding at least 10,000 schools per academic school year.

In FY14, LMAS:

- Honored 698 schools with the LMAS National Recognition Award.
- Delivered 24 customized professional development training sessions reaching a total of 1,055 Champions.
- Teamed with the NBA, through the NBA FIT initiative, to increase LMAS activations and inventory submissions. Throughout the three-month long promotion, 260 schools opted in and 30 schools enrolled in the program as a result.

Moreover, over 9,000 schools enrolled in LMAS, 16 school districts enrolled 100 percent of its schools in LMAS, and more than 10 other districts are on their way to full district enrollment by the end of FY14.

I Can Do It, You Can Do It!

It is estimated that 56 million Americans have a disability that requires special services. The Council is addressing health disparities through evaluation and implementation of the *I Can Do It, You Can Do It!* (ICDI) program. ICDI facilitates and encourages opportunities for all Americans, regardless of ability, to lead a healthy lifestyle that includes regular physical activity and good nutrition. ICDI previously focused only on youth participation. In FY14 ICDI sites began to onboard, train, and serve people with disabilities in local communities nationwide. The Council's goal is to expand and implement the program in at least 100 sites by 2018. To date in FY14, there are 36 sites on board and PCFSN has engaged over 300 stakeholders in the program.

During FY 2014, PCFSN established a partnership with disability.gov, the U.S. federal government website for information on disability programs and services nationwide. As a result, ICDI is now listed as a resource and a special edition blog was posted to the site. The Council's ICDI program has benefitted from cross-department collaboration with the CDC (e.g., featured in its Physical Activity and Disabilities section) and other operating divisions such as Administration for Children and Families, Administration for Community Living (ACL), National Institutes of Health, and the Indian Health Service, to garner staff expertise and input with respect to the ICDI program manual content.

Joining Forces Fitness Initiative

PCFSN's continued partnership with the American Council on Exercise (ACE) and the International Health, Racquet & Sports-club Association (IHRSA) has provided free fitness benefits for the families of deployed active duty National Guard and Reserve members. In FY 2014, PCFSN evaluated the need for diversifying fitness offerings and expanding the eligibility requirements to include more service members and their families.

In FY 2014, an estimated 430 new personal trainers committed to providing 4,300 new personal training hours through ACE's certification process. In addition, approximately 110 new gyms have been added which equates to 1,110 new gym memberships offered since the start of the fiscal year.

Funding History

Fiscal Year	Amount
FY 2011	$1,225,000
FY 2012	$1,248,000
FY 2013	$1,215,000
FY 2014	$1,215,000
FY 2015	$1,168,000

Budget Request

The FY 2016 President's Budget request of $2,100,000 is $932,000 above FY 2015 Enacted Level. The FY 2016 request enables PCFSN to continue promotion of its programs and initiatives such as the President's Challenge Physical Activity, Nutrition, and Fitness Awards; the Presidential Youth Fitness Program; *Let's Move!* Active Schools; Joining Forces Fitness Initiative; Nutrition Promotions; and, *I Can Do It, You Can Do It!* to help inspire Americans of all ages and abilities to be active, eat well, and get healthy. Each of the Council's programs and initiatives are aligned with and support the Department's mission to help provide the building blocks that Americans need to live healthy, successful lives.

PCFSN will continue to work with the Office of Disease Prevention and Health Promotion to implement and expand adoption of the *Physical Activity Guidelines for Americans* (PAG) and the PAG Midcourse Report. This effort will include a national outreach strategy to create, increase, and improve multi-component opportunities for youth (ages 3 – 17) to be physically active each day where they live, learn, and play.

At the FY16 requested level, PCFSN will bring on two additional staff to support the Council's priorities and programs. The additional staff will be critical to the success of the Council's overall operations as well as the advancement and promotion of its mission.

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

PCFSN - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
8.1 Percentage of the Department of Education's Physical Education Program (PEP) grantees adopting the Physical Activity Guidelines (PAG)	FY 2013: 31% of students served by the PEP grant engage in 60 minutes of daily physical activity (Baseline)	90% percent of students served by the PEP grant engage in 60 minutes of daily physical activity	90% of students served by the PEP grant engage in 60 minutes of daily physical activity	0
8.2 Number of website visits to the PAG or PAG Midcourse Report including downloads of collateral material (e.g. PAG info-graphic)	FY 2013: 1,380,000 (Baseline)	1,800,000	800,000	-1,000,000
8.3 Number of social media impressions promoting the PAG or PAG Midcourse Report (e.g., Facebook, Twitter)	FY 2013: 275 million media impressions (Baseline)	300 million media impressions	100 million media impressions	-200 million

Performance Analysis

The PCFSN performance measures track the national engagement strategy to promote and ensure the widespread adoption of HHS' 2008 *Physical Activity Guidelines for Americans* (PAG) and the PAG Midcourse Report released in December 2012. To meet the PAG recommendations for youth and adults, PCFSN increased its target for the number of the Carol M. White Physical Education Program (PEP) grant recipients that will provide opportunities for all students to participate in at least 60 minutes of moderate-to-vigorous physical activity per day from 85 percent in FY 2014 to 90 percent in FY15. PCFSN will maintain this target level into FY16. The target decreases to measures 8.2 and 8.3 represents the normalization of website visits and social media impressions after the initial release of the PAG Mid-Course Report.

Beginning in FY15, the Council will revisit all performance measures to determine how best to accurately capture its direct outreach to schools, colleges/universities, and community organizations for assessment of students' fitness levels, school-based physical activities, as well as increased access and opportunities for children and adults with disabilities.

OFFICE FOR HUMAN RESEARCH PROTECTIONS

Budget Summary
(Dollars in Thousands)

Office of Human Research Protections	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	6,756	6,493	6,800	+307
FTE	33	33	33	0

Authorizing Legislation: .....Title III, Section 301 of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal, Contracts, and Other

Program Description and Accomplishments

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

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

Regulatory Reform

In FY 2014, OHRP collaborated with other HHS OPDIVs, the Office of Science and Technology Policy (OSTP), and other federal agencies to develop a notice of proposed rulemaking (NPRM), which is part of the process of revising regulations and is designed to strengthen protections and adjust the regulatory system to changes in the evolving research enterprise. The changes in the regulations will help reform the current system so as to avoid inappropriate delays in the advancement of medical knowledge. This NPRM is built on work completed in 2011, which enabled HHS, in coordination with OSTP, to publish an advance notice of proposed rulemaking (ANPRM) *titled Human Subjects Research Protections: Enhancing Protections for Research Subjects and Reducing Burden, Delay, and Ambiguity for Investigators*.

Office Structure and Objectives

OHRP consists of the Office of the Director, the Division of Compliance Oversight, the Division of Policy and Assurances, and the Division of Education and Development. The Division of Compliance Oversight evaluates written substantive indications of non-compliance with HHS regulations (45 CFR 46), conducts inquiries and investigations into alleged non-compliance, carries out not-for-cause surveillance evaluations of institutions, and responds to incident reports from Assured institutions. The Division of Policy and Assurances develops guidance explaining and interpreting the regulations, and administers a system for the filing of Federal-wide Assurances of research institutions and the registration of Institutional Review Board organizations. The Division of Education and Development develops educational materials and conducts educational activities including sponsored Research Community

Forums, Quality Assessment Workshops and other audience-specific educational workshops, meeting presentations, educational videos, webinars, and educational assistance to constituents through phone calls and emails, to promote, inform and educate research communities and the public on the protection of human subjects in research and the HHS regulations and policies that support this goal. OHRP also supports the Secretary's Advisory Committee on Human Research Protections (SACHRP).

OHRP activities contribute directly to Goal 2 of the HHS Strategic Plan, *Advance Scientific Knowledge and Innovation.* Scientific and biomedical research will only continue so long as the rights and welfare of human subjects in scientific and biomedical research are protected, so that people continue to trust the research community and agree to participate in research in sufficient numbers.

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

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

Funding History

Fiscal Year	Amount
FY 2011	$6,949,000
FY 2012	$6,937,000
FY 2013	$6,756,000
FY 2014	$6,756,000
FY 2015	$6,493,000

Budget Request

The FY 2016 President's Budget Request of $6,800,000 is an increase of $307,000 above the FY 2015 Enacted Level. The FY 2016 request will restore to OHRP $263,000 as well as allow the office to reestablish full program operations and to continue educational activities at the establish level, including conducting public outreach and education programs to promote and enhance public awareness of the activities of human subject protections.

The proposed request will support the following activities in FY 2016:

- Providing three Research Community Forums, four Quality Assessment Workshops, one Annual OHRP conference, four audience-specific educational workshops, numerous meeting presentations as well as development and improvement of OHRP online educational and informational resources that comprise online training programs, webinars and videocasts
- Supporting the processing of more than 3,300 Institutional Review Board Registrations, approving over 4,000 Federal wide Assurances of Compliance, and issuing two Federal Register Notices in compliance with the requirements of the Paperwork Reduction Act of 1995
- Issuing two Guidance documents

- Opening three Division of Compliance Oversight not-for-cause evaluations of institutions' human subject protections program, and processing more than 600 incident reports from institutions, which include reports of any unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with the regulations or the requirements or determinations of the institutional review board (IRB), and any suspension or termination of IRB approval
- Supporting three Secretary Advisory Committee on Human Research Protections (SACHRP) meetings and three to four meetings of SACHRP's subcommittees

NATIONAL VACCINE PROGRAM OFFICE

Budget Summary
(Dollars in Thousands)

National Vaccine Program Office	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	6,659	6,400	6,000	-400
FTE	17	17	17	0

Authorizing Legislation: .....Title XXI of the Public Health Service Act
FY 2016 Authorization.....Expired
Allocation Method.....Direct Federal; Contracts

Program Description and Accomplishments

In 1987, Congress created the National Vaccine Program Office (NVPO) to provide leadership and coordination on vaccine-related activities among federal agencies and non-federal stakeholders (state and local government, non-governmental health groups, healthcare providers, health insurers, vaccine manufacturers and the public). NVPO also advances the Secretary's priority on disease prevention by promoting public health through the optimization of the immunization system in the United States. This critical work improves the lives of many by reducing premature deaths, preventing illnesses and hospitalizations, and curtailing lost work and school days in the United States and around the world.

NVPO leads the coordination of immunization activities to ensure they are carried out in an efficient and consistent manner. These federal activities align directly to the National Vaccine Plan, which dictates the framework—goals, objectives, and strategies—for pursuing the prevention of infectious diseases through immunizations. This includes federal government efforts towards vaccine research and development, coverage, supply, financing, safety, education and communications, and international vaccine and immunization initiatives. Likewise, NVPO works with non-federal partners to develop and implement strategies for achieving the highest possible level of prevention of vaccine-preventable diseases and adverse reactions to vaccines.

FY 2014 highlights of NVPO activities include:

Coordination and Implementation of the National Vaccine Plan
The National Vaccine Plan identifies priority activities to improve the safety and effectiveness of disease prevention through immunization. In September 2012, NVPO released the National Vaccine Plan Implementation Plan, which identified the key indicators that will be used to measure progress on the National Vaccine Plan going forward. NVPO managed the development of the National Vaccine Plan Annual Report in FY 2014 with input from interagency partners.

National Vaccine Advisory Committee (NVAC)
NVPO serves as Executive Secretariat for NVAC which advises and makes vaccine-related recommendations to the Assistant Secretary for Health. Their work has included the development of a set of Standards for Adult Immunization Practices that have been widely adopted by the immunization and provider communities, publishing a comprehensive report on HHS roles in global immunization, and providing an analysis and recommendations for overcoming patient and provider barriers to maternal immunizations. Currently, the NVAC is developing recommendations for overcoming barriers to

developing new vaccines for use in pregnant women, improving HPV vaccine coverage among adolescents, and addressing vaccine hesitancy/confidence in parents of young children.

Adult Immunization
Reducing vaccine-preventable diseases in adults is a national health priority. Adult vaccination coverage rates remain low for most routinely recommended vaccines and fall well below Healthy People 2020 targets. NVPO leads the development of a National Adult Immunization Plan which is national in scope and that will identify priority areas for program efforts and establish targets for performance indicators. NVPO will also generate an implementation plan outlining discrete activities with measurable milestones to monitor progress on improving adult immunization. NVPO leads the coordination of the Assistant Secretary for Health's Adult Immunization Task Force designed to support adult immunization activities and collaboration among our federal partners.

Vaccines Financing, Coverage, and the Affordable Care Act
NVPO leads a cross-agency vaccine policy team to track and monitor Affordable Care Act implementation of vaccine-specific provisions. This includes the development of Affordable Care Act training models for healthcare providers in collaboration with CMS. NVPO has financing research underway to ensure sustainable funding for vaccines over the longer term. NVPO also coordinates with interagency and external partners on vaccine financing and its implications for access and vaccine coverage rates.

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

Pertussis Coordination
The resurgence of pertussis, or whooping cough, has required a broad examination of the root cause(s) of the problem. NVPO co-sponsored a one-day workshop in collaboration with the Infectious Diseases Society of America, the Pediatric Infectious Disease Society, and the National Foundation for Infectious Diseases to examine this problem. The discussions and recommendations from this meeting were published in a special supplement of the Journal of Infectious Diseases in March 2014.

Vaccine Communication
NVPO works with HHS OPDIVs and STAFFDIVs to ensure that communication strategies and tactics are coordinated and leveraged to the fullest extent possible. Key activities include operating vaccines.gov and working to re-establish a Spanish-language version of the site, supporting public education activities, establishing and maintaining strong working relationships with communications staff from across the Department, and providing strategic counsel to senior leaders. NVPO and the office of the Assistant Secretary for Public Affairs led an interagency group to refine internal communications related to emerging vaccine-related issues (e.g., vaccine shortage, vaccine safety signal, etc.), which has provided valuable lessons for improved communication and coordination going forward.

Vaccine Research and Development Priorities
The National Vaccine Plan calls for the development of a catalogue of priority vaccine targets of domestic and global health importance. In support of this, NVPO backs a multiphase project conducted

by the Institute of Medicine known as the SMART Vaccines tool, designed to provide decision support in vaccine development in United States and global populations. The goals of this collaboration include:

- provision of capabilities to transform the existing SMART Vaccines' tool into a web-based platform (html open-source model) that can be supported and sustained for public access,
- iterative adaptation and refinement of the tool—or suite of tools—so that it is responsive to the dynamic and emerging information/inputs (e.g., disease burden, antigen-specific technology, and economic data),
- expansion and updating of the data warehouse (model supporting data) and standardized formats for data sharing,
- dissemination and use of the tool (and/or derivative tools) supported by direct engagement and training of the public sector, academic, and private sector stakeholders and decision-makers associated with vaccine development, purchasing, and deployment/implementation programs, .

Health Information Technology and Immunizations
Immunization Information Systems, continue to surface as a critical means to improve uptake and tracking of adult immunization. NVPO requested that HHS partners and others focus on the functionality and use of immunization information systems to improve vaccine and vaccination tracking. NVPO's goal is to develop a pilot project in FY15 for better transmission of information across state and institutional lines within Washington, D.C., Maryland, and Virginia Departments of Health.

Funding History

Fiscal Year	Amount
FY 2011	$6,839,000
FY 2012	$6,837,000
FY 2013	$6,659,000
FY 2014	$6,659,000
FY 2015	$6,400,000

Budget Request

The FY 2016 President's Budget Request of $6,000,000 is $400,000 less than the FY 2015 Enacted Level. The reduction will be accomplished primarily through absorption of previously funded activities within the base budget. The FY 2016 Budget Request will continue to maximize the impact of vaccines on the health of the United States population, advance the priorities of the NVAC, examine evidence-based practices relating to prevention with a particular focus on high-priority areas translate interventions from academic settings to real world settings, and meet the objectives of the HHS Strategic Plan to reduce the occurrence of infectious diseases, which include vaccine-preventable diseases.

NVPO will lead the following initiatives/projects in FY 2016:

- **Individual Access to Immunization Information Systems/Registry*:*** NVPO and the Office of the National Coordinator will partner to undertake projects focusing on interstate data exchange of immunization data in order for providers to have access to the full immunization record of the patient allowing for improved care.
- **Vaccines Finder**: This initiative will support technical enhancements and upgrades to the Health Map Vaccine Finder to ensure the website remains consumer friendly. This initiative will also assist with recruiting new providers, coordinate the participating provider data, and ensure providers regularly update information in the tool.

- **Vaccines.gov**: The goal of this project is to create, maintain, and enhance a comprehensive HHS website devoted to vaccines and immunization, and to host and maintain a Flu Vaccination Mapping program. This collaboration between NVPO, Center for Disease Control, and the Assistant Secretary for Public Affairs will provide consumers and stakeholders with one place to obtain information about the development, testing, licensing, supply, and safety of vaccines, and the risks and benefits of immunizations.

- **Researching Vaccine Confidence:** The NVAC working group seeks to better understand the influences on vaccination decision-making and to produce evidence-based, tested messaging in order to increase public awareness of the benefits and risks of vaccines, and increase the public's confidence of vaccine safety.

OFFICE OF ADOLESCENT HEALTH

Budget Summary
(Dollars in Thousands)

Office of Adolescent Health	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	1,500	1,442	1,500	+58
FTE	4	4	6	+2

Authorizing Legislation: ……..Section 1708 of the Public Health Service Act
FY 2016 Authorization……Expired
Allocation Method……..Direct Federal, Competitive Grants, Contracts

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is responsible for coordinating the activities of the Department with respect to adolescent health, including program design and support, evaluation, trend monitoring and analysis, research projects, training of healthcare professionals, and national planning. OAH is charged with carrying out demonstration projects to improve adolescent health as well as implementing and disseminating information on adolescent health. OAH coordinates with other HHS agencies to reduce the health risk exposure and risk behaviors among adolescents, placing particular emphasis on the most vulnerable populations (i.e., those in low socio-economic areas and areas where adolescents are likely to be exposed to emotional and behavioral stress). In 2012, the office developed OAH's first Strategic Plan for FY 2012-2015 laying out strategic priorities which will advance best practices and improve the health and healthy development of America's adolescents, as well as specifying objectives and action steps. OAH leads the HHS Adolescent Health work group, which brings together representatives from across the Department to strategically plan across adolescent health and related programs.

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

OAH is engaging national partners from health care, public health, education, community and after-school programs, faith-based groups, and social services, to develop a shared agenda for putting adolescent health firmly on the nation's agenda to prevent risky behavior, promote health, and prevent disease. OAH is developing a national action-oriented agenda, Adolescent Health: Think, Act, Grow (TAG), which will provide a framework for youth-serving professionals and organizations to support young people during their second decade of life when bodies, minds, and emotions are changing rapidly and many opportunities for prevention and healthy development are missed. OAH will provide national partners, professionals, and families with ongoing access to tools and resources from across government on line and through ongoing communications and dissemination.

Funding History

Fiscal Year	Amount
FY 2011	$1,098,000
FY 2012	$1,098,000
FY 2013	$1,070,000
FY 2014	$1,442,000
FY 2015	$1,442,000

Budget Request

OAH's FY 2016 Budget Request of $1,500,000 is $58,000 above the FY 2015 Enacted Level. The FY 2016 request will restore funds reduced in FY 2015 to support the Adolescent Health Indicators Report. The funding level will allow OAH to continue its efforts to reduce the health risk exposure and risk behaviors among adolescents and coordinate program efforts with key government and non-government stakeholders. This includes support for an OAH initiative, Adolescent Health: Think, Act, Grow (TAG) and expanding program activities to include a broader awareness building campaign to engage additional organizations, families, and adolescents in supporting adolescents' health and healthy development. The FY 2016 request provides for two additional staff to support the development and implementation of the 2016-2021 OAH strategic plan as well as the TAG initiative.

PUBLIC HEALTH REPORTS

Budget Summary
(Dollars in Thousands)

Public Health Reports	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	486	467	400	-67
FTE	2	2	2	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal Contract; Cooperative Agreement

Program Description and Accomplishments

Public Health Reports (PHR) is the official journal of the U.S. Public Health Service and the Office of the Surgeon General, and has been published since 1878. Its mission is to serve as an informative and accessible resource linking science to practice for public health practitioners, researchers, scholars, and policy makers by publishing important research and presenting key discussions on the major issues confronting the public health community.

Public Health Reports is published six times per year online and in print (see http://www.publichealthreports.org/). In addition, each year, three or more supplements or special issues are published and two to three science-based webcasts are produced. PHR supplements bring focus to topics of interest to the public health community. Supplements published to date in 2014 have included: *HHS National Vaccine Program and Global Immunization: NVAC Report and Recommendations; Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health*; and *Program Collaboration and Service Integration in the Control of HIV Infection, Viral Hepatitis, STDs, and Tuberculosis in the United States*.

PHR supports the Secretary's Strategic Initiatives by accelerating the process of scientific discovery to transform health care, specifically to advance scientific knowledge and innovation, and advance the health, safety, and well-being of the American people.

Funding History

Fiscal Year	Amount
FY 2011	$448,000
FY 2012	$499,000
FY 2013	$486,000
FY 2014	$486,000
FY 2015	$467,000

Budget Request

The FY 2016 President's Budget request of $400,000 is $67,000 less than the FY 2015 Enacted Level. The FY 2016 request will consolidate technical and copy editing activities as well as targeted marketing and outreach. PHR will continue to work through existing program partners for journal production including,

journal design and layout, management of online manuscript submission, technical editing, and publishing consultation.

In FY 2016, *Public Health Reports* plans to publish six regular issues, plus supplements and/or special issues; and plans to produce two to three science-based webcasts.

TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

Teen Pregnancy Prevention	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	100,726	101,000	104,790	+3,790
FTE	0	0	16	+16

Authorizing Legislation: .....FY 2015 Consolidated Appropriations Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct federal, Contract, Grants

Program Description and Accomplishments

The Teen Pregnancy Prevention (TPP) program is a discretionary grant program to support evidence-based and innovative approaches to teen pregnancy prevention. It is administered by the Office of Adolescent Health (OAH) within the Office of the Assistant Secretary for Health. OAH leads coordination of program activities among the Department of Health and Human Services (HHS) offices and operating divisions. The TPP program is a key component of the Secretary's strategic initiative for Reducing Rates of Teen Pregnancy, Sexually Transmitted Infections, and Associated Sexual Risk Behaviors to Put Children and Youth on the Path for Successful Futures.

Competitive grants and contracts supported through TPP are awarded to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and support the Federal costs associated with administration and evaluation of program activities. Additionally, the grants support both the replication of evidence-based program models identified by HHS through an independent systematic review to have proven through rigorous evaluation to prevent teen pregnancy and/or associated sexual risk behaviors, and demonstration programs to identify new effective approaches.

Grants for replication of evidence-based program models provide capacity building assistance to organizations to replicate evidence-based program models as well as support to organizations to replicate evidence-based program models to scale in communities with demonstrated need. Additionally, a contract supports the rigorous evaluation of evidence-based program models and is designed to fill significant gaps in the existing knowledge base.

Grants for demonstration programs within TPP support early innovation as well as grants to develop, refine, and rigorously evaluate additional models and innovative strategies for preventing teen pregnancy. OAH partners with the Assistant Secretary for Planning and Evaluation (ASPE) to support an ongoing review of the teen pregnancy prevention evidence-base. OAH also collaborates with ASPE, the Administration for Children and Families (ACF), and the Centers for Disease Control and Prevention (CDC) to coordinate programmatic and evaluation training and technical assistance activities for grantees. In FY 2015, OAH will select a new cohort of TPP grantees through a competitive application and objective review process. The FY 2016 request will support the second year of the new cohort of grantees.

OAH manages a performance measurement system for all TPP grantees. Each year, TPP grantees reach over 140,000 youth in 39 States and the District of Columbia and partner with over 1,800 organizations.

Of the individuals served by TPP grantees, 52% of the youth are female and 48% are male; the majority are age 16 and under; 36% are Hispanic/Latino, 31% are Black, non-Hispanic, and 24% are White, non-Hispanic. OAH grantees implement evidence-based programs with high fidelity (95% of all activities implemented as intended) and high quality (94% of all sessions rated as either very good or excellent by an observer), and show high rates of youth engagement and retention with 80% of youth served receiving at least 75% of the program. High fidelity, quality, and attendance are essential to ensuring that youth served experience the outcomes expected from receiving an evidence-based program. Furthermore, in 2013, a white paper developed independently by the Bridgespan Group, a nonprofit organization, identified the OAH TPP program as a model for implementing evidence-based programs with fidelity and quality.

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

Funding History

Fiscal Year	Amount
FY 2011	$0
FY 2012	$0
FY 2013	$101,000,000
FY 2014	$100,726,000
FY 2015	$104,790,000

Budget Request

The FY 2016 Budget request of $104,790,000 is $3,790,000 above the FY 2015 Enacted Level funded through the Department's General Departmental Management (GDM) account. This funding level includes a restoration of $726,000 which will allow the program to fund the second year of TPP grantees competitively selected in FY 2015; provides program support for the grantees, including reviewing materials for medical accuracy and providing programmatic and evaluation training and technical assistance; and covering program operating costs. The increase in funding will allow OAH to fund additional grantees to replicate evidence-based teen pregnancy prevention programs and develop and test new and innovative approaches to prevent teen pregnancy.

It is anticipated that not more than 10 percent will be used for operational costs associated with running the program and providing support services to the grantees. Of the remaining funds, OAH intends to award 75 percent of the funds to support grants to replicate evidence-based program models identified by HHS through an independent systematic review of the existing research, and 25 percent to test new and innovative approaches to teen pregnancy prevention.

Contracts:

- **Rigorous Evaluation of Evidence-Based TPP Programs:** The purpose of the Rigorous Evaluation of Evidence-Based TPP Programs contract is to evaluate up to six new rigorous evaluations of

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

- **TPP Medical Accuracy**: The purpose of the Medical Accuracy contract is to provide assistance to OAH by providing rigorous reviews of curricula and materials used in TPP grant programs to ensure they are medically accurate. The program statute requires that all materials used in the TPP program be medically accurate. As a condition of their grant, OAH TPP grantees are required to submit all curricula materials proposed for use in their TPP funded grant to the OAH for review prior to implementation to ensure medical accuracy.
- **TPP Training and Technical Assistance**: The purpose of the TPP Training and Technical Assistance contract is to provide training and technical assistance to TPP grantees to ensure implementation and sustainability of high quality teen pregnancy prevention programs. The contract includes providing grantees with technical assistance products and individualized technical assistance, conducting trainings for grantees, convening grantee project director meetings, securing the services of expert and technical consultants, and coordinating training for grantees on evidence-based programs.
- **TPP OAH Strategic Communications**: The purpose of the OAH Strategic Communications contract is to support effective communications on adolescent health, the OAH website, social media, and special events, such as for Teen Pregnancy Prevention Month. The contract maintains and updates the TPP Resource Center and provides information on evidence-based TPP programs and evaluation.

TPP - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
9.1 Number of youth served by the TPP Program	FY 2014: 140,032 Target: 121,196 (Target Exceeded)	121,196	40,000	-81,196
9.2 Number of TPP Program formal or informal partners	FY 2014: 1,803 Target: 1,762 (Target Exceeded)	1,762	1,800	+38
9.3 Number of Intervention Facilitators provided new or follow-up training	FY 2014: 3,274 Target: 3,709 (Target Not Met)	3,709	3,700	-9
9.4 Percent of youth receiving at least 75% of available TPP programming[3]	FY 2014: 80% Target: 80% (Target Met)	80%	80%	+0%
9.5 Mean percentage of the evidence-based model being implemented as intended	FY 2014: 95% Target: 80% (Target Met)	95%	95%	+0%

[3] Measure changed to percentage from whole number.

Performance Analysis

In FY 2014, the Teen Pregnancy Prevention Program served over 140,000 youth with evidence-based programs and promising strategies to reduce teen pregnancy. In total, one hundred and two grantees partnered with over 1,700 organizations and trained over 3,700 people to deliver the TPP programs. Ninety-five percent of the programs are being delivered with fidelity to the original model by the grantees. The TPP program expects these results to remain steady as the current cohort of TPP grantees complete implementation on August 31, 2015.

A new cohort of competitive grant awards will be made by the end of FY 2015. The new cohort of grantees will engage in a planning, piloting, and readiness period of up to 12 months during the first year of their grant. As a result, OAH anticipates a decrease in the number of youth served and number of youth receiving at least 75 percent of available TPP programing for the FY 2016 targets as this data will reflect the new cohort of grantees' planning and piloting period. FY 2016 funds will support the second year of funding for the new grantees and their first year of full implementation. It is expected that the new cohort of grantees will increase their reach to at least the current performance levels by their second year of funding.

Program Data Chart

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Contracts			
Training, technical assistance , and other program support	1,600,000	1,783,403	2,270,000
Rigorous Evaluation of Evidence-Based TPP Programs contract*	-	5,000,000	5,000,000
Subtotal, Contracts	1,600,000	6,783,403	7,270,000
Grants/Cooperative Agreements			
Tier I – Replication Projects	71,926,000	65,135,963	68,500,000
Tier II – Research and Demonstration Projects	24,000,000	23,890,000	24,500,000
Subtotal, Grants/ Cooperative Agreements	95,926,000	89,025,963	93,000,000
Operating Costs	3,200,000	5,190,634	4,520,000
Total	100,726,000	101,000,000	104,790,000

Grants

Grants (whole dollars)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	101	92	98
Average Award	$949,762	$967,674	$948,980
Range of Awards	$400,000-$4,000,000	$400,000-$2,000,000	$400,000-$2,000,000

OFFICE OF MINORITY HEALTH

Budget Summary
(Dollars in Thousands)

Office of Minority Health	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	56,516	56,670	56,670	0
FTE	63	57	65	+8

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

Program Description and Accomplishments

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

OMH Mission and Vision

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

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

OMH Strategic Priorities

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

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

OMH plays a critical role in supporting and implementing the provisions of the Affordable Care Act that address health disparities and equity. Racial and ethnic minorities have the highest rates of being uninsured, are less likely to receive preventive care, have higher rates of many chronic conditions, have fewer treatment options, and are less likely to receive quality health care. Educational outreach serves to raise the awareness of minority and underserved populations about the Affordable Care Act and to

support increased enrollment of underserved populations in health plans. OMH collaborates with strategic partners and stakeholders to increase the understanding of health plans, benefits, and eligibility as well as increase access to Health Insurance Marketplace enrollment services for racial and ethnic minorities and underserved populations.

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

FY 2014 Accomplishments

OMH promotes integrated approaches, evidence-based programs, and best practices to reduce health disparities. The FY 2014 accomplishments are organized by the HHS FY2014-2018 Strategic Goals (although many support multiple goals), illustrating OMH's commitment to enhancing and assessing the impact of all policies and programs on racial and ethnic health disparities.

Strategic Goal 1: Strengthen Health Care

Key accomplishments in FY 2014 include:

- Through OMH leadership the **HHS Disparities Action Plan** supported:
  - Development of the Health IT Disparities Plan,
  - Development of the oral health e-learning curriculum on cultural competency to assist oral health providers caring for diverse populations, and
  - Collaboration and coordination with CMS to develop and disseminate culturally-competent materials to support Affordable Care Act outreach and enrollment efforts.
- OMH's **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** supported:
  - The launch of a new e-learning program for oral health professionals and the development of an e-learning program for Promotores de Salud (in progress).
  - Think Cultural Health (TCH) registered 29,299 new participants in the four e-learning programs (for physicians, nurses, disaster response personnel, and oral health professionals). The programs awarded approximately 880,000 continuing education credits in FY 2014. This brings the cumulative total of registrants for these e-learning programs since their inception to the end of FY 2014 to 173,440.
- OMH furthered the adoption, implementation, and evaluation of the **National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)** by supporting:
  - Studies related to the identification and provision of the National CLAS Standards in health care such as the Joint Commission's recently released 2015 Standards for the Hospital Accreditation Program. Several of the Standards' requirements overlap with the intent and objectives of the National CLAS Standards.

Strategic Goal 2: Advance Scientific Knowledge and Innovation

Key accomplishments in FY 2014 include:

- A continuing partnership between OMH and the National Center for Health Statistics (NCHS) in support of the Native Hawaiian and Pacific Islander (NHPI) National Health Interview Survey (NHIS) aims to address the persistent lack of data for this small and hard to reach population. This project supports the HHS Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status required by Section 4302 of the Affordable Care Act. Data from the NHPI NHIS are expected to be available summer 2015.
- OMH produced the data brief "Characteristics of Uninsured Males by Race and Ethnicity (Ages 18-64 years)" in June 2014. This data brief was one of the first briefs produced by the Department that details socio demographic information specifically about uninsured men of color.
- The **HHS American Indian and Alaska Native (AI/AN) Health Research Advisory Council (HRAC)** supported:
  - Submission of recommendations to HHS on issues of concern from the tribal communities including: Tribal Epidemiology Centers being recognized as public health authorities; and research topics such as suicide prevention, chronic disease risk factor reduction, and methamphetamine prevalence/prevention.
  - Development of an Annual Health Research Report that includes summaries of various HHS research projects focusing on AI/ANs used as a resource to share research findings, topics, and available federal programs with tribes.

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

Key accomplishments in FY 2014 include:

- The **Office of Minority Health Resource Center (OMHRC)** supported:
  - National Minority Health Month (theme – Prevention is Power: Taking Action for Health Equity) in April 2014, achieving more than 389 media hits, and media outlets with OMH-related coverage received approximately 45.3 million unique visitors. The Minority Health Month "*Let's Talk Prevention Twitter Relay*" reached an estimated audience of 2 million.
  - Capacity building training to public health offices, community based organizations and associations, including conducting three webinars and supporting individually based training for more than 1,100 health care professionals in 21 community organizations, and across 9 HHS Regions.
- The **American Indian and Alaska Native (AI/AN) Health Disparities Program** supported:
  - Distribution of over 5,390 culturally and linguistically appropriate written educational materials through outreach in the community, at health fairs and exhibit booths.
- The **Curbing HIV/AIDS Transmission Among High Risk Minority Youth and Adolescents (CHAT) Project** supported:
  - Grantees providing HIV prevention education, counseling/testing, and social services (via peer-to-peer outreach models and social media) to nearly 22,500 high risk minority youth.
- The **HIV/AIDS Health Improvement for the Re-entry Population Demonstration Program (HIRE) Project** supported:
  - Grantees providing HIV/AIDS-related services to 19,000 individuals; HIV counseling, testing, and linkages services to 5,000 individuals; and HIV/AIDS prevention education to 7,000 individuals. Findings show 98% of recently released individuals who, at the time of the first HIRE Program encounter were newly diagnosed with HIV, were entered into continuum of care HIV treatment, within 30 days of the new diagnosis. In addition, 97% of recently released individuals that had already been diagnosed with HIV prior to their first HIRE Program contact received HIV treatment services within 30 days.

- The **Youth Empowerment Program (YEP*)*** supported:
  - Services for approximately 17,000 at-risk minority youth and their families. Findings show that the rate of promotion to the next grade was 17 percent higher among YEP participants than local comparison groups and school suspension rates are 2.5 times higher in comparison groups than among YEP participants.
- The **FIHET Equity in All Policies Workgroup** supported:
  - A panel session at the National Health Impact Assessment conference in Washington, DC, on ongoing efforts to integrate or consider equity in policies and programs in public, private, health, and non-health sectors. The workgroup also organized a series of monthly health equity webinars featuring state and local promising practices, including California, Maryland, Massachusetts, Minnesota, and Ohio. A total of 901 individuals participated in the first six webinars. On average, 90 percent of participants agreed their knowledge of strategies for integrating equity in policies and programs increased, and 88% percent of participants agreed they would be able to apply the information learned to their work.
- The **RHECs** have supported:
  - ACA outreach activities in four regions, reaching approximately 3,250 consumers eligible for coverage under the ACA in seven states, with almost 50% expressing intent to enroll in coverage. Technical assistance from OMH was used to support their data collection activities through the development of a tool used by RHEC to assess the impact of outreach efforts.
  - Specific examples of events include:
    - A Community Forum and Expo on the ACA with more than 250 attendees, translated in four additional languages (Chinese, Korean, Hindi, and Tagalog).
    - An educational session for 622 attendees from all five racial and ethnic minority groups across Michigan on general policies and procedures for implementation of ACA.
    - 27 ACA presentations to a diverse range of organizations including business associations, HIV planning groups, parole boards/programs for the re-entry population, churches, and local departments of health.
- OMH leadership for the **Youth National Partnership for Action (yNPA)** supported:
  - A Memorandum of Understanding with the Stanford University Youth Medical Science Program to provide technical assistance to partners such as academic institutions, national organizations, and statewide or community coalitions who want to adapt the Public Health Advocacy curriculum for youth enrolled in their program.
  - Two pilot presentations for Marshall University and West Virginia State University, reaching 187 high school students from an Upward Bound and a Healthcare Pipeline program.

Strategic Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

OMH supports this goal by maintaining, strengthening, and evaluating OMH's internal performance improvement and management system and evaluating implementation of the HHS Disparities Action Plan and the National CLAS Standards. OMH also plays a critical role in educating students about health disparities and social determinants of health and preparing them become future leaders and practitioners. Key accomplishments in FY 2014 include:

- OMH's **Performance Improvement and Management System (PIMS)** supported:
  - Development of initial project profiles and an evaluation plan assessment report for all new 2014 state partnership grantees to guide their subsequent evaluation planning and data collection, including identification of evaluation planning best practices.
  - Completion of three rounds of evaluation monitoring/check-ins with all continuing and completing grantees.

  - Development of emerging evidence briefs and drafting of final evidence reports for all grant programs that continue beyond or end in FY 2014.
- OMH's monitoring of the implementation of the **HHS Disparities Action Plan** supported:
  - Evaluation of health disparity impact statements for policies and programs.
  - Evaluation and assessment of the development of a multifaceted health disparities data collection strategy across HHS, as outlined in the HHS Disparities Action Plan.
  - Initial development of a framework for the long-term evaluation of National CLAS Standards. OMH started a new evaluation project in CY 2014 to systematically describe and examine the awareness, knowledge, adoption, and implementation of the National CLAS Standards.
- OMH's monitoring of the implementation of the **NPA** supported:
  - Development of the second comprehensive NPA evaluation report in 2014 and use of the information to identify accomplishments and make adjustments in NPA implementation to maximize impact.

Funding History

Fiscal Year	Amount
FY 2011	$55,888,000
FY 2012	$55,782,000
FY 2013	$39,533,000
FY 2014	$56,516,000
FY 2015	$56,670,000

Budget Request

The FY 2016 President's Budget request of $56,670,000 is equal to the FY 2015 Enacted Level. In FY 2016, OMH will continue to provide leadership in coordinating policies, programs, and resources to support implementation and monitoring of both the HHS Disparities Action Plan and the NPA. The FTE increase reflects increasing responsibility and programmatic and policy initiatives. OMH will increase FTE by reallocating resources from operational expenses. OMH will continue coordination of HHS health disparity programs and activities; assessing policy and programmatic activities for health disparity implications; building awareness of issues impacting the health of racial and ethnic minorities; developing guidance and policy documents; collaborating and partnering with agencies within HHS, across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance.

Additionally, OMH will continue to serve in a critical leadership role within HHS in outreach and education of racial and ethnic minorities on the Affordable Care Act and the Health Insurance Marketplace through its many national, regional, state and territorial, tribal, and community-based partnerships and networks across the nation. To align with the FY 2016 funding level, OMH will target the most at-risk populations for outreach and awareness activities to reduce health disparities and improve minority health.

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

Grants:

- The **American Indian and Alaska Native (AI/AN) Partnership Program** provides support to tribal epidemiology centers and their respective tribal leaders to manage more effectively and facilitate evidence-based health care decision making. In FY 2016, an estimated 1,800 individuals are projected to receive services, training, and technical assistance.
- The **Youth Empowerment Program (YEP*)*** seeks to address unhealthy behaviors in at-risk minority youth and provide them with opportunities to learn skills and gain experiences that contribute to more positive lifestyles. This program will serve approximately 257,000 at-risk minority youth and their families in FY 2016.
- The **Youth Empowerment Program II (YEP II)** addresses unhealthy behaviors in minority males (10-18 years-old) at-risk of violence and provides them opportunities to learn skills and gain experiences that contribute to more positive lifestyles. In FY 2016, it is expected this program will impact almost 7,000 high risk minority youth and their families.
- The **Minority Youth Violence Prevention (MYVP)** program is a partnership between the Office of Minority Health and the Department of Justice, Office of Community Oriented Policing Services, to support an initiative to integrate public health and violence prevention approaches. In FY 2016, this program is expected to impact almost 10,000 young minority males and their communities through violence prevention and crime reduction services.
- **Communities Preventing Childhood Trauma (CPCT)** is a multidisciplinary initiative to improve the education and health status of minority males and males from disenfranchised populations. CPCT grantees will serve high-risk minority and other disenfranchised males and their families living in communities with significant rates of violence, homicides, suicides, substance abuse, depressive episodes, and incarceration/legal detention. In FY 2016, this program is expected to impact approximately 2,500 males from minority and disenfranchised populations through community-based, community-focused intervention programs.
- The **National Workforce Diversity Pipeline (NWDP) Program** supports projects that develop innovative strategies to identify promising students in their first year in high school and provide them with a foundation to pursue a successful career in a health profession. It is anticipated the NWDP will expand the diversity of health professional pipelines. In FY 2016, it is expected this program will impact almost 5,000 minority youth.
- The **Partnerships to Increase Coverage in Communities II (PICC II)** program educates minority populations about the Health Insurance Marketplace and assists them with enrollment, completion of the application to determine their eligibility and purchase of health insurance offered through the Marketplace.
- The **State Partnership Grant Program to Improve Minority Health** supports State-level partnerships through direct surveillance programs to address health disparities. It is estimated that the SPG will engage more than 220,000 organizations and consumers in FY 2016.
- The **HIV/AIDS Initiative for Minority Men (AIMM)** establishes HIV Integrated Centers for Care and Supportive Services that employ evidence-based disease management, preventive health and supportive service programs. In FY 2016, AIMM grantees are expected to serve approximately 12,000 minority MSMs living with or at-risk for HIV/AIDS.

Contracts and IAAs:

- The **Office of Minority Health Resource Center (OMHRC)** will continue to provide English and Spanish web sites for OMH, publications distribution, exhibits, Affordable Care Act outreach and education, and campaign support for the NPA and the Healthy Baby Begins with You/Preconception Peer Educators infant mortality campaign, and other OMH and HHS initiatives.

- The **Implementation of the National Partnership for Action to Eliminate Health Disparities (NPA)** includes three contracts:
  - **Core Implementation** of the NPA includes monitoring and updating the implementation strategy for the NPA; supporting and sustaining implementation at the state, territorial, regional, national, and federal levels; coordinating and streamlining the implementation-related activities of OMH and the various contractors; documenting and sharing implementation successes, challenges, and lessons learned.
  - **Logistical** support is provided throughout the year in the form of telephone and webinar conference coordination for the Regional Health Equity Councils (RHECs), as well as logistical technical support for the Federal Interagency Health Equity Team (FIHET.
  - **Core Evaluation** support includes collecting, analyzing, and summarizing baseline data and initial follow-up data to explore indicators of immediate and intermediate outcomes.
- The **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** will: increase the support and promotion of cultural competency e-learning curriculum modules for physicians, nurses, promotores de salud (community health workers), and other health professionals with updates, additional on-line resources, and marketing plans for each curriculum.

OMH – Projected Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
4.2.1 Increased percentage of continuing education credits earned or awarded to enrollees who complete at least one or more of OMH's accredited 'Think Cultural Health' e-learning programs (Output)	FY 2014: 43% Target: 15% (Target Exceeded)	20%	25%	+5%
4.3.1 Increased average number of persons participating in OMH grant programs per $1 million in OMH grant support (Efficiency)	FY 2014: 33,667 Target: 16,593 (Target Exceeded)	12,928	13,316	+388
4.3.2 Increased average number of OMH grant program participants per $1 million in OMH grant support through partnerships established by grantees to implement funded interventions. (Efficiency)	FY 2014: 26,040 Target: 28,804 (Target Not Met)	4,533	4,669	+136
4.4.1 Unique visitors to OMH-supported websites (Output)	FY 2014: 1,712,413 Target: 590,000 (Target Exceeded)	595,000	600,000	+5,000
4.5.1 Increased percentage of State and Territorial Offices of Minority Health/Health Equity that have incorporated national disease prevention and health promotion (e.g., Healthy People 2020) and health equity (e.g., National Partnership for Action to End Health Disparities) goals in their health disparities/ health equity planning processes. (Output)	FY 2014: 44% Target: 27% (Target Exceeded)	37.5%	41%	+3.5%

Program/Measure	Most Recent Result	FY 2015 PB Target	FY 2016 Request Target	FY 2016 Request +/- FY 2015
4.6.1: Increase the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners (Output)	FY 2013: 40% Target: 32% (Target Exceeded)	35%	36%	+1%

Performance Analysis

4.2.1: Think Cultural Health (TCH) is an online continuing education program dedicated to advancing health equity at every point of contact. The focus is on increasing provider self-awareness and, over time, changed beliefs and attitudes that will translate into better health care. With the addition of new e-learning modules for more health care and public health professionals and service providers and sustained focus on the promotion and adoption of the CLAS Standards, OMH expects to see a 25% increase in the number of CME and CE credits earned or awarded to enrollees who complete at least one or more of OMH's accredited 'Think Cultural Health' e-learning programs in their respective fields.

4.3.1 AND 4.3.2: OMH provides grant funds to State Offices of Minority Health, community and faith-based organizations, Tribes and tribal organizations, national organizations; and institutions of higher education. These grants play a critical role in supporting the HHS Disparities Action Plan and the NPA. In FY 2016, OMH will continue a number of grant programs and initiate several new ones that address health disparities and expects to see a 3% increase in the average number of people participating in OMH grant programs per $1 million. The 2013 State Partnership Grant Program will end in FY 2015 and the expected future performance State Partnership Grant programs is in line with the FY 2016 funding level.

4.4.1: The OMH supported websites are administered by the OMH Resource Center. The main website, www.minorityhealth.hhs.gov, houses a digital database of the knowledge center collection, minority health and health disparities data and literature, resources for community- and faith-based organizations and information about OMH. The website supports community organizations and health disparities researchers in assembling accurate and comprehensive information and articles for use in program development and grant writing. The websites serve as an information dissemination tool for the HHS Disparities Action Plan and the NPA (www.minorityhealth.hhs.gov/npa) and facilitate educational outreach to Black/African American, Hispanic/Latino, American Indian, Alaskan Native, Asian American, Native Hawaiian, and Pacific Islander communities. The NPA toolkit, aimed at helping community organizations, has been viewed 1.7 million times since it was unveiled. OMHRC keeps NPA partners connected through its web page, electronic newsletter, blog, and related media. OMH expects to see at least 600,000 unique visitors to its main website in FY 2016. The target was set conservatively in anticipation of a newly redesigned website and significant reductions in users often associated with such website redesigns. With the launch of the newly designed website in August 2014, OMH expects to revisit and consider adjusting future year targets upward, based on actual performance and keeping within budget parameters.

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

Disparities) goals in their health disparities/health equity planning processes. The expected performance of this measure is in line with the FY 2016 funding level.

4.6.1: OMH is charged with advising the Secretary and the department on the effectiveness of community-based programs and policies impacting health disparities. OMH funds demonstration grants to develop, test, and implement interventions to reduce health disparities. Results from these demonstration programs play a critical role in supporting the HHS Disparities Action Plan and the NPA`. Additionally, OMH is charged with ensuring on-the-ground implementation of many of the ACA provisions and HHS Disparities Action Plan strategies. OMH expects to see a 1% increase in the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners per year. The expected performance of this measure is in line with the FY 2016 funding level.

Program Data Chart

Contracts

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
OMH Resource Center	3,816,000	3,500,000	3,500,000
Logistical Support Contract	2,041,939	1,800,000	1,800,000
National Partnership for Action to end Health Disparities	2,148,455	1,750,000	1,500,000
Center for Linguistic and Cultural Competency in Health Care	1,775,000	1,700,000	1,700,000
HHS Action Plan to Reduce Racial and Ethnic Health Disparities	575,000[4]	750,000	600,000
Evaluation	582,061	900,000	900,000
State Minority Health Task Force	534,802[5]	0	0
Disparities Health Prevention	0	1,016,000	0
Subtotal, Contracts	**11,474,257**	**11,416,000**	**10,000,000**

Grants/Cooperative Agreements

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
State Partnership Programs	3,230,861	3,000,000	3,000,000
American Indian/Alaska Native Partnership	1,200,000	1,200,000	1,200,000
Curbing HIV/AIDS Transmission Among High Risk Minority Youth and Adolescents	1,300,000	0	0
Youth Empowerment Program	2,064,734	2,070,000	2,070,000
Conference Support	0[6]	0	0
Minority Youth Tobacco Elimination Project	0[7]	0	0
Specified Project – Lupus	2,000,000	2,000,000	2,000,000
National Umbrella Cooperative Agreements	4,475,000[8]	0	0

4 Funding decrease reflects funding mechanism change to IAA.
5 Funding reallocated to fund HIV/AIDS grant activities.
6 Activity cancelled in FY14.
7 Activity cancelled in FY14.
8 Decreased funding due to cancellation of one grantee award in FY14.

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Minority Youth Violence Prevention	6,729,708	6,729,708	6,729,708
Partnership to Increase Coverage for Communities of Color	3,203,913	6,703,913	3,500,000
Communities Preventing Childhood Trauma (CPCT)	0	0	3,000,000
Reentering Citizens Community Linkages Program (RCCL)	0	0	2,000,000
Multiple Chronic Condition Management (MCC)	0	0	3,000,000
Partnership Active Communities to Achieve Health Equity	0	0	0
HIV/AIDS Initiative for Minority Men (AIMM)	2,624,814	3,749,814	2,249,814
OASH National Prevention Partnership Awards	1,693,287	0	0
National Workforce Diversity Pipeline Program (NWDP)	0	2,500,000	2,500,000
Subtotal, Grants/Coop	**28,522,317**	**27,953,435**	**31,249,522**
Inter-Agency Agreements (IAAs)	**1,786,962**	**2,255,000**	**500,000**
Operating Costs	**14,732,503**	**15,045,565**	**14,920,478**
Total	**56,516,000**	**56,670,000**	**56,670,000**

Grants

Grants (whole dollars)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	105	101	116
Average Award	$267,108	$276,767	$269,392
Range of Awards	$65,000-$2,000,000	$150,000-$2,000,000	$200,000 -$2,000,000

OFFICE ON WOMEN'S HEALTH

Budget Summary
(Dollars in Thousands)

Office on Women's Health	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	33,958	32,140	31,500	-640
FTE	43	43	43	0

Authorizing Legislation: .....Title II, Section 229 of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct federal, Competitive grants, Contracts

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

Impact National Health Policy as it Relates to Women and Girls
OWH coordinates health policy, leads and administers committees, and participates in government-wide policy efforts.

HHS Coordinating Committee on Women's Health (CCWH), chaired by OWH, advises the Assistant Secretary for Health on current and planned activities across HHS that safeguard and improves the health of women and girls. Accomplishments in FY 2014 include:

- Launched a web portal to centralize access to federal information and resources on interpersonal violence,
- Submitted two articles for publication and developed an interactive website and timeline in celebration of the 30th anniversary of the coordinating committee, and
- Sponsored a challenge.gov competition to create tools to educate women about the Affordable Care Act

HHS Violence Against Women (VAW) Steering Committee (VAW-SC) works collaboratively on issues involving violence against women and girls. OWH and the Family Violence Prevention and Services Program within the Administration for Children and Families (ACF), chair the committee, which works strategically to improve awareness, increase collaboration, and advance evidence-based programs and policies. Accomplishment in 2014 include:

- Collaborated on projects and educational activities to highlight Dating Violence Month, Elder Abuse Day, Sexual Assault Month and Domestic Violence Month, and
- Co-hosted an event with the White House celebrating the release of the Report of Recommendations for Interagency Actions Working Group on HIV/AIDS, Violence Against Women, and Gender-Related Health Disparities in February 2014

Chronic Fatigue Syndrome Advisory Committee (CFSAC), which OWH leads, is composed of non-federal researchers, clinicians, a patient representative, and federal *ex-officio* representatives. This committee makes recommendations to the Secretary on a broad range of topics including research, clinical care, and quality of life for patients with Chronic Fatigue Syndrome. Accomplishment in 2014 include:

- Formed two new work groups: (1) to evaluate current and potential opportunities to influence medical professionals regarding diagnosis and treatment, and (2) to provide a set of recommendations aimed at increasing awareness among researchers; both workgroups have provided recommendations to the Secretary
- Based a recommendation from the CFSAC, the Institute of Medicine (IOM) is conducting a study to identify the evidence for various diagnostic clinical criteria using stakeholder input

OWH represents HHS on the White House Council of Women and Girls, which ensures that federal agencies account for the needs of women and girls in the policies they draft, the programs they create, and the legislation they support. Accomplishments in F Y 2014 include:

- Helped to organize the White House Summit on Working Families
- Launched a working group on women veterans

OWH represents HHS on the White House Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities, which is comprised of leaders from across the federal government. The working group published its first report in September 2013, which included a detailed implementation plan. Accomplishments in FY 2014 include:

- Published a Progress Report in February 2014

Model Programs on Women's and Girls' Health

OWH supports activities and programs aimed at gathering evidence on effective strategies to help women and girls of all ages live healthier lives. For example, OWH continues Project Connect, a multi-state initiative, which educates public health professionals about the effects of violence and victimization on women's health. OWH programs continue to provide training on the relationship between violence against women and HIV/AIDS while engaging men and faith-based communities as partners in violence prevention.

OWH launched Phase II of the Coalition for a Healthier Community (CHC) program in September 2011, which since inception has comprised of local, regional, and national organizations, academic institutions, and public health departments developing and implementing a strategic plan to address health conditions that adversely affected the health of women and girls in their community with goals and objectives linked to *Healthy People 2020*. Accomplishments in FY 2014 include:

- Facilitated policy changes at the local and state level
- Used participatory evaluation approaches to assess the effectiveness of gender-based systems approaches to improving women and girl's health, and
- Submitted a literature review, which identifies best or promising practices in using gender-based approaches to improve health among women and girls, for a special issue of the peer-reviewed journal Evaluation and Planning.

OWH since FY 2012, has actively worked to develop and test pilot interventions that promote healthy weight and weight reduction in lesbian and bisexual women through group support programs and community approaches. In FY 2013, OWH launched the Healthy Weight Coordinating Center and in FY 2014 completed interventions in Washington, DC, New York City, and San Francisco.

Education and Collaboration on Women's and Girls' Health

OWH administers the National Women's Health Information Center, which utilizes websites, social media, print materials, and a helpline to provide information in English and Spanish to women across the nation. Some of OWH's recent accomplishments include:

- A 30% increase in visits to OWH's main website (Womenshealth.gov) over the previous fiscal year (27,064,217 visits in FY 2014 compared with 20,894,531 in FY 2013).
- Outreach efforts to promote Girlshealth.gov resulted in 1,295,894 visits in FY 2014.
- 1.2 million subscribers to its social media channels; which reflected a more than 25% increase in subscribers since FY 2012.

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

- Over 11,000 visits to a newly designed section of the Womenshealth.gov website which focused on HIV/AIDS awareness. This reflects an additional 1,800 visits to the website as compared to the 9,173 during FY 2013.
- In FY 2014, thousands of events were held across the country to promote women's health and provide access to important health information and screenings.

In FY 2014, OWH partnered with CMS to supplement their Health Insurance Marketplace Public Education and Outreach Campaign, with a focus on mothers of uninsured young adults. These joint efforts raised awareness about new affordable health coverage options available for them in the Health Insurance Marketplace. Ads aired between January and March 2014 nationally on several channels including Lifetime and ABC Family. OWH also partnered with CMS, WebMD and Medscape to provide information to women and health care providers (particularly providers who specialize in treating women) on relevant components of the Affordable Care Act.

Funding History

Fiscal Year	Amount
FY 2011	$33,679,000
FY 2012	$33,682,000
FY 2013	$33,002,000
FY 2014	$33,958,000
FY 2015	$32,140,000

Budget Request

The FY 2016 President's Budget request of $31,500,000 is $640,000 less than the FY 2015 Enacted Level. At the FY 2016 request level, OWH will reduce operational costs as they continue to play a leadership role in coordinating policies, programs, and information to support the implementation of the OWH Strategic Plan in four main areas: Women's Health Across the Lifespan, Breastfeeding, Health Disparities, and Violence and Trauma.

Detailed OWH activities for FY 2016 will include:

Evaluation

- Evaluation of the Women's Health Leadership Institute: OWH will evaluate this program and assess whether the program met its goal to train experienced community health workers to take a public health systems approach when addressing chronic diseases and other health disparities.
- OWH Helpline/Call Center Evaluation: This evaluation will examine the metrics for the OWH Helpline/Call Center and will aid in determining whether OWH will continue to support this resource.
- Evaluation of the Impact of the Bakken Oil Boom on the Mental and Behavioral Health of Women in Western North Dakota and Eastern Montana: OWH plans to fund a mixed methods study to examine the impact of the Bakken oil development on the physical, mental, and emotional wellbeing of the women in these areas.

Trauma/Violence Against Women

- Violence and Trauma: Campus Sexual Assault: OWH will continue to support this grant program, which supports projects focused on policies to address sexual assault on college campuses. These awards are enhancing and implementing sexual assault prevention policies through provision of national outreach and technical assistance, development of institutional partnerships, and creation of campus coalitions.
- Trauma Informed Care for Health Care Providers – Online Clinical Cases: OWH will develop a set of interactive online clinical cases for health care providers to train them on the prevalence and impact of trauma and how to provide trauma-informed care.
- HIV Prevention Services for Survivors of Domestic Violence: A pilot training project will address the risks of contracting HIV/AIDS among women who experience intimate partner violence.
- Violence and Trauma: At-Risk Girls and Women Project: OWH will develop a training curriculum for providers about violence, trauma, and the intersection of violence and HIV.
- Women in Re-entry and Transition: Women in the criminal justice system face numerous barriers as they transition back to their community. OWH will use lessons learned from these projects to support demonstrations programs that develop a comprehensive approach to assist women in successfully reentering their communities.

Women's Health Across the Lifespan

- Caregiver Health Project: The vast majority of caregivers are women and funding will support a more comprehensive assessment of the various health effects of caregiving, in addition to identifying current evidence-based practices that can be more widely utilized.
- Adolescent Health Project: OWH has demonstrated previous success in reaching adolescent girls on a variety of health topics, including health promotion, nutrition, and physical activity. The project will work in these areas to disseminate evidence-based information to this population.
- Women of Child-Bearing Age Health Project: OWH is partnering with Health Resources and Services Administration (HRSA) on the Maternal Health Initiative to expand professional education on the leading causes of maternal morbidity and mortality**.** OWH plans to utilize a variety of methods to disseminate clinical and public health information focused on reducing maternal mortality and morbidity associated with pregnancy, labor and delivery, and the postpartum period.

Health Disparities

- Girls and Women at High Risk of HIV/AIDS: Since monogamy is recommended as a risk reduction factor, many of these women believe they are not at risk for HIV. OWH will determine the extent of this practice and belief and develop model programs to clarify this message.
- Support for Indian Health Service Women's Health HIV/AIDS Projects: OWH will partner with the Indian Health Service to evaluate the best practices and evidence-based interventions for this high-risk population.
- Older Women and HIV/AIDS: Recent CDC data indicates that 25% of all new cases of HIV/AIDS are occurring in Americans over the age of 50. Given that this age group is likely to suffer from one or more chronic health conditions, OWH will assemble evidence-based strategies and information that can provide guidance to health care providers who are caring for older persons at risk for or already diagnosed with HIV/AIDS.
- Women's Health Disparities: As women and girls with HIV/AIDS live longer, it is important to determine if the health and social service systems are prepared to meet their needs. OWH will conduct an environmental scan to determine the needs of older people living with HIV/AIDS and the barriers they face. Programs to address the barriers will then be implemented.

Breastfeeding

- Breastfeeding Initiative: OWH will strategically partner with agencies that serve underserved groups, especially individuals and non-traditional community partners, for expansion of evidence-based programs that increase breastfeeding practices
- Support for HRSA Federally-funded Health Centers: The HRSA-supported federally qualified health centers will be the focus for expansion of breastfeeding programs to pregnant women and nursing mothers. OWH expects to support a variety of interventions, such as internet-based information sharing, community-based counselors, and information shared with the health care

Affordable Care Act (ACA)

- ACA/Health Care innovations: Patient and Health Care Provider Education Campaign: While continuing to support CMS's effort to enroll the uninsured in the Marketplaces, OWH will also expand its efforts to ensure that individuals who received coverage renew their coverage and improve their insurance literacy through CMS's Coverage to Care initiative.
- ACA/Health Care Innovations: Support CMS' efforts to enroll the uninsured in Marketplaces, in addition to expanding efforts to ensure newly insured individuals renew their coverage, improve their insurance literacy, and deepen their understanding of how to use their coverage.

OWH - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
5.2.1 Number of users of OWH's social media channels. (Output)	FY 2014: 1,283,059 Target: 810,175 (Target Exceeded)	1,150,000	1,500,000	+350,000
5.3.1 Number of users of OWH communication resources (Output)	FY 2014: 30,656,806 user sessions Target: 21,500,000 (Target Exceeded)	18,000,000 user sessions	20,000,000	+2,000,000

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
5.4.1 Number of girls ages 9-17 and women ages 18-85+ that participate in OWH-funded programs (e.g., information sessions, web sites, and outreach) per million dollars spent annually. (Efficiency)	FY 2014: 1,822,395 Target: 770,461 (Target Exceeded)	1,000,000	1,000,000	+0

Performance Analysis

OWH's outreach efforts will ensure the availability of a central source of reliable women's health information to the public. Without funding for these efforts, women and girls across the country will have to find alternate means of receiving this helpful health information. Data from the Pew Research Center shows that 86% of women who are online use the internet to find health information: (http://pewinternet.org/Reports/2011/HealthTopics/Part-2/Women.aspx). The evidence base for OWH includes the number of user sessions to the OWH websites, the number of users of OWH's social media channels, and the number of women and girls served by OWH programs and initiatives.

OWH's continued social media efforts will ensure that valuable information regarding the health of women and girls is available to the public in the most accessible and widely used formats (e.g., desktop, mobile, or tablet). Data from the Pew Research Center shows that 75% of online women use social media in a typical day (http://pewinternet.org/Commentary/2012/March/Pew-Internet-Social-Networking-full-detail.aspx). As of FY 2014, over 1.2 million users subscribed to OWH social media channels, and OWH is ranked as the #2 (@womenshealth) and #3 (@girlshealth) most popular Twitter channels at HHS.

Program Data Chart

Contracts

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Program Evaluation	820,926	1,620,000	1,500,000
Health Communications	4,065,696	4,193,408	4,065,000
Logistical Meeting Support	0	500,000	300,000
Women's Health Across the Lifespan	850,000	200,000	1,800,000
Incarcerated Women in Transition & Trauma	520,529	900,000	1,500,000
Health Disparities	0	250,000	0
Breastfeeding	150,000	450,000	300,000
Quick Health Data	500,000	0	0
HIV/AIDS	1,344,122	650,000	1,400,000
Violence Against Women	770,095	1,200,000	850,000

Activity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Subtotal, Contracts	**9,021,368**	**9,563,408**	**11,715,000**
Grants/Cooperative Agreements			
Affordable Care Act Enrollment	1,910,442	0	0
National Women's Health Prevention Awards[9]	2,123,874	3,248,874	3,248,874
Coalitions for Health Community	2,999,996	3,000,000	0
HIV/AIDS	650,000	0	0
Health Disparities	0	1,000,000	1,000,000
Violence Against Women	1,715,000	3,700,000	3,700,000
Subtotal, Grants/Cooperative Agreements	**9,399,312**	**10,948,874**	**7,948,874**
Inter-Agency Agreements (IAAs)			
Co-sponsorships (includes IAAs & others)	**5,398,095**	**1,973,200**	**1,984,000**
Operating Costs	**10,139,225**	**9,254,518**	**9,852,126**
Total	**33,958,000**	**32,140,000**	**31,500,000**

Grants

Grants (whole dollars)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	19	16	20
Average Award	$498,144	$450,000	$250,000
Range of Awards	$30,000-$1,715,000	$300,000-$2,200,000	$200,000-$400,000

OFFICE OF RESEARCH INTEGRITY

Budget Summary
(Dollars in Thousands)

Office of Research Integrity	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	8,558	8,558	8,558	0
FTE	21	26	26	0

Authorizing Legislation: ……Section 493 of the PHS Act
FY 2016 Authorization……Indefinite
Allocation Method……Direct federal, Contracts, Grants

Program Description and Accomplishments

The mission of the Office of Research Integrity (ORI) is to promote integrity in biomedical and behavioral research, reduce research misconduct, and maintain the public confidence in research supported by funds of the U.S. Public Health Service (PHS). This mission supports HHS goals #2: Advance Scientific Knowledge and Innovation, and; #4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs. ORI also directly supports the OASH initiative of providing national level leadership on the quality of public health systems. Recipients of PHS funds are required by federal regulation to foster an environment that promotes the responsible conduct of research, implement policies and procedures to respond to allegations of research misconduct, protect the health and safety of the public, and conserve public funds (42 CFR Part 93). ORI functions through two divisions. The Division of Investigative Oversight (DIO) handles allegations of research misconduct and monitors institutional research misconduct processes, and the Division of Education and Integrity (DEI) manages programs to ensure that PHS-funded institutions have policies and procedures in place for handling allegations of research misconduct and provides educational resources to help institutions in preventing the occurrence of research misconduct. One example of ORI's engagement in cross-departmental collaboration is through training and oversight activities involving the Office for Human Research Protections (OHRP) and the HHS Office of the Inspector General. As for cross-governmental collaboration, ORI initiated quarterly meetings for representatives from other agencies responsible for handling research misconduct allegations, including the National Science Foundation, the Veteran's Administration, the Department of the Interior, the Environmental Protection Agency, and the Department of Defense.

ORI accomplishments in 2014 have furthered the goal of promoting research integrity as follows:

- Closed 35 cases following independent oversight review of institutional investigations, which included seven HHS findings of research misconduct;
- Closed approximately 50 cases following independent oversight review of institutional assessments or inquiries of allegations of research misconduct;
- Provided 97 instances of technical and procedural assistance to institutions involved in research misconduct proceedings through the Rapid Response for Technical Assistance (RRTA) program, including guidance in forensic image analysis and compliance with federal regulations;
- Completed three intensive trainings for non-government and government Research Integrity Officers (RIOs) responsible for handling allegations of misconduct;
- Provided input for the publication of "Research Misconduct Involving Noncompliance in Human Subjects Research Supported by the Public Health Service: Reconciling Separate Regulatory Systems," which was a tangible outcome of an ORI/OHRP/FDA sponsored meeting in 2013;

- Maintained the assurance database that tracks annual reports from the more than 5,500 institutions worldwide that receive federal funds for research and ensured that they implement policies for handing allegations of research misconduct;
- Created educational resources to promote research integrity, including "The Clinic," an interactive video addressing misconduct in clinical research settings;
- Provided competitive grant awards and continuation awards to eight U.S. institutions to fund exploratory study of efforts to prevent research misconduct and promote research integrity;
- Advised scientific journal editors on the use of forensic tools for analysis of images.

Funding History

Fiscal Year	Amount
FY 2011	$9,027,000
FY 2012	$9,027,000
FY 2013	$8,558,000
FY 2014	$8,558,000
FY 2015	$8,558,000

Budget Request

The FY 2016 President's Budget Request of $8,558,000 is the same as the FY 2015 Enacted Level. At this level, ORI will support staff needed to conduct investigative and educational activities, as well as contracts and grants needed to support the dissemination of information and training activities to increase awareness and technical skill in the conduct of research oversight by PHS-funded research institutions. ORI's specific plans for spending the requested FY 2016 funds are articulated as follows:

Salaries

Salaries and benefits for ORI staff, including health scientist administrators (HSAs), program analysts, program assistants, and supervisory HSAs are included in the planning level budget request.

Contracts

Each of the following contracts supports the HHS strategic goals: #2 "Advance Scientific Knowledge and Innovation" and #4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs.

Subject Matter Expert Contract

ORI uses a number of subject matter experts (SMEs) from the research community. These SMEs are cost effective for ORI as they provide services that may exceed the expertise of ORI staff, provide objective analysis of ORI programs, and reduce the need for ORI to hire FTEs to perform tasks that may not require full-time effort. ORI expects to continue the services of SMEs with experience in research integrity. These SMEs will perform the following tasks: 1) provide scientific expertise on cases of research misconduct involving clinical research; 2) provide database support for tracking research misconduct cases; 3) provide expertise on cases involving whistleblower protections or requiring compliance reviews; 4) design and implement study protocols related to the responsible conduct of research; and, 5) provide advanced forensics training for DIO investigators. This initiative will significantly enhance ORI's performance goal of responding to new allegations of research misconduct within a reasonable time period. ORI SMEs continue to develop and refine the software system, which organizes, documents, and tracks allegations of research misconduct. This system will be used to

generate reports on ORI's response time to handling allegations and other statistical analyses for ORI cases.

Database and Website Development Contract
ORI supports database and website development including updating and enhancing the website and developing a robust intranet portal and tracking system. The digital/web-based communication is a critical tool for ORI to accomplish program goals and support program activities. The ORI website receives over 2,000,000 page views per year from users seeking information about ORI, misconduct cases, research education, and policies and procedures. In addition, ORI uses a secure on-line email program on a monthly basis to communicate with the biomedical research and research integrity communities. The ORI website requires intensive maintenance to ensure compliance with Federal Web Policies and HHS Web Communications & New Media Policies and Standards. Finally, the ORI Intranet Portal contains a Case Tracking System used by the ORI investigative division to monitor and document the progress of research misconduct allegations and cases.

Research Integrity Training and Education
ORI plans to support five conferences and workshops related to four thematic areas: 1) Research Integrity in Asia and the Pacific Rim; 2) the Research Integrity Officer Training Program; 3) Research Misconduct and Responsible Conduct of Research; and, 4) World Conference on Research Integrity.

Research Integrity in Asia and the Pacific Rim Conference
Nearly 100 institutions throughout Asia and the Pacific Rim receive PHS research funds and are thus required to comply with U.S. regulatory requirements. ORI plans to support a meeting of 40-50 officials who handle research misconduct allegations from those research institutions in the region that have active assurances with ORI. The meeting will result in heightened awareness of compliance with federal regulation 42 CFR Part 93, training requirements particular to PHS recipient institutions in the region, and best practices for handling misconduct allegations in countries with little or no infrastructure for research integrity. The cost for the meeting is approximately $150,000.

Research Integrity Officer Training Program
ORI will support two three-day Boot Camps designed to provide formalized training for RIOs and their legal counsel. Currently, there are more than 100 RIOs on ORI's waiting list for invitations to this program, which helps institutions comply with 42 CFR Part 93. When the process is mismanaged at the institutional level, both nationally and abroad, ORI is unable to fulfil its regulatory mandate by making research misconduct findings against guilty respondents. Attesting to the national importance of this training program, the Boot Camps have led to the creation of an independent professional association, the Association for Research Integrity Officers (ARIO), to provide a forum for RIOs across the country to convene. The cost for each boot camp is $30,000-$35,000.

ORI in 2017: Research Misconduct and Responsible Conduct of Research Conference
ORI plans to support a national gathering of institutional experts in research misconduct and research integrity to promote heightened awareness of compliance with federal regulations and effective methods for preventing research misconduct. This conference will build upon the foundations laid by the "ORI at 20" national conference held in Baltimore, MD in 2013. ORI plans to invite up to 100 participants and to support initiatives designed to produce publishable quality material. The cost of the conference is approximately $150,000.

World Conference on Research Integrity (WCRI)
Since its inception, ORI has been involved in the World Conference on Research Integrity. ORI plans to support a planning meeting for the 2017 World Conference. This planning meeting will support 10-12 participants in their development of a meeting agenda for the 5th WCRI in a location to be determined. The cost of the planning meeting is approximately $65,000.

Each of these meetings aligns with the mission and objectives of both the Department and the Office of the Assistant Secretary. Each event supports the Department's Strategic Goals #2: Advance Scientific Knowledge and Innovation and #4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs. The proposed meetings also directly support the Office of the Assistant Secretary (OASH) initiative of providing national-level leadership on the quality of public health systems.

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

Extramural Research Grants
ORI plans to support up to thirteen competitive grant awards for exploration of critical questions related to the promotion of research integrity and the responsible conduct of research.

Grants

Grants (whole dollars)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	8	18	13
Average Award	$187,500	$83,333	$99,253
Range of Awards	$150,000 - $300,000	$25,000 - $150,000	$25,000 - $150,000

EMBRYO ADOPTION AWARENESS CAMPAIGN

Budget Summary
(Dollars in Thousands)

Embryo Adoption Awareness Campaign	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	997	1,000	0	-1,000
FTE	0	0	0	0

Authorizing Legislation: .....Public Health Service Act, Section 1704
FY 2016 Authorization.....Indefinite
Allocation Method.....Competitive grants, Contract Inter-Agency Agreement

Program Description and Accomplishments

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

Funding History

Fiscal Year	Amount
FY 2011	$2,004,000
FY 2012	$1,996,000
FY 2013	$1,000,000
FY 2014	$997,000
FY 2015	$1,000,000

Budget Request

HHS is not requesting funds for this program for FY 2016.

HIV/AIDS IN MINORITY COMMUNITIES

Budget Summary
(Dollars in Thousands)

Minority AIDS Initiative	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	52,0820	52,224	53,900	+1,676
FTE	1	1	1	0

Authorizing Legislation:..... Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Grants, Cooperative Agreements and Contracts

Program Description and Accomplishments

The Minority AIDS Initiative (MAI) was established in 1999 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States. The principal goals of the MAI are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV related health disparities. The resources provided through MAI supplement, rather than replace, other Federal HIV/AIDS funding and programs.

MAI allocates resources to Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of the Secretary MAI Fund (SMAIF). The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) administers the Secretary's Fund (SMAIF) on behalf of the Office of the Assistant Secretary for Health (OASH). SMAIF funds are used to support cross-agency demonstration initiatives and are competitively awarded to HHS agencies and offices to fund innovative HIV prevention, care and treatment, outreach and education, technical assistance activities serving racial/ethnic minorities. The awards are approved and made by the Assistant Secretary for Health.

Following the release of the National HIV/AIDS Strategy (NHAS) in 2010, OHAIDP restructured the SMAIF to better align with the goals, objectives, and priorities of the NHAS including working with HHS agencies and offices to enhance the targeting and the effectiveness of SMAIF funds. These efforts seek input from various community leaders and providers about unmet HIV/AIDS prevention and care needs and emerging priorities. This is accomplished through program and process directives, including the development and use of a formal internal Funding Opportunity Announcement (FOA). The internal FOA designates four priority project areas: HIV prevention and linkage to care services for racial and ethnic minority populations; improving health outcomes for racial/ethnic minority populations living with HIV/AIDS; mobilization to reduce HIV-related health disparities among racial/ethnic minorities; and capacity development in support of NHAS goals. Approximately $25 million was awarded in FY 2014 through the FOA.

Guidance provided by OHAIDP now requires the use, where relevant services are provided, of the approved HHS core indicators and standardized training metrics for all SMAIF projects. OHAIDP has elevated the importance of cross-department collaboration by including collaboration as one of the four project proposal review criteria and through the development of innovative, cross-agency demonstration projects. For example, Care and Prevention of HIV in the U.S. (CAPUS), supported through the SMAIF is a three-year cross agency demonstration project (FYs12-14) to reduce HIV/AIDS-related morbidity and mortality by building capacity of non-governmental organizations and health

departments to increase HIV diagnoses and optimize linkage to, retention in, and re-engagement with care and prevention services by addressing social, economic, clinical and structural factors influencing HIV health outcomes. Approximately $14.5 million has been allocated annually to fund this demonstration project. After an initial planning phase, all eight participating state jurisdictions (six of which are in the south) began program implementation. Targeted technical assistance has been given to several of the jurisdictions to bolster their plan's use of surveillance data to improve the client health outcomes as well as their plan's strategies for addressing structural determinants of health
To promote optimal outcomes, SMAIF requires that funding proposals incorporate the latest behavioral and biomedical strategies for more impactful results, including "treatment as prevention" which emphasizes expanded HIV testing and active linkage to and retention in care. As research has helped us to better understand the "HIV Cascade" from HIV diagnosis to viral suppression and where serious challenges persist, several projects funded under the SMAIF in FY 2014 are designed to address gaps in the HIV Continuum of Care among racial and ethnic minority populations and are responsive to the President's July 15, 2013 Executive Order requesting prioritization of strategies addressing the continuum of HIV care. As an example of ongoing innovation, SMAIF funded a new three-year demonstration project (FY14—FY16), Partnerships 4 Care (P4C). The P4C includes CDC, HRSA-Bureau of Primary HealthCare and HRSA-HIV/AIDS Bureau in a collaborative effort to expand the capacity of Community Health Centers (CHCs), Health Departments (HDs), and their respective grantees to develop and implement effective, replicable and sustainable service delivery models that improve the identification of undiagnosed HIV infection, establish new access points for HIV care and treatment, and improve HIV outcomes along the continuum of care for underserved people living with HIV (PLWH), especially disproportionately impacted racial and ethnic minority populations. Four states, New York, Maryland, Florida, and Massachusetts will participate in this demonstration initiative, as well as up to 22 health centers within these states.

The following are additional examples of activities that have been supported with the SMAIF in FY 2014 and are also in alignment with the National HIV/AIDS Strategy and the HIV Care Continuum Initiative:

- *Capacity Development*: SAMHSA will establish an ATTC Center of Excellence to provide national subject matter expertise on working with YMSM and HRSA will provide technical assistance and training on health literacy targeting adult and young black MSM
- *Preventing HIV*: developing or expanding prevention efforts for racial and ethnic minority sub-populations, including ex-offenders; at-risk female adolescents/youth; sexual partners of incarcerated or recently released heterosexuals; African American and Hispanic Men Who Have Sex with Men; adolescent African American and Latino males in need of sexual health services; and Native and Tribal women experiencing co-morbid intimate partner violence, alcohol and other substance use/abuse and STDs
- *Improving Health Outcomes*: developing retention and re-engagement interventions for HIV-positive racial/ethnic minority patients; expanding tele-health opportunities in rural and tribal locations; and establish a resource and technical assistance center to compile and develop a comprehensive resource inventory of successful evidence-based strategies to engage and retain newly diagnosed HIV-positive BMSM in clinical care
- *Mobilization to Reduce Health Disparities*: use of emerging technologies and social marketing campaigns, including AIDS.gov, new and social media to broaden reach to racial and ethnic minority populations, including American Indian/Alaska Native youth, Black Men who have Sex with other Men and others.

Funding History

Fiscal Year	Amount
FY 2011	53,783,000
FY 2012	53,681,000
FY 2013	50,354,000
FY 2014	52,082,000
FY 2015	52,224,000

Budget Request

The FY 2016 President's Budget request of $53,900,000 is $1,676,000 above the FY 2015 Enacted Level. Projects funded in FY 2016 will include the cross-agency demonstration project, P4C, focused on improving collaboration among CDC-funded state health departments and HRSA funded community health centers to expand the provision of HIV prevention, testing, care and treatment services within racial/ethnic minority communities most impacted by HIV. In addition, funding will support a new four-year demonstration effort designed to address racial and ethnic HIV-related health disparities and improve health outcomes by developing comprehensive models of prevention and care services for MSM of color who are living with or at high risk for HIV infection and increasing the HIV prevention workforce's knowledge about relevant issues for MSM of color; and competitively-funded projects developed by the participating OPDIVs and STAFFDIVs.

The FY 2016 request will also support the continuation of several ongoing projects, including the following:

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

In addition, OHAIDP will continue to work in FY 2016 with partnering agencies, offices and key stakeholders to develop a plan to better identify and disseminate strategic information and promising practices through Webinars, blogs and other new communication means—especially for items related to the HIV Continuum of Care Initiative, The HHS Action Plan to Reduce Health Disparities among Racial/Ethnic Minorities, and community consultations such as the FY13 Black MSM Technical Consultation. The identification and dissemination of promising practices will accelerate progress in reaching targets and goals.

MAI - Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2015 Target	FY 2016 Target	FY 2016 Target +/- FY 2015 Target
7.1.12a: Increase the number of racial and ethnic minority clients who are tested through the Secretary's MAI fund programs. (Outcome)	FY 2011: 272,351 Target: 178,537 (Target Exceeded)	338,198	372,018	+33,820
7.1.12b: Increase the diagnosis of HIV-positive racial and ethnic minority clients through HIV testing programs supported by the Secretary's MAI Fund programs. (Outcome)	FY 2011: 201 Target: 201 (Target Met)	263.	289	+26
7.1.12c: Increase the proportion of HIV-positive racial and ethnic minority clients who learn their test results through the Secretary's MAI Fund programs. (Outcome)	FY 2011: 93% Target: 93% (Target Met)	98%	98%	0
7.1.15: Increase the proportion of newly diagnosed and re-diagnosed HIV-positive racial and ethnic minority clients linked to HIV care, as defined by attendance of at least one appointment, within three months of diagnosis, through the Secretary's MAI Fund programs. (Outcome)	FY 2011: 63% Target: 63% (Target Met)	79%	80%	+1%
7.1.17: Increase the proportion of clinical and program staff who are provided HIV-related training through the Secretary's MAI Fund programs in one or more of the following areas: (1) HIV testing and risk counseling; (2) patient navigation and medical case management; (3) adherence assessment and counseling; (4) alternative models for delivering HIV care (task shifting, telemedicine, etc.); or (5) cultural competency (racial/ethnic, gender, and sexual orientation). (Outcome)	FY 2011: 5,319 Target: 5,319 (Target Met)	6,772	7,111	+339
7.1.18: Increase the proportion of SMAIF community-based and faith-based organizations that adopt new or enhanced organizational policies, programs, or protocols in one or more of the following capacity building areas: (1) targeting HIV testing in community settings; (2) increasing the rate of receipt of HIV test results; (3) improving active linkage to, or re-engagement in, care for infected clients; and (4) facilitating effective patient navigation that improves retention in continuous care. (Outcome)	FY 2011: 121 Target: 121 (Target Met)	165	173	+8

Performance Analysis

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

awareness of HIV status is a critical objective of the National HIV/AIDS Strategy where it is estimated that 16% of those who are infected do not know their status. More critically, knowledge of status anchors our prevention and care/treatment efforts and represents the first bar, HIV diagnosis, of the HIV Care Continuum. Secretary's Minority AIDS Initiative Fund (SMAIF)-funded projects continue to excel at increasing HIV testing and have met or exceeded established targets.

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

Measures 7.7.17 and 7.1.18, involving training and capacity building, respectively, highlighting the continued importance of funding projects that facilitate or improve, prevention, care, and treatment activities. In both areas, improved targeting and the identification of specific areas of focus are essential to improving the desired performance in health outcomes we seek. SMAIF projects have met the established targets. With increased attention to and expectations for an active linkage to care component with any and all HIV testing, it is likely that the proportion of newly diagnosed and re-diagnosed HIV-positive racial and ethnic minority clients linked to HIV care will continue to improve.

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

RENT, OPERATIONS, MAINTENANCE AND RELATED SERVICES

Budget Summary
(Dollars in Thousands)

Rent, Operations, Maintenance and Related Services	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	16,429	15,789	16,500	+711
FTE	0	0	0	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2016 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

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

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

Funding History

Fiscal Year	Amount
FY 2011	$16,616,000
FY 2012	$18,665,000
FY 2013	$16,272,328
FY 2014	$16,429,000
FY 2015	$15,789,000

Budget Request

The Rent, Operations and Maintenance and Related Services request $16,500,000 for FY 2016, is $711,000 above the FY 2015 Enacted Level. The funding level will allow the restoration of $711,000 from the FY 2015 Omnibus decrease. This will allow HHS to restore contracts that support custodial services, personal security (guards), and return building services to 24/7 support. To absorb inflationary increases, GDM Rent will consolidate duplicative space management services and improve coordination of Safety and Environmental support services with the PSC. Improved efficiencies will also allow GDM Rent to reduce the amount of supplies and materials needed for the SW Complex.

SHARED OPERATING EXPENSES

Budget Summary
(Dollars in Thousands)

Shared Operating Expenses	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	13,982	13,369	16,260	+2,891
FTE	0	0	0	0

Common Expenses/ Service and Supply Fund (SSF) Payment

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

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

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

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

FY 2015 HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives

The GDM will use $370,564 of its FY 2015 request to support HHS-wide enterprise information technology and government-wide E-Government initiatives. Staff Divisions help to finance specific HHS enterprise information technology programs and initiatives, identified through the HHS Information Technology Capital Planning and Investment Control process, and the government-wide E-Government initiatives. The HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability.

FY 2015 E-Gov Initiatives and Line of Business*	Original Amount	Revised Amount
Budget Formulation and Execution LoB	$6,685	$6,685
E-Rulemaking (moved from FFS)	$41,570	$20,785
Financial Management LoB	$17,736	$17,736
Geospatial LoB	$619	$619
GovBenefits.gov	$4,296	$0
Grants.gov	$152,492	$25,224
Human Resources Management LoB	$2,551	$2,551
IAE – Loans and Grants	$106,869	$34,842
Integrated Acquisition Environment	$34,207	$25,715
FY 2015 E-GOV Initiatives Total	**$367,025**	**$370,564**

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

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

Funding History

Fiscal Year	Amount
FY 2011	$15,999,000
FY 2012	$16,062,000
FY 2013	$13,457,000
FY 2014	$13,982,000
FY 2015	$13,369,000

Budget Request

The FY 2016 request for other Shared Operating Expenses is $16,260,000, $2,891,000 above the FY 2015 Enacted Level. The Budget reflects an increase in GDM's contribution to the Service and Supply Fund associated with additional costs of new GDM activities proposed in FY 2016. The increase also includes an inflation factor for Service and Supply Fund charges as well as shared expenses.

PHS EVALUATION FUNDED APPROPRIATIONS

Budget Summary
(Dollars in Thousands)

Program Level	FY 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
ASPE	41,493	41,243	41,493	+250
Federal Market Place Policy Research	0	0	1,000	+1,000
Health Care Reform	12,500	12,500	12,500	0
OASH	4,664	4,285	4,285	0
Teen Pregnancy Prevention Initiative	8,455	6,800	6,800	0
ASFR	2,099	0	0	0
Total	69,211	64,828	66,078	+1,250
FTE	139	144	144	0

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

Budget Summary
(Dollars in Thousands)

ASPE	FY 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
ASPE	41,493	41,243	41,493	+250
Health Reform	12,500	12,500	12,500	0
Federal Market Place Policy Research	0	0	1,000	+1,000
FTE	144	144	144	0

Authorizing Legislation: ……..43 U.S.C. 241 Public Health Service Act
FY 2016 Authorization……Indefinite
Allocation Method……Direct Federal/Intramural, Contracts; Competitive Grants, Cooperative Agreement; Other (Salaries and Expenses, etc.)

Program Description and Accomplishments
The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is a team of analysts and researchers including economists, statisticians, lawyers, ethicists, sociologists, and physicians who coordinate and conduct policy research and analysis to support leadership decision-making on policy alternatives. In addition to providing quick turnaround quantitative and qualitative policy analysis, ASPE also conducts longer range modeling, visioning and demonstration work to inform questions requiring more deliberate planning and thought, such as delivery system reform.

ASPE consults widely within the Department so that it focuses on work that is central to Departmental priorities, and is often called upon to support new HHS missions and to lead activities involving multiple HHS operating and staff divisions. Examples include ASPE's role in leading the Department's strategic planning and legislative review processes; coordinating the Department-wide plan to address the opioids epidemic in 2013; and convening an HHS analytic team to support the Marketplace open

enrollment campaign by identifying eligible populations, and producing weekly enrollment reports for HHS and Administration leadership to allocate outreach resources. In support of HHS leadership, ASPE answers questions raised by the media, the Congress, and the public about HHS programs, their effects, and design.

ASPE also leads special HHS initiatives on behalf of the Secretary, such as serving as the HHS central point for the White House's work on behavioral insights. Through routine contact with policy officials and experts inside and outside government, ASPE tracks emerging trends affecting HHS programs, policies, and regulations so that it can develop solutions for anticipated new policy challenges facing HHS.

The following outlines ASPE's programs and goals in FY 2016.

Strengthen Health Care

ASPE's evaluation studies will identify key strategies to reduce the growth of health care costs while promoting high-value, effective care. Priority projects include providing analysis and developing data to measure and evaluate the implementation and impact of specific provisions of the Affordable Care Act (ACA), improving health care and nursing home quality, developing innovative payment and delivery systems, identifying the best ways to serve individuals who are dually eligible for Medicare and Medicaid, modernizing Medicaid, and improving prevention efforts as well as public health infrastructure and financing.

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

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

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

Affordable Care Act Activities

ASPE has undertaken and will continue a variety of policy, research, analysis, evaluation and data development activities in support of ACA implementation in FY 2016 and beyond, including:

- Data analysis and economic modeling to other parts of the federal government and improving data to track changes as the ACA is implemented and to support the development of policy alternatives relating to ACA provisions regarding coverage, affordability, and market reforms.
- Identifying effective prevention strategies and associated benefits, including in the area of community-based and clinical preventive service integration.
- Supporting outreach and enrollment activities for Medicaid and Marketplace health insurance coverage expansion to ensure that these activities are used most effectively to reach vulnerable populations.
- Developing a primer on modeling and evaluation methods to support CMS Innovation Center activities.
- Evaluating the overall impact of Medicaid expansions on vulnerable populations and of specific new Medicaid options that enable states to serve individuals with multiple chronic conditions and needs for functional assistance.
- In partnership with the operating divisions, ASPE will monitor the ACA impact on programs such as Ryan White, Community Health Centers, the Maternal and Child Health block grant, and others.

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

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

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

Advance the Health, Safety and Well-being of the American People
Priority projects will include examining residential care alternatives for the aged, improving the safety and well-being of children involved with the child welfare system, early learning, caregiver support, evidence-based clinical and community-based preventive services, mental health and substance abuse programs, and disparities in health.

ASPE assembles evidence that is critical to the design of departmental programs. For example, ASPE manages a systematic review of teen pregnancy prevention programs to identify evidence-based

interventions, as well as the Teen Pregnancy Prevention Replication Study, which tests multiple replications of three widely-used evidence-based program models currently funded through the Teen Pregnancy Prevention program, administered by the Office of Adolescent Health. Four new program models were added in the most recent round of reviews, bringing the total to 35 program models in the TPP Evidence Review. The 35 program models represent a range of different program approaches, including abstinence, comprehensive sex education, HIV/STI prevention, and youth development approaches.

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

ASPE will also develop quality measures that multiple payers can use in their payment systems and across HHS programs and will develop a quality measure public reporting inventory and strategy. ASPE leads interagency workgroups to support the alignment and public reporting of quality measures across HHS programs. One workgroup focuses on public reporting across HHS agencies while a second workgroup focuses on quality measure endorsement and input on the National Quality Strategy.

ASPE has partnered with SAMHSA, CMS, and NIMH over the past few years to develop additional quality measures for behavioral health care. The measures address important issues regarding follow-up after inpatient and emergency room treatment, screening and care for co-morbid conditions, screening for risk of suicide or other violent behavior, and fidelity to evidence-based treatments. We worked together to develop and promote these measures for use in various programs throughout the Department including the meaningful use measures used by the Office of the National Coordinator for Health Information Technology and the reporting requirements used by CMS for the inpatient psychiatric facility prospective payment system in Medicare. In addition, we worked together to sponsor a study by the Institute of Medicine on developing quality standards for psychosocial interventions.

Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

Priority projects in FY 2016 under this goal include developing metrics for performance measurement and conducting research in support of efforts to develop strategies for reducing improper payments, understanding disability, and Medicare quality improvement. ASPE will coordinate HHS data collection and analysis activities; ensure effective long-range planning for surveys and other investments in major data collection; and will proactively identify opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on healthdata.gov and other means.

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

Funding History

Fiscal Year	Amount
FY 2012	$53,993,000
FY 2013	$53,993,000
FY 2014	$53,993,000
FY 2015	$53,743,000
FY 2016 PB	$54,993,000

Grants

Grants (whole dollars)	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Number of Awards	3	3	3
Average Award	$800,000	$800,000	$800,000
Range of Awards	$800,000 - $1,300,000	$800,000 - $1,300,000	$800,000 - $1,300,000

Budget Request

The FY 2016 request for ASPE is $54,993,000, which is $1,250,000 above the FY 2015 Enacted Level of $53,743,000. The increase restores the FY 2015 reduction of $250,000 and also provides an additional $1,000,000 for policy research and analysis specifically for the Federal Marketplace. The request also includes $12,500,000 for ASPE to continue Affordable Care Act related research proposed in 2016. ASPE's budget request supports the continuation of research and evaluation studies, data analysis, and assessments of the costs, benefits and impacts to support leadership decision-making on policy alternatives by HHS or the Congress.

ASPE's analytic work on the Federal marketplace will include estimating state level Marketplace eligible uninsured populations; simulating health insurance enrollment under the ACA based upon eligibility for programs and subsidies, health insurance coverage and options in the family, health status, socio-demographic characteristics, and any applicable penalties for remaining uninsured; and assessing the impact of ACA requirements on employers, insurance markets, providers, and consumers. ASPE will also investigate factors that result in individuals markets not operating efficiently (e.g. specific geographic markets), markets dynamics related to insurance industry practices (reference pricing) and the interaction of public programs on market dynamics. ASPE will also examine measures that will enhance the effectiveness of consumer decision-making in the health insurance marketplace. ASPE's FY 2016 research plan extends and builds on its research program related to Health Insurance Markets with projects that support policy making aimed at improving access to affordable, high quality insurance coverage; informed consumer choice, and an understanding of the impact of the coverage expansion on PHS programs.

ASPE will maintain its grants program which awards $800,000 to $1,300,000 per year to academically based research centers to support research and evaluation of important and emerging social policy issues associated with income dynamics, poverty, transitions from welfare to work, child well-being, and special populations. The poverty center program conducts a broad range of research to describe and analyze national, regional, and state environments (e.g., economics, demographics) and policies affecting the poor, particularly families with children who are poor or at-risk of being poor. It also

focuses on expanding our understanding of the causes, consequences, and effects of poverty in local geographic areas, especially in states or regional areas of high concentrations of poverty, and on improving our understanding of how family structure and function affect the health and well-being of children, adults, families, and communities. All of the centers develop and mentor social science researchers whose work focuses on these issues.

Evaluation Funding Flexibility Pilot.

High-quality evaluations and statistical surveys are essential to building evidence about what works. They are also inherently complicated, dynamic activities; they often span many years, and there is uncertainty about the timing and amount of work required to complete specific activities--such as the time and work needed to recruit study participants. In some cases the study design may need to be altered part-way through the project in order to better respond to the facts on the ground. The available procurement vehicles lack the flexibility needed to match the dynamic nature of these projects. Additionally, some studies provide high quality information in which many federal agencies are interested, and it is frequently desirable to cosponsor these activities in order to efficiently extend the utility of the data collected. Changes in timing and content can make co-sponsorship difficult, since funds are often time-limited.

In order to streamline these procurement processes, improve efficiency, and make better use of existing evaluation resources, the Budget proposes to provide HHS with expanded flexibilities to spend funds over a longer period of time. This request is a part of a larger proposed pilot program which includes HHS's Assistant Secretary for Planning and Evaluation and the Office for Planning, Research and Evaluation in the Administration for Children and Families; The Department of Labor's Chief Evaluation Office and Bureau of Labor Statistics; The Department of Justice's National Institute of Justice and Bureau of Justice Statistics; the Census Bureau; and the Department of Housing and Urban Development's Office of Policy Development & Research. These flexibilities will allow agencies to better target evaluation and statistical funds to reflect changing circumstances on the ground.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

Public Health Service Evaluation - OASH	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	4,664	4,285	4,285	0
FTE	0	0	0	0

Authorizing Legislation: .....Section 241 PHS Act
FY 2016 Authorization.....Indefinte
Allocation Method.....Direct federal, Contracts

Program Description and Accomplishments

The Office of Assistant Secretary for Health (OASH) performs an essential role in the Public Health Evaluation Set-Aside program the Department of Health and Human Services (HHS). Within OASH, the Immediate Office of the Assistant Secretary for Health (ASH) coordinates the Evaluation Set-Aside program for the ASH. Each fiscal year, OASH program offices submit proposals in an effort to improve and evaluate programs and services of the U.S. Public Health Service, and identify ways to improve their effectiveness. Studies supported by these Set-Aside funds serve decision makers in federal, state, and local government, and the private sector of the public health research, education, and practice communities by providing valuable information about how well programs and services are working. Projects that were approved for FY 2014 evaluation funds are listed below by HHS Strategic Goal:

Strategic Goal 1

- Evaluating for Correlations between the Public Health Quality 9 Aims and Improvements in Mobile Health Clinic Clinical Outcomes – Develop a prototype tool to assess quality by formulating a score for each of the nine public health quality aims. Evaluate the public health quality tool's usefulness by applying it to specific health improvement interventions in five mobile clinics. Examine for correlations between each program's score and improvements in a clinical endpoint.

- Public Health Quality Improvement Map (iMap) – Examine the feasibility of using the North Carolina iMap to demonstrate the value of public health programs and services on reducing the economic burden of specific conditions and risk factors on the health care system. Assess the ability of the iMap to accelerate stakeholder engagement to build quality improvement projects. Show the influence of public health on reducing health care costs.

- Evaluation of Adult Immunization Composite Quality Measures – Evaluate the implementation of composite quality measures for adult immunization coverage using national and/or local level data from federal data sources. Assess the technical feasibility of collecting data on adult immunization coverage composite measures. Evaluate whether the data results are informative and useful for quality improvement initiatives.

Strategic Goal 3

- Evaluating Best Practices for Using Mobile Technology – Assess best practices for using mobile technology/new media to extend the reach of public health messaging. Evaluate best ways to use mobile technology/new media to work across multiple public health issues and areas. Collect

lessons learned from work being done on the Affordable Care Act to extend the reach of other public health initiatives.

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

- Health of Older Americans - Assess the capacity of OASH program office portfolios to address health policy and program coordination to meet the health needs of older Americans, including identifying health disparities and population specific needs for healthy aging.

- Dietary Guidelines for Americans 2015, Phase Two – Evaluate and coordinate development of the 2015 Dietary Guidelines for Americans, a multi-year project spanning 2012-2015.

- Tobacco Cessation - Evaluate the effectiveness of OASH planning and management for tobacco cessation program activities, with specific focus on the Tobacco Free Campus initiative.

- Healthy People 2020: Achieving a Health Equitable Nation – Assess progress in achieving national goals and objectives. Evaluate stakeholder use of elements of Healthy People 2020, including goals, objectives, targets and online resources and identify areas needing improvement. Identify population health disparities and gaps in data collection.

- Longitudinal Program Evaluation of the "National Action Plan to Prevent Healthcare Associated Infections: Roadmap to Elimination" Program – Continue and expand the longitudinal program evaluation of the 2013 Healthcare Associated Infections Action Plan. Assess all healthcare-associated infection prevention related activities across the Department of Health and Human Services.

- Evaluation of Pregnancy Assistance Fund Grantees – Evaluate educational and social outcomes of 2-3 grantees. Assess education, health, pregnancy, and parenting skills with young women and men in institutions of higher education and/or high schools and community service centers of those participating in the program.

- Health People User Assessment – Conduct a survey to determine who is using Healthy People2020, how they are using it, what elements of Healthy People are most useful, and what improvements can be made.

- Evaluation of "I Can Do It, You Can Do It!" Program – Assess whether revisions to the program design, infrastructure and program materials increased the effectiveness of the health promotion program. Determine the extent to which "I Can Do It, You Can Do It!" should be expanded to multiple sites across the nation.

- Federal Black MSM Inventory and Assessment: HIV/AIDS and Viral Hepatitis – Identify, compile, review and conduct a comprehensive assessment of all current and recent federal HIV/AIDS and viral hepatitis programs, initiatives, policies, research and activities serving, targeting, or significantly impacting black gay, black bisexual or other black MSM.

- Evaluating the Impact of the ACA on Title X Centers – Analyze practice changes in Title X funded centers in response to the health system transformation resulting from the ACA. Assess practices and factors that affect sustainability in the different types of Title X centers.

- Evaluating Strategies to Engage Partners to Support the National Prevention Strategy – Identify and describe partnership strategies currently used across OASH to engage external partners in public health initiatives. Develop an "influence map" of key National Prevention Strategy stakeholder groups to inform development of a partnership framework.

- Process Evaluation of the Presidential Youth Fitness Program (PYFP) – Assess in-depth student, teacher, and school-level barriers and facilitators of the PYFP, as well as strategies to overcome barriers.

- Evaluating and Expanding the Use of HP 2020 in Design of the Affordable Care Act Community Benefit Plans – Assess ways in which HP 2020 can be integrated into Community Benefit Plans and help ensure coordination across efforts between hospitals and local health departments.

Strategic Goal 4

- Evaluating Healthcare Workforce Education and Training on Multiple Chronic Conditions– Assess training and educational materials for key healthcare workers on improving the care of persons with multiple chronic conditions. Develop a training and education framework that includes materials that can be used within specific healthcare categories and materials that can be used across workforce categories.

- Regional Office program support – Evaluate the existing Regional Office organizational structure to determine if current structure, staffing, and policies effectively support OASH program offices and OASH and HHS mission.

Funding History

Fiscal Year	Amount
FY 2011	$4,510,000
FY 2012	$4,510,000
FY 2013	$4,510,000
FY 2014	$4,664,000
FY 2015	$4,285,000

Budget Request

The FY 2016 President's Budget request of $4,285,000 is equal to the FY 2015 Enacted Level. In FY 2016, OASH program offices will submit proposals to improve and evaluate public health programs and identify ways to improve their effectiveness. The funding will support evaluations of community based activities supporting the health of individuals affected by health disparities. The evaluations will continue to serve decision makers in, federal, state, and local government, as well as support OASH priorities and the HHS strategic plan.

TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

Teen Pregnancy Prevention – PHS Evaluation	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	8,455	6,800	6,800	0
FTE	0	0	0	0

Authorizing Legislation: .....Section 241 of the PHS Act
FY 2016 Authorization.....Indefinte Allocation
Allocation Method.....Direct Federal; Contracts

Program Description and Accomplishments

The Office of Adolescent Health (OAH) supports several evaluation activities to continue to build the evidence base to prevent teenage pregnancy. OAH has supported projects that make significant contribution to the field of teen pregnancy prevention including three Federal evaluations, an economic analysis, and the HHS Pregnancy Prevention Evidence Review. Each will make a significant contribution to the evidence base of what works in teen pregnancy prevention and for expectant and parenting youth and their families.

The first Federal study, "The Pregnancy Prevention Approaches (PPA) evaluation, is an experimental evaluation study focused on assessing the implementation and impacts of seven innovative strategies and untested approaches for preventing teenage pregnancy. This work is managed by OAH and is in collaboration with the Administration for Children, Youth and Families (ACYF) "Personal Responsibility Education Program Innovative Strategies (PREIS)" program. A series of implementation and impact reports will be developed through the PPA evaluation. To date, nine of 22 implementation reports are complete and are posted on the OAH website. The second project, "The TPP Replication Evaluation", is managed in coordination with the office of the Assistant Secretary for Planning and Evaluation (ASPE). This program is an experimental evaluation study examining the implementation and impacts of three OAH TPP replications of three different evidence-based program models, for a total of nine sites. The study examines whether program models that were commonly chosen by replication grantees and widely used in the field are effective with different populations and settings. Site profiles including baseline data analyses were posted on the OAH website in 2015. The third study, "The Evaluation of Programs for Expectant and Parenting Youth", began in FY 2013 with a feasibility study that identified three potential programs for rigorous evaluation. The PAF evaluation began in FY 2014 and continues through FY 2019. It contributes to the evidence base in this field by determining the effectiveness of the selected programs on education and health outcomes.

OAH continues to support the HHS Pregnancy Prevention Evidence Review, a systematic review of the literature making up the HHS List of Evidence-Based TPP Programs. To date, four reviews have identified over 35 evidence-based TPP programs. In collaboration with ASPE and the Administration for Children and Families, Family and Youth Services Bureau, OAH supports an interagency agreement with ASPE to regularly update the evidence review and develop program implementation reports for use by community-based providers.

In an effort to ensure excellence in scientific research, over 40 OAH TPP and ACYF/PREIS evaluation grantees have received intensive evaluation training and technical assistance, through a contractor, to ensure that all grantee evaluations are high quality, rigorous, and able to meet the HHS Teen Pregnancy Prevention evidence review standards. Grantees primarily conducting randomized controlled trials and their Federal project officers receive ongoing technical assistance on conducting, analyzing, and reporting on their evaluations. Additional evaluation resources created under this contract are utilized by TPP grantees and the larger evaluation field. Rigorous impact evaluation reports from all evaluation grantees are expected to OAH in 2015. The reports will be submitted to the HHS Pregnancy Prevention Evidence Review and grantees are encouraged to publish their reports in peer-reviewed academic journals. Committed to disseminating the work of both the federal evaluations and the grantee evaluations, OAH published a special issue in the *Journal of Adolescent Health* in March 2014 featuring the implementation work of the TPP Program and has secured a themed issue in the *American Journal of Public Health* to feature the impact findings in late 2016.

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

Funding History

Fiscal Year	Amount
FY 2011	$4,455,000
FY 2012	$8,455,000
FY 2013	$8,455,000
FY 2014	$8,455,000
FY 2015	$6,800,000

Budget Request

The FY 2016 President's Budget request of $6,800,000 is equal to the FY 2015 Enacted Level. OAH will support contracts and up to two grants to carry out evaluations (including longitudinal evaluations) of teen pregnancy prevention approaches.

Contracts:

- The Evaluation of Programs for Expectant and Parenting Youth study is being conducted to assess the implementation and impacts of previously untested approaches for preventing subsequent pregnancies.
- Intensive evaluation training and technical assistance for the TPP evaluation grantees to ensure that all grantee evaluations are high quality, rigorous, and able to meet the HHS evidence review standards.

Grants:

- The funds will support research projects, through grants, to conduct additional, advanced and secondary data analyses related to teen pregnancy prevention.

IAAs:

- HHS Evidence Review: Through ASPE, OAH will continue the systematic review of the teen pregnancy prevention evidence base. The new contract was awarded in FY 2014 to build the understanding of the program models that have been rigorously evaluated and shown to reduce teen pregnancy, sexually transmitted infections, or associated sexual risk behaviors. The funding provides, under contract, the collection and analysis of program evaluation materials, preparation of findings for dissemination on an HHS website, consultation with experts, and the development of papers to help advance the TPP evidence-base; funds do not support federal staff.

Evaluation Fellow: OAH will continue to fund an evaluation fellow to gain experience in conducting research and evaluation in the field of teen pregnancy prevention, creating and presenting conference presentations and academic journal articles, and working on individual projects related to TPP evaluation work.

Prevention and Public Health Fund

PREGNANCY ASSISTANCE FUND

Budget Summary
(Dollars in Thousands)

Pregnancy Assistance Fund	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Budget Authority	23,200	23,175	25,000	0
FTE	2	2	2	0

Authorizing Legislation: ……..Patient Protection and Affordable Care Act, Section 10214
FY 2016 Authorization……FY 2019
Allocation Method……Direct Federal; Competitive Contracts; Grants

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is responsible for administering the Pregnancy Assistance Fund (PAF), a competitive grant program for States and Indian Tribes to develop and implement projects to assist expectant and parenting teens, women, fathers and their families. The program is authorized by Sections 10211-10214 of the Affordable Care Act (Public Law 111-148); specifically, the Act appropriates $25,000,000 for each of fiscal years 2010 through 2019 and authorizes the Secretary of the Department of Health and Human Services (HHS), in collaboration and coordination with the Secretary of Education (as appropriate) to establish and administer the PAF program. The program aims to strengthen access to and completion of education (secondary and postsecondary); improve child and maternal health outcomes; improve pregnancy planning and spacing and reduce the likelihood of repeat teen pregnancies; increase parenting skills for mothers, fathers, and families; strengthen co-parenting relationships and marriage where appropriate, increase positive paternal involvement; improving services for pregnant women who are victims of domestic violence, sexual violence or assault, and stalking; and raise awareness of available resources.

The PAF also supports the Secretary's Strategic Initiative to Promote Early Childhood Health and Development and to Put Children and Youth on the Path for Successful Futures. Additionally, these funds support the OASH's priority goals of creating better systems of prevention, eliminating health disparities, and achieving health equity.

The current cohort of 17 grantees will complete their third project period and start the fourth project period in 2016. The grants to 14 states and 3 tribes were awarded in 2013 to support expectant and parenting teens, women, fathers and their families. OAH is implementing an evaluation of two grantee projects from this cohort; however all grantees are expected to collect and report on a standard set of performance measures developed by OAH to assess program implementation and whether the program is achieving intended outcomes. By the end of 2015, grantees will have collected and reported on two years of performance data, including information on the number and characteristics of clients served, the number and type of partnerships, as well as on selected measures examining health, educational, and social indicators, including referrals for services. Grantees will also report on the type and range of public awareness and education activities conducted as part of their PAF program.

The program supports the Secretary's Strategic Initiative to Promote Early Childhood Health and Development and to Put Children and Youth on the Path for Successful Futures. Additionally, these

funds support the OASH's priority goals of creating better systems of prevention, eliminating health disparities, and achieving health equity.

Funding History

Fiscal Year	Amount
FY 2011	$25,000,000
FY 2012	$25,000,000
FY 2013	$23,725,000
FY 2014	$23,175,000
FY 2015	$25,000,000

Budget Request

The FY 2016 President's Budget request of $25,000,000 is 1,825,000 above the FY 2015 Enacted Level. The request supports the completion of the third year of program activities for PAF grantees. In addition, this request will allow for continued support of two to three new competitive PAF grant programs planned for FY 2015. The request will also provide program support to the PAF grantees. Program support activities include maintaining the PAF Resource and Training Center, which provides technical assistance and training; facilitating the exchange of information on best practices and program related resources; capacity building for program implementation; supporting program goals of recruiting and retaining young fathers, and developing strategies for sustaining programmatic efforts. Additional activities include support for tracking of grantee progress and outcomes includes collection, assessment and responding to grantee reports; site visits; six-month and annual progress reports; and review of grantee work plans and budgets. The system will also provide analytic capabilities to track grantee progress, track OAH grantee recommendations on program implementation, and provide ongoing feedback to grantees by project officers. The increase of funds will restore program operating costs.

FY 2016 Discretionary State Grants

Pregnancy Assistance Fund (PAF)

State/Territory	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	Difference +/- FY 2016 FY 2015
Children's Trust Fund of South Carolina	$1,500,000	$1,500,000	$1,500,000	0
Choctaw Nation of Oklahoma	$977,432	$977,432	$977,432	0
Commonwealth of Massachusetts	$1,500,000	$1,500,000	$1,500,000	0
Confederated Salish and Kootenal Tribes	$504,343	$504,343	$504,343	0
Connecticut State Department of Education	$1,500,000	$1,500,000	$1,500,000	0
Health Research, Inc./New York State Department of Health	$1,333,436	$1,333,436	$1,333,436	0
Michigan Department of Community Health	$1,500,000	$1,500,000	$1,500,000	0
Minnesota Department of Health State Treasurer	$1,500,000	$1,500,000	$1,500,000	0
Montana Department of Public Health and Human Services	$1,000,000	$1,000,000	$1,000,000	0
New Mexico Public Education Department	$1,499,990	$1,499,990	$1,499,990	0
North Carolina Department of Health and Human Services	$1,500,000	$1,500,000	$1,500,000	0
Oregon Department of Justice	$1,000,382	$1,000,382	$1,000,382	0
Riverside-San Bernardino County Indian Health	$704,355	$704,355	$704,355	0
State of California Maternal, Child, and Adolescent Health	$1,500,000	$1,500,000	$1,500,000	0
State of New Jersey Department of Children and Families	$1,500,000	$1,500,000	$1,500,000	0
Washington State Department of Health	$1,500,000	$1,500,000	$1,500,000	0
Wisconsin Department of Public Instruction	$1,499,999	$1,499,999	$1,499,999	0
New Grant Awards – TBD	$0	$0	$1,800,000	+$1,800,000
Subtotal States/Territories	**$22,019,937**	**$21,994,937**	**$23,819,937**	**+$1,825,000**
Program Support	**$1,180,063**	**$1,180,063**	**$1,180,063**	**0**
Total Resources	**$23,200,000**	**$23,175,000**	**$25,000,000**	+$1,825,000

SUPORRTING EXHIBITS

DETAIL OF POSITIONS

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
Executive level I	1	1	1
Executive level II	1	1	1
Executive level III	-	-	-
Executive level IV	2	2	2
Executive level V	1	1	1
Subtotal	***5***	***5***	***5***
Total - Exec. Level Salaries	**$862,818**	**$871,446**	**$880,161**
SES	110	109	109
Total - ES Salary	**$17,926,275**	**$17,940,942**	**$18,120,351**
GS-15	197	199	214
GS-14	206	207	223
GS-13	209	177	192
GS-12	279	321	345
GS-11	166	167	179
GS-10	11	11	21
GS-9	119	120	128
GS-8	57	52	56
GS-7	37	37	41
GS-6	5	5	6
GS-5	8	8	9
GS-4	8	8	8
GS-3	9	9	10
GS-2	1	1	1
GS-1	-	-	-
Subtotal	***1,312***	***1,322***	***1,433***
Commissioned Corps	54	52	45
Total Positions	**1,481**	**1,488**	**1,592**
Average ES salary	$155,881	$157,377	$158,950
Average GS grade	13.7	13.6	13.6
Average GS Salary	$105,099	$105,466	$105,439

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail	FY 2014 Civilian	FY 2014 Military	FY 2014 Total	FY 2015 Civilian	FY 2015 Military	FY 2015 Total	FY 2016 Civilian	FY 2016 Military	FY 2016 Total
Direct	*974*	*31*	*1005*	*1018*	*43*	*1061*	*1100*	*36*	*1136*
Reimbursable	*469*	*19*	*488*	*511*	*9*	*520*	*511*	*9*	*520*
Total FTE[10]	***1443***	***50***	***1493***	***1529***	***52***	***1581***	***1611***	***45***	***1656***

[10] Totals include the reimbursable program (HCFAC) and program (PAF).

FTEs Funded by the Affordable Care Act

(Dollars in Thousands)

Program	Section	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FTEs
Pregnancy Assistance Fund Discretionary P.L. (111-148)	**Section 10214**	**$25,000**	**$25,000**	**$25,000**	**$23,175**	**$25,000**	**$25,000**	**2**

STATEMENT OF PERSONNEL RESOURCES

General Departmental Management

Total Full-Time Equivalents

Resouorce	FY 2014 Estimate	FY 2015 Estimate	FY 2016 Estimate
Direct Ceiling FTE	1041	1000	1135
Reimbursable Ceiling FTE	440	488	457
Total Ceiling FTE	**1481**	**1488**	**1592**
Total Civilian FTE	1427	1436	1547
Total Military FTE	54	52	45

FTE PAY ANALYSIS

Detail	FY 2014	FY 2015	FY 2016
Total FTE	1,041	1,000	1,135
Number change from previous year	-30	-41	135
Funding for object classes 11	$109,408	$105,361	$119,673
Average cost per FTE	$105	$105	$105
Percent change in average cost from previous year	+2.9%	+.2%	+.1%
Average grade/step of GS employee	13.7	13.6	13.6

RENT AND COMMON EXPENSES

(Dollars in Thousands)

Rent

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
GDM[11]	8,524	8,524	8,703	+179
ASFR	150	150	153	+3
DAB	-	245	250	+5
OGA	500	500	511	+11
OGC	2,827	2,827	2,886	+59
OASH	4,341	4,310	4,401	+91
Subtotal	***16,342***	***16,556***	***16,904***	***+348***

Operations and Maintenance

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
GDM[1]	7,905	7,265	7,797	+532
ASA	268	225	268	+43
ASFR	290	290	296	+6
DAB	40	40	41	+1
OGA	231	231	236	+5
OGC	1,571	1,571	1,535	-36
OASH	1,690	1,690	1,725	+35
Subtotal	***11,995***	***11,312***	***11,899***	***+587***

Service and Supply Fund

Detail	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
GDM Shared Services	9,473	9,035	11,870	+2,835
ASA	1,498	1,758	1,758	-
ASFR	1,604	1,684	1,684	-
ASL	253	266	266	-
ASPA	400	420	420	-
DAB	459	482	482	-
IEA	573	602	602	-
IO	823	864	864	-
OGA	237	249	249	-
OGC	979	1,028	1,028	-
OASH	7,070	7,423	7,423	-
Subtotal	***23,369***	***23,811***	***26,646***	***+2,835***

[1] GDM Rent covers expenses for Staff Divisions except as noted in the tables.

SIGNIFICANT ITEMS IN CONFERENCE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

L-HHS Appropriations Committee Omnibus (Public Law 113-235)

Item
Overhead Costs *- The Department is directed to include in its annual budget justification for fiscal year 2016, the amount of administrative and overhead costs spent by the Department for every major budget line.*

Action Taken or To Be Taken
Please refer to page 168 for a detail table for Overhead Costs.

Item
Sports-Related Injuries *- The agreement encourages the Department to investigate the development of new and better standards for testing sports equipment that is supported through independent research, governance, and industrial independence. These standards should actually replicate on-field impacts and produce testing data for "worst-practical-impact" conditions. Such standards will lead to research and development of new safety equipment to ensure that athletes have state-of-the-art gear that significantly reduces injuries.*

Action Taken or To Be Taken
Please see the National Institutes of Health's President's Budget for a narrative on this item.

Item
Lupus *- The agreement reflects strong support for this program, which is intended to engage healthcare providers, educators, and schools of health professions in working together to improve lupus diagnosis and treatment through education.*

Action Taken or To Be Taken
HHS and the Office of Minority Health (OMH) remain committed to engaging healthcare providers, educators and schools of health professions in working together to improve lupus diagnosis and treatment through education.

Currently, OMH supports the National Health Education Program on Lupus for Healthcare Providers (NHEPLHP) with the goal of improving diagnosis for those with lupus and reducing health disparities. The program engages healthcare providers, educators, schools of health professions, communities, and individuals and families in working together to improve lupus diagnosis and treatment through education. The NHEPLHP targets practicing physicians and nurses, as well as medical, nursing, and other allied health students in training.

The FY2015 Lupus program will address the following priorities:

- Expand healthcare provider training to include physician assistants, nurse practitioners, pharmacists and allied health professionals (as well as physicians and nurses) to engage them to improve lupus diagnosis and treatment through education, appropriate linkages to care, treatment, and healthcare enrollment.

- Expand the lupus program through a comprehensive community level education effort that will serve persons living with lupus and their family members. The program will include: community outreach to improve awareness and understanding of lupus and management of primary and secondary conditions; access to care and coverage to increase the number of persons linked to healthcare services and enrolled in healthcare coverage plans; and communication strategies such as electronic media and patient/provider software application development to improve disease management and outcomes and patient/provider communication.

- Support for patient and family care networks to address isolation, living with different stages of lupus, coordination of care, and provide opportunities to develop coping strategies, feel empowered, and expand community support.

Item
Transparency in Health Plans *- The agreement directs the Secretary to provide additional clarification to qualified health plans, based upon relevant and related GAO findings, to ensure greater consistency and full transparency of coverage options included in health insurance plans prior to plan purchase in the marketplace enrollment process. The agreement requests a timeline for such clarifying guidance to be submitted to the House and Senate Committees on Appropriations within 30 days after enactment of this act.*

Action Taken or To Be Taken
Please refer to the Centers for Medicare and Medicaid Services' President's Budget for a narrative on this item.

Item
Seafood Sustainability *- The agreement prohibits the Department from using or recommending third party, nongovernmental certification for seafood sustainability.*

Action Taken or To Be Taken
Please see the Food and Drug Administration's President's Budget for a narrative on this item.

Item
Healthcare Provider Complaints *- Legislation appropriating funding for the Department of Health and Human Services has carried a general provision relating to health care providers since fiscal year 2005 (Division H, Section 507(d) of Public Law 113-76). Complaints regarding reported violations of these provisions have been filed with the Office for Civil Rights at the Department of Health and Human Services. The Secretary is directed to respond to these complaints expeditiously in accordance with final rule 45 CFR Part 88 published in Federal Register Vol. 76 No. 36.*

Action Taken or To Be Taken
The Office for Civil Rights at the Department of Health and Human Services (HHS) takes seriously its responsibilities under the HHS Regulation for the Enforcement of Federal Health Care Provider Conscience Protection Laws, 45 CFR Part 88, and is responding to complaints we have received under this regulation expeditiously and in accordance with the regulation.

Item

Lobbying *- The agreement requests an update on how the OIG is working with the HHS agencies to improve monitoring of grantee activities to ensure that no taxpayer resources are used for lobbying.*

Action Taken or To Be Taken

Please see the Office of Inspector General's President's Budget for a narrative on this item.

Item

Office for Human Research Protections (OHRP) *- Recent reviews by the OIG raise questions about the independence of the OHRP during the process to make determinations. The agreement requests the OIG conduct a formal review of OHRP procedures and make appropriate recommendations to ensure and strengthen human subjects protections in future research and ensure the independence of OHRP.*

Action Taken or To Be Taken

Please see the Office of Inspector General's President's Budget for a narrative on this item.

Item

Project Bio-Shield *- The agreement is committed to ensuring the nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The agreement recognizes a public-private partnership to develop medical countermeasures (MCMs) is required to successfully prepare and defend the nation against these threats as has been demonstrated in the decade since the initiation of the Project Bio-Shield Special Reserve Fund (SRF). Where there is little or no commercial market, the agreement supports the goal of an explicit commitment by the Government to biodefense medical countermeasures, such as was provided during fiscal years 2004-2013 by the initial SRF. Although the agreement cannot provide the authorized 5-year amount of $2,800,000,000, it continues to support the procurement of MCSs. Further, the agreement requests the agency provide an update in the fiscal year 2016 congressional budget on how it can support training and simulated events to prepare for the coordinated management and utilization of medical countermeasures.*

Action Taken or To Be Taken

Please see the Public Health and Social Services Emergency Fund's President's Budget for a narrative on this item.

Agriculture Appropriations Subcommittee (Public Law 113-235) Agriculture Report

Item

Oversight of FDA – *Over the past five years FDA's responsibilities have grown significantly and resources available to the agency have increased more than 60 percent. There is a concern that oversight of FDA has not kept pace with the growth in the agency's regulatory authority or funding. Therefore, the agreement includes $1,500,000 for the HHS Office of Inspector General specifically for oversight activities supported within the Inspector General's regular appropriation. The Inspector General is instructed to submit a plan to the Committees on the additional oversight activities planned with this funding and base funding for FDA oversight.*

Action Taken or To Be Taken

Please see the Office of Inspector General's President's Budget for a narrative on this item.

GRANTS.GOV

The following is presented pursuant to Sections 737(b) and (d) of the Consolidated Appropriations Act of 2008 (P.L. 110-161).

The Assistant Secretary for Financial Resources (ASFR) manages the Grants.gov program. Grants.gov is the Federal government's "one-stop-shop" for grants information, providing information on over 1,000 grant programs and $500 billion awarded by the 26 grant-making agencies and other Federal grant-making organizations. The initiative enables Federal agencies to publish grant funding opportunities and application packages online, while allowing the grant community of over one million organizations (State, local, and tribal governments, education and research organizations, non-profit organizations, public housing agencies, and individuals) to search for opportunities and download, complete, and electronically submit applications.

Through the use of Grants.gov, agencies are able to provide the public with increased access to government grants programs and are able to reduce operating costs associated with online posting and application of grants. Additionally, agencies are able to improve their operational effectiveness through the use of Grants.gov, by increasing data accuracy and reducing processing cycle times.

The initiative provides benefits to the following agencies:

- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Energy
- Department of Health and Human Services
- Department of Homeland Security
- Department of Housing and Urban Development
- Department of the Interior
- Department of Justice
- Department of Labor
- Department of State
- U.S. Agency for International Development
- Department of Transportation
- Department of the Treasury
- Department of Veterans Affairs
- Environmental Protection Agency
- National Aeronautical and Space Administration
- National Archives and Records Administration
- National Science Foundation
- Small Business Administration
- Social Security Administration
- Corporation for National Community Service
- Institute of Museum and Library Services
- National Endowment for the Arts

- National Endowment for the Humanities

From its inception, Grants.gov has transformed the Federal grants environment by streamlining and standardizing public-facing grant processes, thus facilitating an easier application submission process for our applicants. The Grants.gov Program Management Office (PMO) works with agencies on system adoption, utilization, and customer satisfaction.

RISK MANAGEMENT OVERVIEW: Risks are categorized and prioritized to facilitate and focus risk management activities. Risk categories are aligned with OMB risk management guidance, ensuring comprehensive consideration of possible risks and simplifying program reporting. Risk prioritization is based on the probability of occurrence and potential impact, and focuses project resources where they are most needed.

All risks are tracked in the Grants.gov Risk Management Database, from identification through resolution. This online database is accessible to all Grants.gov team members and is updated regularly, in keeping with a continuous risk management process. Although physically separate, the Risk Management Database is considered an integral part of the Grants.gov Risk Management Plan.

Risks are categorized to facilitate analysis and reporting. The Grants.gov risk categories are aligned with Office of Management and Budget (OMB) guidance on risk assessment and mitigation. The risk category describes potentially affected areas of the program, and helps put individual risks into context when assessing their severity. The categories are also used to drive risk identification: the lack of identified risks in a given category may indicate overlooked risks. The following risks have been identified to OMB:

Risk 1: The global financial crisis (2008-present) has dramatically reduced federal revenues and increased the federal deficit. Widespread calls to reduce federal spending could result in decreased funding for Grants.gov. The Grants.gov PMO operations, funded entirely by agency contributions, include: salaries and expenses for full-time staff, and support contracts for system integration, hardware platforms, upgrades, software licenses, Independent Verification and Validation, outreach and liaison, contact center, performance metrics monitoring, and office support. If the PMO does not receive sufficient funding, or if the agency contributions are not provided in a timely manner, the PMO would have to limit or stop providing the services it offers to its stakeholders.

Risk mitigation response: Grants.gov risk mitigation is a multifaceted approach that includes internal actions as well as external entities. Internally, the PMO times the majority of its contract actions toward the 3rd and 4th quarter of the fiscal year, to accommodate the speed of incoming contributions. Additionally, if sufficient funding is not available, the PMO can reduce the scope of its contracts, reprioritize contract awards, and/or postpone awarding of contracts. All contract actions and award decisions are made in the context of ensuring full, reliable functionality of the Grants.gov system. The PMO closely monitors contract expenditures and PMO activities such as training and travel expenditures to ensure the available budget will cover the actual expense. No later than the 2nd quarter of the fiscal year, the PMO develops and sends documentation to each funding agency to initiate funding transfers and then reports (weekly) the status of agency contributions to the Council on Financial Assistance Reform (COFAR), Financial Assistance Committee for e-Gov (FACE), and OMB.

Risk 2: A fundamental concept of electronic commerce is the standardization of a common set of terms to be used by trading partners during business communications. Grants.gov requires common data

processes in order to function. The inability to define common data and processes could impede program goals.

Risk mitigation response: The Grants.gov system was developed in accordance with the electronic standards for core grants data, Transaction Set 194, which were developed by the Inter-Agency Electronic Grants Committee (IAEGC). The Grants.gov PMO worked with the PL 106/107 workgroup and IAEGC to build consensus, and continues to work to minimize the required changes to agency and applicant processes. Agencies are being encouraged to simplify their forms and if possible develop a common set of forms and data definitions. To meet that goal, Grants.gov is consolidating already existing forms and working with Agencies for adoption to avoid duplicate forms used across the agencies.

FUNDING: The total development cost of the Grants.gov initiative by fiscal year -- including costs to date, estimated costs to complete development to full operational capability, and estimated annual operations and maintenance costs -- are included in the table below. Also included are the sources and distribution of funding by agency, showing contributions to date and estimated future contributions through FY 2015.

GRANTS.GOV

FY 2014 to FY 2016 Agency Contributions

Agency	Total FY 2014	Total FY 2015	Total FY 2016
HHS	4,710,238	4,964,848	5,161,848
DOT	404,959	394,724	358,714
ED	547,513	543,914	446,120
HUD	407,186	241,593	149,921
DHS	300,929	361,185	330,995
NSF	467,754	450,354	435,517
USDA	509,443	439,294	454,039
DOC	326,901	289,592	332,452
DOD	752,274	666,561	584,477
DOE	439,604	379,656	378,312
DOI	1,335,972	1,603,166	1,754,577
DOL	211,895	209,386	217,684
EPA	373,002	281,852	271,467
USAID	429,166	398,331	389,857
USDOJ	510,553	435,397	545,783
NASA	173,346	161,725	167,049
CNCS	64,809	57,453	61,574
DOS	289,976	413,404	467,400
NEH	213,889	196,177	180,501
SBA	69,120	49,186	59,023
IMLS	76,594	77,833	76,082
NEA	182,161	174,423	193,697
VA	47,753	57,304	68,765
NARA	40,623	36,160	38,622
SSA	36,370	26,578	26,327
USDOT	59,672	71,606	85,927
Grand Total	**12,981,702**	**12,981,702**	**13,236,730**

PHYSICIAN'S COMPARABILITY ALLOWANCE(PCA)

Office of the Assistant Secretary for Planning and Evaluation

Physician Categories	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget
1) Number of Physicians Receiving PCAs	2	2	2
2) Number of Physicians with One-Year PCA Agreements	1	1	1
3) Number of Physicians with Multi-Year PCA Agreements	1	1	1
4) Average Annual PCA Physician Pay (without PCA payment)	$146,426	$146,426	$146,426
5) Average Annual PCA Payment	$20,000	$20,000	$20,000
6) Number of Physicians' Receiving PCA's by Category (non-add) **Category I Clinical Position**	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category II Research Position	2	2	2
Number of Physicians' Receiving PCA's by Category (non-add) Category III Occupational Health	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-A Disability Evaluation	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	0	0	0

*FY 2014 data will be approved during the FY 2016 Budget cycle.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) offers physicians filling the Category II Research positions the maximum of $30,000 per employee. These physicians provide expert medical advice and analysis on ASPE topics relating to medical care, informatics, and the management of chronic conditions and access of HHS data. The qualifications of these two medical experts provide an exceptional level of skill, expertise and experience necessary to support the ASPE office's initiatives.

ASPE has traditionally had difficulty in recruitment of research and informatics physicians. The last recruitment in our office resulted in only three candidates and most were not a good fit. ASPE has had to pursue other avenues for physicians such as short term Intergovernmental Personnel Act (IPA) employees through universities which often result in higher costs. Without the PCA, ASPE would be unable to recruit qualified physicians or retain those on board. The PCA is an excellent means of staffing for highly qualified research physicians for our office.

Recruiting physicians at the GS salary schedule would prove to be challenging without the ability to offer the PCA incentive, which assists in obtaining the qualifications and expertise useful to ASPE's efforts.

Centrally Managed Projects

The GDM Staff Divisions are responsible for administering certain centrally-managed projects on behalf of all Operating divisions in the Department. Authority for carrying out these efforts is authorized by either specific statute or general transfer authority (such as the Economy Act, 31 USC 1535). The costs for centrally-managed projects are allocated among the Operating Divisions in proportion to the estimated benefit to be derived.

Project	Description	FY 2015 Funding
The Digital Accountability and Transparency Act	The funds will focus on developing a strategy and laying the groundwork to begin incorporating agreed upon standards into the Department of Health and Human Services 'Policies, processes and systems to ensure full compliance with the Digital Accountability and Transparency Act.	$5,000,000
Department-wide CFO Audit of Financial Statements	These funds cover the costs of auditing the HHS financial statements annually (as required by the CFO Act of 1990), and stand-alone audit of the CMS producing Department-wide financial statements, and coordinating the HHS audit process, including costs for FISMA.	$13,768,664
Bilateral and Multilateral International Health Activities	These funds support activities by the Office of Global Affairs in leading the U.S. government's participation in policy debates at multi-lateral organizations on health, science, and social welfare policies and advancing HHS's global strategies and partnerships, and working with USG agencies in the coordination of global health policy and setting priorities for international engagements.	$6,563,001
Regional Health Administrators	The RHA's provide senior-level leadership in health, bringing together the Department's investments in public health and prevention by providing a health infrastructure across the ten HHS regions. Particularly in the areas of prevention, preparedness, coordination and collaboration, the RHA's represent the Secretary, Assistant Secretary for Health and Surgeon General in the Regions, and are key players in managing ongoing public health challenges.	$2,772,090
National Science Advisory Board for Bio-Security (NSABBS)	Funds will be used by the NSABBS for providing guidance on ways to enhance the culture of responsibility among researchers, developing strategies for enhancing interdisciplinary bio-security, recommending outreach strategies, engaging journal editors on policies for review, continuing international engagement, and develop Federal policy for oversight of life sciences research at the local level based on recommendations of the NSABBS.	$2,672,000

Project	Description	FY 2015 Funding
Departmental Ethics Program	These funds will be used to support attorneys and other legal staff under the direction of HHS's Designated Agency Ethics Official, who provide ethics-related program services, financial disclosure reviews, training programs and audits, as required by the Ethics in Government Act and the Office of Government Ethics.	$3,400,000
Secretary's Advisory Committee on Blood Safety and Availability	The Committee advises the Secretary on a broad range of public health, ethical and legal issues related to blood transfusion and transplantation safety. Such issues require coordination across many of the Operating Divisions. Funds support Committee meetings, workshops, staff, and subject matter experts.	$1,500,000
President's Commission for the Study of Bioethical Issues	The Commission, created by Executive Order 13521 on November 24, 2009, replaced the President's Council on Bioethics. Its purpose is to advise the President on bioethical issues that may emerge as a consequence of advances in biomedicine and related areas of science and technology. Funding for the Council comes entirely from HHS.	$3,000,000
Media Monitoring and Analysis	These funds permit the Office of the Assistant Secretary for Public Affairs to provide coordinated, succinct daily monitoring services of all agency-relevant media coverage for the entire department, thus preventing duplication and overlap by individual Operating Divisions.	$784,008
NIH Negotiation of Indirect Cost Rates	At the request of Operating Divisions, NIH has expanded its capacity to negotiate indirect cost rates with commercial (for-profit) organizations that receive HHS contract and/or grant awards, to ensure that such indirect costs are reasonable, allowable, and allocable.	$1,047,000
Intradepartmental Council on Native American Affairs	These funds will be used for continued support of HHS-wide tribal consultation; support new initiatives such as tribal emergency preparedness, suicide prevention and the HHS American and Alaska Native Health Research Advisory Council and to continue to serve as the HHS focal point for Native American Health and Human Services.	$383,182
Chronic Fatigue Syndrome Advisory Committee (CFSAC)	CFSAC provides expertise in biomedical research in the area of CFS, health care delivery services, insurers and voluntary organizations concerned with the problems of individuals with CFS. They meet on research, patient care, education, and quality of life for persons with CFS.	$100,000

Project	Description	FY 2015 Funding
HHS Broadcast Studio	These funds will be used to give staff and operating divisions the ability to utilize the studio as a lead component in their communication strategies both to internal and external audiences.	$2,284,080