



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Office of the Assistant Secretary for
Preparedness and Response**

FY 2011 Online Performance Appendix

INTRODUCTION

The mission of the Office of the Assistant Secretary for Preparedness and Response (ASPR) – to lead the Nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters – and its vision – a Nation prepared to prevent, respond to and reduce the adverse health effects of public health emergencies and disasters – reflect the essential role ASPR plays within the Nation’s public health preparedness and emergency response arena. ASPR focuses its efforts on promoting community preparedness and prevention; building public health partnerships with federal departments and agencies, academic institutions and private sector partners; and coordinating federal public health and medical response capability.

TABLE OF CONTENTS

Introduction 1
Table of Contents 2
Summary of Performance Targets and Results 3
Performance Detail 4
 Program: Preparedness and Emergency Operations 4
 Program: Hospital Preparedness Program 7
 Program: Biomedical Advanced Research and Development Authority 11
 Program: Medicine, Science, and Public Health 20
 Program: Policy, Strategic Planning and Communications 25
 Program: Medical Countermeasure Dispensing 28
ASPR Linkages to HHS Strategic Plan 29
Additional Items 31
 Full Cost Table 31
Discontinued Performance Measures 32
 Program: Training and Curriculum Development 32

SUMMARY OF PERFORMANCE TARGETS AND RESULTS

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	8	7	88	7	88
2008	10	7	70	7	70
2009	9	8	89	7	78
2010	9	3	NA	NA	NA
2011	9	NA	NA	NA	NA

PERFORMANCE DETAIL

PROGRAM: PREPAREDNESS AND EMERGENCY OPERATIONS

Agency Long-Term Objective: Improve DHHS response assets to support municipalities and States.

Measure 2.4.1: Improve ESF #8 preparedness planning and response capability. (Outcome)

FY	Target	Result
2011	All equipment caches capable of sustaining deployed medical personnel for 48 hours and full fielding of the Disaster Medical Information Suite (DMIS) electronic medical record, patient tracking system and Health Information Repository (HIR). Build a capabilities based assessment, developing preparedness plans to include interagency concepts of operations, resource typing and team deployment logistical/ travel/ equipment support.	Sep 30, 2011
2010	Complete cache regionalization to improve response and team deployment. Be able to fully deploy teams with the appropriate support cache within 24 hours of activation within the continental US. Exercise participation will include partners to affect optimum response.	Sep 30, 2010
2009	Fully define public health and medical capability areas. Begin to develop interagency response framework guidelines by capability area. Enhance situational awareness within SOC. Provide materiel readiness to ASPR domestic deployable medical capability. Enhance development of regional readiness capability. Exercise ability to deploy HHS command and control, medical shelter and initial triage/ emergency capabilities. Exercise COOP far and near site functionality.	Regional Emergency Care Coordinators (REC) worked directly with state, local and Tribal agencies to enhance response capabilities expanding. REC continued integrated planning efforts to identify capability gaps for hurricane responses. IRCT advanced training provided at ESF 8 Summit. First draft of the Field Operations Guide completed. 14 playbooks completed out of 15 National Planning Scenarios. Exercises conducted annually on hurricane preparedness. Additional exercises focused on anthrax, and continuity of government, and continuity of operations for the transition to the new Administration. The fusion cell is developing situational awareness tools such as MedMap. Tools and guidelines are available such as Radiation Event Medical Management that is now available in a PDA version and Chemical Event Medical Management is under development. (Target Met)
2008	Continue to develop and revise existing threat-based response plans. Continue to train personnel to lead ESF 8 planning and response. Conduct regional site specific surveys to determine availability of assets to be utilized in a response. Develop capacity for interoperable communications between field elements and headquarters. Develop web based training modules. Train human services assessment teams. Coordinate expansion of FMS. Sustain and expand the cadre of surge personnel with specialized skills.	12 playbooks have been completed, including 11 on the National Planning Scenarios Playbooks, including RDD, Hurricane, and Chemical, have been exercised each quarter. Have been working to regionalize caches, which has increased the number of teams ready to deploy from 39 to 43 (Target Met)

FY	Target	Result
2007	Develop threat-based response plans; continue to assess the Department's ability to respond to scenarios and actual events; respond to public health and medical threats and emergencies; participate in exercise (e.g. TOPOFF). Develop capacity for, interoperable communications between field elements and headquarters. Coordinate expansion of FMS. Build cadre of surge personnel with specialized skills. Sustain and enhance monitoring and medical management of a radiological/ nuclear public health emergency	9 operational playbooks written. Responded to Hurricane Dean. Executed COOP exercise in conjunction with "Pinnacle 2007." Provided ICS training to IRC. Implementing a national surge bed reporting system (HAVBED). Identified 159 respiratory therapists who could deploy. Launched the Radiation Event Medical Management (REMM) website. NDMS was transferred successfully teams have been successfully deployed. (Target Met)
2006	N/A	N/A (Target Not In Place)

Measure	Data Source	Data Validation
2.4.1	Katrina Lessons Learned reports on Mission Fulfillment and Incident Command, HHS Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS), Incident Response Coordination Team (IRCT) System Description, the Secretary's Operations Center logs of response operations, TOPOFF III after action reports and other exercise evaluations. "Federal Medical Contingency Station-Type III-Basic Prototype Evaluation" (Report CD305T3) dated May, 2005; After Action Report (AAR) on the FMS deployment during 2005 hurricane season dated April 2006. Draft playbooks for pandemic influenza, improvised nuclear devices, and hurricanes. Website for the Radiological Event Medical Management (REMM). Draft RFI "Portal for Verification of Healthcare Professionals Qualifications."	Policies, plans and evaluations are reviewed and cleared by ASPR and HHS senior leadership, and interagency partners, including DHS. After action reports, statements of standard operation procedures, and deployment plans are reviewed by a variety of inter and intra-agency workgroups including the Homeland Security Council Deputies Committee.

Performance Report:

ASPR leads HHS's integrated preparedness planning, response and regional logistics support that require public health, medical, human services and recovery support under ESF #8, ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services), and ESF #14 (Long-Term Community Recovery). During 2009, ASPR responded to several events including but not limited to: the G-20 summit, the Presidential Inauguration, the crash of Continental Flight 3407 in Buffalo, New York, and the 2009-H1N1 influenza outbreak.

ASPR's Regional Emergency Coordinators are the lead in working with state/local entities and OPEO preparedness and operations offices to plan for National Special Security Events (NSSE's) and other planned and unplanned events. In FY 2009, ASPR responded to two NSSE's, the Presidential Inauguration and the President's Address to Joint Session of Congress. Other events include the Lincoln Memorial re-dedication, the Police-Peace Memorial ceremony, Independence Day ceremonies in Washington DC, the annual Cherry Blossom Festival, and the 2009 World Police and Fire Games (which provided operational concepts testing for the 2010 Winter Olympics).

ASPR serves as the lead Sector Specific Agency under Homeland Security Presidential Directive (HSPD)-7 *Critical Infrastructure Identification, Prioritization, and Protection* for the Healthcare and Public Health (HPH) Sector. In FY 2009, ASPR initiated and completed a number of efforts to

significantly enhance the public-private partnership among HPH sector partners. Initiatives included the development of an on-line information sharing portal for public and private sector partners and a new liaison program permitting private sector partners to engage in ESF #8 operations at the federal level. In addition to the two existing governing bodies and workgroups, the Critical Infrastructure Protection (CIP) program expanded the number of collaborative workgroups involving public and private sector partners to address issues such as information sharing and risk assessment. The on-line portal system will enroll thousands of State, local, tribal territorial and private sector partners in a secure forum to share information related to healthcare and public health preparedness, mitigation and response.

In its role of coordinating efforts to address mental health and needs of “at-risk individuals,” ASPR has undertaken several significant initiatives. In FY 2009, working with the Disaster Mental Health Subcommittee of the National Biodefense Science Board (NBSB), ASPR worked to develop a federal strategy to address behavioral health and began implementation of the action items. In FY 2009, efforts focused on integrating attention to at-risk/special needs into preparedness and response activities, as mandated by PAHPA. ASPR has also established a new program to improve federal coordination of in-hospital emergency medical care activities and to promote programs and resources that improve the delivery of daily emergency medical and mental health care. This is a multi-level collaboration that will result in a coalition comprised of subject-matter experts from various organizations who will provide strategic and operational policy guidance and facilitate agencies involvement.

PROGRAM: HOSPITAL PREPAREDNESS PROGRAM

Agency Long-Term Objective: Enhance State and Local Preparedness

Measure 2.4.2.A: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating ability to report hospital bed data: % of States demonstrating ability to report hospital bed data (Outcome)

FY	Target	Result
2011	100%	Dec 31, 2012
2010	90%	Dec 31, 2011
2009	80%	Dec 31, 2010
2008	60%	Jan 31, 2010
2007	50%	74% (Target Exceeded)

Measure 2.4.2.B: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating use of Interoperable Communications Systems: % of States demonstrating use of Interoperable Communications Systems (Outcome)

FY	Target	Result
2011	100%	Dec 31, 2012
2010	98%	Dec 31, 2011
2009	95%	Dec 31, 2010
2008	60%	Jan 31, 2010
2007	50%	91% (Target Exceeded)

Measure 2.4.2.C: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating development of Fatality Management Plans:% of States demonstrating development of Fatality Management Plans (Outcome)

FY	Target	Result
2011	100%	Dec 31, 2012
2010	85%	Dec 31, 2011
2009	70%	Dec 31, 2010
2008	60%	Jan 31, 2010
2007	50%	64% (Target Exceeded)

toxins, and delivered a report outlining strategies to address concerns voiced by Congress and the general public.

ASPR chaired the working group (WG) on Strengthening the Biosecurity of the United States, which was established by Executive Order 13486 dated January 9, 2009. The WG reviewed existing policies and practices in place at Federal and non-Federal facilities that conduct research on; manage clinical or environmental laboratory operations involving; or handle, store or transport biological select agents and toxins (BSAT) and made recommendations for new legislation, regulations, guidance, or practices for security and personnel assurance and options for establishing oversight mechanisms. The WG's findings and recommendations are described in its draft report, which was completed and submitted to the White House by July 9, 2009 as required by EO 13486. ASPR also supports the efforts the Working Group on Optimizing Biological Select Agent and Toxin (BSAT) Security. The group is led by the National Security Council/National Security Staff and the Office of Science and Technology Policy.

ASPR led the Interagency Working Group on Synthetic Nucleic Acid Screening to develop guidance for the gene synthesis industry to minimize the risk that unauthorized individuals will gain unique access to biological agents of concern through the use of nucleic acid synthesis technology.

Established by the Pandemic and All-Hazards Preparedness Act of 2006, the National Biodefense Science Board (NBSB) is charged with providing expert advice and guidance to the Secretary of Health and Human Services on scientific, technical, and other matters of interest regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. From FY 2008 through FY 2009, the Board convened six public meetings in-person and six public meetings by teleconference. The Board considered and made recommendations regarding the Charter of the Federal Education and Training Interagency Group—critical to the establishment of a Joint Federal Program for Disaster Medicine and Public health; for strengthening the National Disaster Medical System and medical surge capacity; and for improving the Department's response to the mental health impacts of disasters. . The Board made recommendations on the home stockpiling of antibiotics and the collection of data on the implementation of home stockpiling. The Board also provided recommendations on H1N1 countermeasures, support of the H1N1 vaccination program, and actions to prevent and mitigate adverse behavioral health outcomes during the H1N1 public health emergency.

PROGRAM: POLICY, STRATEGIC PLANNING AND COMMUNICATIONS

Agency Long-Term Objective: Improve HHS response assests to support municipalities and States.

Measure 2.4.8: Improve strategic communications effectiveness. (Outcome)

FY	Target	Result
2011	Continue to implement the ASPR strategic communications plan. Maintain and improve ASPR’s central infrastructure for public web communications and interagency collaboration.	N/A
2010	Implement the ASPR strategic communications plan, including initiating a branding and marketing effort of ASPR. Implement ASPR's central infrastructure for public web communications with ESF 8 partners and the public.	N/A
2009	Improve communication and support for external stakeholder around public health emergencies. Improve communication with international entities including increasing involvement in SPP and GHSAG communication activities.	Supported the development and execution of the Department’s communication strategy related to the 2009-H1N1 influenza outbreak. Coordinated with GHSAG partners around the international messaging related to the 2009-H1N1 influenza outbreak. (Target Met)
2008	Increase communication with ASPR employees. Improve awareness of ASPR within HHS and with external stakeholders. Increase participation and presentation at key conferences. Increase and strengthen emergency and crisis risk communications network within the international and national public health community. Continue outreach efforts to other key stakeholders of informational products, exercises and training opportunities. Expand short form programming to priority projects that reach larger audiences.	Communications team established. Developing draft strategic communications plan for ASPR. Expanding short form programming to priority projects that reach larger audiences. Conducting the first of a series of ASPR webcasts. (Target Met)
2007	Continue development and distribution of emergency and crisis risk communications packages. Publish and begin distribution of reporter’s field guide on terrorism and other public health emergencies. Complete Public Health Emergency Response: A Guide for Leaders and Responders publication. Update and create public health emergency-related radio public service announcements. Continue outreach efforts to inform news media and public health community of all the above initiatives. Create new programming.	Implementing the EPIC recommendations. Planning and developing emergency crisis risk communications. Expanding collaboration on crisis and emergency risk communications to include not only federal partners via the Incident Communications Public Affairs Coordination Committee, the National Public Health Information Coalition of state and local public health communicators, North American partners Canada and Mexico, and entire international health community via the WHO. (Target Met)
2006		N/A

Measure 2.4.9: Establish and improve awareness of the ASPR strategy for preparedness and response (Outcome)

FY	Target	Result
2011	Publish the first NHSS Biennial Implementation Plan by December 2010.	N/A
2010	Continue to build on current outreach and awareness strategy via web, video, and presentations at major meetings of stakeholders.	N/A
2009	Complete the draft of the National Health Security Strategy. Work with partners and stakeholders on draft outreach materials.	Completed draft National Health Security Strategy and submitted to Congress (Target Met)
2008	Ensure ASPR initiatives are aligned with ASPR strategy. Develop ASPR annual plan that supports the ASPR Strategic Plan. Finalize Balanced Scorecard for full implementation of ASPR Strategic Management System. Complete development of framework for the National Health Security Strategy.	Framework for National Health Security Strategy being developed. Est. and chaired the interagency Public Health and Medical Task Force. Developed the "Public Health and Medical Preparedness Implementation Plan. Executed activities to align the organization to ASPR's 5-year Strategic Plan for Preparedness and Response including: populating 17 of ASPR's 22 strategic objectives with quantifiable or milestone driven performance indicators; piloting an ASPR Program Performance Review Board; initiating a beta ASPR web-based tool for the collection, analysis, reporting of strategic performance data (Target Met)
2007		N/A
2006		N/A

Measure	Data Source	Data Validation
2.4.8	ASPR communications plan	Produced over 12 webcasts on preparedness and response activities including "know what the Do about Flu" H1N1 programs. Conducted a series of outreach activities with the National Governors Association . Provided on-going public affairs training to NDMS teams for field deployment.
2.4.9	ASPR Strategic Plan, ASPR Annual Plan, Homeland Security Presidential Directives, Executive Orders, Pandemic and All-Hazards Preparedness Act, National Health Security Strategy	Intra-Departmental and Interagency review of the National Health Security Strategy, Stakeholder forums and subject matter expert input.

Performance Report:

The ASPR policy, programmatic and coordinating functions continue to increase as a result of new authorities and increased program requirements. As the Department's lead for emergency preparedness and response activities, there are additional expectations and requirements for the office to enhance its strategic planning, policy assurance, and strategic communication efforts, both within and outside HHS: development of the ASPR-wide policy agenda; the enhancement of efforts to promote community preparedness and prevention; and, the building of public health partnerships with federal departments and agencies. Throughout the activities of the office, ASPR ensures transparency in policy and program

development efforts, supporting state and local government preparedness efforts and continuing collaboration with academic institutions and private sector entities.

Planning and development of emergency crisis risk communications products is necessary as part of the response to a pandemic influenza outbreak. Public health communications strategies and messages have been identified, used and shared during both major disasters, such as Hurricanes Gustav and Ike, and training sessions, such as the series of pandemic influenza outbreak response tabletop exercises and the 2009-H1N1 influenza. Ongoing collaboration on crisis and emergency risk communications related to public health emergencies has expanded to include not only federal partners via the Interagency Communications Coordination Committee but also the National Public Health Information Coalition of state and local public health communicators, our North American partners Canada and Mexico, and the entire international health community via the World Health Organization.

The 2009-H1N1 influenza outbreak has driven the need to ensure clear communication of guidance and information to Federal, State, local, public and private partners about the event and mitigation strategies. Additionally, the development efforts around vaccine development and procurement, community mitigation policies, surveillance, laboratory capacity and borders for the 2009-H1N1 influenza outbreak have highlighted the need for ASPR to sustain and improve its Department-wide policy development and coordinating function.

The 2009-H1N1 outbreak has also highlighted the need for more robust information technology infrastructures that could be used during a public health and medical emergencies and responses. These infrastructures will bring consultative capacity into austere and compromised environments and enhance the capture of patient information, tracking, and therapeutic intervention throughout the arc of an event.

PROGRAM: MEDICAL COUNTERMEASURE DISPENSING

Agency Long-Term Objective: Enhance State and Local Preparedness

Measure 2.4.10: Expansion of the Cities Readiness Initiative USPS Strike Teams in up to 15 cities (Outcome)

FY	Target	Result
2011	8 total cities	N/A
2010	4 cities	N/A

Measure	Data Source	Data Validation
2.4.10	Analysis of State and local preparedness plans and plan with specific emphasis on the medical countermeasure dispensing component	Interagency review by appropriate subject matter experts, field testing of strategies and messages during developing incidents and major exercises

ASPR LINKAGES TO HHS STRATEGIC PLAN

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

	ASPR Goal 1: Enhance State and local Preparedness.	ASPR Goal 2: Improve DHHS response assets to support municipalities and states.	ASPR Goal 3: Define requirements for and deliver safe and effective medical countermeasures to identify threats (biological, chemical, radiation and nuclear) to the SNS through coordination of interagency activities, interfacing with industry and acquisition management.	ASPR Goal 4: Mitigate the adverse public health effects of a terrorist attack
HHS Strategic Goals				
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.				
1.1 Broaden health insurance and long-term care coverage.				
1.2 Increase health care service availability and accessibility.				
1.3 Improve health care quality, safety and cost/value.				
1.4 Recruit, develop, and retain a competent health care workforce.				
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.				
2.1 Prevent the spread of infectious diseases.				
2.2 Protect the public against injuries and environmental threats.				
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.				
2.4 Prepare for and respond to natural and man-made disasters.	X	X	X	X

	ASPR Goal 1: Enhance State and local Preparedness.	ASPR Goal 2: Improve DHHS response assets to support municipalities and states.	ASPR Goal 3: Define requirements for and deliver safe and effective medical countermeasures to identify threats (biological, chemical, radiation and nuclear) to the SNS through coordination of interagency activities, interfacing with industry and acquisition management.	ASPR Goal 4: Mitigate the adverse public health effects of a terrorist attack
HHS Strategic Goals				
3 Human Services Promote the economic and social well-being of individuals, families, and communities.				
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.				
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthier and supportive communities.				
3.4 Address the needs, strengths and abilities of vulnerable populations.				
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.				
4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.2 Increase basic scientific knowledge to improve human health and human development.				
4.3 Conduct and oversee applied research to improve health and well-being.				
4.4 Communicate and transfer research results into clinical, public health and human service practice.				

ADDITIONAL ITEMS

FULL COST TABLE

(dollars in thousands)

HHS Strategic Goals and Objectives	FY 2009	FY 2010	FY 2011
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. (Total)	\$0	\$0	\$0
1.1 Broaden health insurance and long-term care coverage.	\$0	\$0	\$0
1.2 Increase health care service availability and accessibility.	\$0	\$0	\$0
1.3 Improve health care quality, safety and cost/value.	\$0	\$0	\$0
1.4 Recruit, develop, and retain a competent health care workforce.	\$0	\$0	\$0
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats. (Total)	\$0	\$0	\$0
2.1 Prevent the spread of infectious diseases.	\$0	\$0	\$0
2.2 Protect the public against injuries and environmental threats.	\$0	\$0	\$0
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	\$0	\$0	\$0
2.4 Prepare for and respond to natural and man-made disasters.	\$797,191	\$891,595	\$1,053,734
3 Human Services Promote the economic and social well-being of individuals, families, and communities. (Total)	\$0	\$0	\$0
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	\$0	\$0	\$0
3.2 Protect the safety and foster the well being of children and youth.	\$0	\$0	\$0
3.3 Encourage the development of strong, healthier and supportive communities.	\$0	\$0	\$0
3.4 Address the needs, strengths and abilities of vulnerable populations.	\$0	\$0	\$0
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services. (Total)	\$0	\$0	\$0
4.1 Strengthen the pool of qualified health and behavioral science researchers.	\$0	\$0	\$0
4.2 Increase basic scientific knowledge to improve human health and human development.	\$0	\$0	\$0
4.3 Conduct and oversee applied research to improve health and well-being.	\$0	\$0	\$0
4.4 Communicate and transfer research results into clinical, public health and human service practice.	\$0	\$0	\$0
Agency Total	\$0	\$0	\$0

DISCONTINUED PERFORMANCE MEASURES

PROGRAM: TRAINING AND CURRICULUM DEVELOPMENT

Agency Long-Term Objective: Enhance State and Local Preparedness

Measure: 225,000 health professionals trained (Outcome)

FY	Target	Result
2007	225000	329741 (Target Exceeded)
2006	91000	442623 (Target Exceeded)

Agency Long-Term Objective, Measure

Nineteen awardees have reported that 225,000 healthcare providers will be trained in FY 2007 to adequately respond to a terrorist event or other public health emergency. The content of the training included an all-hazards approach, utilizing each state's Hazard Vulnerability Assessments (HVA) as a means to prioritize the courses presented and the content addressing the appropriate Target Capabilities from the Uniformed Task List (UTL). The quality of the training was measured by pre and post examinations with an emphasis on observed demonstration from among 11 nationally vetted clinical competencies. An attempt was made to extrapolate whether a learner was "prepared" based on observing a percentage of targeted discipline-specific learners who also participated in a NIMS compliant tabletop, simulation or live drill/exercise. (Note that the number of providers trained in FY 2003, FY 2004, and FY 2005 exceeded targets by over 200%.)