DEPARTMENT of HEALTH and HUMAN SERVICES

Office of Public Health and Science

FY 2008 Annual Performance Report

Table of Contents

Transmittal Letter	page 3
Introduction	page 5
Summary of Performance Targets and Results Table	page 5
Outcomes and Outputs Table	page 5
OPHS Overview of Performance	page 9
Adolescent Family Life	page 14
Office of Disease Prevention and Health Promotion	page 16
Office of Minority Health	page 18
Office on Women's Health	page 19
Commissioned Corps: Readiness and Response	page 21
HIV/AIDS in Minority Communities	page 23
Link to HHS Strategic Plan	page 26
Data Source and Validation Table	page 28
FY 2008 Evaluation Reports	page 30

On behalf of the Office of Public Health and Science (OPHS), I am pleased to submit our 2008 Annual Performance Report. Our organization was rated exceptional in the HHS End-of-Year Organizational Assessment. This past year, OPHS continued to evolve to be a stronger, more customer-centered, financially accountable organization that influences the health and well-being of millions of Americans. OPHS was successful in leveraging resources and ideas to maximize national program and policy impact; fostering consensus on key public health issues to ensure the public receives consistent, science-based communications from the Department; and developing cross-cutting initiatives to accelerate the rate of health improvement among disparity populations.

A key leadership function of OPHS is to address major emerging public health issues that cut across the missions of the various operating divisions. New initiatives launched this Fiscal Year, aligned with the Secretarial priorities, include Vaccine Safety and Health Care Associated Infections (HAI). In regards to Vaccine Safety, efforts are underway to implement programs in vaccine safety science, vaccine policy and practice, public engagement, and improving communications. In addition, OPHS is leading efforts to improve and expand HHS-supported HAI prevention efforts to further enhance patient safety and reduce unnecessary healthcare costs.

In October 2008, OPHS launched the Physical Activity Guidelines for Americans. The Guidelines policy document is supported by multiple stakeholder and consumer publications. Healthfinder.gov has been transformed from a health information portal Web site to a destination site for essential prevention information and a consumer resource in support of the US Guide to Clinical Preventive Services. Also, OPHS published a new bilingual booklet, "La Buena Vida (the good life)," based on the Dietary Guidelines for Americans. It is intended to guide Latinos and their families toward the goal of enjoying la buena vida and describes how food and physical activity choices affect personal and family health – today, tomorrow, and in the future.

As a result of our previous senior managers meetings this year, OPHS embarked on developing a Strategic Plan. A Task Force comprised of senior OPHS staff was created and met regularly. In developing the initial draft, the Task Force first constructed and administered a questionnaire about OPHS to heads of all Operating and Staff Divisions as well as OPHS Office Heads. The qualitative information that was obtained allowed the Task Force to develop a first draft of the Plan. The clearance resulted in comments from each OPHS office, and significant revisions of the strategies were made. The Strategic Plan outlines four recommendations. One of those recommendations was for OPHS to revise and develop new GPRA and PART performance measures, as appropriate.

In addition, Adolescent Family Life and the Office of Management and Budget worked together to develop more appropriate targets for future years based on the actual data reported for the current year. Now that the reassessment process is complete and AFL has received a score of "adequate," the AFL Program has submitted the appropriate paperwork to obtain a task order contractor to examine the current performance measures. As a result, AFL anticipates that this contract will evaluate the current measures for relevancy to a demonstration program and may either propose modifications to those new measures or potentially a new set of performance measures. By modifying the current AFL measures, we will be better able to assess our progress in achieving the stated purpose of this program.

In those cases where OPHS did not meet their GPRA targets, steps are being taken to create targets that are more reflective towards a program's actual performance. It is our understanding and goal that targets will be ambitious, yet attainable. Our data is of high quality and contains no material inadequacies.

ADM Dr. Joxel Garcia, M.D., M.P.H.
Assistant Secretary for Health

Introduction to FY 2008 Annual Performance Report

Introduction

This FY 2008 Annual Performance Report provides information on [insert agency name]'s actual performance and progress in achieving the goals established in the FY 2008 Annual Performance Plan which was published in February 2007.

The goals and objectives contained within this document support the Department of Health and Human Services' Strategic Plan (available at http://aspe.hhs.gov/hhsplan/2007/).

Summary of Performance Targets and Results Table

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2005	15	15	100%	11	73%
2006	15	15	100%	11	73%
2007	15	15	100%	12	80%
2008	60	26	43%	21	81%
2009	60				

*The FY 08 and 09 number of targets reflects program measures developed during PART and are featured in the APR for the 1st time.

Outcomes and Outputs Table

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 1: Strengthen Prevention Efforts								
1.a.	Shape policy at the local, State, national and international levels (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 OPHS through reports, committees, etc.)	32,052	32,409	50,000	32,578	50,000	32,611	50,000

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
1.b.	Communicate strategically (number of visitors to Websites and inquiries to clearinghouses; number of regional/national workshops/conferences, community based events, consultations with professional and institutional associations; new, targeted educational materials/campaigns; media coverage of OPHS-supported prevention efforts including public affairs events)	43,976,880	47,831,042	49.0m	67,314,114	51.0m	54,942,164	52,000,000
1.c	Promote effective partnerships (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)	300	354	334	499	160	480	175
1.d.	Strengthen the science base (number of peer-reviewed texts, articles, reports, etc. published by govt. or externally; number of research, demonstration, or evaluation studies completed and findings disseminated; number of promising practices identified by research, demonstrations, evaluation, or other studies)	205	205	200	447	200	159	225
1.e.	Lead and coordinate key initiatives within and on behalf of the Department (number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OPHS; number of outcomes from efforts in initiatives/entities that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	1,291	1,433	1,300	1,337	1,500	1,589	1,600

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 2. Close Health Gaps								

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
2.a.	Shape policy at the local, State, national and international levels (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 OPHS through reports, committees, etc.)	45	88	96	190	92	404	97
2.b.	Communicate strategically (number of visitors to Websites and inquiries to clearinghouses; number of regional/national workshops/conferences or community based events; new, targeted educational materials/campaigns; media coverage of OPHS-supported disparities efforts including public affairs events; and estimated number of broadcast media outlets airing Closing the Health Gap messages)	1,576,355	1,943,511	1.9m	2,146,111	1.9m	1,949,387	2,305,000
2.c	Promote effective partnerships (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)	170	142	72	336	110	331	126
2.d.	Strengthen the science base (number of peer-reviewed texts, articles, reports, etc. published by govt. or externally; number of research, demonstration, or evaluation studies completed and findings disseminated; number of promising practices identified in research, demonstration, evaluation, or other studies)	50	47	47	275	42	89	45

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
2.e.	Lead and coordinate key initiatives within and on behalf of the Department (number of disparities-oriented initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OPHS; number of specific outcomes of the efforts in initiatives/entities that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.)	18	31	86	24	23	120	23

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 1: 3. Strengthen the Public Health Infrastructure								
3.a.	Shape policy at the local, State, national and international levels (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 OPHS)	1,875	1,978	2,400	2,416	1,700	3,529	300
3.b.	Communicate strategically (number of visitors to Websites and inquiries to clearinghouses; number of regional/national workshops/conferences, community based events, and consultations with professional and institutional associations; new, targeted educational materials/campaigns)	237,279	670,940	0.65m	1,173,866	1.0m	2,046,913	1,178,844
3.c.	Promote effective partnerships (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)	93	117	6	116	30	131	30

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
3.d.	Strengthen the science base (number of peer-reviewed texts, articles, reports, etc. published by govt. or externally; number of research, demonstration, or evaluation studies completed and findings disseminated; number of public health data enhancements--e.g. filling developmental objectives or select population cells; development of state and community data, attributable to OPHS leadership)	1,196	3,738	67	4,205	125	1,927	189
3.e.	Lead and coordinate key initiatives within and on behalf of the Department (number of relevant initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OPHS; specific outcomes of the efforts in initiatives/entities that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc. Measure also includes # Reserve Officers Commissioned, # Activation days, and # Officers trained in OSG)	5,610	3,454	6,800	3,135	7,300	3,114	7,300

OPHS Overview of Performance

Strengthening Prevention Efforts

ODPHP is actively engaged in the Secretary's Prevention Priority and committed to creating a culture of wellness derived from the President's HealthierUS initiative. Together, these activities focus on promoting health and preventing obesity and related chronic diseases by addressing major risk factors (physical inactivity, poor nutrition, tobacco use, and youth risk-taking behaviors) and reducing the burden of disease through appropriate health screenings and prevention of secondary conditions.

ODPHP coordinates the implementation of *Healthy People 2010*. *Healthy People* supports the President's HealthierUS initiative by offering specific national goals across a range of health areas. Through evidence-based objectives with measurable targets, it provides a framework for programs necessary to achieve the vision of these initiatives. The objectives were reassessed through a mid-decade review that culminated in the publication of the *Healthy People 2010* Midcourse Review. ODPHP continued the final round of progress reviews to review the most current data, to look for opportunities and challenges, and to assess the status of objectives in the 28 focus areas of *Healthy People 2010*. The results of these progress reviews are posted on the

healthy people.gov website. Development of the next decade's 10-year health objectives, Healthy People 2020, began in FY 2007 and will continue in FY 2008 and FY 2009.

OWH expanded evaluation efforts to include prevention targeting young women attending minority academic institutions (Historically Black Colleges and Universities, Hispanic Serving Institutions, and Tribal Colleges and Universities). It has been estimated that half of all new HIV infections in the U. S. are among people under the age of 25. Today, women account for more than one quarter of all new HIV/AIDS diagnoses.

In addition, the OWH working in partnership with the CDC, is developing a gender toolkit for capacity building for community based organizations providing HIV/AIDS prevention education and services targeting women and girls. The gender toolkit is a resource guide for community-based organizations that serve women.

In FY 2008, OWH launched a new women and heart disease initiative targeting physicians and nurses. We have learned that primary care physicians seem to be the least aware of women's heart issues, such that OWH is launching a new initiative in FY 2008-2010 to encourage medical and nursing organizations to educate and encourage health care professionals to learn about these issues and successful interventions through the dissemination of the *Heart Truth* Provider education CME, case-studies, and slide presentations.

OWH integrated the *Powerful Bones, Powerful Girls* (PBPG) osteoporosis prevention campaign into its adolescent girls' programming to improve efficiency and reduce redundancy. OWH resumed leadership of the PBPG campaign in FY 2007 from CDC, which had been supported by OWH funding. OWH awarded a new contract to continue the PBPG work and address other girl/adolescent health needs.

Closing Health Gaps

OMH has moved to increase awareness and understanding of the major health problems and needs of racial and ethnic minorities, and the nature and extent of health disparities between racial/ethnic groups in the U.S. through a wide range of informational and educational efforts aimed at decision-makers, health professionals, those serving racial/ethnic minority communities, and the general public. Through a toll-free service staffed by English and Spanish speaking information staff and an active outreach program to national minority and public health organizations, the OMH Resource Center (OMHRC) supports HHS health campaigns, the NPA, and public-private partnerships for health education.

OMH also supports HIV/AIDS programs, some of which are funded by the Minority HIV/AIDS Initiative (MAI). These programs include the *Technical Assistance/Capacity Development (TA/CD) Demonstration Program for HIV/AIDS-Related Services in Highly Impacted Minority Communities.* The TA/CD Program assists minority-serving community based organizations in communities where there are needs or gaps in providing HIV/AIDS-related prevention and care services, as well as develops financial and programmatic capacity to compete for funds and effectively manage needed services. In FY 2007, continuation support was provided to 24 TA/CD projects. In FY 2006, the organizations funded under this program provided training to

more than 400 organizations/individuals. MAI funds continued support to TA/CD projects in FY 2008.

OMH implemented the *National Partnership for Action to End Health Disparities* (NPA) to guide and strengthen future actions at the community, state, tribal, regional, and national levels. The NPA comprises a set of strategic actions that are intended to address factors at the individual, community, and/or systems level(s) that influence the health of racial/ethnic minorities, disparities that disproportionately impact such populations, or systems issues that inhibit or promote effective and efficient approaches to such problems. Actions under the NPA are organized around five related objectives:

1. Increasing awareness of health disparities.
2. Strengthening leadership at all levels for addressing health disparities.
3. Improving patient-provider interactions.
4. Improving cultural and linguistic competency.
5. Improving coordination and utilization of research and outcome evaluations.

In addition to implementing the NPA as a means for addressing leadership and improving nationwide coordination and collaboration for greater effectiveness, efficiency, and impact on health disparities, OMH established partnerships with the Association of State and Territorial Health Officials and the National Association of State Offices of Minority Health to strengthen and increase state-based strategic planning and partnerships.

Strengthening the Public Health Infrastructure

An integral part of OPHS' national prevention strategy is to educate, motivate, and mobilize local and national minority leaders in the fight against HIV/AIDS. The goal is to leverage the credibility and influence of community leaders, and to place resources (information and technical) in the hands of those who know and can reach vulnerable racial and ethnic communities. This strategy also hopes to improve health outcomes in general for these populations, while promoting HIV testing and early medical treatment for those who are HIV-infected. Towards this end, several efforts are underway which have facilitated the creation of new partnerships and initiatives. At the national level, dialogues with the Salvation Army and the US Congress of Catholic Bishops have resulted in these faith-based organizations adopting HIV awareness, education, and/or prevention activities which target their employees, clients, and members.

The National Vaccine Program Office coordinates interaction between the Department of Health and Human Services agencies and interacts with stakeholders in these areas through regular communication on issues including vaccine safety, vaccine supply, vaccine coverage, vaccine adverse events, vaccine financing, and international vaccine and immunization issues. NVPO also advances the Secretary's priority on prevention from the work done to promote safe and effective vaccines, and enhance delivery of these preventive medical services, as well as being deeply involved in pandemic influenza preparedness, and thereby contributes to the Secretary's priority on preparedness.

The *OMH State Partnership Program* is designed to assist states in strengthening their existing infrastructure; develop or adopt state-wide collaborative plans for eliminating health disparities; ensure use of best practices in providing services for all populations; and facilitate implementation of innovative programs that reduce disparities in health. Thirty nine states are currently funded and the FY 2009 funding request includes support to continue this program.

In FY 2007, OMH competed a new *American Indian and Alaska Native (AI/AN) Partnership Program* to address health disparities in AI/AN communities. Tribal epidemiology centers have been funded to work with their respective tribal leaders to better access data, engage in data development activities, and/or use a broad array of data to facilitate evidence-based health care decision-making and address health disparities planning; develop non-traditional alliances and partnerships to improve coordination/alignment of health and human services and access to quality care for their communities; and improve the diversity of the tribal healthcare, public health, and research workforce. The second year of funding was awarded in FY 2008.

OPHS contributions to the scientific research infrastructure include the Federal Research Misconduct Officials Network with representatives from 27 agencies. OPHS enforces the Federal Regulations which protect human subjects participating in biomedical research.

Building a Stronger Science Base

OPHS is committed to disseminating information to research and practice professionals on the importance of methodologically sound research and evaluation related to disease prevention/health promotion, health disparities reduction, and systems approaches to these problems; knowledge gaps relative to these problems; and findings/results or lessons learned from OPHS-sponsored evaluations and policy-relevant studies on these issues. This past year, the OPHS published 27 texts, articles, and reports (see Outcomes and Outputs table, row 3.d.) to promote strengthened research and evaluation and/or disseminate findings of such efforts sponsored by OPHS. OPHS exceeded its FY 08 exceptional target for publications by 40 percent.

This FY, the President's Council on Bioethics published a large volume on human dignity. In addition to the publication, the Council convened five colloquia around the country to stimulate discussion and debate on human dignity and bioethics. Four major inquiries were also completed on the topics of organ transplantation, definition of death, newborn screening, and health care reform.

ORI responds to research misconduct and promotes research integrity, thereby directly supporting HHS and OPHS objectives to advance science and medical research, improve the quality of health care (through science-based medicine), and strengthen prevention. ORI efforts to prevent misconduct and promote integrity and responsible research practices strengthen the integrity of the science base, which under girds the progress in new health care products and treatments which can prevent disease and illness. ORI also supports the public health infrastructure by helping ensure a trustworthy science database, upon which decisions are made and which support public confidence in utilizing science-based medical discoveries.

Public Health Preparedness

The Commissioned Corps is an elite team well-trained, highly qualified public health professionals dedicated to protecting, promoting, and advancing the health and safety of the nation. The Commissioned Corps is poised and ready to respond to public health emergencies as called upon by the Secretary and the Assistant Secretary for Health. The readiness of the Corps is currently 89.4 percent, this is the highest level of readiness of all the uniformed services branches. OPHS has been able to attain the Secretary's FY08 growth goals for the Commissioned Corps this year due to the managerial reorganization of internal Corps accession/assignment staff and work processes, development of more streamlined and targeted recruitment activities, and forging of increased workforce development partnerships with HHS agencies and other Federal Departments. As a result, OPHS reached the FY08 target goal (exceptional performance level) of 6200 officers this summer – this level represents the highest number of Corps officers in over ten years. This past June, the Department of Defense (DOD) and the USPHS signed a memorandum of agreement establishing the DoD-USPHS Partners in Mental Health: Supporting our Service Members and Their Families to increase mental health services available to returning war fighters, their family members, and to military retirees. The Commissioned Corps will provide mental health officers to serve in various military treatment facilities.

OPHS' primary preparedness and response role, through the Office of the Surgeon General (OSG) is to activate, mobilize, and deploy qualified Commissioned Corps Officers expeditiously as needed and directed by the President and/or Secretary of HHS. This past fiscal year, OSG deployed over 1600 officers to 28 domestic and health diplomacy events, including the recent Hurricanes Gustav and Ike. Deployed officers have provided: over 400 water quality inspections; 500 air quality inspections; 175,000 patient care encounters; 300,000 pharmacy encounters; 300 mental health encounters; 400 veterinarian services; and over 75,000 hours completing public health infrastructure surveys.

The OPHS has continued its partnership with the Assistant Secretary for Preparedness and Response on public health and science matters related to pandemic preparedness. This past July HHS released guidance on allocating and targeting pandemic influenza vaccine. The guidance provides a planning framework to help state, tribal, local and community leaders ensure that vaccine allocation and use will reduce the impact of a pandemic on public health and minimize disruption to society and the economy. In March, HHS released guidance to assist States in improving State-level Pandemic Influenza Operating Plans. The November 2005 HHS Pandemic Influenza Preparedness Plan has been updated and a draft is currently in departmental clearance. The National Vaccine Program Office continues to provide leadership to the interagency working groups focused on antiviral drug use strategies, vaccine prioritization strategies and development of medical countermeasures.

ADOLESCENT FAMILY LIFE
Outcome Data

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 1: Encourage adolescents to postpone sexual activity by developing and testing abstinence interventions.								
1.1	Increase communication among parents and adolescents on topics relating to puberty, pregnancy, abstinence, alcohol, and/or drugs.		44.4%	46.6%	42%	48.8%	Data available spring 2009	48.8%
1.2	Increase adolescents' understanding of the positive health and emotional benefits of abstaining from premarital sexual activity.		80%	83%	54%	68%	Data available spring 2009	74%
2. Long-Term Objective: Ameliorate the effects of too-early-childbearing by developing and testing interventions with pregnant and parenting teens.								
2.1	Maintain the incidence of clients in AFL Care demonstration projects who do not have a repeat pregnancy.			Baseline	92%	92%	Data available spring 2009	92%
2.2	Increase infant immunization among clients in AFL Care demonstration projects.			Baseline	76%	78%	Data available spring 2009	80%
2.3	Increase the educational attainment of clients in AFL Care demonstration projects.			Baseline	68%	70%	Data available spring 2009	72%
3. Long-Term Objective: Identify interventions that have demonstrated their effectiveness to: 1) promote premarital abstinence for adolescents and 2) ameliorate the consequences of adolescent pregnancy and childbearing.								
3.1	Improve the quality of the Title XX independent evaluations.		11%/42%	19.25% / 46.2%	22.2%/37%	27.5%/50.4 %	Data available spring 2009	35.75% / 54.6%
4. Long-Term Objective: Improve the efficiency of the AFL program.								
4.1	Sustain the cost to encounter ratio in Title XX prevention and care demonstration projects.		$37/ $125	$37/ $125	$29/$110	$29/$110	Data available spring 2009	$29/$110

The Adolescent Family Life (AFL) program was reassessed in the spring of 2008 and received a rating of “Adequate” which is a substantial improvement over the 2004 PART assessment rating of “Results Not Demonstrated.” AFL has six long-term performance measures and one efficiency measure. Two of the performance measures directly relate to prevention demonstration projects. AFL has three measures directly related to care projects. Finally, AFL

measures the caliber of evaluations for both care and prevention projects. Based on the most recent program data available (for fiscal year 2007 which became available in the spring of 2008) the program was able to report on a second data point for four long-term objectives (the prevention projects, the quality of evaluations, and efficiency measures). The data also enabled the program to set baselines and targets for the three long-term objectives for care projects. The AFL program now has performance data for all of its long-term objectives. While the targets for the four long-term objectives were not all met, the AFL program was able to demonstrate performance success in some areas. For instance, the target for the efficiency measure was surpassed and a new target has been identified to maintain this high standard. For those targets that were not met, the AFL program reexamined the original targets and was able to identify a more realistic target for one of these objectives: increasing adolescents understanding of the benefits of abstinence. For those measures whose targets were not met, it is believed that this could be a result of the intensive technical assistance AFL offered during the past year focusing on data collection. The technical assistance provided has led to grantees improving their data collection abilities and reporting capabilities.

The AFL program continues to improve program performance and to have this improvement reflected through identified long-term objectives. As part of the AFL improvement plan, targeted feedback is provided to all AFL grantees regarding their end of year reports and recommendations for improving reporting. In May and September of 2008, two face-to-face trainings were conducted for grantees that focused specifically on evaluation techniques and data collection. The program is preparing to implement a national cross –site evaluation of AFL demonstration projects and has an information collection clearance request pending with OMB for approval of the revised data collection instruments.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION
Outcome Data

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long-Term Objective: Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications								
I.a	Awareness of Dietary Guidelines for Americans (will be measured at least two times between 2005 and 2010)	NA	48%	39%	45%	41%	NA (survey not fielded)	43%
Long-Term Objective: Shape prevention policy at the local, State and national level by establishing and monitoring National disease prevention and health promotion objectives								
II.a	Percentage of States that use the national disease prevention and health promotion objectives in their health planning process	96%	survey not fielded	98%	Survey not fielded	98%	Survey not fielded	98%
II.b	Increase the percentage of Healthy People 2010 objectives that have met the target or are moving in the right direction	42.2%	NA	NA	NA	NA	NA	NA – note – next target is FY10 at 60%
Long-Term Objective: Communicate strategically by increasing the reach of ODPHP disease prevention and health promotion information and communications								
I.b	Visits to ODPHP-supported websites	14.16M	16.17 M	12.76 M	19,416,433	13,648,909	15,029,204	14,604,332
I.c	Consumer Satisfaction with healthfinder.gov, measured every three years at a minimum	NA	75%	NA	NA	78%	75%	NA
Efficiency Measure:								
I.d	Increase the percentage of Healthy People 2010 focus area progress review summaries that have been written, cleared, and posted on the internet within 16 weeks of the progress review date	0 (Baseline)	100%	50%	40%	75%	92%	75%

I.a. The FDA Health and Diet Survey, in which awareness of Dietary Guidelines are assessed is expected to be fielded again in 2009-2010. Results are expected in Fall 2010. When the Dietary Guidelines are first issued (last iteration issued in 2005), there is an increase in awareness in the immediate years following. Limited funding prevents adequate outreach efforts to increase awareness. Therefore, we expect awareness to level off or decrease. The next iteration of the Dietary Guidelines will be released in 2010. We expect to see an increase in awareness due to

outreach efforts associated with the release and would incorporate this expectation in our target development for out years.

II.a. In collaboration with the office of the Assistant Secretary for Planning and Evaluation, ODPHP fielded in fall 2008 a survey to measure State use of the Healthy People 2010 objectives in health planning processes. The survey results were expected to be analyzed by December 2008. However, as of late December, the data are not available yet. The response rate has been lower than desired so ASPE and ODPHP have asked NORC to follow up with the survey recipients.

II.b. In 2005, ODPHP conducted a mid-decade assessment of progress made toward achieving the targets for the Healthy People 2010 objectives. The next full-scale assessment of progress will occur in 2010.

Ib. The web traffic for FY 08 is 15.1M, a decrease of approximately 20 percent from FY07. This reduction is primarily due to the lack of a Prevention Summit which drives visits to the Healthier US site. Traffic to this site accounted for the most significant loss in traffic (-36.46 percent) of all the ODPHP sites. In addition, the decrease is due in part to blocked access to healthfinder.gov during June, July and August. Plans are underway to increase the traffic to ODPHP websites and to correct the blocked access.

I.c. The 2008 target is 78 percent consumer satisfaction. The source of the data is an American Customer Satisfaction Index, a survey that randomly samples visitors to the healthfinder.gov website. The actual consumer satisfaction score for FY08 is 74 percent. This score is a result of considerable increase in consumer expectations for targeted and interactive health information. (It appears that comment E16 misunderstood the text. The increase is in expectations, not an increase in the score. Therefore there is no “score for the last year measured” to be included as requested in comment E16.)In addition, a redesign of healthfinder.gov to meet these consumer expectations was completed at the end of FY08. It now offers a new focus on prevention, ODPHP’s mission, and an easy to use design, based upon health literacy principles. These changes are expected to bring the consumer satisfaction scores in line with our targets in the future.

Efficiency Measure:
I.d. ODPHP has surpassed its target for increasing the percentage of Healthy People 2010 focus area progress review summaries that are completed in a timely manner. This success is due in large part to improved communication and coordination with the various agencies and offices within the Federal government who share responsibility for leading the Healthy People 2010 focus areas. The FY 08 actual is 92 percent; the FY08 target is 75 percent.

OFFICE OF MINORITY HEALTH
Outcomes Data

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long-Term Goal: Increase the percentage of measurable racial/ethnic minority-specific *Healthy People 2010* objectives and sub-objectives that have met the target or are moving in the right direction								
1.	Increased percentage of measurable racial/ethnic minority-specific *Healthy People 2010* objectives and sub-objectives that have met the target or are moving in the right direction. (2005 Baseline: 62.4%)	62.4%	NA	NA	NA	NA[a]	NA[a]	NA[a]
Long-Term Objective: Increase individual and public knowledge and understanding about racial/ethnic minority health and health disparities problems and solutions								
2.	Increased knowledge and understanding of the nature and extent of racial and ethnic health disparities in the general population (1999 Baseline: 47.5%)	NA	NA	49.8%	Data Expected 3/20/09 [b]	50.8%	Data Expected 3/20/09 [b]	51.8%
Annual Efficiency Measure: Increase the average number of persons participating in OMH grant programs per $1 million in OMH grant support								
3.	Increased average number of persons participating in OMH grant programs per $1 million in OMH grant support (2006 Baseline: 18,960)	NA	18,960	19,529	19,774	20,313	18,283[cd]	20,922

Notes:

a. Long term measure does not require annual, interim targets.

b. The conduct of the public awareness survey to collect the data for this measure requires OMB clearance under the Paperwork Reduction Act. The initial OMB clearance package was submitted to OPHS for concept clearance in mid-March 2008. The package was cleared by OPHS and submitted to ASRT in early April 2008. The first 60-day notice was issued on June 3, 2008, and the second 30-day notice was published on August 22, 2008. No public comments were received, and the 60-day OMB review period ended November 4, 2008. OMH is awaiting approval to proceed with the data collection. The time frame for fielding the study will not enable the availability of preliminary data by the previously identified target date of 12/19/08.

c. The actual FY 2008 figure for this measure is less than the target because grantees for three (3) of OMH's grant programs (the Bilingual/Bicultural Services Program, the HIV/AIDS Health Promotion & Education Program, & the Community Partnerships Program) on which data are being reported were in start-up during FY 2008, and most (17) of the grantees for OMH's HIV/AIDS Technical Assistance/Capacity Building Grant Program were in their last/close-out year. OMH is working with its contractors providing evaluation training and technical assistance to grantees to incorporate attention to cost-efficiency in training curricula.

d. This figure is an estimate based on grantee data received to date for the second half of FY 2008. See note (c) above for explanation of estimated and anticipated decrease.

OFFICE ON WOMEN'S HEALTH
Outcome Data

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long-Term Goal: Advance superior health outcomes for women								
1	Increase the percentage of women-specific *Healthy People 2010* objectives and sub-objectives that have met their target or are moving in the right direction.	Baseline Interim Measure 64.3% (200/311)	NA	67.5% (210/311)	69.5% (235/338)	71.0% (240/338)	Data Expected by 1/09	72.5%
Long-Term Objective: Increase heart attack awareness in women								
2	Increase the percentage of women who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 911.	Baseline 54.5% of women	NA	60.0%	65.8%	70.0%	Data Expected by 1/09	67.5%
Long-Term Objective: Expand the number of users of OWH communication resources								
3	Number of users of OWH websites (e.g., National Women's Health Information Center; womenshealth.gov website; and girlshealth.gov website).		21.5m sessions	24.5m sessions	28.4m sessions	31.5m sessions	Data Available 1/09	34.5m sessions
Efficiency Measure: Increase the number of people that participate in OWH-funded programs per million dollars spent annually								
4	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.		760,658	813,904	1,006,245	1,114,453	Data Available 1/09	1,220,591

Data sources (OWH contractors) will complete their data analysis by the end of January 2009 and once OWH receives the data, we will be able to input the information for our FY 2008 actual.

Progress on Improvement Plan

OWH is implementing Performance Measurement System, which is a web-based data collection system that OWH contractors and grantees will use to electronically submit progress reports to a

centralized database. Training will be provided to all OWH staff, contractors, and grantees. Action has been taken but is not yet completed. The expected date of completion is December 30, 2008.

New Improvement Plan Items

OWH is developing and implementing a comprehensive OWH Strategic Plan for 2010-2015. Action has been taken, but is not yet completed. The expected date of completion is February 27, 2009.

OWH is developing a biannual budget review/justification and program performance review to evaluate program progress, effectiveness, challenges, and opportunities. Action has been taken, but is not yet completed. The expected date of completion is April 30, 2009.

OWH will convene a strategic planning and budget meeting to identify program opportunities, challenges, and priorities for FY 2010. Action has been taken, but is not yet completed. The expected date of completion is March 31, 2009.

COMMISSIONED CORPS: READINESS AND RESPONSE PROGRAM
Outcome Data

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long-Term Goal: Increase the size and operational capability of the Commissioned Corps.								
3	Increase the percent of individual responses that meet timeliness, appropriateness, and effectiveness requirements. (Baseline - 2007: 77%)	NA	NA	NA	77%	80%	89.3%	82.5%
4	Increase the percent of team responses that meet timeliness, appropriateness, and effectiveness requirements. (Baseline - 2007: 89%)	NA	NA	NA	89%	92.5%	93.2%	95%
Long-Term Objective: Increase the size and operational capability of the Commissioned Corps.								
1	Increase the percentage of Officers that meet Corps readiness requirements, thus expanding the capability of the individual Officer.	71%	73%	80%	82.3%	82.5%	89.4%	85%
2	Increase the percentage of Officers that are deployable in the field, thus expanding the capability of the Corps. (Baseline - 2005: 40%)	40%	54%	55%	61.6%	60%	75.4%	65%
5	Increase the number of response teams formed, thus enhancing the Department's capability to rapidly and appropriately respond to medical emergencies and urgent public health needs. (Baseline - 2005: 0)	0	10	26	26	26	26	36

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
6	Increase the number of response teams which have met all requirements, including training, equipment, and logistical support, and can deploy in the field when needed as fully functional teams, thus enhancing the Department's capability to appropriately respond to medical emergencies and urgent public health care needs. (Baseline - 2006: 0)	NA	0	10	20	20	20	26
Efficiency Measure:								
7	Cost per Officer to attain or maintain readiness requirements.	Baseline	$77.74	$105.00	$119.68	$100.00	$93.87	$100.00

Notes:
a. Baselines established in 2007, long-term targets to be established in 2008.
b. Not yet established in PART. We would expect to maintain the same number of teams as in FY 2009

The Commissioned Corps deployed 1,391 officers and 76 teams in support of 19 missions during FY 2008. The Commissioned Corps met or exceeded all of its FY 2008 PART performance targets. Most notable was the achievement of 89.4 percent overall readiness, the highest level of readiness ever attained by the Commissioned Corps. This high level or readiness was instrumental in our ability to meet or exceed other targets, particularly relative to the percentage of deployable officers and the cost per officer to meet readiness. Individual and team performance (timeliness, appropriateness and effectiveness) was assessed using post-deployment surveys, completed by individual offices and/or team leaders. In general, deployed officers and teams (whether pre-configured or assembled shortly prior to deployment) exceeded performance targets.

Lack of funding for full-time, dedicated Health and Medical Response (HAMR) Teams precluded our ability to increase our targets for the number of fully trained and equipped teams. The FY 2008 target remained at the FY 2007 actual level and though the FY 2009 target is higher, it is funding dependent. The funding and establishment of HAMR teams (requested in the President’s FY 2007, FY 2008 and FY 2009 Budgets) is critical for the Corps’ ability to respond to a widening array of requests as well as for the Corps’ ability to conduct annual field training for currently rostered teams, and for individual officers who will augment current and future teams. It is for this reason that establishment of HAMR teams is designated as a management improvement action for FY 2009 and beyond.

HIV/AIDS IN MINORITY COMMUNITIES
Outcome Data

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 1:								
1	By 2010 increase the number of ethnic and racial minority individuals surviving 3 years after a diagnosis of AIDS	NA	83.5%	84.25%	85.0%	85%	Data not available until 2009	86.25%
2	Reduce the percentage of AIDS diagnosis within 12 months of HIV diagnosis among racial and ethnic minority communities	NA	40.25%	39.25%	38.0%	38.25%	Data not available until 2009	37.25%
3	Reduce the rate of new HIV infections among racial and ethnic minorities in the United States	NA	56.5	53.7	Data available February 2009	50.9	Data not available until 2010	48.4
4	By 2010 increase the number of African American individuals surviving 3 years after a diagnosis of AIDS	NA	82%	83%	82.0%	85%	Data not available until 2009	87%
5	By 2010 increase the number of Hispanic individuals surviving 3 years after a diagnosis of AIDS	NA	88%	89%	88.0%	89%	Data not available until 2009	90%
6	By 2010 increase the number of Asian/Pacific Island individuals surviving 3 years after a diagnosis of AIDS	NA	87%	88%	90.0%	88%	Data not available until 2009	92%
7	By 2010 increase the number of American Indian/Alaskan Native individuals surviving 3 years after a diagnosis of AIDS	NA	77%	77%	75.0%	78%	Data not available until 2009	79%
8	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among African American communities	NA	38%	37%	38.0%	36%	Data not available until 2009	35%

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
9	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Hispanic communities	NA	42%	41%	42.0%	40%	Data not available until 2009	39%
10	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among Asian/Pacific Islander communities	NA	41%	40%	38.0%	39%	Data not available until 2009	36%
11	Reduce percentage of AIDS diagnosis within 12 months of HIV diagnosis among American Indian/Alaskan Native communities	NA	40%	39%	39.0%	38%	Data not available until 2009	37%
12	Increase the number of individuals who learn their HIV status for the first time through MAI Fund programs	118,196	128,975	132,805	139,750	149,219	Data not available until 2009	149,219
Efficiency Measure:								
13	Maintain the actual cost per MAI Fund HIV testing client below the medical care inflation rate	$84.64	$94.64	$91.46	Not available until February 15, 2009	$94.88	Data not available until 2009	$98.29
14	Maintain the actual cost per MAI Fund physician and other clinical staff trained below the medical care inflation rate	$971.82	$795.70	$1050.15	Not available until February 15, 2009	$1089.36	Data not available until 2009	1280.57

A comparison of FY 2008 actual performance to FY 2008 targets is not possible at this time as OPHS is awaiting the CDC's FY 2009 HIV report due next year. As a requirement of the MAI PART Improvement Plan, a relevant and credible assessment and evaluation is underway which will likely provide the kind of diagnostic analysis of 2008 program performance results desired. No other such informed analysis exists.

OHAP drafted a memo to the MAI Steering Committee which included clarification of efforts to ensure that the agencies and their grantees were more responsive to the need to collect specific performance outcome data. The memo is just one action step that is responsive to the Improvement Plan item: "Establishing procedures for grantees to commit to measures and report on performance related to program's goals."

MAI Steering Committee members are required to share this information on performance measures with their grantees, and they are doing so.

Establishing procedures for grantees to commit to measures and report on performance related to the program's goals.

- Inclusion of performance measures and reporting plan in requests for funding for new proposals.
- Inclusion of performance measures and reporting requirements in RFPs, Task Orders, and other solicitations.
- Use of grantee orientation and other kick-off meetings and conference calls to remind grantees on the performance measures and reporting requirements.
- Use of site visits, meetings, conference calls, and other formal and informal avenues to revisit the issue of performance measures and to provide any needed technical assistance towards those collection and reporting requirements.
- Use of quarterly, semi-annual, and annual reporting mechanisms with grantees to ensure compliance with performance measure data collection and reporting.

Office of Public Health and Science
Link to HHS strategic plan

	OPHS Strategic Goals		
	Strengthening Prevention Efforts	Closing Health Gaps	Strengthening the Public Health Infrastructure
HHS Strategic Goals			
1: **Health Care** Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care	X	X	X
1.1 Broaden health insurance and long-term care coverage	X	X	X
1.2 Increase health care service availability and accessibility		X	X
1.3 Improve health care quality, safety, and cost/value		X	X
1.4 Recruit, develop, and retain a competent health care workforce	X	X	X
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	X	X	X
2.1 Prevent the spread of infectious diseases	X	X	X
2.2 Protect the public against injuries and environmental threat	X	X	X
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery	X	X	X
2.4 Prepare for and respond to natural and man-made disasters			X
3: **Human Services** Promote the economic and social well-being of individuals, families, and communities	X	X	X
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan	X	X	X
3.2 Protect the safety and foster the well being of children and youth	X	X	X
3.3 Encourage the development of strong, healthy and supportive communities	X	X	X
3.4 Address the needs, strengths, and abilities of vulnerable populations	X	X	X
Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and	X	X	X

development related to health and human services			
4.1 Strengthen the pool of qualified health and behavioral science researchers		X	X
4.2 Increase the basic scientific knowledge to improve human health and human development.	X	X	X
4.3 Conduct and oversee applied research to improve health and well-being.	X	X	X
4.4 Communicate and transfer research results into clinical, public health and human service practice.	X	X	X

Data Source and Validation Table

Measure Unique Identifier	Data Source	Data Validation
OPHS 1.a	OPHS administrative files	Project officer oversight and validation
OPHS 1.b	OPHS administrative files	Project officer oversight and validation
OPHS 1.c	OPHS administrative files	Project officer oversight and validation
OPHS 1.d	OPHS administrative files	Project officer oversight and validation
OPHS 1.e	OPHS administrative files	Project officer oversight and validation
OPHS 2.a	OPHS administrative files	Project officer oversight and validation
OPHS 2.b	OPHS administrative files	Project officer oversight and validation
OPHS 2.c	OPHS administrative files	Project officer oversight and validation
OPHS 2.d	OPHS administrative files	Project officer oversight and validation
OPHS 2.e	OPHS administrative files	Project officer oversight and validation
OPHS 3.a	OPHS administrative files	Project officer oversight and validation
OPHS 3.b	OPHS administrative files	Project officer oversight and validation
OPHS 3.c	OPHS administrative files	Project officer oversight and validation
OPHS 3.d	OPHS administrative files	Project officer oversight and validation
OPHS 3.e	OPHS administrative files	Project officer oversight and validation
AFL 1.1	Grantee annual end of year report	Project officer oversight and validation
AFL 1.2	Grantee annual end of year report	Project officer oversight and validation
AFL 2.1	Grantee annual end of year report	Project officer oversight and validation
AFL 2.2	Grantee annual end of year report	Project officer oversight and validation
AFL 2.3	Grantee annual end of year report	Project officer oversight and validation
AFL 3.1	Annual end of year evaluation reports	Project officer oversight and validation
AFL 4.1	Grantee annual end of year report	Project officer oversight and validation
ODPHP I.a	Special Dietary Guidelines for Americans supplement to the FDA Health and Diet Survey	Project officer oversight and validation
ODPHP I.b	National Health Information Center service level reports	Project officer oversight and validation
ODPHP I.c	American Customer Satisfaction Index's Forsee Results Survey	Project officer oversight and validation
ODPHP I.d	Assessment of the users of HealthierUS and *Healthy People 2010* survey	Project officer oversight and validation
ODPHP II.a	National Center for Health Statistics, CDC	Project officer oversight and validation
ODPHP II.b	National Center for Health Statistics, CDC	Project officer oversight and validation
OMH 1	National Center for Health Statistics, CDC	Project officer oversight and validation
OMH 2	Kaiser Family Foundation and Princeton Survey Research Associates	Project officer oversight and validation
OMH 3	OMH grant programs	Project officer oversight and validation
OWH 1	National Center for Health Statistics, CDC	Project officer oversight and validation
OWH 2	National Center for Health Statistics, CDC	Project officer oversight and validation
OWH 3	National Women's Health Information Center, womenshealth.gov, and girlshealth.gov service level reports	Project officer oversight and validation

Measure Unique Identifier	Data Source	Data Validation
OWH 4	OWH administrative files	Project officer oversight and validation
CC 1	OFRD web-based database	Project officer oversight and validation
CC 2	OFRD web-based database	Project officer oversight and validation
CC 3	OFRD web-based database	Project officer oversight and validation
CC 4	OFRD web-based database	Project officer oversight and validation
CC 5	OFRD web-based database	Project officer oversight and validation
CC 6	OFRD web-based database	Project officer oversight and validation
CC 7	OFRD web-based database	Project officer oversight and validation
MAI 1	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 2	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 3	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 4	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 5	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 6	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 7	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 8	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 9	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 10	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 11	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 12	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 13	National Center for Health Statistics, CDC	Project officer oversight and validation
MAI 14	National Center for Health Statistics, CDC	Project officer oversight and validation

Office of Public Health and Science
Fiscal Year 2008 Evaluation Reports

Office of Minority Health
Title: Development of an Evaluation Protocol for Assessing the Impacts of OMH-funded Initiatives

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year, including program improvement resulting from the evaluation, will be posted online shortly.

Office of Minority Health
Title: From Data to Action: An Evaluation of Tribal Data Use to Eliminate Health Disparities among Northwest Tribes

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year, including program improvement resulting from the evaluation, will be posted online shortly.

Office of HIV AIDS Policy
Title: ABC Prevention Strategy Assessment and Evaluation

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year, including program improvement resulting from the evaluation, will be posted online shortly.

Office of the Regional Health Administrator, Region III – Philadelphia
Title: Postpartum Depression Screening in Family Planning Clinics

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at http://www.familyplanning.org including program improvement, resulting from the evaluation.

Office of the Regional Health Administrator, Region III – Philadelphia
Title: Practicing What We Preach: A Community Outreach Project for the Dietary Guidelines

Further detail on the findings and recommendations of the program evaluations completed during the fiscal year can be found at http://www.hcifonline.org/ including program improvement, resulting from the evaluation.