

GOAL 5: IMPROVE PUBLIC HEALTH SYSTEMS.

The infrastructure of public health systems needs to be preserved and improved to conduct the interventions that save lives and ameliorate suffering. HHS contributes to an effective public health system by supporting improvements in training staff, encouraging the sharing of reportable disease information electronically, and ensuring that food and drug safety systems exist and work.

Goal: (AHCPR) Release and disseminate MEPS data and information products in timely manner for use by researchers, policy makers, purchasers, and planners.

1. FY 1999 Target: Core MEPS public use files available through Web site and CD-ROM within 9-12 months after data collection completed.

FY 1999 Actual/Baseline year: Significant progress towards releasing public use files within a year after data collected.

2. FY 1999 Target: Customer Satisfaction from use of MEPS tapes and products rated at 85%.

FY 1999 Actual/Baseline year: Web data: 92% customer satisfaction. Publications 93-96%. CD data: 86%



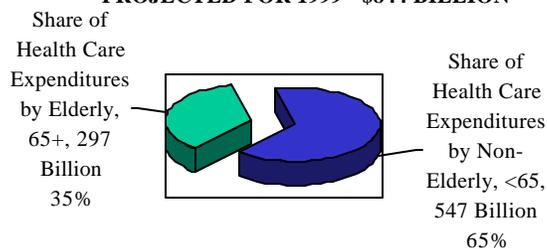
❖ **We improved the public health system’s capacity to monitor the health status and identify threats to the health of the Nation’s population.**

The *Medical Expenditure Panel Surveys* (MEPS), had \$29.3 million budgeted for FY 1999. MEPS is a household-based survey that collects detailed information regarding health care services from a nationally representative sample of Americans. It tracks the health care services use and payment from a nationally representative sample of the civilian non-institutionalized population. It tracks the health care services used by American families and individuals, the expense (including out-of-pocket expense) associated with those services, and the cost, scope and breadth of private health insurance coverage held by and available to the U. S. population. This sole and unique level of detailed information permits estimates of the impact of changes in financing, coverage and reimbursement policy, as well as estimates of who benefits and who bears the cost of a change in policy.

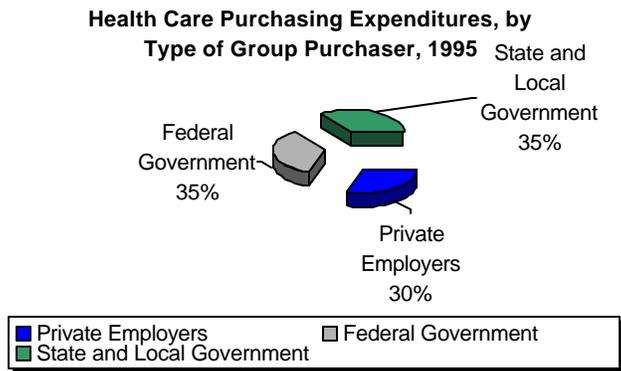
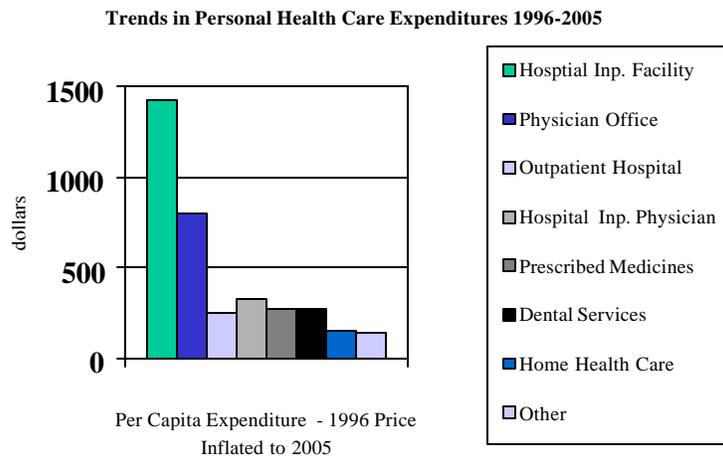
In FY 1999 the timeliness of MEPS data products and customer satisfaction with those products was the focus of MEPS performance. There were four specific products due for release in FY 1999; of those products, one was delivered in March 1999 and the rest were delivered at intervals through December 1999.

The web site for MEPS is: <http://www.meps.ahrq.gov>

SHARE OF HEALTH CARE EXPENDITURES CIVILIAN, NON-INSTITUTIONALIZED POPULATION: PROJECTED FOR 1999 - \$844 BILLION



■ Share of Health Care Expenditures by Elderly, 65+, 297 Billion
 ■ Share of Health Care Expenditures by Non-Elderly, <65, 547 Billion



Threats to the nation’s health can arise from malicious intent and from environmental toxins as well as from diseases and injuries that are discussed throughout this report. The public health system has to be prepared to monitor and respond to bioterrorism and environmental risks as well as other health risks.

To protect against *bioterrorism threats*, HHS efforts are directed especially in four areas:

- improving the nation’s public health surveillance network,
- strengthening the capacities for medical response,
- creating and maintaining a stockpile of pharmaceuticals for use if needed, and
- expanding research into the disease agents that might be released.

The initiative focuses on strengthening the public health capacity at the federal, state, and local level to respond to a terrorist event.

Goal (CDC): Increase the number of toxic substances that can be measured by CDC's environmental health laboratory to 40 new substances by the year 2002.

FY 1999 Target: Develop methods to measure human exposure to 8 new toxic substances.

FY 1999 Actual: Met the target; methods were developed for 8 new substances.

FY 1997 baseline: Methods exist for measuring 200 toxic substances in humans.



Special care must be taken to prevent exposure and adverse human effects from hazardous substances.

In FY 1999 CDC awarded \$41 million to 48 states and 3 cities for upgrading and improving their preparedness and response capabilities, laboratory services, epidemiology and surveillance systems, and electronic communication. Developing this infrastructure increases the ability to detect and respond to biological and chemical agents and bioterrorist acts in the United States. CDC achieved its FY 1999 target of creating a national pharmaceutical "stockpile" available for deployment to respond to terrorist use of potential biological or chemical agents, including the ability to protect 1-4 million civilians from anthrax attacks.



CDC has unique capabilities in the area of biomonitoring. While the Environmental Protection Agency measures environmental hazards in air, soil, and water, CDC measures human exposure to *environmental hazards*.

Environmental health monitoring was implemented in FY 1999 at the Bunker Hill Mine and Metallurgical site. It is the first site to meet all of ATSDR's criteria for a medical monitoring program. It was projected that at least two sites would be targeted for medical monitoring in the FY 1999 reporting period, but Bunker Hill was the only site that was determined to be appropriate and feasible for medical monitoring of the population affected.



In FY 1999 the HHS, Office of the Public Health Service and other OPDIVs worked actively with stakeholders to monitor the progress on *Healthy People 2000* and to develop an agenda for Healthy People 2000-2010 for disease prevention and health promotion efforts.

Healthy People is a national health promotion and disease prevention initiative that brings together national, State, and local government agencies; nonprofit, voluntary, and professional organizations; businesses; communities; and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life. Current "national objectives" have been referred to throughout this document. They support and exert an influence on the GPRA strategic objectives and performance plan, but are longer-term and are focused on national rather than agency achievements. The goals focus on increasing the span of healthy life, reducing health disparities, and achieving access to preventive services for everyone.

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Progress reviews were conducted in FY 1999 on the national objectives for maternal and infant health, diabetes and other chronic disabling conditions, family planning, heart disease and stroke, clinical preventive services, and physical activity and fitness. The most recent data available on the progress achieved in those areas being monitored by the Healthy People 2000 Program are found at <http://www.cdc.gov/nchs/hp2000hp.htm>



❖ **We worked to ensure food and drug safety by increasing the effectiveness of science-based regulation.**

HHS worked to ensure the safety, reliability, and efficacy of drugs and medical products. Americans have the world’s safest food supply although food-borne illnesses represent an emerging threat.

Under the *Prescription Drug User Fee Act* (PDUFA) manufacturers paid for improved processing procedures and time for new drug and biologics (the study of blood and blood products) applications. The objective of PDUFA is to expedite the application review process so beneficial drugs will be available for use quickly without compromising safety or sacrificing the quality that Americans expect. The FDA had committed to certain performance goals in response to these additional resources, and has met or exceeded these goals since FY 1995. This success occurred even with unexpected, continued growth in the number of marketing applications filed for review.

As a result, in 1997 Congress reauthorized PDUFA under the Food and Drug Modernization Act for another five years (known as PDUFA II). In 1998 90 new medicines were approved.

For all open cohorts during FY 1999 (individual application requests grouped by the fiscal year they were submitted), FDA’s Center for Drug Evaluation and Research took 185 actions on new drug applications, 77 of which were approvals. The median approval time was 11.9 months, a 1 percent decrease in median approval time compared with FY 1998. Final on-time performance information for the FY 1999 submission cohort is not yet available but FDA expects to exceed its targets.

Goals (FDA): Review and act on 90% of standard new drug applications within specified times.
FY 1999 Target: 90% within specified times
FY 1999 Actual: Final Data will be available in January 2001.



FDA regulates prescription drugs.

Fiscal Year 1998 Cohort as of 9/30/99

Submission Type	Number of Submissions Filed with CDER	Goal (months)	Number of Reviews "On Time"	Percent of Reviews "On Time"
Priority New Drug Application	30	90% in 6 months	30	100%
Standard New Drug Application	83	90% in 12 months	83	100%



FDA is responsible for blood bank inspections.

Goal: Complete biennial inspections of registered **blood banks, source plasma operations and biologics manufacturers.**
FY 1999 Target: Conduct 43% of biennial inspections
FY 1999 Actual: 64% conducted.
Trend: FY 1997 and FY 1998 biennial period: 46% conducted



Goal (CDC): Develop and strengthen epidemiologic and laboratory methods for detecting, controlling, and preventing infectious diseases.
1999 Target: Detect and investigate 23 large or unusual outbreaks of diarrheal and/or foodborne illness.
1999 Actual: Exceeded the target; 25 outbreaks were investigated.
Trend: FY 1998: 15 outbreaks were investigated; 40% of causative organism/toxin detected.




FDA is also required to conduct inspections to determine compliance with good manufacturing practices for certain products. In FY 1999 FDA exceeded its target, making a significant improvement above the last biennial period.



FDA has also exceeded its targets for ensuring that the quality and accuracy of **mammography facilities** that met inspection standards FDA conducted 9,488 facility inspections and issued 5,499 MSQA 3-year facility certificates.



The President's *Food Safety Initiative* is intended to build a national early warning system for hazards in the food supply by enhancing capacity for surveillance and outbreak investigations at the state and federal levels and by linking state health departments and federal agencies with sophisticated computer and communication systems.

The *PulseNet System* was put to work in the first year of the Food Safety Initiative to identify common sources of illnesses and speed outbreak trace back and containment. State laboratories, CDC, FDA, and USDA PulseNet systems determine bacterial subtypes with a high degree of accuracy and transmit the information digitally to a central computer at CDC. The CDC computer can match a newly submitted pathogen fingerprint to those in a databank, and can confirm whether or not disparate outbreaks are connected by a common source.

CDC helped investigate 25 outbreaks of foodborne illness in FY 1999 and was able to identify the causative organism or toxin in 48 percent of these outbreaks and the causative food in 50 percent.

According to CDC, although there has been a decline in the overall incidence of salmonella since 1996, there are about 300,000 cases of salmonella enteritis occurring each year because of undercooked eggs. In July 1999 FDA, HHS and the U.S. Department of Agriculture’s Food Safety and Inspection service announced new measures to prevent illness from contaminated eggs. FDA is proposing safe handling on labels of shell eggs to warn consumers about the risks.



CDC’s lab workers detect infectious diseases.

FDA has also improved food safety in FY 1999 through the *Hazard Analysis and Critical Control Point System* (HACCP) a preventive approach to a food safety that applies science-based controls all along the production chain from raw materials to finished product. Manufacturers and food preparers identify potential safety problems in the production points and take steps to prevent them. FDA sets the targets for food industries. The domestic seafood industry far exceeded its target in FY 1999. In FY 1999 proposed rules were published for the fruit and vegetable juice industry.

Goal: 50% of the domestic seafood industry will be operating preventive controls for safety as evidenced by functioning HACCP systems.
FY 1999 Target: 50% of domestic seafood industry complies.

Performance information for the goal is due in March 2000. Preliminary data indicates that the goal was met (56%).

