General Departmental Management

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APPROPRIATIONS LANGUAGE
GENERAL DEPARTMENTAL MANAGEMENT

For necessary expenses, not otherwise provided for general departmental management, including the hire **[**six**]**of passenger motor vehicles, and for carrying out titles III, XVII, XXI, and section 229 of the PHS Act, the United States-Mexico Border Health Commission Act, and research studies under section 1110 of the Social Security Act, [$456,009,000] *$304,501,000* together with **[**$64,828,000**]** *$57,465,000* from the amounts available under section 241 of the PHS Act to carry out national health or human services research and evaluation activities*: Provided*, **[**That of the funds made available under this heading, $53,900,000 shall be for minority AIDS prevention and treatment activities: *Provided further,* That of the funds made available under this heading, $101,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not less than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy: *Provided further*, That of the amounts provided under this heading from amounts available under section 241 of the PHS Act, $6,800,000 shall be available to carry out evaluations (including longitudinal evaluations) of teenage pregnancy prevention approaches: *Provided further*,**]** That of the funds made available under this heading, $10,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance (defined as voluntarily refraining from non-marital sexual activity): *Provided further*, That funding for such competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity: *Provided further*, That no more than 10 percent of the funding for such competitive grants for sexual risk avoidance shall be available for technical assistance and administrative costs of such programs: Provided further, That funds provided in this Act for embryo adoption activities may be used to provide to individuals adopting embryos, through grants and other mechanisms, medical and administrative services deemed necessary for such adoptions: *Provided further*, That such services shall be provided consistent with 42 CFR 59.5(a)(4).

(Department of Health and Human Services Consolidated Appropriations Act, 2016 (P.L. 114-113)).

LANGUAGE ANALYSIS

Language Provision	Explanation
Provided, That of the funds made available under this heading $100,808,000 shall be for…	HHS will not make amounts available for Teen Pregnancy Prevention activities in FY 2018.
Provided, that of this amount, $53,798,000 shall be for…	HHS will not make funds available for the Minority AIDS prevention and treatment in FY 2018.

AUTHORIZING LEGISLATION

(Dollars in Thousands)

Details	2017 Authorized	2017 Annualized CR	2018 Authorized	2018 Request
General Departmental Management: except account below:	Indefinite	$165,208	Indefinite	$169,023
Reorganization Plan No. 1 of 1953	-	-	-	-
Office of the Assistant Secretary for Health: Public Health Service Act,	-	-	-	-
Title III, Section 301	Indefinite	$186,753	Indefinite	$32,208
Title, II Section 229 (OWH)	1	$32,079	1	$32,140
Title XVII Section 1701 (ODPHP)	2	$6,713	2	$6,726
Title XVII, Section 1707 (OMH)	3	$56,562	3	$56,562
Title XVII, Section 1708 (OAH)	4	$1,439	4	$1,442
Title XXI, Section 2101 (NVPO)	5	$6,388	5	$6,400
Subtotal	**-**	***$289,934***	**-**	***$135,478***
Total GDM Appropriation	**-**	**$455,142**	**-**	**$304,501**

1) Authorizing legislation under Section 229 of the PHS Act expires September 30, 2014
2) Authorizing legislation under Section 1701 of the PHS Act expired September 30, 2002.
3) Authorizing legislation under 1707 of the PHS Act expires September 30, 2016.
4) Authorizing legislation under 1708 of the PHS Act expired September 30, 2000.
5) Authorizing legislation under Section 2101 of the PHS Act expired September 30, 2005.

AMOUNTS AVAILABLE FOR OBLIGATION

Detail	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Annual appropriation	$456,009,000	$456,009,000	$304,501,000
Rescission	-	-870,000	-
Sequestration	-	-	-
Transfers	-	-	-
Transfer of Funds to PHSSEF	-9,634	-	-
Transfer of Funds to CDC	-506,366	-	-
Transfer of Funds to ACF	-	-1,050,000	-
Subtotal, adjusted general funds	***$455,493,000***	***$454,089,000***	***$304,501,000***
Trust fund annual appropriation	-	-	-
Subtotal, adjusted budget authority	***$455,493,000***	***$454,089,000***	***$304,501,000***
Unobligated balance lapsing	-	-	-
Total Obligations	**$455,493,000**	**$454,089,000**	**$304,501,000**

SUMMARY OF CHANGES

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2017 Annualized CR	455,142	992
Total Adjusted Budget Authority	455,142	992
FY 2018 Current Request	304,501	997
Total Estimated Budget Authority	304,501	997
Net Changes	-150,641	+5

Increases	FY 2017 Annualized CR	FY 2018 Request Change from Base
Immediate Office of the Secretary	13,274	26
Secretary's Initiative/Innovations	1,996	4
Assistant Secretary for Public Affairs	8392	16
Assistant Secretary for Legislation	4,092	8
ASFR, Financial Systems Integration	30,386	58
Acquisition Reform	1,747	3
Assistant Secretary for Administration	17,425	33
Office of Intergovernmental and External Affairs/CFBNP	10,605	20
Centers for Faith Based Neighborhood Partnerships	1,297	2
Office of the General Counsel	31,041	59
Departmental Appeals Board	10,979	3,521
Office of Global Affairs	6,015	11
Rent	16,058	31
Shared Operating Services - Enterprise IT, SSF Payments	11,902	22
Office of the Assistant Secretary for Health[1]	35,708	68
Office on Women's Health	32,079	61
Embryo Adoption Awareness Campaign	998	2
Sexual Risk Avoidance	9,981	19
Other Direct Funding Non-Add[2]	56,562	0
Total	300,536	3,965

1. OASH includes increases in the Immediate Office, OHAIDP, ODPHP, PCFSN, OHRP, NVP, PHR, and OAH
2. Other Direct Funding Non-Add includes OMH

Decreases	FY 2017 Annualized CR	FY 2018 Request Change from Base
Teen Pregnancy Prevention	100,808	-100,808
Minority HIV/AIDS	53,798	-53,798
Total	154,606	-154,606

Total Changes	FY 2017 Annualized CR	FY 2017 FTE	FY 2018 Request Change from Base	FY 2018 FTE Change from Base
Total Increase Changes	300,536	-	3,965	0
Total Decrease Changes	154,606	-	-154,606	+5
Total	455,142	992	-150,641	997

BUDGET AUTHORITY BY ACTIVITY – DIRECT

(Dollars in Thousands)

Activity	FY 2016 FTE	FY 2016 Final	FY 2017 FTE	FY 2017 Annualized CR	FY 2018 FTE	FY 2018 President's Budget
Immediate Office of the Secretary	79	13,300	79	13,275	79	13,300
Secretarial Initiatives and Innovations	-	2,000	-	1,996	-	2,000
Assistant Secretary for Administration	114	17,458	114	17,425	114	17,458
Assistant Secretary for Financial Resources	149	30,444	149	30,386	149	30,444
Acquisition Reform	1	1,750	1	1,747	1	1,750
Assistant Secretary for Legislation	27	4,100	27	4,092	27	4,100
Assistant Secretary for Public Affairs	56	8,408	56	8,392	56	8,408
Digital Services Team	-	-	-	-	-	-
Office of General Counsel	143	31,100	143	31,041	143	31,100
Departmental Appeals Board	70	11,000	70	10,979	92	14,500
Office of Global Affairs	22	6,026	22	6,015	22	6,026
Office of Intergovernmental and External Affairs	68	10,625	68	10,605	68	10,625
Center for Faith-Based and Neighborhood Partnerships	7	1,299	7	1,297	7	1,299
Office of the Assistant Secretary for Health	255	225,586	255	225,157	239	124,478
Embryo Adoption Awareness Campaign	-	1,000	-	998	-	1,000
HIV-AIDS in Minority Communities	1	53,900	1	53,798	-	-
Shared Operating Expenses	-	11,924	-	11,901	-	11,924
Rent, Operations, Maintenance and Related Services	-	16,089	-	16,058	-	16,089
Sexual Risk Avoidance	-	10,000	-	9,981	-	10,000
Total, Budget Authority	**992**	**456,009**	**992**	**455,142**	**997**	**304,501**

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Code	Description	FY 2017 Annualized CR	FY 2018 Budget	FY 2018 +/- FY 2017
11.1	Full-time permanent	84,930	87,163	+2,233
11.3	Other than full-time permanent	10,620	10,788	+168
11.5	Other personnel compensation	2,162	2,190	+28
11.7	Military personnel	2,706	2,595	-111
Subtotal	***Personnel Compensation***	***100,419***	***102,736***	***+2,317***
12.1	Civilian personnel benefits	27,489	28,422	+933
12.2	Military benefits	1,263	1,246	-17
13.0	Benefits for former personnel	-		-
Total	***Pay Costs***	***129,170***	***132,404***	***+3,234***
21.0	Travel and transportation of persons	4,922	4,289	-633
22.0	Transportation of things	186	187	+1
23.1	Rental payments to GSA	16,183	16,137	-46
23.3	Communications, utilities, and misc. charges	1,913	1,939	+26
24.0	Printing and reproduction	853	847	-6
25.1	Advisory and assistance services	22,393	19,037	-3,356
25.2	Other services from non-Federal sources	42,242	40,515	-1,727
25.3	Other goods and services from Federal sources	69,230	32,022	-37,208
25.4	Operation and maintenance of facilities	5,873	5,793	-80
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,717	4,914	+197
25.8	Subsistence and support of persons	108	109	+1
26.0	Supplies and materials	1,443	1,496	+53
31.0	Equipment	450	425	-25
32.0	Land and Structures	-	-	-
41.0	Grants, subsidies, and contributions	155,456	44,384	-111,072
42.0	Insurance claims and indemnities	3	3	+
44.0	Refunds	-	-	-
Total	***Non-Pay Costs***	***325,972***	***172,097***	***-153,875***
Total	***Budget Authority by Object Class***	**455,142**	**304,501**	**-150,641**

BUDGET AUTHORITY BY OBJECT CLASS – REIMBURSABLE

(Dollars in Thousands)

Object Class Code	Description	FY 2017 Annualized CR	FY 2018 Budget	FY 2018 +/- FY 2017
11.1	Full-time permanent	55,379	58,252	+2,873
11.3	Other than full-time permanent	3,278	3,342	+64
11.5	Other personnel compensation	791	802	+11
11.7	Military personnel	1,693	1,724	+31
Subtotal	***Personnel Compensation***	***61,142***	***64,120***	***+2,979***
12.1	Civilian personnel benefits	18,240	19,058	+818
12.2	Military benefits	557	568	+11
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***79,939***	***83,747***	***+3,808***
21.0	Travel and transportation of persons	1,125	1,136	+11
22.0	Transportation of things	100	101	+1
23.1	Rental payments to GSA	6,525	6,581	+56
23.3	Communications, utilities, and misc. charges	147	148	+1
24.0	Printing and reproduction	34	34	+
25.1	Advisory and assistance services	28,873	28,598	-276
25.2	Other services from non-Federal sources	18,824	18,461	-363
25.3	Other goods and services from Federal sources	113,524	105,525	-7,999
25.4	Operation and maintenance of facilities	2,620	2,646	+27
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,489	4,535	+46
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	396	401	+5
31.0	Equipment	312	324	+12
32.0	Land and Structures	56	57	+1
41.0	Grants, subsidies, and contributions	3,172	3,172	+
42.0	Insurance claims and indemnities	-	-	-
44.0	Refunds	-	-	-
Total	***Non-Pay Costs***	***180,197***	***171,719***	***-8,478***
Total	***Budget Authority by Object Class***	**260,136**	**255,465**	**-4,670**

SALARY AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2017 Annualized CR	FY 2018 Budget	FY 2018 +/- FY 2017
11.1	Full-time permanent	84,930	87,163	+2,233
11.3	Other than full-time permanent	10,620	10,788	+168
11.5	Other personnel compensation	2,162	2,190	+28
11.7	Military personnel	2,706	2,595	-111
Subtotal	***Personnel Compensation***	***100,419***	***102,736***	***+2,317***
12.1	Civilian personnel benefits	27,489	28,422	+933
12.2	Military benefits	1,263	1,246	-17
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***129,170***	***132,404***	***+3,234***
21.0	Travel and transportation of persons	4,922	4,289	-633
22.0	Transportation of things	186	187	+1
23.3	Communications, utilities, and misc. charges	1,913	1,939	+26
24.0	Printing and reproduction	853	847	-6
25.1	Advisory and assistance services	22,393	19,037	-3,356
25.2	Other services from non-Federal sources	42,242	40,515	-1,727
25.3	Other goods and services from Federal sources	69,230	32,022	-37,208
25.4	Operation and maintenance of facilities	5,873	5,793	-80
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,717	4,914	+197
25.8	Subsistence and support of persons	108	109	+1
Subtotal	***Other Contractual Services***	***152,437***	109,652	-42,785
26.0	Supplies and materials	1,443	1,496	+53
Subtotal	***Non-Pay Costs***	***153,880***	***111,148***	***-42,732***
Total	***Salary and Expenses***	***283,051***	***243,552***	***-39,499***
23.1	Rental payments to GSA	16,183	16,137	-46
Total	***Salaries, Expenses, and Rent***	**299,233**	**259,689**	**-39,544**
Total	***Direct FTE***	**992**	**997**	**+5**

APPROPRIATION HISTORY TABLE

(Dollars in Thousands)

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2009	**-**	**-**	**-**	**-**
Appropriation	374,013,000	361,825,000	361,764,000	391,496,000
Transfers	-	-1,000,000	-1,000,000	-2,571,000
Trust Funds	5,851,000	5,851,000	5,851,000	5,851,000
2010	**-**	**-**	**-**	**-**
Appropriation	403,698,000	397,601,000	477,928,000	493,377,000
Transfers	-	-1,000,000	-1,000,000	-1,074,000
Trust Funds	5,851,000	5,851,000	5,851,000	5,851,000
2011	**-**	**-**	**-**	**-**
Appropriation	490,439,000	651,786,000	-	651,786,000
Rescission	-	-1,315,000	-	-1,316,000
Transfers	-	-176,551,000	-	-176,551,000
Trust Funds	-	5,851,000	-	5,851,000
2012	**-**	**-**	**-**	**-**
Appropriation	363,644,000	343,280,000	476,221,000	475,221,000
Rescission	-	-	-	-898,000
Transfers	-	-	-	-70,000
2013	**-**	**-**	**-**	**-**
Appropriation	306,320,000	-	466,428,000	474,323,000
Rescission	-	-	-	-949,000
Sequestration	-	-	-	-23,861,000
Transfers	-	-	-	-2,112,000
2014	**-**	**-**	**-**	**-**
Appropriation	301,435,000	-	477,208,000	458,056,000
Transfers	-	-	-	-1,344,000
2015	**-**	**-**	**-**	**-**
Appropriation	278,800,000	-	442,698,000	448,034,000
2016	**-**	**-**	**-**	**-**
Appropriation	286,204,000	361,394,000	301,500,000	456,009,000
Transfer	-	-	-	-516,000
2017	**-**	**-**	**-**	**-**
Appropriation	478,812,000	365,009,000	444,919,000	-
Rescission	-	-	-	-867,000
Sequestration	-	-	-	-
Transfers	**-**	**-**	**-**	**-1,050,000**

General Departmental Management
All Purpose Table

(Dollars in Thousands)

General Departmental Management	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	**$456,009**	**$455,142**	**$304,501**	**-$150,641**

Related Funding (non-add)	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Department Appeals Board - Program Level Request	-	-	$2,000	+$2,000
Pregnancy Assistance Fund P.L. 111-148	*$23,300*	*$23,256*	*$25,000*	*+$1,744*
PHS Evaluation Set-Aside – Public Health Service Act	*$64,828*	*$64,705*	*$57,465*	*-$7,240*
HCFAC	*$7,550*	*$7,000*	*$10,000*	*+$3,000*
Base Level Program	**$551,687**	**$550,103**	**$398,966**	**-$151,137**
FTE	**1,169**	**1,169**	**1,188**	*+19*

[1] The reimbursable program (HCFAC) in the General Department Management (GDM) account reflects estimates of the allocation account for 2018. Actual allocation will be determined annually.

General Departmental Management
Overview of Performance

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

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

The FY 2018 Congressional Justification reflects decisions to streamline performance reporting and improve and improve HHS performance-based management. In accordance with this process GDM STAFFDIVs have focused on revising measures that depict the main impact or benefit of the program and support the rationale articulated in the budget request. This approach is reflected in the Department's Online Performance Appendix (OPA). The OPA focus on key HHS activities, and includes performance measures that link to the HHS Strategic Plan for three GDM offices. They are: Immediate Office of the Secretary (IOS), Offices of the Assistant Secretary for Administration (ASA), and OASH.

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

FY 2018 BUDGET BY HHS STRATEGIC GOAL

(Dollars in Millions)

HHS Strategic Goals and Objectives	FY 2017 Annualized CR
1.Strengthen Health Care	***56.562***
1.A Make coverage more secure for those who have insurance and extend affordable coverage to the uninsured	
1.B Improve health care quality and patient safety	
1.C Emphasize primary & preventative care, linked with community prevention services	
1.D Reduce the growth of health care costs while promoting high-value, effective care	
1.E Ensure access to quality culturally competent care, including long-term care services and support, for vulnerable populations	56.562
1.F Improve health care and population through meaningful use of health information technology	
2. Advance Scientific Knowledge and Innovation	***6.481***
2.A Accelerate the process of scientific discovery to improve health	6.481
2.B Foster and apply innovative solutions to health, public health, and human services challenges	
2.C Advance the regulatory sciences to enhance food, safety, improve medical product development, and support tobacco regulations	
2.D Increase our understanding of what works in public health & human service practice	
2.E Improve laboratory, surveillance, and epidemiology capacity	
3. Advance the Health, Safety and Well-Being of the American People	***221.486***
3. A Promote the safety, well-being and healthy development of children and youth	101.806
3. B Promote economic and social well-being for individuals, families and communities.	0.000
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults	
3.D Promote prevention and wellness across the lifespan	58.095
3.E Reduce the occurrence of infectious diseases	61.585
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	
4. Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs	***170.613***
4.A Strengthen program integrity and responsible stewardship	10.979
4.B Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American People	.932
4.C Invest in the HHS workforce to help meet America's health and human services need	10.459
4.D Improve HHS environmental, energy, and economic performance to promote sustainability	148.243
Total GDM Program Level	**455.142**

OVERVIEW OF BUDGET REQUEST

The FY 2018 Budget request for General Departmental Management (GDM) includes $304,501,000 in appropriated funds and 997 full-time equivalent (FTE) positions. This request is -$150,642,000 below the FY 2017 Annualized Continuing Resolution.

The GDM appropriation supports those activities associated with the Secretary's roles as chief policy officer and general manager of the Department. This justification includes narrative sections describing the activities of each STAFFDIV funded under the GDM account, including the Rent and Common Expenses accounts. This justification also includes selected performance information.

Departmental Appeals Board (+$5,521,000) – The request is an increase of $3,521,000 in Discretionary Budget Authority and a $2,000,000 increase in proposed mandatory funding. The discretionary and mandatory increases provide funding for 22 and 14 additional employees, respectively, needed to adjudicate the backlog of Medicare appeals.

Teen Pregnancy Prevention (-$100,808,000) – The FY 2018 President's Budget does not request funds for this program.

Secretary's Minority HIV/AIDS Initiative Fund (SMAIF) (-$53,798,000) – The FY 2018 President's Budget does not request funds for this program.

Public Health Services Evaluation Funding (-$7,240,000) – The FY 2018 request reduces program evaluation funds.

IMMEDIATE OFFICE OF THE SECRETARY

Budget Summary
(Dollars in Thousands)

Immediate Office of the Secretary	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	13,300	13,274	13,300	+26
FTE	79	79	79	0

Authorizing Legislation……Title III of the PHS Act
FY 2018 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

The IOS mission involves coordinating all HHS documents, developing regulations requiring Secretarial action, mediating issues among Departmental components, communicating Secretarial decisions, and ensuring the implementation of those decisions. IOS achieves these objectives by ensuring key issues are brought to leadership's attention in a timely manner, and facilitating discussions on policy issues. Documents requiring Secretarial action are reviewed for policy consistency with that of the Secretary and the Administration. IOS works with other Departments to coordinate analysis of and input on healthcare policy decisions impacting all HHS activities.

IOS leads efforts to reform health care across HHS by improving the quality of the health care system and lowering its costs, computerizing all medical records, and protecting the privacy of patients.

The IOS' Chief Technology Officer (CTO) provides guidance and input to the Operating and Staff Divisions on new approaches to problem solving on key agency initiatives. The CTO oversees the Departmental innovation activities which consist of a small group of entrepreneurs who have expertise in technology, policy, and program management methods that assist the Department's workforce through open innovation techniques.

The CTO serves as a liaison to other federal government agencies, and represents the Department by engaging stakeholder organizations on efforts to modernize government programs. The CTO also advises agencies on key technology policies and programs, open government practices, and applications of data to improve health and health care.

The IOS Executive Secretariat works with pertinent components to develop comprehensive briefing documents, facilitates discussions among staff and operating divisions, and ensures final products reflect HHS policy decisions. IOS provides assistance, direction, and coordination to the White House and other Cabinet agencies regarding HHS issues.

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

Funding History

Fiscal Year	Amount
FY 2013	$10,995,000
FY 2014	$10,995,000
FY 2015	$13,300,000
FY 2016	$13,300,000
FY 2017 Annualized CR	$13,274,000

Budget Request

The FY 2018 budget request for IOS is $13,300,000, a $26,000 increase from the FY 2017 Annualized CR. Inflation will be absorbed within the proposed level.

Current funding levels will be utilized to maintain personnel costs and support innovation initiatives and other services to support achieving the Department's Health Care, Human Services, Scientific Research, Health Data, and Workforce Development Strategic Goals. The funding will assist with development of tracking and coordination of Departmental correspondence and inquiries at a strategic level in regards to implementation and review of new and proposed laws. The FY 2018 request will support priority initiatives for the CTO.

Immediate Office of the Secretary - Outputs and Outcomes Table

Program/Measure	FY 2017 Target	FY 2017 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
1.1 Increase the number of strategically relevant data sets published across the Department as part of the Health Data Initiative	2000	2025	2300	+75
1.2 Increase the number of opportunities for the public to co-create solutions through open innovation	20	20	24	+4
1.3 Increase the number of innovation solutions developed across the Department in collaboration with the HHS Chief Technology Officer	180	180	200	+20
1.4 Expand Access to the Results of Scientific Research funded by HHS	4 million	4.5 million	4.5 million	0
1.5 Increase the number	N/A	N/A	44	+44

of innovative solutions supported across the Department in collaboration with the HHS Office of the Chief Technology Officer				

Performance Analysis

1.1 Increase number of strategically relevant data sets published across the Department as part of the Health Data Initiative

In 2016, HHS continued executing its Health Data Initiative Strategy & Execution plan which directs the liberation of more data as well as multiple activities that communicate the data's availability and value for innovations across health care and social service delivery. An important area of activity this year include the implementation of the Digital Accountability and Transparency Act (DATA) of 2014 which is providing more detailed public insights into federal spending. We are working to increase the availability of machine-readable data sources and enabling use of linked datasets through the uses of Application Programming (APIs) interfaces. The APIs are supporting machine-to-machine interactions that automate the supply of data to analytic tools, consumer platforms, and other forms electronic commerce and health care. These technology solutions and other advocacy efforts have led to an increase in number of datasets in 2016 at a faster rate of growth than previously imagined.

Data inputs to healthdata.gov have steadily increased during this fiscal year. As of July 2016, there are 2,818 data sets from HHS and federated sources. Two examples of new resources include enhanced numbers of biomedical research databases published by the National Institutes of Health, and precisionFDA is an online, cloud-based, portal developed by the Food and Drug Administration that will allow scientists from industry, academia, government and other partners to come together to foster innovation and develop the science behind a method of "reading" DNA known as next-generation sequencing. In April 2017, we hosted the eighth Health Datapalooza, to showcase new products and services being developed with HHS data. We are continuing to expand our health data outreach efforts, particularly with our international partners.

1.2 Increase the number of opportunities for the public to co-create solutions through open innovation

HHS has used innovation in a wide array of business areas and research fields to spur new ideas and concepts to be tested. HHS is seeing positive benefits to its education, training, and mentoring programs to help build a cadre of challenge managers across the Opdivs. HHS launched a $20 Million prize challenge for addressing antimicrobial a resistance – a key problem that is in need of new solutions.

1.3 Increase the number of innovative solutions identified across the Department in collaboration with the Chief Technology Officer

CTO continues to encourage the development of innovative solutions across the Department during FY16. A primary focus used to enhance outreach capabilities and increase knowledge of programs

across the Department. The website has been revamped, and we have adapted a commercial solution to better support engagement by the workforce and the public in our projects and programs.

In FY 2017, we have launched two rounds of the Ignite Accelerator program. This fiscal year we have received 203 submissions through this program, of which 43 were selected for piloting and participated in the training "boot camp." Two HHS Operating Divisions (HRSA and CDC) started their own incubator programs this year aimed at expanding the scope of the early stage solution development phase of innovation allowing more participants to learn.

1.4 Expand Access to the Results of Scientific Research

In February 2015, HHS released the HHS Public Access Plans, which provide an outline of the Department's efforts to increase access to the results of our scientific research. These plans now apply to research funded by six of our key scientific agencies: NIH, CDC, FDA, AHRQ, ACL, and ASPR. The HHS public access plans build on an existing infrastructure, Pub Med Central, for the storing and sharing of publications of publications with the public.

Thus far, in the National Library of Medicine's PubMed Central (PMC) Database included over 3.8 million journal articles. We expect the rate of growth of the number of publications submitted 2016 to continue to grow as the CDC, FDA, AHRQ and ASPR begin to include their funded journal articles in the PubMed Repository. Each of the programs is on track for full implementation of the publication segment of the statute by late 2016. As the contents of PMC grow and diversify, we anticipate that it will create yet more opportunities for new connections to be made among disparate fields of scientific inquiry, and new types of knowledge and insights that can benefit health and healthcare. We expect it will allow for faster dissemination of research results into products, services and clinical practices that can improve healthcare.

1.5 Increase the number of innovative solutions supported across the Department in collaboration with the HHS Office of the Chief Technology Officer

This measure represents the number of projects developed at HHS that the CTO supports through dedicated staff time. This can include projects whose support has initiated in previous fiscal years and whose support continues in the fiscal year of question. This does not include projects that are captured in Measure 1.4 "opportunities for the public to co-create solutions through open innovation.

SECRETARIAL INITIATIVES AND INNOVATIONS

Budget Summary

(Dollars in Thousands)

Secretarial Initiatives and Innovations	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	2,000	1,996	2,000	+4
FTE	0	0	0	0

Authorizing Legislation: .....Title III of the PHS Act
FY 2018 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

Funding History

Fiscal Year	Amount
FY 2013	$2,735,000
FY 2014	$2,735,000
FY 2015	$2,629,000
FY 2016	$2,000,000
FY 2017 Annualized CR	$1,996,000

Budget Request

The FY 2018 budget request is $2,000,000, a $4,000 increase over the FY 2017 Annualized CR.

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

ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Administration	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	17,458	17,425	17,458	+33
FTE	114	114	114	0

Authorizing Legislation: ……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

Office of Human Resources (OHR)

OHR provides leadership in the planning and development of personnel policies and human resource programs that support and enhance the Department's mission. OHR provides effective and efficient technical assistance to the HHS Operating Divisions (OPDIVs) to accomplish the OPDIV mission through improved planning and recruitment of human resources and serves as the Departmental liaison to central management agencies on related matters.

OHR provides leadership in creating and sustaining a diverse workforce and an environment free of discrimination at HHS. OHR works proactively to enhance the employment of women, minorities, veterans, and people with disabilities through efforts that include policy development, oversight, complaint prevention, investigations and processing, outreach, commemorative events, and standardized education and training programs.

In FY 2016 OHR convened a hiring process assessment team of senior level hiring managers to identify major pain points in the current hiring process and develop solutions to address these department-wide impediments. The results of this initiative have included policy modifications that clarify the role of hiring managers; including their designation as subject matter experts in the recruitment and selection and a more active role in the position classification process. In addition, OHR has developed a detailed hiring checklist for use by hiring managers and HR specialists to help our hiring managers more easily navigate the federal hiring process.

Equal Employment Opportunity Compliance and Operations Division (EEOCO)

EEOCO provides services to every HHS employee and applicant ensuring equal access to EEO services, timely resolution of complaint as well as an equitable remedy. The Compliance Team provides leadership, oversight, technical guidance and engages in policy development for the complaint

processing units in the HHS Operating Division (OPDIV) EEO Offices. FY 2016 activities include processing Remands, Appeals and Conflict Cases; plus, the team wrote Commission Corp decisions, Final Orders and Final Agency Decisions. Further, EEOCO serves as HHS liaison with lead agencies such as EEOC, Merit Systems Protection Board (MSPB), and Office of Personnel Management (OPM) in matters involving EEO complaint processing.

Real Estate & Logistics Portfolio (REL)
Functions of the former Office for Facilities Management and Policy (OFMP) have been reassigned to the Real Estate & Logistics Portfolio (REL). The critical Departmental policy and oversight functions originally assigned to OFMP continue to be provided through REL. REL is responsible for the HHS Real Property Asset Management program, and in this role provides management oversight across the HHS portfolio of real property assets to ensure appropriate stewardship and accountability is maintained. In addition, REL is responsible for the operation of the HHS headquarters facility, the Hubert H. Humphrey Building, and oversight of HHS-occupied space in the Southwest Complex of Washington, DC.

Office of the Chief Information Officer (OCIO)
OCIO advises the Department on matters pertaining to the use of information and related technologies to accomplish Departmental goals and program objectives. OCIO establishes and provides assistance and guidance on the use of technology-supported business process reengineering, investment analysis and performance measurement while managing strategic development and application of information systems and infrastructure in compliance with the Clinger-Cohen Act. OCIO promulgates HHS IT policies supporting enterprise architecture, capital planning and project management, and security.

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

OCIO is responsible for compliance, service level agreement management, delivery of services, service and access optimization, technology refreshment, interoperability and migration of new services. OCIO works to develop a coordinated view to ensure optimal value from IT investments by addressing key agency-wide policy and architecture standards, maximizing smart sharing of knowledge, sharing best practices and capabilities to reduce duplication, and working with OPDIVs and STAFFDIVs on the implementation and execution of an expedited investment management process.

Office of Business Management and Transformation (OBMT)
OBMT provides results-oriented strategic and analytical support for key management and various HHS components' improvement initiatives and coordinates the business functions necessary to enable the supported initiatives and organizations to achieve desired objectives. OBMT also oversees Department-wide multi-sector workforce management activities. OBMT provides business process reengineering services, including the coordination of the review and approval process for reorganization and delegation of authority proposals that require the Secretary or designees' signature. Finally, OBMT leads Departmental and cross-government initiatives that promote innovation or implement effective management practices within the Department.

Funding History

Fiscal Year	Amount
FY 2013	$17,958,000
FY 2014	$17,958,000
FY 2015	$17,458,000
FY 2016	$17,458,000
FY 2017 Annualized CR	$17,425,000

Budget Request

The FY 2018 budget request of $17,458,000 is $33,000 above the FY 2017 Annualized CR Level. The request will provide the necessary funding for ASA to maintain current staffing levels and continue its established mission of policy and oversight. The increase will be used to offset inflationary increases.

Outputs and Outcomes

Program/Measure	Most Recent Result	FY 2017 Target	FY 2018 Target	FY 2018 +/- FY 2017
1.1 Increase the percent employees on telework or AWS (Output)	FY 2016: 68.0% Target: 44.0% (Target Exceeded)			Maintain
1.2: Reduce HHS fleet emissions	FY 2016: 1,598 GGE Target: 1,602 GGE (Target Not Met)	1,570 GGE	1,537 GGE	33 GGE
1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops & monitors	FY 2016: 100.0% Target: 100.0% (Target Met)	100%	100%	N/A
2.5 Increase the top talent at HHS through recruitment, training, & retention	FY 2016: 52% of supervisors & managers Target:51% of supervisors & managers (Target Exceeded)	52% of supervisors & managers	53% of supervisors & managers	"+1" of supervisors & managers
2.6 Increase HHS Employee Engagement	FY 2016: 70% of employee engagement index Target:68% of employee engagement index (Target Exceeded)	69% of employee engagement index	70% of employee engagement index	"+1" employee engagement index
2.7 Attract, hire, develop, & retain a diverse & inclusive HHS workforce	FY 2016: 71% of employees Target: 70% of employees (Target Exceeded)	71% of employees	72% of employees	"+1" of employees

*** Gasoline Gallon Equivalent (GGE)*

Performance Analysis

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

This goal supports the implementation of the HHS Strategic Sustainability Performance Plan (SSPP) prepared under Executive Order (EO) 13514. This EO requires HHS to reduce greenhouse gas (GHG) emissions by technological, programmatic, and behavioral changes. This measure tracks progress towards increasing the percentage of employees who use an alternative work schedule (AWS) and/or

regularly scheduled telework to avoid commuting at least 4 days per pay period.

This goal was established in Fiscal Year 2010. When the measure was first established, it aimed to capture both employees who regularly teleworked at least 4 days per pay period as well as those who were on an Alternative Work Schedule and therefore saved fuel by commuting fewer days per pay period. The values for 2011 and 2012 were reported according to the original measure description; however, when it was discovered that the measurement process double counted some employees who were both AWS and teleworked regularly, ASA decided that reporting for future years would exclude AWS and only capture regular teleworkers. Unfortunately, due to confusion surrounding the impact of this switch in reporting, the value reported for 2013 included not just employees teleworking at least 4 days regularly per pay period, but *all* employees regularly teleworking at least 1 day per pay period (and the goals for FY2014 and FY2015 were thus adjusted significantly upwards). This reporting problem was identified during the FY2014 collection process, and the FY 2014 value represents the correct value, percentage of employees regularly teleworking at least 4 days per pay period. Goals for the upcoming fiscal years have thus been adjusted appropriately for this metric.

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

1.2: Reduce HHS fleet emissions

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

This goal was established in FY 2010, in alignment with HHS Sustainability Plan and the Presidential Order to reduce greenhouse gases. HHS is aiming to reduce fleet emissions by 2% annually. This measure uses Million Metric Tons of Carbon Dioxide equivalents, or MTCO2e, a standard measure of greenhouse gas emissions. In 2013, primarily through reducing its gasoline fuel use, HHS reduced its CO2e emissions substantially, bringing the number under the 2013 target, and 2014 saw another improvement in emissions levels. HHS CO2e emissions are expected to improve going forward.

1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors

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

The target for this measure is for 100% of HHS eligible computers, laptops, and monitors to have power management. HHS set aggressive goals to move from the 2010 level of 32% of devices with power management enabled to 100% of devices with power management by 2013 and to maintain that level continuing through 2015. In 2011, 85% of eligible devices were reported in compliance across the department, while in 2012 this increased to 94%. In 2013, an improved Department-wide surveying

showed that 97% of HHS laptops and computers had power management enabled (108,805 of 112,311 devices), while 89% of monitors were enabled across the Department (621,290 of 697,592 devices), for a total of 90% of devices covered by power management. The 2014 Electronic Stewardship Report showed this value increased to 99% with a breakdown of 98.44% or 107,622 eligible PCs & Laptops on power management, and 99.78% or 116,208 monitors on power management. HHS remains committed to meeting its power management target, and these numbers should continue to rise as HHS improves coordination between OCIO and OPDIV IT teams.

2.5: Increase the top talent at HHS through recruitment, training, and retention
This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS is committed to recruiting and retaining top talent to meet America's health and human service needs, and this metric allows measurement of progress towards this goal. This metric will be measured through responses to OPM Annual Employee Viewpoint survey of all full-time and part-time federal employees. Analysis will be conducted on the responses of HHS managers and supervisors to the question "My work unit is able to recruit people with the right skills." The percentage will be tracked and reported annually. In FY 2014 49% of supervisors and managers answered the recruitment question positively.

2.6: Increase HHS Employee Engagement
This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. Improving employee engagement within HHS is a vital method for promoting new and dynamic solutions to challenges facing the organization. This metric will be tracked using the employee engagement index, calculated from OPM Annual Employee Viewpoint survey. Specifically, the metric is derived from questions related to leadership, supervisor behaviors, and intrinsic experience. A successful agency fosters an engaged working environment to ensure each employee can reach their full potential and contribute to the success of their agency and the entire Federal Government.

Historically HHS has performed above the government norm, and future targets reflect HHS continuing efforts to improve employee engagement. In FY 2014, the HHS-wide employee engagement index was 66%, while the government-wide result was 63%. By increasing employee engagement, we can help create a workforce that is encouraged to provide for the health of all Americans.

2.7 Attract, hire, develop, and retain a diverse and inclusive HHS workforce
This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS strives to have a workforce that reflects the population that it serves. A diverse workforce also introduces new and useful perspectives to issues that HHS must address. In order to gauge its success at hiring, developing, and retaining a diverse and inclusive workforce, HHS, in addition to using hiring and retention data, will look at the most recent results from OPM Annual Employee Viewpoint survey. Specifically, HHS will track the percentage of employees who positively report, "My supervisor is committed to a workforce representative of all segments of society." In 2014, 68% of HHS respondents indicated their supervisors were committed to a diverse workforce. An analysis of this data as well as applicant and employee churn ratio analysis (not reported in this performance measure) will enable HHS leadership to drive further success in this area.

ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Financial Resources	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	30,444	30,386	30,444	+58
FTE	149	149	149	0

Authorizing Legislation: ……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

Office of Finance (OF) – OF provides financial management leadership to the Secretary through the CFO and the Departmental CFO Community. The OF leads the HHS-wide financial management efforts and prepares the Secretary to present the HHS Agency Financial Report to OMB, Treasury, GAO, Congressional committees and the public in coordination with HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs). OF manages and directs the development and implementation of financial policies, standards, and internal control practices; and prepares the HHS annual consolidated financial and grant statements and audits in accordance with the CFO Act, OMB Circulars, Federal Managers Financial Integrity Act, and the Federal Accounting Standards Advisory Board (FASAB). OF provides department-wide leadership to implement new financial management requirements, such as the Digital Accountability and Transparency Act, the Recovery Act, Obamacare, and reporting on Ebola and Hurricane Sandy spending. OF oversees the HHS financial management systems portfolio, and has business ownership, including operation and maintenance responsibilities, for the Unified Financial Management System (UFMS).

OF prepares the Agency Financial Report which includes the Department's consolidated financial statements, the auditor's opinion and other statutorily required annual reporting. For many years, HHS has earned an unmodified or "clean" opinion on the HHS audited Consolidated Balance Sheet, and Statements of Net Cost and Changes in Net Position, and Combined Statement of Budgetary Resources. OF successfully produced the Agency Financial Report on time in compliance with Federal requirements, and for the third year in a row, earned the prestigious Certificate of Excellence in Accountability Reporting Award for the FY 2016 HHS Agency Financial Report.

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

OF initiated a Financial Systems Improvement Program (FSIP) to enhance, upgrade, standardize and simplify the Department-wide financial systems environment. This program will allow HHS to maintain a secure and reliable financial systems environment, strengthen internal controls, and improve financial reporting. The new functionality will increase efficiencies, simplify operations, eliminate customizations, and improve compliance with the Federal Financial Management Improvement Act (FFMIA). The standard accounting practices will improve data integrity, enhance the accuracy of financial reporting, and reduce the need for manual reconciliations. In addition, the transition to commercial shared service provider for managed cloud/hosting services would reduce operating costs, increase efficiencies and promote standardization.

OF will continues to develop the Financial Business Intelligence Program (FBIP) to further business intelligence capabilities that will transform data from disparate business domains (e.g., finance, grants, acquisition, and travel) into meaningful information. The FBIP will result in increased transparency, improved compliance with FFMIA, more effective strategic and tactical decision-making, and enhanced capability to efficiently provide information to external stakeholders (such as Congress, OMB and Treasury).

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

Since FY 2013, HHS has served as the co-Chair for the Council on Financial Assistance Reform and OGAPA supported government-wide grants policy initiatives through the Counsel on Financial Assistance Reform including the development and implementation of the new uniform grants guidance at 2 CFR 200; development and publication of HHS implementing regulation at 45 CFR 75; and update of internal policy guidance within the Grants Policy Statement and Grants Policy Administration Manual.

OGAPA continues to update the HHS Acquisition Regulation, participate in acquisition rule-making, make improvements to the HHS acquisition workforce training and certification programs, and reform the HHS acquisition lifecycle framework to improve program management and acquisition outcomes across HHS. OGAPA has continuously established and monitored appropriate grants- and acquisition-related internal controls and performance measures, while providing technical assistance and oversight to foster sound stewardship, transparency, and accountability in and through HHS's grants and acquisition programs, responded to grants or acquisition-oriented GAO and IG audits, and led the Department's Category Management, Green Procurement, and Government Purchase Card (GPC) programs

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

Funding History

Fiscal Year	Amount
FY 2013	$28,820,000
FY 2014	$28,974,000
FY 2015	$30,444,000
FY 2016	$30,444,000
FY 2017 Annualized CR	$30,386,000

Budget Request

The FY 2018 request is $30,444,000, which is $58,000 above the FY 2017 Annualized CR Level. The increase will offset inflation costs and maintain ASFR responsibilities associated with financial management; program integrity; budget and performance analysis and support; grants and acquisition policies; grant transparency; acquisition workforce development; and improving the use of program, performance, and financial data to inform business decisions.

OB will continue to meet its responsibilities for providing financial management leadership including preparation of HHS annual performance budget; production of budget and related policy analyses, options, and recommendations; management and support of performance program reviews, annual strategic plans, and agency priority goals; and development and implementation related to accountability and transparency priorities.

OF will continue to meet its responsibilities for providing financial management leadership including management, development, and implementation of HHS financial policies, standards and internal control practices; and preparing financial statements, financial audits, and other financial reports. OF will continue to modernize Department wide financial systems by enabling new functionality, standardizing and simplifying financial systems environment, strengthening internal controls and improving financial reporting. This multi-year modernization initiative will standardize financial management across HHS, modernize financial reporting to provide timely, reliable, and accurate information about HHS finances and enhance, standardize and simplify financial systems environment. OF will use $1,000,000 for planning the next phases of this modernization effort.

OGAPA will continue to lead HHS to ensure that appropriate grant and acquisition related internal controls and policies are followed, provide technical assistance, policy advice, and training to HHS OPDIVs and STAFFDIVs to ensure stewardship of HHS grants, financial assistance, acquisition, and small business programs.

ACQUISITION REFORM

Budget Summary

(Dollars in Thousands)

Acquisition Reform	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	1,750	1,747	1,750	+3
FTE	1	1	1	0

Authorizing Legislation:.....Title 41 Public Contracts, Section 1703
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

HHS has diligently worked to improve acquisition practices and performance by maximizing competition and value, minimizing risk, and enabling the acquisition workforce to appropriately develop, manage, and oversee acquisitions. Guidance from the Office of Management and Budget, *Improving Government Acquisition*, and *Guidance for Specialized information Technology Acquisition Cadres*, directs agencies to strengthen acquisition workforce and increase civilian agency workforce, to more effectively manage acquisition performance.

Successful acquisition outcomes are the direct result of having the appropriate personnel with the requisite skills managing various aspects of the acquisition process. The federal acquisition workforce includes contract specialists, procurement analysts, program and project managers, and contracting officer representatives (CORs). This funding will be used to mitigate the risks associated with gaps in the capacity and capability of the acquisition workforce government-wide, enhance suspension and debarment program, increase contracting activities oversight, increase contract funding compliance, and improve the effectiveness of that workforce, in order to maximize value in Federal contracting.

Funding History

Fiscal Year	Amount
FY 2013	$681,000
FY 2014	$1,750,000
FY 2015	$1,750,000
FY 2016	$1,750,000
FY 2017 Annualized CR	$1,747,000

Budget Request

The FY 2018 request is $1,750,000, which is $3,000 above the FY 2017 Annualized CR Level. The requested resources will be used to develop the capabilities and capacity of HHS Acquisition workforce through rotational and mentor programs, training and certification initiatives to close competency gaps, and refinements to HHS acquisition regulation, policies, directives, guidance, instructions, and systems. Additionally, funds will be used to enhance the level of oversight of HHS acquisition lifecycle building the framework required to drive improvements for program/project management, requisite business practices, compliant contracting activities, and performance management.

ASSISTANT SECRETARY FOR LEGISLATION

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Legislation	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	4,100	4,092	4,100	+8
FTE	27	27	27	0

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

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

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

- Working closely with the White House to advance Presidential initiatives relating to health and human services;
- Managing the Senate confirmation process for the Secretary and the 18 other Presidential appointees requiring Senate confirmation;
- Transmitting the Administration's proposed legislation to the Congress; and
- Working with Members of Congress and staff on legislation for consideration by appropriate Committees and by the full House and Senate.

Office of Health Legislation - Assists in the legislative agenda and liaison for mandatory and discretionary health programs. Accomplishments in FY 2016 include the support to enact the Comprehensive Addiction and Recovery Act of 2016 and the provision of supplemental funding needed for the government's ongoing Zika virus response. This portfolio includes:

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

- Health services and health care financing operating divisions, including the Centers for Medicare & Medicaid Services (CMS) and the Indian Health Service (IHS)
- Medicare, Medicaid, and the Children's Health Insurance Program (CHIP)
- Private sector insurance
- Cyber security and Continuity of Operations (COOP) activities

Office of Human Services Legislation - Assists in the legislative agenda and liaison for human services and income security policy, including the Administration for Children and Families (ACF) and the Administration for Community Living (ACL). Accomplishments in FY 2016 year include support to reauthorize the Older Americans Act.

These three offices develop and work to enact the Department's legislative and administrative agenda, coordinating meetings and communications of the Secretary and other Department officials with Members of Congress, and preparing witnesses and testimony for Congressional hearings. ASL successfully advocates the Administration's health and human services legislative agenda before the Congress. In FY 2016, HHS testified at over 50 hearings. ASL works to secure the necessary legislative support for the Department's initiatives and provides guidance on the development and analysis of Departmental legislation and policy.

Congressional Liaison Office (CLO) – Assists in the legislative agenda and special projects. The office is the primary liaison to Members of Congress and serves as a clearing house for Member and congressional staff questions and requests. This office maintains the Department's program grant and contract notification system to inform Members of Congress and is responsible for notifying and coordinating with Congress regarding the Secretary's travel and event schedule. In FY 2016, over 96,000 grant notifications were sent to Members of Congress. CLO is also responsible for processing correspondence from Members of Congress to the Assistant Secretary for Legislation and the Secretary. CLO provides staff support for the Assistant Secretary for Legislation, coordinating responsibilities to the HHS regional offices, and works with ASFR to coordinate budget distribution and briefings.

Office of Oversight and Investigations (O&I) - Responsible for all matters related to congressional audit and investigations of Departmental programs, including those performed by the Government Accountability Office (GAO). O&I serves as the central point of contact for the Department in handling congressional requests for oversight interviews, briefings, and documents; developing responses with agencies within the Department; consulting with other Executive Branch entities, such as the Offices of the White House and the Department of Justice; and negotiating with congressional and GAO staff regarding investigations. In the 114th Congress, HHS received over 300 oversight letters from congressional Oversight Committees. Since FY 2015, HHS has received nearly 270 new audits and over 200 recommendations that require corrective actions.

Funding History

Fiscal Year	Amount
FY 2013	$3,885,000
FY 2014	$3,791,000
FY 2015	$3,643,000
FY 2016	$4,100,000
FY 2017 Annualized CR	$4,092,000

Budget Request

The FY 2018 President's Budget request for ASL of $4,100,000 represents an $8,000 increase over the FY 2017 annualized CR level of $4,092,000. The increase will allow ASL to absorb inflationary costs while continuing to provide critical support to the legislative healthcare and human services agenda. The Budget will also allow ASL to continue to meet congressional inquiries related to the broad range of HHS programs.

In FY 2018, ASL will continue to facilitate the Secretary's commitment to safeguard the health and well-being of the American people, and advance positive changes to our health care system to improve its affordability, accessibility, quality, and responsiveness.

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

ASSISTANT SECRETARY FOR PUBLIC AFFAIRS

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Public Affairs	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	8,408	8,392	8,408	+16
FTE	56	56	56	0

Authorizing Legislation:……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

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

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

Funding History

Fiscal Year	Amount
FY 2013	$8,965,000
FY 2014	$8,749,000
FY 2015	$8,408,000
FY 2016	$8,408,000
FY 2017 Annualized CR	$8,392,000

Budget Request

ASPA's FY 2018 budget request is $8,408,000 which represents a $16,000 increase from the FY 2017 CR annualized level. This increase along with adjustments to contracts will allow ASPA to absorb inflationary costs and maintain operations at the established level.

ASPA utilizes all methods of mass communication to accomplish its mission of ensuring all Americans have access to critical public health and human services information in a timely and transparent manner. The FY 2018 funds will be used to provide citizens, in the most transparent and accessible manner possible, with the critical information they need about health and human services programs designed to help them achieve economic and health security.

ASPA will conduct Department-wide public affairs programs; support the rollout of new programs and laws; synchronize Departmental policy and activities with communications; and oversee the planning, management and execution of communication activities throughout HHS. ASPA will continue efforts geared toward increased public awareness of HHS tools, resources, and health education initiatives; increase public access to information; enhance transparency and accountability; and administer Open Government programs. On behalf of the Department, ASPA also will continue to oversee policy development, monitor program implementation and operations, and ensure compliance with the requirements of the Freedom of Information Act (FOIA) and Privacy Act. These initiatives will require the full complement of requested staffing to support these activities; however, ASPA will continue to explore opportunities to minimize contract and other support costs, to the extent possible.

OFFICE OF THE GENERAL COUNSEL

Budget Summary

(Dollars in Thousands)

Office of the General Counsel	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	31,100	31,041	31,100	+59
FTE	143	143	143	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

Accomplishments:

- OGC's Children, Families, and Aging Division (CFAD) provides daily legal support to various HHS components, including the Office of Refugee Resettlement, the Office of Head Start, the Office of Family Assistance, the Administration for Children, Youth and Families, the Office of Community Services, the Office of Child Support Enforcement, the Office of Faith-Based Partnerships, the Office on Trafficking in Persons, the Administration for Native Americans, and the Administration for Community Living. CFAD support has involved extensive litigation support to the Department of Justice, regulatory review, and advice and counsel to human services programs in the Department.
- OGC's Centers for Medicare and Medicaid Services Division (CMSD) provided advice on numerous legal issues that arose in launching the Medicare Quality Payment Program (QPP). The QPP is at the heart of the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repeal of the much criticized sustainable growth rate formula for Medicare physician payment. The highly complex system of QPP provisions that took effect in CY 2017 permanently impacts Medicare physician payment. OGC helped the Centers for Medicare and Medicaid Services (CMS) to craft flexibility in the type and timing of clinician reporting for the Medicare Incentive Payment System (MIPS) and to maximize recognition of clinician participation in Alternative Payment Models (APMs), playing an instrumental role in achieving agency goals to substantially reduce burdens on clinicians while meeting statutory requirements. OGC also successfully defended cases challenging Medicare reimbursement to hospitals, helping to preserve the Medicare Trust Fund.
- OGC's General Law Division (GLD) has been instrumental in advising CMS regarding the administration of its core programs, including advising policy makers regarding relevant fiscal and procurement laws. In addition, GLD continues to have a lead role in providing advice regarding the Federal Advisory Committee Act (FACA), as well as providing advice on the disclosure, retention and withholding of information requested through various mechanisms. Finally, GLD has provided employment and labor law advice to senior policy makers, and has represented the Department in related litigation matters.
- OGC's Public Health Division (PHD) spearheaded the efforts to resolve over $2 billion in contract support costs claims stemming from the multi-year Indian Self-Determination and Education

Assistance Act (ISDEAA) contract litigation against the Indian Health Service. This effort has resulted in settling $1.8 billion in claims for $807 million, a savings of over $977 million. Additionally, PHD coordinated the Department's legal response to the current Zika virus disease outbreak response on complex matters such as: ensuring that the department properly issued an assurance of confidentiality issued under section 308(d) of the PHS Act; advising on environmental and related issues associated with aerial spraying for mosquitoes; advising on the distribution of medical devices and preparedness kits to the population; negotiating the terms of multiple agreements for receiving and sharing Zika virus samples in a manner that allowed for widespread distribution of therapeutics, vaccines, and related products consistent with other countries' intellectual property rights and related rights; and use of the Strategic National Stockpile.

Funding History

Fiscal Year	Amount
FY 2013	$39,226,000
FY 2014	$39,226,000
FY 2015	$31,100,000
FY 2016	$31,100,000
FY 2017 Annualized CR	$31,041,000

Budget Request

The Office of the General Counsel (OGC) requests $31,100,000 which is $59,000 above the FY 2017 Annualized CR level. The budget request will offset inflationary costs and supports salaries, benefits, and operating costs incurred by OGC as a result of providing HHS with legal representation on key social, economic, and healthcare issues.

In FY 2018, OGC will provide legal advice pertaining to fiscal law, grants, and procurements. OGC attorneys will be highly involved in rulemaking and will continue to assist and support the CMS in its mission of making health insurance available transforming the health care delivery system and the Medicaid program, and reducing fraud, waste and abuse in the federal health care systems.

OGC has been working with DOJ to defend litigation challenging the Secretary's handling of the backlog of Medicare appeals pending before the Office of Medicare Hearings and Appeals (OMHA). HHS generally prevailed in such suits, as claimants have a right to escalate their claims when OMHA is not within statutory timelines, until the D.C. Circuit Court of Appeals overturned one such case brought by the American Hospital Association and remanded it to the District court. On remand, the District Court issued a writ of mandamus requiring the Secretary to eliminate the backlog of Medicare claims appeals pending at OMHA on a fixed timetable between now and December 31, 2020. OGC has worked with DOJ to appeal the District Court's order to the D.C. Circuit on behalf of the Secretary, and will continue to work with DOJ and ASFR on quarterly reports that are due to the District Court in the meantime.

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

OGC will advise on multiagency preparedness efforts related to pandemic influenza, MERS-CoV and other chemical, biological, radiological, and nuclear threats. OGC will also coordinate and ensure consistency in the negotiation of over 300 Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts, which transfer $2 billion annually to Tribes, and will handle approximately 1,500 contract dispute claims under ISDEAA.

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

DEPARTMENTAL APPEALS BOARD

Budget Summary

(Dollars in Thousands)

Departmental Appeals Board	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	11,000	10,979	14,500	+3,521
Proposed Mandatory Funding	-	-	2,000	+2,000
Total DAB Program Level	**11,000**	**10,979**	**16,500**	**+5,521**
FTE	70	70	106	+36

Authorizing Legislation……..Title III of the PHS Act
FY 2018 Authorization……..Indefinite
Allocation Method……..Direct Federal

Program Description and Accomplishments

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

Board Members – Appellate Division

The Secretary appoints the DAB Board Members, including the Board Chair who serves as the executive for DAB. Board Members, acting in panels of three, issue decisions with the support of Appellate Division staff. Board Members provide appellate review of decisions by DAB ALJs, Food and Drug Administration ALJs (in certain regulatory actions), or Department of Interior ALJs (in certain Indian Health Service cases). In addition, Board Members provide *de novo* review of certain types of final decisions by HHS components, including ACF, CMS, HRSA, SAMHSA, ONC, and PSC, involving discretionary and mandatory grants and cooperative agreements. Board review ensures consistency of administrative decisions, as well as adequacy of the record and legal analysis before court review. For example, Board decisions in cases involving grant awards promote uniform application of OMB cost principles. Board decisions are posted on the DAB Website and provide precedential guidance on ambiguous or complex requirements.

In FY 2016, the Board/Appellate Division received 145 cases and closed 119 (82%), 90 by decision. Seventy-six percent of Board decisions issued in FY 2016 had a net case age of six months or less.

Administrative Law Judges – Civil Remedies Division (CRD)

CRD staff support DAB Administrative Law Judges (ALJs) who conduct adversarial hearings and issue decisions on the record in a wide variety of proceedings that are critical to HHS healthcare program integrity efforts combating fraud, as well as quality of care concerns. Hearings in these cases may last a

week or more. Cases may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent schemes. Cases may also raise legal issues of first impression, such as appeals of enforcement cases.

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

Through reimbursable inter-agency agreements, ALJs conduct hearings on CMPs imposed by the Inspector General of the Social Security Administration (SSA) and on certain debt collection cases brought by the SSA. ALJs also conduct hearings in certain regulatory actions brought by the Food and Drug Administration (FDA), including CMP determinations, No Tobacco Sale Orders (NTSOs), clinical investigator disqualifications, and other adverse actions.

In FY 2016, CRD received 3,158 new cases and closed 2,888 (91%), 1,334 by decision. Over two-thirds of these new cases (2,229) were received pursuant to the FDA reimbursable agreements.

Medicare Appeals Council – Medicare Operations Division (MOD)

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

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

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

Beginning in FY 2015, through a reimbursable agreement with CMS, MOD began adjudicating appeals filed under a CMS demonstration project with the state of New York. The demonstration project, called “Fully Integrated Duals Advantage” Plan (FIDA), offers an estimated 170,000 Medicare-Medicaid enrollees in New York an opportunity for more coordinated care. FIDA will provide a streamlined

appeals process which gives beneficiaries the opportunity to address denials of items and services through a unified system that includes all Medicare and Medicaid protections. These new FIDA cases are not included in the MOD workload Chart C below. DAB will incorporate them into its future workload projections after gaining an experience base from which to project annual FIDA case closures.

In FY 2016, MOD received 11,196 appeals and closed 3,723. Note that case closures include 1,403 cases withdrawn pursuant to CMS's administrative settlement agreement with certain hospitals for partial payment for eligible claims in exchange for withdrawing the associated appeals.

Alternative Dispute Resolution (ADR) - Alternative Dispute Resolution Division

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

Under the Administrative Dispute Resolution Act, each Federal agency must appoint a dispute resolution specialist and must engage in certain activities to resolve disputes by informal methods, such as mediation, that are alternatives to adjudication or litigation. The DAB Chair is the Dispute Resolution Specialist for HHS and oversees ADR activities under the HHS policy issued under the Act. Using ADR techniques decreases costs and improves program management by reducing conflict and preserving relationships that serve program goals (e.g., between program offices and grantees, or among program staff).

In FY 2016, the ADR Division received 99 requests for ADR services and closed 91 (92%), and conducted 12 conflict resolution seminars. Also, ADR provided mediation training to develop a cadre of mediators for the Indian Health Service in Billings, Montana. In addition, ADR developed and delivered new courses in Interest-Based Negotiation and Conflict Coaching.

Workload Statistics:

Board Members – Appellate Division

Chart A shows total historical and projected caseload data for the Appellate Division. FY 2016 data is based on actual data, and FY 2017 and FY 2018 data are projected based on actual data for the first six months of FY 2017, CRD's projections of the number of ALJ decisions to be issued in FY 2017 and FY 2018 in both non-FDA and FDA cases, historical trends and the following assumptions, including:

- No changes in personnel; and
- No new jurisdiction.

APPELLATE DIVISION CASES – Chart A

Cases	FY 2016	FY 2017	FY 2018
Open/start of FY	53	79	94
Received	145	150	175
Decisions	90	90	90
Total Closed	119	135	150
Open/end of FY	79	94	119

Administrative Law Judges – Civil Remedies Division

Chart B shows total projected caseload data for CRD. FY 2016 data is based on actual data through September 30, 2016. FY 2017 and FY 2018 data are projected based on historical trends, and certain assumptions, including:

- The extension of the inter-agency agreements in FY 2016 to hear FDA cases, and an increase in number of CMP complaints and NTSOs;
- CMS's increased use of data analysis techniques to detect provider/supplier fraud and noncompliance;
- A continued 12% increase each year in the number of provider/supplier cases (including a 20% increase in revocations each year resulting from a 2014 change in regulations governing revocations);
- The Inspector General's increased focus on exclusion cases
- No major regulatory changes; and
- No changes in personnel.

CIVIL REMEDIES DIVISION CASES – Chart B

Cases	FY 2016		FY 2017		FY 2018	
	Non-FDA	FDA	Non-FDA	FDA	Non-FDA	FDA
Open/start of FY	420	524	425	789	447	1,797
Received	929	2,229	946	6,532	964	7,000
Decisions	797	537	797	1,322	797	1,350
Total Closed	924	1,964	924	5,524	924	5,700
Open/end of FY	425	789	447	1,797	487	3,097

The data in the preceding chart separates the FDA cases and non-FDA cases, which is CRD's core work. The receipt of new FDA cases was suspended during the first half of FY 2016 (from October 1, 2015 to March 31, 2016), but CRD continued work on its existing cases. After the inter-agency agreements to hear FDA cases were extended, CRD commenced work on new cases on April 3, 2016. During the third and fourth quarters of FY 2016, CRD received 2,226 FDA cases.

Medicare Appeals Council – Medicare Operations Division

Chart C contains historical and projected caseload data for MOD. FY 2016 data is based on receipts to date and information from OMHA, and FY 2017 and FY 2018 are based on information from OMHA and CMS.

Assumptions on which the data are based include:

- Case closures in FY 2017 include 215 cases closed pursuant to the CMS administrative settlement with certain hospitals to resolve pending appeals. No additional cases are expected to close pursuant to the administrative settlement beyond FY2017;
- Increased case receipts in FY 2018 as OMHA's disposition capacity increases with new ALJ teams and resources;
- Increased overpayment (including Recovery Audit (RA) and statistical sampling cases);
- Increased CMS demonstration projects across the country; and
- Increased requests for certified administrative records in cases appealed to Federal court.

MEDICARE OPERATIONS DIVISION CASES – Chart C

Cases	FY 2016	FY 2017	FY 2018
Open/start of FY	15,357	22,830	30,935
Received	11,196	10,640	12,320
Cases Closed	3,723	2,535	5,040
Open/end of FY	22,830	30,935	38,215

Funding History

Fiscal Year	Amount
FY 2013	$10,450,000
FY 2014	$10,450,000
FY 2015	$11,000,000
FY 2016	$11,000,000
FY 2017 Annualized CR	$10,979,000

Budget Request

The FY 2018 President's Budget request for DAB of $16,500,000 represents a $5,521,000 increase over the FY 2017 annualized CR level of $10,979,000, which represents $3,521,000 increase in Discretionary Budget Authority and a $2,000,000 increase in proposed mandatory funding. The discretionary and mandatory increases provide funding for 22 and 14 additional employees, respectively, needed to adjudicate the backlog of Medicare appeals.

Since FY 2010, the Medicare Operations Division of the DAB has experienced a significant increase in the number of annual appeals. Because resources have remained relatively constant over this same period of time, the increase in appeals has led to a backlog of cases and an increase in average case processing times. With case receipts continuing to outpace staff increases, the backlog will continue to grow and hamper overall productivity. In addition, intensified efforts to increase the disposition of OMHA's appeals backlog will result in an increase of appeals flowing to the DAB, further exacerbating the rate of increase in the backlog. In addition to the increased volume of receipts, MOD faces a greater percentage of technically complex statistical sampling cases and multi-claim overpayment cases. Further, MOD cases often generate voluminous administrative records and when cases are appealed to Federal court, MOD staff must prepare and certify the accuracy of the record for the court.

The FY 2018 request would allow for 34 new legal staff for MOD: 4 AAJs, 24 attorneys, and 6 legal technicians. MOD's overall staff size would increase from 29 to 63, and output by the Council would increase by more than 117% above the projected FY 2017 level, from about 2,320 case closures per year (which does not include the 215 administrative closures resulting from the CMS Hospital settlement) to 5,040 case closures per year.

The addition of 34 new legal staff would generate new administrative work, challenging DAB's Operations Divisions, in which all DAB administrative operations are consolidated. This structure allows judges and legal staff to focus solely on legal work, ensuring maximum productivity. Currently, the Director of the Operations Division is responsible for personnel, budget execution, contracting, purchasing, facilities management, and office security and safety. The remainder of the Operations Division is dedicated to case management and administrative support for the DAB's other 4

divisions. Accordingly, the Operations Division would add 2 new employees to perform administrative support responsibilities.

DAB - Outputs and Outcomes Table

Measure	Year and Most Recent Result/Target for Recent Result (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Request +/- FY 2017
1.1.1 Percentage of Board Decisions with net case age of six months or less	2016: 76% Target: 60% (Target Exceeded)	66%	60%	Maintain
1.2.1 Percentage of Board decisions meeting applicable statutory and regulatory deadlines for issuance of decisions.	FY 2016: 100% Target: 100% (Target Met)	100%	100%	Maintain
1.3.1 Percentage of decisions issued within 60 days of the close of the record in HHS OIG enforcement, fraud and exclusion cases.	FY 2016: 98% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.2 Percentage of decisions issued within 60 days of the close of the record in SSA OIG CMP cases and other SSA OIG enforcement cases.	FY 2016: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.3 Percentage of decisions issued within 180 days from the date appeal was filed in provider/supplier enrollment cases.	FY 2016: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.4.1 Cases closed in a fiscal year as a percentage of total cases open in the fiscal year.	FY 2016: 70% Target: 50% (Target Exceeded)	50%	50%	Maintain
1.5.1 Number of conflict resolution seminars conducted for HHS employees.	FY 2016 12 Sessions Target: 12 Sessions (Target Met)	10	10	Maintain
1.5.2 Number of DAB cases (those logged into ADR Division database) requesting facilitative ADR interventions prior to more directive adjudicative processes.	FY 2016: 99 Target: 90 (Target Exceeded)	110	110	Maintain
1.6.1 Average time to	FY 2016: 726 days	706 days	706 days	Maintain

complete action on Requests for Review measured from receipt of the claim file.	Target: 750 days (Target Not Exceeded)			
1.7.1 Number of dispositions	FY 2016: 2,320 +1,400 (CMS settlements) Target: 3,720 (Target met)	2,320 + 215 (CMS settlements)	5,040	+2,505

Performance Analysis

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

Appellate Division

In FY 2016, 76% of Appellate Division decisions had a net case age of six months or less, exceeding the Measure 1.1.1 target of 60%. In FY 2016, the Appellate Division met the deadline for issuing decisions in 100% of appeals having a statutory or regulatory deadline, achieving the target for 1.2.1. The Appellate Division projects that it will meet targets for both measures in FY 2017 and FY 2018. However, as the number of pending appeals increases, it will become more difficult to issue decisions before their net case age exceeds six months since the Board can issue only 90 decisions a year with its current resources. Accordingly, the Appellate Division's performance on Measure 1.1.1. is projected to decrease from 76% in FY 2016 to 66% in FY 2017 and 60% in FY 2018.

Civil Remedies Division

Measures 1.3.1, 1.3.2, and 1.3.3 relate to the percentage of cases in which CRD ALJs meet the statutory or regulatory deadlines for rendering final decisions in particular types of cases (60 days from record closed date for OIG and SSA enforcement, fraud, or exclusion cases; 180 days for CMS provider/supplier enrollment cases). For FY 2017 and FY 2018, the targets remain the same. CRD exceeded the FY 2016 target in measures 1.3.1, 1.3.2, and 1.3.3. CRD expects to meet the targets in FY 2017 and FY 2018.

Measure 1.4.1 tracks cases closed as a percentage of all cases open during the fiscal year. CRD exceeded its FY 2016 target by closing 70% of open cases. CRD closed 70% of non-FDA cases and 70% of FDA cases. The FY 2017 and FY 2018 targets remain unchanged because non-FDA cases are more complex, resulting in longer adjudication times, and because CRD projects an increased number of receipts of FDA CMPs and NTSOs. CRD expects to meet target 1.4.1 in both those years, but will be challenged to do so if it receives a significant increase in the number of FDA cases and new types of appeals through reimbursable inter-agency agreements, such as appeals under the TRICARE program.

Medicare Operations Division

Target 1.6.1 measures how long it takes to close a case after MOD receives the claim file. However, DAB does not request the claim file until staff is available to work on the case. Therefore, the measure only reflects how long it takes MOD to close a case after the claim file for the case is received, not how long it takes from the date the DAB receives the request for review to the date the Council issues a final decision. The larger the backlog, the longer it takes for MOD staff to be available to work on a new case and the longer the overall time for HHS to resolve Medicare claims. The average case age decreased from 726 days in FY 2016 to 706 days in FY 2017. The focus on closing high priority cases, including Part C and D Pre-service cases and beneficiary appeals, decreased the average case age in FY 2017. The average case age will remain the same in FY 2018 due to the increased resources. Case closures, which

are directly proportional to staffing, will increase in FY 2018 by 1,600 from 2,320 to 5,040 due to the increased resources.

Alternative Dispute Resolution (ADR) Division

In FY 2016, ADR met target 1.5.1 and exceeded target 1.5.2 by leveraging resources through a variety of means: using video teleconferencing technology to replace in-person mediations, thereby reducing staff-time otherwise needed for travel; using interagency partnerships to share scarce ADR training and mediation resources across Agency lines; and using free legal interns. In FY 2016, caseload increased by about 15%, resulting in a small backlog for the ADR Division. The case increase arose from new FY 2016 initiatives to mediate Equal Employment Opportunity cases for the Office of the Secretary's EEO Compliance and Operations Division and the Indian Health Service's EEO Compliance and Operations Division. ADR projects an additional 10% increase for FY 2017 and no additional increase in FY 2018. ADR anticipates meeting its targets for measures 1.5.1 and 1.5.2 in FY 2017 and FY 2018 by continuing to leverage resources through technology, interagency partnerships, and free interns. ADR also plans to address backlogging by redirecting resources from conflict resolution seminars to mediations (decreasing target 1.5.1 from 12 to 10 seminars) and by increasing the number of cases mediated by free Federal Sharing Neutrals program mediators.

OFFICE OF GLOBAL AFFAIRS

Budget Summary

(Dollars in Thousands)

Office of Global Affairs	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	$6,026	$6,015	$6,026	+11
FTE	22	23	23	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

OGA's contains global health experts on a range of policy issues, and also identifies and utilizes capacities present in HHS to address needs and opportunities overseas, while at the same time, providing knowledge and analysis of international developments for the benefit of the Secretary, and HHS as a whole. Priority areas include global health security, antimicrobial resistance, infectious disease preparedness and response, multilateral and bilateral diplomacy and negotiations, HIV/AIDS (PEPFAR) control, health aspects of trade interests, polio eradication, non-communicable diseases, increasing access to safe and effective medicines, and reducing barriers to care.

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

Significant accomplishments include the following:

- OGA led a high-level multidisciplinary delegation to Brazil to begin critical collaborations between Brazil and the US in response to the Zika virus epidemic. This collaboration facilitated information, sample sharing and regulatory technical assistance. OGA also coordinated technical assistance to the Government of Brazil related to the 2016 Olympic Games in Rio de Janeiro and the Zika outbreak.

- Coordinated all HHS policies during the international phase of response to the Zika epidemic including convening the HHS intra-agency Sample Sharing Working Group, and coordinating a Zika side event about ongoing NIH Zika research efforts on the margins of the PAHO Directing Council.
- Helped to establish an unprecedented, high-profile U.S.-China partnership in health and development in Africa. Obtaining political commitment at the highest levels, OGA helped to

establish a model for trilateral cooperation (U.S., China and the African Union) for the development of the Africa CDC, post-Ebola recovery in West Africa, and U.S.-China development cooperation in other sectors.

- Supported the scaling down and analysis of the USG response to the Ebola outbreak in West Africa by working with the members of the Global Ebola Response Coalition and coordinating input to the Ebola Response Improvement Plan.
- Collaborated with NIH, CDC, FDA, and ASPR/BARDA to identify mechanisms that HHS could use to provide in-kind or technical support to the 2016 yellow fever outbreaks in Angola and the Democratic Republic of the Congo.
- Led multiple activities to enhance international engagement and harmonization to advance US government policies and programs to combat antimicrobial resistance (AMR) including leading the International coordination group of the Combating Antimicrobial Resistant Bacteria taskforce, advancing the work of Trans-Atlantic Task Force on Antibiotic Resistance, and working closely in negotiating the G7 and G20 Health Ministers' communiques. OGA also provided primary health leadership on behalf of the U.S. government in the negotiations for the September 2016 UN High Level Meeting (HLM) on AMR Resolution.
- Led US input on health issues for the G7, helping to affirm high-level international commitments to global health security and the preparedness of countries to control infectious disease threats, and encourage international efforts to curb antimicrobial resistance. Also in the G7, OGA presented U.S. efforts to improve the health of aging populations, to inform research and the identification of best practices.
- Led U.S. engagement with the Organization for Economic Cooperation and Development for the collection of data on health care systems, to help elucidate best practices and policies for efficiency and quality of care.
- Effectively represented HHS equities in trade negotiations, served as a lead technical resource for the US government on all health-related trade issues, and represented the government in multilateral negotiations related to health and trade.
- OGA was instrumental in mobilizing international support for the resolution approving the reorganization of WHO's technical units in preparedness, capacity building, and response to all hazards that acutely threaten public health, taking forward implementation of last year's resolution on reforms. This program will have unique authority and ability to coordinate action through all three levels of the organization.

Funding History

Fiscal Year	Amount
FY 2013	$6,438,000
FY 2014	$6,270,000
FY 2015	$6,270,000
FY 2016	$6,026,000
FY 2017 Annualized CR	$6,015,000

Budget Request

The FY 2018 Budget Request of $6,026,000 is an increase of $11,000 above the FY 2017 Annualized CR level. The increase absorbs inflation and allows OGA to continue to provide leadership and coordination on several high priority initiatives, including global health security and other Administration priorities.

OGA will provide an overall leadership role for the USG in driving forward global commitment to build health security capacity, including through work with other countries, relevant international organizations, and non-governmental partners, leveraging one another's resources for increased reach and to sustain achievements. OGA will also lead in supporting the Secretary's engagement on this critical global issue. Additionally, OGA will continue efforts to ensure the health and well-being of Americans, and to improve health and safety across the globe, through collaboration with multilateral organizations including the World Health Organization, the Food and Agriculture Organization, and the Organization for Animal Health, through efforts to coordinate USG policy and programs and through political and diplomatic channels.

OGA will also champion efforts to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria by coordinating with USG and international partners to implement measures to mitigate the emergence and spread of antibiotic resistance and ensure the continued availability of therapeutics for the treatment of bacterial infections. OGA will continue to coordinate and facilitate the involvement of OPDIVs and STAFFDIVs with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other multilateral organizations.

OGA will lead the Department's engagement on issues where trade and health intersect, ensuring that the Secretary's directives are carried out, and representing HHS equities in health and trade settings where these issues arise.

In South Africa, Brazil, China, India, Switzerland, and Mexico, OGA health attachés will continue to represent HHS as they work with other government agencies, NGOs and industry on research, regulation, information sharing and multilateral issues – important to pandemic preparedness, safety of products, intellectual property and clinical trials, among many other goals.

OGA's Border Health Commission will continue to work, in partnership with Mexican counterparts, to identify critical health problems affecting border states in the US and Mexico, and identify opportunities for collaboration to address these problems.

Office of Global Affairs - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
1.1 USMBHC development and implementation of strategies that are directly related to HHS and/or Secretary's priorities	FY 2016: 363 Target: 75 (Target Exceeded) Measure being reevaluated	N/A	N/A	0
1.2 The implementation of USMBHC priorities (which are linked to the Department's priorities)	FY 2016: 63,860 Target: 49,000 (Target Exceeded)	51,500	53,500	+2,000
1.3 The effectiveness of OGA's communication and outreach activities	Discontinued	Discontinued	Discontinued	0

Performance Analysis

In reviewing the reports submitted by the 4 US border states, it is estimated that a total of 363 key stakeholders from both sides of the border contributed/partnered with the border states during Border Binational Health Week 2015 (FY16). It is important to note that it is highly likely that stakeholders were counted more than once given that a questionnaire/report was submitted by most states per activity/event rather than overall. It would require substantial time to calculate a more accurate number. At this time there is no record of stakeholders that definitively adopted at least one of the population-health outcome objectives of the HB202 strategy but it can be assumed given the well-received nature of the document along the border that many if not all use this document as a tool in their planning, programming or funding process. We are revaluating the methodology to collect the data from the states in regards to this performance measure to obtain a more accurate report.

Based on the questionnaires filled out by each state on activities held during Border Binational Health Week (BBHW) (covered under the Community-Based Healthy Border Initiatives) it was reported that a total of 63,860 border residents were reached during BBHW 2015. There is no way to estimate how many, if any, are duplicate participants given the nature of the questionnaire. States also recorded residents that were reached in Mexican sister-cities through partnership with their Mexican counterparts- in total 5,391 residents were reached in a Mexican border city through binational event coordination. The central office reached approximately 2,500 promotors and leaders thru the capacity building and presentations along the border. It is very likely that many more residents were reached under the Community-Based Healthy Border Initiatives; however it is difficult to estimate given the reports supplied by the States.

The OGA website was absorbed by the HHS/Office of the Secretary. No further data is being collected.

Grants

Grants (whole dollars)	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget
Number of Awards	4	4	4
Average Award	$325,000	$276,250	$276,250
Range of Awards	$273,000 - $402,000	$232,000 - $342,00	$232,000 - $342,00

Program Data Chart

Activity	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget
Contracts	$1,624,238	$1,059,029	$1,000,000
Grants/Cooperative Agreements	$1,300,000	$1,100,000	$1,100,000
Inter-Agency Agreements (IAAs)	$274,825	$202,000	$200,000
Operating Costs	$2,826,937	$3,664,971	$3,726,000
Total	$6,026,000	$6,026,000	$6,026,000

OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS

Budget Summary

(Dollars in Thousands)

Office of Intergovernmental and External Affairs	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	10,625	10,605	10,625	+20
FTE	68	70	70	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

IEA continues to lead an HHS communications and outreach effort that has achieved considerable results. IEA is actively involved in leading the educational outreach and stakeholder engagement on the Secretary priorities related to Opioids Abuse, Childhood Obesity and Mental Health initiatives. IEA efforts significantly increased the awareness and understanding of states, local, tribal and territorial governments; organizations, groups, private institutions, academia, private sector and labor unions of the various healthcare related programs. These efforts have proven to be hugely successful in improving the communication, timeliness and ultimately the relationships with stakeholders across the country.

Funding History

Fiscal Year	Amount
FY 2013	$9,576,000
FY 2014	$9,576,000
FY 2015	$10,625,000
FY 2016	$10,605,000
FY 2017 Annualized CR	$10,625,000

Budget Request

IEA's FY 2018 request for $10,625,000 represents a $20,000 increase from the FY 2017 CR annualized level. The budget request will be used to absorb inflationary costs and support personnel costs, continue coordination of a wide range of outreach activities, and facilitate cross-cutting initiatives. Additional reductions in travel costs will be made to absorb inflation factors.

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

CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS

Budget Summary

(Dollars in Thousands)

Center for Faith-Based and Neighborhood Partnerships	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	1,299	1,297	1,299	+2
FTE	7	7	7	0

FY 2017 Authorization……Such sums as may be appropriated
Allocation Method……Direct Federal

Program Description and Accomplishments:

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

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

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

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

Funding History

Fiscal Year	Amount
FY 2013	$1,299,000
FY 2014	$1,299,000
FY 2015	$1,299,000
FY 2016	$1,300,000
FY 2017 Annualized CR	$1,297,000

Budget Request

CFBNP's FY 2018 budget request is $1,299,000 which represents a $2,000 increase from the FY 2017 Annualized CR level. The request will absorb inflationary costs and provide the necessary staffing to accomplish CFBNP's mission to effectively administer federal programs that promote the economic and

social well-being of families, children, individuals, and communities. Additional inflationary costs will be absorbed through reductions in travel costs.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

Office of the Assistant Secretary for Health	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	280,486	279,953	125,478	-154,475
FTE	256	256	239	-17

Agency Overview

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

The mission of the Office of the Assistant Secretary for Health (OASH) is "to optimize the nation's investment in health and science to advance health equity and improve the health of all people."
In support of this mission, OASH has identified three priorities to enhance the health and well-being of the Nation:

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

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

- 12 core public health offices – including the Office of the Surgeon General, U.S. Public Health Service Commissioned Corps, and 10 Regional Health Administrators
- 15 Presidential and Secretarial advisory committees

OASH SUMMARY TABLE - DIRECT

(Dollars in Thousands)

Office	FY 2016 FTE	FY 2016 Final	FY 2017 FTE	FY 2017 Annualized CR	FY 2018 FTE	FY 2018 President's Budget
Immediate Office of the Assistant Secretary for Health	50	11,678	50	11,656	50	11,678
Office of HIV AIDS and Infectious Disease Policy	6	1,402	6	1,399	6	1,402
Office of Disease Prevention and Health Promotion	23	6,726	23	6,713	23	6,726
President's Council on Fitness, Sports and Nutrition	6	1,168	6	1,166	6	1,168
Office for Human Research Protections	31	6,493	31	6,481	31	6,493
National Vaccine Program Office	17	6,400	17	6,388	17	6,400
Office of Adolescent Health	4	1,442	4	1,439	4	1,442
Public Health Reports	2	467	2	466	2	467
Teen Pregnancy Prevention	16	101,000	16	100,808	-	-
Office of Minority Health	57	56,670	57	56,562	57	56,562
Office on Women's Health	43	32,140	43	32,079	43	32,140
Office of Research Integrity (Non-Add)	24	8,558	28	8,558	28	8,558
HIV-AIDS in Minority Communities	1	53,900	1	53,798	-	
Embryo Adoption Awareness Campaign	-	1,000	-	998	-	1,000
Subtotal, GDM	***256***	***280,486***	***256***	***279,953***	***239***	***125,478***
-	-	-	-	-	-	-
PHS Evaluation Set-Aside	-	-	-	-	-	-
OASH	-	4,285	-	4,277	-	4,000
Teen Pregnancy Prevention Initiative	-	6,800	-	6,787	-	6,800
Subtotal, PHS Evaluations	***-***	***11,085***	***-***	***11,064***	***-***	***10,800***
-	-	-	-	-	-	-
TOTAL OASH PROGRAM LEVEL	**256**	**291,571**	**256**	**291,017**	**239**	**136,278**

IMMEDIATE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(Dollars in Thousands)

Immediate Office of the Assistant Secretary for Health	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	11,678	11,656	11,678	+22
FTE	50	50	50	0

Authorizing Legislation……..Title III of the PHS Act
FY 2018 Authorization……Indefinite
Allocation Method……Direct Federal, contracts

Program Description and Accomplishments

The Assistant Secretary for Health (ASH) and the Immediate Office of the Assistant Secretary for Health (OASH), serve in an advisory role to the Secretary on issues of public health and science. The Immediate Office of the ASH drives the OASH mission, "mobilize leadership in science and prevention for a healthier Nation," by providing leadership and coordination across the Department in public health and science and advice and counsel to the Secretary and Administration on various priority initiatives such as the opioid epidemic and related behavioral health issues, immunization policy, tobacco control, autism, and emerging infectious disease public health challenges.

OASH oversees 12 core public health offices — including the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps — as well as 10 regional health offices across the nation and 10 presidential and secretarial advisory committees.

Senior public health officials within the Immediate Office work to ensure a public health and prevention perspective is addressed in Secretarial and Presidential priorities through effective networks, coalitions, working groups, and partnerships that identify public health concerns and undertake innovative projects.

Three key priorities provide a framework for addressing public health needs:

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

Creating Better Systems of Prevention

Over the last 100 years, people in the US have gained another 30 years of life, 25 of those years attributable to advances made in public health. The work of the Department and the public health system has expanded in that time, moving from basic public health initiatives to a focus on core functions of assessment, policy development, and assurances, as well as responding to challenges such as newly emerging infectious diseases, behavioral health, and non-communicable diseases.

OASH is addressing the enormous challenges presented by the opioid epidemic, which touches so many Americans, but especially those in rural and underserved populations. These challenges include inappropriate opioid prescribing practices, increased rates of suicide and accidental opioid overdose, and persistent needs for comprehensive and science-based pain treatment approaches. The first-ever *Surgeon General's Report on Alcohol, Drugs, and Health* was released in 2016 and reviews what we know about substance misuse and how to use that knowledge to address substance misuse and related

consequences. Through its support, along with the Substance Abuse and Mental Health Services Administration (SAMHSA) on the Behavioral Health Coordinating Council, the work of the Surgeon General with health care providers, and the coordination with OASH offices such as Women's Health, Minority Health, and OHAIDP, this epidemic remains a priority issue for OASH and the entire Department.

In addition, the Surgeon General (SG) provides Americans with scientific information on how to improve their health and reduce the risk of illness and injury. Recent priorities of the SG include activities around healthy aging, mental and emotional well-being, and healthy eating.

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

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

OASH also has ten regional offices, led by Regional Health Administrators (RHAs). The OASH RHAs serve as the lead federal official for public health and science in each region. Using their regional expertise and networks, RHAs catalyze public health action to impact leading health indicators by serving as extensions and spokespersons for OASH, as well as fostering coordination and collaboration around HHS priorities across Federal departments. The RHAs ensure that the priorities of Department and OASH are better incorporated at the local, state, and national level.

Funding History

Fiscal Year	Amount
FY 2013	$12,151,000
FY 2014	$12,151,000
FY 2015	$11,687,000
FY 2016	$11,687,000
FY 2017 Annualized CR	$11,656,000

Budget Request
The FY 2018 President's Budget Request for the Immediate Office of the Assistant Secretary for Health of $11,678,000 represents a $22,000 increase over the FY 2017 Annualized CR level of $11,687,000.

The FY 2018 request supports the ASH's program and policy responsibilities as the senior advisor to the Secretary on public health and science. These responsibilities include providing leadership and direction to the 12 program and 10 regional offices.

The FY 2018 level will absorb inflationary costs and maintain OASH's baseline leadership in the Immediate Office of the ASH, the Office of the Surgeon General and the regions, and will ensure coordination of inter- and intra-departmental initiatives on behalf of the Secretary. Specifically, initiatives to create better systems of prevention that require the coordination of activities among Federal partners to enable HHS to leverage the scientific, evaluative, or programmatic findings of one agency for replication and dissemination through other agencies and government-wide.

Immediate Office - Outputs and Outcomes Table

Long Term Objective: Creating Better Systems of Prevention

Performance measures reflect previous administration and will be updated for FY 2019.

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
1.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, state and local agencies, Federal entities, NGOs or international organizations that adopt (or incorporate into programs) policies and recommendations generated or promoted by OASH through reports, committees, etc.	FY 2015: 881 Target: 312 (Target Exceeded)	530	530	--
1.b: Communicate strategically (Outcome) Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: Number of regional/national workshops/conferences, community based events, consultations with professional and institutional associations; Measure 3: new, targeted educational materials/campaigns; Measure 4: media coverage of OASH-supported prevention efforts (including public affairs events).	FY 2015: 46,339,946 Target: 24,770,771 (Target Exceeded)	27,400,000	27,400,000	--

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
1.c: Promote effective partnerships (Outcome) Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements, and community implementation grants with governmental and non-governmental organizations that lead to prevention-oriented changes in their agendas/efforts.	FY 2015: 759 Target: 355 (Target Exceeded)	330	330	---
1.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: the number of promising practices identified by research, demonstrations, evaluation, or other studies.	FY 2015: 221 Target: 68 (Target Exceeded)	80	80	---
1.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; Measure 2: Number of outcomes from efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	FY 2015: 326 Target: 120 (Target Exceeded)	220	220	--

Long Term Objective: Eliminating Health Disparities and Achieving Health Equity

Program/Measure	Most Recent Result	FY 2016 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
2.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, NGOs, state and local agencies, or Federal entities, that adopt (or incorporate into initiatives) policies and recommendations targeting health	FY 2015: 444 Target: 152 (Target Exceeded)	300	300	--

disparities that are generated or promoted by OASH through reports, committees, etc.				
2.b: Communicate strategically[1] (Outcome) Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: number of regional/national workshops/conferences or community based events; Measure 3: new, targeted educational materials/campaigns; Measure 4: media coverage of OASH-supported disparities efforts (including public affairs events); and estimated number of broadcast media outlets airing Closing the Health Gap messages.	FY 2015: 6,146,660 Target: 1,494,114 (Target Exceeded)	2,800,000	2,800,000	--
2.c: Promote Effective Partnerships (Outcome) Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts to address health disparities.	FY 2015: 786 Target: 241 (Target Exceeded)	250	250	--
2.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of promising practices identified in research, demonstration, evaluation, or other studies.	FY 2015: 188 Target: 39 (Target Exceeded)	50	50	--
2.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; Measure 2: Number of outcomes from efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	FY 2015: 186 Target: 61 (Target Exceeded)	140	140	--

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

Program/Measure	Most Recent Result	FY 2016 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
3.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, NGOs, state and local agencies, Federal entities, or research organization that adopt (or incorporate into programs) policies, laws, regulations and recommendations promoted or overseen by OASH.	FY 2015: 365 Target: 153 (Target Exceeded)	220	220	--
3.b: Communicate strategically (Outcome) Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: number of regional/national workshops/conferences, community based events, and consultations with professional and institutional associations; Measure 3: new, targeted educational materials/campaigns.	FY 2015: 7,661,388 Target: 3,550,397 (Target Exceeded)	3,500,000	3,500,000	--
3.c: Promote Effective Partnerships (Outcome) Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts related to the public health or research infrastructure.	FY 2015: 239 Target: 91 (Target Exceeded)	100	100	--
3.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of public health data enhancements (e.g. filling developmental objectives or select population cells; development of state and community data) attributable to OASH leadership.	FY 2015: 68 Target: 67 (Target Exceeded)	55	55	--
3.e: Lead and coordinate key initiatives within and on behalf of the Department	FY 2015:64,679 Target: 6,436	6,400	6,400	--

(Outcome) Measure 1: Number of relevant initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OASH; Measure 2: specific outcomes of the efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc. [OSG] M\4: # Officers trained	(Target Exceeded)			

FY2016-FY2017: Agency Priority Goal

Program/Measure	Most Recent Result	FY 2017 Target	FY 2018 Target*	FY 2018 Target +/- FY 2017 Target
1.5 Reduce the annual adult combustible tobacco consumption in the United States (cigarette equivalents per capita)	FY 2014: 1,216 (Target Not Met but Improved)	1,145	--	--

* New priority goals will be established for FY 2018-FY 2019

Performance Analysis

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

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

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

OFFICE OF HIV/AIDS AND INFECTIOUS DISEASE POLICY

Budget Summary
(Dollars in Thousands)

Office of HIV/AIDS and Infectious Disease Policy	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	1,402	1,399	1,402	+3
FTE	6	6	6	0

Authorizing Legislation……..Title III of the PHS Act
FY 2018 Authorization……Indefinite
Allocation Method…….Direct Federal, Contracts

Program Description and Accomplishments

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

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

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

<u>HIV/AIDS</u>

Following the release of the National HIV/AIDS Strategy (NHAS) and the updated Strategy in 2015, OHAIDP was delegated the responsibility for coordinating the response to NHAS across HHS and other federal departments. Working with the Office of National AIDS Policy (ONAP), OHAIDP co-chaired the interagency workgroup that coordinates efforts across the federal government to prevent new HIV infections, improve the health of people living with HIV, and reduce HIV-related disparities.

OHAIDP worked with OPDIVs and STAFFDIVs to monitor NHAS implementation efforts within HHS and has strategized closely with ONAP to improve federal efforts and their impact on key outcomes. OHAIDP efforts to improve coordination of HIV/AIDS programs across HHS include hosting regular meetings of senior HIV/AIDS leadership to discuss HIV/AIDS-related activities and policies; reviewing all HIV/AIDS funding opportunity announcements for consistency with the goals/strategies of the NHAS; and technical consultations on strategic issues related to NHAS implementation. In FY 2017, OHAIDP

initiated a series of quarterly training webinars for federal staff to increase their ability to implement scientific advances in HIV prevention and treatment. The first webinar addressed pre-exposure prophylaxis, which is more than 90% effective at preventing HIV infection when taken daily. The webinar was attended by federal staff at more than 60 sites across the country. Also in FY 2017, OHAIDP completed two cross-departmental inventories that described federally funded programs to: (1) improve awareness and use of pre-exposure prophylaxis and programs, and (2) serve Black men who have sex with men (MSM) to prevent/treat HIV and viral hepatitis. This undertaking enabled HHS to better target programs, policies and research meant to improve health outcomes for persons at increased risk of HIV infection and Black MSM.

Additionally, OHAIDP is responsible for overseeing and monitoring activities supported by the Secretary's Minority AIDS Initiative Fund (SMAIF); FY 2017 supported 23 projects that promote innovation and collaboration across HHS to strengthen HIV prevention and care among racial and ethnic minorities. Key FY 2017 projects included:

- *THRIVE,* a four year collaboration between OHAIDP and CDC, invested up to $60 million to support innovative comprehensive models of HIV prevention and care for MSM of color.
- A molecular surveillance PrEP and data-to-care project for Hispanic/Latino MSM.
- AIDS.gov, the federal government's website and leading source of information about HIV prevention and care, was visited by more than 8 million visitors last year. In the spring of FY2017, AIDS.gov will change its name to HIV.gov to further improve users' experiences, to optimize for a mobile environment, and to provide an even greater focus on racial and ethnic minorities and other populations at greatest risk for HIV.
- A network of regional health advisors working in ten public health service regions promoted the updated NHAS and the Viral Hepatitis Action Plan.
- A three-year demonstration project to diagnose and cure HCV infection in Ryan White clinics servicing large numbers of racial and ethnic minorities living with HIV.

<u>Viral Hepatitis</u>

OHAIDP has the lead role in coordinating national efforts and informing policies to prevent, diagnose, and treat viral hepatitis in the United States. The office convenes the Viral Hepatitis Implementation Group, which is comprised of representatives from more than 20 federal agencies and offices spanning the Departments of Health and Human Services, Housing and Urban Development, Justice, and Veterans Affairs. Efforts include:

- OHAIDP leading this group in developing and implementing the National Viral Hepatitis Action Plan, 2017 – 2020, which details four ambitious goals supported by strategies and recommended actions that could put us on a path to elimination as well as 17 indicators that will be used to track progress and improve transparency and accountability for achieving results. The Action Plan is a framework for strengthening our collective national response to hepatitis B and C.
- OHAIDP providing technical information about the Action Plan, progress, policies, programs, and consultation within and outside of HHS on viral hepatitis prevention and treatment.
- OHAIDP developing and managing the viral hepatitis website at hhs.gov/hepatitis and supporting complementary efforts of partners outside of the federal government, including states, counties, cities, and nonprofit organizations.

Blood and Tissue Safety

OHAIDP provides internal coordination of policies, programs and resources related to blood, organs and tissues, through the Blood Organ and Tissue Senior Executive Council (BOTSEC), a cross-department council comprised of representatives from CDC, FDA, NIH, CMS, HRSA, ASPR and ASPE. OHAIDP actively participates in the Department's preparedness and response activities addressing the safety and availability of blood and tissues during national emergencies.

In response to the emerging threat of Zika in 2016, OHAIDP provided coordination and technical assistance and identified the blood product requirements to ensure the safety and availability of blood products in Puerto Rico. The office will continue to monitor Zika-related issues and work to ensure that safe blood and tissue products remain available in the United States and its territories. OHAIDP is also responsible for coordinating cross-governmental efforts to collect vital policy information such as distribution and utilization of allograft tissue from deceased donors and incidence and prevalence of HIV and Hepatitis B and HCV infection among deceased potential tissue and organ donors. OHAIDP's Blood and Tissue portfolio is funded through a joint funding agreement with HHS agencies (CDC, FDA, HRSA, NIH and CMS).

Funding History

Fiscal Year	Amount
FY 2013	$1,459,000
FY 2014	$1,459,000
FY 2015	$1,402,000
FY 2016	$1,402,000
FY 2017 Annualized CR	$1,399,000

Budget Request

The FY 2018 President's Budget request for the Office of HIV/AIDS and Infectious Disease Policy of $1,402,000 represents a $3,000 increase over the FY 2017 annualized CR level of $1,399,000. The FY 2018 request will support baseline HIV, Blood and Tissue Safety, and Viral Hepatitis policy activities, and will support the President's Advisory Council on HIV/AIDS (PACHA).

Consistent with the Strategic Plan, PACHA plans to continue to monitor the progress and the benchmarks of the NHAS. Specifically, advisory committee members will address ways to reduce HIV-related health disparities and improve outcomes along each step of the HIV Care Continuum. In FY 2018, PACHA will continue to provide advice and consultation to ensure improved health outcomes for people living with or at risk for HIV. Additionally, HIV-related stigma has been a priority for PACHA. During FY 2016, PACHA planned and convened a HIV-Related Stigma Reduction Summit that included subject matter experts, community stakeholders (including People Living with HIV), and federal partners to develop recommendations for the Council's consideration. During FY 2017, PACHA finalized the recommendations.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Budget Summary
(Dollars in Thousands)

Office of Disease Prevention and Health Promotion	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	6,726	6,713	6,726	+13
FTE	23	23	23	0

Authorizing Legislation:……Title XVII, Section 1701 of the PHS Act
FY 2017 Authorization……Expired
Allocation Method……Direct Federal, Contract, Cooperative Agreement

Program Description and Accomplishments

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

Healthy People

ODPHP meets its Congressional mandate to establish health goals for the Nation by leading the development and implementation of Healthy People. *Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans at all stages of life, underpins HHS priorities and strategic initiatives, and provides a framework for prevention and wellness programs for a diverse array of Federal and non-Federal stakeholders. In addition, many state and local health departments draw on *Healthy People* to develop their own health plans. The fourth iteration of the *Healthy People* 2020 objectives was released in 2010.

In FY 2016, ODPHP expanded its award winning *Healthy People 2020* website (http://www.HealthyPeople.gov), which is aimed at making *Healthy People* 2020 information widely available and easily accessible. ODPHP continued its collaboration with the National Center for Health Statistics (NCHS) and other partners in updating a user-centered, web-based resource that expands the reach and usefulness of the national objectives. This innovative web tool gives users a platform from which to learn, collaborate, plan, and implement objectives and has been continually updated and improved since its launch in FY 2011. Partnering with NCHS and the HHS Office of Minority Health, ODPHP launched a disparities tool that allows users to easily see where disparities exist among population groups and target their resources accordingly.

In FY 2016, ODPHP continued a series of monthly public webinar-based progress reviews of the *Healthy People 2020* objectives and Leading Health Indicators (a subset of objectives representing high-priority health issues), which allowed the Assistant Secretary for Health, in collaboration with the NCHS, the federal agencies that manage specific objectives, and community-based organizations, to demonstrate progress toward achieving the 10-year targets and identify areas needing additional work. On average, more than 1,000 sites registered to attend each webinar. In partnership with the American Public Health Association, ODPHP offered Continuing Medical Education, Continuing Nursing Education, and Certified Health Education Specialist credits to webinar participants.

In FY 2016, ODPHP, in partnership with NCHS, completed data analysis for a mid-course review of *Healthy People 2020*, released in January 2017. The mid-course review provides a comprehensive

assessment of progress in achieving the national objectives halfway through the decade and identifies successes and opportunities for improvement. In FY 2016, ODPHP initiated development of the next decade's nation health objectives, with the chartering of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030.

Dietary Guidelines for Americans

ODPHP plays a leadership role on behalf of HHS in co-coordinating the development, review, and promotion of the recommendations in the *Dietary Guidelines for Americans* (DGA) as required by Congress (P.L. 101-445). Published jointly every five years by HHS and the U.S. Department of Agriculture (USDA), the DGA is the basis of Federal nutrition policy and programs. ODPHP managed and supported the 2015 Dietary Guidelines Advisory Committee (DGAC), which was established to provide the Departments with independent, science-based advice and recommendations for development of the DGA 2015. The DGA 2015 was released in January 2016.

Based on the preponderance of current scientific evidence, the DGA provides information and advice for choosing a nutritious diet that will reduce the risk of chronic disease, meet nutrient requirements, maintain a healthy weight, and keep foods safe to avoid food-borne illness. The DGA also serves as the basis of the nutrition and food safety objectives in Healthy People 2020 and other federal programs.

Physical Activity Guidelines for Americans

ODPHP, in collaboration with the President's Council on Fitness, Sports, and Nutrition, National Institutes of Health, and Centers for Disease Control and Prevention , led the Department's development and release in 2008 of the first Federal *Physical Activity Guidelines* (PAG), a set of evidence-based recommendations for physical activity for individuals six years and older to improve health and reduce disease. The PAG served as the primary basis for physical activity recommendations of the 2010 and 2015 DGA and the physical activity objectives in Healthy People 2020.

In 2013 ODPHP released the *Physical Activity Guidelines for Americans Midcourse Report*: *Strategies to Increase Physical Activity among Youth*. In FY2016, a Physical Activity Guides Advisory Committee was established to guide the development of the next iteration of the PAG, with an expected release date of FY 2018. ODPHP convened the first meeting of the Advisory Committee in FY 2016 and plans to hold additional meetings in FY 2017 and FY 2018.

healthfinder.gov

ODPHP fulfills its congressional mandate to provide reliable prevention and wellness information to the public primarily with healthfinder.gov. Since 1997, healthfinder.gov has been a key resource for finding the best government and non-profit online health information. In FY 2016, healthfinder.gov continued to extend the reach of actionable prevention information by disseminating content via the website, Facebook and Twitter, email newsletters, widgets, e-cards, content syndication and an Application Programming Interface (API); healthfinder.gov partnered with CVS Health to integrate the myhealthfinder API into their Minute Clinic Website. A pilot outcomes study found a 26% increase in pneumococcal vacancies and a 5% increase in flu vaccines in selected Minute Clinics as a result of CVS Health's promotion of myhealthfinder.

The healthfinder.gov website provides over 100 featured topics and tools that use everyday language and examples to explain how taking small steps to improve health can lead to big benefits. The website also includes the myhealthfinder tool, developed in a joint effort with Agency on Health Research Quality, to provide personalized recommendations for clinical preventive services.

In FY 2015, ODPHP collected data for Healthy People 2020 health communication objectives to increase health websites that adhere to specific quality standards. Data on these objectives show trends of quality health-related websites and motivate action to improve Americans' access to reliable and easy-to-use health information.

Health Literacy

ODPHP continues to play a leadership role in improving health literacy. In FY 2016, the HHS Health Literacy Workgroup established measures with targets for its biennial Health Literacy Action Plan. The workgroup is currently collecting data from each of the 14 agencies in the HHS Health Literacy Workgroup. The data collected will be entered into ASPE's Strategic Planning System to measure progress. The second edition of *Health Literacy Online: A Guide to Simplifying the User Experience,* published in October 2015*,* won a Clearmark Award. The UK's National Health Service plans to incorporate HHS's *Health Literacy Online (HLO)* into their proposed health app vetting process.

Funding History

Fiscal Year	Amount
FY 2013	$6,999,000
FY 2014	$6,999,000
FY 2015	$6,726,000
FY 2016	$6,726,000
FY 2017 Annualized CR	$6,713,000

Budget Request

The FY 2018 President's Budget request for the Office of Disease Prevention and Health Promotion of $6,726,000 represents a $13,000 increase over the FY 2017 annualized CR level of $6,713,000. The FY 2018 request will absorb inflationary costs and maintain ODPHP activities to support disease prevention and health promotion activities through continued support for*: Healthy People*, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, health literacy, and healthfinder.gov.

Healthy People

The FY 2018 request will maintain the healthypeople.gov interactive tools and resources to facilitate communities' use of evidence-based practices to help move the nation toward achievement of the Healthy People 2020 goals and objectives. These activities will be supported through an ongoing collaboration with the National Center for Health Statistics, other HHS agencies, and other federal Departments that manage Healthy People, including the Departments of Agriculture and Education.

Additionally, the FY 2018 request will continue the development of the next decade's objectives, *Healthy People 2030*, using as a starting point the findings of a Healthy People User's Assessment aimed at garnering feedback from a diverse set of health professionals and policymakers at various levels and across sectors both within and outside of government. The development of *Healthy People 2030* will be guided also by Department priorities to ensure alignment with key initiatives and to leverage existing resources.

Dietary Guidelines for Americans

Strategic communications activities for the 2015 DGA will continue during FY 2017, including dissemination of consumer information, internet-based outreach and promotion, and partnership

engagement. In FY 2018, work will continue on systematic literature reviews leading to the development of a technical report written by Federal staff of nutritional needs, eating patterns, and developmental stages of the birth to 24 month age group so that the DGA 2020 will include this age group, as well as nutritional needs of pregnant women, both of which are now required by P.L. 113-79. In conjunction with USDA, work will begin in FY 2017 to form the 2020 Dietary Guidelines Advisory Committee.

Physical Activity Guidelines for Americans

HHS plans to initiate in FY 2017 and continue in FY 2018 the development of the 2nd edition of the PAG in response to substantial public and private interest in reviewing the science and providing updated recommendations on the amounts and types of physical activity that can improve health. ODPHP's partners include PCFSN, CDC and NIH. A new edition of the PAG in 2018 would build on the 2008 recommendations with updated scientific evidence.

Healthfinder.gov

Healthfinder.gov will continue to update personalized recommendations for clinical preventive services, and to provide tools for users to improve their health and their decision making skills related to prevention. Healthfinder.gov will also create new interactive content to remain an informational but engaging website for users to find trusted heath information.

Additionally, ODPHP will continue its outreach and partnership building around use of healthfinder.gov's content syndication and API tools, making its content available for free to use on their sites. In FY 2017, ODPHP will collect data for Healthy People 2020 health communication objectives on quality, health-related websites, meeting the Healthy People requirement to collect data two to three times throughout the decade.

ODPHP - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
I.b Visits to ODPHP-supported websites (Output)	FY 2015: 9.73 Million Target: 6.7 Million (Target Exceeded)	7.28 Million	7.28 Million	0
II.a Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)	FY 2015: 93% Target: 84% (Target Exceeded)	90%	94%	+4%

Performance Analysis

ODPHP has a Congressional mandate to provide health information to professionals and the public. ODPHP continues to consolidate and move a substantial amount of program activities online, enhancing the value to the public and professionals. Healthy People, once a paper-based initiative, is now essentially an online resource with multiple interactive tools for tracking and implementing national health objectives (HealthyPeople.gov). The Physical Activity Guidelines for Americans has established an

online community for stakeholders. Outreach for the Dietary Guidelines for Americans is primarily web-based as well. Healthfinder.gov, once a general health information portal, has been redesigned to provide prevention and wellness information. As the data reflect, ODPHP is increasing its reach and engagement with Americans and exceeding performance targets. As a result, the public and professionals have more evidence- based tools, resources, and support for their prevention and wellness activities.

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

ODPHP expects State use of the national disease prevention and health promotion objectives to mirror the uptake seen with the previous decade's objectives—*Healthy People 2010*. By the end of the last decade, 100% of states used Healthy People 2010 to inform their health planning processes.

The FY 2018 request allows ODPHP to improve the resources provided to users of *Healthy People 2020*, provided primarily online via healthypeople.gov, and through other social media and electronic means. The online presence of Healthy People will provide real-time access to the latest data for the more than 1,200 national health objectives, making demographic data collected via surveys and surveillance systems from across the Department and other agencies understandable and relevant to a larger number of users. It will also provide a relational database integrating objectives with evidence-based practices and demographic data, which will make implementation significantly more targeted and actionable.

PRESIDENT'S COUNCIL ON FITNESS, SPORTS AND NUTRITION

Budget Summary

(Dollars in Thousands)

President's Council on Fitness, Sports and Nutrition	FY 2016Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	1,168	1,166	1,168	+2
FTE	6	6	6	0

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

The President's Council on Fitness, Sports and Nutrition (The Council) (PCFSN) was originally established as the President's Council on Youth Fitness by President Eisenhower, under Executive Order 13545 in 1956. Since inception, the scope of the Council's mission expanded to include nutrition and the name of the organization was changed through an additional Executive Order in June 2010. PCFSN is a federal advisory committee of up to 25 volunteer citizens who serve at the discretion of the President. Its mission is to engage, educate, and empower Americans of all ages, socio-economic backgrounds and abilities to adopt a healthy lifestyle that includes regular physical activity and good nutrition.

PCFSN advises the President, through the Secretary of Health and Human Services (HHS), on the promotion of healthy lifestyles through physical activity and good nutrition. PCFSN also develops programs and partnerships with the public, as well as private and non-profit sectors, to promote healthy lifestyles through regular physical activity and good nutrition.

PCFSN coordinates programmatic activities in consultation with offices across the Department of Health and Human Services (HHS) as well as through the Departments of Agriculture, Defense, State, Education, Interior, and others to highlight the importance of physical activity and good nutrition for all Americans.

PCFSN program activities include:

- Presidential Active Lifestyle Award (PALA) and Presidential Champions Program
- Physical Activity Guidelines for Americans (PAG).
- Presidential Youth Fitness Program (PYFP).
- Sport for All Initiative
- #0to60 Campaign

Funding History

Fiscal Year	Amount
FY 2013	$1,215,000
FY 2014	$1,215,000
FY 2015	$1,168,000
FY 2016	$1,168,000
FY 2017 Annualized CR	$1,166,000

Budget Request

The FY 2018 President's Budget request for the PCFSN is $1,168,000, an increase of $2,000 over the FY 2017 Annualized CR level of $1,166,000. The FY 2018 request will absorb inflationary costs and enable PCFSN to continue promoting programs and initiatives, including PALA+ and Presidential Champions; PYFP; I Can Do It, You Can Do It!; the Sport for All Initiative; and #0to60 to help inspire, educate, and empower Americans of all ages and abilities to be active, eat well, and get healthy.

PCFSN will continue to work with the Office of Disease Prevention and Health Promotion to lead the development of the second edition of the Physical Activity Guidelines for Americans. In addition to the coordination of the PAG Committee, PCFSN will also implement and expand key programs and initiatives that support the PAG, and promote the wide-spread adoption of the 2018 PAG when released. This includes raising awareness of the most effective intervention strategies to encourage America's youth to be physically active for at least 60 minutes per day. This effort will include a national outreach strategy to promote the recommendations of the 2018 PAG.

By FY 2018, the Council will have launched #0to60, its 60th anniversary campaign, and will plan to continue to support activities which preserve its rich history, promote its progress, and emphasize healthy lifestyles for all Americans as a national priority.

PCFSN - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
1.1 Number of schools implementing the Presidential Youth Fitness Program	FY16: 30,000 Target: 35,000 (Target Not Met)	35,000	40,000	+5,000
1.2 Number of sites implementing *I Can Do It, You Can Do It!*	FY16: 130 Target: 90 (Target Exceeded)	140	150	+10
1.3 Number of website visits to the PAG or PAG Midcourse Report including downloads of collateral material	FY16: 373,100 Target: 250,000 (Target Exceeded)*	450,000	550,000	+150,000
1.4 Number of social media impressions promoting the PAG or PAG Midcourse Report (e.g., Facebook, Twitter)	FY16: 1 million Target: 1 million (Target Met)*	1.1 million	1.3 million	+200,000

**Note: As 2018 PAG are being developed and released, engagement via web and social media will increase exponentially.*

Performance Analysis

Measure 1.1 matches the Department's strategic planning process as well as more accurately captures PCFSN's direct outreach to schools, colleges/universities, and community organizations for assessment of students' fitness levels and school-based physical activities. As a result of restructuring within the PYFP school assessment; there was attrition across some schools that were unable to meet the minimum requirements to be involved in the program. PCFSN is seeking to address this challenge using

the Training of Trainers model to improve school teachers' ability to accurately assess their schools' needs.

Measure 1.2 enables PCFSN to accurately capture our level of engagement in improving access and opportunities for children and adults with disability to be healthy and active through the ICDI program. ICDI is the only federal initiative that facilitates physical activity and sports participation through public and private partnerships for Americans with disabilities. ICDI has exceeded its performance measure targets since its launch in FY 2013. The FY 2018 target has been increased by ten sites.

Measure 1.3 and 1.4 track the national engagement strategy to promote and ensure the widespread adoption of HHS's Physical Activity Guidelines for Americans. The target increases to measures 1.3 and 1.4 represent the expectation that website visits and social media impressions will significantly increase during the development of, and following the release of, the 2018 PAG.

OFFICE OF HUMAN RESEARCH PROTECTIONS

Budget Summary

(Dollars in Thousands)

Office of Human Research Protections	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	6,493	6,481	6,493	+12
FTE	31	31	31	0

Authorizing Legislation……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal, Contracts

Program Description and Accomplishments

The Office for Human Research Protections (OHRP) was created in June 2000 to lead HHS's efforts to protect human subjects in biomedical and behavioral research and to provide leadership for all federal agencies that conduct or support human subjects research under the Federal Policy for the Protection of Human Subjects, also known as the Common Rule. OHRP replaced the Office for Protection from Research Risks (OPRR), which was created in 1972 and was part of the National Institutes of Health (NIH).

OHRP provides clarification and guidance, develops educational programs and materials, maintains regulatory oversight, provides advice on ethical and regulatory issues in biomedical and behavioral research, and administers the assurance of compliance and IRB registration programs. OHRP also supports the Secretary's Advisory Committee on Human Research Protections, which advises the HHS Secretary on issues related to protecting human subjects in research. OHRP has oversight over more than 13,000 institutions in the United States and worldwide that conduct HHS-supported non-exempt human subjects research. (Authorizing Legislation Sections 491 and 492A of the Public Health Service Act)

- Policy and Guidance Development – OHRP's Division of Policy and Assurances (DPA) develops policy and guidance documents related to HHS regulations for the protection of human subjects (45 CFR Part 46). These documents address topics that the research community has indicated warrant additional clarification, an alternative regulatory interpretation, or regulatory change. The key goal of the policy and guidance documents are to help ensure that human research subjects are appropriately protected from harm and to reduce unnecessary regulatory burden. Critical to meeting these goals is an active partnership with the Food and Drug Administration, the HHS agencies that conduct or support human subjects research, and the other federal departments and agencies that have adopted the Common Rule. In FY 2016 DPA produced two guidance documents jointly with the Food and Drug Administration, and coordinated development of a draft final rule on human subjects protections. So far in 2017 DPA has produced one guidance document jointly with FDA and coordinated production of one final rule.

- OHRP's Division of Education and Development (DED) conducts outreach events and works with institutions around the United States to co-sponsor conferences and workshops to educate and support IRB members and administrators, investigators, institutional officials, and others in their efforts to protect human subjects in research. The OHRP Research Community Forum (RCF) is the flagship DED education and outreach activity. RCFs are collaboratively planned events that typically have a one-day workshop focused on applying the HHS regulations followed by a one-

day conference with keynote, plenary, and break-out sessions around one or more themes related to research and human subjects protections. DED sponsors approximately three RCFs per year. DED also accepts between three to six institutional requests a year to support full or half-day Educational Workshops. Furthermore, DED develops online educational materials including videos, webinars and infographics, for the general public, to educate them about research participation, and the research community, to educate them about regulatory protections of human research subjects. In FY 2016, OHRP sponsored two RCFs, co-hosted three one-day educational workshops, and spoke at numerous events, successfully reaching as many as 6,258 participants in person. OHRP posted five new educational webinars and videos in FY 2016 and received 1,844 views out of a total of 51,372 views of all the videos and webinars throughout FY 2016. So far in FY 2017, OHRP has co-sponsored one RCF in Hartford, Connecticut, supported two full day educational workshops in Chicago and Houston, given one live cast and sent staff to speak at the Public Responsibility in Medicine and Research annual conference and other events reaching more than 3,000 participants. In addition, OHRP has created a public outreach website to help the public understand research and research participation. OHRP's About Research Participation website was officially launched on January 9, 2017 and provides educational videos, infographics and a list of printable questions for potential research volunteers, with materials available in both English and Spanish. Since October 1, 2016, OHRP has posted seven new videos and webinars, and received 4,295 views for these new videos and webinars.

- For-Cause Compliance Evaluations – OHRP's Division of Compliance Oversight (DCO) conducts inquiries and investigations into alleged noncompliance with HHS regulations for the protection of human subjects. These activities include conducting investigations and preparing investigative reports, making determinations of noncompliance when appropriate, and requiring or recommending remedial or corrective action as necessary.

- Not-for-Cause Compliance Site Visits - DCO conducts a program of not-for-cause surveillance evaluations of institutions. These evaluations, when conducted on site by several OHRP staff and expert consultants, involve an extensive review of institutional review board (IRB) records and resources and interviews with institutional officials, IRB members, IRB staff, and investigators. In FY 2016 DCO opened four not-for-cause evaluations, opened seven investigations, and reviewed and processed 641 incident reports. So far in 2017, DCO has opened one not-for-cause evaluation, opened three investigations, and reviewed and processed 194 incident reports.

- Secretary's Advisory Committee on Human Research Protections (SACHRP) - SACHRP consists of eleven members that provide expert advice and recommendations to the Secretary and the ASH on issues relating to the protection of human research subjects with particular emphasis on special populations, such as neonates and children, prisoners and the decisionally impaired; pregnant women, embryos, and fetuses; individuals and populations in international studies; populations in which there are individually identifiable samples, data, or information; and investigator conflicts of interest. Examples of recent issues being discussed include the use of newborn dried bloodspots in HHS-funded research, harmonization of agency guidance on electronic informed consent, and HIPAA and CLIA issues arising in the context of the return of individual research results to subjects. OHRP hosted three SACHRP meetings in FY 2016. In addition, SACHRP's two subcommittees met jointly for two 2-day meetings. SACHRP approved three sets of recommendations which were forwarded to the Secretary, including a

recommendation on the Notice of Proposed Rulemaking titled the "Federal Policy for the Protection of Human Subjects." So far, OHRP has hosted one SACHRP meeting in FY2017 and SACHRP approved one set of recommendations.

- Assurances of Compliance and Registering Institutional Review Board – DPA administers the assurances of compliance with HHS protection of human subjects regulations and registrations of institutional review boards (IRB). These activities include processing more than four thousand Federalwide Assurances (FWA) and more than 3,000 IRB registrations each fiscal year. In FY 2016, DPA processed 3,123 FWA approvals, and 3,539 IRB registrations. So far in 2017, DPA has processed 1,789 FWA approvals, and 1,580 IRB registrations.

- The HHS Strategic Plan highlights how HHS "works closely with…international partners to coordinate its efforts to ensure the maximum impact for the public." To this end, OHRP maintains oversight responsibility for over 3,800 institutions located outside the United States. In support of this responsibility, OHRP publishes the International Compilation of Human Research Standards, coordinates a federal-wide International Working Group, serves as a resource to other federal agencies and to researchers conducting research in other countries, provides technical advice on draft international documents, and hosts international delegations.

Key Priority - In January 2017, HHS and 15 other Common Rule departments and agencies published a final revised Common Rule. The revised final rule that becomes effective on January 19, 2018, represents the first major change to the human subjects protection system in over 20 years. OHRP will be developing a number of new resources for the regulated community, including new guidance and educational materials, and will need to modify nearly all of its close to 100 existing guidance and educational materials.

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

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

Funding History

Fiscal Year	Amount
FY 2013	$6,756,000
FY 2014	$6,756,000
FY 2015	$6,493,000
FY 2016	$6,493,000
FY 2017 Annualized CR	$6,481,000

Budget Request

The FY 2018 President's Budget request for the Office of Human Research Protections of $6,493,000 represents a $12,000 increase over the FY 2017 annualized CR level of $6,481,000. The FY 2018 request will offset inflationary costs and maintain program activities.

The FY 2018 activities include:

- Continuing the activity of making revisions to and implementing the human subjects research protection regulations.
- Sponsoring up to three OHRP-sponsored Research Community Forums (a 2-day event that incorporates a 1-day Education Workshop and a 1-day Conference) and one annual OHRP meeting; traveling support for staff to attend around 10 speaking invitations and OHRP co-sponsored education activities; support for program data analysis and reporting; development and maintenance of 508-compliant online education and information resources including the development of transcripts for webinars and video recordings that are 508-compliant and ready for online posting, maintenance of a suitable webinar platform with a capacity for 1000 participants together with service for live captioning, for conducting 6 or more educational webinars.
- Supporting the processing of more than 3,500 Institutional Review Board Registrations and approving over 3,000 Federal wide Assurances of Compliance.
- Issuing up to two Guidance documents.
- Opening three Division of Compliance Oversight not-for-cause evaluations of institutions' human subject protections program, and processing more than 600 incident reports from institutions, which include reports of any unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with the regulations or the requirements or determinations of the institutional review board (IRB), and any suspension or termination of IRB approval.
- Supporting three Secretary's Advisory Committee on Human Research Protections (SACHRP) meetings and three to four joint meetings of SACHRP's subcommittees.

NATIONAL VACCINE PROGRAM OFFICE

Budget Summary
(Dollars in Thousands)

National Vaccine Program Office	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	6,400	6,388	6,400	+12
FTE	17	17	17	0

Authorizing Legislation:.....Title XXI of the Public Health Service Act
FY 2018 Authorization.....Expired
Allocation Method.....Direct Federal; Contracts

Program Description and Accomplishments

In 1987, Congress created the National Vaccine Program Office (NVPO) to provide policy leadership and coordination on vaccine and immunization-related activities among federal agencies and non-federal stakeholders (state and local government, non-governmental health groups, healthcare providers, health insurers, vaccine manufacturers and the public). NVPO also advances Departmental priorities on disease prevention – in this case by promoting health and wellness through immunization and optimization of the vaccine and immunization enterprise in the United States to accomplish that goal (HHS Strategic Objective 3E). This work is critical as it contributes to the control and potential elimination of vaccine-preventable diseases and the development of vaccines against infectious diseases that have the potential to be effectively and safely prevented by immunization. Moreover, it improves the lives of many – by reducing premature deaths, preventing illnesses, hospitalizations, and the long-term consequences of vaccine-preventable diseases, as well as curtailing lost work and school days in the United States and around the world – and contributes to the nation's productivity.

NVPO leads the coordination of federal immunization activities to ensure they are carried out in an efficient and consistent manner and also works with non-federal stakeholders—domestic and international -- to achieve the goals outlined in the 2010 National Vaccine Plan, that provides the framework—goals, objectives, and strategies—for pursuing the prevention of infectious diseases through immunizations. This includes federal government efforts towards vaccine research and development, vaccine safety, immunization coverage, supply, financing, education and communications, and global vaccine and immunization initiatives. NVPO also works with non-federal partners to develop and implement strategies for achieving the highest reasonably possible level of prevention of vaccine-preventable diseases and adverse reactions to vaccines. NVPO ensures coordination by taking a cross-cutting view to identify and bridge research gaps in immunization activities through various projects.

National Vaccine Advisory Committee (NVAC)

NVPO serves as Executive Secretariat for NVAC, which advises and makes vaccine-related recommendations to the Assistant Secretary for Health. NVAC meets a minimum of three times per year and is supported by NVPO. NVAC efforts have focused on identifying strategies and recommendations for helping HHS achieve the goals in the National Vaccine Plan and the Department's Healthy People 2020 goals. Currently, the NVAC is developing recommendations on how vaccines can help reduce use of antibiotics and, thus, reduce antibiotic resistance in bacteria. In 2017, NVAC also finalized recommendations on the NVPO Mid-Course Review of the National Vaccine Plan.

The Mid-Course Review of the National Vaccine Plan

The 2010 National Vaccine Plan (NVP) is a visionary document that set a 10-year horizon for an optimized immunization system. The NVP's framework leverages 5 overarching goals (1-Vaccine Research and Development, 2-Vaccine Safety, 3-Communication and Education for Improved Decision-Making, 4-Ensuring a Stable Supply of, access to, and better use of recommended vaccines in the United States, and 5- Increasing global prevention of death and disease through safe and effective vaccination). Acknowledging the rapidly changing landscape, the NVP called for a mid-course review to determine if the priorities set in 2010 NVP should be adjusted to meet current opportunities, needs and challenges of the vaccine and immunization system. In FY 2016, NVPO released the Mid-course Review of the 2010 National Vaccine Plan report (MCR-NVP), a report that involved a highly collaborative effort across HHS agencies and key stakeholders. Report findings include top immunization system achievements since 2010, key opportunity areas primed for near-term success, and indicators that could provide a quantifiable way of tracking progress in the opportunity areas. MCR-NVP findings provide the critical structure for prioritizing future NVP goals and activities. The plan can be accessed at http://www.hhs.gov/nvpo/vacc_plan/annual-report-2014/nvp-2014.html.

Adult Immunization

Reducing vaccine-preventable diseases in adults is a national health priority. Adult vaccination coverage rates remain low for most routinely recommended vaccines, and fall well below Healthy People 2020 targets. NVPO led the development of the National Adult Immunization Plan (NAIP), the nation's first strategic plan focused on improving the use of vaccines by adults, which identifies priority areas for program efforts (1-Strengthen the Adult Immunization Infrastructure, 2-Improve Access to Adult Vaccines, 3-Increase Community Demand for Adult Immunizations, and 4-Foster Innovation in Adult Vaccine Development and Vaccination Related Technologies) and established baselines and targets for performance indicators to measure progress over time.

In 2017, NVPO released a Path to Implementation for the NAIP which focusses the efforts of federal and non-federal partners in addressing the highest priority recommendations of the Plan. This plan operationalizes the NAIP and outlines discrete activities with measurable milestones to monitor progress on improving adult immunization. The plan also includes metrics and the priorities that will focus on areas that will have the greatest impact on improving adult immunization, such as improving the immunization information systems that are currently in use.

Since 2012, NVPO has been co-leading the National Adult and Influenza Immunization Summit with CDC and the Immunization Action Coalition (IAC). This summit is dedicated to addressing and resolving adult and influenza immunization issues and improving the use of vaccines recommended by CDC's Advisory Committee on Immunization Practices. The NAIIS consists of over 700 partners, representing more than 130 public and private organizations. NVPO supports each of the NAIIS working groups and leads the NAIIS quality and performance measure WG with the Indian Health Service and other non-federal partners. The work products developed last year include a much needed resource page of top questions on coding and billing issues for adult vaccinations that provides information on coding and billing, including resources to support providers in coding and billing for adult vaccines.

NVPO also leads the coordination of the Assistant Secretary for Health's Adult Immunization Task Force designed to support adult immunization activities and collaboration among our federal partners. NVPO executes portions of the adult immunization implementation plan in collaboration with the federal Adult Immunization Interagency Task Force.

NVPO also supports HHS Regional Health Offices by providing several fellows to provide evidence-based immunization projects in the regions as well as provide related expertise to help support the HHS Regional Health Administrators.

Quality and Performance Measurement
NVPO serves as the lead for quality and performance measurement, laying out a blueprint for prioritizing work on adult immunization, maternal immunization, and End-Stage-Renal-Disease. NVPO works closely with key stakeholders in the adult immunization community to come to consensus on these priorities, and is increasingly working with the Agency for Healthcare Research and Quality (AHRQ)/CMS Measures Policy Council and other groups in the interagency (Indian Health Service, HRSA, and CDC) in the development, testing, and potential adoption of measures into health plans.

Influenza Vaccinations: Flu Vaccination Mapping Tool and Improving Rates of Vaccination
In collaboration with CMS, NVPO developed a real-time influenza vaccination tracking and mapping resource for researchers, providers, and healthcare workers, to track influenza vaccination claim rates of Medicare beneficiaries. It includes information for every county and zip code in the United States and provides data to better understand patterns of utilization, disparities and other information about fee-for-service claims.

In 2017, NVPO made a number of technical and security improvements to the site, including putting it into the new HHS template, creating improved mobile experiences for users, updating the base layer of the map to improve the zooming function and the look and feel of the map, and improving the ingestion of the data to enhance to decrease the data load time for users on the site. Additionally, NVPO plans to work with the Regional Health Offices to create ten projects, utilizing this map to look at low uptake rates and perform interventions to improve uptake in the county or regional area. The flu map can be accessed at http://www.hhs.gov/nvpo/flu-vaccination-map/index.html.

HPV Vaccination
In the National Cancer Institute's President's Cancer Panel's report, "Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer," a call to action to enable vaccines to achieve their full potential to prevent HPV-associated cancers was made. CDC's most recent (2015) estimates underscore the disappointment and lack of progress almost a decade since an HPV vaccine was licensed by the FDA: only 62.8% of girls aged 13-17 received an initial dose of HPV vaccine, and 41.9% had completed the three dose series. For boys, who were not initially indicated to receive the vaccine in the HPV vaccine recommendation from the Advisory Committee on immunization Practices (ACIP), 49.8% received an initial dose and only 28.1% received the full series. The report highlighted the many missed opportunities to vaccinate during existing health care visits. In addition, the failure of clinicians to provide authoritative, evidence-based recommendations for their patients has also contributed to these missed opportunities.

Charged by the Assistant Secretary for Health to review the current state of HPV immunization to understand the root cause(s) for the observed low vaccine uptake and to identify existing best practices, the NVAC approved its report and recommendations at its June 2015 meeting. The report highlights the importance of endorsing the Cancel Panel's report and monitoring the uptake of those recommendations. In response to the NVAC recommendations, the President's Cancer Panel's report, and the recent ACIP recommendation for use of a 2-dose schedule for girls and boys ages 9 through 14 years, NVPO is currently working with other stakeholders to coordinate federal efforts to increase HPV vaccine uptake.

Prioritizing Vaccine Development: SMART Vaccines Software Tool
As one of the priority goals of the NVP is to prioritize vaccine research and development, and develop new and improved vaccines, NVPO initiated and supported a multi-phase study by the Institute of Medicine (IOM), now called the National Academies of Sciences, Engineering, and Medicine and the Fogarty International Center at NIH. This work resulted in the development of the Strategic Multi-Attribute Ranking Tool, or SMART Vaccines, a decision-support software tool that is publically available can be downloaded for free. The SMART Vaccines tool ranks vaccines in order of priority taking into consideration the most important attributes needed for a potential life-saving preventive intervention. The software tool is currently in its testing phase.

Coordination of Immunization Safety Research and Monitoring
NVPO leads a number of activities to enhance research in vaccine safety in support of goal 2 of the NVP that a) determines the safety profile of new vaccines during the early development stage; b) develops or modifies existing vaccines to improve their safety; c) directly impacts the current vaccine safety monitoring system; and, d) produces consensus definitions of vaccine safety outcomes that could be utilized to collect consensus data in clinical research conducted globally. Given recent evidence that supports the use of selected vaccines in pregnancy for the benefit of the mother and/or her newborn monitoring maternal immunization safety has emerged as a program priority. There is particular interest in efforts related to researching, establishing or assessing the vaccine safety profile of vaccines that are either currently recommended for, or are expected to be, routinely administered to pregnant women and/or newborns. This research, combined with other efforts, has enabled NVPO and other stakeholders to accomplish a robust safety record for recommended vaccines.

NVPO continues to lead the cross-government Federal Immunization Safety Task Force (ISTF). Led by the Assistant Secretary for Health, the Task Force includes HHS OPDIVs with assets in immunization safety along with Department of Veterans Affairs and Department of Defense. It is charged with ensuring that all federal assets relevant to immunization safety are coordinated and synergies identified, coordinating vaccine safety strategic planning, including the development of a vaccine safety scientific agenda, and ensuring a coordinated response to emerging immunization safety issues.

NVPO also supports innovative and original vaccine safety research that promotes innovation in the field. NVPO collaborates with vaccine safety experts through the Immunization Safety Task Force, and identifies vaccine safety innovation research that is addressed through the development of a Cooperative Agreement funding opportunity. NVPO recently collaborated with academic non-federal researchers addressing the need to improve vaccine uptake (especially HPV, or Human Papilloma Virus) in adolescents, and creating a comprehensive database to further confirm the safety of maternal immunizations.

In the wake of a Zika epidemic, NVPO initiated the development of collaboration between NVPO, the Biomedical Advanced Research and Development Authority (BARDA) and the Food and Drug Administration (FDA), after highlighting the need to better understand retroactively, causal associations between pregnancy exposures and birth defects (namely microcephaly) among other outcomes. NVPO leads the team of subject matter experts and the contract with the Slone Birth Defect Center at Boston University, one of the oldest birth defect databases in the country.

Vaccine Communication
NVPO works with HHS OPDIVs and STAFFDIVs to ensure that communication strategies and tactics are coordinated and leveraged to the fullest extent possible. Key activities include operating vaccines.gov in

English and Spanish, supporting short-term and long-term public education activities, establishing and maintaining strong working relationships with communications staff from across the Department, conducting research and developing messages to enhance informed vaccine decision-making and improve confidence in vaccines, and providing strategic counsel to senior leaders. NVPO develops a number of vaccine communication materials that aid in building a common understanding of emerging issues, work being done in the field and best practices, including developing a comprehensive annual report that highlights work throughout the department as well as outside of HHS and the government. NVPO also worked to relaunch the NVPO website into the new HHS template to improve its functionality and ability to be utilized on mobile devices.

In FY 2016, NVPO implemented a new branding program to increase recognition and improve office perceptions and convey a uniform quality, credibility, and experience. NVPO is also working to expand stakeholder management activities and, as part of this will be creating an awards program, called the Upshot Awards and a coordinated webinar series, with the same name—the Upshot Webinar Series. The award program will support the achievement of the National Vaccine Plan goals. The program will recognize leading efforts among individuals and organizations that are advancing the entire vaccine system through the goals of the NVP. NVPO will provide five awards – one for each of the NVP goals. Likewise, this webinar series will raise awareness of the NVP goals and the latest research, policy, and programs working to optimize the vaccine system among NVPO's federal and non-federal stakeholders.

Improving Confidence in Vaccines

NVPO also devoted a number of resources to the development of the vaccine confidence strategy that tied to NVP, MCR-NVP, and the National Vaccine Advisory Committee (NVAC) report on the subject. This strategy utilizes existing efforts in this field and calls for the development of research-driven communication approaches, based on ongoing research. NVPO launched a multi-disciplinary group of researchers, communicators and public health officials with expertise in this area to further the goals of the strategy, share information, and develop the network needed for coordinated approaches. In FY 2016, it awarded the first NVPO cooperative agreement on vaccine confidence to Emory University. The research project titled "Transforming Vaccine Hesitancy into Confidence—Research to Address Parents' Vaccine Decision-Making and Inform Development of Novel Immunization Communication Education Strategies" started in July of 2016. Key research activities included development of a measurement system that could be widely implemented, for assessing parental confidence in childhood immunization.

Behavioral Insights: Designing and Evaluating Tactics to Improve Vaccination Coverage

NVPO continues to partner with CDC, GSA and others as appropriate to design and evaluate the relative effectiveness of different tactics aimed at increasing uptake of HPV and adult vaccines. These communication and education projects will develop and rigorously evaluate program changes, based on proven insights about how people access, process, and act on information.

Health Information Technology and Immunizations

Immunization Information Systems (IIS), or immunization registries, are critical tools to improve uptake and tracking of adult immunization as well as supporting multiple goals and objectives in the National Vaccine Plan, the 2016 Mid-Course Review of the NVP, and the National Adult Immunization Plan. Collaborating with the Office of the National Coordinator for Health Information Technology (ONC), NVPO requested that HHS partners and others focus on the functionality and use of IIS to enhance provider and consumer access of complete immunization records, thereby inform decision-making of vaccine recommendations and improve quality of care. Based on an established model of inter-jurisdictional data exchange among several states, NVPO has teamed with CDC, ONC, and non-federal

partners such as the Association of State & Territorial Health Officials (ASTHO) to facilitate and address implementation barriers.

Vaccine Financing

NVPO continues seek better ways to understand and eliminate financial barriers to patients and different types of providers. NVPO supports health services research to better understand the business case for providing vaccination including the role of vaccine purchasing groups in supporting procurement of vaccine and understanding the full costs of vaccination (i.e., clinical costs of providing vaccinations and overhead costs associated with storage and management of vaccinations) which are frequently unknown. Vaccination payment is also poorly understood because of varying negotiated rates from public and private payers. Such health services research can better inform the understanding around barriers to vaccination provision and potential policies to encourage vaccination provision. NVPO also coordinates with interagency and external partners on vaccine financing and its implications for access and vaccine coverage rates.

In April 2016, NVPO co-hosted the *3rd Immunization Congress: Financing across the Lifespan*, to continue previous discussion addressing financial barriers to immunization. This event identified a number of financial barriers – to parents and providers—that impede full uptake of recommended vaccinations. More importantly, the group identified several short-term solutions and sustainable system changes to challenge these gaps and their broader implementation is currently being explored.

Funding History

Fiscal Year	Amount
FY 2013	$6,659,000
FY 2014	$6,659,000
FY 2015	$6,400,000
FY 2016	$6,400,000
FY 2017 Annualized CR	$6,388,000

Budget Request

The FY 2018 President's Budget Request for the National Vaccine Program Office of $6,400,000 represents a $12,000 increase over the FY 2017 annualized CR level of $6,388,000. The FY 2018 request will absorb inflationary costs and continue to maximize the impact of vaccines on the health of the United States population, examine evidence-based practices relating to prevention with a particular focus on high-priority areas as identified in the National Prevention Strategy and Healthy People 2020, translate interventions from academic settings to real world settings, and meet the objectives of the HHS Strategic Plan to reduce the occurrence of infectious diseases, which include vaccine-preventable diseases.

In FY 2018, NVPO's planned activities include projects to improve uptake of flu vaccine, improve uptake of all ACIP recommended vaccinations in adults, increase coverage rates of HPV vaccination among adolescents and young adults, increase efforts to strengthen the infrastructure of IIS, create opportunities to expand vaccine innovation efforts, reduce racial and ethnic disparities in immunization coverage rates, and a variety of vaccine financing research and vaccine confidence projects.

To further address low adult immunization rates, NVPO will continue the implementation of the National Adult Immunization Plan during this fiscal year.

NVPO will lead the following initiatives/projects in FY 2018:

- **Adult Immunization**: NVPO will continue significant efforts to advance adult immunization by operationalizing the NAIP, working with the AITF and the NAIIS. NVPO continues to support health services research and supporting a better understanding of barriers to adult immunization. Moreover, NVPO leads work in quality and performance measures supporting two significant measures to test a maternal immunization and adult composite measure. In collaboration with the federal interagency, particularly CMS, CDC, and HRSA, NVPO continues to lead the department's efforts in adult immunization. NVPO also collaborates with a number of partners, including OPM, VA, CDC, and HRSA to develop and test the feasibility of a maternal immunization composite measure and an adult immunization composite measure for use.
- **Vaccines.gov**: Reaching more than 3 million users annually, Vaccines.gov is a comprehensive HHS website devoted to vaccines and immunizations for consumers. This provides an important audience with clear, easy to access information from a variety of government sources. The site provides consumers and stakeholders with one place to obtain information about the development, testing, licensing, supply, and safety of vaccines, as well as information about the risks and benefits of immunizations. Launched in 2011, the website needs a refresh to enhance usability, navigation, labeling, and the look and feel. Creating a more streamlined, responsive interface may include elements like a branching survey tool to direct users to content more efficiently from the homepage and/or using smart search as a prominent focal point on the homepage. NVPO also plans to conduct a thorough content audit of the site and refresh a number of pages this year, as well as, implement some technological changes to improve the user experience in using the website.
- **NVPO Website:** NVPO continues to produce information for our stakeholders on the HHS website, consistent with previous activities, and will include build outs for the webinar and awards series as well as midcourse review information and adult immunization content.
- **Behavioral Insight Initiative**: NVPO will continue to partner with CDC, GSA and others as appropriate to develop and evaluate vaccine-focused behavioral insight projects aimed to increase HPV vaccination and adult immunization rates. These communication and education projects will use experimental field research methods to assess the impact of an interventions.
- **Seasonal Flu Communication Strategy**: As part of the interagency Adult Immunization Task Force, and in partnership with other vaccine communicators across the government, NVPO will help to coordinate a seasonal flu communications strategy to ensure consistent messaging and reduce redundancies in efforts.
- **Vaccines Finder**: NVPO will continue to support technical enhancements and upgrades to the Health Map Vaccine Finder throughout the year to ensure the website remains consumer friendly. This initiative will also assist with recruiting new providers, coordinate the participating provider data, and ensure providers regularly update information in the tool. Additionally, the online vaccine recommendation quiz will be updated to reflect new recommendations for adult immunizations. This will ensure that the most current information is available to adults who use the tool to seek vaccination information and providers. NVPO is working with CDC to ensure that the Vaccine Finder tool remains available to all and that necessary enhancements to the systems to ensure accurate information are realized -- part of the infrastructure to enhance adult immunization uptake.
- **Vaccine Confidence**: In support of the NVAC recommendations on improving vaccine confidence, NVPO developed a vaccine confidence strategy to improve the measurement and tracking of vaccine confidence. NVPO plans to assist in the creation of a new index, conduct a

survey to assess adult confidence in vaccines, hold a collaborative meeting with relevant stakeholders and researchers, and develop an online media listening tool to improve its ability to quickly adjust to changing perceptions in vaccine confidence. NVPO also plans to develop communication materials, messages and strategies to address misperceptions about vaccines and the recommended schedule, testing materials, developing evidence-based toolkits for providers, and creating policy strategies to address the issue. It also plans to continue to support the existing vaccine confidence cooperative agreement let another cooperative agreement.

- **Behavioral Economics Research Projects**: NVPO has been collaborating with GSA to develop a number of research projects to improve vaccine coverage. So far it has delivered a number of presentations to stakeholders, drafted 3 policy briefs, suggested 8 program changes, and discussed potential implementation projects with 8 partners.
- **Health IT Improvement:** Advances in Health IT promise to play an important role in our ability to conduct active surveillance, share data and improve coordination to significantly improve vaccination rates, especially in adults. NVPO will continue to support efforts toward inter-jurisdictional IIS data exchange. It also plans to collaborate with both federal and non-federal stakeholders, including ONC and Federal Occupational Health (FOH), to address existing issues with bidirectional data exchange of immunization data. NVPO also convenes the federal and non-federal IIS partners periodically to review progress on a broad range of issues affecting IIS implementation and effectiveness.
- **Flu Vaccination Claims Map**: NVPO and CMS partnered to create an online mapping tool, which tracks Medicare beneficiary flu vaccination coverage and disparities in real-time at the county and zip code levels using the Medicare fee-for-service claims database. It provides community health workers and other researchers with flu vaccination claim data throughout the flu season to inform their programs and decisions regarding coverage and utilization of vaccines of Medicare for Medicare fee-for-service beneficiaries. This tool has been well received by state and county organizations, as well as our federal partners. NVPO plans to continue this in FY 2018, with the goal of finding a partner to take on this project.
- **Global Coordination:** NVPO plans to support the national coordination of global vaccination efforts, especially as they related to the health of Americans. Improving the well-being of those within our country must be done within a global context, taking into account both the threats and the opportunities that it finds beyond the borders of the United States.

OFFICE OF ADOLESCENT HEALTH

Budget Summary

(Dollars in Thousands)

Office of Adolescent Health	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	1,442	1,439	1,442	+3
FTE	4	4	4	0

Authorizing Legislation: ……..Section 1708 of the Public Health Service Act
FY 2018 Authorization……..……Expired
Allocation Method……..Direct Federal, Competitive Grants, Contracts

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is responsible for coordinating the activities of the Department with respect to adolescent health, including program design and support, evaluation, trend monitoring and analysis, research projects, training of healthcare professionals, and national planning. OAH is charged with carrying out demonstration projects to improve adolescent health as well as implementing and disseminating information on adolescent health. OAH coordinates with other HHS agencies to reduce the health risk exposure and risk behaviors among adolescents, placing particular emphasis on the most vulnerable populations (i.e., those in low socio-economic areas and areas where adolescents are likely to be exposed to emotional and behavioral stress).

OAH's Strategic Plan for FY 2016 – 2021 identifies strategic priorities to improve the health and healthy development of America's adolescents. OAH leads the HHS Adolescent Health work group, which brings together representatives from across the Department to strategically plan across adolescent health and related programs.

OAH also administers the Teen Pregnancy Prevention (TPP) discretionary grant program and the Pregnancy Assistance Fund (PAF), which supports competitive grants to States and Tribes to support expectant and parenting teens, women, fathers, and their families.

OAH is engaging national partners from health care, public health, education, community and out-of-school time programs, faith-based groups, and the social services sector, in efforts to put adolescent health firmly on the nation's agenda, to prevent risky behavior and disease, and to promote health. In 2015, OAH announced its call to action, Adolescent Health: Think, Act, Grow® (TAG), which provides a framework for youth-serving professionals and organizations to support young people during a time of life when there is rapid change and growth, and many opportunities for prevention and healthy development are missed. Since TAG was launched, more than 200 organizations have attended OAH-sponsored meetings related to TAG, 11 organizations have co-presented with OAH at professional conferences, more than 50 organizations have met with OAH to discuss partnerships and collaboration opportunities, 43 organizations have explicitly committed to supporting TAG, and more than 65 successful program strategies and resource materials have been posted on the OAH website. OAH will continue to work with national partners, youth-serving professionals, and families to provide tools and resources on its website and through multiple communications and dissemination channels.

Funding History

Fiscal Year	Amount
FY 2013	$1,070,000
FY 2014	$1,500,000
FY 2015	$1,442,000
FY 2016	$1,442,000
FY 2017 Annualized CR	$1,439,000

Budget Request

The FY 2018 President's Budget request for the Office of Adolescent Health of $1,442,000 represents a $3,000 increase over the FY 2017 annualized CR level of $1,439,000. The FY 2018 request will absorb inflationary costs and maintain program operations to reduce the health risk exposure and risk behaviors among adolescents and coordinate program efforts with key government and non-government stakeholders.

PUBLIC HEALTH REPORTS

Budget Summary

(Dollars in Thousands)

Public Health Reports	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	467	466	467	+1
FTE	2	2	2	0

Authorizing Legislation……Title III of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal, contracts

Program Description and Accomplishments

Public Health Reports (PHR) is the official journal of the U.S. Surgeon General and the U.S. Public Health Service. It is the only general public health journal in the federal government and it has been published since 1878. It is the only government peer-reviewed journal in the field of general public health. The journal is published through an official agreement with the Associations of Schools and Programs of Public Health (ASPPH). In 2016, the journal modernized by becoming one of the journals published by SAGE Publications, Inc., one of the largest scholarly publishing houses in the world, through an agreement with ASPPH.

The journal's audience is mainly public health practitioners, researchers, scholars, and policy makers in state, territorial, local, and tribal health departments, federal departments and agencies, universities, and industry. Each year, the journal publishes six regular bimonthly issues and three or four supplement issues; all are published electronically and in print and are widely distributed through several scholarly channels. The entire set of *PHR* journal articles from 1878 has been digitized and is available at: http://www.ncbi.nlm.nih.gov/pmc/journals/333/. PHR's impact factor is 1.737.

The journal's mission is to improve the health and well-being of Americans by speeding up the movement of science into public health policy and practice, by publishing scholarly manuscripts that will advance public health policy and practice, and by publishing evaluations of effective public health programs that will help them to be replicated in the field. Over the last two years, PHR has followed a proactive approach to publishing guidelines and policy perspectives from of the Department of Health and Human Services (HHS) and the Office of the Assistant Secretary for Health (OASH), including the Recommendations from the National Vaccine Advisory Committee, U.S. PHS Recommendations for Fluoride Concentration in Drinking Water, the HHS Oral Health Strategic Framework, and perspectives from the Surgeon General and leaders of OASH/HHS offices on major public health topics.

Each supplement issue focuses on a special topic in public health. In collaboration with the journal's publisher ASPPH, PHR also holds at three to six national webinars per year on current topics covered in the journal.

Funding History

Fiscal Year	Amount
FY 2013	$486,000
FY 2014	$486,000
FY 2015	$467,000
FY 2016	$467,000
FY 2017 Annualized CR	$466,000

Budget Request

The FY 2018 President's Budget request for Public Health Reports of $467,000 represents a $1,000 increase over the FY 2017 Annualized CR level of $466,000. The request for *Public Health Reports* will maintain program operations and will support the publication of six regular issues, plus supplements and/or special issues. In addition, the request supports the production of six science-based webcasts.

TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

Teen Pregnancy Prevention	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	101,000	100,808	0	-100,808
FTE	16	16	0	-16

Authorizing Legislation: ……Division H, Title II of the Consolidated Appropriations Act, 2016
FY 2018 Authorization……Indefinite
Allocation Method……Direct federal, Contract, Grants

Program Description and Accomplishments

The Teen Pregnancy Prevention (TPP) program is a discretionary grant program to support evidence-based and innovative approaches to teen pregnancy prevention. It is administered by the Office of Adolescent Health (OAH) within the Office of the Assistant Secretary for Health. OAH leads coordination of program activities focused on adolescent health among the Department of Health and Human Services (HHS) offices and operating divisions.

OAH provides ongoing training and technical assistance to its TPP grantees to ensure programming and evaluation. In FY 2016, OAH funded five organizations to provide capacity building assistance to its TPP grantees in five priority areas including: program implementation, community mobilization and sustainability, safe and supportive environments, linkages and referrals to youth-friendly health care services, and communication and dissemination.

Funding History

Fiscal Year	Amount
FY 2013	$98,366,000
FY 2014	$100,762,000
FY 2015	$101,000,000
FY 2016	$101,000,000
FY 2017 Annualized CR	$100,808,000

Budget Request

The FY 2018 President's Budget request is $0.00, a decrease of $100,808,000 from the FY 2017 Annualized CR. The Budget eliminates the TPP program. The teenage pregnancy rate has declined significantly over recent years, but it does not appear this program has been a major driver in that reduction.

Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target
9.1 Number of youth served by the TPP Program	FY 2016: 65,788 Target: 40,000 (Target Exceeded)	240,000
9.2 Number of TPP Program formal or informal partners	FY 2016: 2,419 Target: 1,800 (Target Exceeded)	1,800
9.3 Number of Intervention Facilitators provided new or follow-up training	FY 2016: 2,057 Target: 3,700 (Target Not Met)	3,700
9.4 Percent of youth receiving at least 75% of available TPP programming	FY 2016: 88% Target: 80% (Target Exceeded)	80%
9.5 Mean percentage of the evidence-based model being implemented as intended	FY 2016: 92% Target: 95% (Target Not Met)	95%

OFFICE OF MINORITY HEALTH

Budget Summary

(Dollars in Thousands)

Office of Minority Health	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	56,670	56,562	56,562	0
FTE	57	57	57	0

Authorizing Legislation……..……Title XVII, Section 1707 of the PHS Act
FY 2018 Authorization……..……P.L. 111-148; Expires 2016
Allocation Method……..Direct federal, Competitive Grant and Cooperative Agreement, Contract

Program Description and Accomplishments

The Office of Minority Health (OMH) was created in 1986 as one of the most significant outcomes of the 1985 *Secretary's Task Force Report on Black and Minority Health*. OMH was subsequently established in statute by the Disadvantaged Minority Health Improvement Act of 1990 (PL 101-527), re-authorized under the Health Professions Education Partnerships Act of 1998 (PL 105-392), and most recently re-authorized under the Affordable Care Act of 2010 (PL 111-148). OMH's statutory authority requires that OMH work to improve the health of racial and ethnic minority groups including through: coordination of the Department's work in this area; supporting research, demonstrations and evaluations to test new and innovative models; increasing knowledge, information dissemination, education, prevention and service delivery to individuals from disadvantaged backgrounds; entering into contracts to increase access to primary health services providers for individuals who lack proficiency in English; and supporting a national minority health recourse center.

OMH Mission and Vision

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

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

OMH Strategic Priorities

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

- Support initiatives and programs that provide access to quality health care;
- Lead implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities; and
- Coordinate the National Partnership for Action to End Health Disparities.

OMH plays a critical role in supporting and implementing initiatives and programs that provide access to quality health care, address health disparities, and improve equity. Racial and ethnic minorities have the highest rates of being uninsured, are less likely to receive preventive care, have higher rates of many

chronic conditions, have fewer treatment options, and are less likely to receive quality health care. Educational outreach serves to raise the awareness of minority and underserved populations about health care and to support increased enrollment of underserved populations in health plans. OMH collaborates with strategic partners and stakeholders to increase the understanding of health plans, benefits, and eligibility as well as increase access to Health Insurance Marketplace enrollment services for racial and ethnic minorities and underserved populations.

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

FY 2017 Key Accomplishments

OMH promotes integrated approaches, evidence-based programs, and best practices to reduce health disparities. FY 2017 accomplishments are organized by the HHS FY2014-2018 Strategic Goals (although many support multiple goals), illustrating OMH's commitment to enhancing and assessing the impact of all policies and programs on racial and ethnic health disparities.

Strategic Goal 1: Strengthen Health Care

Key accomplishments in FY 2017 include:

- OMH's **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** supported:
  - Continued monitoring and promotion of the e-learning programs in the Think Cultural Health website (disaster preparedness and crisis response personnel, nurses, oral health professionals, physicians, and *promotores de salud*). Approximately 47,300 new participants registered and participants were awarded approximately 259,000 continuing education credits and participation statements towards their continuing education licensure requirements.
  - Began development of a new e-learning program for behavioral health professionals, including holding focus groups, convening an advisory committee, drafting curriculum content, and creating a test website.
- OMH furthered the adoption, implementation, and evaluation of the **National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)** by:
  - Establishing six evaluation and data projects to assess awareness, adoption, and implementation of the National CLAS Standards among diverse stakeholders.
  - Implementing training activities for the U.S. Public Health Service Commissioned Corps personnel on culturally and linguistically appropriate services, using the National CLAS Standards.

Strategic Goal 2: Advance Scientific Knowledge and Innovation

Key accomplishments in FY 2017 include:

- A partnership between OMH and the National Center for Health Statistics (NCHS) for a Native Hawaiian and Pacific Islander (NHPI) National Health Interview Survey (NHIS) project to address the persistent lack of data for this small and hard to reach population. Data from this project were released in March 2017.
- Coordination and support for the **HHS American Indian and Alaska Native (AI/AN) Health Research Advisory Council (HRAC)**, which include:
  - Outreach at the National Indian Health Board Conference and with the American Indian Science and Engineering Society to seek input from tribes and tribal leaders on key research priorities and concerns at the community level;
  - Development of an Annual Health Research Report that includes summaries of various HHS research projects focusing on AI/ANs and used as a resource to share research findings, topics, and available federal programs with tribes.

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

Key accomplishments in FY 2017 include:

- Development and presentation of Zika education and awareness information to the public in both English and Spanish, including:
  - OMH web pages on Zika that are linked to all federal and state resources on Zika, which received over 10,000 hits;
  - a Zika community event in Puerto Rico in which public health leaders and community based organizations shared best practices for public awareness, prevention and treatment; and
- Reissue of Pocket Guide to Minority Health Resources in observance of the 30th Anniversary of OMH (in print and online);
- Various activities through OMH's Resource Center (OMHRC) (OMH is statutorily mandated to support a national minority health resource center):

The National Partnership for Action to End Health Disparities (NPA):

- The **Federal Interagency Health Equity Team (FIHET)**, comprised of 11 different federal agencies plus 18 HHS StaffDivs and OpDivs:
  - Published a Compendium of Publicly Available Datasets and Other Data-Related Resources, a free resource of publicly available data relevant to research and programs aiming to reduce health disparities. It compiles descriptions of and links to 132 public datasets and resources that include information about health conditions and other factors that impact the health of minority populations.
  - Held a series of webinars as part of its "Equity in All Policies" series, featuring innovative state and local programs nationwide that participants can adapt for their own states and communities. Participants included practitioners at all levels of government, as well as non-profit, academia and community- and faith-based organizations.
- The **Regional Health Equity Councils (RHEC)**:
  - Developed formal partnerships with external organizations to expand the RHECs' reach. For example, RHEC I secured external funding which allowed it to develop and present on Community Health Workers (CHWs) at the American Public Health Association (APHA) annual meeting. RHEC III partnered with Norfolk State University to hold a listening tour so community members could actively discuss with RHEC III ways to collaborate and move regional health equity work forward.

  - Developed regional blueprints for action and health equity report cards that highlight key health disparities issues affecting populations across several regions.
- Through its **Youth Health Equity Model of Practice (YHEMOP)** program:
  - Established two 2017 cohorts - a small (5 fellows) test group for Spring and a larger (anticipated 32 fellows) Summer cohort. Fellows are matched to health equity projects in organizations nationwide including federal agencies, Regional Health Equity Councils, professional associations, and academic institutions. More than 800 applications from undergraduate and graduate students were received for the Summer cohort.

Strategic Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs
OMH supports this goal by maintaining and strengthening OMH's internal performance improvement and management system and evaluating implementation of the HHS Disparities Action Plan and the National CLAS Standards. Key accomplishments in FY 2017 include:

- OMH's **Performance Improvement and Management System (PIMS)**
- OMH's leadership of implementation of the **HHS Disparities Action Plan** included:
  - Evaluation of health disparity impact statements for policies and programs.
  - Evaluation and assessment of the development of a multifaceted health disparities data collection strategy across HHS, as outlined in the HHS Disparities Action Plan.
  - Initial development of a framework for the long-term evaluation of National CLAS Standards. OMH continued implementation in 2017 of an evaluation project to systematically describe and examine the awareness, knowledge, adoption, and implementation of the National CLAS Standards.
- OMH's coordination of the **NPA** included:
  - Developed the second comprehensive NPA evaluation report and is using the information to identify accomplishments and make adjustments in NPA implementation to maximize impact.

Funding History

Fiscal Year	Amount
FY 2013	$39,533,000
FY 2014	$56,516,000
FY 2015	$56,670,000
FY 2016	$56,670,000
FY 2017 Annualized CR	$56,562,000

Budget Request

The FY 2018 President's Budget request of $56,562,000 is flat with the FY 2017 annualized CR level. The FY 2018 request enables OMH to continue to provide leadership in coordinating policies, programs, and resources to support implementation and monitoring of both the HHS Disparities Action Plan and the NPA. OMH will continue coordination of HHS health disparity programs and activities; assessing policy and programmatic activities for health disparity implications; building awareness of issues impacting the health of racial and ethnic minorities; developing guidance and policy documents; collaborating and partnering with agencies within HHS, across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance.

Additionally, OMH will continue to serve in a critical leadership role within HHS in outreach and education of racial and ethnic minorities on access to quality health care through its many national, regional, state and territorial, tribal, and community-based partnerships and networks across the nation.

In FY 2018, OMH will continue to support program activities through leadership of workgroups and committees, grants, contracts, and strategic use of interagency agreements to achieve coordination of federal efforts related to health disparities such as:

- **American Indian/Alaska Native Health Equity Initiative (AI/AN HQI)** will support projects that enhance the capacity to assess and implement culturally and linguistically appropriate intervention models addressing complex trauma including behavior health needs (e.g., mental health issues and substance use disorders) of AI/AN populations. Tribes and other organizations will form collaborative partnerships and alliances to improve access to quality health and human services. OMH expects to fund five to seven grants, each for $275,000 - $350,000 per 12-month budget period, for a total of $2,000,000 per year, for a five-year period of performance, beginning FY 2017.
- **Communities Addressing Childhood Trauma (ACT)** is a multidisciplinary initiative to address unhealthy behaviors in minority youth, ages 5 to 15 years at the start of the five-year program, and provide them with opportunities to learn coping skills and gain experiences that contribute to more positive lifestyles and enhance their capacity to make healthier life choices. ACT grantees serve high-risk minority and disadvantaged youth or adolescents and their families living in communities with significant rates of violence, homicides, suicides, substance use and misuse, depressive episodes, and incarceration/legal detention.
- 2017, this program is expected to impact approximately 500 youths, adolescents or families from minority and disadvantaged populations through community-based, community-focused intervention programs. OMH awarded ACT grants that average $400,000 annually to seven community-based agencies, for a total of $2.8 million annually for a five-year period of performance, beginning FY 2016.
- The **Multiple Chronic Condition Management (MCCM)** is a new program for FY 2018 that will demonstrate the effectiveness of a client-centered, integrated health and social service network in improving management of multiple chronic conditions for the targeted racial and ethnic minority populations, leading to improved health outcomes for the targeted populations. It will also address the multi-levels of social determinants of health that contribute to increase multiple chronic conditions among racial and ethnic minorities. The MCCM will result in evidenced-based condition management and preventive health programs and services designed to meet the specific needs of minorities living with multiple chronic conditions.
- **Re-Entry Community Linkages (RE-LINK)** program aims to improve coordination and linkages among criminal justice, public health, social service and private entities to ensure health care access of the reentry population; reduce health disparities experienced by the reentry and justice-involved population; increased access to needed public health, behavioral health, health care coverage and/or social services; and reduced recidivism. In FY2018, RELINK program will provide services to approximately 300 individuals and supports eight grantee organizations with awards that range from $280,000 to $375,000 for a total of $2.8 million annually, for a five-year project period, beginning FY 2016.
- **National Lupus Outreach and Clinical Trial Education Program (Lupus Program)** seeks to reduce lupus related health disparities among racial and ethnic minority populations disproportionately affected by this disease by: (I) implementing a national health education program on lupus (Priority A); and (2) developing, piloting and assessing clinical trial education interventions for health care providers and paraprofessionals focusing on improving recruitment and retention rates in clinical

trials for minority populations affected by lupus (Priority B). OMH awarded four Priority A grants that range from $250,000 to $325,000 and two Priority B grants that range from $450,000 to $550,000, for a total of $2 million for a one-year project period beginning FY 2017. The Lupus Program grantees will reach approximately 1,200 persons affected by lupus and health care providers/paraprofessionals that serve racial and ethnic minorities living with lupus. OMH anticipates a similar one-year program to reduce lupus related health disparities in FY 2018.

- The **State Partnership Initiative (SPI) to Improve Health** supports State-level partnerships to improve health outcomes in one to three leading health indicator topics in selected geographical hotspots throughout the state or territory. The state agencies such as departments of health and state offices of minority health will produce: (1) health disparities report cards, (2) implementation plans, (3) updated health disparities report cards each year of the program showing progress, and (3) publish the results/articles. Funding ranges from $175,000 to $200,000 per award for a total of $4.2 million annually, for a five-year project period beginning FY 2015.
- The **National Workforce Diversity Pipeline (NWDP) Program** supports projects that develop innovative strategies to identify promising students in their first year in high school and provide them with a foundation to pursue a successful career in a health profession. It is anticipated the NWDP will expand the diversity of health professional pipelines. In FY 2017, it is expected this program will impact almost 5,000 minority youth. NWDP awards range from $260,000 to $500,000 for a total of $6.4 million each year, for a five-year project period beginning FY 2015.
- The **Partnership to Achieve Health Equity (Partnership)** program will demonstrate that partnerships between Federal agencies and national organizations can efficiently and effectively: 1) improve access to care for targeted racial and ethnic minority populations; 2) address social determinants of health to achieve health equity for targeted minority populations through projects of national significance; 3) reduce violence, among and against, minority youth populations; 4) increase the diversity of the health-related work force; and 5) increase the knowledge base and enhance data availability for health disparities and health equity activities. The Partnership program is expected to support up to 14 organizations with awards that range from $325,000 to $400,000 each for a total of $4.7 million annually for a five-year project period, beginning FY 2017. The Partnership program is expected to reach approximately 1,200 minorities and minority serving professionals.
- The **Office of Minority Health Resource Center (OMHRC)** will host webinars and virtual workshops in non-communicable diseases, HIV/AIDS and hepatitis to community based organizations (CBOs); provide capacity building to institutions of higher education including minority serving institutions and CBOs; create campaigns to support initiatives and programs that promote health equity and the NPA; increase the outreach of the Preconception Peer Health Educators (PPE) infant mortality prevention campaign; provide English and Spanish web sites for OMH; support the development of content and manage OMH social media portals; increase digital access to the Knowledge Center catalog; distribute electronic information and print publications; manage conference exhibits; and support other OMH and HHS initiatives.
- The **Implementation of the National Partnership for Action to End Health Disparities (NPA)** includes three contracts:
    - **Core Implementation** of the NPA includes monitoring and updating the implementation strategy for the NPA; supporting and sustaining implementation at the state, territorial, regional, national, and federal levels; coordinating and streamlining the implementation-related activities of OMH and the various contractors; documenting and sharing implementation successes, challenges, and lessons learned.
    - **Logistical** support is provided throughout the year in the form of telephone and webinar conference coordination for as well as logistical technical support for the Federal Interagency Health Equity Team (FIHET).

  - **Core Evaluation** support includes collecting, analyzing, and summarizing baseline data and initial follow-up data to explore indicators of immediate and intermediate outcomes.
- The **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** will increase the support, promotion, and evaluation of its cultural and linguistic competency e-learning programs for physicians, nurses, disaster preparedness and crisis response personnel, oral health professionals, and *promotores de salud* (community health workers) with updates, additional on-line resources, and marketing plans for each program. CLCCHC will also support the development of new cultural and linguistic competency e-learning programs and resources, including webinars, for other health professionals such as those in behavioral health professions; and will support the development of new educational and training resources for health professionals related to linking culturally and linguistically appropriate services (CLAS) and the *National CLAS Standards* to the NPA, and other health policies. CLCCHC will continue developing partnerships with strategic organizations such as the U.S. Public Health Service.

OMH - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target+/- FY 2017 Target
4.2.1 Increased percentage of continuing education credits earned or awarded to enrollees who complete at least one or more of OMH's accredited 'Think Cultural Health' e-learning programs (Output)	FY 2015: 53% Target: 20% (Target Exceeded)	30%	35% (over 2017 target) or 1,851,543 credits	+5% (+480,030 credits)
4.3.1 Increased average number of persons participating in OMH grant programs per $1 million in OMH grant support (Efficiency)	FY 2016: 35,210 Target: 12,928 (Target Exceeded)	13,715	14,126	+411
4.3.2 Increased average number of OMH grant program participants per $1 million in OMH grant support through partnerships established by grantees to implement funded interventions. (Efficiency)	FY 2016: 5,190 Target: 4,533 (Target Exceeded)	4,809	4,953	+144
4.4.1 Unique visitors to OMH-supported websites (Output)	FY 2016: 1.2 million Target: 600,000 (Target Exceeded)	650,000	750,000	+100,000
4.5.1 Increased percentage of State and Territorial Offices of Minority Health/Health Equity that have incorporated national disease prevention and health promotion (e.g., Healthy People 2020) and	FY 2015: 64% Target: 38% (Target Exceeded)	44%	47% (28/59)	+3%

health equity (e.g., National Partnership for Action to End Health Disparities) goals in their health disparities/ health equity planning processes. (Output)				
4.6.1: Increase the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners (Output)	FY 2016: 33% Target: 35% (Target Not Met)	37%	38%	+1%

Performance Analysis

4.2.1: Think Cultural Health (TCH) houses a suite of continuing education e-learning programs dedicated to advancing health equity at every point of contact. The focus is on increasing provider self-awareness and, over time, changed beliefs and attitudes that will translate into better health care. With the addition of new e-learning programs and resources for more health care and public health professionals and service providers and sustained focus on the promotion and adoption of the *National CLAS Standards*, OMH expects to see a 30% increase in the number of continuing education (CE) credits earned or awarded to enrollees who complete at least one or more of OMH's accredited Think Cultural Health e-learning programs in their respective fields.

4.3.1 and 4.3.2: OMH provides grant funds to State Offices of Minority Health, community and faith-based organizations, Tribes and tribal organizations, national organizations; and institutions of higher education. These grants play a critical role in supporting the HHS Disparities Action Plan and the Department's priority goal to eliminate health disparities and achieve health equity. In FY 2018, OMH will continue a number of grant programs and initiate new ones that address health disparities. OMH's new and recent grant programs are designed to intensify and concentrate efforts in reducing health disparities, and thus OMH expects to see a 1% increase in the average number of people participating in OMH grant programs per $1 million.

4.4.1: OMH's main website, www.minorityhealth.hhs.gov, is administered by the OMH Resource Center. The OMH Knowledge Center collection is database comprised of almost 60,000 documents and 62.7% of the content is digital. The database contains minority health and health disparities data and literature, resources for community- and faith-based organizations and institutions of higher education (including minority serving institutions), and information about OMH.

- The website supports community organizations and health disparities researchers in assembling accurate and comprehensive information and articles for use in program development and grant writing. The website serve as an information dissemination tool for the HHS Disparities Action Plan and the NPA (www.minorityhealth.hhs.gov/npa) and facilitates educational outreach to Black/African American, Hispanic/Latino, American Indian, Alaskan Native, Asian American, Native Hawaiian, and Pacific Islander communities. OMH expects to see at least 1,800,000 unique visitors to its main website in FY 2018. This increased number over its previously established target of 750,000 unique visitors reflects additional viewers brought in via OMH's burgeoning social media accounts on Twitter, Facebook and Instagram, and continual improvement of website content and features.

- The NPA toolkit, which is housed on the revamped NPA website (https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf) is aimed at helping community organizations, has been viewed 1.7 million times since it was unveiled. OMHRC keeps NPA partners connected through its web page, electronic newsletter, blog, and related media.

- Social Media has been a growing outlet for the dissemination of health information from OMH and its stakeholders. OMH has nearly 60,000 followers on the English Twitter handle with an extended outreach to over 1 million individuals and organizations. The OMH Facebook and Instagram pages are growing in followers.

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

4.6.1: OMH is charged with advising the Secretary and the Department on the effectiveness of community-based programs and policies impacting health disparities and to support research, demonstrations and evaluations to test new and innovative models. OMH funds demonstration grants to develop, test, and implement interventions to reduce health disparities. Results from these demonstration programs play a critical role in supporting the HHS Disparities Action Plan and the Department priority goal to eliminate health disparities and achieve health equity. Additionally, OMH is charged with ensuring on-the-ground implementation of initiatives and programs that provide access to quality health care and HHS Disparities Action Plan strategies. OMH expects to see a 1% increase in the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners per year. The expected performance of this measure is in line with the FY 2018 funding level.

Grants

Grants (whole dollars)	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget
Number of Awards	72	80	80 to 82
Average Award			$243,750
Range of Awards		$133,000 - $500,000	$175,000 – $550,000

Program Data Chart

Activity	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget
Contracts			
OMH Resource Center	3,500,000	3,980,464	3,980,464
Logistical Support Contract	1,800,000	1,800,000	1,800,000
National Partnership for Action to End Health Disparities	1,500,000	1,613,000	1,613,000

Center for Linguistic and Cultural Competency in Health Care	1,700,000	1,700,000	1,700,000
HHS Action Plan to Reduce Racial and Ethnic Health Disparities	600,000	600,000	600,000
Evaluation	900,000	900,000	900,000
Disparities Health Prevention	0	1,040,000	1,040,000
Subtotal, Contracts	**10,000,000**	**11,633,464**	**11,633,464**
Grants/Cooperative Agreements			
State Partnership Programs	3,000,000	4,152,285	4,152,285
American Indian/Alaska Native Partnership	1,200,000	2,000,000	2,000,000
Specified Project – Lupus	2,000,000	2,000,000	2,000,000
Minority Youth Violence Prevention (MYVP)	6,729,708	0	0
Partnership to Increase Coverage for Communities of Color Initiative (PICC)	3,500,000	0	0
Communities Addressing Childhood Trauma (ACT)	3,000,000	3,000,000	3,000,000
Re-entry Community Linkages (RE-LINK)[1]	2,000,000	2,000,000	2,000,000
Multiple Chronic Condition Management (MCC)	3,000,000	4,000,000	4,000,000
HIV/AIDS Initiative for Minority Men (AIMM)	2,249,814	0	0
National Workforce Diversity Pipeline Program (NWDP)	2,500,000	5,875,742	5,875,742
Partnership to Achieve Health Equity	0	4,000,000	4,000,000
Minority Youth Violence Prevention II: Social Determinants of Health Collaborative Network	0	2,000,000	2,000,000
Subtotal, Grants/Coop	**31,249,522**	**29,028,027**	**29,028,027**
Inter-Agency Agreements (IAAs)	**500,000**	**1,500,000**	**1,500,000**
Operating Costs	**14,920,478**	**14,508,509**	**14,508,509**
Total	**56,670,000**	**56,670,000**	**56,670,000**

[1] Formerly titled, Re-entering Citizens Community Linkages

OFFICE ON WOMEN'S HEALTH

Budget Summary

(Dollars in Thousands)

Office on Women's Health	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	32,140	32,079	32,140	+61
FTE	43	43	43	0

Authorizing Legislation:……Title II Section 229 of the PHS Act
FY 2017 Authorization……Indefinite
Allocation Method……Direct Federal, Competitive Grants, Contracts

Program Description and Accomplishments

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

Impact National Health Policy as it Relates to Women and Girls

OWH coordinates health policy, leads and administers committees, and participates in government-wide policy efforts.

- HHS Coordinating Committee on Women's Health, chaired by OWH, advises the Assistant Secretary for Health on current and planned activities across HHS that safeguard and improve the health of women and girls. Accomplishments in FY 2016 include:
    - Co-sponsored blogs with women's health leaders across the Department including OMH, CDC, OSG, FDA and NIH.
    - Coordinated with the various partner agencies on educational presentations around: ACA requirements around women, the Zika virus, Updated breast cancer screening guidelines by the US Preventive Services Task Force, Disaster Preparedness for Pregnant Women, and Rides to Wellness presented by the Department of Transportation.
- HHS Violence Against Women (VAW) Steering Committee (VAW-SC) works collaboratively on issues involving violence against women and girls. OWH and the Family Violence Prevention and Services Program within the Administration for Children and Families, chair the committee, which works strategically to improve awareness, increase collaboration, and advance evidence-based programs and policies.
    - Accomplishments in FY 2016 include:
        - Collaborated on projects and educational activities to highlight Teen Dating Violence Awareness and Prevention Month and Domestic Violence Awareness Month. Participation on the VAW-SC also informs the work of the member offices, including OWH.
- The Chronic Fatigue Syndrome Advisory Committee (CFSAC), which OWH manages, is composed of non-federal researchers, clinicians, patient representatives, and federal ex-officio representatives. This committee meets semi-annually and makes recommendations to the Secretary on a broad range of topics including research, clinical care, and quality of life for

patients with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Examples of 2016 activities include:
    - CDC initiated collaboration with National Institute of Neurological Disorders and Stroke to develop Common Data Elements (CDE) for ME/CFS;
    - The Trans-NIH ME/CFS Working Group issued a Request for Information (RFI) to solicit input on strategies and priorities for ME/CFS research; and
- OWH represents HHS on the White House Council of Women and Girls, which ensures that federal agencies account for the needs of women and girls in the policies they draft, the programs they create, and the legislation they support. Accomplishments in FY 2016 include:
    - Organized a session on unplanned pregnancies attended by over 100 participants as part of the White House's United State of Women Summit. The goal of the United State of Women Summit was to bring together over 5,000 people from around the U.S. to learn more about women's issues.
- On the second day of the Summit, OWH organized and hosted a half-day session titled "Healthy Women, Healthy Families" discussing how our work is improving women's health. About 150 people attended in person and 1,469 individuals participated via webcast. The event was tweeted live with an estimated reach of 103 million individuals. OWH participates in the White House Office of National AIDS Policy, Federal Interagency Working Group for the implementation of the National HIV/AIDS Strategy, which is comprised of leaders from across the federal government. In FY 2016, OWH established a partnership with the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) to further raise awareness and support action on HIV/AIDS and viral hepatitis issues affecting the health of women and girls.

Innovative and Model Programs on Women's and Girls' Health

OWH supports activities and programs aimed at gathering evidence on effective strategies to help women and girls of all ages live healthier lives. For example, in 2015 OWH launched the Intimate Partner Violence (IPV) Provider Network, which is researching system changes for integrating intimate partner violence assessment and intervention into basic care, as well as evaluating collaboration models between healthcare providers and IPV programs.

OWH programs also focus on advancing the science on effective women's health interventions.

- In FY 2016, OWH completed the five-year Coalition for a Healthier Community (CHC). Formal evaluation is currently underway. Since its inception, the CHC has comprised local, regional, and national organizations, academic institutions, and public health departments across the country developing and implementing a strategic plan to address health conditions that adversely affected the health of women and girls in their community, with goals and objectives linked to Healthy People 2020. Accomplishments under the program include:
    - Facilitated policy changes at the local and state level.
    - Used participatory evaluation approaches to assess the effectiveness of gender-based systems approaches to improving women's and girls' health.
    - In 2015, OWH's CHC initiative was featured in a special issue of the international journal Evaluation and Program Planning. It focused on the role that gender-based approaches in public health policies play in addressing barriers to women's health in the U.S. Using the CHC initiative as a basis for analysis, the issue addressed how community health policies could be improved by implementing gender-based health care programs. Articles in the special issue presented findings on coalition forming, gender-based analyses, health outcomes, and program development and implementation.

Education and Collaboration on Women's and Girls' Health

Accredited Health Professional Training to Prevent and Reduce Childhood/Adolescent Obesity Among Girls and Young Women.

In FY 2017, the HHS Office on Women's Health (OWH) began developing trainings for health professionals to address the prevention and treatment of obesity in girls and young women. Based on needs assessments and identified gaps in training, OWH is developing educational materials that can be delivered via Web or in-person. Focus areas for this topic may range from, a comparison of effectiveness of screening and brief counseling modalities or the use of decision aids that encourage provider-patient engagement and behavior change. As part of OWH's mission to support the continuing development of health professionals on women's health issues, OWH works to advance knowledge, improve competencies, refine skills, and enhance provider-patient engagement by promoting patient-centered outcomes through informed shared decision-making.

OWH has utilized the findings from a funded review on research on health professional, post-licensure, and continuing education best practices to meet the commitment to provide a broad range of health professionals with evidence-based training and education. Accordingly, OWH uses a mix of webinars, Grand Round lectures, social media, partnership outreach, and interactive training modules to increase health professional knowledge of research, practices, and issues that affect the health of women and girls.

- OWH administers the National Women's Health Information Center, which utilizes websites, social media, print materials, and a telephone helpline to provide information to women across the nation. These resources allow women and girls to find scientifically accurate and reliable health information written at the 6^{th} to 8^{th} grade reading level in English and Spanish.
- OWH continues its collaborative projects with the Administration for Children and Families (ACF) Office on Trafficking in Persons. OWH provides funds to expand efforts to educate health care providers and social workers about how to effectively identify and respond to victims of human trafficking, and to strengthen the health care and social service response. Additionally, OWH and ACF have partnered to establish the Human Trafficking Data Collection Project which will coordinate human trafficking-related research, data, and evaluation to support evidence-based practices in victim services and improve baseline knowledge.
- OWH recognizes that gender-related issues are a key driver in the HIV epidemic among women and girls. OWH launched the HIV Prevention Toolkit: A Gender-Responsive Approach, and created *The Intersection of Violence Against Women (DV/IPV) and HIV/AIDS – A Cross-Training Guide for Service Provider.*
- The National Prevention and Partnerships Awards (NPPA) grant program, ending in 2017, has served to promote and accelerate partnerships, catalyzing collaborations in improving health through access to, and use of, preventive services across the United States.
- In FY 2017 OWH collaborated with CDC via its cooperative agreement with Hollywood Health and Society to incorporate public health messages in TV storylines and other media. The agreement also enabled the office to collaborate with the entertainment industry to provide accurate depictions of healthy living at all life stages; and extend public health messages beyond TV through panel discussions. The focus of the FY 2017 agreement is on topics that impact women such as the opioid epidemic and girl sports participation to combat the childhood obesity epidemic.

- OWH has led a far-reaching effort to educate the public about women's health and the benefits for women, with demonstrated results. OWH created the *Supporting Nursing Moms and Work: Employer Solutions* video project, and is preparing two manuscripts that will detail the implementation approaches and processes involved in the two-year intensive implementation and assessment of the "It's Only Natural: Mother's Love, Mother's Milk" (ION) campaign in three southern states with extremely low breastfeeding rates
- In addition to media outreach, OWH coordinates the National Women and Girls HIV/AIDS Awareness Day and the National Women's Health Week observances each year to raise awareness about the increasing impact of HIV/AIDS on the lives of women and girls and the many effective steps women can take to improve their health.
- National Women's Health Week is the second major observance that OWH leads. Held every May, this event encourages women to prioritize their health and learn what steps they can take for better health at any age

Funding History

Fiscal Year	Amount
FY 2013	$33,002,000
FY 2014	$33,958,000
FY 2015	$32,140,000
FY 2016	$32,140,000
FY 2017 Annualized CR	$32,079,000

Budget Request

The FY 2018 President's Budget request of $32,140,000 is $61,000 above the FY 2017 annualized CR level. At the FY 2018 request level, OWH will maintain a leadership role creating new efficiencies in coordinating policies, programs, and information to support the implementation of the OWH Strategic Plan.

In FY 2018, OWH's projects will focus on one or more of OWH's strategic areas, with a particular emphasis on preventing opioid misuse among women and girls, reducing childhood obesity, mental health, reducing health disparities, promoting the health of women and girls across the lifespan, and supporting new and continuing initiatives to address violence and trauma. Detailed OWH activities for FY 2018 include:

Regional Women's Health

- OWH will support regional and national projects to promote women's health through prevention initiatives and/or women's health information dissemination.

Communications and Logistics

- **Health Communications**: Support all of OWH's health communications activities and help the office achieve its mission of providing national leadership and coordination to improve the health of women and girls through policy, education, and model programs. OWH administers the National Women's Health Information Center, which utilizes websites, social media, print materials, and a telephone helpline to provide information to women across the nation. These resources allow women and girls to find scientifically accurate and reliable health information written at the 6th to 8th grade reading level in English and Spanish.

Evaluation and Assessment

OWH will routinely incorporate formal evaluation methods earlier in the program planning process.

- **OWH Program Evaluation:** OWH will continue to support comprehensive evaluation and analysis of new and existing data to inform women's health programs, policy, and outreach.
- **Health Information Gateway (formerly: Quick Health Data Online) Transition:** A contract to create a more modern and functional website was awarded in August 2016. This online resource that subdivides multiple data sources for analysis along gender- and race/ethnicity-specific lines, does not fit directly into the mission of the office, and the search for a new home and/or approach to the data services will continue in FY 2017 and 2018. OWH is seeking opportunities to transition this unique resource to a new home or partnership that is better equipped to efficiently manage the platform in a cost effective manner.

Trauma/Violence Against Women

- **Violence and Trauma: College Sexual Assault Policy and Prevention Initiative:** OWH will continue to support this cooperative agreement, which funds projects focused on policies and prevention programs to address sexual assault on college campuses. These awards are enhancing and implementing sexual assault prevention programs and sexual misconduct policies through provision of national outreach and technical assistance, development of institutional partnerships, and creation of campus coalitions.
- **Trauma Informed Care for Health Care Providers – Online Clinical Cases:** OWH will fund the development of a set of 28 interactive online clinical cases for health care providers. The learning modules are designed to train providers about the prevalence and impact of trauma and how to provide trauma-informed care.
- **The Interpersonal Violence (IPV) Provider Network:** In FY 2018, OWH will continue to support this cooperative agreement grant. This initiative is researching system changes for integrating interpersonal violence assessment and intervention into basic care, as well as evaluating collaboration models between healthcare providers and IPV programs.

Women's Health Across the Lifespan

- **Alzheimer's Disease and Caregiving:** In FY 2018, OWH plans to provide funding and technical support to the National Institute on Aging for the National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers. The Summit will accelerate the development, evaluation, translation, implementation and scaling up of evidence-based and evidence-informed services for individuals with dementia, their family and caregivers. In 2018, the OWH will also provide funding to the National Academy of Sciences to conduct an Alzheimer's Forum to present the science and etiology of the disease among women.
- **Caregiver Health Project**: The vast majority of caregivers are women, and OWH recognizes that caregiving can lead to adverse health effects on the caregiver herself. OWH has partnered with HRSA on a standard curriculum for health care providers on Alzheimer's and related dementias. OWH and HRSA will develop an outreach plan to make materials available for a more comprehensive assessment of the various health effects of caregiving, in addition to identifying current evidence-based practices that can be more widely utilized.
- **Nutrition and Older Women:** In FY 2018, the OWH will conduct a systematic review of the nutritional status of older women.
- **Oral Health Project:** In FY 2018, OWH will continue to partner with the Administration on Community Living (ACL) and other federal and non-federal agencies to address the lack of oral health prevention and treatment services for older women.

- **Mental Health:** In 2018, OWH is sponsoring a workshop to explore the multiple levels of analyses, which include environmental, sociocultural, behavioral, and biological, to see how these factors impact women's mental health at different stages of life and across different racial/ethnic groups. Based on the results of this effort, activities and programs for FY 2018 will support and improve the mental health for women and girls. An internal working group has been formed to concurrently consider trends in women's mental health.
- **Federal Maternal Depression Workgroup**: OWH is coordinating a federal workgroup with other HHS offices and agencies to facilitate collaboration and information sharing around federal efforts addressing maternal mental health. OWH hosted an informational meeting on December 5, 2016, during which participants shared their organizations' efforts in this area. There was a need identified during this meeting for continued information sharing among the federal offices and agencies. This resulted in the development of the Federal Workgroup on Maternal Depression. The inaugural meeting of this workgroup was held on March 16, 2017. Members participating in the workgroup represented OASH/OWH, SAMHSA, IHS, AHRQ, ASPE, CDC, NIMH, NICCD, FDA, OASH/OAH, OASH/RHA, OASH/CFBNP, HRSA/OWH, HRSA/MCHB, CMS/CMCS and the VA. Based on the information exchange and needs identified from this initiative, OWH plans to develop and support efforts to address maternal depression.
- **Centers of Excellence in Women Health Collaborative**: In FY 2018, OWH plans to restore support of a collaborative made up of academic centers focusing on women's health. These nationally and internationally recognized women's health experts will provide stakeholder input into OWH priorities and activities for 2016-2020 and collaborate on projects.

Education and Collaboration on Women's and Girls' Health

- **Systematic Literature Reviews to Identify Gender Specific Causes of Obesity Among Women and Girls, and Points of Intervention:**
  In FY 2018 OWH will work with AHRQ update to a 2013 systematic review titled: "Childhood Obesity Prevention Programs: Comparative Effectiveness Review and Meta-Analysis" from its Evidence-based Practice Centers (EPC) program. Additionally, OWH will fund a review that specifically investigates how weight perception may impact weight-related behaviors including food and activity choices, and whether interventions to impact weight perception are effective and impact weight. These systematic reviews will help to inform OWH's FY 2018 and FY 2019 priorities, and to effectively identify evidence-based policy or programmatic initiatives consistent with OWH, OASH, and HHS objectives.

Health Disparities in Women

- **Female Genital Cutting**: In FY 2018, OWH will continue to support the Female Genital Cutting (FGC) Community Health Innovation Grants. Funded efforts will focus on community-based efforts to address the needs of the women and girls in the US affected by, or at risk of, FGC.
- **Health Disparities Initiative:** OWH will continue to partner with agencies to increase the focus and/or collection of data on women's health issues. Potential activities include the addition of specific women's health questions to existing surveys and co-funding grants/contracts.
- **Older Women and HIV/AIDS:** Because women 50+ infected with HIV are likely to suffer from one or more chronic health conditions, OWH commissioned a technical brief from the Agency for Healthcare Research and Quality (AHRQ) to assemble evidence-based strategies and information to inform future efforts in this area. The evidence report and a series of stakeholder-based discussions will inform OWH's areas of focus for HIV/AIDS in Women.

Evidence-based programs can then be developed and implemented with robust and trustworthy strategies.

Health Care Services for Women

- **Breast Cancer Patient Education Campaign:** In response to a Senate report request, OWH launched a new campaign in October 2016, to inform women about their options for breast reconstruction after mastectomy. OWH partnered with the National Cancer Institute (NCI), Office on Minority Health (OMH), Centers for Medicaid & Medicare Services (CMS), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) to target both breast cancer survivors and health care providers with messages about patient rights to receive breast reconstruction or prostheses after a medically necessary mastectomy. The campaign used social media messages, emails, non-profit partner outreach, and continuing education webinars for professionals to increase awareness. Hundreds of professionals were reached with these messages and social media messages had 55 million impressions.
- **Prevention of Opioid Misuse in Women: Office on Women's Health Prevention Awards (OWHPA):** In FY 2018 OWH will continue to support grants throughout the 10 public health regions including the US territories, to prevent the misuse of opioids by women across their lifespans. These projects must focus on primary or secondary prevention efforts only and include partnership and collaboration components. Selected regional, state, local, and community organizations will achieve this goal through: program development and implementation, health education targeting health professionals and/or women directly, or policy efforts to support primary and/or secondary prevention. These grants are slated to be funding through FY 2019.

Office on Women's Health - Outputs and Outcomes Table

Program/Measure	FY 2016 Results Target (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/- FY 2017 Target
5.2.1 Number of users of OWH's social media channels. (Output)	FY 2016: 3,658,233 Target: 1,500,000 (Target Exceeded)	1,500,000	1,750,000	+250,000
5.3.1 Number of users of OWH communication resources (Output)	FY 2016: 34,092,843 Target: 20,000,000 (Target Exceeded)	20,000,000	21,500,000	+1,500,000
5.4.1 Number of girls ages 9-17 and women ages 18-85+ that participate in OWH-funded programs (e.g., information sessions, web sites, and outreach) per million dollars spent annually. (Efficiency)	FY 2016: 600,063 Target: 1,000,000 (Target Not Met)	1,000,000	1,500,000	+500,000

Performance Analysis

OWH's outreach efforts will ensure the availability of a central source of reliable women's health information to the public. Data from national surveys indicate that women are more likely than men to search for health information online and that women are more likely to look for online health information on behalf of loved ones (Fox, 2011: http://www.pewinternet.org/2011/05/12/the-social-life-of-health-information-2011/). Metrics used to guide and support OWH's outreach activities include data on the number of user sessions to the OWH websites, the number of users of OWH's social media channels, call center and email subscriptions; and the number of women and girls served by OWH programs and initiatives.

OWH's continued social media efforts will ensure that scientifically accurate women's health information is available to the public in the most accessible and widely used formats (e.g., desktop, mobile, or tablet). Data from the Pew Research Center shows that 80% of women use social media in a typical day. As of FY 2017, almost 1.6 million users subscribed to OWH social media channels, and OWH is ranked as the #2 (@womenshealth) most popular Twitter channel at HHS and the @womenshealth OWH Twitter channel is in the Top Ten of all Federal Twitter channels for number of followers.

Grants

Grants (whole dollars)	FY 2016 Enacted	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	39	34	29
Average Award	$327,280	$257,825	$246,195
Range of Awards	$98,005 - $1,028,115	$96,840 – $1,191,960	$100,866 – $333,333

Program Data Chart

Activity	FY 2016 Enacted	FY 2017 Continuing Resolution	FY 2018 President's Budget
Contracts			
Program Evaluation	1,750,000	1,821,786	1,950,000
Health Communications	4,178,373	5,000,000	5,000,000
Women's Health Across the Lifespan	357,046[2]	985,000	2,400,000
Trauma/Violence Against Women	290,572[3]	260,167	900,000
Health Disparities in Women	0	187,817	2,250,000
Education and Collaboration on Women's and Girls' Health	314,203[3]	350,310	500,000
Subtotal, Contracts	**6,890,194**	**8,605,080**	**13,000,000**
Grants/Cooperative Agreements			
Health Care Service for Women	0	2,019,704[4]	2,000,000
Health Disparities in Women	1,996,111[5]	1,667,000	2,026,025
Trauma/Violence Against Women	4,916,990[6]	5,847,374	2,190,256
Education and Collaboration on Women's and Girls' Health	2,159,365[7]	0	0
Subtotal, Grants/Cooperative Agreements	**9,072,466**	**9,534,078**	**6,216,281**
Inter-Agency Agreements (IAAs)	**4,705,689**[8]	**3,302,521**	**1,900,000**
Operating Costs	**11,471,651**	**10,637,321**	**11,023,719**
Total	**32,140,000**	**32,079,000**	**32,140,000**

[1] Contract initiatives addressing Women's Health across the Lifespan were redirected through an IAA to capitalize on existing Departmental resources to meet objective.
[2] OWH redirected funds from Incarcerated Women in Transition & Trauma to an IAA to capitalize on existing Departmental resources to meet objective.
[3] Funding to support breastfeeding projects.
[4] Cooperative agreement funds supporting the Prevention of Opioid Misuse in Women: Office on Women's Health Prevention Awards (OWHPA).
[5] Funding to support the Female Genital Cutting (FGC) Community Health Innovation Grants.
[6] Cooperative agreement funds supporting the College Sexual Assault Policy and Prevention Initiative and the Interpersonal Violence (IPV) Provider Network.
[7] Funding that supported the National Prevention and Partnerships Awards (NPPA) Grant Program.
[8] Additional funds supporting new and existing partnerships and program activities to promote stronger women's health focus

OFFICE OF RESEARCH INTEGRITY

Budget Summary
(Dollars in Thousands)

Office of Research Integrity	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	8,558	8,558	8,558	0
FTE	28	28	28	0

Authorizing Legislation.....Section 493 of the PHS Act
FY 2018 Authorization.....Indefinite
Allocation Method.....Direct federal, Contracts, Grants

Program Description and Accomplishments

Since its inception in 1992, the mission of the Office of Research Integrity (ORI) has been to promote integrity in biomedical and behavioral research, reduce research misconduct, and maintain the public confidence in research supported by funds of the U.S. Public Health Service (PHS); supporting the Department's goal to lead in science and innovation.

ORI also directly supports the Office of the Assistant Secretary for Health's initiative of providing national level leadership on the quality of public health systems. Recipients of PHS funds are required by federal regulation to foster an environment that promotes the responsible conduct of research, implement policies and procedures to respond to allegations of research misconduct, protect the health and safety of the public, and conserve public funds (42 C.F.R. Part 93).

ORI functions through two divisions. The Division of Investigative Oversight (DIO) handles allegations of research misconduct and monitors institutional research misconduct processes, and the Division of Education and Integrity (DEI) manages programs to ensure that PHS-funded institutions have policies and procedures in place for handling allegations of research misconduct and provides educational resources to help institutions in promoting research integrity.

One example of ORI's engagement in cross-departmental collaboration is through training and oversight activities involving the Office for Human Research Protections (OHRP) and the HHS Office of the Inspector General. ORI convenes quarterly meetings for representatives from other agencies responsible for handling allegations of research misconduct, including the National Science Foundation, the Veteran's Administration, National Institutes of Health, the Department of the Interior, the Environmental Protection Agency, and the Department of Defense.

ORI's accomplishments in FY 2016 have furthered the goal of promoting research integrity as follows:

- Closed 21 cases following independent oversight review of institutional investigations, which included 7 HHS findings of research misconduct.
- Recommended for debarment from federal funding 4 individuals found to have committed misconduct in FY16; there have been 12 ORI-recommended debarments in the past three years.
- Closed 32 cases with no further action following independent oversight review of institutional assessments or inquiries of allegations of research misconduct.
- Provided 123 instances of technical and procedural assistance to institutions involved in research misconduct proceedings through the Rapid Response for Technical Assistance (RRTA) program, including guidance in forensic image analysis and compliance with federal regulations.

- Handled 266 telephone calls and correspondence ("queries") to ORI, including allegations of potential research misconduct and requests for information. 231 of these queries were responded to within 5 business days of receipt.
- Continued regular meetings with the HHS Office of Inspector General to support ORI's continued (2-3 annually) referrals to OIG of misconduct cases that might rise to the level of civil or criminal action.
- Offered more than 30 presentations at research institutions, clinical centers and federal agencies involving research integrity and use of forensic tools. Reached out with professional societies and organizations such as the Council of Science Editors (CSE), the Association of Public Land Grant Universities (APLU), the Council on Government Relations (COGR), the National Association of College and University Attorneys NACUA, the Association of Research Integrity Officers (ARIO), and Public Responsibility in Medical and Research (PRIM&R) to advocate for ORI's mission and to collaborate to promote research integrity.
- Established co-sponsorship agreement with PRIM&R for ongoing collaborations.
- Completed three intensive trainings (boot camps) for non-government and government Research Integrity Officers (RIOs) responsible for handling allegations of misconduct. ORI has now trained more than 500 RIOs over the past ten years.
- Hosted conferences and workshops on research integrity, including:
    a. Research Integrity in Asia and Pacific Rim (February, 2016)
    b. Promoting the Responsible Conduct of Research for College & University Leaders (April, 2016)
    c. World Conference on Research Integrity Planning Meeting (June, 2016)
    d. RCR Instructor Boot Camp Planning Meeting (August, 2016)
    e. ORI 2017 (Quest for Research Excellence) Planning Meeting (September, 2016);
- Maintained the ORI assurance database that tracks annual reports from the 4,365 institutions worldwide that receive PHS funds for research and ensured that they implement policies for handing allegations of research misconduct. In 2016, 72 of these institutions reported that they had allegations of research misconduct, 72 institutions indicated that they had misconduct inquiries and 52 institutions reported that they had research misconduct investigations in the previous year.
- Developed educational resources, including 11 short video-based case studies and 12 print infographics, to promote research integrity.
- Published quarterly newsletter and regular social media and blog postings throughout the year.
- Disseminated two new Funding Opportunity Announcements seeking meritorious applications for conducting research and convening conferences related to research integrity and completed OASH peer review process.
- Provided competitive grant awards and continuation awards to eleven U.S. institutions to fund exploratory study of efforts to promote research integrity.
- Worked in concert with OGC and Communications to manage press queries (typically 1-2 per month) on ORI activity.
- Initiated organizational assessment and organizational development activities to serve as the foundation of initiating a strategic planning effort that will be completed in FY17.
- Initiated external stakeholder listening sessions to get feedback on ORI's performance of its mission, to be considered in the upcoming strategic planning.

Funding History

Fiscal Year	Amount
FY 2013	$8,558,000
FY 2014	$8,558,000
FY 2015	$8,558,000
FY 2016	$8,558,000
FY 2017 Annualized CR	$8,558,000

Budget Request

The FY 2018 President's Budget Request of $8,558,000 is the same as the FY 2017 Annualized CR level. At this level, ORI will maintain program operations to conduct investigative and educational activities. This includes managing contracts and grants that are needed to support the dissemination of educational information regarding research integrity, and training activities aimed at increasing awareness and technical skill in conducting research misconduct proceedings at PHS-funded research institutions. The FY 2018 request will support the following activities:

Increase Findings of Research Misconduct

ORI will enhance internal case handling processes and eliminate barriers to making findings of research misconduct.

Database and Website Development

ORI will support database and website development, including updating and enhancing the ORI website (https://ori.hhs.gov/) and developing a robust intranet portal and tracking system. The digital/web-based communication is a critical tool for ORI to accomplish program goals and support program activities. The ORI website receives over 2,000,000 page views per year from users seeking information about ORI, misconduct cases, research education, and policies and procedures, including a secure Ask ORI mailbox to receive allegations of research misconduct.

ORI uses a secure on-line email program on a monthly basis to communicate with the biomedical research and research integrity communities. The ORI website requires intensive maintenance to ensure compliance with Federal Web Policies and HHS Web Communications and New Media Policies and Standards. Finally, the ORI Intranet Portal contains a Case Tracking System used by the ORI investigative division to monitor and document the progress of research misconduct allegations and cases.

Research Integrity Training and Education:

ORI will support a variety of training and education activities aimed to ensure that PHS-funded institutions have policies and procedures in place for handling allegations of research misconduct and provides educational resources to help institutions in promoting research integrity.

RIO Boot Camps

- ORI will support three Boot Camps designed to provide formalized training for Research Integrity Officers (RIOs) and their legal counsel. ORI maintains a waiting list for RIOs and institutional counsel interested in this program, which helps institutions comply with 42 C.F.R. 93. When the process is mismanaged at the institutional level, both nationally and abroad, ORI is unable to fulfil its regulatory mandate by making research misconduct findings against guilty respondents. Attesting to the national importance of this training program, the Boot Camps

have led to the creation of an independent professional association, the Association for Research Integrity Officers (ARIO), to provide a forum for RIOs across the country to convene.

- ORI will support two Boot Camps designed to provide formalized training for Responsible Conduct of Research (RCR) instructors, in order to fulfill our regulatory requirement to promote research integrity at PHS-funded institutions.

Planning for "The ORI 2019 Conference"

To build upon momentum generated during previous meetings and ensure compliance with 42 C.F.R. 93 on behalf of PHS-funded institutions, ORI will host a global conference on research integrity in 2019. The conference will emphasize two themes: 1) Research Misconduct; and 2) Promoting Research Integrity. ORI seeks to hold a planning meeting for "The ORI 2019 Conference." The planning meeting will convene 24 research integrity experts who represent journals, research institutions, funding agencies, and scientific associations. The Planning Committee will identify co-sponsors and speakers, develop a conference agenda, and establish timelines for accomplishing goals.

Planning Meeting for the 6th World Conference on Research Integrity (WCRI)

ORI has been involved in the WCRI since its inception in 2007. The most recent WCRI in 2015 attracted more than 600 representatives from 55 countries. ORI intends to co-sponsor the Planning Committee meeting of the 6th WCRI, tentatively with the University of Michigan. The Planning Committee will develop the conference theme and agenda, identify speakers and co-sponsors, and establish timelines for accomplishing goals. As the U.S. Health and Human Services is viewed as an international leader in promoting research integrity and handling research misconduct, HHS involvement in planning of this conference is critical to ensuring responsible stewardship of PHS funds around the world.

Educational Resource Development

ORI plans to support educational resource development activities designed to educate the research community to comply with 42 C.F.R. 93 and NIH guidelines. Materials include training videos, on-line learning and information modules, infographics, and guidance for institutional officials and responsible conduct of research coordinators. These materials will be freely available. ORI will continue to publish quarterly Newsletters or blogs to communicate with external stakeholders.

Extramural Research Grants

ORI plans to support eleven competitive grant awards for exploration of critical questions related to the promotion of research integrity and the proper stewardship of PHS research funds.

Grants

Grants (whole dollars)	FY 2016 Enacted	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Continuations	0	2	0
Average Continuation Award	0	$262,500	$0
Range of Continuation Awards	0	$262,000	0
Number of New Awards	11	9	11
Average New Award	$125,000	$109,722	$114,000
Range of New Awards	$50,000 - $262,500	$50,000-$225,000	$50,000-$250,000
Total Number of Awards	11	11	11

EMBRYO ADOPTION AWARENESS CAMPAIGN

Budget Summary

(Dollars in Thousands)

Embryo Adoption Awareness Campaign	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	1,000	998	1,000	+2
FTE	0	0	0	0

Authorizing Legislation.....Section 301 of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Grants, Cooperative agreement, contracts

Program Description and Accomplishments

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

In the course of treatments for infertility, couples usually produce more embryos than they can use. These supernumerary embryos are generally frozen while the couple who created them decides about their ultimate disposition. This freezing process is known as cryo-preservation. The latest data suggest that there are more than 600,000 cryo-preserved embryos in the United States. However, it is likely that the vast majority of these cryo-preserved embryos are still being considered for use in the family-building efforts of the couples who created them. Nevertheless, it is thought that there may be as many as 60,000 frozen embryos which could potentially be made available for embryo donation/adoption (i.e., the transfer of the embryo to the uterus of a woman who intends to bear a child and to be that child's parent). The ultimate purpose of the program is to promote the use of embryo donation as a family-building option.

In fiscal years 2002, and 2004 – 2016, funds were appropriated for an embryo adoption public awareness campaign. The purpose is to educate Americans about the existence of frozen embryos (resulting from in-vitro fertilization), which may be available for donation/adoption for family building. In general, three to five grants have been awarded each year through a competitive process. The grants generally have a two- or three-year life-span.

Funding History

Fiscal Year	Amount
FY 2013	$1,000,000
FY 2014	$1,000,000
FY 2015	$1,000,000
FY 2016	$1,000,000
FY 2017 Annualized CR	$998,000

Budget Request

The FY 2018 President's Budget Request is $1,000,000, an increase of $2,000 over the FY 2017 Annualized CR level. The request will be used to fund the second year of competitive grant awards for projects that increase public awareness about the availability of embryo donation/adoption or which provide medical or administrative services that help individuals or couples to use embryo donation as a method of family building.

Grants (whole dollars)	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget
Number of Awards	3	3	3
Average Award	$227,000	$227,000	$227,000
Range of Awards	$185,000 - $248,000	$185,000 - $248,000	$185,000 - $248,000

SEXUAL RISK AVOIDANCE

Budget Summary

(Dollars in Thousands)

Sexual Risk Avoidance	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	10,000	9,981	10,000	+19
FTE	0	0	0	0

Authorizing Legislation:..... P.L. 115-31 FY 2017
Authorization.....Indefinite
Allocation Method.....Direct Federal, Grants

Program Description and Accomplishments

The Sexual Risk Avoidance program consists of competitive, discretionary grants to provide sexual risk avoidance education for adolescents.

Grantees use an evidence-based approach and/or effective strategies through medically accurate information referenced in peer-reviewed publications to educate youth on how to avoid risks that could lead to non-marital sexual activity. Projects are implemented using a Positive Youth Development (PYD) framework as part of risk avoidance strategies, to help participants build healthy life skills, build on or enhance individual protective factors that reduce risks, and empower youth to make healthy decisions. In FY 2016, 21 Sexual Risk Avoidance Education (SRAE) grantees were awarded $8.9 million. SRAE grantees are projected to serve over 16,000 youth in FY 2017.

Funding History

Fiscal Year	Amount
FY 2013	$5,000,000
FY 2014	$5,000,000
FY 2015	$5,000,000
FY 2016	$10,000,000
FY 2017 Annualized CR	$9,981,000

Budget Request

The FY 2018 President's Budget request is $10,000,000, an increase of +$19,000 over the FY 2017 Annualized CR level. The increase will absorb inflationary costs and enable ACF to continue support for competitively awarded sexual risk avoidance education grants.

MINORITY HIV/AIDS INITIATIVE

Budget Summary

(Dollars in Thousands)

Minority HIV/AIDS Initiative	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	53,900	53,798	0	-53,798
FTE	1	1	0	0

Authorizing Legislation:.....Title III Section 301 of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal, Grants, Cooperative Agreements, Contracts

Program Description and Accomplishments

The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) administers the Secretary's Minority HIV/AIDS Initiative Fund (SMAIF) on behalf of the Office of the Assistant Secretary for Health (OASH). The SMAIF is funded through the Minority AIDS Initiative (MAI), which was established in 1999 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States. The principal goals of the MAI are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV related health disparities.

SMAIF funds are used to support cross-agency demonstration initiatives and are competitively awarded to HHS agencies and offices to fund innovative HIV prevention, care and treatment, outreach and education, technical assistance activities serving racial/ethnic minorities. The awards are approved and made by the Assistant Secretary for Health.

Based on the National NIV/AIDS Strategy, the SMAIF designates four priority project areas: HIV prevention and linkage to care services for racial and ethnic minority populations; improving health outcomes for racial/ethnic minority populations living with HIV/AIDS; mobilization to reduce HIV-related health disparities among racial/ethnic minorities; and capacity development in support of NHAS goals.

Funding History

Fiscal Year	Amount
FY 2013	$50,354,000
FY 2014	$52,082,000
FY 2015	$52,224,000
FY 2016	$53,900,000
FY 2017 Annualized CR	$53,798,000

Budget Request

The FY 2018 President's Budget does not request funds for this program. The Budget prioritizes programs that focus on providing effective, direct health care services to minority populations affected by HIV/AIDS.

SMAIF - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result) [4]	FY 2017 Target
7.1.12a: Increase the number of racial and ethnic minority clients who are tested through the Secretary's MAI fund programs. (Outcome)	FY 2015: 274,638 Target: 209,578 (Target Exceeded)	390,619
7.1.12b: Increase the diagnosis of HIV-positive racial and ethnic minority clients through HIV testing programs supported by the Secretary's MAI Fund programs. (Outcome)	FY 2015: 1,194 Target: 221 (Target Exceeded)	303
7.1.12c: Increase the proportion of HIV-positive racial and ethnic minority clients who learn their test results through the Secretary's MAI Fund programs. (Outcome)	FY 2015: 93% Target: 95% (Target Not Met but Improved)	98%
7.1.15: Increase the proportion of newly diagnosed and re-diagnosed HIV-positive racial and ethnic minority clients linked to HIV care, as defined by attendance of at least one appointment, within three months of diagnosis, through the Secretary's MAI Fund programs. (Outcome)	FY 2015: 65.5% Target: 73% (Target Not Met)	85%
7.1.17: Increase the proportion of clinical and program staff who are provided HIV-related training through the Secretary's MAI Fund programs in one or more of the following areas: (1) HIV testing and risk counseling; (2) patient navigation and medical case management; (3) adherence assessment and counseling; (4) alternative models for delivering HIV care (task shifting, telemedicine, etc.); or (5) cultural competency (racial/ethnic, gender, and sexual orientation). (Outcome)	FY 2015: 11,338 Target: 5,585 (Target Exceeded)	7,467
7.1.18: Increase the proportion of SMAIF community-based and faith-based organizations that adopt new or enhanced organizational policies, programs, or protocols in one or more of the following capacity building areas: (1) targeting HIV testing in community settings; (2) increasing the rate of receipt of HIV test results; (3) improving active linkage to, or re-engagement in, care for infected clients; and (4) facilitating effective patient navigation that improves retention in continuous care. (Outcome)	FY 2015: 0 (none reported) Target: 133 (Target Not Met)	182

[4] Due to the typical lag in data collection, FY 2015 is the most recent year available for SMAIF data collection and reporting.

Performance Analysis

HIV testing is at the center of *Measures 7.1.12.a, 7.1.12b & 7.1.12c.* The measures identify the number of racial and ethnic minorities tested for HIV; the numbers diagnosed HIV-positive; and the numbers who receive their HIV-positive diagnosis and are therefore aware of their HIV status. Increasing awareness of HIV status is a critical objective of the National HIV/AIDS Strategy where it is estimated that 16% of those who are infected do not know their status. More critically, knowledge of status anchors the prevention and care/treatment efforts and represents the first bar, HIV diagnosis, of the HIV Care Continuum. The SMAIF-funded projects excel at increasing HIV testing and identifying those individuals who are HIV-positive as they have met or exceeded established targets.

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

Measures 7.7.17 and 7.1.18, involving training and capacity building, respectively, highlighting the continued importance of funding projects that facilitate or improve, prevention, care, and treatment activities. In both areas, improved targeting and the identification of specific areas of focus are essential to improving the desired performance in health outcomes we seek.

RENT, OPERATION, AND MAINTENANCE AND RELATED SERVICES

Budget Summary

(Dollars in Thousands)

Rent, Operation, and Maintenance and Related Services	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	16,089	16,058	16,089	+31
FTE	-	-	-	-

Authorizing Legislation:.....Title III of the PHS Act
FY 2017 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

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

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

Funding History

Fiscal Year	Amount
FY 2013	$16,272,328
FY 2014	$16,429,000
FY 2015	$15,798,000
FY 2016	$16,089,000
FY 2017 Annualized CR	$16,058,000

Budget Request

The FY 2018, Rent, Operation and Maintenance and Related Services request is $16,089,000, which is $31,000 above the FY 2017 Annualized CR level. The request will absorb inflationary increases.

SHARED OPERATING EXPENSES

Budget Summary

(Dollars in Thousands)

Shared Operating Expenses	FY 2016 Enacted	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2017 +/- FY 2016
Budget Authority	11,924	11,902	11,924	+22
FTE	0	0	0	0

Common Expenses/ Service and Supply Fund (SSF) Payment

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

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

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

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

FY 2018 HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives

The Budget includes $206,855 to support government-wide E-Government initiatives.

FY 2018 E-Gov Initiatives and Line of Business*	Original Amount	Revised Amount
Budget Formulation and Execution Line of Business	$6,685	$6,807
E-Rulemaking (moved from FFS)	$42,642	$21,321
Financial Management Line of Business	$17,736	$17,736
Geospatial Line of Business	$619	$619
GovBenefits.gov	$4,465	$0
Grants.gov	$164,777	$50,952
Human Resources Management Line of Business	$2,551	$2,551
IAE – Loans and Grants	$106,869	$106,869
Integrated Acquisition Environment	$37,746	$6,807
FY 2018 E-GOV Initiatives Total	**$384,090**	**$206,855**

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

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

Funding History

Fiscal Year	Amount
FY 2013	$13,457,000
FY 2014	$13,982,000
FY 2015	$13,369,000
FY 2016	$11,924,000
FY 2017 Annualized CR	$11,902,000

Budget Request

The FY 2018 request for other Shared Operating Expenses is $11,924,000, an increase of $22,000 above the FY 2017 Annualized Continuing Resolution. The Budget includes an inflation factor for Service and Supply Fund charges as well as shared expenses.

PHS EVALUATION FUNDED APPROPRIATIONS

Budget Summary

(Dollars in Thousands)

Program Level	FY 2016 Enacted	FY 2017 Annualized CR	2018 President's Budget	FY 2018 +/- FY 2017
ASPE	41,243	41,165	41,243	+78
Health Care Evaluation	12,500	12,476	5,422	-7,054
OASH	4,285	4,277	4,000	-277
Teen Pregnancy Prevention Initiative	6,800	6,787	6,800	+13
Total	64,828	64,705	57,465	-7,240
FTE	141	141	141	0

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Planning and Evaluation	FY 2016 Final	FY 2017 Annualized CR	2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	41,243	41,165	41,243	+78
Health Care Evaluation	12,500	12,476	5,422	-7,054
FTE	141	141	141	0

Authorizing Legislation:……43 U.S.C. 241 Public Health Service Act
FY 2018 Authorization……Indefinite
Allocation Method……Direct Federal/Intramural, Contracts; Competitive Grants, Cooperative Agreement; Other (Salaries and Expenses, etc.)

Program Description and Accomplishments

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of HHS on policy development, and is responsible for major activities in policy coordination, legislative development, strategic planning, policy research, evaluation, and economic analysis. ASPE consists of a diverse group of professionals, including economists, statisticians, lawyers, sociologists, scientists, and physicians who conduct quick turnaround and longer term policy research and analysis to support leadership decision-making. ASPE also leads special initiatives on behalf of the Secretary, convenes work groups across the Department, staffs Congressionally mandated federal advisory councils, and leads the Department's legislative development process. The Assistant Secretary also serves as the Department's Chief Economist.

In recent years, ASPE lead the development and coordinated the implementation of a Department-wide initiative to address the opioid epidemic. ASPE also had a central role in behavioral health working with SAMHSA and NIMH to develop a federal plan for serious mental illness. During a public health emergency or infectious disease outbreak, ASPE participates in efforts led by the Assistant Secretary for Preparedness and Response (ASPR) to ensure that HHS and Administration policies are implemented efficiently and effectively.

ASPE also maintains a diverse portfolio of intramural and extramural research and evaluation to inform policy formulation and decision-making regarding the full portfolio of HHS programs. In addition, ASPE

maintains a number of simulation models, databases, actuarial support, and other resources to support rigorous policy analysis and development. In developing research priorities, ASPE consults widely within the Department and the Administration so that it focuses on work that is central to Department priorities. Emphasis is placed on identifying areas for which ASPE work will add value to existing agency efforts, and where ASPE's contributions will be meaningful and fill gaps. Agencies often request that ASPE undertake specific projects to support HHS priorities. Examples include numerous CMS requests on topics such as Medicare post-acute bundled payments, insurance market simulation models, evaluation of new interventions (like assisted outpatient treatment) to serve people with serious mental illness, and conducting demonstrations to test new models of serving older individuals in home and community based settings.

ASPE works across the Department, with the Office of Management and Budget, agencies throughout the federal government, and other stakeholders to develop analytic capacity to evaluate federal investments and support evidence-informed policies. ASPE's work in these areas is enhanced by participation at all levels in interagency collaborations, and ASPE convenes many operating divisions which provide input on HHS priorities.

ASPE also coordinates the development of the quadrennial HHS Strategic Plan. A strategic plan is one of three main elements required by the Government Performance and Results Act (GPRA) of 1993 (P.L. 103-62) and the GPRA Modernization Act of 2010 (P.L. 111-352). An agency's strategic plan defines its mission, goals, and the means by which it will measure its progress in addressing specific national problems over a four-year period. The HHS Strategic Plan will be updated in FY 2017 to align with the new Administration's priorities, and will be published concurrent with the budget in February 2018.

The following outlines ASPE's programs and goals in FY 2018.

Strengthen Health Care

Priority projects under this goal include providing analysis and developing data to measure, monitor and evaluate the Department's efforts to stabilize the individual and small group health insurance markets, respect and promote the patient-doctor relationship, empower patients and promote consumer choice, enhance affordability, return regulatory authority to the states, and reduce unwarranted regulatory and economic burden. ASPE is also encouraging state innovation to develop patient-centered reforms to health care delivery, improving health care and nursing home quality, developing innovative payment and delivery systems, analyzing the performance of safety net and workforce distribution programs, identifying the best ways to serve individuals who are dually eligible for Medicare and Medicaid, modernizing Medicaid, and improving care delivery in the Indian Health Service.

ASPE will identify key strategies to promote high-value, consumer-driven, effective care that lowers total health care cost growth. Priority projects will produce and/or streamline the measures, data, tools, and evidence that health care providers, insurers, purchasers, consumers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions. These projects include research required under the IMPACT ACT to determine the relationship between social risk (socioeconomic) factors and quality measures used in Medicare's value based purchasing programs; research to support the implementation of new physician payment approaches under The Medicare Access and CHIP Reauthorization Act of 2015; and research to support development of post-acute care payment models required by the IMPACT ACT.

Advance Scientific Knowledge and Innovation

In FY 2018 ASPE will continue to use the Strategic Planning System to track progress on opioid related activities and on the Department's implementation of the 21st Century Cures Act. In addition to coordination and scientific engagement with HHS operation and staff divisions on Cures implementation, ASPE will continue to respond to requests from Congress that we develop an overall strategy to evaluate HHS programs that serve people with serious mental illness and other behavioral health needs.

Other priority projects under this goal include research and analysis to support regulatory risk assessment and management; the translation of biomedical research into every day health and health care practice; the development and adoption of innovation in health care; and food, drug, and medical product safety and availability. For example, in close collaboration with the Food and Drug Administration (FDA), ASPE leads a project that is characterizing the activities and costs associated with validating new biomarkers for use in drug development. Information gleaned from this project may be useful to inform efforts to encourage biomarker validation, with the goal of facilitating the speed and efficiency of drug development so new therapies reach patients sooner. ASPE is also leading a project to develop a net present value model of drug and device sponsors' development process. The goal is to identify policy interventions to improve the efficiency of the clinical trial process and encourage innovation.

ASPE leads an HHS-wide Analytics Team to provide recommendations for strengthening regulatory analysis and provides technical assistance on regulatory impact analysis development to HHS agencies and offices. ASPE works in close partnership with HHS operating divisions on regulatory priorities and regulatory reform and with the White House, the Office of Management and Budget, and the Federal Trade Commission to continue efforts to introduce more experimental evidence into decision making in the design of regulations. For example, ASPE has developed guidelines for HHS on analyzing the impact of regulations to improve the transparency and quality of regulatory decision making.

Finally, ASPE convenes and works collaboratively with other HHS operating and staff divisions, and statistical centers such as ONC, FDA, CMS and CDC's NCHS to advance the goal of an electronic, nationwide interoperable healthcare system. This includes crafting health IT policies that support the development and use of standardized data to improve patient safety. Two examples of this type of work are our contributions to development of FDA's unique device identifier for tracking medical devices, and the evaluation and development of comparability ratios when converting to new standard data classifications (ICD9-ICD10) in NCHS national surveys for tracking population health.

Advance the Health, Safety and Well-being of the American People

ASPE's priorities in this area are to study ways to enhance the self-sufficiency, access to opportunity, economic security, stability, and well-being of individuals, families, and communities and increase workforce attachment; evaluate methods to improve the coordination of physical and behavioral health services; foster innovative approaches to delivering integrated health care and long-term support and services; conduct research to promote healthy development, early learning, school success, and improved efficiency and coordination of services for children and youth; and examine potential strategies to improve the safety and well-being of children involved with the child welfare system.

ASPE also is examining residential care alternatives for the aged, caregiver support, evidence-based clinical and community-based preventive services, mental health and substance abuse programs, and

disparities in health. During public health emergencies and infectious disease outbreaks ASPE will provide technical and analytic support for policy decision-making to support ASPR and the Secretary on behalf of individuals, families, and communities.

ASPE assembles evidence that is critical to the design of departmental programs, and we make policy and program decisions based on the best available evidence using data and analysis about the behavior of program participants, what interventions work, for whom, and under what circumstances. In the absence of direct evidence, we use the evidence-informed methods (such as well calibrated simulation models) to expand approaches that work and fine-tune programs and interventions that may have mixed results. Staff work to anticipate potential outcomes of policy actions, what programs and interventions work, improve upon what does not, and understand what actions to take when programs do not demonstrate improvement. In this context, analyses involve a range of information sources including survey data and analyses, program evaluation, analytical models and methods, as well as performance data and scientific evidence generated at multiple levels of study. ASPE's goal is to work with HHS operating and staff divisions to create a culture of learning to ensure evidence-based decision-making is the norm throughout HHS.

ASPE also will conduct research and evaluation of important initiatives such as, childhood obesity prevention, behavioral health, and addressing the opioid epidemic.

ASPE coordinates mental health parity implementation across HHS and across other federal agencies working on parity, notably the Departments of Labor and Treasury. A number of ASPE identified action steps were included in the Cures legislation and ASPE will continue to drive their implementation.

ASPE leads the Administration's efforts to combat Alzheimer's disease and related dementias, including operating the National Advisory Council on Alzheimer's Research, Care and Services, which involves all HHS leaders engaged in dementia related work, as well as 12 national experts from the private sector. The group produces and updates an annual Alzheimer's plan.

ASPE will also develop quality measures that multiple payers can use in their payment systems and across HHS programs and will develop a quality measure public reporting inventory and strategy that is neither overly burdensome nor interferes with the practice of medicine. ASPE participates in interagency workgroups to support the alignment and public reporting of quality measures across HHS programs. One workgroup focuses on public reporting across HHS agencies. A second workgroup focuses on quality measure endorsement and input on the National Quality Strategy. ASPE has partnered with SAMHSA, CMS, and NIMH over the past few years to develop additional quality measures for behavioral health care. The measures address important issues regarding follow-up after inpatient and emergency room treatment, screening and care for co-morbid conditions, screening for risk of suicide or other violent behavior, and fidelity to evidence-based treatments. We have worked together to develop and promote these measures for use in various programs throughout the Department including the meaningful use measures used by the Office of the National Coordinator for Health Information Technology and the reporting requirements used by CMS for the inpatient psychiatric facility prospective payment system in Medicare. In addition, we have worked together to sponsor a study by the Institute of Medicine on developing quality standards for psychosocial interventions.

Finally, ASPE will continue to lead efforts within HHS, in collaboration with Administration partners, related to reducing antimicrobial resistance and its associated health challenges as outlined in the National Action Plan for Combating Antibiotic-Resistant Bacteria.

Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs
Specific projects in FY 2018 under this goal include developing metrics for performance measurement and conducting research on reducing improper payments, understanding disability, and Medicare quality improvement. ASPE will coordinate HHS data collection and analysis activities; ensure effective long-range planning for surveys and other investments in major data collection; and will proactively identify opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on healthdata.gov and other means.

ASPE maintains several databases, which allow for short-term monitoring and evaluation of existing and newly-implemented policies. We also extensively use unique data sets, such as IMS Health data, in order to better monitor, evaluate, and track the effects of policies. Truven health data is being used to track national health spending.

Additionally, ASPE maintains a small team focused on improving evaluation and the use of evidence across the Department through collaboration, coordination, and consultation with staff and leadership in operating and staff divisions. ASPE provides a number of data products and services that advance these goals in multiple programs.

ASPE will continue to lead efforts to leverage HHS administrative data for research, policy, statistical, program and performance management and evidence building purposes. For example, ASPE is conducting a review to identify and document the major privacy issues or other limitations in accessing, using, and sharing administrative data for other purposes. Identification of limitations is a first step in our ability to reform policies, guidance, and procedures for linking administrative data for use in research, evaluation, or program improvement; disseminating results; and making available data sets for public use. This work will support the development of guidance to navigate potential limitations and increase access to administrative data.

ASPE also supports the Department in its goals to enhance internal and external information sharing in accordance with privacy and civil liberties policies. ASPE reviews and advises on privacy policy involving the protection of individually identifiable information. Our goals are to ensure fairness and confidentiality while ensuring data is available for research, administration, and policy decision making.

Funding History

Fiscal Year	Amount
FY 2013	$53,993,000
FY 2014	$53,993,000
FY 2015	$53,743,000
FY 2016	$53,743,000
FY 2017 Annualized CR	$53,641,000

Budget Request

The FY 2018 request for ASPE is $46,665,000, $6,976,000 less than FY 2017 Annualized CR. The reduction is concentrated on research related to health care reform. Prior year's requests were focused on conducting the analyses needed to establish a large number of diverse new programs.

ASPE anticipates continuing its role in coordinating departmental implementation of the 21st Century Cures Act, which was signed into law in December 2016. This law provides new authorities and mandates for many parts of the department, with a focus on expediting the discovery, development and delivery of new therapies, making significant reforms to the mental health system, and increasing health care choice, access and quality. Given the cross-cutting nature of many of the law's provisions, ASPE plays an important role in providing coordination and early department involvement in critical policy decisions.

Because poverty is a persistent public policy challenge with negative consequences for children, families, and communities, ASPE funds a grant program which awards $1,600,000 per year to an academically based poverty research center to provide timely access to high-quality, reliable research on the causes and consequences of poverty as well as policies and programs to remediate and alleviate poverty and its effects. This cooperative agreement harnesses the expertise of over 200 poverty scholars across the U.S. through the U.S. Collaborative of Poverty Centers. The poverty center program conducts a broad range of research to describe and analyze national, regional, and state environments (e.g., economics, demographics) and policies affecting the poor, particularly families with children who are poor or at-risk of being poor. It also focuses on expanding our understanding of the causes, consequences, and effects of poverty in local geographic areas, especially in states or regional areas of high concentrations of poverty, and on improving our understanding of how labor markets as well as family structure and function affect the health and well-being of children, adults, families, and communities. The center also develops and mentors social science researchers whose work focuses on these issues.

Grants

Grants (whole dollars)	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	1	1	1
Average Award	$1,600,000	$1,600,000	$1,600,000
Range of Awards	$1,600,000	$1,600,000	$1,600,000

PHS EVALUATION
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

OASH – Public Health Service Evaluation	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	4,285	4,277	4,000	-285
FTE	0	0	0	0

Authorizing Legislation: ……..Section 241 PHS Act
FY 2018 Authorization……..Indefinte
Allocation Method……..Direct federal, Contracts

Program Description and Accomplishments

The Office of Assistant Secretary for Health (OASH) performs an essential role in the Public Health Evaluation Set-Aside program at HHS. Within OASH, the Immediate Office of the Assistant Secretary for Health (ASH) coordinates the Evaluation Set-Aside program for the ASH. Each fiscal year, OASH program offices submit proposals in an effort to improve and evaluate programs and services of the U.S. Public Health Service, and identify ways to improve their effectiveness. Studies supported by these Set-Aside funds serve decision makers in federal, state, and local government, and the private sector of the public health research, education, and practice communities by providing valuable information about how well programs and services are working. Projects that were approved for FY 2017 evaluation funds are listed below:

- Evaluation of "Pathways to Safer Opioid Use" - Demonstrate the effectiveness of the multi-modal, team based approach to promoting the appropriate, safe and effective use of opioids to manage chronic pain; assess the impact of the training tool on prescribing behaviors and patient engagement; and identify opportunities to improve the training tool.
- Healthy People 2020: Monitoring and Assessing Progress in Achieving National Objectives – Assess progress in achieving the Healthy People 2020 (HP2020) targets. Identify population health disparities and gaps in data collection. Identify and communicate evidence-based practices and programs that support achievement of the HP2020 objectives and address health disparities and social determinants of health.
- Developing Healthy People 2030 – continue to initiate the Healthy People 2030 development process by evaluating past iterations of the national objectives and current public health priorities. Establish, convene and manage a Secretary's Advisory Committee on National Health Objectives for 2030, charged with advising the Secretary on the context and scope of Healthy People 2030. Garner public input on scope of the next decade's objectives.
- Evaluation of the National Viral Hepatitis Action Plan - Monitor and evaluate the implementation activities by federal partners and others as described in the Action Plan and the intersections with the health care delivery system and the opioid abuse epidemic.
- Physical Activity Guidelines for Americans 2018 (Phase 2) – Evaluate and coordinate development of Phase 2 of the Physical Activity Guidelines, a multi-year project spanning FYs 2015 to 2019. Assess past research and establish future evaluative criteria.
- U.S. Blood Inventory Network Analysis (BINA) Evaluation -Collect real-time inventory levels of U.S. blood products throughout the distribution cycle and collect and analyze day-to-day pricing

of blood products. Results will inform policy related to the industry-wide financial crisis occurring in the U.S. blood community.

- Organizational Modifications Associated with Improved Care and Health Outcomes for Minority Men with HIV/AIDS - Assess the impact of the HIV/AIDS Initiative for Minority Men (AIMM) on care and health outcomes for minority men and identify modifications in organizational characteristics, practices, and service delivery protocols associated with improved health care delivery and health outcomes.
- Evaluation of healthfinder.gov - Assess the impact of a personalized preventive service recommendation program (healthfinder.gov) for rural primary care patients on the recommended preventive services, and measure performance improvements in preventive services in participating rural practices.
- Evaluation of USPHS Commissioned Corps response team requirements - Evaluate the deployment requirements, team size and composition, and Officer readiness and training requirements of the USPHS Commissioned Corps. Assessment will identify training gaps and needs of the Commissioned Corps to respond to public health emergencies and/or disasters.
- Sustainability Assessment of the Pregnancy Assistance Fund (PAF) and Teen Pregnancy Prevention (TPP) Grant Programs – Assess the extent to which former grantees have been able to sustain their PAF and TPP programs post funding. Identify the key factors that either enabled or hindered grantees ability to sustain programs.
- Healthy Aging Summit: State of the Science **-** Convene national (and, potentially, international experts) to evaluate the current science related to healthy aging that will contribute to the understanding of established evidence-based strategies to support healthy aging. Evaluation will also identify strategies that require additional research to evaluate their effectiveness and inform future federal activities to integrate resources to advance healthy aging.

Funding History

Fiscal Year	Amount
FY 2013	$4,510,000
FY 2014	$4,664,000
FY 2015	$4,285,000
FY 2016	$4,285,000
FY 2017 Annualized CR	$4,277,000

Budget Request

The FY 2018 President's Budget Request is $4,000,000, -$285,000 below the FY 2017 Annualized CR. In FY 2018, OASH program offices will submit proposals to improve and evaluate public health programs and identify ways to improve their effectiveness.

PHS EVALUATION
TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

Teen Pregnancy Prevention – PHS Evaluation	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	6,800	6,787	6,800	+13
FTE	0	0	0	0

Authorizing Legislation: .....Section 241 of the PHS Act
FY 2018 Authorization.....Indefinte
Method.....Direct Federal; Contracts

Program Description and Accomplishments

The Office of Adolescent Health (OAH) supports several evaluation activities to continue to build the evidence base to prevent teenage pregnancy. OAH supports projects that make a significant contribution to the field of teen pregnancy prevention including Federal evaluations, technical assistance to grantees conducting rigorous program evaluation, research grants, performance measurement and the HHS Pregnancy Prevention Evidence Review. Each project makes a significant contribution to the evidence base of what works in teen pregnancy prevention and for expectant and parenting youth and their families.

The Federal study, "The Evaluation of Programs for Expectant and Parenting Youth", began in FY 2013 with a feasibility study that identified three potential programs for rigorous evaluation. It contributes to the evidence base in this field by determining the effectiveness of the selected programs on education and health outcomes. Two additional Federal evaluations build upon and expand OAH's initial 5-year investment in evaluation of Teen Pregnancy Prevention (TPP) programs. These evaluations, which began in FY 2015, consist of additional program evaluation and examinations of key implementation science topics, as well as an evaluation of the new FY 2015 - FY 2019 TPP Tier 1 replication grant program. New in FY16, OAH awarded a grant for secondary data analysis to explore new questions in the area of teen pregnancy prevention using existing data.

OAH continues to support the HHS Pregnancy Prevention Evidence Review, a systematic review of the literature making up the HHS List of Evidence-Based TPP Programs. To date, five reviews have identified 44 evidence-based TPP programs. In collaboration with ASPE and the Administration for Children and Families, Family and Youth Services Bureau, OAH supports an interagency agreement with ASPE to regularly update the evidence review and develop program implementation reports for use by community-based providers.

In an effort to ensure excellence in scientific research, over 20 OAH TPP and Centers for Disease Control and Prevention (CDC), Division of Reproductive Health evaluation grantees are receiving intensive evaluation training and technical assistance, through a contractor, to ensure that all grantee evaluations are high quality, rigorous, and able to meet the HHS Pregnancy Prevention Evidence Review standards. Grantees primarily conducting randomized controlled trials and their Federal project officers receive ongoing technical assistance on conducting, analyzing, and reporting on their evaluations. Additional evaluation resources created under this contract are utilized by TPP grantees and the larger evaluation field. Rigorous impact evaluation reports from all OAH evaluations from FY 2010-2014 were submitted

to the HHS Pregnancy Prevention Evidence Review, resulting in eight newly identified evidence-based TPP programs and additional evidence in support of four existing evidence-based TPP programs. Additionally, a supplement to the *American Journal of Public Health* featuring the evaluation findings was published in September 2016.

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

Funding History

Fiscal Year	Amount
FY 2013	$8,455,000
FY 2014	$8,455,000
FY 2015	$6,800,000
FY 2016	$6,800,000
FY 2017 Annualized CR	$6,787,000

Budget Request

The FY 2018 President's Budget request for PHS Evaluation: Teen Pregnancy Prevention of $6,800,000 represents a $13,000 increase over the FY 2017 Annualized CR level of $6,787,000.

OAH will continue to carry out evaluations (including longitudinal evaluations) of teen pregnancy prevention approaches. In FY 2018 The Federal Evaluation Expanding our Use and Understanding of Evidence-Based Teen Pregnancy Prevention Programs will contribute to the evidence base by conducting program evaluation in areas where there were gaps previously and addressing important topics of implementation science.

PREGNANCY ASSISTANCE FUND

Budget Summary

(Dollars in Thousands)

Pregnancy Assistance Fund	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Budget Authority	23,300	23,256	25,000	+1,744
FTE	2	2	2	0

Authorizing Legislation: .....Patient Protection and Affordable Care Act, Section 10214
FY 2018 Authorization.....FY 2019
Allocation Method.....Direct Federal; Competitive Contracts; Grants

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is responsible for administering the Pregnancy Assistance Fund (PAF), a competitive grant program for States and Indian Tribes to develop and implement projects to assist expectant and parenting teens, women, fathers and their families. PAF is authorized by Sections 10211-10214 of the Affordable Care Act (Public Law 111-148). The Act appropriates $25,000,000 for each of fiscal years 2010 through 2019 and authorizes the Secretary of the Department of Health and Human Services (HHS), in collaboration and coordination with the Secretary of Education (as appropriate) to establish and administer the PAF program.

PAF aims to strengthen access to and completion of education (secondary and postsecondary); improve child and maternal health outcomes; improve pregnancy planning and spacing and reduce the likelihood of repeat teen pregnancies; increase parenting skills for mothers, fathers, and families; strengthen co-parenting relationships and marriage where appropriate; increase positive paternal involvement; improve services for pregnant women who are victims of domestic violence, sexual violence or assault, and stalking; and raise awareness of available resources.

OAH manages a performance measurement system for all PAF grantees. Data collected between August 2015 through July 2016, show that PAF grantees served almost 16,000 participants and partnered with over 1,200 organizations. Of the participants served by PAF grantees, 55% are expectant or parenting mothers, 8% are expecting or parenting fathers, and 37% are children. The majority of participants are 16-19 years of age. The services for which grantees provided referrals and supports included education support services; concrete supports such as food, housing, and clothing; child care; health care; intimate partner violence prevention;, transportation; vocational services; case management; home visitation services; healthy relationships and parenting skills information. Final performance data for this PAF cohort will be available in December 2017.

In FY 2017, the PAF will continue support for grantees with five year project periods from FY 2015-2019. Also, in FY 2017 OAH will competitively award a new set of grants for a three year project period (FY 2017-2019). Based on lessons learned from the past cohorts of PAF grantees, OAH is revising the PAF Program performance measures for the next cohort of grantees to collect data in core domains including education, workforce, repeat pregnancy, and prenatal care, in addition to reach and demographic information.

Funding History

Fiscal Year	Amount
FY 2013	$23,725,000
FY 2014	$23,200,000
FY 2015	$23,175,000
FY 2016	$23,300,000
FY 2017 Annualized CR	$23,256,000

Budget Request

The FY 2018 President's Budget request for the Pregnancy Assistance Fund of $25,000,000 represents a $1,744,000 increase over the FY 2017 Annualized CR level of $23,256,000. In FY 2017, the program was subject to sequester, resulting in a $1,744,000 reduction absorbed through across the board reductions in the grant awards. The FY 2018 request funds the second year of programming for PAF grantees competitively selected in FY 2017. These funds will be used to continue to support expectant and parenting teens, women, fathers and their families to improve their health, educational, and social outcomes.

In addition, the FY 2018 request level will continue to support project management, training, and technical assistance for the PAF grantees. In FY 2018, OAH anticipates issuing a new competitive contract to provide training, technical assistance, and capacity building support for the PAF grantees. This will include facilitating the exchange of information on best practices and program related resources, capacity building for program implementation, supporting program goals of recruiting and retaining young fathers, and developing strategies for sustaining programmatic efforts. The FY 2018 budget request also supports the OAH Strategic Communications contract to maintain the OAH website and the PAF Resource and Training Center, an online repository of training and technical assistance materials for professionals working with expectant and parenting teens.

Department of Health and Human Services
Office of the Assistant Secretary for Health
FY 2018 Discretionary State Grants
Pregnancy Assistance Fund (PAF)

State/Territory	FY 2016 Enacted	FY 2017 Annualized CR[1]	FY 2018 President's Budget[1]	Difference 2018 +/- FY 2017
Children's Trust Fund of South Carolina	$1,466,399.52	TBD	TBD	0
Choctaw Nation of Oklahoma	$955,537.21	TBD	TBD	0
Commonwealth of Massachusetts	$1,466,399.52	TBD	TBD	0
Confederated Salish and Kootenai Tribes	$490,653.23	TBD	TBD	0
Connecticut State Department of Education	$1,466,399.52	TBD	TBD	0
Health Research, Inc./New York State Department of Health	$1,300,696.80	TBD	TBD	0
Michigan Department of Community Health	$1,085,841.77	TBD	TBD	0
Minnesota Department of Health State Treasurer	$1,296,438.93	TBD	TBD	0
Montana Department of Public Health and Human Services	$977,599.68	TBD	TBD	0
New Mexico Public Education Department	$1,282,836.34	TBD	TBD	0
North Carolina Department of Health and Human Services	$1,253,479.79	TBD	TBD	0
Oregon Department of Justice	$977,973.13	TBD	TBD	0
Riverside-San Bernardino County Indian Health	$688,577.22	TBD	TBD	0
State of California Maternal, Child, and Adolescent Health	$1,350,198.52	TBD	TBD	0
State of New Jersey Department of Children and Families	$1,448,253.42	TBD	TBD	0
Washington State Department of Health	$1,380,968.94	TBD	TBD	0
Wisconsin Department of Public Instruction	$1,466,398.55	TBD	TBD	0
New Hampshire Department of Education	$373,180.10	$373,180.10	$373,180.10	0
Mississippi State Department of Health	$622,671.36	$622,671.36	$622,671.36	0
Missouri Department of Elementary and Secondary Education	$623,599.11	$623,599.11	$623,599.11	0
New Grant Awards – TBD	$0	$20,354,652	$20,354,652	
Subtotal States/Tribes*	**$21,974,103**	**$21,974,103**	**$21,974,103**	**0**
Program Support	**$1,325,897**	**$1,325,897**	**$1,325,897**	**0**
Total Resources	**$23,300,000**	**$23,256,000**	**$25,000,000**	**0**

1. Awards displayed are new competitions in FY 2017 and continuation information for FY 2018 is not known at this time.
2. FY 2014 & FY2015 unobligated funds in the amount of $1,172,031.30 to offset FY2016 funds.

SUPPORTING EXHIBITS

DETAIL OF POSITIONS

Detail	FY 2016 Final[5]	FY 2017 Annualized CR	FY 2018 Budget
Executive level I	1	1	1
Executive level II	1	1	1
Executive level III	-	-	-
Executive level IV	2	2	2
Executive level V	1	1	1
Subtotal	**5**	**5**	**5**
Total – Executive Level Salaries	**$ 880,336**	**$ 891,780.17**	**$ 908,724**
SES	110	109	109
Total - ES Salary	**$ 18,286,593**	**$ 18,355,916**	**$ 18,704,678**
GS-15	204	204	206
GS-14	322	320	323
GS-13	192	192	196
GS-12	225	224	227
GS-11	179	179	179
GS-10	21	21	21
GS-9	128	128	127
GS-8	56	56	56
GS-7	41	41	41
GS-6	6	6	6
GS-5	5	5	5
GS-4	8	8	8
GS-3	7	7	7
GS-2	1	1	1
GS-1	-	-	-
Subtotal	**1,395**	**1,392**	**1,403**
Commissioned Corps	51	51	50
Total Positions[6]	**1,561**	**1,557**	**1,567**
Average ES Level	IV	IV	IV
Average ES salary	$ 159,014	$ 161,017	$ 164,076
Average GS grade[7]	13.7	13.7	13.8
Average GS Salary[8]	$ 132,039	$ 131,927	$ 135,808
Average Special Pay Categories	**-**	**-**	**-**

[5] FY16 Final FTE level is displayed at the Enacted Level.

[6] Total does not include Department Appeals Board FTE supported with mandatory funding.

[7] FY 2013 through FY 2015, GS average based on calculation of direct budget authority salary only. FY 2016 to present, GS average based on calculation of direct and reimbursable salary and benefits combined.

[8] FY 2013 through FY 2015, GS average based on calculation of direct budget authority salary only. FY 2016 to present, GS average based on calculation of direct and reimbursable salary and benefits combined.

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail	FY 2016 Final Civilian	FY 2016 Final Military	FY 2016 Final Total[9]	FY 2017 Estimate Civilian	FY 2017 Estimate Military	FY 2017 Estimate Total	FY 2018 Estimate Civilian	FY 2018 Estimate Military	FY 2018 Estimate Total[10]
Direct	*965*	*27*	*992*	*965*	*27*	*992*	*971*	*26*	*997*
Reimbursable	*545*	*24*	*569*	*541*	*24*	*565*	*546*	*24*	*570*
Total FTE	***1510***	***51***	***1561***	***1506***	***51***	***1557***	***1517***	***50***	***1567***
-	-	-	-	-	-	-	-	-	-
Average GS Grade[11]	-	-	-	-	-	-	-	-	-
FY 2014	13.4	-	-	-	-	-	-	-	-
FY 2015	13.5	-	-	-	-	-	-	-	-
FY 2016	13.7	-	-	-	-	-	-	-	-
FY 2017	13.7	-	-	-	-	-	-	-	-
FY 2018	13.8	-	-	-	-	-	-	-	-

[9] FY16 Final FTE level is displayed at the Enacted Level.

[10] Total does not include FTE associated with Department Appeals Board program level request.

[11] FY 2014 through FY 2015, GS average based on calculation of direct budget authority salary only. FY 2016 through present, GS average based on calculation of direct and reimbursable salary and benefits combined.

FTE FUNDED BY THE AFFORDABLE CARE ACT

(Dollars in Thousands)

Program	Section	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FTEs
Pregnancy Assistance Fund Discretionary P.L. (111-148)	**Section 10214**	**25,000**	**25,000**	**25,000**	**25,000**	**23,200**	**23,175**	**23,300**	**23,256**	**25,000**	**2**

STATEMENT OF PERSONNEL RESOURCES

General Departmental Management

Total Full-Time Equivalents

	FY 2016 Target	FY 2016 Estimate[12]	FY 2017 Estimate	FY 2018 Estimate
Direct Ceiling FTE	964	992	992	*997*
Reimbursable Ceiling FTE	527	569	565	*570*
Total Ceiling FTE	**1491**	**1561**	**1557**	**1567**[13]
Total Civilian FTE	1440	1510	1506	1517
Total Military FTE	51	51	51	50

[12] FY16 Final FTE level is displayed at the Enacted Level.

[13] Total does not include FTE associated with Department Appeals Board program level request.

FTE PAY ANALYSIS

Detail	FY 2016	FY 2017	FY 2018
Total Direct FTE	**992**	**992**	**997**
Number change from previous year	+22	-	+5
Funding for object classes 11 and 12	$129,172	$129,170	$130,900
Average cost per FTE	$130	$130	$133
Percent change in average cost from previous year	-1.2%	-0.0%	+2.1%
Average grade/step of GS employee	13.7	13.7	13.8

RENT AND COMMON EXPENSES

(Dollars in Thousands)

Details	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Rent	**-**	**-**	**-**	**-**
GDM *	8,703	8,703	8,792	+89
ASFR	-	-	-	-
DAB	-	-	-	-
IEA	-	-	-	-
OGA	500	500	505	+5
OGC	2,588	2,588	2,614	+26
OASH	4,298	4,267	4,178	-89
Subtotal	**16,089**	**16,058**	**16,089**	**+31**
Operations and Maintenance	**-**	**-**	**-**	**-**
GDM *	3,902	3,871	3,777	-94
ASA	268	268	271	+3
ASFR	296	296	299	+3
DAB	41	41	51	+10
OGA	216	216	218	+2
OGC	1,377	1,377	1,391	+14
OASH	1,718	1,718	1,725	+7
Subtotal	**7,817**	**7,787**	**7,732**	**-55**
Service and Supply Fund	**-**	**-**	**-**	**-**
GDM Shared Services	7,590	7,576	7,590	+14
GDM *	564	592	622	+30
ASA	2,120	2,226	2,337	+111
ASFR	5,436	5,708	5,993	+285
DAB	1,113	1,168	1,227	+58
OGA	965	1,014	1,064	+51
OGC	6,972	7,321	7,687	+366
OASH	7,527	7,903	8,299	+395
Subtotal	**24,698**	**25,933**	**27,229**	**+1,297**

SIGNIFICANT ITEMS IN CONFERENCE, HOUSE, AND SENATE APPROPRIATIONS COMMITTEES REPORTS

House Report 114-699

Item

Administrative and Overhead Costs - The Committee remains concerned by the amount of funds being spent on administrative costs throughout the Department, and the fact that the Department routinely skims program funds ''off the top'' of appropriated line items to support central grants management staff and other indirect costs. Although these costs are capped at approximately 10 percent for most grants and contracts, this practice greatly reduces the resources available to projects in the field. Last year, the Committee directed the Department to include in the annual budget justification for fiscal year 2017, and each year thereafter, the amount and percentage of administrative and overhead costs spent by the Department for each program line item. The Committee notes that this directive was not complied with in the fiscal year 2017 budget submission and reiterates its directive to include this information in fiscal year 2018.

Action Taken or To Be Taken

Please refer to page 144 for a detail table of Administrative and Overhead Costs.

Item

International Public Health Leadership - The Committee recognizes the importance of U.S. leadership in international health policy discussions and directs the Secretary of the Department of Health and Human Services to ensure that all such policy recommendations are drafted only after a transparent and inclusive public comment process has been established. Furthermore, all policy recommendations should be derived from sound science and well established data and should also include a thorough cost and benefit analysis. Policy recommendations must also take into account the perspectives of all relevant U.S. agencies and must be consistent with U.S. international trade obligations.

Action Taken or To Be Taken

The Office of Global Affairs (OGA) is a policy coordination and development office that works closely with HHS operating and staff divisions, other U.S. government agencies, and the White House. OGA manages several global health work streams that draw significant interest from sectors outside of health, including agriculture, commerce, trade, defense, development, and foreign affairs. OGA convenes an inclusive and transparent process in its policy development work, through frequent and broad interagency communications and coordination, and welcomes the perspectives and engagements of other relevant agencies toward strengthening global policy to best support US government equities and promote health globally. In developing global health policy, OGA seeks out and works with the appropriate technical experts across the US government (not only within HHS) to ensure that policy is based on the best available data and science and is in line with US laws and obligations.

OGA also welcomes and encourages non-governmental stakeholders, including non-governmental, philanthropic and private sector entities to communicate with our office on policy issues relevant to their work. Every year ahead of the World Health Assembly, the World Health Organization's annual high level meeting to develop and agree on elements of global health policy, the Office of Global

Affairs holds a Stakeholder Listening Session to solicit input from non-governmental stakeholders into the items that will be discussed and decided during the course of the Assembly. The Listening Session is open to all interested parties, and OGA posts notice of it in the Federal Register to ensure broad participation. In addition, throughout the year, OGA meets with non-governmental stakeholders upon their request to hear their perspectives for consideration in the policy development process.

Item

Tribal Advisory Committee -The Committee appreciates the Secretary's Tribal Advisory Committee as a tool to facilitate intergovernmental interaction with the tribal governments. The Committee requests the Secretary use this and the HHS Tribal Consultation process to examine ways to better integrate, prioritize, and streamline grants, contracts, and other funding mechanisms for tribes that support programs such as public health, mental health, and dental care, among others. The review should examine how funds can be better coordinated or provided directly to tribes in a manner that supports the tribal, Federal, and State objectives where all three have an interest. Further, the Committee expects the Secretary to use the review to consider improved methods to prioritize and coordinate funds made available to tribes to meet the objectives of the tribally led health assessments. Finally, the Committee requests the Secretary explore alternative approaches to better maximize the health prevention activities that examine the various HHS-wide programs, mechanisms, and flexibilities in consultation with the Tribal Advisory Committee process.

Action Taken or To Be Taken

Consultation and Secretary's Tribal Advisory Committee (STAC)

The STAC was established in 2010 by HHS in an effort to create a coordinated, Department-wide strategy to incorporate tribal guidance on HHS priorities, policies, and budget. Since its inception in 2010, HHS has elevated the level of attention given to the government-to-government relationship with Indian tribes and has developed mechanisms for continuous improvement and communication with our partnerships with tribes. HHS recently wrapped up the 19th Annual Tribal Budget Consultation. Each year, HHS hosts the Annual Tribal Budget Consultation Session to provide a forum for tribes to collectively share their views and priorities with HHS officials on national health and human services funding priorities and make recommendations for the Department's budget request.

Actions and Accomplishments Directly Related to Committee Request

Grants Access and Eligibility

In past efforts, to address Grants Access and Eligibility concerns from the STAC and Tribes in general, HHS has made efforts to increase access and availability for Tribes to HHS resources using a two pronged approach through the Inter-Departmental Council on Native American Affairs (ICNAA) as requested and directed by STAC:

1. Increasing Tribal Eligibility:
    - determine funding opportunities, for which Tribes are eligible, so Tribes and HHS can identify priorities for technical assistance on application processes
    - determine the funding opportunities, for which Tribes are not eligible and identify the nature of the barrier, so that HHS and Tribes can identify priorities and develop options to reduce them where possible

2. Increase Access to Grants through Grants Training: The ICNAA also worked to create a large scale, tribal specific workshop to:
    - Inform tribal communities about current HHS tools for accessing grant opportunities and the grants process at HHS
    - Receive feedback from tribal communities on how HHS can improve accessibility
    - Build a better working relationship between HHS and tribal communities

In January 2014, 100 tribal grant writers attended the workshop. After receiving positive feedback from participants, the ICNAA hosted similar workshops in conjunction with the 2015 Regional Consultation Sessions. Additionally, individual agencies continue to host conference calls, webinars and in person trainings for Tribes and Tribal Organizations to increase access to grants.

Tribal State Relations

In an effort to improve relations between Tribes and States, the Department of Health and Human Services worked to address Tribal/State Relations. The Tribal/State Relations, subgroup of the STAC, was established to begin exploring how HHS can assist with improving Tribal State Relations as it relates to HHS services and funding. In 2010 the HHS Tribal Consultation Policy was updated to include a section dedicated to HHS work with States.

2017 and Beyond

As HHS moves forward, HHS leadership and the ICNAA remain committed to honoring and upholding the government to government relationship through our consistent engagement with the STAC and Tribes through consultation to set tribal priorities for HHS to work on and address including continuing to increasing Grants Access and Eligibility as well as improve Tribal, State and Federal Relations.

Through guidance from Tribes and the STAC, HHS and the ICNAA is committed to working to coordinate our work in addressing Tribal priorities to:

- examine ways to better integrate, prioritize, and streamline grants, contracts, and other funding mechanisms for Tribes;
- examine how funds can be better coordinated or provided directly to tribes in a manner that supports the tribal, Federal, and State objectives where all three have an interest;
- consider improved methods to prioritize and coordinate funds made available to tribes to meet the objectives of the tribally led health assessments; and
- explore alternative approaches to better maximize the health prevention activities that examine the various HHS-wide programs, mechanisms, and flexibilities in consultation with the Tribal Advisory Committee process.

Item

Quick Health Data Online System - The Committee directs the Secretary to continue the operation of the Quick Health Data Online System. The ongoing and upgraded version of the data query system should include all variables previously available, and access data from relevant datasets beyond HHS. User-friendly data queries should have the capacity to seek information by sex and by race/ethnicity simultaneously, at the State and county levels.

Action Taken or To Be Taken

The Office on Women's Health (OWH) continues development of an online health data system and evaluating options to move the online system to another HHS agency.

The Health Information Gateway website, formerly Quick Health Data Online, is in development and on schedule. To reduce operation and maintenance costs and to ensure up-to-date security standards, OWH began the development of a new system that retains data query features important to end users. The anticipated launch date of an initial data set is expected by the fall of 2017. At the present time, preliminary user testing is underway.

Item

Breastfeeding and Medications - Nearly 4 million women in the United States give birth each year and 3 million breastfeed their infants. Almost all of those women will take a medication during this time. However, not much is known about the effects of those medications on the woman or baby. The Committee asks the Secretary to create a task force consisting of all HHS agencies—including NIH, FDA and CDC, among others, public stakeholders including healthcare professionals, consumers, and industry representatives to meet several times throughout the year and report to Congress on the following: existing Federal research and programs related to medications during pregnancy and lactation—both public and private; a list of disease states in which pregnant and lactating women may take prescription medications; appropriate research endpoints for clinical trials in pregnancy; and recommendations for future steps in ensuring the safety and efficacy of drugs in pregnancy and lactation, among other appropriate topics.

Action Taken or To Be Taken

The 21st Century Cures Act (P.L. 114-255), which was signed into law in late 2016, directed the Secretary of HHS to establish a "Task Force on Research Specific to Pregnant Women and Lactating Women." The purpose of the new Task Force is to identify and make recommendations to address gaps in knowledge and research about safe and effective therapies used during pregnancy and for lactating women, and to explore ethical issues of including pregnant women and lactating women in clinical research. It is charged with reporting its findings and recommendations to the Secretary by September 2018, who then has six months to decide whether changes to regulations or other actions to increase knowledge in this area may be warranted. The Task Force expires two years from the date of its establishment and may be extended by the Secretary.

The authority to establish the Task Force was delegated from the HHS Secretary to the National Institutes of Health (NIH) Director on January 19, 2017. A Federal Charter establishing the Task Force was filed on March 13, 2017, within in the 90-day time frame required by the law; a notice of the Task Force's establishment was published in the *Federal Register*. Since the Task Force is charged with providing recommendations to the Secretary, implementation must comply with the requirements of the Federal Advisory Committee Act. Working through the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, the NIH is proceeding with implementation, including an analysis of currently supported research on medication use by pregnant and lactating women and collecting data on relevant activities across the Federal government. The NIH will submit to the Secretary for his approval a balanced slate of nominees for Task Force membership, including representatives of the Federal agencies named in the law, patient advocacy organizations, professional societies, and industry. Notice of the first two meetings has

been posted in the *Federal Register*[14]*;* the first meeting of the Task Force is scheduled for August, 2017. In addition, a web site has been established to make these documents available to the public[15].

Item

Sexual Risk Avoidance - The Committee provides $20,000,000 in budget authority for sexual risk avoidance programs, which is $10,000,000 above the fiscal year 2016 level and $20,000,000 above the fiscal year 2017 budget request. In implementing these funds, it is the intent of the Committee that HHS provide substantive and practical technical assistance to grantees so they place meaningful emphasis on Sexual Risk Avoidance (SRA) in all educational messaging to teens. The Committee notes that such technical assistance should be provided in the following venues: during National and regional conferences, webinars and one-on-one conversations with funded projects. The Committee further intends that SRA-credentialed experts consult with grantees and HHS staff with oversight of these programs on methodologies and best practices in SRA for teens. The Committee also encourages all operating divisions at HHS that implement or inform youth programs to consistently implement a public health model that stresses risk avoidance or works to return individuals to a lifestyle without risk, particularly as it relates to sexual risk.

Action Taken or To Be Taken

In FY 2016, 21 Sexual Risk Avoidance Education (SRAE) grantees were awarded three year projects to support the continuity of services to targeted populations of youth. SRAE grantees are projected to serve over approximately 16,000 youth in FY 2017. Grantees use an evidence-based approach and/or effective strategies through medically accurate information referenced in peer-reviewed publications to educate youth on how to avoid risks that could lead to non-marital sexual activity. Projects are implemented using a Positive Youth Development (PYD) framework as part of risk avoidance strategies, to help participants build healthy life skills, build on or enhance individual protective factors that reduce risks, and empower youth to make healthy decisions.

Item

Within the total provided, the Committee provides sufficient funding for the OIG to monitor HHS compliance with the provision that prohibits the use of Federal funding for lobbying campaigns. The Committee remains concerned that certain HHS operating divisions have skirted the prohibition on using taxpayer funding to lobby State and or local governments. As such, the Committee requests that the OIG monitor grantee activities to ensure that no taxpayer resources are used for lobbying.

Action Taken or To Be Taken

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

[14] https://www.federalregister.gov/documents/2017/03/21/2017-05486/eunice-kennedy-shrive-national-institute-of-child-health-and-human-development-notice-of-committee

[15] https://www.nichd.nih.gov/about/advisory/PRGLAC/Pages/index.aspx

Senate Report 114-274

Item

Antibiotic Resistance - The Committee supports the CARB initiative that strengthens efforts to prevent, detect, and control illness and deaths related to infections caused by antibiotic resistant bacteria. The Committee directs the Department to continue to work with DOD, USDA, VA, and FDA to broaden and expand efforts to track and store both antibiotic resistant bacteria genes and the mobile genetic elements from antibiotic resistant bacteria along with metadata. The Committee also recognizes the importance of basic and applied research toward the development of new vaccines as a way to prevent future antibiotic resistance through infection prevention and control. The Committee urges the Secretary to prioritize this research as part of its strategy to combat antibiotic resistance. The Committee also urges the Secretary to consider the use of existing vaccines in antibiotic stewardship efforts to help mitigate new resistance development. The Department shall include in the fiscal year 2018 CJ a detailed update on the progress being made to implement the CARB national strategy.

Action Taken or To Be Taken

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

Item

Dietary Guidelines - The Committee encourages HHS to work with related agencies to ensure that Dietary Guidelines are consistent with Federal nutrition policy, education, outreach, and food assistance programs. The Department should include an update on these efforts in its fiscal year 2018 CJ.

Action Taken or To Be Taken

The United States Department of Agriculture (USDA) is the lead agency for establishing the charter for the next Federal Advisory Committee and funding the operational costs of the Committee and costs associated with developing and releasing the 9th edition of the Dietary Guidelines. The expected release of the 9th edition is on or around December 2020. HHS will continue to collaborate with USDA to develop guidelines that shall be promoted by each Federal agency in carrying out any Federal food, nutrition, or health program. The Office of Disease Prevention and Health Promotion (ODPHP) within the Office of the Assistant Secretary for Health, leads the process to update the Dietary Guidelines. ODPHP communicates iteratively with other HHS agencies with nutrition expertise and missions, in particular, NIH, FDA, and CDC. Cross departmentally, HHS works closely with the Center for Nutrition Policy and Promotion of USDA to jointly manage the process of updating the Dietary Guidelines every 5 years. HHS and USDA co-lead the Interagency Committee on Human Nutrition Research and its Subcommittee on Dietary Guidance, which provides invaluable information sharing and collaboration to ensure that the Dietary Guidelines continues to provide a scientific foundation for Federal nutrition policy, education, outreach, and food assistance programs.

Per the Agricultural Act of 2014 the *2020-2025 Dietary Guidelines* will expand to include dietary guideline for women who are pregnant and children from birth to age 2 years. The development process for this next edition will initiate with a call for nominations for potential committee members in calendar year 2017. Although HHS and USDA work seamlessly in collaboration throughout this process, USDA has the lead responsibility for establishing the charter for the next

Federal Advisory Committee and funding the operational costs of the Committee and costs associated with developing and releasing the 9th edition of the Dietary Guidelines, which would be expected in or around December 2020.

Item

Geroscience - The Committee commends NIA's leadership of the Trans-NIH Geroscience Interest Group, which promotes coordinated discussion and action on NIH-funded geroscience research to reduce the burden of age-related diseases. The Committee remains concerned over the rates of chronic disease in the older adult population and recognizes that accelerated breakthroughs from geroscience research into the biological basis of aging is essential to targeting changes that take place as a result of aging. The Committee urges the Secretary to consider establishing an Interagency Geroscience Research Coordination Committee [IGRCC] comprised of representatives from the NIA, NIAMS, the NCI, the NEI, NHLBI, NINDS, NIGMS, NHGRI, CDC, FDA, DOD, VA, and EPA. The goal of the IGRCC would be to identify and direct grants for new geroscience research.

Action Taken or To Be Taken

The trans-NIH GeroScience Interest Group (GSIG) was established in 2012, led by the National Institute on Aging (NIA). Currently, 21 NIH Institutes and Centers, including those named in the above Item, are active participants. The purpose of this groundbreaking group is to promote and support the emerging field of geroscience, which explores the molecular and cellular mechanisms that make aging itself the primary risk factor for many chronic diseases and conditions. The focus of geroscience research is on increasing the years of a healthy life -- the health span – rather than the lifespan.

The GSIG has been tremendously active and influential. Geroscience Summits held in 2013 and 2016 have led to the publication of seminal papers in the field, and the GSIG has coordinated two Funding Opportunity Announcements soliciting research relevant to aging and geroscience. One solicits research to elucidate the link between chronic inflammation and age-related disease; to date, eight projects have been funded. The other, under which 14 awards have been made, is testing whether or not a laboratory animal's age is an important consideration in experimental outcomes of basic and translational research. (The majority of studies of human conditions and diseases in laboratory animals are done using young animals, which may be appropriate in some but not all contexts.) These activities include extensive collaboration among NIH Institutes and Centers with interest in the diseases and conditions of aging.

In addition, in 2013 the NIA also initiated support for the Geroscience Network, an interdisciplinary network of aging research centers whose goal is to understand and exploit links between aging and chronic disease. In the past five years, researchers within the Geroscience Network have conducted workshops and meetings to explore this new field, and in August 2016, a special issue of the Journals of Gerontology: Series A – Biological Sciences and Medical Sciences was published containing six papers written by Network researchers mapping strategies for moving new drugs that target processes underlying aging into clinical trials. Researchers believe that such agents would hold promise for treating multiple age-related diseases and disabilities.

In FY 2018, GSIG and Network investigators plan to continue research on effects of aging on disease and vice versa, and to identify a broad set of interventional strategies that could be tested on humans. Although an Interagency Geroscience Research Coordinating Committee does not currently

exist, HHS will explore the potential to build upon GSIG efforts to further coordinate geroscience research across the department.

Item

Global Health Research Strategy - The Committee requests an update on how CDC, FDA, BARDA, and NIH—including NCATS—jointly coordinate global health research activities with specific measurable metrics used to track progress toward agreed upon health goals.

Action taken or to be taken

CDC coordinates global health research with NIH's Institutes, FDA and BARDA in areas of mutual interest. CDC actively participates on the Fogarty International Center's Advisory Board, which provides coordination for the entire NIH global health research portfolio. Our collaborative activities address the HHS Global Health Objectives to enhance surveillance, prevent health threats, prepare for emergencies, strengthen international standards, catalyze research, and strengthen health systems and address changing disease patterns.

CDC is engaged in the development of new, innovative laboratory diagnostic tools, ranging from point-of-care diagnostics to advanced molecular tests, for Ebola and other viral hemorrhagic fever viruses. With regulatory oversight of the FDA, CDC works with its partners, NIH, BARDA, and DoD, for the approval for use process. These activities help detect infectious disease threats at an early stage and also prevent them from reaching the United States. Additionally, the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) provides global interagency coordination between CDC, FDA, BARDA and NIH to enhance chemical, biological, radiological and nuclear threats and emerging infectious disease preparedness.

CDC is engaged with many partners, including NIH, DoD and the State Department, in the design and development of sustainable forward-deployed laboratories to more rapidly detect and characterize potential infectious disease threats of significant concern to the United States. CDC collaborates with BARDA in procuring and managing medical countermeasures for the Strategic National Stockpile and organizing effective response measures in the event of a public health emergency.

CDC is participating in a broad inter-agency partnership with NIH and FDA, coordinated by BARDA, for the advanced development of influenza vaccines leading to the eventual development of a "universal vaccine" that would offer better, broader and longer-lasting protection against seasonal influenza viruses as well as novel influenza viruses. These types of advances are applicable to vaccines for other infectious diseases, such as Ebola, Zika, Dengue, and Chikungunya.

Item

Nonrecurring Expenses Fund [NEF] - The Department is directed to include in its fiscal year 2018 CJ the amount of expired unobligated balances available for transfer to the NEF and the amount of any such balances transferred to the NEF. This should include actual or estimated amounts for the prior, current, and future budget years. The description should include specific projects, costs, project total cost, and years expected to complete as well as the specific projects supported in the current year.

Action Taken or To Be Taken

Please see the Nonrecurring Expenses Fund President's Budget for a narrative on this item.

Item

Opioid Use and Abuse - The Committee notes that opiate use and addiction continue to pose epidemic-sized challenges in the United States. To increase access to life-saving anti-addiction medication, the Secretary is urged to consider whether naloxone should cease to be a prescription-only drug and be more readily available as a behind-the-counter drug. The Committee also urges the Secretary to convene or coordinate an interagency working group to encourage States and local governments to increase opportunities for disposal of opiates and to reduce opportunities for abuse, such as by establishing opioid dispensing limits at hospital emergency departments and other locations. The Secretary should take all appropriate action to increase access to treatment of opioid use disorders, including medication-assisted treatment.

Action Taken or To Be Taken

This grant allows grantees to purchase naloxone within their states and provide needed training for appropriate application. As well as, these grantees are required to develop a dissemination plan and a training course tailored to meet the needs of their state. The course would use SAMHSA's Opioid Overdose Prevention Toolkit as a guide, and include a comprehensive prevention program, which will focus on prevention, treatment and recovery services to decrease the likelihood of drug overdose recurrence.

SAMHSA will continue its collaboration with CDC to implement the most effective outreach strategies and reduce any duplication of activities. The two agencies are coordinating to ensure that the efforts are aligned with HHS's recently established policy and plan for prevention of Opioid-Related Overdoses and Deaths involving multiple Operating Divisions and offices.

The HHS Behavioral Health Coordinating Committee will discuss initiatives to increase opiate drug take back programs. In addition, SAMHSA will provide additional technical assistance to grantees in support of opiate and other drug take back programs.

A number of actions were taken to increase access to treatment for opioid use disorder, including medication-assisted treatment. These efforts include: raising the patient limit for qualified prescribers of buprenorphine to 275 individuals at a time in July 2016; publication of a clinical guide on buprenorphine, SAMHSA's Advisory: "Sublingual and Transmucosal Buprenorphine for Opioid Use Disorder: Review and Update"; and release of the app MATx for primary care providers.

Item

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome - The Committee is aware that the Protecting Our Infants Act of 2015 requires the Secretary to conduct a review of the Department's planning and coordination activities related to prenatal opioid use disorders and neonatal abstinence syndrome, as well as address gaps in research and treatment. The act also requires the Secretary to develop recommendations for preventing and treating prenatal opioid use disorders and neonatal abstinence syndrome. The Committee urges the Secretary to ensure that the report and recommendations required by the act are submitted within the timeframe required by the act.

Action Taken or To Be Taken

At the request of the Secretary, the Behavioral Health Coordinating Council, Prescription Drug Abuse Subcommittee directed a team at SAMHSA to conduct a review of the Department's planning and coordination activities related to prenatal opioid use disorders and neonatal abstinence syndrome,

including gaps in research and treatment. Recommendations were also developed for preventing and treating prenatal opioid use disorder and neonatal abstinence syndrome. The Protecting Our Infants Act Report to Congress was transmitted to Congress on January 19th, 2017.

Item

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

Action Taken or To Be Taken

The Food and Drug Administration (FDA) is responsible for ensuring the safety of the nation's seafood supply to ensure protection of the public health. Seafood sustainability is outside the scope of FDA's mission. FDA will not use or recommend the use of third party, nongovernmental certification for seafood sustainability.

Item

Tuberculosis [TB] - The Committee notes the release of the President's National Action Plan for Combating Multi Drug Resistant TB in December 2016. The Committee urges the Secretary to prioritize implementation of the plan in coordination with the Federal TB Task Force, CDC, and NIH.

Action Taken or To Be Taken

CDC supports the implementation of the National Action Plan for Combating Multi Drug Resistant Tuberculosis (MDR-TB). The three overarching goals of the National Action Plan—1) to strengthen domestic capacity to track and treat MDR-TB in the U.S.; 2) to improve international capacity and collaboration to combat MDR-TB abroad; and 3) to accelerate basic and applied research and development to bolster efforts to fight this disease—are essential components of a robust plan and set of targeted interventions to address MDR-TB in the U.S. and abroad.

CDC is the lead for strengthening domestic capacity to combat MDR-TB. CDC funds state and local health departments' tuberculosis (TB) prevention and control efforts including surveillance, laboratory services, training for medical providers, outreach to people who have come into contact with infectious TB, and care and treatment for people suffering with TB disease. Care and treatment is critical to preventing drug resistance. The US has approximately 100 new MDR TB cases each year. While this number is low compared with other countries, successful treatment of MDR TB requires lengthy regimens of toxic drugs and imposes high costs on the health care system and society. The direct costs associated with treatment average $134,000 per MDR TB case.

Under the National Action Plan, CDC and state and local TB programs are upgrading surveillance systems, case definitions, and reporting methods for drug-resistant TB. This includes transitioning to next-generation sequencing for molecular detection for drug-resistant TB cases, which will enable better tracking of disease burden, targeting of resources, and linkages to care and contact investigations. Additionally, most U.S. TB Control programs have experienced shortages of essential drugs for TB treatment. CDC and the Department of Health and Human Services' Supply Service Center have created a small stockpile of essential TB drugs—a $1.9 million supply—that can be distributed to TB programs in the event of a national manufacturing shortage, preventing treatment interruption. CDC also supports research on active TB disease with the goal of preventing MDR-TB. CDC is conducting a study to compare traditional directly observed therapy with directly observed therapy delivered electronically to ensure day-to-day support for patients to successfully complete the long, frequently debilitating treatment for TB disease.

The National Action Plan is intended to promote greater coordination of U.S. Government resources—including domestic, bilateral, and multilateral funding—to reduce the domestic and global risk of MDR-TB, increase the American public's awareness of the threats posed by MDR-TB, and serve as a call to action to encourage bilateral and multilateral donors, the private sector, and affected countries to increase investments in this critical area of worldwide concern. In alignment with the plan, CDC is working with partners globally to lessen the threat of MDR TB domestically. CDC in conjunction with our partners is developing comprehensive national TB/MDR-TB laboratory strategic plans addressing provision and placement of services at each level as part of each country's National TB Strategic Plan. This includes the strategic partner countries of South Africa, India, and Ukraine. CDC also assisted countries in determining gaps in their TB surveillance systems, which could have led to missed diagnosis opportunities and increased spread of TB. CDC in collaboration with the Government of India, a country with one of the highest TB burdens, has initiated interventions to address barriers to diagnosis and improve treatment initiation and adherence. CDC is also leading a multi-site clinical trial that will inform clinical and laboratory practice and guidelines and may expand, the currently limited treatment options for certain TB patients. In its continued effort to find, cure, and prevent TB, CDC is partnering with Kenya to facilitate Kenya's active participation in the oversight and conduct of therapeutic, preventative, diagnostic and implementation clinical trials for TB and TB/HIV that will lead to Kenya's enhanced capacity to prevent TB/MDR TB infection.

CDC and its partners achieved all year one National Action Plan milestones. CDC in collaboration with key technical partners will continue to build on our existing platforms for the implementation of the National Action Plan to reduce the burden of global TB.

Item

United States/Mexico Border - The Committee notes that in 2015, almost 181,000,000 people crossed this border, often to work or visit family, and were infected with, or were exposed to, serious infectious diseases. The Committee urges the Department to continue its efforts to conduct border infectious disease surveillance in order to identify and implement needed prevention and treatment. Such activity could focus on priority surveillance, epidemiology and preparedness activities along the borders in order to be able to respond to potential outbreaks and epidemics, including those caused by potential bioterrorism agents.

Action Taken or To Be Taken

CDC plans to continue its efforts to conduct border infectious disease surveillance and augment partnerships with U.S. Border States in order to identify, coordinate, and implement needed detection, prevention and treatment strategies.

- **CDC preparedness and response:**
  - CDC's El Paso Quarantine Station and contract staff expanded efforts to collaborate with the Texas Laredo Public Health Department in preparing a Communicable Disease Response Plan (CDRP) with port of entry (POE) partners.
  - As a binational effort, CDC's Border Infectious Disease Surveillance System (BIDS) relies on local, state, and federal collaboration to enhance infectious disease surveillance, build border-region epidemiology and laboratory capacity, and strengthen binational communication systems to improve disease prevention. As an example, the Texas

Department of State Health Services BIDS program conducts testing of influenza-like illness samples in order to identify novel strains of influenza.

- **Examples of CDC disease surveillance, detection, and prevention activities:**
  Zika/Vector borne disease
  - CDC's Division of Global Migration and Quarantine has been leading calls with communication and outreach experts from U.S. Border States to outline goals, gaps, and foster collaboration on vector-borne disease messages and materials for Spanish-speaking border and binational audiences.

  Tuberculosis
  - To increase the reach and impact of CDC's TB elimination activities, in 2016 CDC assumed administration of the CureTB patient referral program from the San Diego Public Health Department. CDC CureTB provides up-to-date, accurate information between healthcare providers, as well as assisting patients to continue treatment as they transit between countries. With federal administration of CureTB and its patient referral services, CDC can better leverage internal resources and expertise, as well as international partnerships with foreign public health authorities, to enhance the surveillance, detection, testing, and treatment of TB in mobile populations along the United States-Mexico border.

Item

HIV Community-Based Testing Programs - The Committee recognizes that several community-based programs have encouraged individuals at risk for HIV/AIDS to utilize FDA-approved home-based HIV testing technology to monitor their HIV status. The Committee urges the OMH to consider pilot or demonstration program within existing resources to gauge the effectiveness of this approach.

Action Taken or To Be Taken

The Office of Minority Health (OMH) collaborates with FDA, CDC, NIH and HRSA to gauge the effectiveness of the FDA-approved home-based HIV testing technology to monitor the HIV status of individuals at risk for HIV/AIDS. OMH will consider a pilot or demonstration program to determine the effectiveness of the approach within existing resources.

Item

HIV/AIDS and Hepatitis C - The Committee continues to be concerned about the HIV/AIDS epidemic in the African American community, and is aware of the concurrent high rates of co-infection with Hepatitis C as outlined by the HHS 2015 Forum on Hepatitis C in African American Communities. The Committee urges OMH to work aggressively to address opportunities to reduce the burden of HIV/AIDS and Hepatitis C by exploring partnerships for screening and implementing community engagement programs.

Action Taken or To Be Taken

The Office of Minority Health (OMH) leads a number of activities that address the high-rates of HIV/AIDS co-infection with Hepatitis C. OMH partners with the Office of HIV/AIDS and Infectious Disease Policy, CDC, and others, to implement the National HIV/AIDS Strategy and the National Viral Hepatitis Action Plan, which include African-Americans as one of the priority populations and goals for increasing awareness, screening, vaccination, and reducing the number of deaths for the African-American population.

OMH also co-sponsored a study by the National Academies of Sciences, Engineering, and Medicine (second phase released March 2017) on eliminating viral hepatitis in the United States. The report, *Eliminating the Public Health Problem of Hepatitis B and C in the United States*, provides a U.S. strategy for eliminating hepatitis B and hepatitis C virus infection and the disease and mortality caused by these agents as public health threats by 2030.

In September 2016, the OMH Resource Center co-sponsored the 4th US Conference on African Immigrant and Refugee Health – Rethinking Integration, Challenges, and Empowerment, held in New York, NY. This Conference included workshops on HIV/AIDS and Hepatitis C in African-American communities.

In addition, the OMH Resource Center awarded 12 subcontracts to organizations around the country to implement HIV and Hepatitis social marketing campaigns that support increased awareness of the co-infections of HIV and Hepatitis, and increased HIV testing and Hepatitis screening with referral to care, targeting minority and hard-to-reach communities. This program aims to strengthen existing HIV/AIDS, Hepatitis and community health worker (CHW) programs, combined HIV testing and Hepatitis screening, and improve Hepatitis networks to increase racial and ethnic minority population referrals into HIV treatment and Hepatitis care.

Each Hepatitis Awareness Month (May), National HIV Testing Day (June), and World AIDS Day (December), and through other health observances throughout the year, OMH helps promote awareness of HIV/AIDS and Hepatitis, and screening and implementing community engagement programs through social media, Twitter chats, speeches and presentations, and other outreach activities.

OMH will continue to explore partnerships to promote HIV/AIDS and Hepatitis C screening and the implementation of community engagement programs in order to reduce the burden of them.

Item

Lupus Initiative -The Committee continues to support the OMH National Health Education Lupus Program and its efforts to develop a clinical trial education and implementation plan for lupus. The action plan will focus on developing public-private and community partnerships, evaluating current minority clinical trial education and participation programs, and developing a research plan for creating new clinical trial education models in lupus. This will inform the development of the broader actionable lupus clinical trial education plan.

Action Taken or To Be Taken

OMH published a FY 2017 Funding Opportunity Announcement for a competitive grant program, National Lupus Outreach and Clinical Trial Education Program (Lupus Program). The Lupus Program seeks to reduce lupus related health disparities among racial and ethnic minority populations disproportionately affected by this disease by implementing a national health education program on lupus (Priority A); and developing, piloting, and assessing clinical trial education interventions for health care providers and paraprofessionals focusing on improving recruitment and retention rates in clinical trials for minority populations affected by lupus (Priority B). OMH intends to fund up to four grants to carry out Priority A and up to two grants to carry out Priority B for a total of $2,000,000 for both Priority A and Priority B, for a one year period, beginning July 1, 2017.

Item

Sexual Risk Avoidance - The Committee recommends $15,000,000 for sexual risk avoidance education. This is a competitive grant program that funds evidenced based abstinence models for adolescents. Funding for competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.

Action Taken or To Be Taken

In FY 2016, 21 Sexual Risk Avoidance Education (SRAE) grantees were awarded three year projects to support the continuity of services to targeted populations of youth. SRAE grantees are projected to serve over approximately 16,000 youth in FY 2017. Grantees use an evidence-based approach and/or effective strategies through medically accurate information referenced in peer-reviewed publications to educate youth on how to avoid risks that could lead to non-marital sexual activity. Projects are implemented using a Positive Youth Development (PYD) framework as part of risk avoidance strategies, to help participants build healthy life skills, build on or enhance individual protective factors that reduce risks, and empower youth to make healthy decisions.

Item

Appeals Backlog - The Committee continues to be concerned over the substantial backlog in the number of cases pending before ALJs at OMHA. In fiscal year 2016, the Committee provided an increase of $20,000,000 over fiscal year 2015 level and provides $5,000,000 in additional funding in fiscal year 2017. The Committee directs OMHA to use the additional funds provided to address the current backlog and requests a spend plan within 30 days after enactment of this act. This spend plan should include an estimate of total appeals that will be processed in fiscal years 2016–2018 with the resources available. This estimate should include the effect of administrative actions taken to reduce the backlog.

Action Taken or To Be Taken

OMHA remains committed to continuous improvement in the Medicare appeals process and has taken a number of administrative actions to address the pending appeals backlog. The additional $10 million in discretionary budget authority and $125 million in proposed mandatory funding requested in the FY 2018 President's Budget will be used to increase adjudicatory capacity by 819 positions, including up to 106 new Administrative Law Judges (ALJ) teams and 219 new magistrate and support positions. This will equate to an increase of 181,000 in annual appeal adjudication capacity. The legislative proposals included in the FY 2018 President's Budget will further position OMHA to address the Medicare appeals backlog.

A spending plan will be developed accordingly and delivered within 30 days after enactment. In collaboration with the ongoing intra-agency working group focusing on all levels of the Medicare appeals process, OMHA will provide semi-annual updates reflecting the total number of appeals filed, pending and disposed of for all levels.

Item

Electronic Health Records - The Committee believes HHS' work to encourage the adoption of electronic health records has provided important new opportunities to improve the quality, safety, and cost-effectiveness of health care. The Secretary is directed to further this work by studying

approaches to improve person-centered healthcare through patient access to health information. That work should examine accurate and timely record matching so that all EHR systems are collecting the information necessary for a fully interoperable system that protects patients from identity mismatch errors, but also considers patient privacy and security.

Action Taken or To Be Taken

Please see the Office of the National Coordinator for Health Information Technology President's Budget for a narrative on this item.

Grants.Gov

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

The Assistant Secretary for Financial Resources (ASFR) manages the Grants.gov program on behalf of the 26 federal grant-making agencies. Grants.gov is the Federal government's hub for grants applications and information on over 1,000 grants programs and approximately $120 billion awarded by the agencies and other organizations. The program enables federal agencies to publish grant funding opportunities and application packages online, while allowing the grant community of over one million organizations (state, local, and tribal governments, education and research organizations, non-profit organizations, public housing agencies, and individuals) to search for opportunities and download, complete, and electronically submit applications.

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

The initiative provides benefits to the following agencies:

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

- National Endowment for the Humanities

From its inception in 2003, Grants.gov has transformed the federal grants environment by streamlining and standardizing public-facing grant processes, thus facilitating an easier application submission process for our applicants. The Grants.gov Program Management Office (PMO) works with agencies on system adoption, utilization, and customer satisfaction.

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

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

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

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

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

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

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

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

FUNDING: The total development cost of the Grants.gov initiative by fiscal year -- including costs to date, estimated costs to complete development to full operational capability, and estimated annual operations and maintenance costs -- are included in the following table. Also included are the sources and distribution of funding by agency, showing contributions to date and estimated future contributions through FY 2017.

GRANTS.GOV

FY 2016 to FY 2018 Agency Contributions

Agency	Total FY 2016	Total FY 2017	Total FY 2018
HHS	5,161,848	6,073,905	6,193,979
DOT	358,714	226,825	187,918
ED	446,120	427,881	391,690
HUD	149,921	172,882	119,797
DHS	330,995	213,357	165,519
NSF	435,517	263,279	263,798
USDA	454,039	516,493	493,961
DOC	332,452	283,833	307,784
DOD	584,477	704,902	736,560
DOE	378,312	446,964	354,285
DOI	1,754,577	1,750,200	1,848,290
DOL	217,684	191,911	151,052
EPA	271,467	217,262	307,283
USAID	389,857	230,637	192,847
USDOJ	545,783	440,794	467,787
NASA	167,049	107,516	146,187
CNCS	61,574	32,271	38,725
DOS	467,400	377,976	452,184
NEH	180,501	216,601	259,921
SBA	59,023	66,497	61,413
IMLS	76,082	81,723	94,664
NEA	193,697	232,436	278,923
VA	68,765	82,518	99,022
NARA	38,622	37,443	37,005
SSA	26,327	25,000	30,000
USDOT	85,927	76,462	83,806
Grand Total	**13,236,730**	**13,497,568**	**13,764,400**

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA)

Office of the Assistant Secretary for Planning and Evaluation

Physician Categories	FY 2016 Enacted	FY 2017 Annualized CR	FY 2018 President's Budget
1) Number of Physicians Receiving PCAs	2	1	1
2) Number of Physicians with One-Year PCA Agreements	1	0	0
3) Number of Physicians with Multi-Year PCA Agreements	1	1	1
4) Average Annual PCA Physician Pay (without PCA payment)	145,483	160,300	160,300
5) Average Annual PCA Payment	19,500	30,000	30,000
6) Number of Physicians' Receiving PCA's by Category (non-add) Category I Clinical Position	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category II Research Position	2	1	1
Number of Physicians' Receiving PCA's by Category (non-add) Category III Occupational Health	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-A Disability Evaluation	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	0	0	0

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) offers physicians filling the Category II Research positions the maximum of $30,000 per employee. This physician provides expert medical advice and analysis on ASPE topics relating to medical care, informatics, and the management of chronic conditions and access of HHS data. The qualifications of this medical expert provide an exceptional level of skill, expertise and experience necessary to support the ASPE office's initiatives.

ASPE has traditionally had difficulty in recruitment of research and informatics physicians. The last recruitment in our office resulted in only three candidates and most were not a good fit. ASPE has had to pursue other avenues for physicians such as short term Intergovernmental Personnel Act (IPA) employees through universities which often result in higher costs. Recruiting physicians at the GS salary schedule would prove to be challenging without the ability to offer the PCA incentive, which assists in obtaining the qualifications and expertise useful to ASPE's efforts.

CENTRALLY MANAGED PROJECTS

The GDM Staff Divisions are responsible for administering certain centrally-managed projects on behalf of all Operating divisions in the Department. Authority for carrying out these efforts is authorized by either specific statute or general transfer authority (such as the Economy Act, 31 USC 1535). The costs for centrally-managed projects are allocated among the Operating Divisions in proportion to the estimated benefit to be derived.

Project	Description	FY 2017 Funding
Department-wide CFO Audit of Financial Statements	These funds cover the costs of auditing the HHS financial statements annually (as required by the CFO Act of 1990), and stand-alone audit of the CMS producing Department-wide financial statements, and coordinating the HHS audit process, including costs for FISMA.	$15,035,170
Bilateral and Multilateral Global Health Support Health Activities	These funds support activities by the Office of Global Affairs in leading the U.S. government's participation in policy debates at multi-lateral organizations on health, science, and social welfare policies and advancing HHS's global strategies and partnerships, and working with USG agencies in the coordination of global health policy and setting priorities for international engagements.	$6,603,001
Regional Health Administrators	The RHA's provide senior-level leadership in health, bringing together the Department's investments in public health and prevention by providing a health infrastructure across the ten HHS regions. Particularly in the areas of prevention, preparedness, coordination and collaboration, the RHA's represent the Secretary, Assistant Secretary for Health and Surgeon General in the Regions, and are key players in managing ongoing public health challenges.	$2,772,090
National Science Advisory Board for Bio-Security (NSABB)	Funds will be used by the NSABB for providing guidance on ways to enhance the culture of responsibility among researchers, developing strategies for enhancing interdisciplinary bio-security, recommending outreach strategies, engaging journal editors on policies for review, continuing international engagement, and develop Federal policy for oversight of life sciences research at the local level based on recommendations of the NSABB.	$2,672,000
Secretary's Advisory Committee on Blood Safety and Availability	The Committee advises the Secretary on a broad range of public health, ethical and legal issues related to blood transfusion and transplantation safety. Such issues require coordination across many of the Operating Divisions. Funds support Committee meetings, workshops, staff, and subject matter experts.	$1,500,000

President's Commission for the Study of Bioethical Issues	The Commission, created by Executive Order 13521 on November 24, 2009, replaced the President's Council on Bioethics. Its purpose is to advise the President on bioethical issues that may emerge as a consequence of advances in biomedicine and related areas of science and technology. Funding for the Council comes entirely from HHS.	$1,500,000
NIH Negotiation of Indirect Cost Rates	At the request of Operating Divisions, NIH has expanded its capacity to negotiate indirect cost rates with commercial (for-profit) organizations that receive HHS contract and/or grant awards, to ensure that such indirect costs are reasonable, allowable, and allocable.	$1,069,000
Intradepartmental Council on Native American Affairs	These funds will be used for continued support of HHS-wide tribal consultation; support new initiatives such as tribal emergency preparedness, suicide prevention and the HHS American and Alaska Native Health Research Advisory Council and to continue to serve as the HHS focal point for Native American Health and Human Services.	$383,183
Chronic Fatigue Syndrome Advisory Committee (CFSAC)	CFSAC provides expertise in biomedical research in the area of CFS, health care delivery services, insurers and voluntary organizations concerned with the problems of individuals with CFS. They meet on research, patient care, education, and quality of life for persons with CFS.	$100,000
HHS Biosafety and Biosecurity Coordinating Council	These funds will be used to provide a mechanism to shared best practices, enhanced visibility across HHS agencies, and coordinate biosafety and biosecurity policy development as well as oversight activities, administration and management of the council and enhance biosafety and biosecurity within HHS.	$314,223
President's Advisory Council on Combating Antibiotic- Resistant Bacteria	EO 13676 directs the Secretary of Health and Human Services to establish the Advisory Council in consultation with the Secretaries of Defense and Agriculture. The Council will also provide advice on programs and policies to preserve the effectiveness of antibiotics, to strengthen surveillance of antibiotic-resistant bacterial infections, and the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the general public and human and animal healthcare providers.	$1,125,000