U.S. Department of

Health and Human Services

Enhancing the health and well-being of all Americans

FY 2024 ANNUAL PERFORMANCE REPORT

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Message from the Acting PIO

The U.S. Department of Health and Human Services (HHS) supports and implements programs that enhance the health, safety, and well-being of the American people. HHS strives to provide all Americans with high-quality healthcare and social services. With its skilled, dedicated, and diverse workforce, HHS is well-positioned to fulfill its mission and achieve the goals and objectives in the FY 2022-2026 Strategic Plan.

In accordance with the Government Performance and Results Act (GPRA) of 1993, as amended in the GPRA Modernization Act (GPRAMA) of 2010, I am pleased to present the Fiscal Year 2024 Agency Performance Report, documenting the Department's performance during the past year. Further information detailing HHS performance is available at performance.gov, including action plans for the Department's 2024 – 2025 Agency Priority Goals on Behavioral Health and Customer Experience.

HHS monitors over 900 performance measures to manage departmental programs and activities and improve the efficiency and effectiveness of these programs. As required by GPRAMA, this report includes a representative set of performance measures to illustrate progress toward achieving the Department's strategic goals in the FY 2022- 2026 Strategic Plan. The information in this report spans the Department and includes work done across the country and throughout the world. For more in-depth information on each Operating and Staff Division, including additional performance information, please see the Congressional Justification. As additional data becomes available, HHS will continue to update the information on those impacts in future reports. The results presented here demonstrate that HHS is accomplishing our mission to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

Lisa Molyneux

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U.S. Department of Health and Human Services

Overview

The U.S. Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services. HHS is tackling major challenges facing our country today, including the spread of disease, climate change, substance use disorders and mental health, health equity between this country's diverse populations, and more.

HHS works closely with other federal departments and international partners to coordinate efforts and ensure the maximum benefit for the public throughout its work. HHS also works with state, local, and U.S. territorial governments to achieve its mission. The Federal Government has a unique legal and political government-to-government relationship with tribal governments and provides health services for American Indians and Alaska Natives consistent with this special relationship. HHS works with tribal governments, urban Indian organizations, and other tribal organizations to facilitate greater consultation and coordination between state and tribal governments on health and human services.

HHS also has strong partnerships with the private sector and nongovernmental organizations. The Department works with industries, academic institutions, trade organizations, and advocacy groups to leverage resources from organizations and individuals with shared interests. By collaborating with these partners, HHS accomplishes its mission in ways that are the least burdensome and most beneficial to the American public. Private sector grantees, such as academic institutions and faith-based and neighborhood partnerships, often provide HHS-funded services at the local level.

The annual Agency Performance Report (APR) details the Department's progress towards achieving the goals and objectives described in the FYs 2022-2026 HHS Strategic Plan for the most recently completed performance period. This APR includes an overview of the Department's contributions to its Cross-Agency Priority Goals, Strategic Goals, Agency Priority Goals, Performance Management, and Strategic Reviews. Additionally, this document provides historical results for performance measures that support each HHS Strategic Objective. Also included is a summary of evidence-building efforts at HHS, cross-government collaborations, and major management priorities.

Mission Statement

The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

HHS Organizational Structure

The Department includes 13 OpDivs that administer HHS programs:

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Administration for Strategic Preparedness and Response (ASPR)
- Advanced Research Projects Agency for Health (ARPA-H)

- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance use And Mental Health Services Administration (SAMHSA)

In addition, 14 StaffDivs and the Immediate Office of the Secretary (IOS) coordinate Department operations and provide guidance to the operating divisions:

- Assistant Secretary for Administration (ASA)
- Assistant Secretary for Financial Resources (ASFR)
- Assistant Secretary for Health (OASH)
- Assistant Secretary for Legislation (ASL)
- Assistant Secretary for Planning and Evaluation (ASPE)
- Assistant Secretary for Public Affairs (ASPA)
- Departmental Appeals Board (DAB)
- Office for Civil Rights (OCR)
- Office of Global Affairs (OGA)
- Office of Inspector General (OIG)
- Office of the General Counsel (OGC)
- Office of Medicare Hearings and Appeals (OMHA)
- Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC)
- HHS Chief Information Officer (OCIO)

The HHS organizational chart is available at https://www.hhs.gov/about/agencies/orgchart.

Cross-Agency Priority Goals

Per the GPRA Modernization Act's requirement to address Cross-Agency Priority Goals in the agency strategic plan, the annual performance plan, and the annual performance report, please refer to Performance.gov for the agency's contributions to those goals and progress, where applicable. The Department of Health and Human Services currently contributes to the following CAP Goals: Managing the Business of Government (co-lead); Strengthening and Empowering the Federal Workforce; and Delivering Excellent, Equitable, and Secure Federal Services and Customer Experience.

Strategic Goals Overview

The strategic goals and strategic objectives in the HHS Strategic Plan FY 2022-2026 are included in this document and posted here: https://www.hhs.gov/about/strategic-plan/index.html.

The five strategic goals are:

Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare.
Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes.
Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience.
Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All.
Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability.

Agency Priority Goals

The FY 2024–2025 Agency Priority goals are:

Behavioral Health: HHS is committed to improving health outcomes for those affected by behavioral health conditions. HHS will continue to improve these outcomes by increasing access and utilization of prevention, crisis intervention, treatment, and recovery services. By September 30, 2025, HHS will reduce emergency department visits for acute alcohol use, mental health conditions, suicide attempts, and drug overdose by 10 percent compared to the FY 2023 baseline.

Discussion: Halfway through the APG performance period, the Behavioral Health APG has shown encouraging progress towards reaching its goals. The rate of Emergency Department (ED) visits for both suicide attempts and drug overdoses are showing decreases compared to the FY 2023 baselines. The rate of ED visits for mental health conditions has remained relatively stable during the performance period. The rate of ED visits for alcohol use is trending upwards. This trend may reflect wider trends in polysubstance use in the United States, as alcohol is the most common drug used in combination with other substances.

Additionally, the APG team comprised of CDC, SAMHSA, and HRSA have made strides towards increasing access and utilization of prevention services. The Maternal Mental Health Hotline, run by HRSA, has made progress in increasing quarterly contact volume. Such progress can be attributed to press and promotions marking the Hotline's second anniversary in May 2024. SAMHSA and CDC have engaged with over 50 federal staff from across the federal government on the National Strategy for Suicide Prevention. CDC and SAMHSA have partnered with communications and behavioral science experts from multiple federal agencies on best practices for major communication campaigns for the Suicide Prevention Communications Playbook.

This Agency Priority Goal contributes to the HHS FY 2022-2026 HHS Strategic Plan Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families.

Customer Experience: HHS builds trust and improves customer experience by simplifying its procedures, saving people time, and delivering results while maintaining program integrity. By September 30, 2025, HHS will enhance foundational CX capacity by reporting on trust and other service-level experience measures for HHS operating divisions.

Discussion: In FY2024, HHS made significant progress on its Customer Experience (CX) APG through improving core services for customers and building the department's CX capacity. To improve service delivery for customers, the department launched 14 flagship CX projects across

every Operating Division aimed at reducing administrative burdens and improving the accessibility and ease of use of services for customers. Each Operating Division conducted assessments of their CX capabilities, identified key customers, and developed plans for improving a core service. All 14 projects are now underway, and teams are making progress while providing quarterly updates to senior leadership as part of the department's APG progress reporting. Additionally, all 14 teams are taking part in a 6-month CX training program that includes biweekly workshops on CX topics and individualized coaching for the teams.

To build CX capacity within HHS, the department launched the HHS CX Community of Practice to share resources, create connections among staff working on or interested in CX, and develop important CX skills. The community meets monthly for expert presentations, trainings, and opportunities for collaboration between members. The department is also working on eliminating several common barriers to successful CX work for HHS staff. During CX assessments and project planning with OpDivs, staff identified common barriers around obtaining approval for customer research incentives and Paperwork Reduction Act (PRA) clearances for CX activities like customer research and testing. As a result, HHS is streamlining policies regarding customer research incentives, and the department has partnered with OMB to obtain PRA Generic Clearances for CX-related activities at HHS, creating fast-track approval processes for staff working on CX.

This Agency Priority Goal contributes to the HHS FY 2022-2026 HHS Strategic Plan Objective 5.1: Promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices.

For current progress updates, please go to Performance.gov.

Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

HHS works to protect and strengthen equitable access to high quality and affordable healthcare. Increasing choice, affordability and enrollment in high-quality healthcare coverage is a focus of the Department's efforts in addition to reducing costs, improving quality of healthcare services, and ensuring access to safe medical devices and drugs. HHS also works to expand equitable access to comprehensive, community-based, innovative, and culturally and linguistically appropriate healthcare services while addressing social determinants of health. The Department is driving the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families. HHS also bolsters the health workforce to ensure delivery of quality services and care.

Objective 1.1: Increase choice, affordability, and enrollment in high-quality healthcare coverage

HHS supports strategies to increase choice, affordability, and enrollment in high-quality healthcare coverage. HHS promotes available and affordable healthcare coverage to improve health outcomes in our communities and empowers consumers with high quality healthcare coverage choices. The Department also leverages knowledge and partnerships to increase enrollment in health insurance coverage.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACL, AHRQ, ASPE, CMS, HRSA, and OASH.

Improve availability and accessibility of health insurance coverage by increasing enrollment of eligible children in CHIP and Medicaid (Lead Agency - CMS; Measure ID - CHIP 3.3)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	46,672,893	46,672,893	44,650,216	44,538,869	44,538,869
Result	44,098,421[1]	46,000,408[2]	46,418,101[3]	48,062,154[4]	Jul 31, 2025

Program and Measure Description:

This measure assesses the progress of the Children's Health Insurance Program (CHIP) and Medicaid in providing affordable health coverage for low-income children and families by monitoring child enrollment trends for these programs over time. States are required to report child enrollment data for Medicaid and CHIP on a quarterly basis. These enrollment data are an important indicator of access to health coverage for children because over half of the nation's children obtain health coverage through

[1] Medicaid - 35,055,383/CHIP - 9,043,038
[2] Medicaid - 37,371,414/CHIP - 8,628,994
[3] Medicaid - 38,135,461/CHIP - 8,282,640
[4] Medicaid - 39,144,018/CHIP - 8,918,136

Medicaid and CHIP. As such, this measure aligns with the CMS Strategic Plan Pillar to Expand Access to quality, affordable health coverage and care.

FY 2024 Performance Report:

The FY 2023 results are attributed to temporary state policy changes in response to the Families First Coronavirus Response Act (FFCRA; P.L. 116-127), which enacted a 6.2 percentage point increase to the federal matching rate tied to the continuous enrollment condition in Medicaid for the period of January 1, 2020, through March 31, 2023. This resulted in significant growth in Medicaid child enrollment, as children that became ineligible for Medicaid during this period were not terminated from coverage. This continuous enrollment condition did not apply to CHIP, though some states opted to extend this policy to CHIP which resulted in higher numbers of children retaining CHIP coverage as well. Certain temporary state program flexibilities, such as unwinding-related section 1902(e)(14)(A) waivers, were extended by CMS for the period following the end of the continuous enrollment condition to support states in retaining Medicaid and CHIP coverage for eligible individuals.

The FY 2023 enrollment results are also influenced by the continued success of the Connecting Kids to Coverage Outreach and Enrollment Program and the National Campaign. These programs award funding for activities to reduce the number of children who are eligible but not enrolled in Medicaid and CHIP, and improve retention for eligible and enrolled children.

When the Continuous Enrollment Condition ended and states started processing Medicaid and CHIP eligibility renewals for the first time in approximately three years, CMS engaged in comprehensive efforts to help protect coverage during this process. This includes, in part, establishing strategies for states to make it easier for eligible people to renew Medicaid or CHIP; approving nearly 400 of these strategies in states across the country; making it easier to transition to Health Insurance Marketplace coverage by making available on HealthCare.gov a Special Enrollment Period; raising awareness through paid advertising, earned media, direct engagement with community groups, and outreach materials tailored to different communities; and taking action to hold states accountable to federal renewal requirements and reinstating coverage for affected individuals.

Increase the number of tables per year added to the Medical Expenditure Panel Survey (MEPS) table series (Lead Agency - AHRQ; Measure ID - 1.3.19)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	10,136	10,707	11,431	12,735	56,300
Result	10,457	11,181	12,485	56,000	58,300

Program and Measure Description:

The Medical Expenditure Panel Survey (MEPS) Interactive Data Tools and the MEPS Tables Compendia are sources of important data that is easily accessed by users. MEPS currently has two major components: the Household Component and the Insurance Component. The Household Component provides data from individual households and their members, which is supplemented by data from their medical providers. The Insurance Component is a separate survey of employers that provides data on employer-based health insurance. Expanding the content and coverage of these tools furthers the utility

of the data for conducting research and informing policy. Currently data are available from 1996 through 2021 for MEPS-IC and from 1996-2020 for MEPS-HC. This represents over twenty-five years of data for both the Household and Insurance Components, enabling the user to follow trends on a variety of topics.

The MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers. The MEPS-HC Tables Compendia has recently been updated moving to a more user friendly and versatile platform. Interactive dashboards are provided for the following: use, expenditures, and population; health insurance, accessibility, and quality of care; medical conditions and prescribed drugs.

FY 2024 Performance Report:

The new platform greatly expands the number of tables that can be generated based on parameters entered by the user. This transition resulted in an exponential increase in the number of tables provided by the MEPS-HC and MEPS-IC projects. Whereas the old tables were released as consolidated PDFs, the new Data Tools platform allows users greater flexibility to create custom views of the tables, including a new feature that allows data to be viewed across time. In FY 2024, the MEPS worked actively to add an additional 2,300 tables to the MEPS-HC data tools, bringing the total number of data tools to 58,300.

Please see the *Medical Expenditure Panel Survey Publication Details (ahrq.gov)* for more information.

Number of patients served by health centers (millions) (Lead Agency - HRSA; Measure ID - 1010.01)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	28.6	29.8	29.8	30.4	30.9
Result	28.6	30.2	30.5	31.3	Aug 1, 2025

Program and Measure Description:

For more than 50 years, HRSA funded health centers have delivered affordable, accessible, high-quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country, using a coordinated, comprehensive, and patient-centered approach. Today, approximately 1,400 health centers operate nearly 15,000 service delivery sites that provide care in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Success in increasing the number of patients served by health centers has been due in large part to the expanded capacity at existing clinics, development of new health centers, and new satellite sites.

FY 2024 Performance Report:

In 2023, health centers served 31.3 million patients, an increase of approximately 800,000 patients from 2022. Health centers are now serving one in eight children across the country, more than 9.7 million

patients in rural areas, over 6.4 million patients who live in or near public housing, and over 1.4 million people experiencing homelessness.

Percentage of health center patients who are at or below 200 percent of poverty (Lead Agency - HRSA; Measure ID - 1010.10)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	91%	91%	91%	90%	90%
Result	91%	90%	90%	90%	Aug 1, 2025

Program and Measure Description:

HRSA funded health centers deliver affordable, accessible, quality, and cost-effective primary health care to patients regardless of their ability to pay. Health centers emphasize coordinated primary and preventive services that promote reductions in health disparities for low-income individuals, racial and ethnic minorities, rural communities, and other underserved populations.

FY 2024 Performance Report:

In 2023, approximately 90 percent of health center patients were individuals or families living at or below 200 percent of the Federal Poverty Guidelines, as compared to approximately 27.5 percent of the U.S. population as a whole.

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

HHS supports strategies to reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs for everyone. HHS develops and implements payment models in partnership with healthcare providers and establishes other incentives to improve quality care while reducing healthcare spending. HHS implements and assesses approaches to improve healthcare quality, and address disparities in healthcare quality, treatment, and outcomes. The Department also improves patient safety, strengthens access to safe and effective medical products and devices, and expands approaches to safely exchange information among patients, providers, and payers.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, ONC, and SAMHSA.

Reduce the average out-of-pocket share of prescription drug costs while in the Medicare Part D Prescription Drug Benefit coverage gap for non-Low Income Subsidy (LIS) Medicare beneficiaries who reach the gap and have no supplemental coverage in the gap (Lead Agency - CMS; Measure ID - MCR23)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	25%	25%	25%	25%	25%
Result	25%	25%	25%	Apr 30, 2025	Apr 30, 2026

Program and Measure Description:

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), amends Title XVIII (Medicare) of the Social Security Act by adding a Voluntary Prescription Drug Benefit Program (Medicare Part D). Since its inception, Medicare Part D has significantly increased the number of beneficiaries with comprehensive drug coverage, and enhanced access to medicines.

The Inflation Reduction Act of 2022 (IRA) makes significant changes to the current Part D benefit design. Due to changes enacted by the IRA, the current goal will no longer be consistent with current law in 2025. Beginning in 2025, the IRA eliminates the coverage gap benefit phase, introduces manufacturer discounts in the initial and catastrophic coverage phases, changes enrollee and plan liability in the initial coverage phase, and changes plan and government reinsurance liability in the catastrophic phase. Because of the statutory design of the Coverage Gap Discount Program (CGDP), the target of 25% will continue until the CGDP sunsets in 2025.

Prior to the IRA, there were other changes to the Part D benefit that aimed to improve prescription drug coverage for Medicare beneficiaries. Before 2010, a beneficiary was responsible for paying 100 percent of the prescription costs between the initial coverage limit and the out-of-pocket threshold (or catastrophic limit). Only once the beneficiary reached the catastrophic limit, did Medicare coverage recommence. This was known as the coverage gap (or “donut hole”).

The Affordable Care Act began closing the coverage gap through a combination of manufacturer discounts and gradually increasing federal subsidies until it closed in 2020. For CY 2020 and beyond, this means that non-LIS beneficiaries who reach this phase of Medicare Part D coverage will pay no more than 25 percent of costs for all covered Part D drugs.

FY 2024 Performance Report:

For 2024, beneficiaries reach this phase when total drug costs amount to $5,030 and stay in this phase until they pay $8,000 in qualified out-of-pocket costs. CMS’ tracking of this measure has shown that in most years non-LIS out-of-pocket costs have decreased beyond the targets required by statute. As generic utilization in the Part D program has remained static, and very high (over 75 percent since 2012), that is not a strong contributor to the success of this goal. Rather, CMS’ application and management of the CGDP, coupled with the strong incentives for manufacturers to participate in the Part D program, are the primary drivers of this goal’s success.

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

Increase the percentage of Medicare health care dollars tied to Alternate Payment Models (APMs) incorporating downside risk (Lead Agency - CMS; Measure ID - MCR36)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	30%	40%	40%	47%	55%
Result	24.2%	24.8%	30.4%	33.7%	Dec 15, 2025

Program and Measure Description:

The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS), through the Center for Medicare and Medicaid Innovation (CMMI), identifies, tests, evaluates, and expands, as appropriate, innovative payment and service delivery models. The Medicare Shared Savings Program Accountable Care Organizations (ACOs) also play an integral role in moving Medicare toward value-based payment models and person-centered care, with almost 11 million people with Medicare receiving care from a health care provider in a Shared Savings Program ACOs as of January 2023. These efforts drive innovative payment and service delivery models, which can reduce program expenditures for Medicare, Medicaid, and the Children's Health Insurance Program, while improving or preserving beneficiary health and quality of care.

To further accelerate movement away from paying for volume and towards paying for value and outcomes, CMS launched a bold new strategy with the goal of achieving equitable outcomes through high quality, affordable, person-centered care. On October 20, 2021, CMS published a white paper detailing CMS' vision for the next 10 years (Innovation Strategy Refresh). In November 2022, CMS published a one-year update on progress made toward achieving this vision, including measures for success against key objectives (Person-Centered Innovation - An Update on the Implementation of the CMS Innovation Center's Strategy). As part of this strategic refresh, CMS set a new 10-year Medicare goal and target to have all beneficiaries in a care relationship with accountability for quality and total cost of care by 2030.

FY 2024 Performance Report:

While CMS did not meet its FY 2023 target, it demonstrated significant year-over-year improvement towards the goal. Several factors contribute to CMS falling short of the designated goal, including lingering effects of the COVID-19 pandemic, such as practice staffing issues and comfort with risk-based arrangements, a limited number of new CMMI models in the preceding recent years, and stabilization of enrollment in the Medicare Shared Savings Program. Additionally, health plans cite interoperability and other operational challenges as key barriers to practice APM adoption.

In FY2023, there has been continued progress in the transition to value-based care with nearly half of traditional Medicare payments now flowing through APMs that include downside risk. There have been steady year over year increases in payment, particularly in Category 4 payments. This increase can be attributed in part to increased participation in CMMI models, including the Kidney Care Choices (KCC) and ACO REACH models. There was also an increase in Category 3B payments, driven in part by increased payments through the Medicare Shared Savings Program (MSSP). CMMI anticipates continued growth of Category 3 and 4 payments in future years as new models enter the

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

implementation period. Notable new models include the Making Care Primary (MCP) Model, which began model implementation in July 2024.

Review and act on 90 percent of standard original Abbreviated New Drug Application (ANDA) submissions within 10 months of receipt. (Lead Agency - FDA; Measure ID - 223235)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	90%	90%	90%	90%	90%
Result	95%	96%	93%	96%	Jan 31, 2027

Program and Measure Description:

The goal of the Generic Drug User Fee Act (GDUFA III) is to build on the successes GDUFA I and II, with a focus on maximizing the efficiency of and utility of each assessment cycle with the intent to reduce the number of assessment cycles for ANDAs and facilitate timely access to quality, affordable, safe, and effective generic medicines. Certain new enhancements in GDUFA III are specifically designed to foster the development, assessment, and approval of ANDAs for complex generic products. GDUFA III also assures a sound financial foundation to support the vital activities of the Generic Drug Program. The value of this investment in the Generic Drug Review program is reflected by FDA's performance on its goals under GDUFA, including the review of standard submissions reflected in this performance measure, as well as FDA's commitment to meet shorter review goals (8 months) for priority submissions under GDUFA II and GDUFA III.

FY 2024 Performance Report:

FDA maintained its high level of performance in meeting GDUFA's goals and initiatives by completing 96% of these generic drug reviews within 10 months of receipt, exceeding its annual target of 90%.

Increase the cumulative number of evidence-based resources and tools available to improve the quality of health care and reduce the risk of patient harm. (Lead Agency - AHRQ; Measure ID - 1.3.41)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	225	250	275	300	325
Result	225	250	275	305	327

Program and Measure Description:

A major output of the Patient Safety Portfolio is the availability of evidence-based resources and tools that can be utilized by healthcare organizations to improve the care they deliver and, specifically, patient safety. An expanding set of evidence-based tools is available as a result of ongoing investments to generate knowledge through research and to synthesize and disseminate this new knowledge in the optimal format to facilitate its application.

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

The Agency continues to provide a large variety of resources and tools to improve patient safety. Examples include:

- AHRQ Patient Safety Network (AHRQ PSNet) & Web M&M (Morbidity and Mortality Rounds);
- AHRQ Question Builder App;
- AHRQ's Safety Program for Nursing Homes: On-Time Pressure Ulcer Prevention;
- Common Formats (standardized specifications for reporting patient safety events);
- Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families;
- Healthcare Simulation Dictionary, Second Edition;
- Making Healthcare Safer III Report;
- Primary Care-Based Efforts To Reduce Potentially Preventable Readmissions;
- Reducing Diagnostic Errors in Primary Care Pediatrics (Project RedDE);
- Re-Engineered Discharge (RED) Toolkit;
- Toolkit To Improve Antibiotic Use in Acute Care Hospitals;
- Understanding Omissions of Care in Nursing Homes.

FY 2024 Performance Report:

In FY 2024, the Patient Safety Portfolio reported the number of evidence-based resources and tools was 327.

Percentage of health centers with at least one site recognized as a patient centered medical home (Lead Agency - HRSA; Measure ID - 1010.11)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	70%	75%	75%	75%	76%
Result	76%	77%	78%	78%	78%

Program and Measure Description:

HRSA funded health centers improve health outcomes by emphasizing the care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology. HRSA's Health Center Program Patient Centered Medical Home (PCMH) Initiative supports health centers to achieve national PCMH recognition, an advanced model of primary care using a team-based approach to improve quality through coordination of care and patient engagement. PCMH recognition assesses a health center's approach to patient-centered care and evaluates health centers against national standards for primary care that emphasize care coordination and on-going quality improvement. PCMH recognition also increases health outcomes, improves health equity, and lowers costs for patients and health centers, and has become a standard of care for HRSA funded health centers.

FY 2024 Performance Report:

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

As of FY 2023, 78 percent of health centers were recognized by national accrediting organizations as Patient Centered Medical Homes. These results represent an increase of 20 percentage points over the FY 2014 reported results of 58 percent of health centers PCMH recognized.

Increase the number of communities that have access to tele-behavioral health services where access did not exist in the community prior to Telehealth Network Grant Program (Lead Agency - HRSA; Measure ID - 6070.01)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	Not Defined	Not Defined	40
Result	74	39	56	131	Dec 31, 2025

Program and Measure Description:

HRSA's Office for the Advancement of Telehealth supports the Telehealth Network Grant Program which allows grantees to focus on expanding access to telehealth services including tele-behavioral services in underserved communities. The Telehealth Network Grant Program provides grants that demonstrate how telehealth can expand access to, coordinate, and improve the quality of health care services; improve and expand the training of health care providers; and expand and improve the quality of health information available to health care providers, patients, and their families for decision making. This program has had different focus areas depending on the needs for underserved communities. As such, this measure reflects programs with different focus areas and cohorts. There are currently two evidenced based cohorts for this program to allow for additional data collection. One cohort supports direct to consumer telehealth services to patients in rural and frontier communities within established telehealth networks. The other cohort, which recently began in September 2024, supports the integration of behavioral health services into primary care settings using telehealth technology through telehealth networks.

FY 2024 Performance Report:

Recent data represent results from FY 2023 and were collected between September 2023 through August 2024, aligning with the program funding period. HRSA established targets for FY 2024 based on the current cohorts for the Telehealth Network Grant Program.

For the Title X program, number of unduplicated clients receiving high-quality services through the program. (Lead Agency – OASH; Measure ID – 8000.01)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	4,018,000	3,300,000	3,500,000	4,250,000	3,300,000
Result	1,536,743	1,662,466	2,600,663	Sep 30, 2024	Sep 30, 2025

Program and Measure Description:

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

The Title X Family Planning program is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Enacted in 1970 as part of the Public Health Service Act, the Title X program is designed to provide access to contraceptive services, supplies, and information to all who want and need them. By law, priority is given to persons from low-income families.

The program's performance measures focus on increasing access to high-quality care and serving individuals and families from underserved, vulnerable and low-income populations, gauging the extent to which Title X expands the availability of quality healthcare to the public. Performance measurement guides program strategies, establishes directions for technical assistance, and directs revisions to program policies. This enables Title X to better address program performance and facilitates methods to increase efficiency in the delivery of preventive healthcare services.

Of particular importance, Title X service grantees provide high-quality contraceptive counseling and care, recommended chlamydia screening, screening for undiagnosed cervical tissue abnormalities, preconception care and counseling, basic infertility services, pregnancy testing and counseling, and adolescent services and related education and counseling. These services, along with community-based education and outreach, assist individuals and families with pregnancy leading to healthy birth outcomes and prevention of unintended pregnancy. The target and data collection efforts around unduplicated clients served through the Title X program helps track core performance aligned with Title X's mission.

The marked decrease in Title X performance between 2019 and 2021 is attributable to two main factors: the 2019 Final Rule and the COVID-19 pandemic. On March 3, 2019, HHS issued a Final Rule that revised Title X regulations governing several aspects of how Title X-funded projects deliver family planning care. The implementation of the 2019 Title X Final Rule led to 19 grantees (and their networks) immediately withdrawing from the program; 18 other grantees reported losses to their service networks. These departures significantly reduced the Title X service network. While supplemental awards were made to compensate for these departures; the program experienced a net decrease of more than 1,000 service sites. Additionally, the emergence of the novel coronavirus in 2020 created a public health emergency that affected all aspects of healthcare delivery, which varied in both scope and duration, severely disrupting Title X clinical operations.

FY 2024 Performance Plan:

In October 2021, the Department amended the Title X Family Planning regulations to restore access to equitable, affordable, client-centered, quality family planning services for more Americans. Aligned with the new program policies, performance targets were established to restore the breadth of client access that is central to Title X's mission. Following implementation of the 2021 rule in November 2021, the Title X program currently provides funding to 86 recipients who provide Title X services through a network of over 4,000 clinics across the country and in all but one of the territories and freely associated states. In 2022, these clinic sites provided services to 2,600,663 clients, an increase of nearly a million clients from 2021 when 1,662,466 clients were served.

Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services, while addressing social determinants of health

HHS invests in strategies to expand equitable access to comprehensive, community-based, innovative, and culturally- and linguistically- appropriate healthcare services while addressing social determinants of health. HHS supports community-based healthcare services to meet the diverse healthcare needs of underserved populations while removing barriers to access to advance health equity and reduce disparities. The Department also works to understand how to best address social determinants of health in its programs.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACL, AHRQ, ASPE, CDC, CMS, HRSA, IHS, NIH, SAMHSA, OASH, and OCR.

Public Health Nursing (PHN): Total number of IHS public health activities captured by the PHN data system; emphasis on primary, secondary, and tertiary prevention activities to individuals, families, and community groups. (Lead Agency - IHS; Measure ID - 23)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	381,314	330,000	411,325	415,438	400,000
Result	391,738	428,476	385,356	292,426	Jan 31, 2025

Program and Measure Description:

The Indian Health Service (IHS) Public Health Nursing (PHN) Program provides critical support for health care services in the tribal communities served. PHNs are licensed, professional nursing staff that support population-focused services to promote healthier communities through community based direct nursing services, community development, and health promotion and disease prevention activities. One way the PHN Program measures this intervention is through monitoring the total number of individual public health encounters documented in the electronic health record and reported by the PHN data mart system with an emphasis on primary, secondary, and tertiary prevention activities to individuals, families, and community groups.

FY 2024 Performance Report:

In FY 2024, the PHN measure target was 400,000 encounters. A decreasing target reflects changes in PHN patient encounters attributed to a shift in services away from pandemic activity as PHNs were critical during the COVID-19 pandemic response and reported significant activity, such as hosting mass testing, vaccination clinics, and contact tracing. The PHN program is also experiencing administrative challenges including staff shortages. Additionally, Tribal programs are migrating away from using the IHS Resource and Patient Management System (RPMS), and Tribes assuming their PHN Tribal shares funding. When Tribes no longer use RPMS or choose to retain their PHN Tribal shares funding, this impacts the level of reporting as Tribes are not required to report data or PHN staffing activity or hiring

PHNs. IHS anticipates these trends will continue to impact performance reporting for this measure. Ongoing analysis of FY 2022, FY 2023, and FY 2024 results will be used to predict future performance targets.

In FY 2024, PHN priorities included communicable disease prevention, health promotion/disease prevention, PHN workforce, and expanding equitable access to comprehensive, community-based, and culturally-competent health care services. More information on these activities are provided in the Public Health Nursing narrative in the FY 2025 IHS Congressional Justification. The IHS has implemented program management interventions to improve specific community interventions and related health outcomes by incorporating evidence-based strategies such as use of community assessments that promote targeted public health nursing services, annual strategic plans, and standardized documentation of services provided in FY 2025. During FY 2024, program plans included developing a PHN leadership development, training, and mentorship/ preceptorship program that will improve placement rates for recently graduated BSN-prepared nurses, PHNs, and newly hired PHNs. The focus is on PHNs to provide rapid, creative, and effective solutions to public health problems in American Indian/Alaska Native (AI/AN) communities.

Percentage of enrolled homeless persons who receive community mental health services (Lead Agency – SAMHSA; Measure ID –3.4.15a)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	64%	64%	64%	64%	64%
Result	64%	44%	35%	59%	July 31, 2025

Program and Measure Description:

The Projects for Assistance in Transition from Homelessness (PATH) program serves individuals with serious mental illness (SMI), or with SMI and a co-occurring substance use disorder, who are homeless or at risk of homelessness. The PATH program offers an array of essential services and supports, including community mental health services. A significant aspect of the PATH program that may not be supported by traditional mental health programs or funding is extensive outreach activity to build relationships with hard-to-reach homeless populations and link them to needed services. PATH providers ensure that the PATH-eligible clients receive treatment and recovery services either through the PATH program, Medicaid, or other funding sources. SAMHSA encourages PATH providers at the local level to work with HUD continuums of care to ensure PATH eligible clients will be prioritized for HUD housing vouchers.

FY 2024 Performance Report:

SAMHSA encourages grantees (states) to provide supportive services for those who are at risk of housing instability. The combination of linkage to essential services, such as community mental health, and housing supportive services is important for the attainment and maintenance of housing stability for the people served by this program.

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services, while addressing social determinants of health

Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Weighted average) (Lead Agency - ACL – Measure ID - 2.10)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	64	64.7	64.3	63.3	63.3
Result	66.95	61.4	60.2	64.67	Dec 31, 2025

Program and Measure Description:

The result for The Administration for Community Living (ACL) Measure ID - 2.10 is calculated using data from the State Performance Report and the annual National Survey of Older Americans Act (OAA) Participants. ACL collaborates with the Aging Network to target services to those individuals at high risk of losing their independence. This is a composite measure that indicates the proportion of older adults served at greatest need that are able to stay in their homes and communities as a result of OAA services provided. This measure combines multiple indicators of vulnerability such as mobility impairment, functional limitations, and OAA services provided. ACL has consistently strived to exceed this goal by ensuring the most vulnerable participants receive home- and community-based services and caregiver support by collaborating with the Aging Network, promoting community living, and providing person-centered services.

This composite measure was sensitive to certain COVID effects (e.g., shift in spending from CM to HDM, more functionally able CM participants shifting to HDM) which explains the fluctuations during FY 2021 and FY 2022. Because this is a composite measure made up mostly of percentages, it is hypersensitive to changes and shifts in each component making up the composite measure. This measure will be discontinued and we have proposed three new measures to replace this measure from our annual survey of Older Americans Act Participants that more accurately reflects and measures this issue as highlighted in the report.

FY 2024 Performance Report:

Our programs continue to re-normalize post-pandemic. While the target for Fiscal Year 2023 was met we still have a reporting change in our State Performance Report, and the methodology undergirding this measure is no longer valid. ACL is proposing to replace this measure with three separate measures from our annual National Survey of Older Americans Act Participants (NSOAAP) that represent maintaining independence and community living with supportive services from ACL. The survey is comprised of a nationally representative sample of older adults who have received Older Americans Act services. The three measures are as follows:

- 2.9d Maintain at 85% or higher the percentage of home-delivered meal clients who report service helps them stay in their home longer.
- 2.9e Maintain at 85% or higher the percentage of transportation clients who report service helps them stay in their home longer.

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services, while addressing social determinants of health

- 2.9f Maintain at 75% or higher the percentage of caregiver services clients who report that services enabled them to provide care for the care recipient for a longer time than would have been possible without these services.

Programs are finding new and innovative ways to demonstrate their adaptability, and ACL is monitoring these trends through performance, monitoring, and assessment to understand the impact of changing norms on our programs as well as how our programs are performing.

Percentage of pregnant health center patients beginning prenatal care in the first trimester (Lead Agency - HRSA; Measure ID - 1010.09)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	73%	73%	73%	73%	72%
Result	73%	74%	72%	71%	Aug 1, 2025

Program and Measure Description:

Timely entry into prenatal care is an indicator of both access to and quality of care. Identifying maternal disease and risks for complications of pregnancy or birth during the first trimester can also help improve birth outcomes.

FY 2024 Performance Report:

In FY 2023, Health Centers reported a decline in the percentage of patients beginning prenatal care in the first trimester for the second consecutive year. This decline mirrors a decline in this measure nationally across the U.S. health care system. There do not appear to be variables specific to Health Centers that caused the decline, however HRSA is reviewing data to determine what actions may be taken by the Health Center Program to assist health centers in addressing the recent trend.

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services, while addressing social determinants of health

In collaboration with FEMA and DHS, OCR (Agencies) will conduct compliance reviews of select state COVID-19 vaccine provider programs to determine whether their services are being provided free of discrimination on the basis of race or national origin (including limited English proficient (LEP) persons and communities). (Lead Agency - OCR; Measure ID -1.3)

-	Target	Results
FY 2020	N/A	N/A
FY 2021	Coordinated with the DHS Office for Civil Rights and Civil Liberties and FEMA's Office of Equal Rights to plan state LEP compliance reviews	Initiated compliance reviews by dispatching data requests to 19 states in September 2021. Issued guidance to bolster accessibility and equity in COVID-19 Vaccine Programs**.**
FY 2022	Conduct a compliance review of 19 states to ensure that they were conducting public health programs consistent with federal civil rights laws.	Provided support for states completing the initial data request and issued supplemental requests to states on May 24, 2022.
FY 2023	Through a compliance review, analyzed information received from states regarding their efforts to provide meaningful access to LEP persons in responding to COVID-19	As of December 1, 2022, all states had provided responses to the initial and supplemental data requests and the agencies had completed their reviews and analyses of the responses. From the results of the compliance review analysis, HHS/OCR, DHS, and FEMA developed a webinar based that highlighted best practices. The webinar was presented three times and all 19 of the states included in compliance reviews attended. Additional materials were developed, including a presentation on Language Access During Covid-19 Pandemic & Other Health Emergencies, and the first Annual Language Access Progress Report.
FY 2024	Update the 2013 HHS Language Access Plan.	On November 15, 2023, HHS released its updated, Department-wide Language Access Plan, which includes a goal for HHS Operating and Staff Divisions to update their own, agency-specific language access plans. On August 8, 2024, the Department released 25 updated, agency-specific language access plans.

Program and Measure Description:

The HHS Office for Civil Rights (OCR) enforces federal civil rights laws, conscience and religious freedom laws, the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules, and the Patient Safety Act and Rule, which together protect the fundamental rights of nondiscrimination, conscience, religious freedom, and health information privacy. OCR protects rights by teaching health and social service workers about relevant laws, educating communities about civil rights, conscience and religious freedom rights, and health information privacy rights, and investigating

civil rights, conscience and religious freedom, health information privacy, and patient safety confidentiality complaints to identify discrimination or violation of the law and taking action to correct problems.

Pursuant to the HHS 2022 Equity Action Plan and the November 21, 2022, Attorney General memorandum entitled Strengthening the Federal Government's Commitment to Language Access, OCR, in coordination with the reconstituted HHS Language Access Steering Committee, updated the Department's language access plan for the first time since 2013. On November 15, 2023, HHS released its updated Department-wide Language Access Plan. The updated plan provides strategic guidance to HHS Operating and Staff Divisions to ensure meaningful access by persons with Limited English Proficiency (LEP) to HHS programs and activities, and calls for the Operating and Staff Divisions to update their own, agency-specific language access plans.

FY 2024 Performance Report:

On August 8, 2024, the Department released 25 updated, agency-specific language access plans. OCR, in coordination with the HHS Language Access Steering Committee, facilitated the implementation of these plans to increase access to HHS health programs and services for people with limited English proficiency.

OCR is also taking steps to establish a centralized language access unit, which will provide a coordinated approach to the Department's language access obligations. The position of language access coordinator, the first such position in OCR's history, was filled in 2023.

Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families

HHS supports strategies to drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families across all settings. HHS is enhancing the ability to serve those in need of behavioral health services by exchanging data, information, and resources while expanding evidence-based integrated systems of behavioral and physical healthcare to improve equitable access to quality care. HHS is also engaging and educating healthcare providers, healthcare professionals, paraprofessionals, other health workforce professionals, and students in these professions to build their practice competence and capacity to address the behavioral and physical health needs of individuals, families, caregivers, and communities.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACL, ASPE, AHRQ, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, and SAMHSA. In consultation with OMB, HHS has determined that performance toward this objective is making noteworthy progress. Across HHS, strategies have been implemented to respond to the ongoing behavioral health crisis, including the HHS Behavioral Health APG and work at SAMHSA and HRSA. HHS programs are providing millions of Americans with access to life-saving behavioral health

Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families

interventions, including substance use disorder prevention, treatment, and recovery, and research in prevention and early intervention approaches.

Number of people trained for the support of the recovery community organizations and peer support networks (Lead Agency – SAMHSA; Measure ID – 1.1.0)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	875	5,000	2,100	2,500
Result	Set Baseline	4,766	1,925	2,860[5]	3,462

Program and Measure Description:

The purpose of the Center for Addiction Recovery Support (CARS) program is to provide training and technical assistance (TTA) to domestic public and private non-profit entities that provide or support services intended for people who are experiencing challenges related to a substance use or co-occurring condition. Specific examples include, but are not limited to, recovery community and other organizations that serve people who experience substance use challenges; state and local agencies and health departments; peer certification entities; and other programs or settings where recovery or peer support may play a role in advancing recovery.

Four core topic areas (CTA) with corresponding objectives guide the development and implementation of the required activities.

1. Strengthen the General Peer Workforce through the development and provision of TTA related to (1A) Peer Support Certification, (1B) Digital Recovery, and (1C) Financing, Supervision, Workplace Culture, and Career Development.
2. Advance Recovery Across Service Settings through the development and provision of TTA related to (2A) Court, Corrections, and Re-Entry, (2B) Clinical Treatment, (2C) Recovery Housing, and (2D) Peer-Run Organizations.
3. Advance Recovery Across Purpose-Focused Settings through the development and provision of TTA related to (3A) Recovery-Ready Workplaces, (3B) Recovery in Higher Education, and (3C) Recovery in High Schools.
4. Advance Recovery Evidence and Research through the provision of TTA related to the above CTAs and corresponding objectives.

FY 2024 Performance Report:

Over the course of FY 2023, the Peer Recovery Center of Excellence (PRCoE) has conducted trainings, provided 1-on-1 technical assistance, and developed products that align with each of the outlined focus areas (i.e, DEI, Evidence-Based Practices, Recovery Community Organization (RCO) Capacity Building, Peer Workforce Development, and Peer Services Integration). This included 78 total trainings/webinars that trained a total of 2,860 participants. Specific examples include a training on harm reduction and peer support (92 peers/non-clinical professionals trained), Supervisors of peer recovery support

[5] FY 2023 results have been updated to reflect the final data.

specialists (PRSS)—Supporting Staff Navigating Work-Related Loss (mix of 48 non-clinical and clinical professionals trained), and PRSS—Exploring and Defining Lived Experience (68 non-clinical professionals trained). The PRCoE also added a new focus area (DEI) and added an additional advisory group member to lead related efforts.

Increase the cumulative amount of publicly available data on 1) Opioid-Related Hospital Use, 2) Neonatal Abstinence Syndrome (NAS), and 3) outpatient use of opioids. (Lead Agency - AHRQ; Measure ID - 2.3.9)

-	Target	Result
FY 2020	-	-
FY 2021	-	-
FY 2022	Opioid Related Hospital Use - create interactive map with 2018 data	Opioid-Related Hospital Use - updated interactive maps using 2018 data
	NAS - create interactive maps using 2019 data	Updated interactive maps using 2019 data
	Outpatient use of opioids - post a Brief on outpatient opioid use for non-elderly and elderly adults.	Updated Brief
FY 2023	Opioid-Related Hospital Use - update interactive maps using 2020 data	Opioid-Related Hospital Use – updated interactive maps using 2020 data
	NAS - update interactive maps using 2020 data	NAS– updated interactive maps using 2020 data
	Outpatient use of opioids - update Brief and/or do new analysis addressing trends or other measures	Posted two updated briefs on outpatient opioid use, one for non-elderly and on for elderly adults, using 2020-2021 data.
FY 2024	Opioid-Related Hospital Use - update interactive maps using 2021 data	Opioid-Related Hospital Use – updated interactive maps using 2021 data
	NAS-update interactive maps using 2021 data	NAS– updated interactive maps using 2021 data
	Outpatient use of opioids - post a Brief on outpatient opioid use for non-elderly and elderly adults	Outpatient use of opioids - Updated Brief

Program and Measure Description:

This measure supports AHRQ's ongoing work to create accurate data for monitoring and responding to the opioid crisis. AHRQ maintains two large databases capable of monitoring data relevant to the opioid overdose epidemic – the Healthcare Cost and Utilization Project (HCUP) and the Medical Expenditure Panel Survey-Household Component (MEPS-HC).

HCUP includes the largest collection of longitudinal hospital care data in the United States and HCUP Fast Stats displays that information in an interactive format that provides easy access to the latest HCUP-based statistics for healthcare information topics. More information on HCUP can be found on the HCUP website. HCUP is able to produce national estimates on Opioid-Related Hospital Use based on data from the HCUP National Inpatient Sample (NIS) and the HCUP Nationwide Emergency Department Sample (NEDS). HCUP is able to produce State-level estimates on Opioid-Related Hospital Use based on data from the HCUP State Inpatient Databases (SID) and HCUP State Emergency Department Databases (SEDD). HCUP is also able to produce data on the rate of births diagnosed with NAS (newborns exhibiting withdrawal symptoms due to prenatal exposure to opioids) by State. State-level statistics on

Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families

newborn NAS hospitalizations are from the HCUP State Inpatient Databases (SID). National statistics on newborn hospitalizations are from the HCUP National (Nationwide) Inpatient Sample (NIS).

The MEPS-HC collects nationally representative data on health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. The MEPS-HC is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). More information about the MEPS-HC can be found on the MEPS Web site at https://meps.ahrq.gov/mepsweb/. MEPS-HC data can be used to produce Statistical Briefs that examine a wide range of measures of opioid use and expenditures including the percentages of adults with any use and frequent use of outpatient opioids during the year.

FY 2024 Performance Report:

For the outpatient use of opioid measure, the plan is to continue to keep these resources updated with subsequent year data. This portion of the measure will be discontinued in FY 2025.

AHRQ updated the website interactive maps that provide trends in opioid-related inpatient stays and emergency department visits at the national and State levels and a Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations interactive heat map that visualizes the rate of births diagnosed with NAS by State with 2022 data.

Number of providers who have provided Medication-Assisted Treatment (Lead Agency - HRSA; Measure ID - 6090.03)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	2,750	2,000	2,100	2,150
Result	2,676	2,872	5,587	3,319	Nov 30, 2025

Program and Measure Description:

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative administered by HRSA that funds community-based grants and technical assistance to reduce the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities. To date, RCORP has served over 1,900 counties in 47 states and two territories. Given the initiative's initial focus on OUD, increasing the number of providers willing and able to provide Medication-Assisted Treatment (MAT) is a key focus area and objective of RCORP's grant awards.

FY 2024 Performance Report:

In FY 2023, more than 3,300 providers provided MAT in areas served by RCORP grant recipients, and 337 behavioral health and SUD providers were newly hired as a direct result of the RCORP grant funding. To increase the likelihood of sustaining these services and enhance community buy-in, RCORP award recipients have collectively engaged with more than 3,400 state and local agencies and organizations representing a diverse array of sectors, including school systems, health centers, hospitals, law enforcement agencies, community-based organizations, and others to implement their programs.

Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families

Number of outreach events to provide training and technical assistance to healthcare providers, healthcare professionals, and paraprofessionals on providing healthcare services free of disability discrimination against persons receiving medication assisted treatment (MAT) for substance abuse disorder and on protecting the confidentiality and care coordination of behavioral health through HIPAA. (Lead Agency - OCR; Measure ID – 1-4)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	1	1	10
Result	1	12	12	13	16

Program and Measure Description:

Outreach events are an effective way to proactively address civil rights and HIPAA compliance in provider communities. As part of HHS efforts to integrate behavioral health into the healthcare system, OCR is training and providing technical assistance to healthcare providers, healthcare professionals, and paraprofessionals to increase awareness of civil rights protections for individuals in recovery from substance use disorder, including individuals receiving medications for Opioid Use Disorders. The outreach events also provide technical assistance and training on protecting the confidentiality and care coordination of behavioral health through HIPAA. Information provided during these events will help to eliminate discriminatory barriers and expand access to mental health and substance use disorder treatment and recovery services for individuals and families.

FY 2024 Performance Report:

OCR is exceeding its target goals and providing outreach to hundreds of health care providers and attorneys across the country, along with child welfare system personnel who are trained through a video series.

Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care

HHS supports strategies to bolster the health workforce to ensure delivery of quality services and care. HHS is committed to facilitating coordinated efforts to address long-standing barriers to strengthening the health workforce. HHS efforts focus on developing professional development opportunities to learn and use new skills to improve the delivery of quality services and care. HHS is also strengthening the integration of culturally- and linguistically- appropriate and effective care into the services delivered by the health workforce.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, OASH, OGA, and SAMHSA.

Percentage of graduates and alumni of Bureau of Health Workforce programs employed in underserved areas at graduation (Lead Agency - HRSA; Measure ID - 2000.06)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	Not Defined	Not Defined	59%
Result	-	59%	63%	63%	Dec 31, 2025

Percentage of individuals supported by the Bureau of Health Workforce who completed a primary care training program and are currently employed in underserved areas (Lead Agency - HRSA; Measure ID - 2000.03)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	40%	40%	40%	40%	40%
Result	40%	40%	43%	40%	Dec 31, 2025

Percentage of clinical training sites that provide interprofessional training to individuals enrolled in a primary care training program. (Lead Agency - HRSA; Measure ID - 2000.04)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	50%	50%	55%	65%	68%
Result	74%	77%	83%	81%	Dec 31, 2025

Program and Measure Description:

HRSA's health professions training programs strengthen the health workforce by developing, expanding, and enhancing training for health care professionals, particularly primary care providers, through grants awarded to health professions schools and training programs. HRSA also administers the National Health Service Corps and Nurse Corps programs, which together support more than 21,000 primary care medical, dental, and behavioral health providers in communities and facilities with significant health professional shortages through scholarships and loan repayment programs. These programs improve access to health care in our Nation's communities by training and supporting individuals who work in medically underserved areas after completing their HRSA health workforce program.

FY 2024 Performance Report:

The percentage of graduates and alumni of Bureau of Health Workforce programs employed in underserved areas at graduation (Measure 2000.06) indicates the percentage of individuals who report being employed in underserved areas upon completion of a HRSA health professions training program or National Health Service Corps/Nurse Corps service obligation. According to annual grantee performance reports and HRSA data, the number of individuals who completed a HRSA health

professions training program or National Health Service Corps/Nurse Corps service obligation and were employed in underserved areas at program completion increased by four percentage points from FY 2021 to FY 2023. The target for this measure was not defined in FY 2021 through FY 2023 because it was added in the FY 2024 CJ. Data collection requirements for Measure 2000.06 were introduced across HRSA's Bureau of Health Workforce programs, and the FY 2022 result provides an accurate reflection of employment outcomes across the breadth of HRSA programs.

HRSA employs multiple strategies to help programs meet performance targets:

- In 2021, HRSA implemented a new grantee scorecard that allows program staff and grantees to identify individual grant programs or awardees that may have best practices to share or may need additional assistance to increase program completers' employment in medically underserved areas.
- In 2022, HRSA reached grantees from nearly all grant programs with a demonstration of the scorecard's use.
- In 2023, HRSA began annual meetings with program staff from each health professions training program to discuss performance results. During these sessions, HRSA discussed program-specific challenges related to meeting targets and strategized how programs could improve performance if they did not meet recent targets.
- In 2024, HRSA offered 39 technical assistance webinars to awardees from 55 health workforce grant programs. The webinars provided detailed instructions on how to report employment data at graduation. HRSA also added the employment outcomes measure to the grantee scorecard.

Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes

HHS is dedicated to safeguarding and improving health conditions and health outcomes for everyone. The Department improves capabilities to predict, prevent, prepare for, respond to, and recover from disasters, public health and medical emergencies, and threats, domestically and abroad. The Department protects individuals, families, and communities from infectious disease and prevent non-communicable disease through the development and equitable delivery of effective, innovative, readily available, treatments, therapeutics, medical devices, and vaccines. HHS enhances the promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death. The Department also mitigates the impacts of environmental factors, including climate change, on health outcomes.

Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from disasters, public health and medical emergencies, and threats across the nation and globe

HHS invests in strategies to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats. HHS leverages opportunities to improve collaboration and coordination, to build capacity and foster readiness for effective emergency and disaster response. HHS advances comprehensive planning for mitigation and response. HHS also applies knowledge gained from the effective and efficient use and application of technology, data, and research to improve preparedness and health and human services outcomes during emergencies and disasters.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACF, ACL, ASPE, ASPR, ATSDR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, and ONC.

Increase the number of new licensed medical countermeasures across BARDA programs (medical countermeasures) (Lead Agency - ASPR; Measure ID - 2.4.13a) [6]

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	3	3	3	3	7
Result	3	6	3	20	11

Program and Measure Description:

ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR constantly scans the horizon to prepare for whatever emergency may come next, whether natural or manmade. Within ASPR, the Biomedical Advanced Research and Development Authority (BARDA) is the premier advanced research and development office within the United States Government. BARDA invests in innovation, advanced

[6]Results based on both supplemental and base appropriations

research and development, U.S. Food and Drug Administration (FDA) approval, acquisition, and manufacturing of medical countermeasures (MCMs) – including the vaccines, therapeutics, diagnostic tools, and devices needed to combat health security threats. The data inform the public about BARDA's capacity to provide an integrated, systematic approach to developing MCMs for public health medical emergencies such as chemical, biological, radiological, and nuclear (CBRN) accidents, incidents and attacks, pandemic influenza, and emerging infectious diseases. The targets for this measure were met or exceeded each year. The data sources are stable with no gaps or delays in reporting. The data reported reflect ASPR's efforts to prepare for, respond to, and recover from disasters and public health emergencies. Together with industry partners, BARDA's support spans early development into advanced development and FDA approval. ASPR also oversees the transition to procurement of MCMs for storage in the Strategic National Stockpile to ensure their availability during a public health emergency.

FY 2024 Performance Report:

In FY 2024, BARDA achieved 11 new FDA approvals across BARDA threat areas. This includes several diagnostics that detect respiratory pathogens, biothreats, and antimicrobial resistance, a clinical deterioration tool, and a broad-spectrum antibiotic to address unmet medical needs for life-threatening infections. This number also includes two indication expansions: one for a wound and burn contact dressing that expands its indication to include acute cutaneous radiation injury and the other for the expansion of a burn debridement product to the pediatric population. Three of the FDA approvals were funded solely with COVID-19 supplemental funding. As of October 2024, BARDA-supported products have achieved 95 FDA approvals, licensures, or clearances. A complete list of FDA approvals can be found on BARDA's website.

Number of cumulative Field Epidemiology Training Program (FETP) - Frontline graduates (Lead Agency - CDC; Measure ID - 10.F.1c)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	12,315	12,435	12,555	15,974	16,786
Result	12,534	13,537	15,314	16,352	Jun 30, 2025

Program and Measure Description:

International Field Epidemiology Training Programs (FETP) are recognized worldwide[7] as an effective means to strengthen countries' capacity in surveillance, epidemiology, and outbreak response. These graduates strengthen public health capacity so individual countries are able to transition from U.S.-led global health investments to more long-term host country ownership. Frontline is a three-month program that aims to increase the number of capable public health workers in a community setting. This program is part of three tiers in the FETP program which all help countries meet International Health Regulation guidelines.

FY 2024 Performance Report:

[7] Traicoff D et al. 2015. Strong and flexible: Developing a three-tiered curriculum for the Regional Central America Field Epidemiology Training Program. Pedagogy in Health Promotion 1(2): 74–82. http://php.sagepub.com/content/1/2/74.full.pdf+html.

In FY 2023, there were 16,352 Frontline program graduates, an increase over FY 2022 and exceeding the FY 2023 target. By tracking the number of people who graduate from FETP, including the Frontline program every year, CDC can better gauge its impact on developing other countries' abilities to prevent, detect, and respond to disease outbreaks.

By 2026, establish a formalized funding pathway for the development, validation, and regulatory review of diagnostic technologies to enhance surveillance and pandemic preparedness. (Lead Agency – NIH; Measure ID – SR-NIBIB-001)[8]

-	Target	Result
FY 2020	-	-
FY 2021	-	-
FY 2022	Receive FDA authorization for marketability for three home, point-of-care, or lab-based diagnostics.	NIH supported the development of technologies that led to two at-home COVID-19 tests, five point-of-care COVID-19 tests, and two lab-based COVID-19 tests. All nine tests received an FDA emergency use authorization for marketability.
FY 2023	Receive FDA authorization or approvals for two home, point-of-care, or lab-based diagnostics, at least one of which addresses accessibility needs of people with disabilities.	NIH supported the development of six at-home COVID-19 tests, one of which addresses the accessibility needs of people with disabilities, one point-of-care (POC) COVID-19 test, and two POC multiplex tests for COVID-19 and flu. All nine tests received an FDA emergency use authorization for marketability.
FY 2024	Receive FDA authorization or approval (including updated authorization or approval) for at least two home, point-of-care, or lab-based diagnostics, at least one of which is more accessible to people with disabilities.	NIH supported the development of six at-home multiplex tests for COVID-19 and flu, one lab-based diagnostic for mpox disease that received FDA emergency use authorization, and one point-of-care test for hepatitis C that received traditional FDA authorization. NIH engagement with test manufacturers resulted in new features added to existing COVID-19 tests to be more accessible to people with disabilities.

Program and Measure Description:

NIH is aiming to accelerate the innovation of new technologies using a design, build, test, and deploy approach to improve future pandemic preparedness and surveillance. In response to the COVID-19 pandemic, NIH launched the Rapid Acceleration of Diagnostics (RADx®) initiative to speed up innovation in the development and deployment of COVID-19 testing approaches and strategies. To inform approaches and specific capabilities needed for infectious disease surveillance and preparedness, NIH continues to build on the research funding mechanisms used and the lessons learned through RADx®.

[8]SR-NIBIB-001 was previously SRO-5.19. NIH has realigned the Measure ID numbers to the NIH-Wide Strategic Plan.

FY 2024 Performance Report:

In FY 2024, NIH supported the development of six at-home multiplex tests for simultaneous detection of COVID-19 and flu, one lab-based diagnostic for mpox disease that received FDA's emergency use authorization, and one point-of-care (POC) test for hepatitis C (hep C) that received traditional FDA authorization (without the use of emergency authorities). These achievements were made by building on the success achieved during the pandemic by applying the RADx model to these public health needs. For example, the model led to the authorization of the first POC hep C test that enables testing and the start of treatment in a single visit. This is a significant achievement because hep C disproportionally affects people with limited access to healthcare, including many who are tested and "lost to follow-up," never receiving a final diagnosis or treatment. This test detects hep C from a blood sample collected via simple finger prick – avoiding more invasive blood draws from the arm – and it delivers results within one hour. NIH has also worked in parallel to increase the accessibility of already authorized tests to people with disabilities. For example, NIH support led to the inclusion of one accessible at-home COVID-19 test in the Administration for Strategic Preparedness and Response's Strategic National Stockpile and in the distribution of free tests through COVIDtest.gov. This test conforms to accessibility design principles and is more accessible to people who have low manual dexterity or low vision.

By 2026, advance the preclinical or clinical development of 10 antivirals for current or future infectious disease threats. (Lead Agency - NIH; Measure ID - SR-NIAID-001)[9]

-	Target	Result
FY 2020	-	-
FY 2021	-	-
FY 2022	Advance preclinical or clinical development of one antiviral therapeutic	NIH-funded researchers advanced the preclinical development of multiple antiviral therapeutic candidates.
FY 2023	Advance preclinical or clinical development of two antiviral therapeutics	NIH-funded researchers advanced the preclinical development of three antiviral therapeutic candidates and supported two Phase 3 clinical studies that are evaluating antiviral therapeutics.
FY 2024	Advance preclinical or clinical development of two antiviral therapeutics	NIH-funded researchers advanced the clinical development of three antiviral therapeutic candidates.

Program and Measure Description:

The development of antiviral drugs to combat harmful viruses can take several years. When SARS-CoV-2, the coronavirus that causes COVID-19, first emerged, there were no approved treatments or vaccines for treating any coronavirus infection. However, NIH was able to build on existing research on other coronaviruses that had caused earlier outbreaks or pandemics and actively contribute to the Federal response to COVID-19. To prepare for future threats posed by known and unknown viruses, NIH is taking a proactive approach by drawing on existing research and investing in antiviral drug discovery and

[9]SR-NIAID-001 was previously SRO-5.20. NIH has realigned the Measure ID numbers to the NIH-Wide Strategic Plan.

development. The overall goal is to generate a pool of new antiviral drugs and increase the availability of antiviral drug candidates that might be used to address future outbreaks or pandemics.

FY 2024 Performance Report:

In FY 2024, NIH funded two new product development contracts that are supporting the development of novel antiviral candidates for treating COVID-19 and Lassa fever, respectively. One contract is advancing the development of ALG-097558, a compound capable of fighting multiple variants of the coronavirus, as an oral treatment for COVID-19. The other contract is advancing the development of RN-75039, which has shown promise in treating Lassa fever, a viral illness spread by West African multimammate rats that are known to carry Lassa virus. In addition, through the Advancing Clinical Therapeutics Globally network, NIH supported a clinical trial to evaluate the efficacy of the antiviral tecovirimat, known as TPOXX, for the treatment of mpox disease, an infectious disease caused by the monkeypox virus. The trial is currently recruiting participants. Taken together, these and other advancements made by NIH-funded researchers represent steady progress toward the development of therapeutics to guard against viruses with the potential to cause pandemic outbreaks.

Objective 2.2: Protect individuals, families, and communities from infectious disease and non-communicable disease through equitable access to effective, innovative, readily available diagnostics, treatments, therapeutics, medical devices, and vaccines

HHS is working on strategies to protect the public from known and emerging infectious diseases and prevent non-communicable diseases, including cardiovascular diseases, cancer, diabetes, and other chronic conditions. HHS advances the development and delivery of safe, effective, and innovative diagnostics, treatments, therapeutics, medical devices, and vaccines. HHS invests in innovative technology and development to ensure the supply and availability of diagnostics, treatments, therapeutics, medical devices, and vaccines while leveraging resources and collaborations to support and apply research, evaluation, and data insights about non-communicable and infectious disease.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: AHRQ, ASPR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and OGA.

Increase the percentage of adults aged 18 years and older who are vaccinated annually against seasonal influenza (Lead Agency - CDC; Measure ID - 1.3.3a)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	70%	70%	70%	70%	70%
Result	50%	49%	50%	51%	Sep 30, 2025

Program and Measure Description:

In the United States, on average 5 to 20 percent of the population contracts the flu, more than 200,000 people are hospitalized from seasonal flu-related complications, and approximately 36,000 people die

from seasonal flu-related causes. It is important that everyone over 6 months old receives an annual flu shot. This measure reflects the universal influenza vaccination recommendation and aligns with the Advisory Committee on Immunization Practices' updated recommendation (as of 2010) for the seasonal influenza vaccine. Seasonal influenza vaccination rates for adults aged 18 and older increased slightly over the past few years from 42 percent in FY 2015 to 51 percent in FY 2023, with FY 2023 vaccination rates seeing little change from FY 2022.

FY 2024 Performance Report:

While the most recent data shows a slight improvement, flu vaccination coverage among adults remains at about 5 in 10 adults reporting receipt of a flu vaccination. One of CDC's efforts to improve adult and childhood routine vaccination coverage rates is the Let's Rise initiative which aims to equip partners and health care providers with actionable strategies, resources, and data to support getting all Americans back on schedule with their routine immunizations. The Fostering Overall Community Understanding and Support (FOCUS) is a sub-activity of Let's RISE and focuses on increasing vaccination coverage in communities that are at increased risk for vaccine preventable diseases (VPDs). CDC also launched a one-year communications effort called "Vaccination Keeps It That Way" in 2024 as a part of the "Let's RISE" initiative. Through this effort, CDC aims to educate parents and care givers of young children about vaccine preventable diseases and encourage them to talk to their child's healthcare provider, and the effort will focus on reaching parents who live in jurisdictions with lower vaccination coverage with a special focus on reaching those living in rural areas and parents at or below the federal poverty level.

Percentage of Ryan White HIV/AIDS Program clients who are virally suppressed. (Lead Agency - HRSA; Measure ID - 4000.03)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	83%	83%	83%	84%	85%
Result	89.4%	89.7%	89.6%	90.6%	Dec 31, 2025

Program and Measure Description:

HRSA's Ryan White HIV/AIDS Program (RWHAP) works to improve health outcomes by preventing disease transmission or slowing disease progression for disproportionately affected communities. The RWHAP accomplishes its mission through the provision of medications that help patients reach HIV viral suppression. An overwhelming body of clinical evidence has established that a person with HIV who is in treatment and has an undetectable viral load (otherwise known as viral suppression) cannot sexually transmit HIV. This is also referred to as Undetectable Equals Untransmittable, or U=U. Improved viral suppression rates reduce the transmission of HIV and result in significant health benefits for individuals and cost-savings to the health care system.

Today, with advances in antiretroviral therapy, people with HIV are living longer and healthier lives. However, even with these positive outcomes, fully ending the HIV epidemic domestically continues to be a challenge as Centers for Disease Control and Prevention (CDC) estimates that 1 million people in

Objective 2.2: Protect individuals, families, and communities from infectious disease and non-communicable disease through equitable access to effective, innovative, readily available diagnostics, treatments, therapeutics, medical devices, and vaccines

the United States have HIV, and one in eight are unaware of their HIV status. In addition, nearly 38,000 HIV diagnoses occur every year.

The successive steps or stages that people with HIV go through from diagnosis to achieving and maintaining viral suppression through care and treatment with HIV medicine called antiretroviral therapy or ART, is known as the HIV care continuum. The HIV care continuum is crucial in ensuring optimal health outcomes for people with HIV. It also helps service providers better pinpoint where gaps in services might exist, develop strategies to better support people with HIV to achieve the treatment goal of viral suppression, and prevent further transmission of the virus, advancing the public health goal of ending the HIV epidemic in the United States.

FY 2024 Performance Report:

FY 2023 results show 90.6 percent of RWHAP patients receiving RWHAP medical care are virally suppressed, far exceeding the 65 percent rate of viral suppression for the general population of people with diagnosed HIV – an outcome measure that demonstrates the success of the program and results in major public health benefits. These results align with a study published in Clinical Infectious Diseases, which found that clients receiving care and support at RWHAP-funded facilities are associated with improved outcomes (such as viral suppression), compared to those not served by the RWHAP. Furthermore, RWHAP patients are more likely to reach viral suppression regardless of other health care coverage (e.g., uninsured, Medicaid, Medicare, or private insurance).

Continue advanced research and development initiatives for more effective influenza vaccines manufactured using modern, flexible, agile technologies, and the development of influenza therapeutics for use in outpatient and hospital settings, including pediatric patients (number of programs) (Lead Agency - ASPR; Measure ID - 2.4.15b)[10]

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	2	2	2	3	3
Result	2	2	2	3	6

Program and Measure Description:

Within ASPR, the Biomedical Advanced Research and Development Authority (BARDA) uses an end-to-end strategy to prepare for the next influenza pandemic by supporting development, licensure, and manufacturing of better products to detect, treat, and prevent seasonal and pandemic influenza. This strategy relies on the development of improved influenza diagnostics, treatments, and vaccines that can be rapidly manufactured and are commercially sustainable. BARDA continues to focus on developing capabilities to recognize potential pandemic influenza viruses in point-of-care settings, thus recognizing a potential new pandemic early in the outbreak. This increases the speed of vaccine availability when a new pandemic influenza vaccine is needed. BARDA also focuses on developing new therapeutics to treat viral infections, including investment in host-directed therapeutics for the treatment of acute

[10] Results based on both supplemental and base appropriations

respiratory distress syndrome (ARDS). BARDA is investing in next generation therapeutics for pre-exposure prophylaxis of seasonal and pandemic influenza. This could be used to bridge the gap between the onset of a pandemic and the availability of an effective vaccine.

FY 2024 Performance Report:

This measure is specific to the development of influenza vaccines and therapeutics. By continuing to widen availability of enhanced influenza medical countermeasures, BARDA promotes effective, timely management and treatment of seasonal and pandemic influenza, and reduces its impact on health, communities, the Nation, and internationally. Targets are set based on ongoing active projects specifically related to complex advanced research and development activities that are on the product development pathway to FDA licensure.

In FY24, BARDA has awarded a phase 2 platform trial to evaluate the safety and efficacy of 3 host directed therapeutics to treat hospitalized patients with ARDS. Advanced development of host-directed therapeutics is a critical element of pandemic influenza preparedness and response, as outlined in BARDA's 2022-2026 Strategic Plan. This supports the development of agile medical countermeasures that can pivot to address multiple public health threats. An award was also made to the BARDA Accelerator Network (VITAL) to make up to 10 awards for early development efforts for pre-exposure prophylaxis platforms. BARDA also continued development efforts for H5 and H7 pandemic mRNA vaccines with awards to three developers, two of the three were made through a partnership with the Joint Program Executive Office – DoD (JPEO-DoD).

BARDA's Pandemic Influenza and Emerging Infectious Diseases efforts promote the advanced research and development, manufacturing, and procurement of medical countermeasures. Development of medical countermeasures across the threat space encompass numerous inherent risks that need to be evaluated when establishing metrics. The risks ASPR is analyzing and addressing include the inherent risks in product development that can cause delays, approval/licensure issues, commercial market changes or changes in priorities, and an outbreak or other public health emergency that could impact whether or not a target is met on time.

Influenza vaccination rates among adult American Indian and Alaska Native patients 18 years and older (Lead Agency - IHS; Measure ID - 68)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	25.4%	24.4%	28%	19.7%	19.7%
Result	24.3%	18.1%	20%	19.9%	Jan 31, 2025

Program and Measure Description:

Influenza is a serious disease that causes significant morbidity and mortality, especially in the American Indian and Alaska Native (AI/AN) population. Influenza and resulting sequelae such as pneumonia are among the top 10 leading causes of death for AI/ANs, and influenza-related mortality is significantly higher among AI/AN populations compared with non-Hispanic Whites. Influenza vaccination remains the best strategy for reducing influenza-related illness. The IHS offers influenza vaccinations to eligible

Objective 2.2: Protect individuals, families, and communities from infectious disease and non-communicable disease through equitable access to effective, innovative, readily available diagnostics, treatments, therapeutics, medical devices, and vaccines

AI/ANs to support public health strategies for preventing influenza illnesses and to reduce influenza-related hospitalizations and deaths.

Various components of the IHS and tribal health care enterprise work collaboratively and collectively to improve influenza vaccination among AI/AN people as reflected by the measure. IHS seeks to reduce the burden of all vaccine-preventable diseases among AI/AN people across the lifespan through strategies and activities that promote vaccination among AI/AN communities. Overall, strategies and activities that promote the uptake of recommended vaccines preempt infectious disease threats that can further exacerbate health disparities impacting AI/AN populations. The influenza vaccination rate measures the proportion of individuals receiving seasonal influenza vaccines among AI/AN adults.

FY 2024 Performance Report:

From FY 2018 through FY 2020, the IHS seasonal influenza vaccination rate for AI/AN adults 18 years of age and older improved. In FY 2021, the influenza vaccination rate declined from 24.3 percent to 18.1 percent. In FY 2022, the influenza vaccination rate increased to 20.0 percent. These results did not meet the established FY targets. In FY 2023, the influenza vaccination rate was 19.9 percent, exceeding the target of 19.7 percent. The same target of 19.7 percent is applicable in FY 2024 with results anticipated in early 2025. IHS results are likely impacted by effects of the COVID-19 pandemic and the subsequent refocus of resources prioritizing immunizations in the post-pandemic era. The IHS has implemented data-driven interventions targeted to specific, highly susceptible patient populations to improve their specific influenza vaccination rates and related health outcomes.

Each fiscal year the IHS reviews and applies evidence-based approaches, including co-administration of COVID-19 and influenza vaccines combined with other targeted vaccination efforts to maximize opportunities for influenza vaccination. The IHS incorporates strategies such as use of standing orders that promote vaccine administration, proper documentation of vaccines given to aid tracking, and automated point-of-care reminders to prompt vaccination when a patient is due to receive immunization. In November 2022, the IHS launched the National E3 Vaccine Strategy - ensuring EVERY patient at EVERY encounter receives EVERY recommended vaccine, when appropriate – which sets vaccination as the Agency's clinical and public health prevention priority. Since the launch of E3, IHS has collaborated with key stakeholders to operationalize the E3 strategy; efforts included implementing quality improvement cycles, encouraging innovation, and incentivizing efforts towards success and best practices developed in and for Indian Country. In FY 2024, the E3 Strategy has continued to influence vaccination rates for all recommended vaccines, including influenza. During the 2024 -2025 influenza vaccination campaigns, the IHS shared strategies that could improve vaccination uptake to include influenza vaccines.

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence of and disparities in preventable injury, illness, and death

HHS supports strategies to promote healthy behaviors to reduce the occurrence of and disparities in preventable injury, illness, and death. The Department develops, communicates, and disseminates information to improve health literacy about the benefits of healthy behaviors. HHS leverages resources, partnerships, and collaborations to support healthy behaviors that improve health conditions

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence of and disparities in preventable injury, illness, and death

and reduce disparities in health outcomes. HHS also advances and applies research and data insights to inform evidence-based prevention, intervention, and policy approaches to address disparities in preventable injury, illness, and death.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: AHRQ, ACF, ACL, ASFR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, and SAMHSA.

Reduce the annual adult per-capita combustible tobacco consumption in the United States. (Lead Agency - CDC; Measure ID - 4.6.2a)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	838	817	755	693	631
Result	1,004	967	847	772	Jul 31, 2025

Program and Measure Description:

Although cigarette smoking remains the leading cause of preventable disease and death in the United States, the tobacco[11] product use landscape continues to diversify to include multiple combustible tobacco products, including cigars, cigarillos and little cigars, pipe tobacco, roll-your-own tobacco, and hookah.

FY 2024 Performance Report:

CDC recommendations to help reduce tobacco consumption include raising the price of tobacco products, providing access to cessation services, protecting everyone's right to breathe clean air, and mass-reach media campaigns warning about the dangers of tobacco use. CDC strategies to promote these interventions include providing funding to 50 states, Washington, DC, 8 U.S territories, and 12 tribal organizations for comprehensive tobacco control efforts through the National Tobacco Control Program, and supporting grantees to implement Best Practices for Comprehensive Tobacco Control Programs. CDC also funds the Tips From Former Smokers Campaign,® a national campaign profiling real people who live with serious health effects due to smoking and secondhand smoke exposure. Per capita combustible tobacco product consumption decreased from 847 cigarette equivalents in FY 2022 to 772 cigarette equivalents in FY 2023.

[11] References to tobacco refer to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities.

Increase the proportion of adults (age 18 and older) that engage in leisure-time physical activity. (Lead Agency - CDC; Measure ID - 4.11.9)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Set Baseline	-	74.7%	-	75.5%
Result	73.9%	-	73.7%	-	Dec 31, 2025

Program and Measure Description:

CDC's Active People, Healthy Nation[SM] is a national initiative to help 27 million Americans become more physically active by 2027. CDC used percent improvement target setting methodology to set a goal of a 0.4% increase per year for the proportion of adults (age 18 and older) that engage in leisure-time physical activity. This translates to a 0.8% increase every two years and is consistent with administration of the NHIS, the survey used to collect this data, which is administered every two years instead of annually.

FY 2024 Performance Report:

In FY 2022, there was a slight decrease from the FY 2020 baseline, however additional years of data are needed to confirm if this is a true decline.

CDC funds states, communities, and organizations with national reach to design communities that are safe and easy for people of all ages and abilities to be physically active. In addition, CDC trains states and communities to implement strategies to improve the walkability of communities. For example, the CDC funded Walkability Action Institute has trained teams in 79 jurisdictions in 32 states and two territories. As a result, the jurisdictions cumulatively achieved over 850 outcomes related to improving walkability with a focus on community and transportation design for over 41 million people. CDC will continue to promote the critical need for safe and easy places for physical activity to take place and help implement high-impact strategies for walking and walkable communities like Complete Streets and Safe Routes to Schools.

Percentage of adult health center patients with diagnosed hypertension whose blood pressure is under adequate control (less than 140/90) (Lead Agency - HRSA; Measure ID - 1010.07)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	63%	63%	63%	61%	62%
Result	58%	60%	63%	66%	Aug 1, 2025

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence of and disparities in preventable injury, illness, and death

Percentage of adult health center patients with type 1 or 2 diabetes with most recent hemoglobin A1c (HbA1c) under control (less than or equal to 9 percent) (Lead Agency - HRSA; Measure ID - 1010.08)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	67%	67%	67%	67%	68%
Result	64%	68%	70%	70%	Aug 1, 2025

Program and Measure Description:

Health centers continue to be a critical element of the health system, largely because they can provide an accessible and dependable source of high quality, affordable, and cost-effective primary health care services in underserved communities. In particular, health centers emphasize coordinated primary and preventive services that promote reductions in health disparities for low-income individuals, racial and ethnic minorities, rural communities, and other underserved populations. Health centers emphasize coordinated and comprehensive care, the ability to manage patients with multiple health care needs, and the use of key quality improvement practices. Health center patients, including low-income individuals, racial/ethnic minority groups, and persons who are uninsured, are more likely to suffer from chronic diseases such as hypertension and diabetes. Clinical evidence indicates that access to appropriate care can improve the health status of patients with chronic diseases and thus reduce or eliminate health disparities.

FY 2024 Performance Report:

In 2023, 66 percent of adult health center patients with diagnosed hypertension had blood pressure under adequate control (less than 140/90), and 71 percent of adult health center patients with type 1 or 2 diabetes had their most recent hemoglobin A1c (HbA1c) under control (less than or equal to 9 percent).

Peer reviewed literature and major reports continue to document that health centers successfully increase access to care, promote quality and cost-effective care, and improve patient outcomes, especially for traditionally underserved populations. Recent findings include:

- Culturally-sensitive patient-provider communication (i.e., provider was knowledgeable about patient medical history, provided information in a manner that was easily understandable, and spent adequate time with the patient) positively influences patient adherence to treatment for cholesterol management.[12]
- Organizational advances in health information technology have led to improved quality of care in health centers that augments patient care capacity for disease prevention, health promotion, and chronic care management.[13]

[12] Hair BY, Sripipatana A. Patient-Provider Communication and Adherence to Cholesterol Management Advice: Findings from a Cross-Sectional Survey. Popul Health Manag. 2021 Jan 7. doi: 10.1089/pop.2020.0290. Epub ahead of print. PMID: 33416441.
[13] Baillieu R, Hoang H, Sripipatana A, Nair S, Lin SC. Impact of health information technology optimization on clinical quality performance in health centers: A national cross-sectional study. PLoS One. 2020 Jul 15;15(7):e0236019. doi: 10.1371/journal.pone.0236019. PMID: 32667953; PMCID: PMC7363086.

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence of and disparities in preventable injury, illness, and death

- Enabling services were associated with higher probability of getting a routine checkup.[14]

Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

HHS invests in strategies to mitigate the impacts of environmental factors, including climate change, on health outcomes. HHS detects, investigates, forecasts, monitors, responds to, prevents, and aids in recovery from environmental and hazardous public health threats and their health effects. HHS promotes cross-disciplinary and multi-stakeholder coordination to improve the outcomes of climate change and environmental exposures on workers, communities, and domestic and international systems. Additionally, HHS expands awareness and increases knowledge of environmental hazards and actions that individuals and communities can take to reduce negative health outcomes.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ASPR, ATSDR, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, and OGA.

Number of public health actions undertaken (using Environmental Health Tracking data) that prevent or control potential adverse health effects from environmental exposures (Lead Agency - CDC; Measure ID - 6.C)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	40	45	45	60	60
Result	66	80	45	73	82

Program and Measure Description:

The Environmental and Health Outcome Tracking Network covers over 185 million people, which made up about 57% of the population in the U.S. in 2021. The Tracking Network serves as a source of information on environmental hazards and exposures, population data, and health outcomes. CDC exceeded expectations for the number of data-driven actions to improve public health using the Tracking Network which is in keeping with previous years. CDC is refining how public health actions are captured and anticipates that the total number of actions may be reduced or remain flat. Performance for this measure is dependent on Environmental Health Tracking recipients reporting on the actions they undertake which may vary from year to year.

FY 2024 Performance Report:

From FY 2005 to FY 2024, state and local public health officials have used the Tracking Network to implement over 1,000 data-driven public health actions to save lives and prevent adverse health effects that are due to environmental exposures.

[14] Systematic delivery of enabling services in health centers improve access to care and patient satisfaction. Yue D, Pourat N, Chen X, Lu C, Zhou W, Daniel M, Hoang H, Sripipatana A, Ponce NA. Enabling Services Improve Access To Care, Preventive Services, And Satisfaction Among Health Center Patients. Health Aff (Millwood). 2019 Sep;38(9):1468-1474. doi: 10.1377/hlthaff.2018.05228. PMID: 31479374.

For example, in 2024 there were 82 public health actions reported, with air quality, climate change, lead poisoning, cancer, and environmental justice as the most common environmental health topics addressed. Programs or interventions described by Tracking recipients included conducting a data analysis to support a state's new law requiring blood lead testing of all children; providing data analysis and visualizations for the National Weather Service to use when developing heat warning messages; and developing and implementing a communications campaign about radon dangers which enabled residents to order free radon-testing kits. The Tracking Network also serves as a source of information for health professionals, elected officials, researchers, parents, and the public on environmental hazards and exposures, population data, and health outcomes.

Increase training and resources to address the access and functional needs of electricity and healthcare service-dependent at-risk individuals who live independently and are impacted by incidents, emergencies, and disasters (number of people trained) (Lead Agency - ASPR; Measure ID – 1.3)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	81,720	88,826	110,322	102,150	102,150
Result	234,802	130,610	152,461	515,797	744,421

Program and Measure Description:

ASPR's mission includes leading the country through public health emergencies. A key component of this mission is represented in the data reported for measure 1.3. This measure is part of ASPR's National Disaster Medical System (NDMS) which directly helps communities nationwide. When disaster strikes, state, local, tribal, and territorial (SLTT) medical infrastructure may become overwhelmed, requiring NDMS assistance in maintaining critical services. SLTT agencies may also request NDMS to help their communities respond to and recover from such emergencies.

NDMS capabilities and tools deliver essential medical and emergency management services and subject matter expertise. The HHS emPOWER Program is a vital NDMS capability that reliably and consistently supports all-hazards preparedness, response, recovery, and mitigation activities. Under NDMS, the HHS emPOWER Program strengthens regional partnerships through easy access to unprecedented data and tool use. EmPOWER also provides increased education and training capabilities. This established a suite of trusted data and tools for life-saving emergency management activities across 13 sectors and 13 emergency support functions.

The emPOWER data and tools are used to advance federal, SLTT, and community partner capabilities for situational awareness, anticipating and planning for health care system surge and preemptively taking action to protect health. Such actions save the lives of at-risk populations that may rapidly be adversely impacted during an emergency or disaster.

The HHS emPOWER Program is a mission-critical partnership between ASPR and the Centers for Medicare and Medicaid Services (CMS) to help protect at-risk individuals, ensure continuity of care, and reduce health care system surge during emergencies and disasters. It provides public health authorities and their partners with federal data, mapping, geographic information system, and artificial intelligence

Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

tools. The emPOWER program also provides training and informational resources, including best practices, lessons learned, and technical assistance. These tools and resources have protected the health of over 4.5 million at-risk individuals who live independently and rely on life-maintaining electricity-dependent equipment and devices, including ventilators, powered wheelchairs, and/or certain essential health care services, such as dialysis and home oxygen tank services. The HHS emPOWER Program's tools and technical assistance have significantly advanced preparedness and mitigation efforts in communities nationwide. This has informed and supported hundreds of local-to-national emergencies and disasters.

FY 2024 Performance Report:

The HHS emPOWER Program collected baseline data in 2019 and exceeded targets each year from 2020 through September 2024. Nationwide use of emPOWER data indicates the rapid advancement of data-driven mitigation strategies that help save lives during a broad array of disasters, including the COVID-19 pandemic, power and infrastructure failures, and numerous events associated with extreme weather. In FY 2024, over 10,700 individuals used the HHS emPOWER Map and partners accessed the HHS emPOWER REST Service over 718,100 times to inform essential activities across the entire emergency management cycle. Additionally, in FY 2024, over 10,900 individuals accessed and downloaded over 4,200 resources from the HHS emPOWER Program Platform. PHAs requested the HHS emPOWER Emergency Response Outreach Dataset to support and inform responses to 20 emergencies and disasters in FY 2024, spanning severe winter weather nationwide, extreme heat events, public safety power shutoffs, and wildfires in the Pacific Northwest, hurricanes and tropical storms in Puerto Rico, North Carolina, and Virginia, and flooding in Utah. Together, the emPOWER data, tools, and resources, have better ensured public health, health care, and emergency management. These products guaranteed first responder and many other community partners had readily meaningful, consumable, and actionable data and tools to protect at-risk individuals within their communities.

By FY 2026, OCR will conduct a Title VI Environmental Justice/Public Health compliance review and undertake any needed steps for resolution. (Lead Agency - OCR; Measure ID – 2-4)

-	Target	Result
FY 2019	-	-
FY 2020	-	-
FY 2021	Not Defined	Background investigation completed; joint meetings held with other partner federal agencies, including USDA, DOJ, and Office of Climate Change and Health Equity (OCCHE); follow-up interviews conducted with Complainants; compliance review opened September 2021.
FY 2022	Conducted Title VI/Section 1557compliance review through on-site inspections, interviews, and data analysis.	Onsite investigation completed in April of 2022; approximately 50 witness interviews conducted, data request letters submitted, and responses reviewed.

Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

-	Target	Result
FY 2023	Coordinated comprehensive public health response by HHS partners, including CDC and HRSA. Provided technical assistance to the covered entity, Alabama Department of Public Health (ADPH) based on analysis of collected data to establish safe and effective sewage management and nondiscriminatory policies and practices.	Interim Voluntary Resolution Agreement executed by HHS, DOJ, and ADPH on May 3, 2023. HHS and DOJ are currently implementing the terms of the agreement and will be monitoring ADPH's compliance for three years. HHS and DOJ met monthly with stakeholders in Lowndes County to increase awareness of the Agreement and to stay abreast of ADPH's engagement with the community. HHS and DOJ also regularly met with ADPH officials to provide technical assistance on civil rights compliance and to share information about new federal funding opportunities to improve wastewater infrastructure and rural public health services.
FY 2024	Continue collaboration with OCCHE, OEJ, and other partner federal agencies involved in environmental justice policy and enforcement. Review local and/ state agency policies and practices that may implicate environmental justice concerns under OCR's jurisdiction for possible investigation.	1. Collaborated with federal agencies and HHS environmental justice and climate change offices on policy issues. 2. Participated in three Environmental Justice workgroups 1) DOJ-led Environmental Justice & Title VI workgroup, 2) HHS OASH Environmental Justice Unit-led HHS Environmental Justice Workgroup, and 3) OASH-led Climate Change and Health Equity Working Group. 3. Continued implementing Interim Resolution Agreement with the Alabama Department of Public Health. Conducted other review(s) as appropriate (details not publicly available).

Program and Measure Description:

This initiative supports the HHS objective of mitigating the impacts of environmental factors on health outcomes by addressing the health impact of environmental hazards, such as inadequate sanitation systems, that result from discriminatory practices. OCR coordinates with HHS partner agencies to develop and implement a comprehensive public health response to improve community health outcomes and partner with other federal agencies involved in environmental justice. As part of this initiative, OCR reviews local and/ state agency policies and practices that may implicate environmental justice concerns under OCR's jurisdiction for possible investigation and may conduct environmental justice/public health compliance reviews under Title VI of the Civil Rights Act and Section 1557 of the Affordable Care Act. Through on-site investigations, interviews, and document reviews, OCR will identify corrective actions, and best practices, if needed. OCR may also provide technical assistance to ensure that state and local governments and federally assisted health programs and activities are accessible to underserved racial and ethnic minority communities. Based on OCR's reviews to date, these results include, but are not limited to, the execution of an Interim Voluntary Resolution Agreement, ongoing community stakeholder engagement, and collaboration with HHS partner agencies such as the Centers for Disease Control with the goal of advancing public health and will include future abatement of public health threats.

Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

FY 2024 Performance Report:

In May 2023, HHS announced an Interim Resolution Agreement after an investigation in Lowndes County, Alabama to ensure the development of equitable and safe wastewater disposal. During FY 2024, OCR continued to monitor the Alabama Department of Public Health's (ADPH) progress through ADPH's monthly updates and calls with the ADPH.

Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience

HHS works to strengthen the economic and social well-being of Americans across their lifespan. HHS provides effective and innovative pathways leading to equitable economic success for all individuals and families. The Department strengthens early childhood development and expands opportunities to help children and youth thrive equitably within their families and communities. HHS expands access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life. HHS also increases safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence.

Objective 3.1: Provide effective and innovative pathways leading to equitable economic success for all individuals and families

HHS invests in strategies to provide effective and innovative pathways that lead to equitable economic success for all individuals and families. HHS facilitates system enhancements and partnerships across the federal government to coordinate resources and technical assistance to individuals and families hoping to achieve and sustain economic independence.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACF, ACL, ASPE, CDC, CMS, HRSA, IHS, OASH, and OCR.

Increase energy burden reduction index score for high burden households. (Lead Agency - ACF; Measure ID - 1D)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	90	86	86	95	90
Result	86	86	95	90	Nov 30, 2025

Program and Measure Description:

By design, LIHEAP targets energy assistance to low-income households with the highest energy needs. It does so as part of Congress' statutory mandate, as expressed in 42 U.S.C. 8624. Annual LIHEAP appropriations and the Infrastructure Investment and Jobs Act (IIJA) increase energy burden reduction index scores for high burden households. ACF measures the extent to which LIHEAP meets this mandate through targeting indices, which show the extent to which the program reaches selected households over others, specifically households with (a) elderly members, (b) young children, and (c) high energy burdens. ACF also measures the extent to which LIHEAP reduces energy-burdens among high-energy burden households. A household's energy burden is the household's energy costs as a share of its income. Reducing a household's energy burden prevents the household from suffering adverse outcomes—including hypothermia, heat stroke, etc.—due to extreme indoor temperatures. It also prevents the household from forgoing essential items (food, medication, etc.) in order to pay for energy. The index score that measures the targeting of energy burden reduction shows the extent to

which high energy burden recipients receive more benefits than other recipients. ACF computes this score by dividing the percent reduction, attributable to LIHEAP, in the median individual energy burden for high energy burden recipients by the equivalent type of reduction for all recipients and multiplying the result by 100.

FY 2024 Performance Report:

The Burden Reduction Targeting Index (measure 1D) score for FY 2023, based on all states with usable data, was 90, indicating that LIHEAP paid about 10 percent less of the energy bill for households with the highest energy burden compared to average recipient households. Under funding provided by the Consolidated Appropriations Act of 2012, which increased training and technical assistance funds to $3 million, ACF has invested in increased grantee training and technical assistance to improve performance management and monitoring activities by states. In FY 2023, Congress appropriated $9.6 million for the same purposes. With these funds, ACF procured two contracts that executed a number of activities that will continue through FY 2026 including grant recipient monitoring, training and technical assistance to grantees, and enhancements to the collection of performance data.

LIHEAP continued to prioritize enhancing efforts around administrative support, training and technical assistance, equity, and environmental justice. In FY 2023, LIHEAP continued to work with the Application Streamline and Electronic Verification Workgroup with a selected number of state directors to create technical assistance tools that will improve customer experience and verify data through third party systems. This workgroup continued in FY 2024. In FY 2023, LIHEAP made updates to existing online data dashboards publicly available on topics such as extreme heat and disaster management, as well as continued to publish LIHEAP quarterly performance reports, which included assisted households, performance management, use of LIHEAP funds, and implementation and support data. Additional tools have included grant recipient performance management profiles, ongoing work on a completely redesigned energy-assistance locator (www.energyhelp.us) website, and several program-specific fact sheets.

Increase the percent of cash assistance terminations due to earned income from employment for those clients receiving cash assistance at employment entry. (Lead Agency - ACF; Measure ID - 15A)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	56%	56.50%	56.75%	56.75%	41.5%
Result	42.45%	40.58%	40.28%	49.57%	Dec 1, 2025

Program and Measure Description:

The Transitional and Medical Services (TAMS) program provides refugees and other eligible populations with time-limited assistance to purchase food and clothing, pay rent, use public transportation, and secure medical care. Additionally, this program provides a path to economic self-sufficiency by supplying resources for employment training and placement, case management services, and English language training in order to facilitate economic self-sufficiency and effective resettlement as quickly as possible. A cash assistance termination is defined as the closing of a cash assistance case due to earned

income in an amount that is predicted to exceed the state's payment standard for the case from employment based on family size, rendering the case ineligible for cash assistance.

FY 2024 Performance Report:

The FY 2022 actual result of 40.28 percent was also below the target of 56.75 percent by 16.47 percentage points. The FY 2023 actual result of 49.57 percent was below the target of 56.75 percent, but an improvement over the previous year's result. Many refugees are placed into full-time jobs with reduced work hours such as jobs in the service industry that have varying hours, thus termination from assistance may not occur. A few large programs had lower termination rates which negatively affected national termination rate. For example, some larger states had a significant influx of clients, with barriers to getting employment, some due to challenges in receiving employment authorization. Some states had higher employment outcomes; however, the threshold for termination from cash assistance is higher, thus resulting in a lower termination rate. COVID-19 also contributed to delays in employments and extended benefits periods due to COVID-19 eligibility extensions.

Increase the percentage of refugees who are self-sufficient (not dependent on any cash assistance) within the first eight months (240 days) of the service period. (Lead Agency - ACF; Measure ID - 16C)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	81.76%	76.05%	78.58%	76.76%	79.06%
Result	75.3%	77.8%	76%	78.28%	73.25%

Program and Measure Description:

The Matching Grant program is an alternative to traditional cash assistance that provides participants with services such as case management, job development, job placement and placement follow-up, and interim housing and cash assistance through grants awarded to participating national refugee resettlement agencies. These agencies provide a match (in cash and/or in-kind services) of one dollar for every two dollars of federal contribution to client direct assistance funding. The purpose of the program is to help participants become self-sufficient within 240 days from the date of eligibility for the program. This is a shift from the previous client support period of 180 days, which was implemented starting in FY 2022. The extension of the client service period will enable grant recipients to further emphasize basic integration services such as English language acquisition and to provide more equitable employment services.

FY 2024 Performance Report:

The actual result for the refugee self-sufficiency rate in FY 2024 indicates that over 73 percent of program participants were self-sufficient at the end of the 240-day program service period, falling short of the FY 2024 target of 79.06 percent.

Maintain the percentage of IV-D (child support) cases having support orders. (Lead Agency - ACF; Measure ID - 20B)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	88%	90%	90%	90%	90%
Result	87%	88%	87%	86%	Nov 30, 2025

Program and Measure Description:

The Social Services Amendments of 1975 (P.L. 93-647) established the federal child support services program as part of Part D of title IV of the Social Security Act. Child support is one of the most significant financial resources available to children living apart from a parent. Child support receipt promotes family self-sufficiency, child well-being, and health from birth through adulthood, thereby reducing costs in other government programs. The annual performance measure regarding child support orders compares the number of IV-D child support cases with support orders established (which are required to collect child support) with the total number of IV-D cases.

FY 2024 Performance Report:

States continue to improve their performance with respect to this measure as the total number of cases with an order established was 10.4 million in FY 2023. The percent of cases with support orders was 86 percent, which is slightly below the target of 90 percent for FY 2023.

Increase the median state share of federal TANF and state maintenance-of-effort (MOE) funds used for work, education, and training activities. (Lead Agency - ACF; Measure ID - 22F)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	7.40%	6.80%	7.50%	8.4%	8%
Result	6.7%	7.4%	8.1%	7.9%	Oct 30, 2025

Program and Measure Description:

The Temporary Assistance for Needy Families (TANF) program provides state flexibility in operating programs designed to help low-income families achieve independence and economic self-sufficiency. The performance measures for the TANF program assess the extent to which TANF work-eligible individuals and families transition from cash assistance to employment. Full success requires not only that recipients get jobs, but also that they stay in employment and increase their earnings in order to reduce dependency and enable families to support themselves. The state spending requirement of matching funds for the federal TANF payment is referred to as “maintenance-of-effort” or MOE.

This performance measure reports on the median state share of federal TANF and state MOE funds used for work, education, and training activities.

FY 2024 Performance Report:

Objective 3.1: Provide effective and innovative pathways leading to equitable economic success for all individuals and families

The most recent actual result decreased from 8.1 percent in FY 2022 to 7.9 percent in FY 2023, missing the target of 8.2 percent. Through intentional technical assistance, ACF encourages states to invest more resources towards engaging TANF work-eligible individuals in work and work preparation activities so that families with barriers to employment can reach the ultimate outcome of a stable, unsubsidized job.

Number of new or like-new and existing AIAN homes provided with sanitation facilities. (Lead Agency - IHS; Measure ID - 35)

-	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	Not Defined	Not Defined
Result	48,816	63,916	39,980	25,060

Track average project duration from the Project Memorandum of Agreement (MOA) execution to construction completion. (Lead Agency - IHS; Measure ID - SFC-E)

-	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	Not Defined	Not Defined
Result	3.6 yrs	4 yrs	3.8 yrs	3.3 yrs

Program and Measure Description:
The Indian Health Service (IHS) Sanitation Facilities Construction (SFC) Program provides American Indian and Alaska Native (AI/AN) homes and communities with essential water supply, sewage disposal, and solid waste disposal facilities. The SFC program is critical in providing water supply and waste disposal infrastructure and technical support to help Tribes operate and maintain these facilities in remote areas of Indian Country. Providing access to clean water and waste disposal facilities are essential preconditions for most health promotion and disease prevention efforts and quality of life. Increasing the number of homes provided with sanitation facilities builds and sustains healthy communities through disease prevention. Monitoring the average project duration is an indicator of efficiency in the delivery of sanitation facilities services.

FY 2024 Performance Report:
The *number of new or like-new and existing AI/AN homes provided with sanitation facilities (Measure 35)* reports the number of homes that were provided with sanitation facilities, including water, sewage disposal, and/or solid waste, during the fiscal year. In FY 2024, IHS funded projects to provide service to 25,060 AI/AN homes but did not meet the 54,000 target. The target was not met due to a decrease in funded projects in FY 2024 compared to FY 2023. This is primarily due to higher project costs and inflation. In some IHS Areas where homes served decreased substantially, the average total project cost increased between 7% and 73%. The Infrastructure Investment and Jobs Act (IIJA) under the Bipartisan Infrastructure Law (P.L. 117-58) appropriated $700 million for FYs 2022 through 2026 for the IHS SFC program, the program provided service to 63,916 AI/AN homes in FY 2022, exceeding the 44,000 target.

Objective 3.1: Provide effective and innovative pathways leading to equitable economic success for all individuals and families

The *track average project duration from the Project Memorandum of Agreement (MOA) execution to construction completion (Measure SFC-E)* reports the average project duration in years on an annual basis. In FY 2024, the average project duration from the Project Memorandum of Agreement execution to construction completion was 3.3 years, which exceeded the goal of 4 years. A reduction in the project duration is the goal for this measure. Any reduction in the length of time a project takes to complete yields cost savings in both construction inflation costs and project related staffing costs, allowing the program to provide more services to more homes. The IHS continues to meet or exceed the target for this measure, signifying that the SFC program continues to implement strategies to ensure projected targets are maintained or reduced.

Objective 3.2: Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities

HHS invests in strategies to strengthen early childhood development opportunities to help children and youth thrive equitably within their families and communities. HHS fosters the physical, emotional, intellectual, language, and behavioral development of children and youth while supporting their families and caregivers. HHS implements interventions and multidisciplinary programs to enhance and support early childhood development and learning. HHS also focuses its efforts to improve early childhood development programs, systems, and linkages through the application of data, evidence, and lessons learned.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACF, ACL, ASPE, CDC, CMS, FDA, HRSA, IHS, OASH, NIH, OGA, and SAMHSA.

Reduce the proportion of Head Start grantees receiving a score in the low range on the basis of the Classroom Assessment Scoring System (CLASS: Pre-K). (Lead Agency - ACF; Measure ID - 3A)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	15%	N/A	N/A	N/A	16%
Result	17%	N/A	N/A	N/A	13%

Program and Measure Description:

ACF strives to increase the percentage of Head Start children in high quality classrooms. ACF evaluates each Head Start grant recipient as part of their 5-year grant cycle using the of the Classroom Assessment Scoring System (CLASS: Pre-K), a research-based tool that measures teacher-child interaction on a seven-point scale in three broad domains: Emotional Support, Classroom Organization, and Instructional Support. ACF uses the CLASS: Pre-K instrument during CLASS monitoring reviews and continues to collect data through random sampling of open classrooms. Progress is measured by reducing the proportion of Head Start grant recipients scoring in the low range, below 2.5 in any domain of the CLASS: Pre-K instrument. This performance measure was developed to track the proportion of grant

recipients receiving a score in the low range on the basis of the CLASS with the goal of decreasing that proportion over time.

FY 2024 Performance Report:

Data from the FY 2014 CLASS reviews indicated that 23 percent of grant recipients are in the low range on any domain, exceeding the revised target. The most recent data from the FY 2024 CLASS reviews indicate that 13 percent of grant recipients scored in the low range, exceeding the target of 16 percent. There are no results for this performance measure in fiscal years 2021, 2022, and 2023 since CLASS reviews were not conducted due to the COVID-19 pandemic.

Increase the percentage of Head Start preschool teachers with an AA, BA, or Advanced degree in early childhood education or a related field. (Lead Agency - ACF; Measure ID - 3C)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	N/A	100%	100%	100%	100%
Result	N/A	94.8%	94%	92.9%	Jan 31, 2025

Program and Measure Description:

Head Start grant recipients are required to develop plans to improve the qualifications of staff. Head Start has shown a steady increase in the number of Head Start teachers with an Associate Degree (AA), Bachelor's Degree (BA), or advanced degrees in early childhood education. The Head Start reauthorization requires that all Head Start preschool center-based teachers have at least an AA degree or higher with evidence of the relevance of their degree and experience for early childhood education by October 1, 2011, thus the goal for each fiscal year through 2025 is to reach 100 percent. Additionally, the HSPPS require infant/toddler teachers, family child care providers, and home visitors have at least a Child Development Associate (CDA) credential. Programs must also ensure staff have ongoing professional development to effectively fulfill their role and job.

FY 2024 Performance Report:

The most recent FY 2023 data indicates that approximately 93 percent of Head Start teachers had an AA degree or higher, slightly missing the target, but remaining relatively stable compared to previous years actual results. Of the 34,904 Head Start preschool teachers in FY 2023, 32,443 had an AA degree or higher. Of these degreed teachers, 8,637 have an AA degree, 19,491 have a BA degree, and 4,351 have an advanced degree. Not included in these numbers are 1,420 teachers with a Child Development Associate (CDA) or state credential and 1,024 teachers who do not have a degree or CDA. About 23 percent of teachers without a BA or advanced degree are enrolled in a BA degree.

Objective 3.2: Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities

Maintain the proportion of youth living in safe and appropriate settings after exiting ACF-funded Transitional Living Program (TLP) services. (Lead Agency - ACF; Measure ID - 4A)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	90%	91%	91%	91%	90%
Result	92%	91.5%	91.1%	95.79%	Mar 31, 2025

Program and Measure Description:

This annual performance measure pertains to safe and appropriate exit rates for youth from the Transitional Living Program (TLP). The TLP program provides shelter and services to meet the needs of homeless youth to promote long-term economic independence in order to ensure the well-being of the youth. All youth between the ages of 18 and 21 are eligible for up to 18 months of TLP services. This performance measure captures the percentage of TLP youth who are discharged from the program into an immediate living situation that is both safe and appropriate. This goal is achieved through the promotion and support of innovative strategies that help grantees to: 1) encourage youth to complete the program and achieve their developmental goals instead of leaving the program prior to completion; 2) stay connected with youth as they transition out of program residencies and provide preventive, follow-up, and aftercare services; 3) track exiting youth more closely; 4) report accurate data and maintain updated youth records to reduce the number of youth whose exit situations are unknown; and 5) analyze data to discover patterns of participation and opportunities for improved services.

FY 2024 Performance Report:

During FY 2023, the program exceeded the 91 percent target for this measure by attaining a 95.79 percent safe and appropriate exit rate.

Number of 0-8 year old children screened for mental health or related interventions (Lead Agency - SAMHSA; Measure ID - 2.4.00)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	11,497	8,700	8,500	22,000	29,000
Result	8,788	8,573	25,427	30,743	25,557

Program and Measure Description:

Established in 2008, Project LAUNCH (Linking Actions to Unmet Needs in Children's Health) promotes the wellness of young children from birth to eight years of age by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Project LAUNCH is designed to build the capacities of adult caregivers of young children to promote healthy social and emotional development; to prevent mental, emotional, and behavioral disorders; and to identify and address behavioral concerns before they develop into serious emotional disturbances. A required activity for Project LAUNCH is to conduct screening and assessment to ensure the early identification of behavioral and developmental concerns using validated screening instruments and to include screening for other

Objective 3.2: Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities

behavioral health issues, such as perinatal/maternal depression and substance misuse among parents (including opioid use), as appropriate. Each Project LAUNCH local pilot community implements a set of "5 Core Strategies" that bring evidence-based mental health practices and expertise into the natural settings of early childhood. Grantees identify the evidence-based practices to implement for their population of focus.

FY 2024 Performance Report: In FY2024, the program fell below the target of 29,000 due to cohort transition. During this time frame, the Project LAUNCH 2019 cohort was ending thus tapering off screenings, while the Project LAUNCH 2023 cohort was starting implementation. At the beginning of the grant period, it can take between six and eight months to establish screening processes (e.g. identifying screening tools, establishing partnerships, accepting clients, creating tracking mechanisms, etc.).

Number of participants served by the State/Jurisdiction Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. (Lead Agency - HRSA; Measure ID - 3110.08)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	N/A	N/A	N/A	164,470	167,096
Result	140,606	140,674	137,802	139,695[15]	Jan 31, 2025

Number of participants served by the Tribal Maternal, Infant, and Early Childhood Home Visiting Program. (Lead Agency - HRSA; Measure ID - 3110.09)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	N/A	N/A	N/A	3,871	4,427
Result	3,315	3,508	3,498	3,432[16]	Jan 31, 2025

Program and Measure Description:

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry living in at-risk communities.

FY 2024 Performance Report:

In FY 2023, states reported serving more than 139,000 parents and children in over 1,000 counties across all 50 states, the District of Columbia, and five territories, representing more than a 300 percent increase in the number of participants served since FY 2012. MIECHV state and jurisdictional grantees provided over 9.7 million home visits from FY 2012 through FY 2023.

[15] FY 2023 results were impacted by funding cuts due to sequestration and significant issues with workforce recruitment and retention across the early childhood care and education field.

[16] FY 2023 results were impacted by factors such as challenges with family and staff recruitment and retention.

Objective 3.2: Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities

Objective 3.3: Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life

HHS is investing in several strategies to expand access to high-quality services and resources for older adults, people with disabilities, and their caregivers. HHS enhances system capacity to develop processes, policies, and supports that are person centered and provide quality care for older adults and individuals with disabilities across settings, including home and community-based settings. HHS ensures the availability and equitable access and delivery of evidence-based interventions that focus on research, prevention, treatment, and care to older adults and individuals with disabilities. HHS also supports development and implementation activities to better understand and address the needs of all caregivers across the age and disability spectrum.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACF, ACL, AHRQ, ASPE, CDC, CMS, HRSA, IHS, NIH, OASH, and OGA.

Increase the percentage of individuals with developmental disabilities whose rights were enforced, retained, restored, or expanded. (Lead Agency - ACL; Measure ID - 8F)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	79.55%	78.73%	79.54%	79.62%	Prior Result +1%
Result	77.95%	78.75%	78.83%	March 1, 2025[17]	Jan 31, 2026

Program and Measure Description:

Under the Developmental Disabilities Assistance and the Bill of Rights Act of 2000 (DD Act), each state and territory has a Developmental Disabilities Protection and Advocacy (P&A) program designated by the state's governor. The DD Act and other authorizing statutes give the P&A program the authority to advocate for the rights of individuals with disabilities. The DD Act states that each P&A program has the authority to "pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of, and advocacy for, the rights of such individuals within the State."[18] P&A programs provide a range of legal services and use a range of remedies, including self-advocacy assistance, negotiation, investigation, and litigation, to advocate for traditionally unserved or underserved individuals with developmental disabilities. P&A authorities are critical to preventing abuse and neglect of people with disabilities and safeguarding individuals' right to live with dignity and self-determination.

The formula for determining the percentage of individuals with developmental disabilities whose rights were enforced, retained, restored, or expanded is the number of closed cases in which a client's objective was partially or fully met plus the number of closed group cases or projects concluded

[17] Data was previously expected on January 1, 2025 and has been delayed to provide time for validation and verification prior to publishing
[18] 42 U.S.C. 15043

successfully, divided by the total number of valid closed cases plus the total number of group cases or projects.

FY 2024 Performance Report:

The Administration on Disabilities program staff is continuing to work with ACL's Office of Performance and Evaluation to develop or improve logic models and performance measures for this program. ACL staff are piloting methods for collecting data and working on developing standard methods for analyzing the data to identify trends and results.

Increase the age-adjusted percentage of adults (age 18+) diagnosed with arthritis who were counseled by a doctor or other health professional to be physically active or exercise to help arthritis or joint symptoms, in states funded by the CDC Arthritis Program (Lead Agency - CDC; Measure ID - 4.10.1)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	-	70.3%	-	71%	-
Result	-	68.2%	-	N/A[19]	-

Program and Measure Description:

Recent projections indicate that arthritis prevalence and arthritis-associated limitations are increasing and confirm that arthritis remains a top cause of morbidity, work limitations, and compromised quality of life. Arthritis affects more than 58.5 million adults, almost 60% of whom are working aged adults (< 65) and is projected to affect 78.4 million adults by 2040. There is strong evidence that physical activity can reduce joint pain, improve function, and halt or delay physical disability among adults with arthritis, but physical activity levels are lower for adults with arthritis than adults without arthritis. Adults with arthritis are more likely to engage in physical activity and self-management education programs when recommended by a health care provider This strategy and an emphasis on provider recommendations are reflected in CDC's new state arthritis program and will be reflected in other, future activities of the arthritis program.

FY 2024 Performance Report:

Among states funded by the CDC Arthritis Program in 2021, 68.2% of adults diagnosed with arthritis were counseled by a doctor or other health professional to be physically active to help arthritis or joint symptoms. The 2021 target was not met and was lower than the 2019 baseline of 70%. Funded states indicated the pandemic significantly impacted their efforts to reach healthcare professionals and that many providers' ability to provide physical activity counseling to patients with arthritis were limited due to pandemic-related demands. However, over the last 4 years, funded states reached more than 40,000 adults with low-cost community-based physical activity and self-management education programs that have been effective in improving arthritis symptoms, management, and quality of life for people living with arthritis. In FY 2023, data was not available for all funded recipients due to inconsistencies in data

[19] Data is not available for all funded recipients

collection across grantees. However, for the seven states funded by the CDC Arthritis Program that have data available from the BRFSS arthritis module, 64.4% of adults diagnosed with arthritis were counseled by a doctor or other health professional to be physically active to help arthritis or joint symptoms.

Decrease the prevalence of hemophilia treatment inhibitors among Community Counts - Health Outcomes Monitoring System for People with Bleeding Disorders at HTCs (Lead Agency - CDC; Measure ID - 5.3.2)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	5.50%	5.40%	Not Defined	10.80%	10.6%
Result	5.1%	5%	11%	11%	Mar 31, 2025

Program and Measure Description:

CDC protects people and prevents complications of blood disorders by reducing the prevalence of inhibitors among hemophilia patients and increasing the proportion of very young hemophilia patients receiving early prophylaxis treatment. Through Community Counts, CDC collects data on health issues and medical complications for people living with bleeding disorders, incorporates screening for inhibitors, and monitors treatment use, including prophylaxis, to facilitate best practices that help prevent or eradicate complicated, costly, and debilitating health conditions.

Approximately 15-20% of people with hemophilia develop an inhibitor, a condition where the body stops accepting the factor treatment product (which helps the blood clot properly) as a normal part of blood. The body treats the “factor” as a foreign substance and mounts an immune system response to destroy it with an inhibitor. When people develop inhibitors, treatments to prevent and stop bleeding episodes are less effective. Special treatment is required until the body stops making inhibitors, which can increase hospitalizations, compromise physical function, and exceed $1,000,000 a year for a single patient.

Discovering an inhibitor as soon as possible helps improve outcomes and reduce costs. Although hemophilia care providers widely accept that development of an inhibitor is a serious issue, routine screening for inhibitors is not current practice for local laboratories because of the high cost and the inability to perform the proper tests.

FY 2024 Performance Report:

Recently, CDC scientists were able to include multiple data sources to detect inhibitors among participants in the Community Counts program, including new cases, history of an inhibitor, and lab specimens. This more accurate representation of the population yielded a new baseline where 11% of the sample population had an inhibitor as of FY 2022. Likewise, the FY 2023 result remained level with the baseline and did not meet the target.

Objective 3.3: Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life

Increase the percentage of older adults who receive appropriate clinical preventive services (Lead Agency - AHRQ; Measure ID - 2.3.7)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	New data for the PSAQ prevention items available, Begin analysis on the FY 2018 and 2019 data collected, FY 2020 PSAQ data collection will begin	2021 PSAQ data collection continues. Administer another round of the PSAQ.	Baseline	6%	5%
Result	Collected new data, Continued analysis of FY 2018 and 2019 data, Began collecting FY 2020 PSAQ data	Continued data analysis of the PSAQ 2018/2019 data, Complete administration of another round (2020/2021) of the PSAQ	6%	6%	5%

Program and Measure Description:

In FY 2021, AHRQ continued to provide ongoing scientific, administrative, and dissemination support to the U.S. Preventive Services Task Force (USPSTF). The Task Force makes evidence-based recommendations about clinical preventive services to improve the health of all Americans (e.g., by improving quality of life and prolonging life). By supporting the work of the USPSTF, AHRQ helps to identify appropriate clinical preventive services for adults, disseminate clinical preventive services recommendations, and develop methods for understanding prevention in adults.

For several years, AHRQ has invested in creating a national measure of the receipt of appropriate clinical preventive services by adults (measure 2.3.7). A necessary first step in creating quality improvement within health care is measurement and reporting. Without the ability to know where HHS is and the direction HHS is heading, it is difficult to improve quality. This measure will allow AHRQ to assess where improvements are needed most in the uptake of clinical preventive services. It will help AHRQ support the USPSTF by targeting its recommendations and dissemination efforts to the populations and preventive services of greatest need—thus making sure the right people get the right clinical preventive services in the right interval. The data from this measure can also identify gaps in the receipt of preventive services and therefore inform the Department's and the public health sector's prevention strategies.

AHRQ now has a validated final survey to collect data on the receipt of appropriate clinical preventive services among adults (the Preventive Services Self-Administered Questionnaire (PSAQ) in the AHRQ Medical Expenditure Panel Survey (MEPS)). The survey was fielded in a pilot test in 2015. It is a self-administered questionnaire that is included as part of the standard MEPS starting in 2018. Additional years of data will allow for AHRQ to track and compare receipt of high priority, appropriate clinical preventive services over time.

The panel design of the survey, which includes the PSAQ in even years, makes it possible to determine how changes in respondents' health status, income, employment, eligibility for public and private insurance coverage, use of services, and payment for care are related. Once data are collected, they are reviewed for accuracy and prepared to release to the public.

Objective 3.3: Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life

FY 2024 Performance Report:

In FY 2024, AHRQ reported estimates of the percentage of older adults who received high-priority, appropriate preventive services based on CY 2020 (FY 2020/2021) data. The rates were reduced to 5% due to the impact of the COVID-19 pandemic on use of health care, in particular the postponement of preventive care. AHRQ now has a validated final survey to collect data on the receipt of appropriate clinical preventive services among adults (the Preventive Services items that are included in the Self-Administered Questionnaire (PSAQ) in the AHRQ Medical Expenditure Panel Survey (MEPS)).

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

HHS increases safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence. The Department continues its efforts to promote coordination across the government to address the full range and multiple forms of neglect, violence, trauma, and abuse across the life span. HHS is building a resource infrastructure to ensure equitable delivery of high-quality services to support affected individuals, families, and communities. HHS also leverages data to inform the development of effective and innovative prevention and intervention models to address neglect, abuse, and violence.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACF, ACL, ASPE, CDC, HRSA, IHS, NIH, OASH, and SAMHSA.

Increase the capacity of the National Domestic Violence Hotline to respond to increased call volume (as measured by percentage of total annual calls to which the Hotline responds). (Lead Agency - ACF; Measure ID - 14A)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	75%	75%	75%	75%	75%
Result	56%	62%	42%	47%	Mar 31, 2025

Program and Measure Description:

The staff and volunteers of the National Domestic Violence Hotline (Hotline) provide victims of family violence, domestic violence, and dating violence; family and household members; and other persons such as advocates, law enforcement agencies, and the general public with crisis intervention, emotional support, safety planning, domestic violence information, and referrals to local service providers as well as national resources. It is not feasible for 100 percent of calls received to be answered due to unanticipated spikes resulting from media coverage promoting the Hotline phone number and increases in call volume during the rollover of state or local program crisis lines during an emergency, disaster, or a national public health emergency, such as the pandemic. In addition, some situations require a caller to disconnect before an advocate can answer (e.g., the abuser enters the room).

FY 2024 Performance Plan:

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

In FY 2023, the Hotline answered 419,923 total contacts across all platforms, including 257,768 calls, 70,386 chats, and 91,769 texts. This represents an overall 2023 answer rate of 47 percent, missing the target for that year, but improving over the previous year's actual result of 42 percent. In March 2022, a queue management system for digital services to optimize survivor experience on chat and text was implemented. In addition, an in-queue messaging directing survivors to the database was implemented during long waitlists in case waiting was unsafe.

Decrease the percentage of children with substantiated or indicated reports of maltreatment that have a repeated substantiated or indicated report of maltreatment within six months. (CAPTA) (Lead Agency - ACF; Measure ID - 7B)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	6.4%	6%	6.3%	6.1%	6.2%
Result	6.2%	6.5%	6.3%	6.4%	Oct 31, 2025

Program and Measure Description:

The annual performance measure regarding repeat child maltreatment evaluates the trend in the percentage of children with substantiated or indicated reports who experience repeat maltreatment. ACF has set a target of decreasing the percentage of child victims who experience repeat maltreatment by 0.2 percentage points per year.

FY 2024 Performance Report:

For FY 2020, the rate of recurrence decreased to 6.2 percent, exceeding the target of 6.4 percent. For FY 2021, the rate of recurrence increased slightly to 6.5 percent, missing the target of 6 percent. For FY 2022, the rate of recurrence decreased to 6.3 percent, meeting the target for that year. For FY 2023, the rate of recurrence increased slightly to 6.4 percent, missing the target of 6.1 percent. ACF will continue to support states in their efforts to support children and families who are experiencing a crisis, while ensuring the safety of children. The CAPTA State Grant program provides formula grants to states to improve child protective service systems through a range of prevention activities, including addressing the needs of infants born with prenatal drug exposure, referring children not at risk of imminent harm to community services, implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes, training child protective services workers, protecting the legal rights of families and alleged perpetrators, and supporting citizen review panels. The renewed emphasis on prevention efforts, in tandem with funding for the Community-Based Child Abuse Prevention (CBCAP) program that also assists states in their efforts to prevent child abuse and neglect while promoting healthy parent-child relationships, may also assist in improving performance in this area. To the extent that safety concerns surface among measures in the Child & Family Services Reviews (CFSRs), states will be required to address those issues in their Program Improvement Plans (PIPs). Should a state be found to be performing below the national observed performance for the recurrence of maltreatment, that state's PIP would require specific strategies and activities directed toward a measurable decrease in the recurrence of maltreatment.

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

Increase the number of potential trafficking victims identified by the hotline. (cases) (Lead Agency - ACF; Measure ID - 17D)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	26,322	27,825	27,306	21,026[20]	15,713[21]
Result	19,186	17,460	16,775	9,432	Jan 31, 2025

Program and Measure Description:

Since its inception, calls to the National Human Trafficking Hotline have increased from an average of 200 per month in 2005 to 8,669 calls per month in 2019. In the four-year period from FY 2015 to FY 2019, the number of Hotline calls received directly from victims and survivors increased by 304 percent as compared to the previous four-year period. Over the course of the four-year period, FY 2016-2019, the Hotline received a yearly average of 94,423 signals describing, on average, 9,651 human trafficking situations, and 25,872 potential victims. By the following four-year period, FY 2020-2023, the Hotline received a yearly average of 202,707 signals describing, on average, 10,517 human trafficking situations, and 15,713 potential victims. In FY 2022, the Hotline received 212,167 signals, of which 26 percent were substantive in nature; identified 10,013 potential cases of trafficking; responded to 10,190 signals from potential victims; and reported 2,531 cases to law enforcement. In FY 2023, the Hotline received 184,179 signals, of which 19 percent were substantive in nature; identified 9,877 potential cases of trafficking; responded to 7,977 signals from potential victims; and reported 2,381 cases to law enforcement.

FY 2024 Performance Report:

By FY 2024, ACF sought to increase the number of potential trafficking victims identified by the Hotline, particularly within the U.S. territories through increased public awareness, including its revised LBS campaign. Targeted, awareness-building campaign materials developed through LBS renewal activities may help to increase awareness of trafficking, reporting of incidents, and awareness of available resources for survivors within these regions, while also driving down the volume of signals received that are not substantive or within the Hotline's scope.

In FY 2023 and FY 2024, ACF has worked closely with the hotline grant recipient to identify additional opportunities to elevate signals from potential victims, including launching an Interactive Voice Response (IVR) queueing system. Through ongoing monitoring efforts, ACF has identified organizational capacity constraints that have resulted in necessary changes to the current recipient's data collection methods.

[20]The FY 2023 target is to achieve the average of the previous four years of actual results.
[21]The FY 2024 target is the average of the previous four years of actual results. The hotline continues to experience performance impacts from staffing shortages and a substantial increase in communications, including communications related to misinformation campaigns, that hinders their ability to identify potential victims.

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

Increase the percentage of placement designation of referrals of Unaccompanied Children (UC) from Department of Homeland Security within 24 hours of referral. (Lead Agency - ACF; Measure ID - 19A)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	99%	99%	99%	99%	99%
Result	99.27%	64%	99%	99%	Mar 1, 2025

Program and Measure Description:

Since 2014, ACF has expanded its network of care to be able to continue increasing the percentage of placement designation of referrals of unaccompanied children from the Department of Homeland Security (DHS) within 24 hours of referral. Although the statutory requirement is 72 hours, ACF aims for UC to enter the Office of Refugee Resettlement (ORR) care as soon as possible, recognizing that border facilities are not designed to meet the needs of children. This performance measure is calculated by dividing the number of unaccompanied children who were designated for placement within 24 hours of referral by the total number of referrals per fiscal year.

FY 2024 Performance Report:

In FY 2017, due to a lower number of referrals and a surplus of bed capacity unoccupied, the program was directed to reduce bed capacity by approximately 30 percent. Changes to the overall bed capacity were insufficient in FY 2018 to accommodate the increase in referrals, and ORR was not able to meet this measure. In FY 2021, ORR received an unprecedented increase in unaccompanied child referrals. There were 122,731 unaccompanied children referred in FY 2021, compared to 15,381 referrals in FY 2020. This historically large influx, combined with added challenges from the COVID-19 pandemic, placed a strain on existing systems, and ORR was not able to meet the measure of designating 99 percent of referrals for placement within 24 hours. In response to continued higher volume of unaccompanied children referrals in FY 2022, the ORR Intakes Team increased its staffing footprint and implemented a new overnight team, ensuring placements for incoming referrals are continuous 24 hours a day, 7 days a week. Despite record high referrals in FY 2022 of 128,094 children and youth, and in FY 2023 of 119,123 unaccompanied children, ACF achieved the 99 percent placement designation target in both FY 2022 and FY 2023.

Increase Intimate Partner (Domestic) Violence screening among American Indian and Alaska Native (AI/AN) Females (Lead Agency - IHS; Measure ID - 81)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	41.5%	37.5%	36.3%	29.6%	29.6%
Result	30.2%	27.2%	28.3%	28.9%	Jan 31, 2025

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

Program and Measure Description:

Domestic and intimate partner violence (IPV) has a disproportionate impact on AI/AN communities. AI/AN women experience intimate partner violence at higher rates than any other single race or ethnicity in the United States. IPV is a preventable public health problem and screening for IPV provides the ability to identify potential individuals and those at risk for experiencing violence. The IPV screening measure supports improved processes for identification, referral, and treatment for female victims, further supporting healthier patient outcomes. Starting in FY 2018, IHS began reporting the IPV screening measure for females (ages 14 to 46) using the IHS Integrated Data Collection System Data Mart (IDCS DM). IHS continues to monitor and adjust to reporting system changes and provide training for documentation in the electronic reporting system. Tribal programs can choose to participate in reporting the IPV measure, which may impact the screening rate.

FY 2024 Performance Report:

Although seven of the twelve IHS Areas met or exceeded the FY 2023 target, IHS overall did not meet the national target of 29.6 percent, but improved performance compared to FY 2022. IHS awarded grants to 41 Tribal partners to develop IPV protocols and improve services, with four sites increasing their capacity to process forensic services. In FY 2024, the IHS Domestic Violence Prevention (DVP) program's grantees entered into their third year of a five-year funding cycle. Thirty-seven (37) projects focus on culturally-appropriate, evidence-based, and practice-based models of prevention within the community. Grantees tailor prevention efforts to meet the needs of their communities and are provided with guidance on models, trainings, and resources. The four (4) Forensic Healthcare (FHC) program grantees focus on the development and/or expansion of FHC services to provide treatment, intervention, and prevention in order to address the needs of victims impacted by sexual assault and domestic violence.

Additionally, IHS encourages all 113 Tribal grantees funded via the FHC, Domestic Violence Prevention (DVP), Suicide Prevention, Intervention and Postvention (SPIP), and the Substance Abuse Prevention, Treatment, and Aftercare (SAPTA) grant programs to also report on any IPV screening and services that they experience. Due to the sensitivity of the IPV screening, proper administration requires thorough education and trauma-informed care training to ensure health care providers know how to properly screen their patients and that patients are comfortable in responding without external influences. As such, the increased use of telehealth visits within patients' homes are not necessarily meeting the safety and security recommendations for IPV assessments.

The IHS Division of Nursing Services (DNS) is contracting with Texas A&M Center of Excellence in Forensic Nursing (TAMU CEFN) to help boost forensic health care-related workforce capacity and activities across all IHS, Tribal, and Urban Indian facilities. TAMU CEFN is providing Sexual Assault Nurse Examiner/Sexual Assault Examiner/Forensic Nurse Examiner (SANE/SAE/FNE) and Domestic/Intimate Partner Violence training, education, and technical assistance for health care providers. The trainings will ensure providers are prepared to offer patients trauma-informed medical forensic examinations, culturally responsive safety screening and resources following violent crimes such as sexual assault and abuse, domestic violence, intimate partner violence, strangulation, and human trafficking. Funding also supports continuing nursing and continuing medical education (CE/CME) and mentorship opportunities, enhancing forensic health care efforts across Indian Country. To date, 2,480 CE/CMEs have been awarded to I/T/U providers through this contract.

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

The IHS guidebook titled *Forensic Health Care and Caring for American Indian and Alaska Native Patients*. This guidebook includes access to validated, evidence-based screening tools for providers and educational information related to domestic and intimate partner violence, including detail of why screening patients is important.

Increase the number of prevention and response strategies from CDC's Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence being implemented by state and local health departments funded through the multistate ACEs cooperative agreement (Lead Agency - CDC; Measure ID - 7.F)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Set Baseline	15	15	15	16
Result	11	15	15	15	23

Program and Measure Description:

Strategies drawn from the Preventing ACEs Best Available Evidence resource are being implemented by each of the funded Preventing Adverse Childhood Experiences: Data to Action (PACE: D2A) recipients. This indicator tracks trends associated with implementing evidence-based strategies to prevent and respond to adverse childhood experiences (ACEs) and addresses the effectiveness of CDC's actions to translate science into action. CDC's mission with respect to ACEs is to prevent, identify, and respond to them using evidence-based strategies, and this indicator is the most direct measure of CDC success in that regard. The PACE: D2A initiative helps ensure states and intrastate partners have access to the best available evidence for ACEs prevention and response.

FY 2024 Performance Report:

In FY 2024, 23 prevention and response strategies —including strengthening economic supports to families and promoting social norms that protect against violence and adversity—were implemented by recipients. In FY 2024, CDC undertook the new Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action programmatic initiative. Twelve recipients were planned for the enhanced state-level surveillance infrastructure to implement data-driven prevention strategies to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences (PCEs). Future targets were set based on an assessment of what realistic growth may look like and recipients' capacity to increase strategy implementation.

Expand the number of evidence-based resources on best practices and core components of trauma-informed care for clinical practice that are available on the National Center for Injury Prevention and Control website (Lead Agency - CDC; Measure ID - 7.G)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	-	Set Baseline	2	5	7

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Result	-	0	0	1	1

Program and Measure Description:

CDC is leading efforts to prevent violence before it begins and reaching out to audiences with new prevention strategies. CDC adapts and disseminates actionable resources based on rigorous science to equip every available partner with the tools they need to build trauma-informed systems and infrastructure. Equipping partners with the tools and resources they need to move from principle to practice of trauma-informed care in school, healthcare, housing, justice-serving, and other behavioral and mental health service spaces will help amplify CDC's impact and equip its partners to do the same. This measure ensures CDC continues to push to generate and disseminate resources on trauma-informed care for clinical settings (and other partners), to ensure that its systems' responses to people who have experienced trauma are not harmful.

FY 2024 Performance Report:

Progress on this measure has been slower than expected, and new requirements regarding CDC's web presence have impacted feasibility of future targets. This measure also does not reflect CDC's shifted focus to working with clinical partners to generate and release products through their channels to better reach the core intended audience of this work. Given the misalignment between the measure as written and CDC's broader efforts on trauma-informed care, we are retiring this measure while remaining committed to the overall portfolio of activity. CDC continues to work with funded and other partners to develop and release materials related to trauma-informed care.

Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence

Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All

HHS is dedicated to restoring trust and accelerating advancements in science and research. The Department is prioritizing science, evidence, and inclusion to improve the design, delivery, and outcomes of HHS programs. It is investing in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs. Strengthening surveillance, epidemiology, and laboratory capacity is another major focus to better understand and equitably address diseases and conditions. HHS is also increasing evidence-based knowledge through improved data collection, use, and evaluation efforts to achieve better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience.

Objective 4.1: Improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion

HHS works on strategies to improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion. The Department leverages stakeholder engagement, communication, and collaboration to build and implement evidence-based interventions and approaches for stronger health, public health, and human services outcomes.

The Office of the Secretary leads this objective. All divisions are responsible for implementing programs under this strategic objective.

By 2026, enhance understanding of how five health information technologies can be applied effectively to improve minority health or to reduce health disparities. (Lead Agency - NIH; Measure ID - SR-NIMHD-001)

-	Target	Result
FY 2020	-	-
FY 2021	Develop an adaptive smoking cessation intervention targeting adolescents of health disparity populations using the quitStart mobile application.	NIH investigators developed a new smoking cessation mobile application, QuitJourney, based on QuitGuide (not QuitSTART which is for adolescents) and conducted acceptability and usability testing with 48 young adults.
FY 2022	Determine if a mobile phone app is effective in promoting physical activity or reducing weight among racial and ethnic minority populations.	The app *¡Hola Bebé, Adiós Diabetes!* was successfully launched, but completion of effectiveness testing has been delayed due to the COVID-19 pandemic.
FY 2023	Assess the feasibility of using data mining, natural language processing (NLP), and/or other technological advances to improve health or healthcare for individuals who experience health disparities.	NIH-funded investigators leveraged natural language processing and informatics to build and pilot test the Rosie the Chatbot mobile app. The investigators assessed the application's ability to provide information that meets the maternal health and infant care needs of racial and ethnic minority mothers who experience health disparities.

-	Target	Result
FY 2024	Identify barriers and enhancers to adoption of health information technologies, such as clinical decision aids, from the perspective of physicians who care for populations who experience health disparities.	NIH-funded investigators identified potential barriers to and enhancers for adopting new health information technology tools for use among populations who experience health disparities.

Program and Measure Description:

Health information technology (health IT) refers to a variety of electronic methods that can be used to manage information about people's health and health care. Although health IT holds much promise to reduce disparities in populations that are medically underserved by facilitating behavior change and improving quality of health care services and health outcomes, few studies have examined the impact of health IT adoption on improving health outcomes and reducing health disparities among racial and ethnic minority individuals, people of lower socioeconomic status, underserved rural populations, sexual and gender minority populations, and people with disabilities. To better understand the potential of health IT to improve the health of populations that lack access to medical care and to reduce health disparities, NIH is investing in research on the use of technologies such as decision support tools, mobile apps, and natural language processing and other forms of artificial intelligence.

FY 2024 Performance Report:

In FY 2024, NIH-funded investigators pilot-tested newly developed health IT tools that were embedded in electronic health records (EHRs), including a patient dashboard and decision support tools that (1) notify medical assistants to review patients' social well-being; (2) alert physicians of the appropriate time to modify patients' high blood pressure medication; and (3) provide patient educational materials. Identified barriers to adopting the pilot-tested health IT tools include limited functionality for real-time hypertension care and concerns regarding the quality of information in EHRs. Enhancers for adopting the technologies include improved options to observe changes in hypertension care overtime and the ability to create tailored patient educational materials that can be added to EHRs. Pilot test results also informed the development of EHR-based interventions to further assess the potential of health IT to control hypertension and reduce health disparities across 24 clinics, involving more than 350 clinicians and over 10,000 patients in a multi-ethnic healthcare system.

Increase the percentage of Community-Based Child Abuse Prevention (CBCAP) total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices. (Lead Agency - ACF; Measure ID - 7D)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	65.8%	69.3%	64.3%	66.7%	64.3%
Result	66.3%	61.4%	63.7%	61.3%	Oct 31, 2025

Program and Measure Description:

The most efficient and effective programs often use evidence-based and evidence-informed practices. ACF developed an efficiency measure to gauge progress towards programs' use of these types of

practices. ACF is working closely with the states to promote more rigorous evaluations of their funded programs. Over time, ACF expects to increase the number of effective programs and practices that are implemented, thereby maximizing the impact and efficiency of Community-Based Child Abuse Prevention (CBCAP) funds. For the purposes of this efficiency measure, ACF defines evidence-based and evidence-informed programs and practices along a continuum, which includes the following four categories of programs or practices: Emerging and Evidence Informed; Promising; Supported; and Well-Supported. Programs determined to fall within specified program parameters will be considered to be implementing "evidence-informed" or "evidence-based" practices (collective referred to as "EBPs"), as opposed to programs that have not been evaluated using any set criteria. The funding directed towards these types of programs (weighted by EBP level) will be calculated over the total amount of CBCAP funding used for direct service programs to determine the percentage of total funding that supports evidence-based and evidence-informed programs and practices. A baseline of 27 percent was established for this measure in FY 2006. The target of a three percentage point annual increase in the amount of funds devoted to evidence-based practice was selected as a meaningful increment of improvement that takes into account the fact that this is the first time that the program has required grantees to target their funding towards evidence-based and evidence-informed programs, and it will take time for states to adjust their funding priorities to meet these new requirements.

In general, the majority of CBCAP funding is directed toward EBPs. Fiscal year 2018 represented an increase with grantees reporting 61.5 percent of funds being directed at EBPs. Fiscal year 2019 also saw an increase with grantees reporting 62.8 percent of funds directed toward EBPs. Despite this increase, it did not meet the target of 64.5 percent. In FY 2020, however, the percentage spent on EBPs increased to 66.3 percent, exceeding the target of 65.8 percent. In FY 2021, the target of 69.3 was not met, as states reported 61.4 percent of funds were used for evidence-informed and evidence-based programs. Based on report narratives and engagement with grant recipients, ACF believes that impacts of the public health pandemic have influenced this decrease. For example, ACF experienced increased requests from grant recipients to use CBCAP funds to address concrete needs (e.g. housing, food, clothing, child care assistance, etc.), which often do not have as much research demonstrating effectiveness. States further reported decreased administration of evidence-informed and evidence-based programs during the pandemic due to restrictions with in-person interactions and limited capacity resulting from increased resignations from personnel. While CBCAP programs were able to carry out many evidence-informed and evidence-based programs virtually, they reported that it still had decreased from pre-pandemic levels.

FY 2024 Performance Report:

In FY 2022, states reported 63.7 percent of funds supported EBP programs. While this was an improvement, it did not meet the target of 64.4 percent. States reported another decrease in FY 2023 with 61.3 percent of funds supporting EI and EB programs. This aligned with reports from states noting they were able to resume most of the services and programs to pre-pandemic levels. Reasons reported by states included continued need to support families with addressing basic or concrete needs, such as housing, nutrition, transportation, and others. States also reported using funds to support innovative programs to address the unique needs of special populations, such as rural communities and families impacted by incarceration. While states are working to evaluate effectiveness of funds to support concrete needs and innovative programs, evaluative methods are not yet so rigorous to where they are considered well-supported. Moreover, ACF has worked to tailor training and technical assistance

Objective 4.1: Improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion

activities to address these challenges and increase state capacity to use funds for EI and EB programs. Efforts will further continue to promote evaluation and innovation, to expand the availability and use of evidence-informed and evidence-based programs over time.

Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs

HHS is investing in strategies to support the research enterprise and the scientific workforce. HHS works to build public trust by upholding scientific integrity and quality. HHS is also working to recruit, retain, and develop a diverse and inclusive scientific workforce to conduct basic and applied research in disease, healthcare, public health, and human services. HHS supports innovation in how research is supported, conducted, and translated into interventions that improve health and well-being.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: AHRQ, ASPE, ASPR, CDC, FDA, HRSA, NIH, OASH, OCR, and OGA. In consultation with OMB, HHS has determined that performance toward this objective is making noteworthy progress, as NIH, FDA, and HRSA continue to provide opportunities for young scientists to learn and contribute to research and the development of scientific knowledge.

By 2027, develop or evaluate the efficacy or effectiveness of new or adapted prevention interventions for substance use disorders (SUD). (Lead Agency - NIH; Measure ID - SR-NIDA-002)22

-	Target	Result
FY 2020	Conduct three to five pilot studies to test the efficacy of promising prevention interventions for SUD.	Nine prevention pilot studies were conducted as part of the Helping to End Addiction Long-term (HEAL℠) Initiative.
FY 2021	Launch one to two clinical trials, based on pilot study results, to test the effects of a prevention intervention for opioid use disorder.	Two clinical trials were launched as part of the Helping to End Addiction Long-term (HEAL) Initiative®.
FY 2022	Conduct one to two studies to test the effectiveness of prevention interventions focused on electronic nicotine delivery systems (including vaping).	NIH-funded researchers conducted two studies to test the effectiveness of prevention interventions focused on electronic nicotine delivery systems in schools, via social media and electronic cigarette advertising restrictions.

[22] SR-NIDA-002 was previously reported as SRO-5.2. NIH has realigned the Measure ID numbers to the NIH-Wide Strategic Plan.

-	Target	Result
FY 2023	Launch one to two clinical trials testing approaches to prevent opioid and other substance misuse by intervening on social determinants of health.	NIH-funded researchers conducted two clinical trials testing approaches to prevent opioid and other substance misuse by intervening on social determinants of health.
FY 2024	Launch preliminary epidemiological research studies to inform pilot studies that will develop novel strategies to prevent substance use among youth and young adults.	NIH-supported studies conducted preliminary epidemiological research in two populations with high rates of substance use and in need of tailored prevention interventions.

Program and Measure Description:

Preventing the initiation of substance use and minimizing the risks of harmful consequences of substance use are essential parts of addressing SUD. NIH's prevention research portfolio encompasses a broad range of research on how biological, social, and environmental factors operate to enhance or lessen an individual's propensity to begin substance use or to escalate from use to misuse to SUD. This line of research, along with rapidly growing knowledge about substance use and addiction (including tobacco, alcohol, illicit, and nonmedical prescription drug use), is helping to inform the development of evidence-based prevention strategies.

FY 2024 Performance Report:

In FY 2024, NIH-supported studies conducted preliminary epidemiological research in two populations with high rates of substance use and in need of tailored prevention interventions. Although evidence-based substance use prevention interventions exist, they are not always tailored to the needs of specific populations, which can limit their effectiveness. Native Hawaiian and Pacific Islanders (NHPI) and Ukrainian people displaced by the Russo-Ukrainian war represent two populations with high rates of substance use in need of tailored prevention interventions. Two studies were funded, each using findings from epidemiological research to inform intervention development in these populations. One study will help identify the role of various social determinants of health in predicting e-cigarette and cannabis co-use in young adult NHPI. The second study will capture substance use patterns and risk factors among recently displaced Ukrainian people, including young adults, seeking medical services. Together, these studies will help us understand substance use risk and guide prevention interventions that will be more effective in these populations, in addition to being potentially adaptable to informing intervention development in other U.S. populations of need.

Provide research training, mentoring, and skills development for predoctoral trainees and fellows that promotes the potential for a productive, independent research career in a health-related field (Award rate to comparison group reached) (Lead Agency - NIH; Measure ID - RC-OER-001)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	N ≥ 10%	N ≥ 10%	N ≥ 10%	N ≥ 10%	N ≥ 10%

Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective inte

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Result	11%	10%	9.8%	15%	14.5%

Program and Measure Description:

A critical part of the NIH mission is the education and training of the next generation of biomedical, behavioral, and clinical scientists. The overall goal of the NIH research training program is to maintain a population of scientists that is well educated, highly trained, and dedicated to meeting the Nation's future health-related research needs. Success of NIH predoctoral research training programs can be measured, in part, by the number of trainees and fellows that go on to apply for and receive subsequent NIH career development and research awards. Each year, NIH assesses the degree to which predoctoral trainees and fellows who received NIH-funded training through a National Research Service Award (NRSA) are more likely to remain in research careers and successfully compete for NIH funding after the completion of their degrees. The annual target of equal to or greater than 10 percentage points is informed by a 2001 assessment showing that the percentage of NRSA-funded individuals who applied for research funding from NIH or the National Science Foundation was typically 10 percentage points higher than those who graduated from NIH-funded training institutions but who were not direct recipients of NRSA predoctoral funding. After evaluating recent trends indicating that an investigator's first or initial NIH award tends to be a mentored career development (K) or fellowship (F) award rather than an NIH research project grant, NIH updated its methodology to better reflect the current funding landscape and opportunities. Specifically, the NRSA Individual Postdoctoral Fellowship (F32), which represents a natural progression from predoctoral to postdoctoral potential applications/awards, is now included in NIH's analysis.

FY 2024 Performance Report:

In FY 2024, NIH-funded predoctoral trainees and fellows in the biomedical and behavioral sciences were 14.5 percentage points more likely to remain active in biomedical research than non-NIH trainees and fellows. The increased percentage point differences seen in FY 2023 and FY 2024 are the result of the updated methodology.

Increase the total number of National Research Service Award (NRSA) slots for high-quality research training awarded to Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Tribal Organizations (TOs), and institutions in Institutional Development Award (IDeA) states, to develop a diverse pool of well-trained scientists with the skills necessary to conduct rigorous, reproducible research and transition into careers in the biomedical research workforce. (Lead Agency - NIH; Measure ID - RC-NIGMS-002)[23]

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	-	-	-	424	498

[23] RC-NIGMS-002 was previously reported as CBRR-31. NIH has realigned the Measure ID numbers to the NIH-Wide Strategic Plan.

Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective inte

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Result	-	-	-	483	556

Program and Measure Description:

Research training programs are an integral part of NIH's efforts to build a strong, diverse scientific workforce. National Research Service Awards (NRSAs), authorized in 1974, are a family of fellowships and institutional training grants provided by NIH for training researchers in biomedical, behavioral, and clinical sciences. The National Institute of General Medical Sciences (NIGMS) is the only NIH institute that supports undergraduate research training programs through NRSAs, as most NIH institutes and centers fund NRSAs to support predoctoral and postdoctoral trainees. Each training program provides high-quality research training, mentored research experiences, and additional training opportunities that equip trainees with the technical, operational, and professional skills required for careers in the biomedical research workforce. NIGMS seeks to enhance the diversity of the biomedical research workforce by expanding the types of institutions that receive NRSA training support. Historically Black Colleges and Universities (HBCUs) and Tribal Colleges and Universities (TCUs), originally designated in the Higher Education Act of 1965, have a longstanding and current commitment to educating students with interests in studying health disparities as well as population/region specific conditions and health challenges. In addition, Institutional Development Award (IDeA)-eligible institutions in the 23 IDeA states plus Puerto Rico are in areas that have distinct populations, such as rural, low-socioeconomic status, and medically-underserved communities. Supporting the research training of individuals at these institutions is expected to increase the impact of NIGMS-funded biomedical research training and clinician-scientist programs across the country.

FY 2024 Performance Report:

In FY 2024, NIGMS supported 556 NRSA slots at HBCUs, TCUs, Tribal Organizations (TOs), or institutions in IDeA states. The larger-than-expected increase in FY 2024 was due in part to previous programs supporting student research experiences completing their transition to NRSA mechanisms. NIGMS will continue to expand the Institute's coordinated outreach efforts to institutions that fall into these categories but are not currently participating in NIGMS institutional training programs, to make them aware of new opportunities and encourage them to submit applications.

Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective inte

Maintain the yearly number of undergraduate students with mentored research experiences through the IDeA (Institutional Development Award) Networks of Biomedical Research Excellence (INBRE) program in order to sustain a pipeline of undergraduate students who will pursue health research careers. (Lead Agency - NIH; Measure ID - RC-NIGMS-001)[24]

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Sustain Program Levels	Sustain Program Levels	Sustain Program Levels	Sustain Program Levels	Sustain Program Levels
Result	1,450 (estimated)	1,450 (estimated)	1,490 (estimated)	1,450 (estimated)	1,450 (estimated)

Program and Measure Description:

Established by Congress in 1993, the goal of the Institutional Development Award (IDeA) program is to broaden the geographic distribution of NIH funding. The program supports faculty development and institutional research infrastructure enhancement in states that have historically received low levels of support from NIH. The purpose of the IDeA Networks of Biomedical Research Excellence (INBRE) is to augment and strengthen the biomedical research capacity of IDeA-eligible states. INBRE represents a collaborative effort to sponsor research between research-intensive institutions and primarily undergraduate institutions (PUIs), community colleges, and tribal colleges and universities (TCUs). A primary goal of INBRE is to provide research opportunities for students from PUIs, community colleges, and TCUs and to serve as a "pipeline" for these students to continue in biomedical research careers within IDeA states. Since each IDeA-eligible state can only hold one state-wide INBRE award, the number of students participating in the program usually remains relatively stable at around 1450-1500 students in any given year.

FY 2024 Performance Report:

In FY 2024, more than 1,450 undergraduate students participated in mentored research experiences, consistent with the relative level (around 1450-1500) of previous years. Offering these students mentored research experiences is crucial in developing their foundation in biomedical research and their interest in pursuing health research careers. Different types of mentored research experiences are available to these students. Examples include participating in INBRE-supported internship programs that provide hands-on research experience; attending research seminars, laboratory meetings, and journal clubs; and preparing oral or poster presentations of individual research projects and presenting them to the scientific community during the state's annual summer research conference.

[24] RC-NIGMS-001 was previously reported as CBRR-26. NIH has realigned the Measure ID numbers to the NIH-Wide Strategic Plan.

Percentage of scientists retained at FDA after completing Fellowship or Traineeship programs (Lead Agency - FDA; Measure ID - 291131)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	50%	20%	20%	20%	20%
Result	80%	66%	23%	55%	25%

Program and Measure Description:

To support the Department's mission and FDA's scientific expertise, FDA launched the FDA Traineeship Program in April 2024 while continuing other Fellowship programs. This performance goal focuses on FDA's efforts to retain a targeted percentage of the scientists who complete these programs. Additionally, it is important to realize that whether "graduates" from these programs continue to work for FDA or choose to work in positions in related industry and academic fields, they are trained in using an FDA-presented understanding of the complex scientific issues in emerging technologies and innovation, which furthers the purpose of this strategic objective.

FY 2024 Performance Report:

FDA uses various strategies to attract and retain fellows by offering training in writing resumes and applying for federal jobs as well as promoting and building affiliation with FDA by sponsoring the FDA Fellows Association, including Fellows in FDA Scientific Achievement Group Awards, and showcasing Fellows' research at FDA's Annual Student Research Day. FDA is also working to streamline the hiring process to make it easier to convert Fellows to employees after completing the Traineeship Program. Although the Traineeship program recently launched and additional programs will come online over the next few years, FDA has exceeded the initial target of 20 percent with 25% of scientists retained after completing their program in FY 2024.

Number of rural health research products released during the fiscal year (Lead Agency - HRSA; Measure ID - 6010.01)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	39	43	43	47	47
Result	107	77	81	81	55

Program and Measure Description:

HRSA's Federal Office of Rural Health Policy (FORHP) has a statutory charge to advise the HHS Secretary on rural health policy issues across the Department, including interactions with the Medicare and Medicaid programs, and support policy-relevant research on rural health issues, consistent with HRSA's broader focus on access and underserved populations. HRSA provides funding for Federal research programs specifically designed to provide publicly available, policy relevant studies on rural health issues. The Rural Health Research Center (RHRC) Program funds eight core research centers to conduct policy-oriented health services research. The RHRCs produce policy briefs and peer-reviewed journal

Objective 4.2: Invest in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective inte

manuscripts and make their publications available to policy makers and other rural stakeholders at both the Federal and state levels. This improves understanding of the healthcare-related challenges faced by rural communities and provides information that can be used to improve health care access and population health.

The eight core research centers each receive funding for four research projects per fiscal year with the expectation that each project will result in at least one publication. Examples of recent research include:

- Frequency of midwife-attended births in rural and urban areas
- Decline in the number of rural counties with hospital-based obstetrical services from 2010 to 2022
- Profitability of rural hospitals from 2018 to 2023
- Frequency and impact of ransomware attacks on rural hospitals
- Availability of Medicare Advantage supplemental benefits in rural areas

Through the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program, FORHP continues to monitor and track the number of rural hospitals across the country that have closed completely or converted to another type of facility that provides only non-inpatient care. From January 1, 2010, to July 31, 2024, 151 rural hospitals have either closed completely or converted to another facility type that does not provide inpatient hospital services. The program also monitors how many hospitals convert to the new Rural Emergency Hospital provider type which started January 1, 2023. As of October 31, 2024, 30 rural facilities are currently offering services as Rural Emergency Hospitals. FORHP has funded a number of grants that focus on addressing hospital closures, particularly mitigating the loss of services due to hospitals closing or facing financial distress as well as the impact of loss of rural hospital obstetric services.

FY 2024 Performance Report:

In recent years, HRSA repositioned the research program to develop more robust technical research products instead of shorter research briefs. HRSA anticipated that this adjustment would decrease the total number of research products in FY 2024 compared to FY 2022.

Objective 4.3: Strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions

HHS supports strategies to strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and health conditions. HHS is focused on expanding capacity to improve laboratory safety and quality, monitoring conditions, understanding the needs of various sub-groups of people, and establishing the pipeline for future professionals. HHS is working to modernize surveillance systems for timeliness, accuracy, and analytic reporting while engaging and learning from partners and stakeholders to inform improvements and innovation.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: CDC, FDA, IHS, OASH, NIH, OGA, and SAMHSA.

Objective 4.3: Strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions

Percentage of isolates of priority PulseNet pathogens (Salmonella, Shiga toxin-producing E. coli, and Listeria monocytogenes) sequenced and uploaded to the PulseNet National Database (Lead Agency - CDC; Measure ID - 3.D)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	70%	75%	80%	85%	85%
Result	87%	98%	84%	83%	Dec 31, 2025

Program and Measure Description:

CDC estimates the burden of foodborne disease in the U.S. to be approximately 48 million cases per year (one out of every six Americans), 128,000 hospitalizations, and 3,000 deaths per year. Foodborne disease is mostly preventable, but controlling and preventing outbreaks requires that HHS understands the foods and settings that cause illness. Fast and effective outbreak investigations are needed to identify and remove contaminated food from the market to prevent additional illnesses and improve the safety of the nation's food supply.

In 2019, the standard method for outbreak detection in PulseNet changed to whole-genome sequencing (WGS) of bacteria in food that cause human illness. Tracking the progress of this new method is important because the degree to which it is adopted affects the sensitivity of outbreak detection, and multiple trends could affect PulseNet's ability to detect outbreaks in a positive or negative direction.

FY 2024 Performance Report:

Data indicates in FY 2023, 83% of isolates of priority PulseNet pathogens (Salmonella, Shiga toxin-producing E. coli (STEC), and Listeria monocytogenes) were sequenced and uploaded to the PulseNet National Database. These data did not meet the FY 2023 target, in part, because of the increase in receipt of specimens in the state public health laboratories' in lieu of isolates. Lack of isolates and increase in culture independent diagnostic tests has hindered the labs' ability to sequence all of their priority PulseNet organisms.

The percentage of laboratory test results reported within the expected turn-around time (two weeks) upon receipt by CDC labs (Lead Agency - CDC; Measure ID - 10.C.4)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	90%	90%	90%	90%	90%
Result	97%	96%	97.5%	99%	Apr 30, 2025

Program and Measure Description:

As a significant health concern in the U.S., malaria, and other parasitic diseases have a tremendous impact on global morbidity and mortality, due to increased international travel, importations, and domestically acquired infections. CDC's parasitic disease labs serve as global and national resources for

ensuring efficient and high-quality analyses, which are essential to timely and accurate diagnosis and treatment.

FY 2024 Performance Report:

In FY 2023, CDC labs analyzed and reported results for 99% of submitted specimens in a timely manner (within the expected turnaround times posted in the CDC test directory for each test), exceeding the target. A target of 90% for this measure helps ensure accountability for consistent, timely reporting. Meeting or exceeding 90% each year represents ideal performance and the flexibility to respond to unforeseen challenges, such as those associated with the COVID pandemic. Since FY 2023, CDC has been focused on test modernization efforts to introduce technical improvements and conduct validations for nearly all of the parasitic disease tests, including adapting new methods using newer laboratory instrumentation typically available in state and local public health laboratories. CDC is utilizing new test methods incorporating recombinant antigens for serology tests to ensure reagent sustainability. CDC is developing external protocols to share with state and local public health laboratories, including a recently improved malaria PCR assay.

Number of medical product analyses conducted through FDA's Sentinel Initiative. (Lead Agency - FDA; Measure ID - 292203)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	55	60	65	65	65
Result	79	86	76	65	82

Program and Measure Description:

The Sentinel Initiative is FDA's active surveillance program that enables the FDA to evaluate the safety of regulated medical products and informs regulatory decision making. This program provides vital information to patients and providers about the safety of drugs and vaccines by contributing to multiple drug safety communications and labeling changes, supporting FDA Advisory Committee Meetings, highlighting potential ways to intervene in the opioid crisis, and influencing regulatory decisions. The Sentinel Initiative consists of multiple components including the Sentinel System, and its Active Risk Identification and Analysis (ARIA) program. The Sentinel System remains one of the world's largest multi-site, privacy-preserving, medical product safety surveillance systems capturing over 1.1 billion person-years of longitudinal data, more than 110 million patients actively accruing new data, and more than 10 million live-birth deliveries with a mother-infant linkage to support assessments of medication use in pregnancy.

FY 2024 Performance Report:

In 2024 the Sentinel System completed 82 medical product analyses conducted through FDA's Sentinel Initiative, 10 of which were related to COVID-19 themes. Sentinel has proven to be a vital source of safety information that informs regulatory decision-making and expands our knowledge of how medical products perform once they are widely used in medical practice.

Objective 4.3: Strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions

Number of Tribal Epidemiology Center-sponsored trainings and technical assistance provided to build tribal public health capacity. (Lead Agency - IHS; Measure ID - EPI-5)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	89	89	89	89	200
Result	137	937	1,197	302	Jan 31, 2025

Program and Measure Description:

The Indian Health Service (IHS) provides core funding support to twelve Tribal Epidemiology Centers (TECs) across Indian Country. The TECs provide critical support to the tribal communities they serve by using epidemiological data to support local Tribal disease surveillance and control programs, producing a variety of reports annually or bi-annually that describe activities and progress towards public health goals, and providing support to Tribes who self-govern their health programs. The TECs provide essential epidemiology and public health functions, including monitoring of and reporting on progress made toward meeting health status objectives and highlighting AI/AN health disparities, e.g., COVID-19 health disparities, the opioid crisis in Indian country, and the epidemic of HIV/AIDS, HCV, and sexually transmitted infections in AI/AN communities. Independent TEC goals are set as directed by their constituent Tribes and health boards.

This measure reports the number of completed trainings and technical support to Tribes and Tribal organizations and demonstrates the sustained efforts of the TECs to engage, support, train, and collaborate with the Tribes in their service area.

FY 2024 Performance Report:

In FY 2023, TECs completed a total of 302 instances of technical assistance and TEC-sponsored trainings IHS maintains an overview of the IHS TEC program at https://www.ihs.gov/epi/tecs/ and more detail of the TEC budget is available in the FY2025 IHS Congressional Justification. The awardees maintain a public-facing website at https://tribalepicenters.org/.

The current TEC funding cycle (FY 2021 – FY 2025) instituted new, robust evaluation measures across the program. This evaluation structure provides TECs with the flexibility to meet the training and technical assistance needs of their Tribal partners while providing IHS with enhanced qualitative data in addition to the core quantitative measures. In FY 2023, the TEC awardees coordinated and authored a special supplemental issue to the journal *Public Health Reports*, "Public Health Matters: Insights From Tribal Epidemiology Centers." The TECs provided examples of their best practice work in a Tribal setting, described data collection activities, outlined their methods for demonstrating the value of TEC collaboration networks, and brought attention to data access issues and gaps in the current understanding of AI/AN health disparity surveillance.

Objective 4.3: Strengthen surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions

Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience

HHS invests in strategies to improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience. HHS leverages different types of data, such as administrative data and research data, to guide its actions. HHS is establishing a Department-wide approach to improve data collection, close data gaps, transform data, and share data for better HHS analysis and evaluation. HHS also fosters collaborations to expand data access and sharing to create more opportunities to use HHS data to increase knowledge of health, public health, and human service outcomes. HHS is improving data collection and conducting evaluations to understand the drivers for inequities in health outcomes, social well-being, and economic resilience while working to increase capacity and the use of evaluations at HHS to inform evidence-based decision making.

The Office of the Secretary leads this objective. The following divisions are responsible for implementing programs under this strategic objective: ACF, ACL, AHRQ, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OASH, OCR, OGA, ONC, and SAMHSA.

Sustain the percentage of Federal Power Users (key federal officials involved in health and health care policy or programs) that indicate that data quality is good or excellent (Lead Agency - CDC; Measure ID - 8.A.1.1b)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	100%	100%	100%	100%	100%
Result	100%	100%	83.3%	100%	Feb 28, 2025

Program and Measure Description:

CDC uses several indicators to measure its ability to provide timely, useful, and high-quality data. CDC is improving access to the National Center for Health Statistics (NCHS) online data sources, including integrating and simplifying existing points of access. Projects underway include developing a scalable data query system and a single data repository with standard and searchable metadata - with the goal of improving user experiences in accessing and using NCHS data. The number of visits to the NCHS website is nearly three times more than the average number of visitors since 2015, likely due to the increased focus on available data during the pandemic.

FY 2024 Performance Report:

CDC interviews Federal Power Users (key federal officials involved in health and health care policy or programs) to assess their satisfaction with CDC's Health Statistics products and services, including data quality, ease of data accessibility and use, professionalism of staff, relevance of data to major health

Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience

issues, and relevance of data to user needs. 100% of federal power users rated NCHS as "good" or "excellent" in data quality – reflecting an increase from its 2022 performance.

Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience

Strategic Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability

HHS is dedicated to advancing strategic management across the Department to build trust, transparency, and accountability. A major focus of the Department is promoting effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices. HHS sustains strong financial stewardship of resources to foster prudent use of resources, accountability, and public trust. HHS works to uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission. The Department also ensures the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

Objective 5.1: Promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices.

HHS is strengthening governance, enterprise risk management, and strategic decision making across the Department to better pursue opportunities and address risks while creating a culture of change to support continuous improvement in program and mission delivery.

The Office of the Secretary leads this objective. All divisions are responsible for implementing programs under this strategic objective.

Program and Measure Description:

Goal 5 Objective 1 is a milestone-based objective. In FY 2024, HHS is adding Strategic Planning to this objective, as the agency continues to implement the FY 2022 – 2026 Strategic Plan. Two additional efforts contribute to this objective – HHS Enterprise Risk Management and HHS Performance Management, including the Customer Experience Agency Priority Goal.

Enterprise Risk Management

HHS has been assessed as "world-class" with a "systematic" capability. The assessment noted that HHS is among leading organizations who use Enterprise Risk Management (ERM) to "lower an organization's risk exposure and drive value through benefits like better decision-making, highly targeted business strategies, and faster responses to disruption." The independent ERM assessment was completed by the American Productivity and Quality Center (APQC) and St. John's University Center for Excellence in Enterprise Risk Management.

During 2024, HHS continued to mature its process for updating the Department Risk Profile to support senior leader decision making. The 2024 Risk Profile includes a thoughtful consideration of the impacts of emerging risks and opportunities on Department management operations. HHS also continues to evaluate strategic foresight techniques aligned with Risk Profiles.

FY 2024 Milestones

- The FY 2024 HHS Risk Profile was updated. The Risk Profile offers a thoughtful evidence-based assessment of HHS's mission and programs through a "risks and opportunities lens", which supports policy leaders in making necessary tradeoffs in managing the federal government's largest budget. This year's Risk Profile update included a robust Horizon Scanning pilot using "Tapestry" (TPESTRE – Technological, Political, Economic, Social/Cultural, Trust/Ethics, Regulatory/Legal and Environmental), to assess factors that are affecting Administration priorities and policy implementation.

Customer Experience APG

In FY 2024, HHS undertook an ambitious Agency Priority Goal focused on enhancing the customer experience capabilities across the department. HHS is committed to designing and delivering services in a manner that people of all abilities can navigate. Through the APG, HHS will identify projects which will modernize and implement services that are simple to use, accessible, equitable, protective, transparent, and responsive for all people of the United States.

In FY2024, HHS made significant progress on its Customer Experience APG. The department successfully launched 14 flagship CX projects across every Operating Division aimed at reducing administrative burdens and improving the accessibility, transparency, and ease of use of services for customers. To support these projects, the department is providing a 6-month CX training and coaching program for project team leaders. In addition, the department launched its first-ever HHS-wide CX Community of Practice to build CX capacity and skills among staff. The community meets monthly for CX presentations, trainings, and opportunities to collaborate among members.

Strategic Planning

HHS implemented a series of strategies to support strategic management efforts and capacity-building, including

- Collaboration between ASPE Division of Strategic Planning and ASFR Division of Enterprise Risk Management to prepare, review, update, and publish resources in the ASPE Strategic Planning Resource Center, an internal HHS enterprise-wide technical assistance center, highlighting strategic risk management tools and techniques, including TPESTRE Horizon Scans and SWOT Analyses in strategic planning.
- Collaboration between ASPE and ASFR to enhance HHS Performance Officers' understanding on *Linking Performance Work to the HHS Strategic Plan* at the 2024 HHS Performance Officer Conference. The engagement focused on the general process for developing the HHS Strategic Plan, an overview of HHS Strategic Plan FY 2022 – 2026, where Performance Goals appear in the HHS Strategic Plan—including how the Plan links to the HHS Annual Performance Plan and Report (APPR)—why Performance is important throughout the strategic planning process, and a mention of the ASPE Strategic Planning Resource Center.
- Collaboration between ASPE Division of Strategic Planning, ASPE Division of Evidence, Evaluation and Data Policy, and ASFR to promote capacity-building across the HHS Chief Financial Officer (CFO) Community to inform *Data-Driven and Strategic Decision Making*. The engagement focused on the importance of identifying and relying on quality data and evidence when making strategic decisions and setting priorities. Key learning objectives included:

Objective 5.1: Promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices.

- Establishing a clear and common vocabulary related to data, evidence, and strategic planning.
- Improving understanding of how data and evidence can support better strategic decision making.
- Increasing capacity to assess the characteristics of quality data and performance measurement.

Objective 5.2: Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust

HHS supports strategies to sustain strong financial stewardship of resources. The Department continues to strengthen the financial management environment to prevent and mitigate deficiencies. HHS is focused on upholding accountability, transparency, and financial stewardship of HHS resources to ensure program integrity, effective internal controls, and payment accuracy. The Department is also building an enhanced financial management workforce that is better able to keep pace with changing contexts.

The Office of the Secretary leads this objective. All divisions are responsible for implementing programs under this strategic objective. In consultation with OMB, HHS has determined that performance toward this objective is making noteworthy progress, as CMS has continued to meet targets to manage improper payments.

Decrease improper payments in the title IV-E foster care program by lowering the national error rate. (Lead Agency - ACF; Measure ID - 7I)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	6%	N/A	N/A	N/A	N/A
Result	3.36%	N/A	N/A	N/A	4.82%

Program and Measure Description:

The Foster Care program provides matching reimbursement funds for foster care maintenance payments, costs for comprehensive child welfare information systems, training for staff, as well as foster and adoptive parents, and administrative costs to manage the program. Administrative costs that are covered include the work done by caseworkers and others to plan for a foster care placement, arrange therapy for a foster child, train foster parents, and conduct home visits to foster children, as well as more traditional administrative costs, such as automated information systems and eligibility determinations. ACF estimates the national Foster Care payment error rate and develops an improvement plan to strategically reduce, or eliminate where possible, improper payments under the title IV-E Foster Care maintenance payments program. State-level data generated from the title IV-E eligibility reviews are used to develop a national error rate estimate for the program. Eligibility reviews are routinely and systematically conducted by ACF in the states, the District of Columbia, and participating territories to ensure that foster care maintenance payments are made only for program-

eligible children in eligible placements. The fiscal accountability promoted by these reviews has contributed to a general trend of reductions in case errors and program improvements.

FY 2024 Performance Report:

Due to the COVID-19 pandemic, ACF made the decision to postpone IV-E reviews beginning in the Spring of 2020.

HHS resumed conducting onsite Title IV-E Reviews in FY 2024 and reported an error rate estimate of 4.82 percent based on data from the first six states reviewed since reviews resumed. Due to the length of time that has passed since the last reviews were conducted, the program is establishing a new baseline measurement for improper payments using the same review methodology. Once all states have been newly reviewed, ACF will establish out-year targets for improvement.

Maintain the cost-effectiveness ratio (total dollars collected per $1 of expenditures). (Lead Agency - ACF; Measure ID - 20.2LT and 20E)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	$5.20	$5.20	$5.20	$5.20	$5.20
Result	$5.51	$5.27	$4.73	$4.37	Nov 30, 2025

Program and Measure Description:

The purpose of the Child Support Services program is to provide funding to states to support state-administered programs of financial assistance and services for low-income families to promote their economic security, independence, and self-sufficiency. This performance measure calculates efficiency by comparing total IV-D dollars collected and distributed by states with total IV-D dollars expended by states for administrative purposes; this is the Child Support Performance and Incentive Act (CSPIA) cost-effectiveness ratio (CER). The formula for determining the CER is the total collections distributed, plus the collections forwarded to other states and countries for distribution, and fees retained by other states, divided by the administrative expenditures, less the non-IV-D administrative costs.

FY 2024 Performance Report:

In FY 2022 the national CER ratio declined to $4.73 from $5.27 when collections surged due to increased unemployment insurance benefits and economic impact payments because of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Similarly, increases in total IV-D dollars expended on program investments may decrease the CER initially, even though the investment may ultimately lead to increased program performance.

Reduce the Percentage of Improper Payments Made under Medicare Part C, the Medicare Advantage (MA) Program (Lead Agency - CMS; Measure ID - MIP5)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	7.77%	N/A	9.69%	5.77%	6.38%

Objective 5.2: Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Result	6.78%	10.28%	5.42%	6.01%	5.61%

Program and Measure Description:

The Part C improper payment measurement (IPM) methodology estimates improper payments resulting from errors in beneficiary risk scores. Clinical diagnoses submitted by the Medicare Advantage Organizations (MAOs) are the primary component of most beneficiary risk scores (the CMS Hierarchical Condition Category [CMS-HCC]). To calculate the projected improper payment rate, CMS selects a random sample of enrollees with one or more CMS-HCCs and requests medical records to support each condition. If medical records do not support the diagnoses submitted to CMS, the risk scores may be inaccurate and result in payment errors.

FY 2024 Performance Report:

For FY 2024 reporting, CMS selected a stratified random sample of beneficiaries with a risk adjusted payment in Payment Year 2022 and reviewed medical records of the diagnoses submitted by plans for the sample beneficiaries.[25]

The Medicare Part C improper payment estimate for FY 2024 is 5.61 percent, or $19.07 billion. The improper payment rate met the FY 2024 target of 6.38 percent. The primary error type of Medicare Part C improper payments consists of medical record discrepancies, accounting for 84.54 percent of all improper payments. Improper payments due to medical record discrepancies occur when medical record documentation submitted by the MAO does not substantiate a CMS-HCC for which the MAO received payment. Additional information on the Medicare Part C improper payment measurement can be found in the FY 2024 Department of Health and Human Services (HHS) Agency Financial Report (AFR).

CMS has developed corrective actions the agency will implement to prevent and reduce improper payments in Medicare Part C. Most notably, CMS recently published a regulation that finalized the policies for the MA Risk Adjustment Data Validation (RADV) program, which is CMS's primary audit and oversight tool of the Medicare Advantage (MA) program. This rule will allow CMS to hold MAOs accountable for improper risk adjustment payments by extrapolating RADV audit findings beginning with the Payment Year 2018 audit. In addition to RADV audits, CMS also conducts training sessions and regularly audits MAOs to ensure meaningful steps are being taken by MAOs to reduce program integrity risks in MA. Detailed information on corrective actions can be found in Section 7.2 of the FY 2024 HHS AFR.

[25] Starting with FY 2024, CMS enhanced the representativeness of the sample by including beneficiaries with End Stage Renal Disease (ESRD) and beneficiaries with hospice months. Applying the technical refinements and following the prior methodology, the FY 2024 rate is comparable to the baseline established with the FY 2023 improper payment rate.

Reduce the Percentage of Improper Payments Made Under the Part D Prescription Drug Program (Lead Agency - CMS; Measure ID - MIP6)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	0.74%	1.14%	1.2%	1.64%	N/A[26]
Result	1.15%	1.33%	1.54%	3.72%	3.70%

Program and Measure Description:

The Part D improper payment measurement (IPM) methodology estimates the payment error related to Prescription Drug Event (PDE) data, where most errors for the program exist. CMS measures inconsistencies between information reported on PDEs and supporting documentation submitted by Part D sponsors, including prescription record hardcopies (or medication orders as appropriate) and detailed claims information. Based on these reviews, each PDE in the audit sample is assigned a gross drug cost error. A representative sample of beneficiaries undergoes a simulation to determine the Part D improper payment estimate.

FY 2024 Performance Report:

The Medicare Part D improper payment result for FY 2024 is 3.70 percent, or $3.58 billion. Improper payments due to missing or insufficient documentation accounted for 2.70 percent ($2.61 billion), representing 72.99 percent of all improper payments. The primary error type for Part D improper payments is missing documentation. Additional information on the Medicare Part D improper payment measurement can be found in the 2024 Department of Health and Human Services (HHS) Agency Financial Report (AFR).

CMS has developed corrective actions the agency will implement to prevent and reduce improper payments in Medicare Part D. CMS regularly conducts trainings for Part D Plan Sponsors and continued formal outreach to plan sponsors for invalid or incomplete documentation. In addition to training, CMS conducts audits of Part D Plan Sponsors, focusing on drugs that are at high risk of improper payments. Detailed information on corrective actions can be found in Section 7.3 of the FY 2024 HHS AFR.

Reduce the Improper Payment Rate in the Medicare Fee-for- Service (FFS) Program (Lead Agency - CMS; Measure ID - MIP1)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	7.15%	6.17%	6.16%	7.36%	7.28%
Result	6.27%	6.26%	7.46%	7.38%	7.66%

Program and Measure Description:

[26]Medicare Part D is not reporting a 2024 improper payment reduction target for FY 2024 due to numerous methodology changes implemented in the FY 2023 reporting period and a baseline has not yet been established.

Objective 5.2: Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust

The Medicare Fee-for-Service (FFS) improper payment rate is calculated by the Comprehensive Error Rate Testing (CERT) program and reported in the Department of Health and Human Services (HHS) Agency Financial Report (AFR) on an annual basis. The CERT program selects a statistically valid stratified random sample of Medicare FFS claims from a population of claims submitted for payment. CMS performs a complex medical review on the sample of Medicare FFS claims to determine if the claims were properly paid under Medicare coverage, coding, and billing rules. The CMS improper payment measurement programs support our programs' sustainability for future generations by serving as a responsible steward of public funds.

FY 2024 Performance Report:

The Medicare FFS improper payment estimate for Fiscal Year (FY) 2024 is 7.66 percent, or $31.70 billion. Because the FY 2024 target of 7.28 percent is within the 95% confidence interval for the FY 2024 Medicare FFS improper payment estimate, the target was met. Information on the Medicare FFS improper payment measurement can be found in the 2024 Department of Health and Human Services (HHS) Agency Financial Report (AFR).

CMS has developed corrective actions for specific service areas with high improper payment estimates, including SNF, hospital outpatient, hospice, and IRF. CMS believes targeted corrective actions will prevent and reduce improper payments in these areas. Many of CMS' corrective actions center around prior authorization, medical review, and targeted probe and education efforts. CMS also uses automation, billing reviews, and the fraud prevention system to address improper payments. Detailed information on these corrective actions can be found in Section 7.1 of the FY 2024 HHS AFR.

Reduce the Improper Payment Rate in the Medicaid Program (Lead Agency - CMS; Measure ID - MIP9.1)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	N/A	N/A	18.94%	12.68%	7.34%
Result	21.36%	21.69%	15.62%	8.58%	5.09%

Reduce the Improper Payment Rate in the Children's Health Insurance (CHIP) (Lead Agency - CMS; Measure ID - MIP9.2)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	N/A	N/A	27.88%	21.04%	10.28%
Result	27%	31.84%	26.75%	12.81%	6.11%

Program and Measure Description:

The Payment Error Rate Measurement (PERM) program measures improper payments for the FFS, managed care, and eligibility components of both Medicaid (MIP9.1) and CHIP (MIP9.2). CMS measures

improper payments in 17 states each year to calculate a rolling, three-year national improper payment rate for both Medicaid and CHIP.

FY 2024 Performance Report:

The national Medicaid improper payment result for FY 2024 is 5.09 percent, or $31.10 billion, with national Medicaid component rates of 4.83 percent for Medicaid FFS, 0.00 percent for Medicaid managed care, and 3.31 percent for the Medicaid eligibility component (MIP9.1). The national CHIP improper payment result for FY 2024 is 6.11 percent, or $1.07 billion, with national CHIP component rates of 4.72 percent for CHIP FFS, 0.72 percent for CHIP managed care, and 4.44 percent for the CHIP eligibility component (MIP 9.2). These improper payment rates exceeded the FY 2024 targets of 7.34 percent and 10.28 percent, respectively. Information on the Medicaid and CHIP improper payment methodology can be found in 2024 Department of Health and Human Services (HHS) Agency Financial Report (AFR).

CMS has developed corrective actions the agency will implement to prevent and reduce improper payments in Medicaid and CHIP. CMS collaborates with states to establish an effective state-specific corrective action plan process, offering enhanced technical assistance and guidance. In addition, CMS conducts eligibility determination audits in high-risk states, provides training and support to state Medicaid program integrity officials through the Medicaid Integrity Institute, and provides resources and guidance to support states' provider enrollment processes. Detailed information on these corrective actions can be found in Section 7.4 and 7.5 of the FY 2024 HHS AFR.

Objective 5.3: Uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission

HHS supports strategies to uphold effective and innovative human capital resource management. HHS is focused on building and sustaining a strong workforce through improved recruitment, hiring, and retention efforts. The Department is leveraging training and professional development opportunities to develop and manage a high-performing workforce while providing leaders and managers with the insight and tools to effectively carry out change management, organizational learning, and succession planning.

The Office of the Secretary leads this objective. All divisions are responsible for implementing programs under this strategic objective. In consultation with OMB, HHS has determined that performance toward this objective is a focus area for improvement. Recruitment, hiring, and on-boarding new employees in mission-critical occupations presents a challenge in maintaining a fully developed workforce. HHS continues to focus on improving employee recruitment and retention through targeted strategies in mission-critical occupations.

The Office of Human Resources (OHR) is leading efforts to improve the different aspect of the workplace conditions that lead to engagement. OHR is focusing these activities in three key strategic areas for employees: (1) Intrinsic Work Experience, (2) Opportunities for Professional Development and Growth and (3) Engagement, which are aligned to the HHS Strategic Plan, OMB planning, and OPM human capital initiatives as well as unique HHS organizational priorities. The intent of these efforts is:

Objective 5.3: Uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission

- To increase the Department's conditions conducive to engagement
- Develop opportunities for employees to improve skills and enhance professional development.
- Improve employees' feelings of motivation and competency relating to their role in the workplace.

Intrinsic Work Experience (Lead Agency - ASA; Measure ID - 2.8)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	80%	80.5%	81%
Result	-	-	79.5%	80%	80.5%

Program and Measure Description:

One of the five key drivers of employee engagement, Intrinsic Work Experience, considers employees' feelings of motivation and competency related to their role in the workplace, such as sense of accomplishment and their perception of their skill usage.

FY 2024 Performance Report:

The Assistant Secretary for Administration (ASA) invested in onboarding, leadership development, and workforce engagement to cultivate a motivated workforce prepared for future challenges. Succession planning and wellness initiatives ensure the workforce remains resilient and mission-ready, meeting both public service demands and broad-based workforce priorities. ASA led a review and update of the HHS workplace flexibilities policy, which will help employees thrive in environments that encourage personal well-being while ensuring successful mission delivery.

Employee Satisfaction with Opportunities for Professional Development and Growth (Lead Agency - ASA; Measure ID - 2.9)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	68%	68.50%	69%
Result	-	-	71.9%	84%	84%

Program and Measure Description:

Employee Satisfaction with Opportunities for Professional Development and Growth reflects the employees' perceptions of the opportunities they have to improve their skills in their organization and if their talents are used well in the workplace. The HHS Learning Management System (LMS), used across the Department, manages the administration, documentation, tracking, and reporting of training programs, classroom and online events, e-learning programs, and training content.

FY 2024 Performance Report:

Objective 5.3: Uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission

ASA's "HHS as the Best Place to Work" initiative was one of the Division's four priorities for FY 2024. This effort has prioritized leadership development, mentorship, and succession planning. ASA is currently developing a web portal that will highlight learning and development opportunities for HHS employees.

Increase HHS employee engagement through Employee Viewpoint Survey (Employee Engagement Index) (Lead Agency - ASA; Measure ID - 2.6)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	75%	73%	77%	77.50%	78%
Result	76.5%	77.4%	77.9%	78%	78.7%

Program and Measure Description:

Employee engagement is foundational to achieving the level of active strategic management needed for building and sustaining the 21st century workforce. The OPM Federal Employee Viewpoint Survey (FEVS) measures employee engagement because it drives performance. Engaged employees look at the whole of the organization and understand their purpose within the agency's mission. This understanding leads to better decision-making.

FY 2024 Performance Report:

In FY 2024, ASA continued its Employee Engagement Initiative, aimed at strengthening the connections HHS employees feel to their work and to the organization. Part of this work included highlighting key findings from the previous year's FEVS and alerting employees to initiatives that these findings have helped to launch.

Objective 5.4: Ensure the security and climate resiliency of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

HHS supports strategies to ensure the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices. HHS is focused on shifting the culture of data use across the enterprise to maximize the power of data. The Department is leveraging modernization as a gateway to strengthened cybersecurity and enhanced risk management. HHS also captures and applies lessons learned from real-world experiences to strengthen operational resilience.

The Office of the Secretary leads this objective. All divisions are responsible for implementing programs under this strategic objective. In consultation with OMB, HHS has determined that performance toward this objective is a focus area for improvement. As a result of the Strategic Review, HHS identified facilities' condition as a key contributing strategy in Strategic Objective 5.4 which did not previously have measures included in the strategic plan. Facilities conditions across GSA-owned, HHS-owned, and leased space have increasing maintenance and repair backlogs which create a risk for mission delivery.

In the FY 2026 Real Property and Capital Plan, HHS' aggregate condition index is just 76 for its directly owned buildings and structures. HHS' target condition index is 90, which would reflect "good condition"

Objective 5.4: Ensure the security and climate resiliency of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

using the industry standard measures. Given the current resources and strategies, the size of the problem is growing faster than can be mitigated. Since 2013, HHS has allocated approximately $6.5 billion from the Non-Recurring Expenses Fund (NEF) for capital projects, including approximately $3.2 billion for physical infrastructure projects. Limited funding in the NEF, including due to rescissions, hamper HHS' ability to address the backlog of maintenance and repair as evidenced by the condition index.

Phishing Test Success Rate (Lead Agency - ASA; Measure ID - 3.7)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	95%	95%	95%
Result	-	-	96%	95%	96%

Program and Measure Description:

Phishing is a fraudulent attempt to obtain sensitive information (e.g., usernames and passwords) to access a system or network. Phishing attacks remain one of the main threat vectors targeting HHS and the healthcare industry. HHS trains and educates its personnel to reduce the likelihood of staff mistaking phishing email attempts for legitimate communications through a combination or training, education, and tools.

FY 2024 Performance Report:

In FY 2024, ASA continued to modernize HHS IT systems and strengthen cybersecurity. To ensure that employees are aware of the risks of phishing, a substantial section of the mandatory annual cybersecurity training that employees must take discussed different types of phishing and key warning signs that employees should look for.

Reduce HHS GHG emissions (Metric Tons CO2 Equivalent) from prior FY (Lead Agency - ASA; Measure ID - 1.4)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	2%	2%	2%
Result	-	-	8.7%	-16.7%	Jan 31, 2025

*This table represents the percent reduction of GHG emissions.

Program and Measure Description:

HHS uses the DOE Federal Energy Management Program greenhouse gas emissions (GHG) emissions report to identify high emission categories and targets specific actions to address the identified high emission areas. HHS is currently focused on Scope 1 and 2 GHG emissions generated by energy use in building and laboratory operations. HHS also continues to promote green commuting habits for employees to reduce GHG emissions. HHS transportation guidance and programs emphasize public

Objective 5.4: Ensure the security and climate resiliency of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

transportation, car and van pools, and teleworking via transit subsidies, enhanced access to public transportation, and employee outreach.

In FY 2022, R22 refrigerant was recovered from 2 chillers at the Bethesda Campus Centrally Utility Plant (CUP) due to condenser tube failures, which led to decreased emissions. In FY 2023, the chillers were repaired and refilled, adding additional fugitive gases back into HHS emission measurements.

FY 2024 Performance Report:

In FY 2024, ASA prioritized reducing its backlog in maintenance and repairs (BMAR), with a goal of reducing HHS BMAR to $2.3 billion by FYE 2030 and further reduce it to zero dollars by FY 2040. This emphasis on reducing the backlog in repairs should have a follow-on effect of reducing GHG emissions, as malfunctioning or outdated components are a primary driver of increased emissions (e.g., the FY 2022 increase in emissions was driven by condenser tube failures from 2 chillers at the Bethesda Campus Central Utility Plant).

Increase HHS owned facilities municipal solid waste (MSW) diversion rate (Lead Agency - ASA; Measure ID - 1.5)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	44%	46%	48%
Result	-	-	72.6%	66.2%	Jan 31, 2025

*This table represents the actual diversion rate of HHS-owned facilities municipal solid waste.

Program and Measure Description:

HHS continues to prevent and reduce waste and pollution by diverting waste to landfills and eliminating single use plastic by promoting closed loop recycling processes.

The MSW diversion rate is computed by the following:

$$\frac{\text{MSW (Recycled+Composting+Waste to Energy)}}{\text{MSW (Recycled+Composted+Waste to Energy+Landfill)}}$$

HHS facilities weigh MSW through each disposal pathway. The value describes the percentage of waste that is diverted from landfill to demonstrate HHS' progress for achieving the Reducing Waste and Pollution goals highlighted in Section 207 of Executive Order 14057.

FY 2024 Performance Report:

In FY 2024, HHS continued its efforts to reduce waste by emphasizing closed loop recycling at its facilities.

Objective 5.4: Ensure the security and climate resiliency of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

Reduce energy intensity (MMBtu/kSF) from prior FY (Lead Agency - ASA; Measure ID - 1.6)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	2%	2%	2%
Result	-	-	-0.6%	4.97%	Jan 31, 2025

*This table represents percent reduction of energy intensity from the prior year.

Program and Measure Description:

HHS is improving facility energy efficiency through dedicated energy reduction projects, renovations and upgrade projects, and new construction. Facility evaluations identify projects that can be bundled into performance contracts or with scheduled upgrades and renovations. HHS also encourages employee energy efficiency awareness via outreach that informs the HHS workforce on ways to improve facility energy efficiency.

HHS is to establish energy intensity targets in accordance with Section 206 of Executive Order 14057. Energy intensity is the quantity of energy a facility requires in Million British Thermal Units (MMBtu) per a thousand (1,000) of square feet of facility (kSF) space. Additional Information about HHS's energy intensity can be found at https://www.sustainability.gov/hhs.html#omb.

FY 2024 Performance Report:

In FY 2024, ASA prioritized reducing its backlog in maintenance and repairs (BMAR), with a goal of reducing HHS BMAR to $2.3 billion by FYE 2030 and further reduce it to zero dollars by FY 2040. This emphasis on reducing the backlog in repairs should improve energy efficiency by ensuring existing systems are functioning correctly and, when appropriate, replacing outdated systems.

Reduce water intensity (Gal/kSF) from prior FY (Lead Agency - ASA; Measure ID - 1.7)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	2%	2%	2%
Result	-	-	-11.4%	22.4%	Jan 31, 2025

*This table represents percent reduction of water intensity from the prior year.

Program and Measure Description:

HHS focuses on improving water efficiency through infrastructure upgrades, leak detection and prevention, metering, and implementing no-cost or low-cost water conservation measures (WCMs). WCMs are primarily implemented through performance contracts or bundled in HHS-funded upgrade projects.

HHS establishes water intensity targets in accordance with Section 206 of Executive Order 14057. Water intensity is the quantity of water a facility requires in thousands of gallons per a thousand (1,000) of

square feet of facility (kSF) space. Additional Information about HHS's water intensity can be found at https://www.sustainability.gov/hhs.html#omb.

FY 2024 Performance Report:

The FY 2022 overall increase of 11.4% was driven by NIH water use intensity, which increased by 15.5%. The NIH increase was attributed to expanded chiller and cooling tower use in April due to a significant rise in cooling degree days, the sizable increase of occupancy on the Bethesda campus, and troublesome leaks that exist in chilled water systems. At FDA, water use intensity in FY 2022 was 5.2% higher than FY 2021. The FDA Muirkirk Road Complex (MRC) in Laurel, Maryland, experienced the greatest increase at 11.6% because of the need to use city water for research in the Aquaculture Building rather than well water due to bacteria growth in the well water piping and storage tank. A new project is planned to address this issue and is expected to be completed by January 2023. The increase at the FDA Pacific Regional Laboratory Southwest (PRLS), Irvine, CA, of 18.5% was caused by a leak in the cooling tower blowdown piping and a new parking lot project that included landscaping requiring irrigation for the new plantings to take hold. FDA San Juan experienced an increase of 15% due to potable water pipe damage suffered from Hurricane Fiona that caused significant leaks for a long period.

The FY 2023 overall reduction of 22.4% was driven by NIH water use intensity, which decreased by 27.3%. The NIH decrease was attributed to the elimination of leaks in the chilled water systems and an appreciable decrease in cooling tower use due to decreased cooling degree days. FDA also experienced a 14.2% decrease in water use intensity in FY 2023. The decrease was attributed to the FDA Muirkirk Road Complex (MRC) in Laurel, Maryland, Aquaculture Building being offline due to an issue with well water piping and storage. A new project is planned to address this issue and is expected to be completed in 2024. In addition, the FDA Pacific Regional Laboratory Southwest (PRLS), Irvine, CA, repaired a leak in the cooling tower blowdown piping.

In FY 2024, ASA prioritized reducing its backlog in maintenance and repairs (BMAR), with a goal of reducing HHS BMAR to $2.3 billion by FYE 2030 and further reduce it to zero dollars by FY 2040. This emphasis on reducing the backlog in repairs should significantly improve water efficiency by removing outdated equipment and improving maintenance on existing systems.

Percent of HHS-owned buildings meeting Council on Environmental Quality's Guiding Principles for Sustainable Federal Buildings (Lead Agency - ASA; Measure ID – ASA_1.8)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	Not Defined	Not Defined	Not Defined
Result	-	-	-	-	Baseline

***** This new metric shows no prior results because it was not reported prior to FY 2024.

Program and Measure Description:

This measure provides a wholistic view of HHS efforts to make its facilities sustainable, efficient, and effective. The measure is based on meeting the requirements for the Council on Environmental Quality's Guiding Principles for Sustainable Federal Buildings. These principles guide agencies in designing,

Objective 5.4: Ensure the security and climate resiliency of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

locating, constructing, maintaining, and operating owned buildings in a sustainable manner that increases efficiency, optimizes performance, eliminates unnecessary use of resources, ensures the health of occupants, protects the environment, generates cost savings, and mitigates risks to assets, consistent with Agency and Department missions.

This newly introduced measures shows no previous results because the metric was not being reported prior to FY 2024. However, HHS estimates the following values for those years: FY 2020: 7.5% Bldgs, FY 2021: 7.5% Bldgs, FY 2022: 14% Bldgs, FY 2023: Not available.

This metric, along with the other new sustainability metrics (ASA_1.8 through ASA_1.10) are replacing previous metrics on waste/energy/water intensity, because the new metrics provide a more accurate, wholistic view of HHS's sustainability efforts.

FY 2024 Performance Plan:

In FY 2024, HHS included sustainability principles in its planned building updates and renovations. In addition, ASA's prioritization of reducing the backlog in maintenance and repairs (BMAR) will ultimately help HHS-owned buildings meet sustainability principles by removing outdated equipment and replacing it with equipment that meets sustainability targets.

Percent of HHS-leased buildings with occupancy rate of at least 60% (Lead Agency - ASA; Measure ID – ASA_1.9)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	Not Defined	Not Defined	Not Defined
Result	-	-	-	-	Baseline

***** This new metric shows no prior results because it was not reported prior to FY 2024.

Program and Measure Description:

This metric tracks responsible use of leased facilities, insuring at least 60% occupancy in office space greater than 50k square feet in compliance with the OMB guidance on Implementation of Occupancy Metrics for Office Space. This OMB guidance states Agencies are required to target an average quarterly occupancy rate of at least 60% in all defined office space in applicable buildings. The metric tracks office buildings acquired by HHS under Occupancy Agreements or Direct Leases.

This new metric shows no prior results because it was not reported prior to FY 2024.

This metric, along with the other new sustainability metrics (ASA_1.8 through ASA_1.10) are replacing previous metrics on waste/energy/water intensity, because the new metrics provide a more accurate, wholistic view of HHS's sustainability efforts.

FY 2024 Performance Report:

HHS has developed and approved a National Capital Region (NCR) Master Plan that charts a course for HHS to significantly reduce its real estate footprint. The NCR Master Plan utilizes a 21st Century Workplace Space Planning Policy, consolidating HHS Divisions in the NCR to the Hubert H. Humphrey

Objective 5.4: Ensure the security and climate resiliency of HHS facilities, technology, data, and information, while advancing environment-friendly practices.

(HHH) Building, Switzer Building, 5600 Fishers Lane, and the Constitution Center. The plan is currently being updated to align with policy established in OMB Memo 2024-01 Implementation of Occupancy Metrics for Office Space.

Dollar Value of Backlog of Maintenance and Repair for HHS-owned buildings (Lead Agency - ASA; Measure ID – ASA_1.10)

-	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Target	Not Defined	Not Defined	Not Defined	Not Defined	Not Defined
Result	-	-	-	-	Baseline

***** This new metric shows no prior results because it was not reported prior to FY 2024.

Program and Measure Description: This metric tracks HHS efforts to reduce its Backlog of Maintenance and Repair (BMAR) through increases to the Building and Facilities (B&F) budget line items. Increasing the rate of maintenance and repair while also ensuring that renovations meet sustainability goals (see goal ASA_1.8) will enable HHS to quickly improve the sustainability of its facilities.

This metric, along with the other new sustainability metrics (ASA_1.8 through ASA_1.10) are replacing previous metrics on waste/energy/water intensity, because the new metrics provide a more accurate, wholistic view of HHS's sustainability efforts.

This metric will show the dollar value of the backlog of maintenance and repair (BMAR) for HHS, with the goal of decreasing the value to 0 by 2040. BMAR is a useful metric for sustainability and resilience as it indicates how up-to-date and optimized facilities/systems are (the lower the backlog, the better).

FY 2024 Performance Report: In FY 2024, HHS established goals to reduce BMAR to $2.3 billion by FYE 2030, and further reduce it to zero dollars by FY 2040. Currently ASA is prioritizing backlog repairs and seeking additional funding that will enable the reduction of BMAR to manageable levels by 2030.

Additional Information

Major Management Priorities

The HHS OIG has identified the top management and performance challenges for 2024. HHS management is committed to working toward resolving these challenges. The performance measures in this document track such challenges safeguarding public health, ensuring the financial integrity of HHS programs, delivering value, quality and improved outcomes in Medicare and Medicaid, protecting the health and safety of HHS beneficiaries, harnessing data to improve the health and well-being of individuals, and improving collaboration to better serve our Nation. In addition, HHS employs a robust program integrity process. For further information about these challenges, please read the HHS 2023 Top Management and Performance Challenges.

Infrastructure Investment and Jobs Act (IIJA)

IIJA supports three HHS programs, LIHEAP in ACF and building in IHS. Please see Strategic Objective 3.1 for performance measures supporting those programs.

Cross-Agency Collaborations

The Federal Government has a unique legal and political government-to-government relationship with tribal governments and provides health services for American Indians and Alaska Natives consistent with that special relationship. HHS works with tribal governments, urban Indian organizations, and other tribal organizations to facilitate greater consultation and coordination between states and tribes on health and human services issues. The HHS Office of Intergovernmental and External Affairs (IEA) facilitates Regional Tribal Consultations, Annual Tribal Budget Consultation, and regular meetings of the Secretary's Tribal Advisory Council (STAC). The Indian Health Service (IHS) also regularly consults and confers with Tribes and Urban Indian Organizations on funding allocations and policy decisions that impact Indian Country.

During the COVID-19 pandemic, HHS increased the frequency of STAC meetings to ensure Tribal leaders had access to updated information and adequate opportunities to raise concerns and provide feedback to HHS. HHS also participated in the White House bi-weekly Indian Country COVID-19 update call, which provided Tribal leaders with COVID-19 updates from across the Federal Government.

Lower-Priority Program Activities

The President's Budget identifies the lower-priority program activities, where applicable, as required under the GPRA Modernization Act of 2010, 31 U.S.C. 1115(b)(10). The public can access the volume at: http://www.whitehouse.gov/omb/budget.

Evidence Building Efforts

OMB Circular A-11, Section 210.11 requires the Annual Performance Reports to describe evaluations or other relevant evidence activities, and how a portfolio of evidence is used to inform decision-making. Evaluation and analysis provide essential evidence for HHS to understand how its programs work, for whom, and under what circumstances. In addition to performance measurement, HHS builds evidence through evaluation, foundational fact finding and policy analysis in order to inform decisions in the budget, legislative, regulatory, strategic planning, program, and policy arenas. Given the breadth of work supported by HHS, the Department conducts many evaluations each year that range widely in scope, scale, design, and methodology. In accordance with the HHS Evaluation Policy, these evaluations are published on Agency websites and selected significant evaluations are featured in the HHS Annual Evaluation Plans.

Implementation of the Evidence Act: HHS continues to implement Foundations for Evidence-Based Policymaking Act of 2018 ("the Evidence Act"). The Evidence Act requires the Department to develop and implement a four-year Evidence-Building Plan, with annual evaluation plans. These plans will guide HHS's progress towards addressing the questions and priorities articulated in the Evidence-Building Plan.

HHS also designated the Director of the Division of Evidence, Evaluation and Data Policy in the Office of Science and Data Policy in the Office of the Assistant Secretary for Planning and Evaluation as the Evaluation Officer for HHS.

Evaluation at HHS: Across HHS, evaluation comes in many forms and focuses on "systematic analysis of a program, policy, organization, or component of these to assess effectiveness and efficiency". HHS uses both classic and innovative methods to achieve the Evidence Act's goal of improving the infrastructure needed to produce and use evidence for policy development, and to better obtain and make use of existing data. The HHS evaluations presented in this report include formative studies focused on program design and implementation and summative designs focused on measuring program results. When taken together these evaluations work to address the priority evaluation questions set out in HHS' Evidence Building Plan by either building upon other evidence-building activities or laying the foundation for evidence-building activities.

Disseminating Evidence: HHS disseminates findings from a variety of evaluations and analyses to the public on HHS agency websites, such as those operated by ACF's Office of Planning, Research, and Evaluation, and CMS's Innovation Center. HHS coordinates its evaluation community by regularly convening the HHS Evidence and Evaluation Council, which builds capacity by sharing best practices and promising new approaches across the department. In addition to building evidence through a broad range of rigorous empirical studies, analysis, and evaluations, HHS supports multiple clearinghouses that catalog, review, and disseminate evidence related to programs. Examples include the ACF Research and Evaluation Clearinghouses on Self-Sufficiency, Pathways to Work, Home Visiting, and Child Care and Early Education; the AHRQ United States Preventative Services Task Force; the CDC Community Guide; the FDA Real World Evidence framework, the IHS Best and Promising Practices Resources, and the SAMHSA Evidence-Based Practices Resource Center.

Building Evidence-Building Capacity: In addition to assessing Evidence-Building capacity every four years in conjunction with the development of the HHS Strategic Plan, HHS conducts annual capacity assessment updates. These updates are part of the Department's multi-year approach for addressing the primary capacity building needs identified through the initial FY2023-2026 HHS Capacity Assessment. The reports provide information regarding HHS' capacity improvements, ongoing capacity building activities, promising practices, opportunities for growth, and resources needed to support current and future capacity building efforts.