



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Agency for Toxic Substances
and Disease Registry

FY 2012 Online Performance Appendix

INTRODUCTION

The FY 2012 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2012 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information (SPFI). These documents are available at <http://www.hhs.gov/budget/>.

The FY 2012 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2010 Annual Performance Report and FY 2012 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS SPFI summarizes key past and planned performance and financial information.

MESSAGE FROM THE DIRECTOR

I am pleased to present the FY 2012 Online Performance Appendix for the Agency for Toxic Substances and Disease Registry (ATSDR). This report represents ATSDR's scientific efforts to protect the health of U.S. citizens against disease related to toxic substance exposures. It identifies agency performance measures that describe performance trends and progress toward targets through FY 2012, explains progress or lack thereof and what the agency is doing to address performance challenges.

The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful exposures to toxic substances and related disease. ATSDR monitors its performance through long-term performance measures that evaluate the Agency's success in mitigating exposures at the most urgent and hazardous sites. These measures assess and document the impact of ATSDR's efforts on the health of people exposed to toxic substances.

The performance data reported by ATSDR for inclusion in the FY 2012 Online Performance Appendix is accurate, complete, and reliable. However, one data challenge has been identified. The HAZDAT information system, used as source information for performance measures 14.E.1, 14.1.1, and 14.3.2, is no longer functional and is being replaced with Sequoia, a new database for tracking site activities. Input to the Sequoia database has been initiated but is not complete; therefore some information has been pulled from other databases and records. The Sequoia database should be fully populated by June 2011.

Sincerely,

Thomas R. Frieden, M.D. M.P.H.

Director, Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry

Christopher Portier, PhD

Director, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

TABLE OF CONTENTS

Message from the Director..... 3
Summary of Targets and Results Table 1
Performance Detail..... 2
 Agency for Toxic Substances and Disease Registry..... 2
Agency Support for HHS Strategic Plan..... 9
 ATSDR Statement of Mission 9
 ATSDR Strategic Plan.....10
 Links to HHS and ATSDR Strategic Plans11
Additional Items.....13
 Full Cost Table13
 Summary of Findings and Recommendations from Completed Program Evaluations15
 Discontinued Performance Measures.....16

SUMMARY OF TARGETS AND RESULTS TABLE

The table below provides a summary of ATSDR's targets and results.*

Fiscal Year	Total Targets	Target with Results Reported	Percent of Targets with Results Reported	Total Targets Met	% of Targets Met
2007	5	5	100%	5	100%
2008	5	5	100%	5	100%
2009	6	6	100%	6	100%
2010	6	6	100%	6	100%
2011	6	N/A	N/A	N/A	N/A
2012	6	N/A	N/A	N/A	N/A

*Table does not reflect discontinued measures

PERFORMANCE DETAIL

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Measure	FY	Target	Result
14.E.2: Increase the percentage of cost savings each year for NCEH/ATSDR as a result of the Public Health Integrated Business Services HPO. (<i>Efficiency</i>)	2012	30% ¹	Dec 31, 2012
	2011	30%	Dec 31, 2011
	2010	29%	42% (Target Exceeded)
	2009	28%	38% (Target Exceeded)
	2006	Baseline	17%

Unique Identifier	Data Source	Data Validation
14.E.2	CDC's Management Analysis and Services Office, COMPARE data system	CDC's Financial Management Office validates the data against FTE database information for the Management Analysis and Services Office

Efficiency Measure 14.E.2:

The Public Health Integrated Business Services High Performing Organization (PHIBS HPO) was instituted as a five year process, from 2006 to 2011. In 2010, CDC's Organizational Improvement efforts lead to the dissolution of Coordinating Centers, which included changes to staffing and administration priorities. As a result, the PHIBS HPO is no longer able to be tracked in its original state. The cost savings reported for 2010 exceeded the 2010 target and are reflective of cost factors that have been adjusted in order to align with the cost factors used to establish the original baselines based on the Coordinating Centers and reported PHIBS related duties. CDC is considering a limited number of agency-wide measures to replace programmatic efficiency measures for FY 2013.

LONG-TERM OBJECTIVE 14.1: ASSESS CURRENT AND PREVENT FUTURE EXPOSURES TO TOXIC SUBSTANCES AND RELATED HUMAN HEALTH EFFECTS.

Measure	FY	Target	Result
14.1.1: Reduce exposures to toxic substances and mitigate the likelihood of future toxic exposures by increasing EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures. (<i>Outcome</i>)	2012	>87%	Dec 31, 2012
	2011	>86%	Dec 31, 2011
	2010	>85%	87% (Target Exceeded)
	2009	>84%	85% (Target Exceeded)
	2008	>83%	96% (Target Exceeded)
	2007	>82%	89% (Target Exceeded)
	2006	>80%	89% (Target Exceeded)

¹ This efficiency measure will be retired but remains as a placeholder, as CDC and ATSDR consider creation of agency-wide efficiency measures for the FY 2013 cycle.

Unique Identifier	Data Source	Data Validation
14.1.1	Data is collected from the most recent data input into the new Sequoia database that has replaced the Agency's HAZDAT database. Additional information pulled from internal databases and records.	An ongoing quality assurance/quality control process (QA/QC) is used to ensure quality and data accuracy for all documents entered into the system. In addition, system-generated reports are reviewed and monitored for accuracy on an ongoing basis.

Long-term Objective 14.1, Performance Measure 1

ATSDR responds to toxic substance releases when they occur or as they are discovered. One of the agency's primary responsibilities during these events is to provide information and to recommend actions, from a public health perspective, to the agency or industry responsible for cleaning up the released toxins and/or mitigating the likelihood of future releases. Since ATSDR serves in an advisory capacity, with no regulatory or enforcement authority, the protection of the public's health from toxic substance release is dependent on the extent to which 1) ATSDR's recommendations are adopted by those entities that do have enforcement authority, (e.g., EPA and state regulatory agencies); and 2) private industries adhere to ATSDR's recommendations and regulations. This measure reports the percentage of ATSDR's public health and safety recommendations adopted by EPA, state regulatory agencies, and private organizations. By adopting ATSDR recommendations, the EPA, state regulatory agencies and/or private industries enable exposures to environmental contaminants at sites to be reduced or eliminated. This measure is the end point of ATSDR's health assessment process as authorized by CERCLA legislation. Thus, this measure is a public health outcome for ATSDR.

Ensuring Adoption of Recommendations Helps Prevent Exposures - ATSDR tracks the adoption rate of its recommendations to EPA, state regulatory agencies, or private organizations. In FY 2005 and FY 2006, the program exceeded its target. In FY 2007, ATSDR tracked recommendations for ceasing and reducing exposures and further site characterization for urgent and public hazard conclusion category sites in the last reporting period. While ATSDR tracks and encourages acceptance of its recommendations, it is up to the external entities to make the ultimate decision to do so. ATSDR has experienced an overwhelming rise in the acceptance of its recommendations by the external entities in recent years. In FY 2007, the agency exceeded its target of an 82 percent adoption rate with an end result of 89 percent. In FY 2008, 96 percent of ATSDR's recommendations were adopted, and in FY 2009, 85 percent of ATSDR's recommendations were adopted. In FY 2010, 87 percent of ATSDR's recommendations were adopted. The performance target was set at an approximate level and actual performance is only a slight deviation.

Regarding data integrity, the HAZDAT information system, used as source information for performance measure is no longer functional and is being replaced with Sequoia, a new database for tracking site activities. Input to the Sequoia database has been initiated but is not complete; therefore additional information has been pulled from internal databases and records. The Sequoia database should be fully populated by June 2011.

LONG-TERM OBJECTIVE 14.2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO PRIORITY HAZARDOUS SUBSTANCES.

Measure	FY	Target	Result
14.2.1: Advance understanding of the	2012	11	Dec 31, 2012
	2011	11	Dec 31, 2011

Measure	FY	Target	Result
relationship between human exposures to hazardous substances and adverse health effects by completing toxicological profiles for substances hazardous to human health. (<i>Outcome</i>)	2010	11	12 (Target Exceeded)
	2009	11	13 (Target Exceeded)
	2008	13	14 (Target Exceeded)
	2007	13	13 (Target Met)
	2006	13	18 (Target Exceeded)
14.2.2: Fill data needs for human health effects/risks relating to hazardous exposures. (<i>Output</i>)	2012	10	Dec 31, 2012
	2011	10	Dec 31, 2011
	2010	10	10 (Target Met)
	2009	34	37 (Target Exceeded)
	2008	32	35 (Target Exceeded)
	2007	30 data needs	30 (Target Met)
	2006	Baseline	24 (Target Met)

Unique Identifier	Data Source	Data Validation
14.2.1	Toxicological Profiles (ToxProfiles) are developed in response to SARA of 1986, which amended the Superfund Act of 1980. ToxProfiles succinctly characterize the adverse human health effects from exposure to hazardous substances by examining, summarizing, and interpreting the available toxicological and epidemiological information.	ToxProfiles are developed, as mandated, on substances found on the National Priority List of Hazardous Substances. ToxProfiles are updated based on the quality and quantity of the most current scientific information available, as well as those of the most urgent public health concern.
14.2.2	Data needs are listed in the Federal Register. ATSDR fills the data needs through U.S. Environmental Protection Agency regulatory mechanism (test rules), private sector volunteerism, and the direct use of CERCLA funds. Additional data needs are filled through collaboration with the National Toxicology Program (NTP), by ATSDR's Great Lakes Human Health Effects Research Program, and other agency programs. Also, data needs can be filled through reevaluation of new or existing data (non-ATSDR sponsored) that become evident during the toxicological profile update process. Toxicological Profiles that are under development are also listed in the Federal Register along with the release dates. The Division of Health Studies (DHS) tracks the number of data needs filled through an internal tracking system.	ATSDR's Division of Toxicology and Environmental Medicine manually monitors and tracks the research being performed to meet the data needs. The Division reports on its progress towards meeting these targets through quarterly strategic planning reviews with the Office of the Director. DHS validates the data needs filled on the basis of established criteria and tracks and reports status during strategic planning reviews.

Long-term Objective 14.2, Performance Measure 1

Note: Measure 14.2.1 reflects the number of Toxicological Profiles released rather than number of priority data needs filled. ATSDR will report the number of ToxProfiles released to the public.

A significant part of ATSDR's work is determining the relationship between human exposures to hazardous substances and health effects. ATSDR prepares toxicological profiles (ToxProfiles) for hazardous substances found on the Priority List of Hazardous Substances (Priority List) and upon request from the scientific community. The Priority list is an inventory of the hazardous substances most commonly found at National Priority List (NPL) facilities that pose significant potential threat to human health. Hazardous substances may be added or deleted from the Priority List annually; therefore, each year there may be substances for which ToxProfiles must be developed.

Each ToxProfile provides a summary and comprehensive evaluation, and an interpretation of available scientific information on a substance and goes through a substantial public comment and peer review process. The ToxProfiles are an indispensable resource for environmental and health professionals around the world and are used to help make decision about protecting people at hazardous waste sites, responding to emergencies, and treating patients exposed to chemicals. The ToxProfiles form the scientific background of ATSDR scientist's assessment work, resulting in action recommendations that are grounded in the most up-to-date science on toxic chemicals. In 2009, thirteen ToxProfiles were developed. The profiles are available online at <http://www.atsdr.cdc.gov/toxprofiles/index.asp>, on CD-ROM, and in hard copy form.

ToxProfiles are intended to be comprehensive reference documents. When there are insufficient data to provide a complete picture of the health effects of a toxic substance, ATSDR identifies what data are needed and works to collect needed information to complete the profile. In the past (before 2010), the results reported in this measure referred to the number of priority data needs, identified during ToxProfile development, that were filled by external research institutions.

From 2011 moving forward, ATSDR will report the number of ToxProfiles released to the public. The number of ToxProfiles was reported for many years in the output tables of the Justification of Estimates for Appropriation Committees. The targets and results since 2004 follow:

Number of ToxProfiles		
Year	Target	Actual
FY 2004	13	14
FY 2005	13	16
FY 2006	13	13
FY 2007	13	14
FY 2008	13	13
FY 2009	11	13

Long-term Objective 14.2, Performance Measure 2

ATSDR is committed to assessing the relationship between toxic exposures and disease. Through the development of health studies, disease tracking projects, and surveillance studies, ATSDR improves the science base for environmental public health decision-making by filling the gaps in knowledge about human health effects from exposure to hazardous substances. This measure tracks the number of data needs (i.e., gaps in knowledge about effects from exposure to hazardous substances) that ATSDR fills through the completion of site-specific or broader research studies. A data need is a specific question posed by a community or other stakeholders at sites where ATSDR provides services or a question on ATSDR's research agenda.

In the past (FY 2008 and prior), ATSDR has reported for this performance measure the number of data gaps that ATSDR and its partners worked on during the fiscal year. For FY 2010 and moving forward, ATSDR will report the number of data gaps actually filled (completed) by the agency and partners. The FY 2010 and 2011 targets were adjusted to reflect this change during the 2011 budget cycle. Since filling these knowledge gaps requires large time and budgetary investments, ATSDR does not expect to fill more than 10 knowledge gaps in FY 2012.

LONG-TERM OBJECTIVE 14.3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS FROM TOXIC EXPOSURES.

Measure	FY	Target	Result
14.3.1: Protect human health by preventing or mitigating human exposures to toxic substances or related health effects at sites with documented exposures. (Outcome)	2012	76%	Dec 31, 2012
	2011	75%	Dec 31, 2011
	2010	74%	78% (Target Exceeded)
	2009	74%	79% (Target Exceeded)
	2008	72%	82% (Target Exceeded)
	2007	70%	70% (Target Met)
	2006	65%	65% (Target Met)
14.3.2: Provide services to mitigate the risks of health effects from exposure to hazards from disasters. (Output)	2012	Deploy staff as requested to emergency events in a timely manner 100% of the time.	Dec 31, 2012
	2011	Deploy staff as requested to emergency events in a timely manner 100% of the time.	Dec 31, 2011
	2010	Deploy staff as requested to emergency events in a timely manner 100% of the time.	100% (Target Met)
	2009	Deploy staff as requested to emergency events in a timely manner 100% of the time.	100% (Target Met)
	2008	Deploy staff as requested to emergency events in a timely manner 100% of the time.	100% (Target Met)
	2007	Deploy staff as requested to emergency events in a timely manner 100% of the time.	100% (Target Met)
	2006	Baseline	100% (Target Met)

Unique Identifier	Data Source	Data Validation
14.3.1	ATSDR tracks the completion of this measure using its Goal 3 Program Assessment Sites database.	The completion of these measures is validated by the Division of Health Assessment and Consultations Health Assessors, Technical Project Officers and/or State Site Leads. The Site Leads report follow-up information on an ongoing basis to DHAC and the Office of Policy, Planning, and Evaluation (OPPE). DHAC maintains the database and monitors performance measure progress on an ongoing basis.
14.3.2	The Divisions of Toxicology and	The data is validated through the Agency's

Unique Identifier	Data Source	Data Validation
	Environmental Medicine and Division of Regional Operations track requests for emergency assistance and document the Agency's responses.	performance review process.

Long-term Objective 14.3, Performance Measure 1

This outcome measure captures the impact of the agency on human health in communities where actual or potential exposures exist. The long-term measure tracks the percentage of sites where human health risks or effects have been mitigated. The measure compares documented human health risks or effects at the time of the initial site assessment to those after intervention, thus measuring the reduction in a person's actual or potential exposure. Depending on the toxic substance(s) and route(s) of exposure, the impact of interventions on human health can be measured through the following:

- Morbidity/Mortality rates that measure, for example, the reduction in childhood cancer or birth defects rates.
- Biomarkers, which signal the presence of toxic substances in the body, are used in cases where reliable and affordable tests are available.
- Environmental monitoring that measures reductions in environmental contaminants to below levels of human health concern.
- Documented behavioral change which prevents future exposures.

Since FY 2005, the program has met or exceeded its targets. In FY 2010, ATSDR continued to work with the EPA and other partners to assess the status of the implementation of interventions. Based on current data, interventions have been implemented at 78 percent of those sites posing an urgent or public health hazard.

ATSDR's Division of Health Assessment and Consultation continues to provide training to technical staff working on the site evaluations and emphasize the need for them to work closely with site managers, community members, and other health professionals to ensure that appropriate actions needed to minimize exposures are implemented as quickly as possible.

Regarding data integrity, the HAZDAT information system, used as source information for performance measure is no longer functional and is being replaced with Sequoia, a new database for tracking site activities. Input to the Sequoia database has been initiated but is not complete; therefore additional information has been pulled from internal databases and records. The Sequoia database should be fully populated by June 2011.

Long-term Objective 14.3, Performance Measure 2

ATSDR responds to disasters by deploying expert personnel to affected sites and by providing technical and coordination assistance to other agencies. All ATSDR emergency response staff in Atlanta are to be ready to deploy to sites within two hours of notification and to respond to the CDC Emergency Operations Center within 10 minutes of an emergency call. In addition, ATSDR builds and maintains its response readiness by participating in national and regional planning sessions and emergency exercises. An example of ATSDR's work in emergency response is noted below:

In FY 2010, ATSDR assisted the EPA On-Scene Coordinator when a spill of liquid mercury was discovered in a distribution warehouse for a national courier service. The warehouse used an automated conveyor system that ran through literally miles of tight-fitting, difficult-to-reach spaces which challenged the ability of cleanup personnel to identify areas of contamination and conduct removal operations. The timing of the event was at the beginning of the Christmas/Hanukkah season with multiple packages moving through the warehouse. The OSC requested information on action levels

appropriate to the warehouse and for determining the fate of packages handled by the system since the spill occurred. ATSDR estimated potential exposures, provided action levels geared to the point of access to the materials, and discussed the parameters (e.g., static electricity generated by the high-speed belts) that could affect fate and transport of the mercury in the system.

Since FY 1990, the program has met its targets and will continue to employ its current strategies to ensure continued success.

AGENCY SUPPORT FOR HHS STRATEGIC PLAN

ATSDR STATEMENT OF MISSION

The Agency for Toxic Substances and Disease Registry (ATSDR) is the nation's public health agency for chemical safety. The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful exposures to toxic substances and related disease.

The discovery of contamination in New York State's Love Canal during the 1970s first brought the problem of hazardous wastes to national attention. Similarly, the health threat from sudden chemical releases came into focus in December 1984, when a cloud of methyl isocyanate gas released from a Union Carbide facility in Bhopal, India, seriously injured or killed thousands of people.

Both events represent the kinds of issues at the core of ATSDR's congressional mandate. First organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, more commonly known as the Superfund law. In 1986, Congress passed the Superfund Amendments and Reauthorization Act (SARA). Through these and other pieces of legislation, Congress responded to the public's demand for a more complete accounting of toxic chemicals and releases. In addition, Congress was—and remains—concerned by other pathways of potential exposure, including food, water, air, and consumer goods.

Since the creation of ATSDR, thousands of hazardous sites have been identified around the country. The Superfund program remains responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR has also been at the forefront in protecting people from acute toxic exposures that occur from hazardous leaks and spills, environment-related poisonings, and natural and terrorism-related disasters.

Under its CERCLA mandate, ATSDR's work falls into four functional areas:

- Protecting the public from toxic exposures;
- Increasing knowledge about toxic substances;
- Delivering health education about toxic chemicals; and
- Maintaining health registries.

Through its work in these areas, ATSDR continues to prevent and mitigate exposures and related health effects at hazardous waste sites across the nation.

ATSDR STRATEGIC PLAN

ATSDR's mission, focus and overarching strategic goals are complementary to the HHS Strategic Plan and support the agency's congressional mandate. The agency's strategic goals, listed below, were refined through ATSDR's 2007 program reassessment with OMB. ATSDR was originally evaluated in 2003.

Goal 1: Assess current and prevent future exposures to toxic substances and related human health effects.

ATSDR assesses current and prevents future exposures by responding to toxic substance releases when they occur or as they are discovered. One of the agency's primary responsibilities during these events is to provide information and to recommend actions, from a public health perspective, to the agency or industry responsible for cleaning up the released toxins and/or mitigating the likelihood of future releases. The agency is successful in preventing ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and take appropriate actions. Therefore, ATSDR takes an active approach of following up on its recommendations with the regulatory agencies to ensure they adopt ATSDR's public health and safety recommendations.

Goal 2: Determine human health effects associated with exposures to priority hazardous substances.

A significant part of ATSDR's work is determining the relationship between human exposures to hazardous substances and health effects. As required by law, ATSDR prepares ToxProfiles for hazardous substances found at the NPL sites and upon request from the scientific community. This "Priority List of Hazardous Substances" is a catalog of the hazardous substances most commonly found at NPL facilities and those that pose significant potential threat to human health. Hazardous substances may be added or deleted from the NPL annually; therefore, each year there may be substances for which ToxProfiles must be developed.

ATSDR works to determine the relationship between toxic exposures and disease through health studies, disease tracking, and surveillance activities. ATSDR's research findings help determine whether exposures to hazardous substances can lead to increased risk for various health problems, such as cancer, leukemia, multiple sclerosis, asthma, and other illnesses.

Goal 3: Mitigate the risks of human health effects from toxic exposures.

A key indicator of the success of ATSDR's work with its partners is not only to identify exposures to toxic substances, but also to take action and follow-up to ensure that the effect of these risks on exposed individuals is minimal. CDC uses behavior change as a measurement of success but also focuses on more outcome-oriented measures, such as comparing morbidity/mortality rates, measuring the reduction of environmental exposures, performing biomarker tests, and monitoring the behavior change of relevant community members and/or health professionals.

LINKS TO HHS AND ATSDR STRATEGIC PLANS

The table below shows the alignment of ATSDR’s strategic goals with HHS Strategic Plan goals.

	ATSDR Strategic Goals		
	Assess and Prevent Exposures	Determine Human Health Effects	Mitigate Risks of Exposures
HHS Strategic Objectives			
1 Transform Health Care			
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured	--	--	--
1.B Improve health care quality and patient safety	--	--	--
1.C Emphasize primary and preventive care linked with community prevention services	--	--	--
1.D Reduce the growth of health care costs while promoting high-value, effective care	--	--	--
1.E Ensure access to quality, culturally competent care for vulnerable populations	--	--	--
1.F Promote the adoption of health information technology	--	--	--
2 Advance Scientific Knowledge and Innovation			
2.A Accelerate the process of scientific discovery to improve patient care	--	--	--
2.B Foster innovation at HHS to create shared solutions	--	--	--
2.C Invest in the regulatory sciences to improve food and medical product safety	--	--	--
2.D Increase our understanding of what works in public health and human service practice	X	X	X
3 Advance the Health, Safety and Well-Being of the American People			
3.A Ensure the safety, well-being, and healthy development of children and youth	X	X	X
3.B Promote economic and social well-being for individuals, families and communities	X	X	X
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults	--	--	--
3.D Promote prevention and wellness	X	X	X
3.E Reduce the occurrence of infectious diseases	--	--	--

	ATSDR Strategic Goals		
	Assess and Prevent Exposures	Determine Human Health Effects	Mitigate Risks of Exposures
HHS Strategic Objectives			
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	X	X	X
4 Increase Efficiency, Transparency, and Accountability of HHS Programs			
4.A Ensure program integrity and responsible stewardship of resources	--	--	--
4.B Fight fraud and work to eliminate improper payments	--	--	--
4.C Use HHS data to improve the health and well-being of the American people	X	X	X
4.D Improve HHS environmental, energy, and economic performance to promote sustainability	X	X	X
5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce			
5.A Invest in the HHS workforce to meet America's health and human services needs today and tomorrow	X	X	X
5.B Ensure that the Nation's health care workforce can meet increased demands	--	--	--
5.C Enhance the ability of the public health workforce to improve public health at home and abroad	X	X	X
5.D Strengthen the Nation's human services workforce	--	--	--
5.E Improve national, state, and local surveillance and epidemiology capacity	--	X	--

ATSDR's mission, focus and overarching strategic goals are complementary to the HHS Strategic Plan and support the agency's congressional mandate. ATSDR and the Environmental Protection Agency are joining with other federal departments and agencies on the President's Task Force on Environmental Health Risks and Safety Risks to Children. This group will collaborate to address the most critical children's environmental health issues facing the Nation. Together with HHS, ATSDR is supporting the Interagency Working Group on Environmental Justice (EJ IWG). Through this Task Force, HHS is working with other federal departments and agencies to identify and address disproportionately high and adverse human health or environmental effects of their programs, policies, and activities on minority populations and low-income populations. In addition, the Working Group is to assist in coordinating research by, and stimulating cooperation among all relevant government agencies.

ADDITIONAL ITEMS

FULL COST TABLE

FY 2012 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SUMMARY OF FULL COST (Budgetary Resources in Millions)			
HHS Strategic Goals and Objectives	FY 2010	FY 2011	FY 2012
1 Transform Health Care	\$0.00	\$0.00	\$0.00
1.A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured			
1.B: Improve health care quality and patient safety			
1. C: Emphasize primary and preventive care linked with community prevention services			
1.D: Reduce the growth of health care costs while promoting high-value, effective care			
1.E: Ensure access to quality, culturally competent care for vulnerable populations			
1:F: Promote the adoption of health information technology			
2 Advance Scientific Knowledge and Innovation	\$0.00	\$0.00	\$0.00
2.A: Accelerate the process of scientific discovery to improve patient care			
2.B: Foster innovation at HHS to create shared solutions			
2.C: Invest in the regulatory sciences to improve food and medical product safety			
2.D: Increase our understanding of what works in public health and human service practice			
3 Advance the Health, Safety, and Well-Being of the American People	\$76.79	\$76.79	\$76.34
3.A: Ensure the safety, well-being, and healthy development of children and youth			
3.B: Promote economic and social well-being for individuals, families, and communities			
3.C: Improve the access ability and quality of supportive services for people with disabilities and older adults			
3.D: Promote prevention and wellness	\$71.13	\$71.13	\$70.71
3.E: Reduce the occurrence of infectious diseases			
3.F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	\$5.66	\$5.66	\$5.62

4 Increase Efficiency, Transparency, and Accountability of HHS Programs	\$0.00	\$0.00	\$0.00
4.A: Ensure program integrity and responsible stewardship of resources			
4.B: Fight fraud and work to eliminate improper payments			
4.C: Use HHS data to improve the health and well-being of the American people			
4.D: Improve HHS environmental, energy, and economic performance to promote sustainability			
5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce	\$0.00	\$0.00	\$0.00
5.A: Invest in the HHS workforce to help meet America's health and human service needs today and tomorrow			
5.B: Ensure that the Nation's health care workforce can meet increased demands			
5.C: Enhance the ability of the public health workforce to improve public health at home and abroad			
5.D: Strengthen the Nation's human service workforce			
5.E: Improve national, state, local, and tribal surveillance and epidemiology capacity			
Total	\$76.79	\$76.79	\$76.34

SUMMARY OF FINDINGS AND RECOMMENDATIONS FROM COMPLETED PROGRAM EVALUATIONS

ATSDR did not complete any evaluations with findings to report for FY2010

DISCONTINUED PERFORMANCE MEASURES

Dropped Annual Measure	FY	Target	Result
17.E.1: Reduce the average cost per site to deliver public health findings and recommendations to the public. (Efficiency)	2010	17%	12/2010
	2009	16%	-11%
	2008	24%	15%
	2007	21%	6%
	2006	N/A	17%
	2005	N/A	10%
	2004	Baseline	\$36,174