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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

MAR 25 1994

TO: Dr. Jo Ivey Boufford
Dr. Joycelyn Elders
Mr. Bill Corr
Dr.Nelba Chavez
Dr. Clif Gaus
Dr. David Kessler
Dr.David Satcher
Dr. Ciro Sumaya
Dr. Michael Trujillo
Dr. Harold Varmus
Ms. Hayes-Waller

FROM: Dr. Philip R. Lee

SUBJECT: PHS Agency Retreat, March 29-30

As promised in my March 21 memo, attached is the proposed PHS-wide strategic planning model for your review prior to the Retreat next week.

Attachment

DRAFT

PUBLIC HEALTH SERVICE STRATEGIC PLANNING PROCESS

General Guidelines

The Public Health Service strategic planning process will:

- Establish PHS-wide priorities and strategies through interaction of the Assistant Secretary for Health (ASH) and PHS Agency Heads.
- Prepare issue-based plans for time periods that vary in length, depending on the subject issue.
- Concentrate on cross-Agency themes, though in some instances it may be appropriate to develop PHS plans that address high priority issues specific to one PHS Agency.
- Identify the outcomes that are expected for work on each priority, and incorporate evaluation into plans to allow for determination of progress in their achievement and midcourse corrections.
- Use *Healthy People 2000* objectives where relevant.
- Recognize management and fiscal realities.
- Forge a working partnership among planning, program, and budget staffs.

Planning Criteria

The PHS-wide plans will be characterized by the following criteria:

- **Issue orientation** -- The process will concentrate on high-priority issues reflecting the Secretary's, ASH's, and Agency Heads' priorities, as well as congressional and constituent concerns.
- **Action focus** -- Issue-plans will establish measurable outcomes and the essential action steps necessary to achieve those outcomes, with a realistic estimate of resources to be allocated to their achievement.
- **Multi-year** -- Issue-plans will have timeframes appropriate to their unique needs and circumstances. As required by the Government Performance and

Results Act (GPRA), where applicable, they will have a planning horizon of five years. Plans will be reviewed annually.

- **Flexibility** -- Issue-plans will be established at the beginning of an Administration and can be supplemented to respond quickly to new public health developments.

- **Accountability** -- Issue-plans will specify outcomes in realistic, measurable terms, and plans should increasingly be used to guide PHS budget and legislative decisions, beginning in FY 1996 and fully in FY 1997.

Planning Process

The PHS-wide strategic plan will be developed using the following process:

- **Establish Priorities** -- At the beginning of each Administration, the ASH and PHS Agency Heads will identify an overall vision for the PHS and, as deemed necessary by the ASH thereafter, identify top priority issues requiring PHS-wide attention during the coming years.

  The PHS-wide strategic priorities should provide a framework within which Agencies will identify their contributions to the PHS plan and shape their individual Agency plans.

  As background to priority setting, staff may be called upon to provide background information that includes:

  - Identification of congressional priorities and concerns;

  - Analysis of priorities and concerns of PHS' major constituent groups; and

  - Inventory and analysis of existing PHS plans and plans under development or legislatively mandated.

- **Develop Issue-Based Plan** -- For each priority issue, each Agency and OASH office will be asked to identify how they will contribute to achieving the selected priority goal. The ASH will assign a PHS Agency/OASH Office to take the lead in coordinating the development and implementation of the plan across the PHS.

DRAFT

Plans will consist of:

- Clearly stated goals and measurable objectives (to the extent appropriate, objectives will be built on the national goals and objectives contained in *Healthy People 2000*).

- An outline of essential implementation steps and the activities to be conducted by each relevant Agency/OASH office.

- Timeframes appropriate to the issue (note that GPRA requires a minimum of five years for each, if applicable). Timeframes will undoubtedly be affected by resource availability as well as the time needed to effect targeted changes.

- A narrative assessment of factors that could affect achievement of the objectives.

- An evaluation strategy to address measurement of program outcomes and effectiveness and data/information systems to track progress toward achievement of objectives.

- **Assess Progress in Achieving Plans** -- All Agency specific strategic plans and the PHS-wide strategic plan will be approved by the ASH and the Secretary and should increasingly be used to guide budget and legislative proposal at the individual agency and PHS-wide level. We will begin this in FY 96, but these plans should be priority instruments for shaping budget and legislation for FY 97.

  The PHS-wide plans will be reviewed by the ASH and PHS Agency Heads annually and updated as necessary. Where possible, the review will be conducted in combination with *Healthy People 2000* priority area progress review.

  The ASH will monitor PHS Agency contributions to the PHS-wide plan and progress on the agency specific plan in the Agency Head 1:1s and through the Agency Heads annual performance review.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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MAR 21 1994

To: Dr. Jo Ivey Boufford
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Dr. David Satcher
Dr. Ciro Sumaya
Dr. Michael Trujillo
Dr. Harold Varmus
Ms. Hayes-Waller

From: Dr. Philip R. Lee

Subject: PHS Agency Retreat

The retreat we have planned for the PHS Agency Heads will be held in two phases: the "away" time planned for March 29 and 30, and an extended Agency Head meeting Wednesday morning, March 23.

Because Dr. Elders will not be able to join us on March 29 and 30, we want to use the Wednesday meeting, which will be from 9:00 to 11:30, to review the proposed OASH reorganization (Tab A). We'd like to discuss the role of OASH and how to develop the most effective relationships among the OASH Offices and your Agencies.

The March 29 and 30 meeting will focus on the development of a strategic planning process for the PHS. Attached (Tab B) is a preliminary agenda and a discussion paper on strategic planning. We also have developed a proposed PHS-wide strategic planning model which will be forwarded to you in the next several days. Please review these materials immediately, as it requests some pre-meeting work with your team before the March 29-30 retreat. This discussion should help us develop a shared vision for the PHS and agreement on a few key priorities for our work together in the next several years.

The "away" days of March 29 and 30 will be at the Wayside Inn, in Middletown, Virginia. Attached (Tab C) is information you need about the arrangements that have been made, and some interesting historical information about the Inn.

I'm looking forward to our discussions. If you have any questions, please call.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

OASH STAFF MEETING

THURSDAY, MARCH 24, 1994

11:00 A.M.

CONFERENCE ROOM 729G

- Strategic Planning for PHS and the Department
- Agency Head Response to OASH Re-organization
- OASH Retreat Follow-up
  - The Roles of DASH's as "Deputies"
  - The architecture of support - action steps for strengthening OASH Operations

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

TO: Nelba R. Chavez, Ph.D.
Clifton R. Gaus, Sc.D.
David Kessler, M.D.
David Satcher, M.D., Ph.D.
Ciro V. Sumaya, M.D., M.P.H.T.M.
Michael H. Trujillo, M.D., M.P.H.
Harold E. Varmus, M.D.

FROM: Assistant Secretary for Health

SUBJECT: PHS Strategic Planning

I am keenly interested in strengthening the PHS strategic planning process. Just as each PHS Agency and OASH Staff/Program Office must develop its own strategic plan, the PHS as an Operating Division of the Department must develop a PHS-wide strategic plan.

PHS-wide Strategic Planning. A key responsibility of mine is overseeing the development of a PHS-wide strategic plan. I propose that we begin our PHS strategic planning process with preliminary discussions of PHS-wide planning priorities at the upcoming Agency Heads Retreat.

Strategic Planning Model/Approach. A proposed strategic planning model has been developed and will be provided to you with retreat preparation materials. The proposed model was developed by a PHS-wide workgroup and has been updated to reflect my views. It conforms to the strategic planning requirements included in the Government Performance and Results Act (P.L. 103-62, August 3, 1993) and with the recommended Departmental strategic planning process developed by the Strategic Planning Working Group of the Departmental Steering Committee on Continuous Improvement.

The planning model should allow us to develop a shared vision for the PHS and agreement on a few key priorities for our work together in the next several years. Although there may be a "single agency" priority that requires such emphasis, for the most part, the priorities we develop should address issues that require coordination across several PHS agencies and OASH offices in order to design and implement an effective action plan.

Once we agree on a set of priorities, each Agency and OASH office will be asked to define how it will contribute to their achievement, and we will need to identify appropriate cross-agency/office coordinating structures. Where existing Healthy People 2000 work groups provide such structures, they can be built upon.

This PHS-wide framework will provide an overall context for Agency-specific plans.

According to the Departmental timetable, PHS should be prepared to meet with the Deputy Secretary to discuss our preliminary plans, focusing on goals and objectives, during April 1994. Although our process is not likely to be completed by that time, this timeframe provides an important target for preliminary stages.

Preparation for Agency Heads Retreat. The approach we propose calls for me, along with my top management team, to identify an overall vision for PHS, as well as top priorities for PHS-wide action. I'd like to start this process at our upcoming Agency Heads retreat. Rather than move immediately into a written exercise at the staff level, I would like to use a considerable portion of our retreat time to be creative together in exploring the process we will use and to begin identifying the elements of our vision and priorities.

I propose using the following mission statement for the Public Health Service as a foundation for our discussion.

> "To protect and improve the health of the population through research, education, service and regulation." (See Attachment A for the current "published" mission statement.)

While this is certainly worth some discussion in its own right, I'd like to use it to stimulate your thinking on the following as a basis for our meeting on the March 29-30.

> **A broad vision for the PHS--what will it be doing in the year 2000 and beyond to achieve the mission statement?**
>
> Try to be as specific in your thinking as possible about the PHS as a whole without assuming that current structure and function will necessarily be what's needed in the next decade.

What should be the highest priorities for the PHS over the next 5 years?

Again, please relate these to the mission of the PHS as a whole and the most effective use of its combined resources.

While time is short, I would appreciate it if you would discuss these items with your top team before the retreat so that our discussion can benefit from their thinking and, in a sense, you can involve your leadership group in our PHS-wide strategic planning process from the beginning.

The results of our retreat will be written up and can then be used to launch the more detailed thinking and staff analysis that will be necessary to develop the PHS-wide plan over the next several months.

Agency Strategic Plans. I am aware that each PHS agency is at a different stage of strategic plan development--some of your plans are already in review at the Departmental level while others of you are just beginning your strategic planning process as new leadership comes on board.

So that I might better understand your plan or the process and timetable you will use to develop one, Jo Boufford and I will be meeting with each of you between now and the end of May. Once there is agreement between you, me, and the Secretary on the plan, we will build a periodic progress review into our 1:1 meetings and an overall annual review into your annual performance appraisal. Michael McGinnis' group--the Office of Disease Prevention and Health Promotion and Health Planning and Evaluation--will staff the OASH process for Jo and me.

If you have any questions regarding this approach, please call Jo Boufford, PDASH at 202)690-7694 or Michael McGinnis, DASH(DPHP/HPE) at (202)205-8611.

The final agenda for the retreat will be coming to you by the end of the week. Thanks for your help.

Philip R. Lee, M.D.

Attachment

Prepared by OASH/OHPE/WPerry/690-7911/3-15-94/BOUFFORD.2
Revised by Dr. Lee:3-17-94

PUBLIC HEALTH SERVICE

Chapter H - Public Health Service

52 FR 47053-4, 12/11/87

Section H-00. Public Health Service--Mission. The mission of the Public Health Service is to promote the protection and advancement of the Nation's physical and mental health by: Conducting medical and biomedical research; sponsoring and administering comprehensive programs for the development of health resources; preventing and controlling disease and alcohol and drug abuse; providing resources and expertise to the States and other public and private institutions, and to Tribes, Councils and organizations concerned with the health of American Indians and Alaska Natives, in the planning, direction and delivery of physical and mental health care services; enforcing laws to assure the safety and efficacy of drugs and protection against impure and unsafe foods, cosmetics, medical devices and radiation-producing projects; and coordinating with States, local and other Federal agencies to protect the public from exposure to toxic substances; coordinating with the States to set and implement national health policy and pursue effective intergovernmental relations; generating and upholding cooperative international health-related agreements, policies and programs and cooperating with Commissions and organizations to promote international health activities.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

MAR 15 [illegible]

TO: OPDIV HEADS
STAFFDIV HEADS

FROM: Assistant Secretary for Planning and Evaluation

SUBJECT: Strategic Plan Goals and Objectives

I have attached for your review:

- A revised set of possible goals and objectives for the Department's strategic plan.
- A draft of the Secretary's legacy statement.
- A set of questions and answers on strategic planning based on the Secretary's December 22 memorandum on this subject, and discussion at the last steering committee meeting.

Per discussion at the February Steering Group meeting, this set of goals and objectives is no longer organized by theme, but we have noted the theme to which each objective relates. Rather, these goals and objectives now correspond to the Secretary's initiatives and priorities in her legacy statement, as requested.

Would you please review this set of goals and objectives, and provide your reaction to us by Wednesday, March 23. In this review, please consider:

- Which goals should be the highest and lowest priorities, and which set of goals should we recommend to the Secretary?
- Should there be a youth goal? If so, should it be combined with children, as in the draft?
- Should improving customer service and modernizing HHS management be expressed as goals as presented in this package, or should the goals and objectives in the plan be limited to programmatic ones? In the latter case, customer service and modern management might be expressed as particular strategies to achieve the plan goals and objectives.

- What are your suggestions for strengthening the goal and objective statements? For example, are there additional objectives which should be considered under the women and minority health goal?

In addition to comments on the goals and objectives, please let us know any concerns you might have with respect to the questions and answers on strategic planning.

The Deputy Secretary will then schedule a one hour steering committee meeting to select a final set of goals and objectives for recommendation to the Secretary.

Your cooperation is very much appreciated.

David T. Ellwood

Attachments

cc: The Deputy Secretary
Executive Secretary

GOAL: SIGNIFICANTLY IMPROVE THE HEALTH AND DEVELOPMENT OF CHILDREN AND YOUTH IN AMERICA

OBJECTIVES:

- 0 ENSURE TIMELY, COMPLETE IMMUNIZATIONS FOR INFANTS AND CHILDREN (Prevention)

- 0 MAKE FAMILY PRESERVATION AND CHILD WELFARE PROGRAMS WORK BETTER IN ORDER TO REDUCE FOSTER CARE PLACEMENTS AND CASES OF CHILD ABUSE AND NEGLECT (Prevention)

- 0 EXPAND AND IMPROVE THE QUALITY OF HEAD START AND CHILD CARE SERVICES AND MAKE THESE A PART OF A CONTINUUM OF EDUCATION AND DEVELOPMENT (Prevention)

- 0 REDUCE THE NUMBER OF HIGH RISK BIRTHS (Prevention)

- 0 REDUCE RISKY BEHAVIOR AMONG YOUTH, INCLUDING SUBSTANCE ABUSE AND VIOLENCE (Prevention)

GOAL: REFORM THE NATION'S WELFARE SYSTEM

OBJECTIVES:

- 0 CHANGE THE FOCUS OF WELFARE ADMINISTRATION FROM WRITING CHECKS TO HELPING RECIPIENTS BECOME SELF-SUFFICIENT THROUGH WORK (Independence)

- 0 MAKE WELFARE A PROGRAM OF TRANSITION TO WORK WITH TIME LIMITED SUPPORTS (Independence)

- 0 MAKE WORK PAY THROUGH GREATER AVAILABILITY OF CHILD CARE, EXPANDED EITC AND UNIVERSAL HEALTH COVERAGE (Independence)

- 0 INCREASE PARENTAL RESPONSIBILITY BY IMPROVING CHILD SUPPORT ENFORCEMENT AND DISCOURAGING TEENAGE CHILDBEARING (Independence)

- 0 REINVENT INCOME ASSISTANCE BY COORDINATING AND SIMPLIFYING PUBLIC ASSISTANCE PROGRAMS (Customer Service)

GOAL: REFORM THE NATION'S HEALTH CARE SYSTEM

OBJECTIVES:

- 0 IMPLEMENT HEALTH CARE REFORM LEGISLATION WHICH GUARANTEES A SYSTEM OF COMPREHENSIVE BENEFITS TO ALL AMERICANS (Independence)

- 0 CONTROL THE GROWTH IN HEALTH CARE COST THROUGH MARKET COMPETITION (Customer Service)

- 0 SIMPLIFY HEALTH CARE ADMINISTRATION AND FINANCING (Customer Service)

- 0 DEVELOP A NEW, EXPANDED AND COORDINATED SYSTEM OF HOME AND COMMUNITY BASED LONG-TERM CARE SERVICES FOR PERSONS WITH SEVERE DISABILITIES (Independence)

- 0 REDUCE HEALTH CARE FRAUD AND ABUSE (Modern Management)

- 0 IMPROVE THE PUBLIC HEALTH INFRASTRUCTURE (Customer Service)

- 0 INCREASE ACCESS TO HEALTH CARE IN RURAL AND URBAN AREAS (Prevention, Customer Service)

GOAL: IMPROVE THE HEALTH OF OUR NATION'S CITIZENS THROUGH INVESTMENTS IN BIOMEDICAL RESEARCH AND PREVENTION ACTIVITIES

OBJECTIVES:

- 0 PROMOTE SUPPORT OF BIOMEDICAL RESEARCH (Prevention)
- 0 REDUCE RISKY BEHAVIORS SUCH AS SMOKING AND THE ABUSE OF ALCOHOL AND OTHER DRUGS (Prevention)
- 0 INCREASE THE NUMBER OF PRIMARY CARE DOCTORS, NURSES AND OTHER HEALTH PROFESSIONALS (Prevention)
- 0 REDUCE DOMESTIC VIOLENCE, INCLUDING VIOLENCE AGAINST WOMEN AND THE ELDERLY (Prevention)

GOAL: ADDRESS THE SPECIAL HEALTH NEEDS AND ROLES OF WOMEN AND MINORITIES IN THE UNITED STATES

OBJECTIVES:

- 0 IMPROVE PREVENTIVE HEALTH SERVICES FOR WOMEN AND MINORITIES (Prevention)

- 0 INCREASE THE NUMBER OF WOMEN AND MINORITIES INVOLVED IN HEALTH RESEARCH AND IN THE HEALTH PROFESSIONS (Modern Management)

GOAL: ENHANCE THE INDEPENDENCE AND SELF-SUFFICIENCY OF THE AGING POPULATION AND PERSONS WITH DISABILITIES

OBJECTIVES:

- 0 INCREASE THE NUMBER OF PERSONS WITH DISABILITIES WHO ENTER OR STAY IN THE WORKFORCE BY PROVIDING INCENTIVES AND COORDINATED SERVICES (Independence)

- 0 PREPARE SOCIETY FOR PRODUCTIVE RETIREMENT BY EDUCATING THE PUBLIC ON ISSUES SUCH AS HEALTHY LIFESTYLES AND THE NECESSITY FOR EARLY RETIREMENT PLANNING (Independence)

GOAL: STRENGTHEN SOCIAL SECURITY

OBJECTIVES:

- 0 BUILD PUBLIC CONFIDENCE IN SOCIAL SECURITY PROGRAMS (Customer Service)

- 0 OFFER SERVICE THAT MEETS CUSTOMER EXPECTATIONS OF A "WORLD CLASS" SERVICE PROVIDER (Customer Service)

GOAL: GUARANTEE QUALITY SERVICE TO OUR CUSTOMERS

OBJECTIVES:

- 0 MAKE HHS SERVICES RESPONSIVE TO CUSTOMER NEEDS BY INVOLVING CUSTOMER IN PROGRAM DESIGN, MODIFICATION AND IMPLEMENTATION (Customer Service)

- 0 MAKE ACCESS TO COMPREHENSIVE AND LINKED HEALTH AND HUMAN SERVICES EASIER FOR OUR CUSTOMERS (Customer Service)

GOAL: MODERNIZE HHS MANAGEMENT TO MEET THE CHALLENGES OF THE 21ST CENTURY

OBJECTIVES:

- 0 CREATE AN ORGANIZATIONAL CULTURE THAT VALUES DIVERSITY, FAIRNESS, AND CUSTOMER SATISFACTION AND IS BASED ON PARTNERSHIPS WITH EMPLOYEES (Modern Management)

- 0 IMPROVE HHS EFFICIENCY THROUGH A VARIETY OF MEANS, INCLUDING STREAMLINING HHS MANAGEMENT (Modern Management)

DRAFT

Dear Mr. President:

In your election campaign and during your first year in office, you offered a new vision of hope and fairness to the people of our country -- one to which Americans responded eagerly:

-- *Investing in people*
-- *Rewarding hard work*
-- *Restoring fairness, and*
-- *Maintaining family and community at the heart of American life.*

Those of us who serve in your Cabinet must turn the enormous resources of the federal government toward the goals you have enunciated. We must transform each of the hundreds of discreet federal programs into a coherent whole that will work better for the American people.

The Department of Health and Human Services has a special role in creating this legacy:

- ***Health care reform,*** when it is enacted, will be the most visible and significant achievement of your legacy. HHS will play the leadership role in making a reality of "health care that can never be taken away." Universal health care coverage, a comprehensive benefits package, increased emphasis on prevention, better consumer information, and lower health cost inflation -- all these and the many other features of health care reform will positively impact every American and every sector of our economy. Indeed, health care reform underlies many of the other achievements we seek.

- ***Welfare reform.*** Likewise it will fall primarily to HHS to transform the nation's welfare programs into a system of focused, transitional help for those who need assistance. Our legacy must be a system that rewards people for working, and helps prepare them for work. It must support our families by insisting that parents support their children. And for disadvantaged children, it must not only provide for assistance, but also help reinforce a productive lifetime message: that opportunity and empowerment are available to those who work for them. Already, Congress has followed your lead on the EITC, helping to make work pay for lower-wage earners.

- *Children.* It must be a special part of our legacy to see that America's children have more opportunity and hope -- we must give them something to say "yes" to. Our children need the nurturing resources of family and community. They need to see opportunity before them, and they need their communities' affirmation of themselves and their futures. Likewise, they need the fulfilling and productive values that come with long-term commitments. These are great tasks which transcend HHS, and indeed transcend government. But there is much we can do:

  -- We must create a *Head Start* program that fulfills its full potential. I have already declared my commitment to insist on high quality at every Head Start center. And in the future, we need to help communities better serve local needs, including full-year and full-day programs where communities opt for these. Likewise, Head Start should be part of a continuum of development and opportunity for children. Services for our youngest children should transition smoothly to school settings, as envisioned in the Department of Education's "Improving America's Schools Act." Within that continuum, Head Start can make a lifetime difference to thousands of children every year. There is no more important legacy than this.

  -- Our first national *immunization program* is already on track. The immunization measures which passed Congress last year will result in improved vaccination of children at the appropriate ages. Specifically, we aim to achieve vaccination levels of at least 90 percent among 2-year-old children by 1996.

  -- Likewise, *family preservation and support services* will be developed or expanded in every state through the implementation of the Family Preservation and Support Act that was passed with Administration leadership. Children who might have been placed in foster care will be able to remain with their families while receiving intensive services in their home. Also, more parents will be able to participate in programs, like the Arkansas HIPPY program, which enable parents to protect, nurture and support their children.

- *Disease prevention* must take its rightful place at center-stage of our health system. Preventing disease before it occurs, and treating it early, means better health status as well as lower costs. We will provide coverage for preventive services under health care reform, and we will increase the number of primary care physicians in our health care system, especially in under-served areas. Likewise, we are acting in many other preventive areas, both traditional and not-so-traditional:

-- *Smoking* is the leading cause of preventable cause of death in America. We will continue aggressively to tell our citizens the truth about tobacco and health, and support the decision by individuals to quit smoking. In particular, we will target our young people to help them avoid cigarette addiction.

-- *Drug and alcohol abuse* are connected with a vast net of problems in our Nation, from crime to motor vehicle mortality to domestic violence. We must do better in preventing addiction, and we must be more effective in making treatment accessible to those who need it.

-- *Early and unprotected sex*, which is associated both with out-of-wedlock birth and with disease transmission, has for too long been ignored at the federal level. Our leadership is needed, and we must be honest and forthright in making the problem clear and addressing it in a straightforward manner.

-- *Good nutrition* is at the base of good health. Beginning this year, clear food labeling will help consumers choose a healthy diet. In addition, a better system for assuring food safety has already been devised in the FDA's new program for seafood.

-- *Violence* extracts a frightening toll in America. While we pursue more traditional crime-fighting tools, we should also look to new, broader-scale opportunities to prevent violence before it occurs. HHS is supporting efforts to develop new tools of violence prevention -- for example, assistance to at-risk families, and teaching conflict resolution skills at young ages. We will join the private and volunteer sectors in supporting neighborhoods and communities as they work to bring violence under control.

- *Basic biomedical and clinical research.* My Department's support for basic biomedical and behavioral research has no parallel elsewhere in our Nation. This support will continue to provide a basis for economic and medical leadership by the United States. NIH-supported research into the human genome, as well as accelerated research into AIDS, cancer and other conditions, will continue to be among the most valuable investments that can be made by government. Likewise, the epidemiological and other activities of the Centers for Disease Control and Prevention will pay off in better health for Americans.

- *Women and minorities* have shared too little in our Nation's health agenda. While the Health Security Act will provide important new access and coverage, HHS will take other steps to address women's and minorities' needs. Under your administration, a national plan on breast cancer will be put in action. Women and minorities will take a greater part in research activities, and they will share more equally in access to professional opportunities. Special programs will make screening better available for breast and cervical cancer, especially for poor women, and treatment for drug addiction will become more accessible for women.

- *Older Americans and people with disabilities* will be served better by HHS programs. Through health care reform, significant new coverage for prescription drugs will be available. A much-enhanced community-based system of long term care will be in the process of development. And in both Social Security and Medicare, we will be serving our beneficiaries better through enhanced uses of technology and a renewed ethic of service to customers. We must renew public confidence in the Social Security system, both through excellence of service and through protecting the fiscal viability of the retirement and disability trust funds. Likewise, under the guidance of the Assistant Secretary for Aging (a newly elevated position), a new vision will be developed to prepare our "baby-boom" generation for productive retirement years. The White House Conference on Aging will once again bring together leaders in the aging field to develop a coherent view of the needs of our aging population.

- *Customer service and cost-effective management* will become watchwords at HHS under your administration. Improved service to beneficiaries is a prime goal for Medicare, and for FY 1995, the Social Security Administration was one of the few agencies selected to receive an increase in administrative resources to improve customer service. Older and disabled Americans, in particular, will receive better service through these efforts. At the same time, the HHS Continuous Improvement Program is designed to carry out the priorities of the Vice President's National Performance Review. I am dedicated to creating an HHS workforce that is marked by diversity and excellence.

In the end, our reward -- and your legacy -- will not be expressed in terms of programs or budgets or management techniques. It will be expressed in the faces and the lives of those we have served.

It is my hope that your legacy, and mine, will be an American community -- a national community that finds strength, purpose and connectedness in its very diversity -- and a community that has rededicated itself to the well-being of the children who are its future.

I believe that this is what the American people want from us. And I believe we have taken the first steps toward achieving it.

Sincerely,

Donna E. Shalala

SUMMARY OF STRATEGIC PLANNING ISSUES

The following is a brief summary of several key issues regarding the Department's strategic planning process which the Secretary outlined in the December 22 memorandum.

Why are we doing a strategic plan?

The Government Performance and Results Act of 1993 (GPRA) requires each Department to develop a comprehensive strategic plan. The importance of strategic planning as a management tool was also confirmed by the National Performance Review and the Secretary in the issuance of her memorandum.

What guides what should be in the plan?

The content of strategic plans are guided by:

- performance agreements between the Secretary and the President (in draft).
- the Secretary's themes.
- the Secretary's legacy statement (in draft).
- agency head priorities.
- employee and customer ideas.
- minimum requirements from GPRA.
- resource availability forecast, a new mechanism to delimit potential resource levels.

What are the components of the Department's strategic plan?

The Department plan consists of two principle components: (1) a strategic plan for each OPDIV and selected STAFFDIVs, and (2) a set of broad, Secretarial goals and objectives. Item (1) would include mission/vision statements and goals and objectives related to each OPDIV/STAFFDIV. Item (2) would include a discussion of the Secretary's themes and her legacy statement.

What is the time horizon?

Plans would have at least a five year time horizon (a GPRA requirement), but could include some longer or shorter term goals and objectives.

When would plans be ready?

The initial plan must be ready by September 30, 1997, as required by GPRA, but some components would be completed earlier. For example, Departmental goals and objectives, and initial goals/objectives for most OPDIVs should be decided on this Spring in time to inform decisions on the FY 1996 budget.

What would the plan be used for?

There are multiple purposes:

- communications both internally and externally.
- by setting priorities, helping guide decisions on such things as budgets.
- focusing our efforts on clearly making a difference in critical areas.

What about other planning requirements?

Requirements for various other plans and activities would be incorporated into the strategic plans, including evaluation plans, performance plans, outcomes from the continuous improvement process, customer service plans required by NPR, Chief Financial Officers Act requirements, etc.

How will progress be reported?

A detailed tracking and reporting system is not envisioned. Periodic reports on the status of the goals and objectives will be made by the OPDIVs, probably at meetings with the Deputy Secretary and Secretary.

Role of OASH - Agency Heads

- Policy Leadership - Issue coordination across PHS

- Clearly Define Role of OASH Offices

- Advocate for Agency - PHS priorities and support

- Create culture where Agencies collaborate naturally

- Avoid micromanagement - need clear definition of program office role and how linked to "counterpart" offices in Agencies (eg. minority health, women's health etc.)

- Key challenge is coordinating PHS agency interactions with our "outside" customers to provide "seamless" services.

- Be pro-active in leading the shaping of PHS Agenda vs. always reacting to "outside forces."

- Make sure each agency in PHS is able to take maximum advantage of each others resources.

- Help/Push us to be outcome oriented.

DASH AUTHORITIES

OASH OFFICES <——> ASH <——> AGENCY HEADS

STRATEGIC ISSUES	♦ ASH and Agency Heads and Offices heads agree on strategic priorities and performance expectations. ♦ ASH appoints a lead Agency and/or lead Office to coordinate, implement, and monitor priority areas against agreed plan.
SPECIAL INITIATIVES AND URGENT MATTERS	♦ Issues identified by OASH office heads/ASH ♦ OASH Office heads advise ASH of needed role/authority ♦ ASH and Agency heads agree on role of OASH Office for the specific issue ♦ OASH office heads makes final recommendations to ASH for review
ROUTINE	♦ Agencies/Offices liaison with counterpart offices ♦ Coordination, policy development and evaluation monitoring of issues

Proposed Role For

OASH OFFICES

We must develop the capacity of each OASH office to effectively provide a few core functions in its particular areas of responsibility. This must occur within the PHS strategic framework established by the ASH. For their designated areas of responsibility, the offices will:

- Pro-actively provide the ASH with ideas and recommendations for policy initiatives,
- Provide the ASH with staff support on development, implementation and monitoring of strategic priorities that cur across the PHS agencies,
- Coordinate the flow of information and, as appropriate, coordinate special projects within OASH and between OASH and agencies on key issues, and
- Build capacity and provide technical assistance, both within the PHS and to organizations outside the PHS and outside government.

It is critical that the OASH offices work as part of a cohesive and integrated OASH and serve the agencies and the Office of the Secretary effectively.

Building the Architecture of Support

- **Strategic plan and priorities**
- **Clear roles/authorities program offices reporting reins**
- **Clear reporting relationships**
- **Legislation**
- **"Marketing" our message/role**
  - internally
  - externally
- **Explicit budget process for OASH and each OASH office; Alternative mechanisms to supplement resources**
- **"Streamlining":**
  - o Minimize redundancy/overlap
  - o Shift authority/responsibility to agencies to create time
  - o Reskill, retool staff for "new" job

- **Communication:**

  - o All Agency Head 1:1's -- Schedule to all OASH Program Offices--add agenda items; get follow-up notes
  - o Schedules of principals; speeches coming up as opportunity to get program office/OASH message across
  - o Weekly reports to OS to all offices
  - o White House Bulletins on HCR to all offices

- **Meetings:**

"Small Staff": Quick updates

Who?

OASH Staff:

  - o Priority issues--cross cutting issues
  - o Explore "good practice" models
  - o Indepth learning of our resources
  - o Outside education

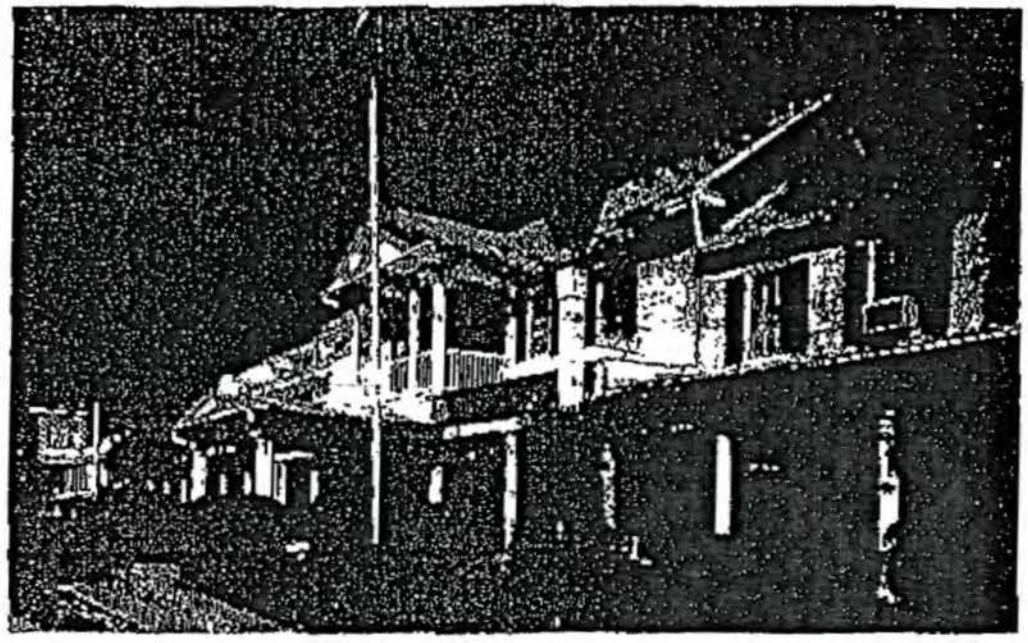
? Time

1:1's

- **Performance Review:**

  - o Goal setting
  - o Bonus/awards
  - o Feedback
  - o Training

WAYSIDE INN SINCE 1797
7783 Main Street
Middletown, VA 22645
(703) 869-1797
FAX: (703) 869-6038
Rates: $65-$125 (B&B)
Rooms: 24 (all with pr. bath)
Innkeeper: Maggie Edwards



Each Room is a Gem

As the name indicates, **THE WAYSIDE INN SINCE 1797** has been open since 1797. Nestled in the Shenandoah Valley at the foot of the Massanutten Mountains, this immaculate three-story Inn is steeped in history and retains its 18th Century atmosphere while combining the comforts of today.

Careful restoration, the final done in 1987, has made this former stage coach stop an antique lover's paradise. Its extensive use of foliage and flowers, Americana pewter, and cast iron in all the public rooms reflect colonial times in all its glory. Waitresses in period clothing serve traditional Southern fare in the small intimate dining rooms, and the Coach Yard Lounge, complete with its wooden wall coverings, is the perfect spot to tip a pint of ale or indulge in a glass of spirits.

Individually and authentically decorated with rare antiques, folk and fine art, Oriental rugs, and finishing touches appropriate to the era, each of the 24 rooms is a gem. Canopied four-postered beds adorned with cannonball and acorn carved detailing, and French Provincial and Greek Revival pieces are but a few of the unique and exquisite pieces found in the various rooms.

Amenities include private baths, sitting/eating areas, telephones, fresh flowers, basketed greenery, toiletries, fluffy towels, and individual climate control. It you take a liking to a special antique and would like to take it home, that can be arranged as all items are available for purchase

THE FINE PRINT

Room Rates:
All room with pr. bath
Rates are based on B&B Plan - Per Room, Per Night, Dbl Occ.
15 Guest room $65-90
5 Staterooms $110
2 Suites $125
TAC based on B&B Plan. $20 for additional person in room. Corporate rates available and are TAC.
Tax: 6 5%
Reservations: Advance payment in full Major credit cards accepted
Cancellations: 48 hours' notice for full refund.
Facilities & Services: Check-in 2pm, Check-out 11am. Smoking permitted, No pets. Handicapped accessible. Corporate facilities available. Dining rooms. Banquet and wedding facilities. In-

room amenities include antiques, fine art, objets d'art, private baths, special soaps generous towels and individua climate control.

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Meals are available (European Plan) in seven antique-filled intimate dining rooms...each different in decor. This is gourmet dining at its finest with specialties of regional American cuisine using fresh, valley-grown ingredients.

Larrick's Tavern, circa 1720, has two large conference rooms and will accommodate up to 40 persons, while banquets and weddings for up to 250 guests and sit-down dinners for 100 can all be arranged.

THE WAYSIDE INN SINCE 1797 has it all...great food, posh accommodations, theater, Southern hospitality and service, and all with history at your finger tips.

Reviewed by Shiela McCormack

THE INN'S RATES

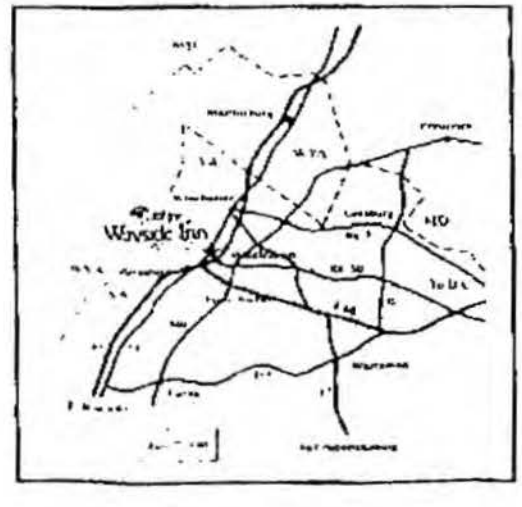
Room Rates:
All room with pr. bath
Rates are based on B&B Plan - Per Room, Per Night, Dbl Occ.
15 Guest room $65-90
5 Staterooms $110
2 Suites $125
TAC based on B&B Plan. $20 for additional person in room. Corporate rates available and are TAC.
Tax: 6 5%
Reservations: Advance payment in full. Major credit cards accepted.
Cancellations: 48 hours' notice for full refund.
Facilities & Services: Check-in 2pm, Check-out 11am. Smoking permitted. No pets. Handicapped accessible. Corporate facilities available. Dining rooms. Banquet and wedding facilities. In-

room amenities include antiques, fine art, objets d'art, private baths, special soaps generous towels and individual climate control.
Location: Middletown, VA. At the crossroads of Rt. 11 and I-81 (Exit 302).

WHAT TO DO

- Shenandoah National Park
- Skyline Drive & Civil War Battlefield
- Caverns, Historic Homes Tours
- Belle Grove Plantation
- Wayside Theater

Wayside Inn



Agency Heads Meeting
OASH Reorganization

PUBLIC HEALTH SERVICE DATE: _____

SUMMARY STATEMENT

SUBJECT: Proposal to Reorganize the Office of the Assistant Secretary for Health

PURPOSE: For approval by the Secretary of Health and Human Services.

SUMMARY: The proposed changes will establish a new Office of PHS Health Care Reform, integrate the Office of Health Planning and Evaluation and the Office of Disease Prevention and Health Promotion; and realign existing program and staff offices to come under the purview of the Surgeon General, the Principal Deputy Assistant Secretary for Health, and the Deputy Assistant Secretary for Health.

CONCERNS: There are no identified concerns.

RECOMMENDATION: It is recommended that the Secretary sign the attached Federal Register notice to approve these organizational changes.

CONTACT PERSON: Jo Ivey Boufford, M.D.
Principal Deputy Assistant
Secretary for Health
202-690-7694

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary for Health
Washington DC 20201

Date MAR 1 8 1994

From Assistant Secretary for Health

Subject Proposal to Reorganize the Office of the Assistant Secretary for Health--ACTION

To The Secretary
Through: DS _____
COS _____
ES _____

PURPOSE

The purpose of this memorandum is to request that you sign the attached Federal Register notice to approve a reorganization of the Office of the Assistant Secretary for Health (OASH). In summary, this reorganization will:

(1) Establish a new office to serve as the focal point for overseeing and coordinating all PHS efforts in the health care reform process--the Office of PHS Health Care Reform;

(2) Bring together the Office of Health Planning and Evaluation and the Office of Disease Prevention and Health Promotion under the direction of the Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation);

(3) Realign the existing program offices that will come under the purview of the Surgeon General; and

(4) Realign the existing program and staff offices that will come under the purview of the Principal Deputy Assistant Secretary for Health.

ESTABLISHMENT OF THE OFFICE OF PHS HEALTH CARE REFORM

The Public Health Service will continue to be deeply involved in the development and future implementation of the President's initiative on health care reform. To improve the PHS capacity for policy support and coordination in this area, I am proposing to consolidate OASH activities in this area into an Office of PHS Health Care Reform (OHCR). The Director of this office will report to the Deputy Assistant Secretary for Health.

The OHCR will serve as the focal point for coordination of PHS efforts, including all PHS agencies in the health care reform process, working with staff from various offices within OASH and the PHS agencies, as well as with the Health Care Financing Administration (HCFA), the Assistant Secretary for Legislation, the Assistant Secretary for Aging, the Assistant Secretary for Planning and Evaluation, the Assistant Secretary for Management and Budget, the General Counsel, the immediate Office of the Secretary, and the White House. As the negotiations on health care reform proceed, the OHCR will propose options and alternatives, and policies and plans for implementation. The OHCR will also represent PHS on a series of intradepartmental work groups to further develop aspects of the plan and begin the implementation process. This will require a closely coordinated effort within the PHS and across the Department.

Health care reform activities will also be critical elements of the work of three other key officials reporting to the DASH:

(1) Deputy Assistant Secretary for Health (Interagency Relations)

Responsibilities will include serving as liaison with other agencies within the Department, including HCFA, Administration for Children and Families, Social Security Administration and the Administration on Aging. Areas of emphasis will include children and youth, and the elderly.

(2) Deputy Assistant Secretary for Health (Policy Development)

Responsibilities will include identifying issues and opportunities for initial policy development in certain key areas of health care reform and other priorities of PHS. The initial focus will be on data policies for public health and the development of methods to measure achievement of public health objectives, access to health care, the relationship of core public health functions and personal health care in achieving public health objectives, and chronic illness.

(3) Deputy Assistant Secretary for Health (Workforce and Special Initiatives)

Responsibilities include health care reform projects pertaining to issues concerning the academic health centers, the health professions workforce and policies related to public health training and workforce requirements, as well as special projects (e.g., smoking,

Clinical Laboratory Improvement Act) as assigned by the Deputy Assistant Secretary for Health.

INTEGRATION OF THE OFFICE OF HEALTH PLANNING AND EVALUATION AND THE OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The Office of Health Planning and Evaluation will be brought together with the Office of Disease Prevention and Health Promotion under the unified direction of the Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation). This change is intended to assure that the review, planning, and evaluation functions are strengthened to produce an agreed-upon PHS-wide strategic program agenda and to improve our capacity for effective linkages among all OASH program offices, the PHS agencies and key outside stakeholders to support achievement of the goals of Healthy People 2000.

REALIGNMENT OF PROGRAM AND STAFF OFFICES

As the chief executive of the Public Health Service, the leadership responsibilities of the Assistant Secretary for Health (ASH) require involvement in a wide array of activities and issues. To reduce the responsibilities of the ASH for day-to-day program management, the reporting relationships of the heads of specific OASH program and staff offices will be realigned to report to the ASH through either the Surgeon General, the Principal Deputy Assistant Secretary for Health, or the Deputy Assistant Secretary for Health.

- Surgeon General

  In addition to the Office of the Surgeon General, four OASH program offices will come under the purview of the Surgeon General: (1) Office of Minority Health, (2) Office on Women's Health, (3) Office of Population Affairs (including the Office of Family Planning and a retitled Office of Adolescent Health), and (4) President's Council on Physical Fitness and Sports.

  To implement this change, the following officials will report directly to the Surgeon General on operational matters:

  (1) Deputy Assistant Secretary for Minority Health
  (2) Deputy Assistant Secretary for Women's Health
  (3) Executive Director, President's Council on Physical Fitness and Sports.

The Deputy Assistant Secretary for Population Affairs will continue to report directly to the ASH in carrying out the mandated provisions of Title X (Population Research and Voluntary Family Planning Programs) and Title XX (Adolescent Family Life Demonstration Projects) of the Public Health Service Act, but will report to the Surgeon General on other operational and administrative matters. The Office of Health Legislation has discussed this with appropriate, interested congressional members and they have no objection.

The functional statements of the associated program offices will be modified as needed to reflect these changes.

o Principal Deputy Assistant Secretary for Health (P/DASH)

The following program and staff offices will come under the purview of the P/DASH: (1) Office of Health Communications, (2) Office of International and Refugee Health, (3) National Vaccine Program Office, (4) Office of Management, (5) Office of Equal Employment Opportunity, (6) Office of Disease Prevention and Health Promotion and Health Planning and Evaluation, (7) PHS Executive Secretariat, (8) Office of Emergency Preparedness, (9) Office of Intergovernmental Affairs, and (10) the PHS Regional Health Administrators.

To implement this change, the following officials will report directly to the P/DASH on operational matters:

(1) DASH (Communications)
(2) Deputy Assistant Secretary for International and Refugee Health
(3) DASH Science
(4) DASH (Management and Budget)
(5) DASH (Disease Prevention and Health Promotion and Health Planning and Evaluation)
(6) Director, PHS Executive Secretariat
(7) Director, Office of Emergency Preparedness
(8) Director, Office of Intergovernmental Affairs
(9) Regional Health Administrators, Regions I-X

The Director of the Office of National AIDS Policy (new name currently pending Secretary's approval) will report directly to the ASH, and the Director of the Office of Research Integrity will report to the Secretary through the ASH.

The Director, National Vaccine Program Office will report to the P/DASH on operational matters, and as the Deputy Director of the National Vaccine Program (NVP) will report directly to the ASH who is the Director of the NVP.

The Director, OEEO, will report to the P/DASH on EEO policy and to the P/DASH through the DASH (Management and Budget) for operational matters.

o Deputy Assistant Secretary for Health (DASH)

The newly established Office of PHS Health Care Reform will be under the purview of the DASH and the following officials will report directly to the DASH:

(1) Director, Office of PHS Health Care Reform
(2) DASH (Interagency Relations)
(3) DASH (Policy Development)
(4) DASH (Workforce and Special Initiatives)

The functional statements of the program and staff offices are proposed to be modified to reflect these changes.

PERSONNEL AND BUDGET

This reorganization involves changes in the roles and responsibilities of several key officials. New DASH positions are being established, while others are being deleted or changed, resulting in a net increase of three new DASH positions. The additional DASH positions are needed to assist the ASH in carrying out critical PHS responsibilities regarding health care reform policy development and coordination.

New Positions:

(1) Principal Deputy Assistant Secretary for Health
(2) Deputy Assistant Secretary for Women's Health
(3) Deputy Assistant Secretary for Health (Interagency Relations)
(4) Deputy Assistant Secretary for Health (Policy Development)
(5) Deputy Assistant Secretary for Health (Workforce and Special Initiatives)

Deleted Positions:

(1) Deputy Assistant Secretary for Health (Intergovernmental Affairs)
(2) Deputy Assistant Secretary for Public Health Policy

Changed Positions:

(1) Deputy Assistant Secretary for Health (Management and Budget)
(previously Deputy Assistant Secretary for Health Management Operations)

(2) Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation)
(responsibilities expanded to absorb those of the Deputy Assistant Secretary for Public Health Policy position deleted above)

Once you have approved the reorganization by signing the proposed Federal Register notice, the OASH Office of Personnel Management will process the new DASH positions and the necessary changes to the billets and position descriptions of affected personnel through the Office of the Assistant Secretary for Personnel Administration.

The proposed changes will not require an increase in FTEs and there will be no adverse effect on the PHS budget as a result of these revisions.

We will notify the OASH employees' union of these proposed changes by providing them with a copy of this transmittal memorandum; this will initiate the 60-day notification period required by our agreement with the union.

RECOMMENDATION

I recommend that you sign the attached Federal Register notice approving the reorganization of the Office of the Assistant Secretary for Health.

Philip R. Lee, M.D.

Attachments:
TAB A - Federal Register Notice
TAB B - Current and Proposed Organization Charts

4160-17

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Statement of Organization, Functions, and Delegations of Authority

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Part H, Public Health Service (PHS), Chapter HA (Office of the Assistant Secretary for Health), of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (DHHS) (42 FR 61318, December 2, 1977, as amended most recently at 59 FR 10135, March 3, 1994) is amended to reflect changes in reporting relationships in the Office of the Assistant Secretary for Health, as well as to provide improved responsiveness to the challenges of health care reform.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Under Chapter HA, Office of the Assistant Secretary for Health, Section HA-10, Organization, delete the list and insert the following:

1. Office of Health Communications (HAB)
2. President's Council on Physical Fitness and Sports (HAC)
3. Office of Research Integrity (HAG)
4. Office of National AIDS Policy (HAH)

5. Office of Health Legislation (HAJ)
6. Office of Equal Employment Opportunity (HAK)
7. Office of International and Refugee Health (HAL)
8. Office of Minority Health (HAM)
9. Office of the Surgeon General (HAN)
10. Office of Emergency Preparedness (HAP)
11. Office of PHS Health Care Reform (HAQ)
12. Office of Management (HAU)
13. Office of Disease Prevention and Health Promotion and Health Planning and Evaluation (HAV)
14. Office on Women's Health (HAW)
15. National Vaccine Program Office (HA2)
16. Office of Population Affairs (HA5)
17. PHS Executive Secretariat (HA6)
18. Office of Intergovernmental Affairs (HA7)

Under Chapter HA, Section HA-20, Functions, in the statement for the Office of Communications (HAB), change the title to Office of Health Communications (HAB), delete the first sentence and insert the following:

The Office is under the direction of the Deputy Assistant Secretary for Health (Communications) who advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, on a PHS-wide strategic communications program.

Following the title President's Council on Physical Fitness and Sports (HAC), insert a new first sentence, as follows:

The President's Council on Physical Fitness and Sports is directed by the Executive Director who reports to the Surgeon General.

Following the title Office of Equal Employment Opportunity (HAK), delete the first paragraph and insert the following:

The Director, Office of Equal Employment Opportunity (OEEO), reports to the Principal Deputy Assistant Secretary for Health on EEO policy and on operational matters to the Deputy Assistant Secretary for Health (Management and Budget), who serves as the Director of the PHS Equal Employment Opportunity Program and as the principal advisor on all PHS equal employment matters. The Director, OEEO, serves as Deputy Director of the PHS Equal Employment Opportunity Program to provide functional supervision throughout PHS and to direct OEEO activities.

Following the title, Office of International and Refugee Health (HAL), delete the paragraph and insert the following:

The Deputy Assistant Secretary for International and Refugee Health serves as Director of the Office of International and Refugee Health and advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, to provide PHS and DHHS policy guidance, planning, evaluation and program coordination relating to international and refugee, entrant and alien health affairs.

In the statement for the Office of Minority Health (HAM), delete the first sentence and insert the following:

The Deputy Assistant Secretary for Minority Health serves as the Director of the Office of Minority Health and advises the Assistant Secretary for Health, through the Surgeon General, about health program activities that address minority populations, develops policies for the improvement of the health status of minority populations, and coordinates all PHS minority health activities.

In the statement for the Office of Emergency Preparedness (HAP), delete the first phrase and insert the following:

The Director of the Office of Emergency Preparedness: (1) Advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, on emergency preparedness to:

Following the statement for the Office of Emergency Preparedness (HAP), add the following title and statement:

Office of PHS Health Care Reform (HAQ). Under the direction of the Deputy Assistant Secretary for Health, the Director of the Office of PHS Health Care Reform (OHCR) manages a wide range of PHS activities for the ASH and the DASH which involve and cut across PHS programs in support of the President's Health Care Reform initiative. In this regard, the Office: (1) Serves as the PHS focal point in health care reform activities; (2) represents PHS on inter- and intra-departmental committees, provides informal liaison to public and congressional members, and private sector groups, and stays abreast of their activities on health care reform; (3) develops and reviews health care reform policies, prepares briefings and makes recommendations as appropriate to the ASH, and coordinates communication with internal and external interests to articulate and refine the PHS policy; (4) participates in developing the PHS health care reform budget and works with PHS agency heads to assure programmatic plans, budgets, and operating decisions are compatible with and supportive of health reform policies; (5) conducts studies specific to aspects or elements of PHS programs, activities, or issues related to national health care reform and develops strategies or plans to effectively address health care reform issues and the long-range effects of health care reform on PHS programs

and their constituencies; (6) assigns to PHS operating agencies the preparation of various background documents and analytic tasks related to PHS programs affected by health care reform; (7) makes recommendations on necessary redirection of PHS programs being supplanted by the health care reform benefits package and works with PHS agencies to develop the PHS health care reform implementation plan; (8) coordinates the PHS international activities related to health care reform with the Office of International and Refugee Health/PHS and the Office of International Affairs, Office of the Secretary/DHHS; (9) develops data and information to support the collaboration of resources for the Public Health Initiative and health care reform benefits package with those of existing PHS programs; (10) provides oversight of PHS research concerning the impact of health care reform on the health care industry, PHS program beneficiaries, and health providers; (11) provides assessments of the impact of technological changes, regulatory policies, growth and coverage of private health insurance and trends affecting health care cost on the health sector; and (12) coordinates review and analysis of health care reform issues and policy documents for ASH's attention and makes recommendations as appropriate to the ASH; and,

(13) coordinates PHS health care reform implementation plan.

Following the statement for the Division of Payment Management (HAU45), add the following:

Office of Disease Prevention and Health Promotion and Health Planning and Evaluation (HAV). The Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation) serves as the Director of the Office and advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, on health policies, procedures, and activities which relate to disease prevention, health promotion, preventive health services, health information and education, and national health planning and evaluation. The Office provides a program of leadership, coordination and liaison between PHS and other Federal agencies, national non-Federal organizations, State and local agencies and private sector organizations that have roles in disease prevention, health promotion and national health planning. The Office coordinates the development of national health policy, plans, legislative proposals, regulations, and the conduct of health policy analyses and evaluations.

In the statement for the Office on Women's Health (HAW), delete the first sentence and insert a new sentence, as follows:

The Deputy Assistant Secretary for Women's Health, who reports to the Surgeon General, is Director of the Office on Women's Health and serves as advisor on scientific, legal, ethical, and policy issues relating to women's health.

In the statement for the National Vaccine Program Office (HA2), delete the first sentence and insert the following:

The Deputy Director of the National Vaccine Program (NVP) serves as the Director, National Vaccine Program Office, and reports to the Assistant Secretary for Health regarding NVP activities and to the Principal Deputy Assistant Secretary for Health on operational and administrative matters.

Following the statement for the National Vaccine Program Office (HA2), delete the title and statement in their entirety for the Senior Advisor for Environmental Affairs (HA3).

In the statement for the Office of Population Affairs (HA5) delete the first paragraph and insert the following:

The Office is under the direction of the Deputy Assistant Secretary for Population Affairs who advises the Assistant Secretary for Health regarding the mandated provisions of Title X, Population Research and Voluntary Family Planning Programs; and Title XX, Adolescent Family Life Demonstration

Projects, of the Public Health Service Act; and who reports to the Surgeon General concerning other operational and administrative matters.

Following the title PHS Executive Secretariat (HA6), insert a new first sentence, as follows:

The Director of the PHS Executive Secretariat reports to the Principal Deputy Assistant Secretary for Health.

In the statement for the Office of Intergovernmental Affairs (HA7), delete the beginning phrase and insert the following:

The Director of the Office of Intergovernmental Affairs reports to the Principal Deputy Assistant Secretary for Health. The Office:

After the statement for the Office of Intergovernmental Affairs (HA7), delete the titles and statements in their entirety for the Office of Disease Prevention and Health Promotion (HA8) and the Office of Health Planning and Evaluation (HA9).

PUBLIC HEALTH SERVICE (PHS) REGIONAL OFFICES

Under Chapter HD, Section HD-20 Functions, following the title Public Health Service (PHS) Regional Office (HD1-HDX), delete the first sentence and insert the following:

The Public Health Service (PHS) Regional Offices are headed by Regional Health Administrators (RHA), who report to the Principal Deputy Assistant Secretary for Health and who serve as regional PHS representatives. The RHA directs and administers Regional Office activities and is responsible for integrating health and medical expertise with regional program efforts.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Under Chapter HA, Section HA-30, Delegations of Authority, add the following:

All delegations and redelegations of authority to officers and employees of the OASH which were in effect immediately prior to the effective date of this reorganization will be continued in effect in them or their successors, pending further redelegation, provided they are consistent with this reorganization.

Date

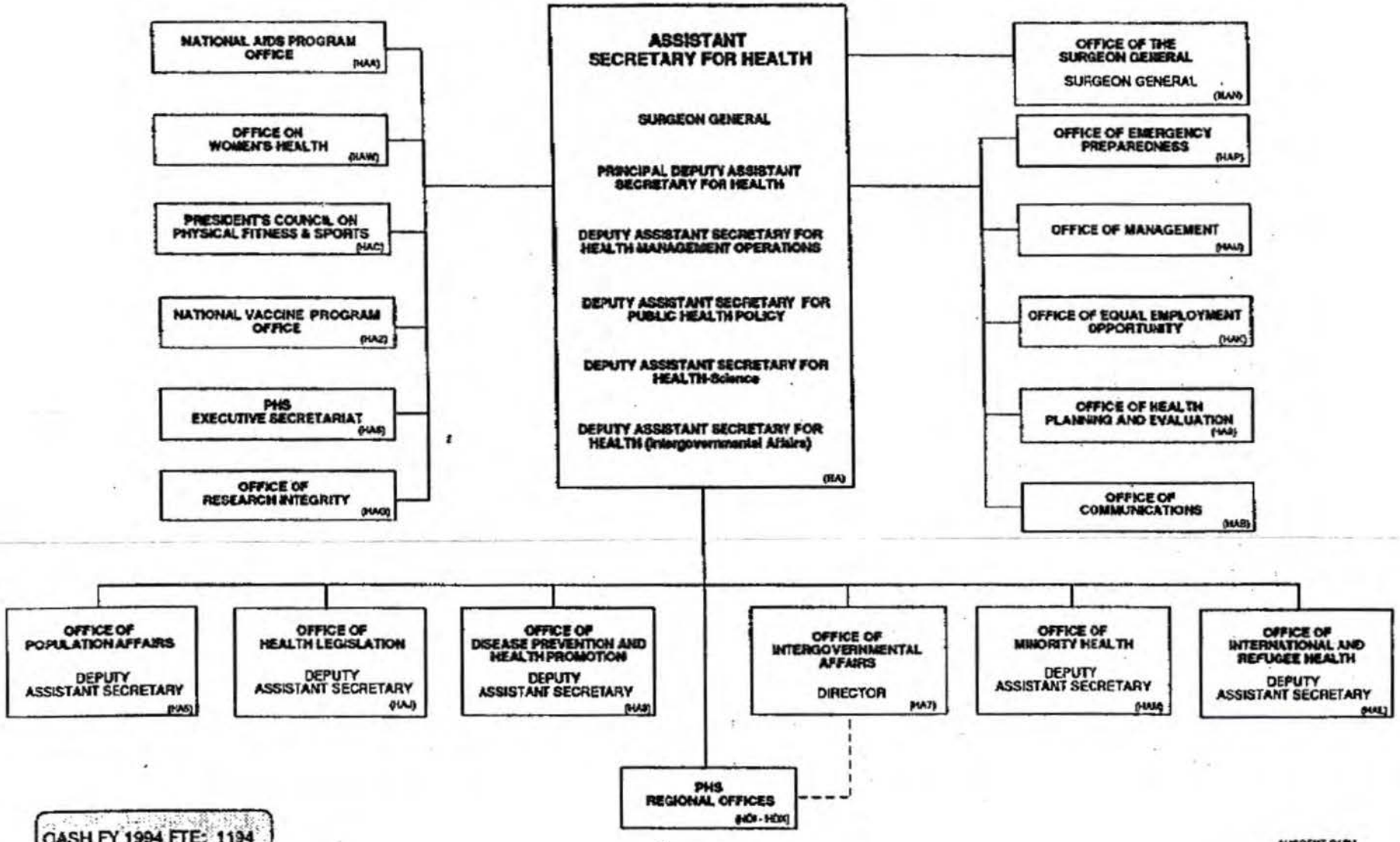
Donna E. Shalala
Secretary

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

CURRENT

Office of the Assistant Secretary for Health

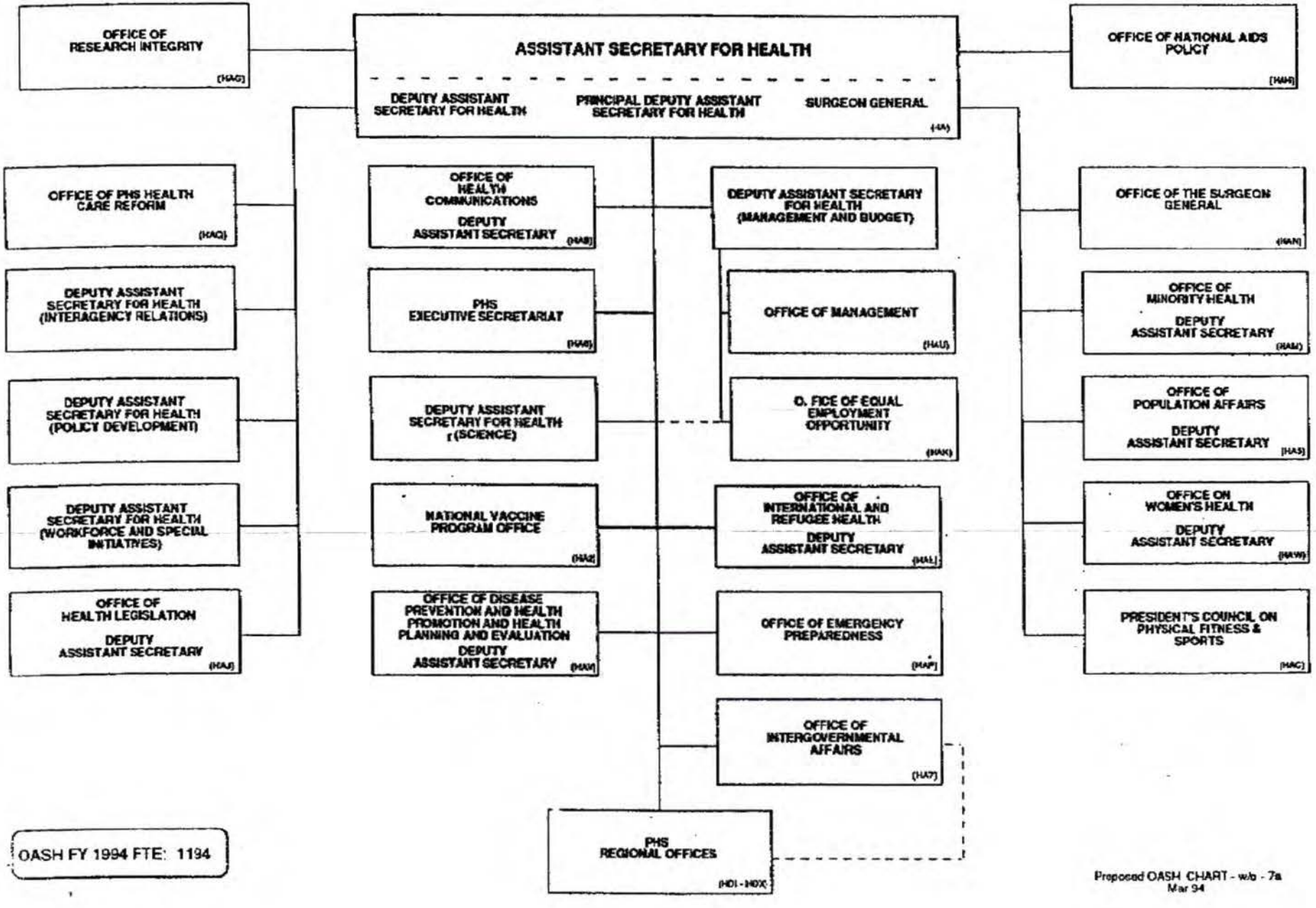


CASH FY 1994 FTE: 1194

CURRENT CASH CHART
20 Dec 93
wb

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Office of the Assistant Secretary for Health

PROPOSED



OASH FY 1994 FTE: 1194

Proposed OASH CHART - w/o - 7a
Mar 94

Agency Heads Retreat
Strategic Planning

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Office of the Assistant Secret
for Health
Washington DC 20201

PHS AGENCY HEAD RETREAT

Wayside Inn
Middletown, Virginia

March 29 - 30, 1994

AGENDA

Tuesday, March 29

4:00	Arrive and check-in
4:30-6:30	Opening session - Overview of Retreat
	Introductions
	Challenges Facing the PHS - Dr. Philip Lee
	Discussion
6:30-7:30	Reception
7:30	Dinner

Wednesday, March 30

8:30 start	Developing a Vision for the PHS in the 21st Century - Group Discussion
10:30-11:00	Break
11:00-12:00	Summary and conclusions
12:00-1:00	Lunch
1:00 start	Priorities for the PHS and the Strategic Planning Process - Group Discussion
3:00-3:30	Break
3:30-4:30	Summary and conclusions
4:30-5:00	Wrap-up and next steps - Dr. Philip Lee

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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for Health
Washington DC 20201

PHS AGENCY HEAD RETREAT

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Middletown, Virginia

March 29 - 30, 1994

PARTICIPANTS

Assistant Secretary for Health	Dr. Philip R. Lee
Principal Deputy Assistant Secretary for Health	Dr. Jo Ivey Boufford
Deputy Assistant Secretary for Health	Mr. Bill Corr
Administrator, Agency for Health Care Policy and Research	Mr. Clif Gaus*
Director, Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry	Dr. David Satcher
Commissioner, Food and Drug Administration	Dr. David Kessler
Administrator, Health Resources and Services Administration	Dr. Ciro Sumaya
Director, Indian Health Service	Dr. Michael Trujillo*
Director, National Institutes of Health	Dr. Harold Varmus
Administrator, Substance Abuse and Mental Health Services Administration	Dr. Nelba Chavez*
Executive Assistant	Ms. Kaye Hayes-Waller

* Designate

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secre
for Health
Washington DC 20201

MAR 18 1994

TO: Nelba R. Chavez, Ph.D.
Clifton R. Gaus, Sc.D.
David Kessler, M.D.
David Satcher, M.D., Ph.D.
Ciro V. Sumaya, M.D., M.P.H.T.M.
Michael H. Trujillo, M.D., M.P.H.
Harold E. Varmus, M.D.

FROM: Assistant Secretary for Health

SUBJECT: PHS Strategic Planning

I am keenly interested in strengthening the PHS strategic planning process. Just as each PHS Agency and OASH Staff/Program Office must develop its own strategic plan, the PHS as an Operating Division of the Department must develop a PHS-wide strategic plan.

PHS-wide Strategic Planning. A key responsibility of mine is overseeing the development of a PHS-wide strategic plan. I propose that we begin our PHS strategic planning process with preliminary discussions of PHS-wide planning priorities at the upcoming Agency Heads Retreat.

Strategic Planning Model/Approach. A proposed strategic planning model has been developed and will be provided to you with retreat preparation materials. The proposed model was developed by a PHS-wide workgroup and has been updated to reflect my views. It conforms to the strategic planning requirements included in the Government Performance and Results Act (P.L. 103-62, August 3, 1993) and with the recommended Departmental strategic planning process developed by the Strategic Planning Working Group of the Departmental Steering Committee on Continuous Improvement.

The planning model should allow us to develop a shared vision for the PHS and agreement on a few key priorities for our work together in the next several years. Although there may be a "single agency" priority that requires such emphasis, for the most part, the priorities we develop should address issues that require coordination across several PHS agencies and OASH offices in order to design and implement an effective action plan.

Once we agree on a set of priorities, each Agency and OASH office will be asked to define how it will contribute to their achievement, and we will need to identify appropriate cross-agency/office coordinating structures. Where existing Healthy People 2000 work groups provide such structures, they can be built upon.

This PHS-wide framework will provide an overall context for Agency-specific plans.

According to the Departmental timetable, PHS should be prepared to meet with the Deputy Secretary to discuss our preliminary plans, focusing on goals and objectives, during April 1994. Although our process is not likely to be completed by that time, this timeframe provides an important target for preliminary stages.

Preparation for Agency Heads Retreat. The approach we propose calls for me, along with my top management team, to identify an overall vision for PHS, as well as top priorities for PHS-wide action. I'd like to start this process at our upcoming Agency Heads retreat. Rather than move immediately into a written exercise at the staff level, I would like to use a considerable portion of our retreat time to be creative together in exploring the process we will use and to begin identifying the elements of our vision and priorities.

I propose using the following mission statement for the Public Health Service as a foundation for our discussion.

> "To protect and improve the health of the population through research, education, service and regulation." (See Attachment A for the current "published" mission statement.)

While this is certainly worth some discussion in its own right, I'd like to use it to stimulate your thinking on the following as a basis for our meeting on the March 29-30.

> **A broad vision for the PHS--what will it be doing in the year 2000 and beyond to achieve the mission statement?**
>
> Try to be as specific in your thinking as possible about the PHS as a whole without assuming that current structure and function will necessarily be what's needed in the next decade.

What should be the highest priorities for the PHS over the next 5 years?

Again, please relate these to the mission of the PHS as a whole and the most effective use of its combined resources.

While time is short, I would appreciate it if you would discuss these items with your top team before the retreat so that our discussion can benefit from their thinking and, in a sense, you can involve your leadership group in our PHS-wide strategic planning process from the beginning.

The results of our retreat will be written up and can then be used to launch the more detailed thinking and staff analysis that will be necessary to develop the PHS-wide plan over the next several months.

Agency Strategic Plans. I am aware that each PHS agency is at a different stage of strategic plan development--some of your plans are already in review at the Departmental level while others of you are just beginning your strategic planning process as new leadership comes on board.

So that I might better understand your plan or the process and timetable you will use to develop one, Jo Boufford and I will be meeting with each of you between now and the end of May. Once there is agreement between you, me, and the Secretary on the plan, we will build a periodic progress review into our 1:1 meetings and an overall annual review into your annual performance appraisal. Michael McGinnis' group--the Office of Disease Prevention and Health Promotion and Health Planning and Evaluation--will staff the OASH process for Jo and me.

If you have any questions regarding this approach, please call Jo Boufford, PDASH at 202)690-7694 or Michael McGinnis, DASH(DPHP/HPE) at (202)205-8611.

The final agenda for the retreat will be coming to you by the end of the week. Thanks for your help.

Philip R. Lee, M.D.

Attachment

Attachment A

PUBLIC HEALTH SERVICE

Chapter H - Public Health Service

52 FR 47053-4, 12/11/87

Section H-00, Public Health Service--Mission. The mission of the Public Health Service is to promote the protection and advancement of the Nation's physical and mental health by: Conducting medical and biomedical research; sponsoring and administering comprehensive programs for the development of health resources; preventing and controlling disease and alcohol and drug abuse; providing resources and expertise to the States and other public and private institutions, and to Tribes, Councils and organizations concerned with the health of American Indians and Alaska Natives, in the planning, direction and delivery of physical and mental health care services; enforcing laws to assure the safety and efficacy of drugs and protection against impure and unsafe foods, cosmetics, medical devices and radiation-producing projects; and coordinating with States, local and other Federal agencies to protect the public from exposure to toxic substances; coordinating with the States to set and implement national health policy and pursue effective intergovernmental relations; generating and upholding cooperative international health-related agreements, policies and programs and cooperating with Commissions and organizations to promote international health activities.

Wayside Inn

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

PHS AGENCY HEAD RETREAT

Wayside Inn
Middletown, Virginia

March 29 - 30, 1994

ROOMS Reservations have been made for everyone already. All rooms and meals will be paid for under a single purchase order prepared in OASH. Check-in time is 2:00 p.m. Check-out time is 11:00 a.m.

TRAVEL All you need to do is get there. Dr. Satcher and Dr. Chavez will be on individual travel orders, but everyone else will be on a single travel order being prepared in OASH. Please note your mileage, so you can provide us with a final voucher for your driving expenses.

DRESS informally and comfortably, please.

MENU

Reception — March 29 6:30 pm

Cash bar and mixed hors d'oeuvres.

Dinner — March 29 7:30 pm

You may select prime rib, smothered chicken, pan fried trout, or a vegetable/cheese streudel. They all come with soup du jour, salad, vegetable du jour, homemade breads, coffee or tea, and dessert.

Breakfast — March 30 7:30 am

Country Buffet, with assorted juices, scrambled eggs, bacon/sausage/ham, assorted pastries, preserves and butter, coffee or tea.

Morning break — March 30 10:30 am

Coffee, tea, sodas

Lunch — March 30 12:00 pm

Buffet, where you can make your own sandwich, with prime beef, turkey, or ham with assorted breads and salads.

Afternoon break — March 30 3:00 pm

Coffee, tea, sodas, fruit

PLANNING A MEETING?

A Place to Get Away From it All . . .

Have you been searching for that perfect location for your next meeting, seminar, or management retreat? Well, search no more!

Conveniently located at the intersection of Interstates 81 and 66, in Middletown, Virginia, the Wayside Inn is a short 1-1/2 hours drive west of Washington, D.C. Located in the beautiful Shenandoah Valley at the foot of the Massanutten Mountains, the Wayside Inn is an elegantly restored 18th century inn. A place where fine food and lodging have been time honoured traditions for three centuries, the Inn is an antique lover's paradise and an historian's delight. We offer an atmosphere of casual elegance and romantic colonial charm.

GETTING DOWN TO BUSINESS

Service and Meeting Space

We specialize in small, intimate seminars and management retreats, providing a blend of professionalism and personalized service in a uniquely historic setting. Complete privacy is guaranteed in each of our function rooms and service needs are met by a server especially assigned to your group for the duration of your stay. At the Wayside Inn you will receive the ultimate in personal attention in a setting that is a refreshing departure from the impersonal atmosphere of most conventional facilities.

Our two major conference rooms provide rustic environments. The SENSENEY ROOM is richly paneled in oak, has a floor to ceiling brick fireplace, a mural of the Civil War Battle of Cedar Creek, and opens to a terrace and large patio. This room can comfortably accommodate 60-80 people. The PRESIDENT'S ROOM is decorated with Presidential memorabilia and accommodates 30-50 people. Smaller breakout rooms: The PORTRAIT ROOM, CAPTAIN'S DEN, and LIBRARY are ideal for 6-15 people.

Our Executive Conference Center, Larrick's Tavern c. 1724, adjacent to the Wayside Inn, has 4 meeting rooms and can accommodate up to 35 people in a single meeting room depending upon configuration requirements. This historic restoration offers complete privacy, unique period decor, the ambience of a CEO boardroom (large, oval leather-top Bank of England conference table) or the intimacy of a library (sofas and wing chairs).

Wayside Inn

The Wayside Heritage

The Wayside history is based on service to the traveler. The first travelers to the Inn started coming in 1797, pausing for bed and board as they journeyed across the Shenandoah Valley. The Wayside was then known as Wilkinson's Tavern. When rugged highways were hacked out of the wilderness twenty years later, and the Valley Pike, now Route 11, came through Middletown, the tavern became a stagecoach stop, a relay station where fresh horses were ready, and where bounce-weary passengers could rest and refresh themselves.

In coaching days, a servant boy would be sent to the nearby hill to sight an expected stagecoach. When a cloud of dust appeared over the horizon, the servant waited anxiously, straining to sight the outline of the stagecoach, and then hurried back to the Inn to report its approach. By the time the passengers arrived, delicious hot food would be waiting and they would dine and drink in comfort while the team of horses was being changed.

During the Civil War, soldiers from both the North and South frequented the Inn in search of refuge and friendship. Serving both sides in this devastating conflict, the Inn offered comfort to all who came and thus was spared the ravages of the war, even though Stonewall Jackson's famous Valley Campaign swept past only a few miles away.

Jacob Larrick bought the Inn after the war, changing the name to Larrick's Hotel. In the early part of this century, when it was again sold, the new owner, Samuel Rhodes, added a third floor, wings on each side, and a new name, the Wayside Inn. In the next few years, as pot-holed pikes were transformed into paved roads, the automobiles touring the valley caused the Inn to lay claim to being "America's First Motor Inn."

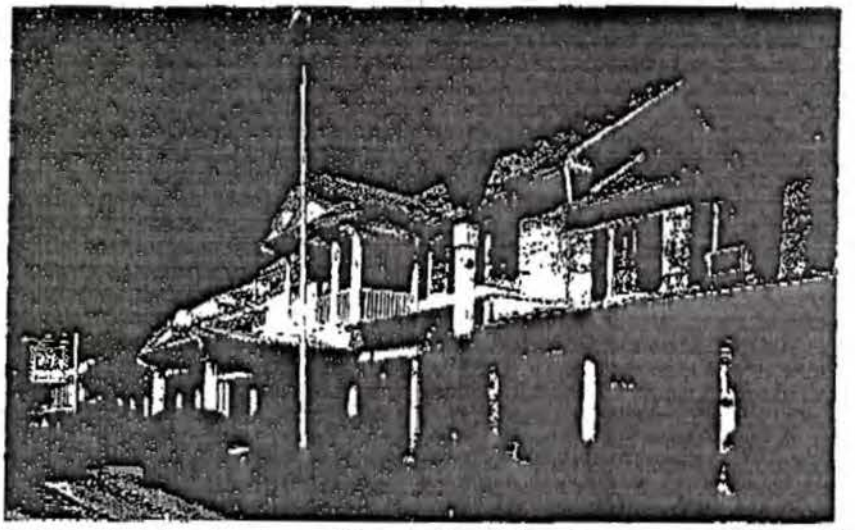
In the 1960's a Washington financier and antique collector, with a restless enthusiasm for new projects, and a fascination with Americana, took over. He energetically restored and refurbished the Inn, bringing in hundreds of antiques, decorating each of the rooms with its own unique flavor.

In the Fall of 1985, a devastating fire almost gutted the structure, but with love and care the Inn has been restored for your continued use.

Thus, the Inn has been able to retain its 18th century atmosphere, where the charm of an older era blends with the wonders of the new, in a setting of natural beauty, unmarred by time.

Wayside Inn
since 1797
at the crossroads of rt. 11 and interstate 81 (exit 77)
7783 main street, middletown, virginia 22645
703-869-1797

WAYSIDE INN SINCE 1797
7783 Main Street
Middletown, VA 22645
(703) 869-1797
FAX: (703) 869-6038
Rates: $65-$125 (B&B)
Rooms: 24 (all with pr. bath)
Innkeeper: Maggie Edwards



Each Room is a Gem

As the name indicates, **THE WAYSIDE INN SINCE 1797** has been open since 1797. Nestled in the Shenandoah Valley at the foot of the Massanutten Mountains, this immaculate three-story Inn is steeped in history and retains its 18th Century atmosphere while combining the comforts of today.

Careful restoration, the final done in 1987, has made this former stage coach stop an antique lover's paradise. Its extensive use of foliage and flowers, Americana pewter, and cast iron in all the public rooms reflect colonial times in all its glory. Waitresses in period clothing serve traditional Southern fare in the small intimate dining rooms, and the Coach Yard Lounge, complete with its wooden wall coverings, is the perfect spot to tip a pint of ale or indulge in a glass of spirits.

Individually and authentically decorated with rare antiques, folk and fine art, Oriental rugs, and finishing touches appropriate to the era, each of the 24 rooms is a gem. Canopied four-postered beds adorned with cannonball and acorn carved detailing, and French Provincial and Greek Revival pieces are but a few of the unique and exquisite pieces found in the various rooms.

Amenities include private baths, sitting/eating areas, telephones, fresh flowers, basketed greenery, toiletries, fluffy towels, and individual climate control. If you take a liking to a special antique and would like to take it home, that can be arranged as all items are available for purchase.

Meals are available (European Plan) in seven antique-filled intimate dining rooms...each different in decor. This is gourmet dining at its finest with specialties of regional American cuisine using fresh, valley-grown ingredients.

Larrick's Tavern, circa 1720, has two large conference rooms and will accommodate up to 40 persons, while banquets and weddings for up to 250 guests and sit-down dinners for 100 can all be arranged.

THE WAYSIDE INN SINCE 1797 has it all - great food, posh accommodations, theater, Southern hospitality and service, and all with history at your finger tips.

Reviewed by Shiela McCormack

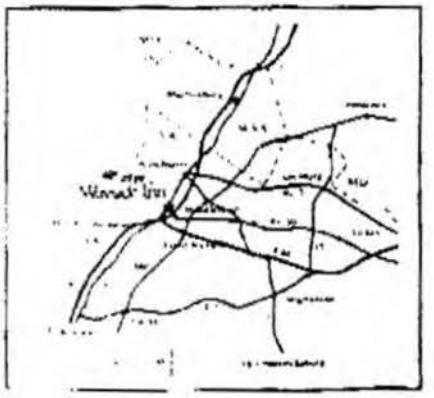
THE FINE PRINT

Room Rates:
All room with pr. bath
Rates are based on B&B Plan - Per Room, Per Night, Dbl Occ.
15 Guest room $65-90
5 Staterooms $110
2 Suites $125
TAC based on B&B Plan. $20 for additional person in room. Corporate rates available and are TAC.
Tax: 6.5%
Reservations: Advance payment in full. Major credit cards accepted
Cancellations: 48 hours' notice for full refund.
Facilities & Services: Check-in 2pm, Check-out 11am. Smoking permitted. No pets. Handicapped accessible. Corporate facilities available. Dining rooms. Banquet and wedding facilities. In-room amenities include antiques, fine art, objets d'art, private baths, special soaps, generous towels and individual climate control.
Location: Middletown, VA. At the crossroads of Rt. 11 and Int (Exit 302).

WHAT TO DO

- Shenandoah National Park
- Skyline Drive & Civil War Battlefield
- Caverns, Historic Homes Tours
- Belle Grove Plantation
- Wayside Theater

Wayside Inn



Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel Order; [Personally Identifiable Information] [Partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3773

FOLDER TITLE:
Middletown, VA Trip, PHS [Public Health Service] Retreat - 3/29/94

2018-0756-F
jp4836

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

XX Original ☐ Amendment No. _____ ☐ Cancellation
(See HHS Travel Manual, Part 3, for Detailed Instructions)

1. TRAVEL ORDER NO. 0017094097

2. APPROPRIATION NO. 7541101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$35.00	$
PER DIEM		
OTHER	20.00	
TOTAL	$55.00	$

4. NAME AND POSITION OR RANK
Kristine M. Gebbie
National AIDS Policy Coordinator

(b)(6)

6. CONSTITUENT/BUREAU/DIVISION/REGION
DHHS/PHS/OASH/NAPO

7. PRESENT OFFICIAL STATION
Washington, D.C.

8. APPROX. DATE OF DEPARTURE
March 29, 1994

9. APPROX. DATE OF RETURN
March 29, 1994

10. ITINERARY AND PURPOSE OF TRAVEL *(Show city, state or country, dates and reasons—use continuation sheet if necessary)*

FROM: Washington, D.C. to Middleton, VA by POV and return.

PURPOSE: To participate in the PHS Agency Head Retreat.

JUSTIFICATION FOR RENTAL CAR: Traveler does not have a car here and there was no government issued cars available.

Prepared by: Retina Holmes, 632-1090

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S — TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: XX EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT

25¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS

___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR XX OTHER *(Specify below)*

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE Rental Car

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ TEMPORARY QTRS ☐ RESIDENCE TRANSACTIONS ☐ TEMPORARY STORAGE

☐ HOUSE HUNTING TRIP ☐ MISC. EXP. ALLOWANCE ☐ OTHER *(Specify)*

HHS 355: ☐ SIGNED ☐ NOT REQUIRED

[001]

12. TRAVEL & PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND:

XX FTRs ☐ JTR'S ☐ OTHER *(Specify)*

PER DIEM: ☐ NONE ☐ IN U.S. ☐ OUTSIDE U.S. ☐ VARYING RATES PER ABOVE REGS.

RATE $_____ ☐ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

13. FOREIGN TRAVEL

TO BE PERFORMED FOR *(DHHS, UN, etc.)*

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF

☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY

14. ACCOUNTING DATA *(See HHS Acct'g Manual & Acct'g Code Book)*

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 FISCAL YEAR	41-47 COMMON ACCOUNTING NO.	48-51 OBJ. CLASS CODE	52-63 AMOUNT DOLLARS & CENTS	64 FED/NON FED	65-79 VENDOR/ CUSTOMER CODE (PRIMARY RECIPIENT)	95-100 PAYMENT COLLECTION DOC.	101-108 PPBS 101-106 CATEGORY	107-108 ACTIVITIES	109 CASE II
2					130	0017094097					4A730170	21.25	$55.00	1	(b)(6)				2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL
Dr. Phil Lee, M.D., Assistant Secretary for Health

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE

TITLE Acting Director, NAPO

AUTHORIZED BY Dr. Arthur Lawrence DATE _____

* To be completed by Office Initiating Travel Order; Other Accounting Data to be Completed by Fiscal/Accounting Office

HHS-1 (REV. 7/89)

Does this seem worth it?

IMMEDIATE
OFFICE OF THE ASSISTANT SECRETARY
FOR HEALTH

716 G - HHH BUILDING
200 INDEPENDENCE AVE., S.W.
WASHINGTON, D.C. 20201

FAX: (202) 690-6960
PHONE: (202) 690-7694

HEALTH "FAX"

2nd copy

TO: Steve Lee for Christie Gebbie

FROM: Angie Dary

FAX NUMBER: (202) 632-1096

MESSAGE: See Attached

PLEASE CALL: FTS 690-7694 ASK FOR ANGIE

IF ANY PROBLEMS WITH TRANSMISSION

NUMBER OF PAGES 33 (NOT COUNTING COVER PAGE)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

MAR 21 1994

To: Dr. Jo Ivey Boufford
Dr. Joycelyn Elders
Mr. Bill Corr
Dr. Nelba Chavez
Dr. Clif Gaus
Dr. David Kessler
Dr. David Satcher
Dr. Ciro Sumaya
Dr. Michael Trujillo
Dr. Harold Varmus
Ms. Hayes-Waller

From: Dr. Philip R. Lee

Subject: PHS Agency Retreat

The retreat we have planned for the PHS Agency Heads will be held in two phases: the "away" time planned for March 29 and 30, and an extended Agency Head meeting Wednesday morning, March 23.

Because Dr. Elders will not be able to join us on March 29 and 30, we want to use the Wednesday meeting, which will be from 9:00 to 11:30, to review the proposed OASH reorganization (Tab A). We'd like to discuss the role of OASH and how to develop the most effective relationships among the OASH Offices and your Agencies.

The March 29 and 30 meeting will focus on the development of a strategic planning process for the PHS. Attached (Tab B) is a preliminary agenda and a discussion paper on strategic planning. We also have developed a proposed PHS-wide strategic planning model which will be forwarded to you in the next several days. Please review these materials immediately, as it requests some pre-meeting work with your team before the March 29-30 retreat. This discussion should help us develop a shared vision for the PHS and agreement on a few key priorities for our work together in the next several years.

The "away" days of March 29 and 30 will be at the Wayside Inn, in Middletown, Virginia. Attached (Tab C) is information you need about the arrangements that have been made, and some interesting historical information about the Inn.

I'm looking forward to our discussions. If you have any questions, please call.

Agency Heads Meeting
OASH Reorganization

PUBLIC HEALTH SERVICE DATE: _____

SUMMARY STATEMENT

SUBJECT: Proposal to Reorganize the Office of the Assistant Secretary for Health

PURPOSE: For approval by the Secretary of Health and Human Services.

SUMMARY: The proposed changes will establish a new Office of PHS Health Care Reform, integrate the Office of Health Planning and Evaluation and the Office of Disease Prevention and Health Promotion; and realign existing program and staff offices to come under the purview of the Surgeon General, the Principal Deputy Assistant Secretary for Health, and the Deputy Assistant Secretary for Health.

CONCERNS: There are no identified concerns.

RECOMMENDATION: It is recommended that the Secretary sign the attached Federal Register notice to approve these organizational changes.

CONTACT PERSON: Jo Ivey Boufford, M.D.
Principal Deputy Assistant
Secretary for Health
202-690-7694

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

Date MAR 18 1994

From Assistant Secretary for Health

Subject Proposal to Reorganize the Office of the Assistant Secretary for Health--ACTION

To The Secretary
Through: DS _____
COS _____
ES _____

PURPOSE

The purpose of this memorandum is to request that you sign the attached Federal Register notice to approve a reorganization of the Office of the Assistant Secretary for Health (OASH). In summary, this reorganization will:

(1) Establish a new office to serve as the focal point for overseeing and coordinating all PHS efforts in the health care reform process--the Office of PHS Health Care Reform;

(2) Bring together the Office of Health Planning and Evaluation and the Office of Disease Prevention and Health Promotion under the direction of the Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation);

(3) Realign the existing program offices that will come under the purview of the Surgeon General; and

(4) Realign the existing program and staff offices that will come under the purview of the Principal Deputy Assistant Secretary for Health.

ESTABLISHMENT OF THE OFFICE OF PHS HEALTH CARE REFORM

The Public Health Service will continue to be deeply involved in the development and future implementation of the President's initiative on health care reform. To improve the PHS capacity for policy support and coordination in this area, I am proposing to consolidate OASH activities in this area into an Office of PHS Health Care Reform (OHCR). The Director of this office will report to the Deputy Assistant Secretary for Health.

The OHCR will serve as the focal point for coordination of PHS efforts, including all PHS agencies in the health care reform process, working with staff from various offices within OASH and the PHS agencies, as well as with the Health Care Financing Administration (HCFA), the Assistant Secretary for Legislation, the Assistant Secretary for Aging, the Assistant Secretary for Planning and Evaluation, the Assistant Secretary for Management and Budget, the General Counsel, the immediate Office of the Secretary, and the White House. As the negotiations on health care reform proceed, the OHCR will propose options and alternatives, and policies and plans for implementation. The OHCR will also represent PHS on a series of intradepartmental work groups to further develop aspects of the plan and begin the implementation process. This will require a closely coordinated effort within the PHS and across the Department.

Health care reform activities will also be critical elements of the work of three other key officials reporting to the DASH:

(1) Deputy Assistant Secretary for Health (Interagency Relations)

Responsibilities will include serving as liaison with other agencies within the Department, including HCFA, Administration for Children and Families, Social Security Administration and the Administration on Aging. Areas of emphasis will include children and youth, and the elderly.

(2) Deputy Assistant Secretary for Health (Policy Development)

Responsibilities will include identifying issues and opportunities for initial policy development in certain key areas of health care reform and other priorities of PHS. The initial focus will be on data policies for public health and the development of methods to measure achievement of public health objectives, access to health care, the relationship of core public health functions and personal health care in achieving public health objectives, and chronic illness.

(3) Deputy Assistant Secretary for Health (Workforce and Special Initiatives)

Responsibilities include health care reform projects pertaining to issues concerning the academic health centers, the health professions workforce and policies related to public health training and workforce requirements, as well as special projects (e.g., smoking,

Clinical Laboratory Improvement Act) as assigned by the Deputy Assistant Secretary for Health.

INTEGRATION OF THE OFFICE OF HEALTH PLANNING AND EVALUATION AND THE OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The Office of Health Planning and Evaluation will be brought together with the Office of Disease Prevention and Health Promotion under the unified direction of the Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation). This change is intended to assure that the review, planning, and evaluation functions are strengthened to produce an agreed-upon PHS-wide strategic program agenda and to improve our capacity for effective linkages among all OASH program offices, the PHS agencies and key outside stakeholders to support achievement of the goals of Healthy People 2000.

REALIGNMENT OF PROGRAM AND STAFF OFFICES

As the chief executive of the Public Health Service, the leadership responsibilities of the Assistant Secretary for Health (ASH) require involvement in a wide array of activities and issues. To reduce the responsibilities of the ASH for day-to-day program management, the reporting relationships of the heads of specific OASH program and staff offices will be realigned to report to the ASH through either the Surgeon General, the Principal Deputy Assistant Secretary for Health, or the Deputy Assistant Secretary for Health.

o Surgeon General

In addition to the Office of the Surgeon General, four OASH program offices will come under the purview of the Surgeon General: (1) Office of Minority Health, (2) Office on Women's Health, (3) Office of Population Affairs (including the Office of Family Planning and a retitled Office of Adolescent Health), and (4) President's Council on Physical Fitness and Sports.

To implement this change, the following officials will report directly to the Surgeon General on operational matters:

(1) Deputy Assistant Secretary for Minority Health
(2) Deputy Assistant Secretary for Women's Health
(3) Executive Director, President's Council on Physical Fitness and Sports.

The Deputy Assistant Secretary for Population Affairs will continue to report directly to the ASH in carrying out the mandated provisions of Title X (Population Research and Voluntary Family Planning Programs) and Title XX (Adolescent Family Life Demonstration Projects) of the Public Health Service Act, but will report to the Surgeon General on other operational and administrative matters. The Office of Health Legislation has discussed this with appropriate, interested congressional members and they have no objection.

The functional statements of the associated program offices will be modified as needed to reflect these changes.

o Principal Deputy Assistant Secretary for Health (P/DASH)

The following program and staff offices will come under the purview of the P/DASH: (1) Office of Health Communications, (2) Office of International and Refugee Health, (3) National Vaccine Program Office, (4) Office of Management, (5) Office of Equal Employment Opportunity, (6) Office of Disease Prevention and Health Promotion and Health Planning and Evaluation, (7) PHS Executive Secretariat, (8) Office of Emergency Preparedness, (9) Office of Intergovernmental Affairs, and (10) the PHS Regional Health Administrators.

To implement this change, the following officials will report directly to the P/DASH on operational matters:

(1) DASH (Communications)
(2) Deputy Assistant Secretary for International and Refugee Health
(3) DASH Science
(4) DASH (Management and Budget)
(5) DASH (Disease Prevention and Health Promotion and Health Planning and Evaluation)
(6) Director, PHS Executive Secretariat
(7) Director, Office of Emergency Preparedness
(8) Director, Office of Intergovernmental Affairs
(9) Regional Health Administrators, Regions I-X

The Director of the Office of National AIDS Policy (new name currently pending Secretary's approval) will report directly to the ASH, and the Director of the Office of Research Integrity will report to the Secretary through the ASH.

The Director, National Vaccine Program Office will report to the P/DASH on operational matters, and as the Deputy Director of the National Vaccine Program (NVP) will report directly to the ASH who is the Director of the NVP.

The Director, OEEO, will report to the P/DASH on EEO policy and to the P/DASH through the DASH (Management and Budget) for operational matters.

o Deputy Assistant Secretary for Health (DASH)

The newly established Office of PHS Health Care Reform will be under the purview of the DASH and the following officials will report directly to the DASH:

(1) Director, Office of PHS Health Care Reform
(2) DASH (Interagency Relations)
(3) DASH (Policy Development)
(4) DASH (Workforce and Special Initiatives)

The functional statements of the program and staff offices are proposed to be modified to reflect these changes.

PERSONNEL AND BUDGET

This reorganization involves changes in the roles and responsibilities of several key officials. New DASH positions are being established, while others are being deleted or changed, resulting in a net increase of three new DASH positions. The additional DASH positions are needed to assist the ASH in carrying out critical PHS responsibilities regarding health care reform policy development and coordination.

New Positions:

(1) Principal Deputy Assistant Secretary for Health
(2) Deputy Assistant Secretary for Women's Health
(3) Deputy Assistant Secretary for Health (Interagency Relations)
(4) Deputy Assistant Secretary for Health (Policy Development)
(5) Deputy Assistant Secretary for Health (Workforce and Special Initiatives)

Deleted Positions:

(1) Deputy Assistant Secretary for Health (Intergovernmental Affairs)
(2) Deputy Assistant Secretary for Public Health Policy

Changed Positions:

(1) Deputy Assistant Secretary for Health (Management and Budget)
(previously Deputy Assistant Secretary for Health Management Operations)

(2) Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation)
(responsibilities expanded to absorb those of the Deputy Assistant Secretary for Public Health Policy position deleted above)

Once you have approved the reorganization by signing the proposed Federal Register notice, the OASH Office of Personnel Management will process the new DASH positions and the necessary changes to the billets and position descriptions of affected personnel through the Office of the Assistant Secretary for Personnel Administration.

The proposed changes will not require an increase in FTEs and there will be no adverse effect on the PHS budget as a result of these revisions.

We will notify the OASH employees' union of these proposed changes by providing them with a copy of this transmittal memorandum; this will initiate the 60-day notification period required by our agreement with the union.

RECOMMENDATION

I recommend that you sign the attached Federal Register notice approving the reorganization of the Office of the Assistant Secretary for Health.

Philip R. Lee, M.D.

Attachments:
TAB A - Federal Register Notice
TAB B - Current and Proposed Organization Charts

4160-17

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Statement of Organization, Functions, and Delegations of Authority

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Part H, Public Health Service (PHS), Chapter HA (Office of the Assistant Secretary for Health), of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (DHHS) (42 FR 61318, December 2, 1977, as amended most recently at 59 FR 10135, March 3, 1994) is amended to reflect changes in reporting relationships in the Office of the Assistant Secretary for Health, as well as to provide improved responsiveness to the challenges of health care reform.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Under Chapter HA, Office of the Assistant Secretary for Health, Section HA-10, Organization, delete the list and insert the following:

1. Office of Health Communications (HAB)
2. President's Council on Physical Fitness and Sports (HAC)
3. Office of Research Integrity (HAG)
4. Office of National AIDS Policy (HAH)

5. Office of Health Legislation (HAJ)
6. Office of Equal Employment Opportunity (HAK)
7. Office of International and Refugee Health (HAL)
8. Office of Minority Health (HAM)
9. Office of the Surgeon General (HAN)
10. Office of Emergency Preparedness (HAP)
11. Office of PHS Health Care Reform (HAQ)
12. Office of Management (HAU)
13. Office of Disease Prevention and Health Promotion and Health Planning and Evaluation (HAV)
14. Office on Women's Health (HAW)
15. National Vaccine Program Office (HA2)
16. Office of Population Affairs (HA5)
17. PHS Executive Secretariat (HA6)
18. Office of Intergovernmental Affairs (HA7)

Under Chapter HA, Section HA-20, Functions, in the statement for the Office of Communications (HAB), change the title to Office of Health Communications (HAB), delete the first sentence and insert the following:

The Office is under the direction of the Deputy Assistant Secretary for Health (Communications) who advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, on a PHS-wide strategic communications program.

Following the title President's Council on Physical Fitness and Sports (HAC), insert a new first sentence, as follows:

The President's Council on Physical Fitness and Sports is directed by the Executive Director who reports to the Surgeon General.

Following the title Office of Equal Employment Opportunity (HAK), delete the first paragraph and insert the following:

The Director, Office of Equal Employment Opportunity (OEEO), reports to the Principal Deputy Assistant Secretary for Health on EEO policy and on operational matters to the Deputy Assistant Secretary for Health (Management and Budget), who serves as the Director of the PHS Equal Employment Opportunity Program and as the principal advisor on all PHS equal employment matters. The Director, OEEO, serves as Deputy Director of the PHS Equal Employment Opportunity Program to provide functional supervision throughout PHS and to direct OEEO activities.

Following the title, Office of International and Refugee Health (HAL), delete the paragraph and insert the following:

The Deputy Assistant Secretary for International and Refugee Health serves as Director of the Office of International and Refugee Health and advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, to provide PHS and DHHS policy guidance, planning, evaluation and program coordination relating to international and refugee, entrant and alien health affairs.

In the statement for the Office of Minority Health (HAM), delete the first sentence and insert the following:

The Deputy Assistant Secretary for Minority Health serves as the Director of the Office of Minority Health and advises the Assistant Secretary for Health, through the Surgeon General, about health program activities that address minority populations, develops policies for the improvement of the health status of minority populations, and coordinates all PHS minority health activities.

In the statement for the Office of Emergency Preparedness (HAP), delete the first phrase and insert the following:

The Director of the Office of Emergency Preparedness: (1) Advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, on emergency preparedness to:

Following the statement for the Office of Emergency Preparedness (HAP), add the following title and statement:

Office of PHS Health Care Reform (HAQ). Under the direction of the Deputy Assistant Secretary for Health, the Director of the Office of PHS Health Care Reform (OHCR) manages a wide range of PHS activities for the ASH and the DASH which involve and cut across PHS programs in support of the President's Health Care Reform initiative. In this regard, the Office: (1) Serves as the PHS focal point in health care reform activities; (2) represents PHS on inter- and intra-departmental committees, provides informal liaison to public and congressional members, and private sector groups, and stays abreast of their activities on health care reform; (3) develops and reviews health care reform policies, prepares briefings and makes recommendations as appropriate to the ASH, and coordinates communication with internal and external interests to articulate and refine the PHS policy; (4) participates in developing the PHS health care reform budget and works with PHS agency heads to assure programmatic plans, budgets, and operating decisions are compatible with and supportive of health reform policies; (5) conducts studies specific to aspects or elements of PHS programs, activities, or issues related to national health care reform and develops strategies or plans to effectively address health care reform issues and the long-range effects of health care reform on PHS programs

and their constituencies; (6) assigns to PHS operating agencies the preparation of various background documents and analytic tasks related to PHS programs affected by health care reform; (7) makes recommendations on necessary redirection of PHS programs being supplanted by the health care reform benefits package and works with PHS agencies to develop the PHS health care reform implementation plan; (8) coordinates the PHS international activities related to health care reform with the Office of International and Refugee Health/PHS and the Office of International Affairs, Office of the Secretary/DHHS; (9) develops data and information to support the collaboration of resources for the Public Health Initiative and health care reform benefits package with those of existing PHS programs; (10) provides oversight of PHS research concerning the impact of health care reform on the health care industry, PHS program beneficiaries, and health providers; (11) provides assessments of the impact of technological changes, regulatory policies, growth and coverage of private health insurance and trends affecting health care cost on the health sector; and (12) coordinates review and analysis of health care reform issues and policy documents for ASH's attention and makes recommendations as appropriate to the ASH; and, (13) coordinates PHS health care reform implementation plan.

Following the statement for the Division of Payment Management (HAU45), add the following:

Office of Disease Prevention and Health Promotion and Health Planning and Evaluation (HAV). The Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion and Health Planning and Evaluation) serves as the Director of the Office and advises the Assistant Secretary for Health, through the Principal Deputy Assistant Secretary for Health, on health policies, procedures, and activities which relate to disease prevention, health promotion, preventive health services, health information and education, and national health planning and evaluation. The Office provides a program of leadership, coordination and liaison between PHS and other Federal agencies, national non-Federal organizations, State and local agencies and private sector organizations that have roles in disease prevention, health promotion and national health planning. The Office coordinates the development of national health policy, plans, legislative proposals, regulations, and the conduct of health policy analyses and evaluations.

In the statement for the Office on Women's Health (HAW), delete the first sentence and insert a new sentence, as follows:

The Deputy Assistant Secretary for Women's Health, who reports to the Surgeon General, is Director of the Office on Women's Health and serves as advisor on scientific, legal, ethical, and policy issues relating to women's health.

In the statement for the National Vaccine Program Office (HA2), delete the first sentence and insert the following:

The Deputy Director of the National Vaccine Program (NVP) serves as the Director, National Vaccine Program Office, and reports to the Assistant Secretary for Health regarding NVP activities and to the Principal Deputy Assistant Secretary for Health on operational and administrative matters.

Following the statement for the National Vaccine Program Office (HA2), delete the title and statement in their entirety for the Senior Advisor for Environmental Affairs (HA3).

In the statement for the Office of Population Affairs (HA5) delete the first paragraph and insert the following:

The Office is under the direction of the Deputy Assistant Secretary for Population Affairs who advises the Assistant Secretary for Health regarding the mandated provisions of Title X, Population Research and Voluntary Family Planning Programs; and Title XX, Adolescent Family Life Demonstration

Projects, of the Public Health Service Act; and who reports to the Surgeon General concerning other operational and administrative matters.

Following the title PHS Executive Secretariat (HA6), insert a new first sentence, as follows:

The Director of the PHS Executive Secretariat reports to the Principal Deputy Assistant Secretary for Health.

In the statement for the Office of Intergovernmental Affairs (HA7), delete the beginning phrase and insert the following:

The Director of the Office of Intergovernmental Affairs reports to the Principal Deputy Assistant Secretary for Health. The Office:

After the statement for the Office of Intergovernmental Affairs (HA7), delete the titles and statements in their entirety for the Office of Disease Prevention and Health Promotion (HA8) and the Office of Health Planning and Evaluation (HA9).

PUBLIC HEALTH SERVICE (PHS) REGIONAL OFFICES

Under Chapter HD, Section HD-20 Functions, following the title Public Health Service (PHS) Regional Office (HD1-HDX), delete the first sentence and insert the following:

The Public Health Service (PHS) Regional Offices are headed by Regional Health Administrators (RHA), who report to the Principal Deputy Assistant Secretary for Health and who serve as regional PHS representatives. The RHA directs and administers Regional Office activities and is responsible for integrating health and medical expertise with regional program efforts.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Under Chapter HA, Section HA-30, Delegations of Authority, add the following:

All delegations and redelegations of authority to officers and employees of the OASH which were in effect immediately prior to the effective date of this reorganization will be continued in effect in them or their successors, pending further redelegation, provided they are consistent with this reorganization.

Date

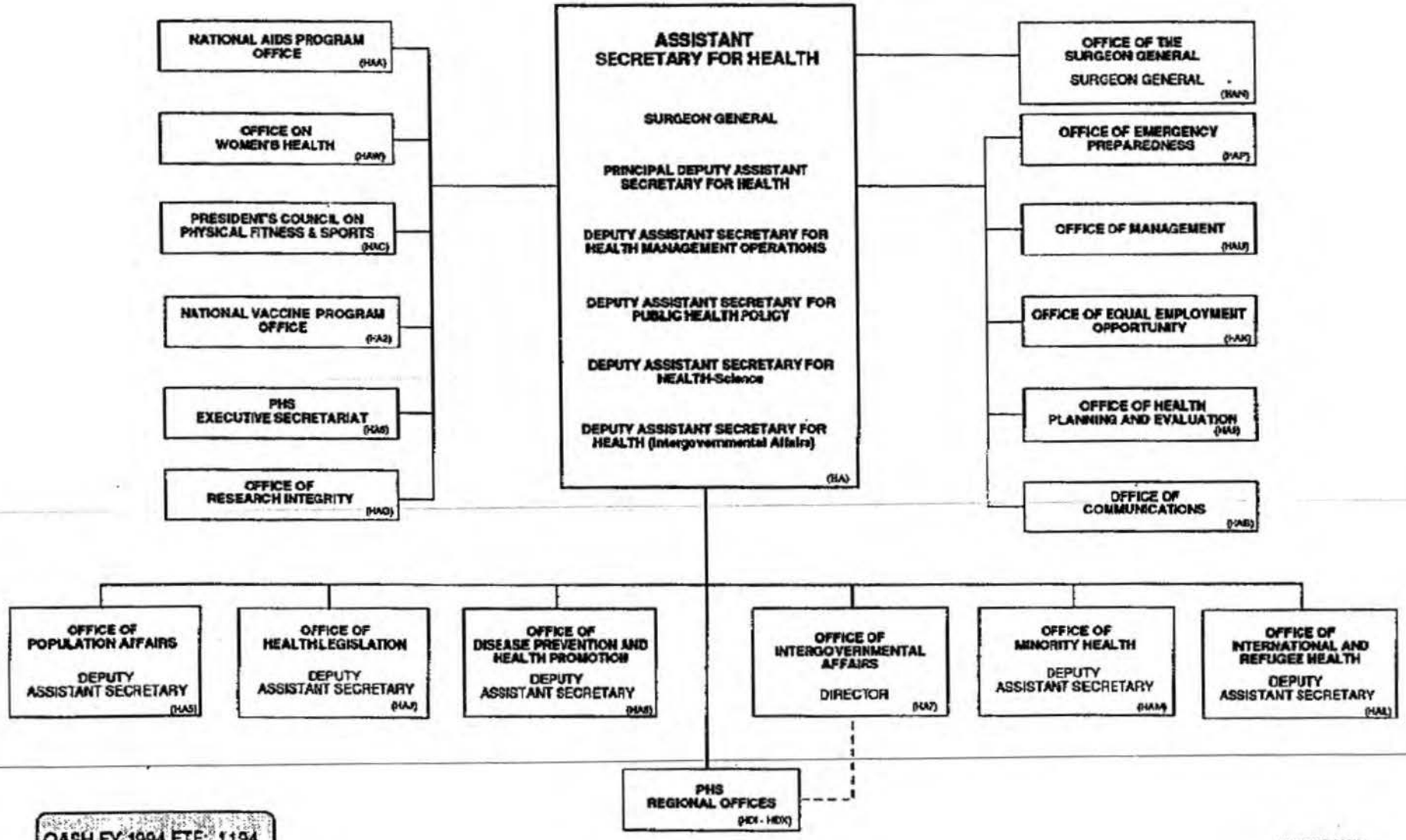
Donna E. Shalala
Secretary

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

CURRENT

Office of the Assistant Secretary for Health



OASH FY 1994 FTE: 1194

CURRENT OASH CHART
29 Dec 93
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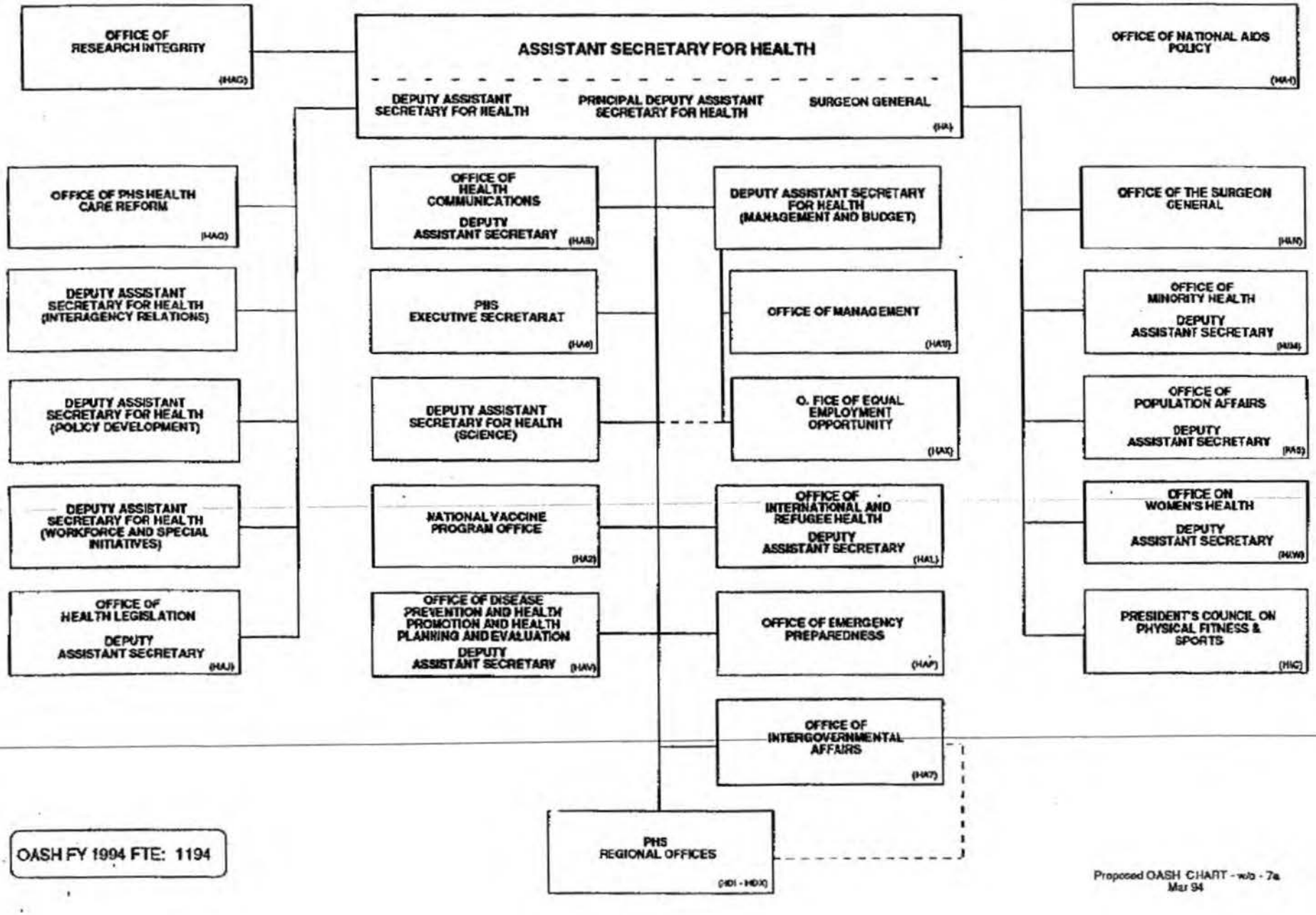
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Office of the Assistant Secretary for Health

PROPOSED



OASH FY 1994 FTE: 1194

Proposed OASH CHART - w/o - 7a
Mar 94

Agency Heads Retreat
Strategic Planning

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

PHS AGENCY HEAD RETREAT

Wayside Inn
Middletown, Virginia

March 29 - 30, 1994

AGENDA

Tuesday, March 29

4:00	Arrive and check-in
4:30-6:30	Opening session - Overview of Retreat
	Introductions
	Challenges Facing the PHS - Dr. Philip Lee
	Discussion
6:30-7:30	Reception
7:30	Dinner

Wednesday, March 30

8:30 start	Developing a Vision for the PHS in the 21st Century - Group Discussion
10:30-11:00	Break
11:00-12:00	Summary and conclusions
12:00-1:00	Lunch
1:00 start	Priorities for the PHS and the Strategic Planning Process - Group Discussion
3:00-3:30	Break
3:30-4:30	Summary and conclusions
4:30-5:00	Wrap-up and next steps - Dr. Philip Lee

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

PHS AGENCY HEAD RETREAT

Wayside Inn
Middletown, Virginia

March 29 - 30, 1994

PARTICIPANTS

Assistant Secretary for Health	Dr. Philip R. Lee
Principal Deputy Assistant Secretary for Health	Dr. Jo Ivey Boufford
Deputy Assistant Secretary for Health	Mr. Bill Corr
Administrator, Agency for Health Care Policy and Research	Mr. Clif Gaus*
Director, Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry	Dr. David Satcher
Commissioner, Food and Drug Administration	Dr. David Kessler
Administrator, Health Resources and Services Administration	Dr. Ciro Sumaya
Director, Indian Health Service	Dr. Michael Trujillo*
Director, National Institutes of Health	Dr. Harold Varmus
Administrator, Substance Abuse and Mental Health Services Administration	Dr. Nelba Chavez*
Executive Assistant	Ms. Kaye Hayes-Waller

* Designate

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

MAR 18 1994

TO: Nelba R. Chavez, Ph.D.
Clifton R. Gaus, Sc.D.
David Kessler, M.D.
David Satcher, M.D., Ph.D.
Ciro V. Sumaya, M.D., M.P.H.T.M.
Michael H. Trujillo, M.D., M.P.H.
Harold E. Varmus, M.D.

FROM: Assistant Secretary for Health

SUBJECT: PHS Strategic Planning

I am keenly interested in strengthening the PHS strategic planning process. Just as each PHS Agency and OASH Staff/Program Office must develop its own strategic plan, the PHS as an Operating Division of the Department must develop a PHS-wide strategic plan.

PHS-wide Strategic Planning. A key responsibility of mine is overseeing the development of a PHS-wide strategic plan. I propose that we begin our PHS strategic planning process with preliminary discussions of PHS-wide planning priorities at the upcoming Agency Heads Retreat.

Strategic Planning Model/Approach. A proposed strategic planning model has been developed and will be provided to you with retreat preparation materials. The proposed model was developed by a PHS-wide workgroup and has been updated to reflect my views. It conforms to the strategic planning requirements included in the Government Performance and Results Act (P.L. 103-62, August 3, 1993) and with the recommended Departmental strategic planning process developed by the Strategic Planning Working Group of the Departmental Steering Committee on Continuous Improvement.

The planning model should allow us to develop a shared vision for the PHS and agreement on a few key priorities for our work together in the next several years. Although there may be a "single agency" priority that requires such emphasis, for the most part, the priorities we develop should address issues that require coordination across several PHS agencies and OASH offices in order to design and implement an effective action plan.

Once we agree on a set of priorities, each Agency and OASH office will be asked to define how it will contribute to their achievement, and we will need to identify appropriate cross-agency/office coordinating structures. Where existing Healthy People 2000 work groups provide such structures, they can be built upon.

This PHS-wide framework will provide an overall context for Agency-specific plans.

According to the Departmental timetable, PHS should be prepared to meet with the Deputy Secretary to discuss our preliminary plans, focusing on goals and objectives, during April 1994. Although our process is not likely to be completed by that time, this timeframe provides an important target for preliminary stages.

Preparation for Agency Heads Retreat. The approach we propose calls for me, along with my top management team, to identify an overall vision for PHS, as well as top priorities for PHS-wide action. I'd like to start this process at our upcoming Agency Heads retreat. Rather than move immediately into a written exercise at the staff level, I would like to use a considerable portion of our retreat time to be creative together in exploring the process we will use and to begin identifying the elements of our vision and priorities.

I propose using the following mission statement for the Public Health Service as a foundation for our discussion.

> "To protect and improve the health of the population through research, education, service and regulation." (See Attachment A for the current "published" mission statement.)

While this is certainly worth some discussion in its own right, I'd like to use it to stimulate your thinking on the following as a basis for our meeting on the March 29-30.

> **A broad vision for the PHS--what will it be doing in the year 2000 and beyond to achieve the mission statement?**
>
> Try to be as specific in your thinking as possible about the PHS as a whole without assuming that current structure and function will necessarily be what's needed in the next decade.

What should be the highest priorities for the PHS over the next 5 years?

Again, please relate these to the mission of the PHS as a whole and the most effective use of its combined resources.

While time is short, I would appreciate it if you would discuss these items with your top team before the retreat so that our discussion can benefit from their thinking and, in a sense, you can involve your leadership group in our PHS-wide strategic planning process from the beginning.

The results of our retreat will be written up and can then be used to launch the more detailed thinking and staff analysis that will be necessary to develop the PHS-wide plan over the next several months.

Agency Strategic Plans. I am aware that each PHS agency is at a different stage of strategic plan development--some of your plans are already in review at the Departmental level while others of you are just beginning your strategic planning process as new leadership comes on board.

So that I might better understand your plan or the process and timetable you will use to develop one, Jo Boufford and I will be meeting with each of you between now and the end of May. Once there is agreement between you, me, and the Secretary on the plan, we will build a periodic progress review into our 1:1 meetings and an overall annual review into your annual performance appraisal. Michael McGinnis' group--the Office of Disease Prevention and Health Promotion and Health Planning and Evaluation--will staff the OASH process for Jo and me.

If you have any questions regarding this approach, please call Jo Boufford, PDASH at 202)690-7694 or Michael McGinnis, DASH(DPHP/HPE) at (202)205-8611.

The final agenda for the retreat will be coming to you by the end of the week. Thanks for your help.

Philip R. Lee, M.D.

Attachment

Attachment A

PUBLIC HEALTH SERVICE

Chapter H - Public Health Service

52 FR 47053-4, 12/11/87

Section H-00, Public Health Service--Mission. **The mission of the Public Health Service is to promote the protection and advancement of the Nation's physical and mental health by: Conducting medical and biomedical research; sponsoring and administering comprehensive programs for the development of health resources; preventing and controlling disease and alcohol and drug abuse; providing resources and expertise to the States and other public and private institutions, and to Tribes, Councils and organizations concerned with the health of American Indians and Alaska Natives, in the planning, direction and delivery of physical and mental health care services: enforcing laws to assure the safety and efficacy of drugs and protection against impure and unsafe foods, cosmetics, medical devices and radiation-producing projects; and coordinating with States, local and other Federal agencies to protect the public from exposure to toxic substances; coordinating with the States to set and implement national health policy and pursue effective intergovernmental relations; generating and upholding cooperative international health-related agreements, policies and programs and cooperating with Commissions and organizations to promote international health activities.**

Wayside Inn