



Assistant Secretary for Preparedness and Response

ASPR STRATEGIC PLAN

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AGENCY ACRONYMS

AMCG – Office of Acquisitions Management, Contracts, & Grants
BARDA – Biomedical Advanced Research & Development Authority
COO – Office of the Chief Operating Officer
IO – ASPR Immediate Office
OEM – Office of Emergency Management
OFPA – Office of Financial Planning & Analysis
OPP – Office of Policy & Planning

The acronyms listed after the “Proposed activities:” bullet points within the document are the agencies responsible for that task. Lead agencies are listed first, *supporting agencies* are listed second, separated by commas. E.g. [OEM, OPP & AMCG].

MESSAGE FROM THE ASSISTANT SECRETARY

The United States has made significant progress in our ability to address large-scale incidents that threaten human health, thanks to the dedication of people throughout government and the nation who have met unforeseen challenges with resilience and commitment, and have built robust systems for preparedness, response, and recovery. The Office of the Assistant Secretary for Preparedness and Response – ASPR – built on this tradition in our charge to lead the nation in public health and medical emergency preparedness, response, and recovery. In 2011 ASPR released a strategic plan to guide and benchmark progress toward our goals. At that time, we also committed to a mid-course review of the plan, both to check-in on our progress and to build on our successes and incorporate lessons learned.

During our 2013 review, it became really clear just how far we and the country have come. Utilizing innovative advances in technology, we have new Medical Countermeasures (MCMs) in the pipeline and are stockpiled for influenza and a host of other threats. We have defined capabilities for health care system preparedness and have become more closely coordinated with public health and emergency management. Our federal response capability that supports states during disasters has worked in new ways: responding faster than ever; taking on broader missions tailored to community needs; and modernizing to become more nimble. We now have, and have used, a behavioral health Concept of Operations (CONOPS) to ensure that behavioral health needs (which are part of any disaster) are fully addressed. We've sparked and supported community-level innovation to help at-risk populations with special needs following a disaster. Importantly, many of our innovations have potential benefits outside of preparedness, to improve the systems that support people's health and well-being every day. Each and every disaster impacts health, and over the past four years ASPR has developed a policy leadership role that has made sure that health issues are considered by national decision makers. We've begun an initiative to build the evidence base and improve how we conduct disaster-related science, and we are bringing to focus the resilience in both human and infrastructure elements.

There is still much work ahead of us. There are great opportunities for the health care system to help communities become more resilient with better planning for disasters. We must fully modernize response and tap into emerging trends in technology and communication. And we must help to build communities that are able to withstand adversity and better rebuild when disaster does strike. ASPR relies on a world class staff, and our strategic plan prioritizes investing in our people. Operationally, we will look toward sustainable strategies that maximize taxpayer dollars, can continue even in times of scarce resources, and as much as possible have a return on investment even if no disaster strikes. We will expect excellence and set an example in holding ourselves accountable as we encourage our partners across the nation to join us in our continuous improvement.

As in everything we do, from critical operations functions to health care system preparedness grants and policy coordination, ASPR will support transparency, decision making based on the best available evidence, and truly national approaches developed through broad engagement. Responsibility for preparedness must be shared across all levels of government and diverse communities, with members of the public as full and active participants in national health security. Similarly, we share a responsibility with our global partners to face those challenges that require international approaches to ensure a safer, healthier world. We affirm that the only way for our successes to gain traction and be sustained is for us to all work together in meaningful, inclusive, and equal partnership.

The ASPR mission is critical to the health and security of our nation. I'm honored and proud to serve with my ASPR colleagues, who every day find ways to innovate and serve the public with excellence and integrity. Working together with our partners, we will chart a course to build empowered communities, prepared systems, and a resilient nation.

INTRODUCTION

WHO WE ARE AND WHAT WE DO

The Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) is a leader in preparing the nation and its communities to respond to and recover from public health and medical disasters and emergencies. The 2006 Pandemic and All-Hazards Preparedness Act (PAHPA), reaffirmed by the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), established the ASPR as the principal adviser to the HHS Secretary responsible for providing integrated policy coordination and strategic direction with respect to all matters related to public health, medical preparedness, and deployment of the federal response for public health emergencies and incidents. The ASPR heads a Staff Division in the Office of the Secretary, serving as the Secretary's principal advisor on issues related to bioterrorism, and leads a collaborative approach to the department's preparedness, response, and recovery portfolio. In addition to this policy responsibility, the office of the ASPR also has operational responsibilities both for the advanced research and development of MCMs, and for coordination of the federal public health and medical response to incidents. The office of the ASPR serves as the lead official responsible for all federal public health and medical response to public health emergencies and incidents covered by the National Response Framework and National Disaster Recovery Framework.

ASPR is comprised of six offices that provide policy, operational, and programmatic leadership and support to fulfill the ASPR mission. The links below provide an organizational chart and further information on each office.

[ASPR Organizational Chart](#)

[Office of Acquisition Management, Contracts, & Grants](#)

[Office of Biomedical Advanced Research and Development Authority](#)

[Office of the Chief Operating Officer](#)

[Office of Emergency Management](#)

[Office of Financial Planning & Analysis](#)

[Office of Policy & Planning](#)

ASPR's FUTURE

The field of public health and medical preparedness and response continues to evolve as lessons are learned and applied, and as the nation faces new challenges with every emergency. In this strategic plan, ASPR commits to improving the ways it fulfills its operations and policy coordinating responsibilities, and to developing effective and efficient management processes that support mission achievement. The people of ASPR are its most important asset, and investing in them is a cornerstone of the organization's future success. ASPR will be transparent in its goals and progress, measuring

performance and changing course when needed. In all its work, ASPR will develop strategies that are flexible, innovative, and sustainable in the face of challenges or scarce resources. And this must all be done through the continuously evolving landscape of health reform, in which the need to improve access and quality applies equally to those with everyday health care needs and those who need health care in the aftermath of a disaster. ASPR will take a leadership role in fostering the critical work of others—whether in developing new technologies for preparedness or conducting research to build the knowledge base for disasters. Most importantly, ASPR recognizes that its mission and roles are an integral part of the national mission for health security. Critical to ASPR's success, it must work closely with public and private sectors; academia and research institutes; faith-based and community organizations; tribal, territorial, local, and state governments; federal government entities; international governments; and global institutions.

DEVELOPMENT OF THE ASPR STRATEGIC PLAN

The ASPR strategic plan, originally published in 2011, is guided by the priorities of the Administration and of ASPR leadership, and by other guidance including governing legislation, Presidential Policy Directives, and the [National Health Security Strategy](#) (NHSS). The NHSS provides the national guidance on health security that sets the framework for national efforts and encompasses ASPR's mission. National health security is a state in which the nation and its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences. All elements of this strategic plan align with and support the ASPR role in achieving national health security under the NHSS. The ASPR strategic plan is consistent with, and cascades from, the [HHS Strategic Plan](#). ASPR collaborates across all HHS operating and staff divisions (OPDIVs and STAFFDIVs) to integrate preparedness into the routine daily health and human services programs delivered by HHS, to ensure that these services are continued and effectively leveraged during an emergency incident. Each of ASPR's offices contributed to the initial development of the plan and participated in the 2013 mid-point review and revision of the plan which is represented in this document. Each office continues to play a critical role in the ongoing processes for defining and tracking initiatives, measures, and targets for supporting the plan's goals and strategies.

ORGANIZATION OF THIS PLAN

This revised strategic plan sets the direction for ASPR over the next two years. The mission and vision lay out ASPR's purpose and how it envisions success. The values are the guiding principles for the organizational culture and should be part of the fabric of day-to-day life in the office.

Six strategic goals define the highest-level aims of ASPR, and each one is supported by a set of strategies for accomplishing that goal. There is no priority ranking among the six goals—every goal and strategy that appears in this plan is by definition a priority over the next two years for the ASPR organization. Though they are presented separately for the sake of a coherent organizing framework, the goals and strategies are very much interrelated and dependent on each other, exemplified here: ensuring that communities and its stakeholders have the resiliency to withstand and recover from public health emergencies (goal 1) as we collaborate and integrate systems, is done by strengthening leadership capabilities (goal 2), thus strengthening our healthcare system (goal 5); first responders (goal 2) are a critically important part of an integrated, prepared health care system (goal 5); To be effective in its advisory role to the Secretary (goal 4), ASPR must incorporate policy development with lessons learned and operational decision making (goals 2, 3, and 5); The work that ASPR staff members do to improve administration of the organization (goal 6) is a cornerstone for the success of every other goal.

There are also a number of cross cutting themes. Collaboration with international partners is woven throughout ASPR's work. Evaluation and quality improvement (QI) are a priority for all of ASPR's programs, and in this plan ASPR commits to measuring its own performance, continuously improving, and promoting QI nationally. The importance of taking into account the special needs of at-risk populations, including children, is woven throughout the strategy and is a critical part of a "whole community" approach that considers all members of communities together, rather than as separate entities when planning. With this approach, each and every community, and the entire nation, develops mutually-owned plans and strategies. For ASPR, this means the organization is only successful by working in full coordination with all of our partners and stakeholders.

IMPLEMENTATION

ASPR will implement this strategic plan with full leadership involvement and commitment to transform the strategy into action, tracking progress, and implementing course correction when needed. The strategic plan maps out the organization's broad strategic direction, and the action plan provides detailed actions and milestones for accomplishing the stated goals and strategies. All ASPR employees are critical to the organization's success, and should see themselves and their work directly in one or more of the goals and strategies. Offices and teams may develop even more granular action plans, and budgets will be formulated and executed in line with strategic priorities.

Similar to the HHS strategic plan, the ASPR strategic plan will be published online and updated periodically to reflect evolving activities and progress toward our goals. ASPR's partners, along with the public, will be able to see the latest information on priorities and accomplishments, reinforcing the plan's purpose as an evolving, living tool for guiding decision making and action.

MISSION

Lead the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters by supporting our communities' ability to withstand adversity, strengthening our health and response systems, and enhancing national health security.

VISION

The nation's health, response systems, and communities will be prepared, responsive, and resilient to limit the adverse health impact of emergencies and disasters.

VALUES

DIVERSITY

We are dedicated to creating and maintaining an open, inclusive environment that nurtures differing world views.

EXCELLENCE

We demonstrate quality in what we do, set high expectations for ourselves and others, and innovate and improve through the introduction of new concepts and methods.

INTEGRITY

We are honest and reliable, we hold ourselves accountable, and our actions and decisions are guided by fairness and transparency.

LEADERSHIP

We motivate and inspire our colleagues to achieve success through a shared vision and through unity of effort.

PUBLIC SERVICE

We commit to serve our country, our community, and our fellow citizens, and are accountable to the public for our actions.

RESPECT

We treat people with dignity and consideration, and listen openly to what others have to say, in order to benefit from varied perspectives and create environments that foster trust.

TEAMWORK

We support and motivate each other, achieving more together than we can alone.

GOALS AND STRATEGIES

GOAL 1: PROMOTE RESILIENT COMMUNITIES BY FOSTERING A NATION ABLE TO WITHSTAND AND RECOVER FROM PUBLIC HEALTH EMERGENCIES.

Health security depends on a resilient nation able to withstand and recover from the adverse health effects of incidents. Knowledge about how best to promote resilience continues to advance, and it is clear that actions throughout the disaster cycle are critical to optimal individual and community function after a disaster. At the core of a resilient nation are individuals and communities knowing how to protect themselves, and being able to do so. Prepared individuals are aware of potential risks, understand where they can turn for help, know what their personal responsibilities are, and are willing to help their neighbors and community members. The ASPR role in fostering empowered communities includes policy leadership that promotes a common national understanding of and approach toward resilience. Resilience in the context of health intersects with emergency management, healthcare, public health, social services, and community capacity building. ASPR's work includes the careful identification of factors that can promote resilience in public health systems, hospitals and healthcare coalitions, and the behavioral and human services sectors in order to align policy and practice to build resilience. A critical part of this is promoting innovative thinking about the ways in which individuals connect and form communities. New technologies and ways of communicating – such as social media – can also strengthen these connections to foster resilience.

STRATEGIES

- Provide guidance, align policy and plans, and share promising practices to promote community health resilience within ASPR programs, throughout the federal interagency, and among external partners. Proposed activities:
 - Collaboratively build a shared understanding of key factors involved in community health resilience among public health, healthcare, social service, and emergency management partners [OPP];
 - Develop measures and outcomes for community health resilience [OPP];
 - Integrate resilience practices and strategies into ASPR's policy, programs, and operations, as well as promote alignment of community health resilience policy across the interagency [OPP, all parts of ASPR];
 - Convene an interagency federal community health resilience coalition to provide a venue for federal stakeholders to share promising practices and identify collaborative opportunities [OPP];
 - Engage Hospital Preparedness Program (HPP) awardees to adopt practices that ensure their health care facilities can retain operational capacity throughout disasters, or have the ability to quickly return to operational capacity after an event [OEM];
 - Collect and share promising practices and policies that build resilience among stakeholders through educational presentations, preparedness instruction, and briefs to diverse elements of healthcare systems at conferences, Medical Reserve Corps (MRC) events, hospital Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) classes, and other venues [OEM, OPP & COO];
 - Assist internal customers with effective use of emergency acquisition tools (e.g. rapid contracting services) and how these assist in responding to communities' needs [AMCG];
 - Ensure end-users are engaged in planning and development of all new MCM projects [BARDA];

- Ensure that MCM manufacturing facilities are considered as part of the nation’s critical infrastructure and are included on prioritized infrastructure lists maintained by DHS and HHS, and are able to continue operations in the face of disasters [BARDA];
- Promote education and guidance to enhance individual and family health preparedness [OPP, OEM];
- Review and develop strategies that prepare the general public to be able to provide assistance during disasters and public health emergencies [OPP].

OUTCOME: Government agencies, public health practitioners, and healthcare stakeholders have access to community health resilience information and guidance, and apply promising practices to enhance health resilience before, during, and after disasters and public health emergencies.

- Enhance community connectedness and empower individuals to take action to protect their health in the event of a disaster by fostering innovation and the use of new technologies and social networks. Proposed activities:
 - Convene interagency forums as a venue for stakeholders to share information, exchange promising practices, and develop collaborative opportunities on the uses of social networks and emerging technologies during prevention, preparedness, mitigation, response, and recovery [OPP, COO];
 - Promote the use of social networks for strengthening individuals and communities [OPP, COO & OEM];
 - Promote partnerships with private and not-for-profit entities to develop resilience-building programs, technologies, and applications [OPP, OEM];
 - Ensure MCM development plans address needs of at-risk individuals [BARDA, OPP];
 - Promote industry and community awareness/adoption of “smart” durable medical equipment (DME), particularly for those who are electrically dependent [OPP].

OUTCOME: Individuals and communities are more connected, aware, and empowered to take action to protect their health in the event of disaster; have access to timely and effective information; and use social networks and innovative technologies to enhance communication.

GOAL 2: STRENGTHEN LEADERSHIP AND CAPABILITIES WITHIN PUBLIC HEALTH AND MEDICAL EMERGENCY MANAGEMENT TO INCLUDE PREVENTION, PREPAREDNESS, MITIGATION, RESPONSE, AND RECOVERY.

ASPR leads the nation’s public health preparedness and medical response to emergencies under its own authorities and with Emergency Support Function 8 (ESF8) of the National Response Framework, leading a federal response in support of state partners during a disaster. ASPR also supports communities’ recovery by coordinating federal health and social services efforts under the National Disaster Recovery Framework. Through a robust exercise system and lessons-learned process, as well as through careful stewardship of resources, the federal infrastructure for preparedness, response, and recovery has steadily improved. Additional work remains to make it a nimbler, more modern system ready to serve an increasingly diverse population with evolving needs.

Through this goal, ASPR promotes efforts to develop a strong, well trained workforce ready to provide an effective response to disasters and emergencies. ASPR is helping the public understand how they can

care for themselves during an emergency and ensuring resources are invested where they are most needed. ASPR is also working to improve communications across all sectors, from government emergency response to private sector and community-based organizations.

In addition, the increasingly interconnected health, economic, security, and diplomatic ties in today's world mean that local disasters and disease outbreaks can have a global impact. Thus, strengthening domestic preparedness and response capabilities requires the ability to rapidly share information and coordinate emergency response with international partners, including strengthening international mechanisms for emergency communications, information-sharing, risk assessment, response coordination, and mutual assistance.

STRATEGIES

- Define, prioritize, and integrate national, regional, and state response and recovery frameworks for health security, ensuring that the public health and medical components are integrated. Proposed activities:
 - Improve unity of effort in building a national program for planning engagement of HHS regional offices to systematically integrate regional and state response activities with catastrophic events [OEM, OPP];
 - Develop a reference document that describes the capability of each ESF8 functional area and supporting resources for integration with regional and state capabilities [OEM];
 - Utilize the development of the web-based, interactive All Hazard Plan to better define, synchronize, and integrate public health and medical functions, tasks, and capabilities [OEM];
 - Better define ESF8 functional areas and coordinate national and regional preparedness, response, and recovery supporting tasks to build a coordinated and efficient unified whole of community response system [OEM, OPP].

OUTCOME: Private and nonprofit sectors, and all levels of government supporting the public health and medical functionalities, fully integrate planning to increase the efficiency of responses to and recovery from catastrophic events.

- Improve the nimbleness and effectiveness of response. Proposed activities:
 - Develop a process that uses identification requirements, and uses the results from the local/state/regional Threat and Hazard Identification and Risk Assessment (THIRA) and hazard vulnerability analysis, to conduct ongoing gap analysis between current resources, tools, processes, and best practices in order to provide solutions more effectively and efficiently—including building an acquisition strategy to meet these requirements. [OEM, AMCG];
 - Develop regional immediate response plans and state profiles to improve responder effectiveness [OEM];
 - Improve responder recruiting, management, and training to result in adaptable and effective ESF8 and National Disaster Medical System teams [OEM];
 - Leverage emerging technologies and innovative concepts of operations to improve levels of preparedness and target response operations to meet identified needs [OEM];
 - Assist partners in building public health emergency preparedness and response capacity internationally [OEM, OPP];
 - Establish a balanced process for defining the requirements for preparedness, response, and recovery personnel, teams, and equipment that are deployed through ASPR to assist communities [OEM].

OUTCOME: Adaptable ESF8 and National Disaster Medical System teams able to respond to all-hazards and all patient populations, and flexible and effective response resource capabilities to maximize efficiency, and support state and local preparedness and response needs.

- Improve preparedness coordination among the federal interagency, homeland security, public health, and health care system grants. Proposed activities:
 - In coordination with The Centers for Disease Control and Prevention (CDC), develop a comprehensive, modern Information Technology (IT) system that will better track and monitor federal investments capable of integrating ASPR and CDC programs, evaluation, grants, and project management, and further consolidate awardee information [OEM, OPP];
 - Create a standing interagency body to identify and discuss alignment of homeland security, public health, and healthcare system preparedness grants on topics such as policy development, grant management, performance metrics, and reporting requirements to ensure all grant programs are coordinated and the participating agencies fully support national strategies [OEM, OPP];
 - In collaboration with the Department of Homeland Security (DHS) and the CDC, ASPR will work to utilize federal grant funds to increase and measure collaboration between the disciplines of public health, healthcare, and emergency medicine to enhance interdisciplinary planning, joint capability development, and shared budget strategies to optimize preparedness and response activities. As a result, HHS and DHS will have common Funding Opportunity Announcement language that describes administrative preparedness [OEM, OPP];
 - In collaboration with DHS, ASPR will include Homeland Security Exercise and Evaluation Program (HSEEP) doctrine in HHS Funding Opportunity Announcements and will create exercise evaluation guides for HPP / Public Health Emergency Preparedness cooperative agreement (PHEP) capabilities that support consistent evaluation of exercises [OEM, OPP];
 - ASPR and CDC will update the public health and healthcare preparedness capabilities. The HPP and PHEP programs will engage critical stakeholders (awardees, National Association of County and City Health Officials (NACCHO), and others) to review the capabilities and to consider tiering priorities and functions to help awardees manage scarce resources [OEM, OPP].

OUTCOME: The coordination of federal emergency preparedness grant programs will enhance interdisciplinary planning, joint capability development, and shared budget strategies to optimize preparedness and response activities.

- Enhance regional coordination on preparedness. Proposed activities:
 - Focus headquarters activities in collaboration with the entire HHS enterprise to support regional preparedness, response, and recovery efforts [OEM, OPP];
 - Develop a regional structure that fosters the 'One-ASPR' team, improving internal and external collaboration [OEM, COO];
 - Use the Regional Advisory Committee to provide guidance on regional preparedness, response, and recovery policy; and provide ideas for pooling regional resources [OEM];
 - Develop and regularly use a consistent national framework based on regional coordination of preparedness, response, and recovery activities [OEM].

OUTCOME: Regional coordination on all public health, medical preparedness, and response recovery activities is measurably improved.

- Coordinate with international partners to prepare for and respond to public health or medical emergencies to strengthen mechanisms for international emergency communications, information-sharing, risk assessment, response coordination, and mutual assistance. Proposed activities:
 - Establish collaborative relationships internal and external to ASPR and HHS that will improve situational awareness among international partners related to international crises, repatriation, refugees, and disaster response missions [OEM];
 - Leverage information awareness tools, both classified and unclassified, to build a rapid common operating picture [OEM];
 - Develop policies and procedures for requesting and deploying HHS personnel in support of an international emergency [OEM];
 - Train and equip HHS personnel (e.g. technical experts, Incident Response Coordination Team (IRCT), National Disaster Medical System (NDMS), and U.S. Public Health Service (USPHS) commissioned corps) to respond to international emergencies [OEM];
 - Develop and train ASPR staff on ways to better identify and monitor HHS personnel who are working overseas during an international crisis, including collaborating effectively with Operating Divisions outside the Office of the Secretary [OEM].

OUTCOME: A coordinated response to international public health emergencies that may influence U.S. health security, and domestic public health emergencies with potential international impact.

- Promote broad situational awareness for national health security, and work toward a real time awareness of evolving health incidents and availability of health care system resources. Proposed activities:
 - Use the SOC as the focal point for information sharing, and promote a common operating picture amongst HHS, ASPR, and interagency partners, as appropriate [OEM];
 - Finalize an Information Management Framework policy document to enhance information sharing and coordination [OEM];
 - Incorporate non-traditional partners into the Secretary’s Operation Center during both normal and response operations (e.g. Association of State and Territorial Health Officials (ASTHO) [OEM];
 - Use Centers for Medicare and Medicaid (CMS) data to provide State and local health officials with situational awareness of medically vulnerable populations in their communities—including individuals who rely on electrically-powered DME—to achieve resilient populations prepared for emergencies, and to assist local responders and community groups with targeted wellness checks [OEM, OPP].

OUTCOME: A common national approach to situational awareness for National Security with real-time awareness of evolving incidents having potentially negative health consequences. Additionally, an effective situational awareness program that provides both scalability and multi-directional communication from local to national levels, public and private sectors, along with domestic and international partners.

- Incorporate post-incident health recovery into planning and response by leading federal health and social services recovery efforts, promoting pre-disaster health and social services recovery planning, and promote systematic improvements in public health emergency and disaster recovery planning and operations. Proposed activities:

- Complete the Health and Social Services (HSS) Recovery Support Function (RSF) concept of operations [OEM];
- Train HHS and federal interagency partners on the roles and responsibilities of the HSS RSF— including roles for non-deployed program staff, to expand and improve capabilities [OEM];
- Provide technical assistance to the Healthcare Systems division regarding the implementation of the healthcare systems capability [OEM];
- Continue to build relationships with strategic partners to leverage opportunities and advance the recovery mission [OEM].

OUTCOME: Immediate: The recovery mission is fully integrated into the preparedness and response continuum. Longer term: Communities recover quicker from an incident.

- Identify and implement effective and empirically-supported behavioral health practices in disaster preparedness, response, and recovery. Proposed activity:
 - Implement and revise the HHS Disaster Behavioral Health Concepts of Operation and monitor effectiveness to improve coordination of behavioral health activities for disaster survivors and responders [OPP, OEM].

OUTCOME: Effective coordination of federal disaster behavioral health activities and consistent use of empirically-supported behavioral health practices by federal, state, and local responders in order to foster recovery, facilitate policy formation and planning, and to promote community and responder resilience.

GOAL 3: PROMOTE AN EFFECTIVE MEDICAL COUNTERMEASURES ENTERPRISE.

The Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) provides an essential interagency coordinating and integrating framework to enable the provision of needed medical products—such as vaccines, therapeutics, diagnostics, and non-pharmaceutical countermeasures—to protect or treat the U.S. population in public health emergencies arising from naturally occurring events, such as pandemic influenza or emerging infectious diseases, as well as chemical, biological, radiological, and nuclear threats. This requires a host of complex and interdependent efforts, including early detection of emerging diseases, developing, manufacturing, and stockpiling medical products for potential threats, distributing and administering countermeasures to an affected population, and evaluating the effectiveness of the countermeasures. The ultimate national goal is a flexible and modern countermeasures enterprise that quickly delivers safe and effective products to the population in need.

The ASPR role includes a policy coordinating responsibility for the MCMs enterprise, including development of national policy and requirements; an operational responsibility for the advanced development and acquisition of products that address civilian requirements; and an operations coordinating responsibility to assure that MCMs can be effectively provided and administered when needed. ASPR’s activities depend upon and are conducted in close partnership with all HHS OPDIVs and STAFFDIVs, federal departments, state and local governments, national and international public health partners, health care providers, and private industry. ASPR’s Office of Policy and Planning and the Immediate Office lead the policy coordinating portion of this effort. ASPR’s Biomedical Advanced Research and Development Authority (BARDA) oversees and manages the development and acquisition of MCMs, working with our industry partners to facilitate the transition of promising MCM candidates

from early research through advanced development to potential licensure. As BARDA has matured, it has poised itself to become a broader national asset, facilitating the development of MCMs to be administered for a wider range of foreseeable health emergencies, particularly those caused by serious or life-threatening emerging infectious diseases.

STRATEGIES

- Review and revise medical countermeasure requirements in light of full life cycle costs and budgetary constraints. Proposed activities:
 - Provide a capability, similar to the Influenza Risk Assessment Tool, for risk assessment of emerging infectious disease threats that informs the needs for development, large-scale production and/or stockpiling of MCMs [OPP, BARDA];
 - Create a decision triggers framework to implement MCM development, stockpiling, and large scale production in response to an emerging infectious disease [IO, BARDA];
 - Develop a more efficient MCM requirement setting process incorporating capability and end-user considerations that aligns with PHEMCE and other strategic and implementation plans [OPP, BARDA].

OUTCOME: An agile and responsive decision support framework using scientifically-relevant and evidence-based methods, providing decision makers with a range of feasible options and a preferred course of action to consider when responding to emerging public health threats.

- Promote development and acquisition of MCMs with an emphasis on innovation, flexibility, and broad spectrum application. Proposed activities:
 - Provide core advanced development and manufacturing services to MCM innovators [BARDA];
 - Promote the establishment of an MCM Strategic Investor that will pursue the strategic objectives of the PHEMCE while acting as—and provide all the services and benefits of—a venture capital firm [BARDA];
 - Establish a program to support the development of platforms and countermeasures to address the threats of emerging infectious diseases and antimicrobial resistance [BARDA];
 - Enhance investments in host-directed therapeutics, such as immunomodulators, anti-inflammatory, and other countermeasures that are pathogen non-specific [BARDA];
 - Improve processes governing the solicitation, review, and award of medical countermeasure contracts [AMCG, BARDA].
 - Develop an all-hazards framework for MCM development, stockpiling of resources, and large-scale production in response to emerging infectious diseases. The framework will be based on creating robust capabilities such as platform technologies and host-directed therapies [BARDA, OPP].

OUTCOME: The nation will have a robust and sustainable MCM development and manufacturing infrastructure, calling upon innovators to identify promising candidate products against novel disease threats, manufacture those candidates using state of the art, modular production capacity technology, rapidly evaluate animal and human studies, and make available useable products to stakeholders allowing better mitigation of public health and medical consequences.

- Manage and continue to improve the PHEMCE. Proposed activities:
 - Examine investment priorities and complete annual portfolio reviews, including making course corrections where necessary [IO, all parts of ASPR];
 - Support the development of pandemic influenza vaccines, other MCMs, and vaccine manufacturing infrastructure [BARDA];
 - Develop and implement a five-year budget for MCM development, acquisition, stockpiling, and other methods of provision, with flexibility for emergency needs [BARDA & OFPA, OPP & AMCG]
 - Improve the functions, structure, and scope of working groups and Integrated Program Teams [OPP, BARDA & IO];
 - Implement end-to-end project management teams to better coordinate development activities [BARDA, OPP & IO];
 - Annually update the 2012 PHEMCE Strategy and Implementation Plan, as called for in PAHPRA [OPP, IO];
 - Lead PHEMCE in conducting the Strategic National Stockpile (SNS) Annual Review [OPP, IO].

OUTCOME: The planning and response to public health emergencies across a range of identified and emerging threats will be managed, governed, and coordinated through a highly- integrated, productive collaboration of organizations to achieve pragmatic and scientifically-grounded prioritization of need and effective stewardship of the end-to-end life cycle management of MCMs for public health emergencies.

- Support domestic and international partners in their activities to improve regulatory science, translational research, concepts of operation, and the procurement and dispensing of MCMs. Proposed activities:
 - Contribute to the development and implementation of a regulatory science agenda as it applies to the advanced development of MCMs [BARDA];
 - Promote the development of a precompetitive collaboration space within the PHEMCE to address cross-cutting problems of MCM development, including regulatory science [IO, BARDA];
 - Assure coordination between policies and the development of products to promote rapid distribution and use of MCMs [BARDA, IO];
 - Integrate ASPR responsibilities and planning for MCM development, manufacturing, and acquisition during a response, while addressing the capabilities and needs of end-users [IO, BARDA];
 - Complete the development and acquisition of products designed to provide maximal flexibility and responsiveness at the federal, state, local, and community levels [BARDA, OEM & IO];
 - Explore collaborations with bilateral and multilateral partners on research, development, procurement, and deployment of medical countermeasures [BARDA, IO].

OUTCOME: Medical products that are developed for domestic and international use against the multiple types of high-consequence public health threats will be maximally responsive to the needs of health care providers and patients with regard to clinical benefit, safety, ease of use, cost, and availability as a function of leveraging regulatory scientific expertise, superlative logistics support, multinational partnerships, and highly committed business partners.

GOAL 4: LEAD, COORDINATE, AND DEVELOP PROACTIVE AND FORWARD THINKING POLICIES THAT SUPPORT NATIONAL AND INTERNATIONAL PUBLIC HEALTH AND MEDICAL PREPAREDNESS, RESPONSE, AND RECOVERY CAPABILITIES.

The effectiveness of actions taken for public health preparedness, response, and recovery is highly dependent on the policy and planning framework within which they operate. The policy and planning processes that extend from this framework should be collaborative and provide the strategic and policy foundation upon which non-federal governments and partners build their own strategies and policies. The policy and planning framework supports the end users' and operator's needs and are responsible for the creation, management, and iterative evaluation of integrated policies throughout ASPR, and in conjunction with HHS, the government as a whole, and the broader community. The framework therefore should provide for processes that are flexible, accountable, and nimble. Resultant ASPR policies should be evidence based, intellectually rigorous, anticipatory, ethical, and enhance the nation's resilience to disasters.

ASPR's policy and planning responsibilities include coordinating and leading development of national strategies and policies by participating in departmental strategic planning and evaluation efforts, and by promoting preparedness, response, and recovery policy development and analysis across ASPR and HHS, federally, nationally, and internationally. ASPR champions efforts to continuously improve policy and planning frameworks to most effectively and efficiently allow for progress and improvement rooted in the evidence base for preparedness, response, and recovery.

Additionally, the health security of each and every nation is dependent on that of other members of the international community. Therefore, an all-hazards approach to improve our collective capabilities to deal with public health emergencies including those that arise from chemical, biological, radiological, nuclear, and explosive threats, outbreaks of emerging infectious diseases, and natural disasters must include domestic and international policies that incorporate international partners and account for threats beyond our border.

STRATEGIES

- Create, coordinate, and develop policies and strategies. Proposed activities:
 - Evaluate the implementation and progress of relevant national strategies and plans, and provide course correction where necessary [OPP];
 - Lead the engagement with the National Biodefense Science Board (NBSB), and the National Advisory Committee on Children and Disasters (NACCD) for consultation and advice on key strategic issues [OPP];
 - Serve as the departmental liaison for Evaluation Of Progress (EOP)-driven policy processes, overall management of Interagency Policy Committee (IPC) and sub-IPC activities, tracking, and representation [OPP];
 - Provide department-wide leadership for preparedness and response policy and planning coordination (inter-HHS coordination in conjunction with policy processes) [OPP].
 - Identify any gaps or duplicated efforts amongst the different strategic implementation plans applicable to ASPR. This will assist in planning, tracking, and other strategic purposes [IO, OPP];
 - Revise plans based on gaps, duplicated efforts, or other needs identified in the crosswalk of strategic implementation plans developed by ASPR & IO [OPP].

OUTCOME: Policies and strategies within ASPR are aligned with departmental, federal government, White House, state and local government, and private sector policies and strategies, and are linked to and promote the National Health Security Strategy.

- Develop effective preparedness policies and synchronize across operational components. Proposed activities:
 - Support and develop research and risk analysis efforts on emerging threats to improve the anticipation and preparedness for environmental, infectious disease, and other potential threats to health—whether natural, accidental, or intentional [OPP & OEM & BARDA];
 - Engage in—and shape—national policy related to dual-use research [OPP];
 - Execute the scientific preparedness and response initiative to determine the highest priority clinical research questions, identify gaps in related research, and build or enhance systems to enable research in advance of or during a disaster [OPP];
 - Develop policies and foster partnerships that ensure a robust life sciences field while enhancing laboratory safety and security to reduce the risk from hazardous biologic agents and toxins [OPP];
 - Integrate the needs of at-risk individuals into all preparedness, response, and recovery plans and strategies [OPP, OEM];
 - Continue to find solutions for administrative preparedness to ensure that federal, state, and local governments are prepared to allocate funding, hire or reassign staff, execute contracts, and perform other administrative functions efficiently during an incident [OPP, OFPA & AMCG & COO].

OUTCOME: Preparedness policies are risk and evidence based, coordinated, and directly support and facilitate operational components of ASPR which provide input to the entire policy process.

- Maintain and continue to develop effective response and recovery policies and synchronize across operational components. Proposed activities:
 - Provide policy and planning liaison and expertise to departmental training and exercise activities [OEM, OPP];
 - Lead and maintain an effective Disaster Leadership Group (DLG) to inform HHS-wide leadership and coordinate decision making during domestic and international disasters and public health emergencies [OPP];
 - Establish a standard process for incorporating lessons learned from exercise and emergency events into ASPR policy and planning that includes the perspectives of HHS, other federal partners, and international, non-governmental, and private sector (e.g. manufacturing) partners when relevant [OPP, OEM].

OUTCOME: Enhanced operational activities based on robust response and recovery policies that improve both domestic and global health security.

- Lead coordination with domestic and international partners to develop and implement public health and medical emergency preparedness and response programs, initiatives, and policies to enhance global health security. Proposed activities:
 - Lead regional, bilateral, and multilateral partnerships to develop policy frameworks on global health security, with a focus on coordinating public health emergency preparedness and response to include preventing avoidable epidemics or spread of disease [OPP];

- Assist partners in building public health emergency preparedness and response capacity internationally under the framework of the International Health Regulations (IHR) (2005), including strengthening the global network of IHR (2005) National Focal Points [OPP];
- Coordinate with domestic and international partners to develop frameworks for the provision of public health and medical assistance during emergencies, including the sharing of specimens, reagents, MCMs, and personnel [OPP, OEM & BARDA];
- Work with domestic and international partners across the health and security sectors to counter biological threats and to develop capabilities to detect, prevent, and respond to other health emergencies of international concern, whether naturally occurring, intentionally produced, or accidentally released [OPP].

OUTCOME: A nation prepared to respond to public health emergencies in an interdependent global health security environment.

- Develop a measurement and evaluation component into the policy and planning process to evaluate the impact of policy, and examine innovative ways to drive change and measure successes.

Proposed activity:

- In close collaboration with the Office of the Assistant Secretary for Planning & Evaluation (ASPE) and the Office of the Assistant Secretary for Financial Resources (ASFR), provide seamless policy support to align with the HHS performance improvement process [OPP, OFPA].

OUTCOME: Improved support to the quality improvement process to assure that measurement and evaluation are incorporated into all policy processes.

GOAL 5: IMPROVE HEALTH OUTCOMES FROM DISASTERS BY STRENGTHENING THE ABILITY OF OUR NATION'S HEALTH CARE SYSTEM TO EFFECTIVELY RESPOND AND RECOVER.

Health care, including behavioral health, is an essential component of national health security. All private and public sector health care facilities must be able to maintain operations, provide patient care, and anticipate increased demand for service during disasters and public health emergencies. Health care facilities that routinely provide efficient and effective care are better able to support an effective response to and recovery from health incidents. While implementation of the Affordable Care Act will improve access to day-to-day care, an essential source of surge capacity is the ability to develop policies that facilitate the delivery of care at the most efficient, safe, and appropriate level. When incidents happen, adapting to the unanticipated requires an integrated effort from all parts of the health care delivery system, and this integrated effort is strengthened by regular day to day use. The challenges of cost, quality, and access that health systems experience daily are amplified during a disaster. Health care and emergency response systems must work better—and work better together—every day. Similarly, the interdependence of health care, public health, and emergency management systems cannot be overstated and their integration is essential to achieving national health security.

ASPR has several responsibilities that support the goal of prepared health care systems. ASPR provides policy leadership to develop a collective national vision for improving the preparedness and integration of health care delivery systems, including emergency care systems, and also has several programs that help to operationalize and continuously improve this vision. Most notably, the Hospital Preparedness

Program plays a fundamental role by providing funding to improve healthcare preparedness capabilities and enhance community, regional, and national healthcare preparedness.

STRATEGIES

- Identify opportunities to integrate preparedness activities with routine health care delivery to meet the demands created by current or future disaster threats. Proposed activities:
 - ASPR will work with HHS partners in CMS, Agency for Healthcare Research and Quality (AHRQ), and Health Resources and Services Administration (HRSA) to better define preparedness and daily delivery of care linkages, including evidence based capabilities and measures [OEM, OPP];
 - ASPR will work with all partners to promote regulations and standards that integrate healthcare emergency preparedness [OEM, OPP];
 - ASPR will work with CMS to promote Conditions of Participation that include emergency preparedness [OEM, OPP].

OUTCOME: Legislative, departmental, state, and local healthcare policy and regulations include health preparedness concepts and validated measures that foster improved community health response.

- Develop a resilient national healthcare system that is coordinated to meet state, regional, and national needs in emergencies that are population- and evidence-based, financially sustainable, and outcome driven. Proposed activities:
 - In coordination with the CDC, ASPR will revise HPP's and PHEP's technical assistance strategies based on evaluation analysis. Improved technical assistance will allow awardees to better achieve public health and healthcare preparedness capabilities [OEM, OPP];
 - In coordination with the CDC, ASPR will review its data collection methods to collect more accurate data and reduce awardee burden. ASPR will shift some of its data collection methods from qualitative to quantitative data and provide standardized templates to increase precision, better inform baseline data, and track awardee progress over time [OEM, OPP];
 - ASPR and the CDC will better align their program and evaluation branches, which will collaborate on setting targets for capabilities that connect to objectives and outcomes. After establishing program baselines, evaluation and program staff will develop targets. ASPR and CDC staff will work together to integrate the program and evaluation aspects of joint preparedness capabilities [OEM, OPP];
 - ASPR and the CDC will consider improvements to their joint Funding Opportunity Announcement that will include concrete goals and tiering of activities that will help awardees create individualized roadmaps towards achieving the desired healthcare and public health preparedness capabilities [OEM, OPP].

OUTCOME: A Sustainable, integrated, and scalable healthcare system that is able to provide appropriate care to all patients during and after a disaster. Additionally, ASPR successfully develops and releases evidence-based national guidelines, support tools, and measures; community appropriate technical assistance; and funding to improve healthcare system resilience resulting in improved health outcomes.

- Support the transformation to a patient- and community-centered emergency care system that is integrated into the broader healthcare system, high quality, and prepared to respond in times of public health emergencies. Proposed activities will take place in three key domains:

- Domain 1: Patient and Community Centered emergency care:
 - Determine and articulate strategic priorities related to patient centered outcomes in acute care [OPP, OEM];
 - Convene a meeting of stakeholders interested in developing an evidence-based system to understand the acute care capabilities of hospitals so as to improve patient decision making, EMS protocols, and healthcare coalition development [OPP, OEM];
 - Support efforts of emergency care training to bridge hospitals and communities through education initiatives focused on emergency care related public health initiatives (e.g. trauma first aid for teachers and schools) [OPP, OEM].
- Domain 2: Integration of emergency care into the broader healthcare system:
 - Provide leadership and policy coordination for emergency care activities at HHS (HRSA, CDC, AHRQ, National Institutes of Health (NIH)) [OPP, OEM];
 - Convene a meeting of stakeholders engaged in the delivery and payment of scheduled and unscheduled acute care delivery, to develop a conceptual model for ideal acute care delivery [OPP, OEM].
- Domain 3: Delivery of high quality emergency care:
 - Develop a report on the relationship between geography and acute care utilization, planning, and outcomes [OPP, OEM];
 - Work collaboratively to define how emergency care systems can be measured at the community level [OPP, OEM].

OUTCOME: A regionalized, coordinated, and accountable emergency care system that is fully integrated into the health care system and able to respond to and recover from disasters and public health emergencies.

GOAL 6: IMPROVE ASPR ADAPTABILITY AND RESILIENCE BY MAXIMIZING WORKFORCE POTENTIAL, DEVELOPING LEADERSHIP, AND ENCOURAGING A CONTINUOUS LEARNING CULTURE.

ASPR relies on a world-class workforce made up of people deeply committed to preparing the nation to respond to and recover from public health and medical emergencies and disasters. All ASPR employees must develop together an organizational culture that invests in all staff members, attracts a talented and diverse workforce, and fosters high morale. In line with the national objective on ensuring data-driven approaches and the best available science guide decisions and actions, policies and processes at ASPR will be guided by evaluation, performance measurement, and continuous quality improvement principles. An integrated strategic approach to how ASPR does business will allow priorities to drive resource planning and will help tell the preparedness story to partners and the public. Taken together, the strategies under this goal will foster effective operations and an engaged workforce, giving the organization a flexible, proactive posture in meeting its mission to lead the nation in preparing, responding, and recovering.

STRATEGIES

- Become “one ASPR”—create a cohesive organization and communicate with one voice to internal and external partners. Proposed activities:
 - Enhance communications and coordination among ASPR employees in all programs, offices, and geographic locations [COO];

- Promote enhanced geographic connectedness through increased communication and technology initiatives [COO];
- Develop and implement a proactive and strategic communications approach to promote ASPR's programs, initiatives, challenges, and accomplishments [COO];
- Work with partners to expand message content and make national health security messages (covering topics such as preparedness, response, and recovery) available in multiple formats and languages to stakeholders [OPP].
- Develop communication tools that tell the ASPR story, including "We Are ASPR" video vignettes and segments [COO];
- Develop "mission maps" to demonstrate how each function is connected to the success of the ASPR mission [COO, all parts of ASPR].

OUTCOME: A singularity of vision and purpose.

- Cultivate an engaged, interactive, and collaborative workforce. Proposed activities:
 - Encourage a positive and supportive work environment through frequent "town hall" meetings and open communication channels that provide opportunities for ASPR employees to collaborate, brainstorm, and share ideas to make ASPR a better organization [COO];
 - Initiate matrix teams with office leadership and the Organizational Development Team to develop customized workforce engagement improvement action plans, and track and report results to ASPR [COO];
 - Initiate a workforce analysis to assess organizational structure and workforce requirements based on mission objectives [COO];
 - Design and implement a cross-training program to add capacity during high-demand efforts and encourage professional development [COO].

OUTCOME: Staff feels empowered and takes ownership for the success of the entire organization.

- Encourage ideation and diversity of thought through information sharing and knowledge management. Proposed activities:
 - Maximize use of the online ASPR portal, offering a common virtual space for collaboration [COO];
 - Develop an annual planning calendar to improve internal organization for better external engagement [COO];
 - Advertise and ensure supervisor and peer encouragement of participation in ASPR educational presentations like seminars and brown bags, strategic planning/workforce input sessions, and work toward a culture change to value these things as important [COO];
 - Encourage routine use of technologies that permit distance collaboration (e.g. video conferencing, video chat, and real time document development) [COO, all parts of ASPR];
 - Utilize video and multimedia throughout O'Neill to share programmatic information ASPR-wide [COO];
 - Encourage innovation, cooperation, and sharing of ideas across ASPR and within the scientific, policy, programmatic, and operations communities [COO];
 - Implement approaches to promote in-process organizational improvement activities across our organization [COO, all parts of ASPR].

- Provide an online ideation collaboration area for ASPR employees, informational blogs and articles about ideation and innovation, and prize incentive resources using the ASPR Idea Foundry on the ASPR Portal [COO, all parts of ASPR];
- Utilize regular information sharing to communicate the budget cycle and associated deadlines, organizational budget priorities, level of funds, major contract acquisition strategies, and new developments impacting budget [OFPA & AMCG].

OUTCOME: Good ideas come from everywhere and everyone in ASPR.

- Expand and improve ASPR reward and recognition programs. Proposed activities:
 - Integrate design elements in the O’Neill Office building to support and communicate ASPR values and a collaborative, connected organization [COO];
 - Develop a quarterly recognition newsletter to highlight ASPR staff achievements [COO];
 - Develop diverse approaches to communicate and promote ASPR values [COO];
 - Incorporate ASPR values into employees’ performance plans [COO];
 - Design, implement, and maintain a centralized ASPR staff recognition program [COO];
 - Develop a proposal for a centralized ASPR staff recognition program [COO];
 - Hold a Public Health Service (PHS) promotion ceremony no less than annually (resource dependent) [COO].

OUTCOME: ASPR is a recognition-rich culture where staff accomplishments are shared across the organization.

- Build a highly effective and resilient organization by recruiting, acquiring, and developing a high-performing, top quality workforce. Proposed activities:
 - Establish a Human Capital Board with the responsibility of developing a Human Capital Strategic Plan, along with an Implementation Plan [COO];
 - Develop a curriculum of in-house training, including opportunities for cross-office functional training and pre-supervisor training [COO];
 - Develop training and a virtual library for best recruitment practices [COO];
 - Develop and implement strategic pre-recruitment processes [COO];
 - Expand current training opportunities to better promote leadership and organizational knowledge of key functions and duties [COO];
 - Establish and maintain a telework task force which reports directly to the Principal Deputy Assistant Secretary for Preparedness & Response (PDASPR) to maximize synergies in implementation [COO];
 - Develop a portal site that provides guidance and options for staff education and training, as well as career advancement [COO];
 - Develop guidelines and tools to foster implementation of an ASPR mentoring program [COO];
 - Review existing career training and advancement opportunities within each division to identify best-practices, and then model ASPR-wide [COO].

OUTCOME: A workforce that is high-functioning, sustainable, and adaptable.

- Improve the integration of administrative practices, resource management, performance measurement, and quality improvement. Proposed activities:

- Conduct a requirement analysis of core administrative policies and Standard Operating Procedures (SOPs), and assess gaps in policies and SOPs including a review of cross-office implementation [COO, all parts of ASPR];
- Develop processes to mitigate the circumstances and consequences associated with late invoice payments [AMCG, OFPA];
- Develop new and revised administrative policies and SOPs based on gaps in requirements, and implement periodic testing practices to ensure consistent application across ASPR [COO];
- Utilize the Information Technology Investment Review Board (ITIRB) to develop an assessment of synergy and savings opportunities to improve ASPR-wide information technology policy, strategy, and investment decisions [COO];
- Promote staff engagement to implement quality improvement methods [COO];
- Engage with outside partners, both in the public and private sector, to establish a quality improvement culture within ASPR [COO, all parts of ASPR];
- Apply QI principles to ASPR's internal administrative functions to ensure these functions continuously improve in effectiveness and efficiency [COO, all parts of ASPR];
- ASPR Programs will be responsible for program integrity and internal control risk mitigation. Program risk-owners will be responsible for effectively responding to and communicating annually identified risks on ASPR's Statement of Assurances and Program Integrity progress reports to the ASPR [OFPA];
- Lead the Secretary's Program Integrity initiative for ASPR by applying the risk assessment lifecycle in partnership with selected programs. Quantifiable metrics that demonstrate risk reduction will be used to determine the effectiveness of each risk response plan [OFPA];
- Improve the integration of strategic planning, performance measurement, and program integrity. Risk assessment data will be used to create process improvements and provide ASPR leadership with value-added data analysis, analytics, and performance metrics to inform decisions. A variety of analytical methodologies—to include but not limited to lean six sigma—will be applied [OFPA];
- Implement mandatory annual trainings in ethics, risk management, conflict of interest, and appropriations law [COO];
- Manage the ASPR Strategic Plan implementation process including action planning, regular reporting and reviews with leadership, tracking course correction decisions, and updating the strategic plan and action plans periodically [OPP];
- Issue guidance (including publicizing department-wide guidance) and implement policies as applicable regarding printing standards and reducing IT energy usage [COO];
- Hold an ASPR-wide contest to generate ideas for actions to improve organization success through management and administration [COO].

OUTCOME: A forward looking, metric driven, and systematic decision making framework that is transparent and accountable.