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# **Centers for Disease Control and Prevention Annual Performance Plan and Report**

Final FY 2005 GPRA Annual Performance Plan  
Revised Final FY 2004 GPRA Annual Performance Plan  
FY 2003 GPRA Annual Performance Report

February 2004

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## Message From the Director

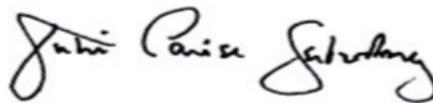
In accordance with the Government Performance and Results Act of 1993, I am pleased to present in one volume the Centers for Disease Control and Prevention's (CDC) Annual Performance Plans for Fiscal Year (FY) 2005 and FY 2004 and Annual Performance Report for FY 2003. These plans and report provide an overview of the various services we provide the American people in support of the objectives, policies, and programs administered by the Department of Health and Human Services (HHS).

CDC is the lead federal agency responsible for protecting the health and safety of people both at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. By working with partners across the country and the world, CDC conducts public health activities with a vision for safer, healthier people in every community. These activities are reinforced by our strategic imperatives: excellence in science, service, systems, and strategy. The CDC plans reflects these responsibilities and provide measures whereby the public can assess our progress in achieving them.

Beginning with the FY 2004 Performance Plan, we have made significant progress in streamlining performance measurements, reporting program improvements, and providing enhanced budget information. For FY 2005, I am proud that CDC has continued to refine its performance reporting strategy significantly. The FY 2005 plan now has 109 measures, with 14 efficiency measures and 47 outcome measures. The revised FY 2004 plan contains 46 outcome measures, a 19 percent increase in outcome measures over the FY 2003 submission. The FY 2003 Performance Report indicates that we achieved 81 of 98, or 83 percent of our reported performance measures. CDC continues to revise performance information to focus on outcome-oriented goals and measures and improve efficiency measures. Performance information for the Agency for Toxic Substances and Disease Registry is located in the agency's *FY 2005 Justification of Budget Estimates*.

In addition, CDC continues to address key activities that support the President's Management Agenda, the Secretary's priorities, and the HHS Strategic Plan. Performance measures relating to the five Presidential Management priorities are contained in the CDC performance plan. Similarly, throughout the performance plan, programs and measures are linked to the HHS Strategic Plan and its goals.

I welcome your interest in CDC, and I invite you to read these reports for more information about our programs, activities, and accomplishments.



Julie Louise Gerberding, M.D., M.P.H.  
Director, Centers for Disease Control and  
Prevention



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## **Section I**

# **Overview of Performance Measurements**

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## Executive Summary

**The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability.**

### Summary

CDC is the lead federal agency for protecting the health and safety of people, at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. By working with partners across the country and the world, CDC has been a leader in monitoring health, detecting and investigating health problems, conducting research to enhance prevention, developing and advocating sound public health policies, improving the capacity of the public health system, promoting healthy behaviors, fostering safe and healthy environments, and providing leadership and training.

In the aftermath of September 11<sup>th</sup>, 2001, we have learned that the U.S. public health system is a critical element in the new war against terrorism, whether the attacks cause mass trauma, disease, or other threats to the nation's health. CDC rapidly set up a 24/7 Emergency Operations Center (EOC) and deployed supplies, issued guidance and health alerts, and provided technical assistance. CDC's increased capacity to rapidly respond to emergencies continues to be indispensable for communication, collaboration, and investigational activities with both domestic and international partners.

In this past year, CDC coordinated the response to the 2002 West Nile virus (WNV) epidemic and responded to the global outbreak of severe acute respiratory syndrome (SARS). In collaboration with partners, CDC activities in response to SARS included discovering, characterizing, and sequencing a novel coronavirus and publishing reports providing strong scientific evidence for this new coronavirus as the etiologic agent of SARS. While SARS demonstrates that U.S. health and global health are inextricably linked, CDC and its partners continue to balance emerging health issues with major killers in this country—chronic and infectious diseases, unintentional injuries, and violence—and the hazards in our environment, our workplaces, and behaviors that put Americans at risk.

CDC is constantly evolving and innovating to face new health challenges. This renewal enables the agency to continue providing quality service and reliable information to the public. CDC conducts public health activities with our vision for safer, healthier people in every community. These activities are reinforced by our strategic imperatives: excellence in science, service, systems, and strategy. Our strategic imperatives ensure that we

- Practice evidence-based science grounded in sound peer-reviewed research.
- Promote efficient service to meet the needs of our partners and customers.
- Refine and manage our systems so that we use our personnel, technology, infrastructure, and information efficiently to achieve results.
- Ensure that our strategies truly prepare us for future challenges.

In FY 2005, CDC plans to address key priorities in prevention and preparedness, while capitalizing on 21<sup>st</sup> century science and technology to achieve public health goals. In our prevention activities, we will continue to focus on closing the gap in health status among racial and ethnic minorities. In

addition, we will enhance domestic and global preparedness by strengthening our nation's public health information systems, strengthening our capacity to diminish global threats to health, and increasing our ability to detect terrorism.

### Overview of the Annual Performance Plan and Report

CDC's *Annual Performance Plan and Report* is organized by CDC's major budget lines. The plan includes goals and performance measures in critical public health areas (e.g., HIV/AIDS, chronic diseases) and addresses the program description and context, as well as the program performance analysis. CDC, and public health in general, has made tremendous contributions to the nation's health over the last 50 years. CDC's most effective programs are those that prevent disease, disability and injury, promote health, and enhance quality of life.

CDC's *Annual Performance Plan and Report* has been revised substantially:

- The *Final FY 2005 GPR A Annual Performance Plan* now contains 109 measures, 47 of which are outcome measures. An efficiency measure has been included for each of the 14 major budget lines. To keep the overall number of performance measures low, a single measure represents an efficiency for the HIV, STD, and TB Prevention budget line. Similarly, a single measure represents the Office of the Director, Program Support, and Buildings and Facilities lines as funding is integrated across all CDC programs.
- The *Revised Final FY 2004 GPR A Annual Performance Plan* now contains 47 outcome measures, a 19% increase in outcome measures over the FY 2003 submission.
- The *FY 2003 GPR A Annual Performance Report* indicates that we achieved 81 of our 98 reported performance measures, or 83% of our reported performance measures.

CDC continues to revise performance information to focus on outcome-oriented goals and measures and improve efficiency measures. As we build less well-established programs, we probably will need to continue relying on process and output measures in our performance plan. However, as programs mature, we anticipate an increasing focus on health outcomes in our performance plan.

CDC remains committed to strategically using resources to achieve high-priority public health outcomes. *Healthy People 2010* goals guide many of our efforts in disease prevention and risk reduction with a strong focus on eliminating disparities in health outcomes. Although many of these goals are extremely ambitious, CDC is working diligently to align its programmatic resources with these intended outcomes.

Several high-priority, critical initiatives are included in CDC's performance plan. These initiatives support the Secretary's Budget Priorities and the President's Management Agenda (PMA). CDC's performance plan also includes linkages to the HHS Strategic Plan goals. CDC's work in support of the Secretary's Budget Priorities includes the following:

- *Preventing Disease and Illness, Promoting Positive Lifestyles, and Closing the Health Disparities Gaps*  
CDC's highest prevention priority is to respond forcefully to the twin epidemics of obesity and diabetes. In 2001, two landmark, gold standard studies on the prevention of type 2 diabetes in high-risk adults were released. Both studies show—for the first time—that type 2 diabetes can be prevented in very high-risk adults—those defined as “pre-diabetic.” This group of 16 million Americans has either impaired glucose tolerance, impaired fasting glucose, or both. Obesity is

one of the most important risk factors for pre-diabetics. Many of them are racial and ethnic minorities who suffer disproportionately from diabetes and other chronic diseases.

CDC supports prevention research; program development; and analysis and evaluation to improve the health status of minorities and reduce health disparities. For example, syphilis remains one of the most glaring examples of racial disparities in health, with 2002 rates among African Americans 8 times those among white Americans, down from a 64-fold differential at the beginning of the last decade. Congenital syphilis continues to decline, mirroring an average annual decrease in syphilis among women of about 21.2% between 1992 and 2002.

- *Responding to Bioterrorism and Other Public Health Emergencies*

CDC will improve its ability to respond to terrorism events, while also working through its cooperative agreement program to bolster the ability of state and local public health agencies to respond to all terrorism hazards. Research will build our knowledge base. Intramural and extramural activities to build preparedness and readiness assessment, surveillance and epidemiology capacity, laboratory capacity, communications and information technology, health information dissemination, and education and training will focus on three priorities:

- 1) Expanding terrorism preparedness from a focus on biological hazards to all hazards (chemical, radiological, or mass trauma/conventional weapons).
- 2) Expanding bioterrorism preparedness for all biological threat agents (categories A, B, C).
- 3) Assessing the effects of these investments on public health preparedness and capacities.

CDC's Environmental Health Laboratory has developed the Rapid Toxic screen, a panel of laboratory tests used to detect rapidly as many as 150 chemical agents in people's blood or urine. The information obtained from these analyses provides critical and reliable exposure information to medical and public health personnel for the public health management of exposed and potentially exposed individuals.

Although modern advances have conquered some diseases, the outbreaks of SARS and WNV are recent reminders of the extraordinary ability of microbes to adapt and evolve. Working with the World Health Organization (WHO), the Pan American Health Organization (PAHO), and other international partners, CDC will take a leadership role to implement a comprehensive system of surveillance for global infectious diseases through the expansion of the International Emerging Infections Programs and Global Field Epidemiology and Laboratory Training Programs and to provide technical assistance for global outbreak response. Support for new pathogen discovery techniques will detect new agents before they cause major public health problems and will accelerate the development of treatment and preventive modalities. Through this broad approach, CDC will improve the health and security of our nation.

- *Modernizing IT and Establishing an HHS Health Architecture*

CDC is committed to advancing public health through science and technology. In FY 2005, CDC priorities in this area include strengthening the Public Health Information Network (PHIN) and supporting improved health statistics and geographic information systems (GIS). PHIN will be an electronic nervous system that supports monitoring and maintaining the public's health. Like the human nervous system, it will detect problems, analyze accumulated data, create useful information, communicate alerts as needed, and direct appropriate response. An essential, integral component of PHIN is the Health Alert Network (HAN) Program: a joint local, state, and federal initiative that will help ensure that local health departments

have rapid and timely access to emerging health information. In addition, it will bring new knowledge to frontline professionals who will be able to use and translate data and information into effective health action. CDC's Terrorism grant program provides increased support for HAN activities related to other information technology functions. CDC also urgently needs to maintain and rebuild the core capacities of the National Center for Health Statistics, the nation's principal health statistics agency and the centerpiece of HHS' capacity to collect policy-relevant information on the nation's health.

CDC also supports the Secretary's Budget Theme to Strengthening Management and efforts to address this theme are consistent with the PMA and CDC's Restructuring and Delaying Plan. Additional information on these priorities is provided in the section of the performance plan entitled "Program Support."

### Snapshot of Past, Present, and Future Performance

CDC has a long history of dedicated support to state and local partners to achieve the nation's public health goals. The following describes recent accomplishments highlighting our performance and future directions to enhance our performance.

- CDC's National Diabetes Program conducts health promotion and disease prevention activities to improve the health of people with diabetes. Diabetes control programs (DCPs) are now funded in all 50 states, the District of Columbia, and 8 U.S. territories and Freely Associated States of the Pacific. They seek to identify high-risk populations, improve the quality of care, involve communities in controlling diabetes, and increase access to care with measurable success. For example, over a 2-year period the New York DCP reduced hospitalization rates by 35% and decreased lower extremity amputations rates by 39%. In Michigan, a long-standing DCP has produced a 45% lower rate of hospitalizations, a 31% lower rate of lower-extremity amputations, and a 27% lower death rate for participants.
- CDC continues to put the highest priority on rebuilding its physical infrastructure. Using innovative procurement and design methods, we greatly reduced the timeline for construction. We continue to make progress on our 10-year Master Plan for Atlanta-based buildings and facilities. Sustained investment will provide the nation with state-of-the-art public health facilities—allowing CDC to much more effectively and directly communicate scientific information to the public health community and rapidly respond to emergencies.
- Only 26 reported cases of indigenous measles occurred in 2002. In March 2000, experts reviewed information on measles epidemiology, imported cases, population immunity, and the quality of measles surveillance. They concluded that measles is no longer endemic in the United States. The elimination of endemic measles from the United States is a historic public health achievement and the fulfillment of a goal expressed by public health experts even before the first vaccine was licensed in 1963.
- Beginning in 2002, CDC's National Health and Nutrition Examination Survey (NHANES) serves as the sole federal survey collecting detailed diet and nutrition data under a new partnership between HHS and the U.S. Department of Agriculture's Agricultural Research Service. The combined efforts of the departments on this integrated diet survey are leading to an increase in data turnaround time and improved data quality.

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- Approximately 5 million children have asthma; an estimated 14 million missed school days are attributed to asthma each year. CDC supports state-based programs to improve the state's ability to track asthma, implement science-based asthma interventions, and build partnerships related to asthma control; and improve the ability of schools to prevent asthma attacks and absences.
  - The United States has the third highest death rate from fires of any industrialized country. About 40% of home fires reported to U.S. fire departments and 52% of home fire deaths occurred in homes with no smoke alarms. In 5 years, CDC's installation/education program has installed over 185,000 smoke alarms in program homes and an estimated 499 lives have been saved by early warning from a smoke alarm.
  - CDC continues to make great strides in preventing and controlling HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB). While infectious diseases such as TB and HIV continue to threaten the health of Americans and are major sources of illness and death worldwide, CDC has achieved significant reductions in these diseases in the United States. For example, in 2001, rates of primary and secondary (P&S) syphilis among women, as well as rates of congenital syphilis, continued to decline. Since 1997, there has been a 52% reduction in congenital syphilis cases, and a 48% drop in the black/white ratio. CDC also has exceeded its goal of decreasing the number of perinatally acquired AIDS cases starting in FY 1999. The number of perinatally acquired AIDS cases and the reduction in perinatal transmission of HIV is one of public health's great success stories.
  - CDC supports comprehensive interventions to reduce tobacco use, the leading preventable cause of disability and death, which directly contributes to the deaths of more than 440,000 Americans each year. Data released from CDC's Youth Risk Behavior Survey in May 2002 indicate that the percentage of youth (grades 9–12) who smoke dropped from 34.8% in 1999 to 28.5% in 2001.
  - CDC improved public access to information via the Internet, increasing average visitation to the CDC website by 29%, to 3.6 million people per month in FY 2001. Website visits surged to over 9 million in October 2001 during the anthrax events. CDC continues rigorous IT capital planning in concert with the Office of Management and Budget (OMB) guidance. CDC has established open standards for intergovernmental data exchange and systems associated with public health and bioterrorism monitoring, and has continued progress on GPRA goals. Continued advancement of the CDC information security program resulted in a high degree of critical infrastructure system reliability and availability of 99.94% for FY 2001, which exceeded CDC's performance target.
  - CDC continues to make progress towards its ambitious GPRA goals of reducing vaccine-preventable diseases. In one of the greatest successes in vaccine-preventable disease reduction, only 10 cases of rubella were reported to CDC in 2002, compared to 1,401 cases a decade ago. The disease can cause miscarriage, stillbirth, and fetal abnormalities. In 2002, there was one confirmed case of a child born with congenital rubella syndrome.
  - CDC successfully coordinated the response to the 2002 WNV epidemic in the United States. This outbreak was the largest ever vector-borne human encephalitis outbreak in the United States, with over 4,000 cases reported. CDC provided field investigation assistance to three states and laboratory assistance to all state health departments. CDC conducted almost 60

blood transfusion/organ transplant investigations to determine if the origin of any of the cases was transfused blood or donated organs. In addition, CDC developed recommendations for prevention.

- Through September 2001, CDC has provided more than 3.6 million breast and cervical cancer screening tests to over 1.4 million women. The program has diagnosed 12,000 breast cancers, 48,170 precancerous cervical lesions, and over 800 cases of invasive cervical cancer. Based on a review of program data, revised GPRA measures are being introduced including assuring timely access to diagnostic and treatment services. A total of 83.6% of women with abnormal breast cancer screening results and 61.9% of women with abnormal cervical cancer screening results received a final diagnosis within 60 days. CDC's performance plan calls for an increase in the proportion of women with abnormal screening results who receive a final diagnosis within 60 days.
- From FY 1998 to FY 2002, CDC received five straight unqualified opinions of its financial statements from independent auditors. In FY 2003, HHS introduced a new 'Top-Down' audit approach, which consolidated several individual HHS agency audits into a single review process to meet future accelerated deadlines. CDC was part of this 'Top-Down' audit that received an unqualified opinion for FY 2003.
- Data from CDC's NHANES have greatly improved our understanding of environmental exposures and their effect on human health. NHANES data are used to determine reference (or normal) ranges of exposure to a wide range of chemicals, as well as to monitor environmental chemicals to which Americans are exposed, the extent of chemical exposures, and trends in exposure over time. CDC has expanded exposure monitoring activities to assess the exposure of the U.S. population to 116 environmental chemicals. The results were published in the *2002 Second National Report on Human Exposure to Environmental Chemicals*.
- The PMA and the related HHS Secretary's Management Objectives have guided improvements in CDC management and operations. Although CDC has been addressing PMA-related issues for several years, such as reducing the proportion of administrative positions by 6% between 1997 and 2001 and beginning its Fiscal Management Excellence Initiative in 2000, the agency has further increased its PMA efforts.
- CDC has moved swiftly to ensure that smallpox vaccine is available for every American. With funds appropriated at the beginning of 2002, new and improved vaccine will be available by the end of 2003. We also have access to existing stores of vaccine for use in emergencies to vaccinate large populations. In addition, CDC has expanded the Strategic National Stockpile by increasing the number of push packages from 8 to 12. These packages, which include life-saving drugs and treatment, are strategically located around the country to provide rapid response to emergencies.

### Program Assessment Rating Tool (PART) Recommendations

CDC has worked continuously to strengthen its evaluation capacity and practices. In 1999, CDC's Office of Program Planning and Evaluation (OPPE), in collaboration with internal and external partners, developed the *Framework for Program Evaluation in Public Health*. The intent of the document was to guide public health professionals in their use of program evaluation. This framework

continues to guide evaluation training curricula, manuals, and technical assistance provided by the OPPE Evaluation Team. It is a practical, non-prescriptive tool, designed to summarize and organize essential elements of program evaluation. The framework, publications based on it, additional background materials, and links to other evaluation Web-based resources can be accessed on the Evaluation Framework home page at [www.cdc.gov/eval](http://www.cdc.gov/eval).

CDC's overall evaluation strategy follows these operating principles:

- Evaluation makes sense at all stages of a program's development.
- Evaluations using different methods and levels of scientific rigor can yield equally valuable insights.
- Effective evaluation should be integrated with strategic planning so that evaluation results generate program changes.

In addition to using the framework as an overarching approach to evaluation, CDC continues to use the 1% Evaluation Set-Aside to conduct focused program evaluations. CDC has also increased its internal evaluation capacity by hiring two evaluators to provide evaluation technical assistance and guidance throughout the organization. Training, logic model development, and PART measurement assistance have all been provided as components of this enhanced capacity.

In 2002, working with CDC's OPPE, OMB identified the following CDC programs to complete the FY 2004 PART process:

- 1) Immunization 317 Program.
- 2) National Breast and Cervical Cancer Early Detection Program.
- 3) National Diabetes Control Program.
- 4) Domestic HIV/AIDS Prevention Program.
- 5) Health Alert Network.

Two CDC programs have been rated "Adequate" (Immunization 317 Program and Health Alert Network) and three programs have been rated "Results not Demonstrated" (Breast and Cervical Cancer Program, Diabetes Program, and Domestic HIV/AIDS Program). All programs identified as "Results not Demonstrated" had deficiencies related to long-term outcomes. These programs are planning and currently conducting activities to make long-term goals more outcome-oriented and ambitious with new baselines and targets. For example, the National Breast and Cervical Cancer Early Detection Program has adjusted its FY 2004 performance measure targets and set FY 2005 targets to reflect more ambitious performance goals. In addition, the National Diabetes and Control Program has made progress in creating long-term performance goals that focus on outcomes and meaningfully reflect the purpose of the program. Furthermore, the Domestic HIV/AIDS Prevention Program has made progress in revising targets and timeframes consistent with its existing budget and with reporting baseline data on the new performance measures.

In 2003, OMB identified two programs to complete the FY 2005 PART process:

- 1) *The Terrorism State and Local Preparedness Program (SLPP)*. OMB cited deficiencies in the area of performance measurement for CDC's Terrorism SLPP. SLPP has developed new long-term goals and measures to demonstrate a greater public health impact in the preparedness and response capacity of grantees. The program is working to establish baselines and develop ambitious targets for inclusion in this plan by June 2004.

CDC continues to address recommendations from the PART review by developing milestones to address PART deficiencies. Progress toward achieving these milestones is located in program-specific portions in this plan and in CDC's *FY 2005 Justification of Budget Estimates*.

- 2) *The Agency for Toxic Substances and Disease Registry (ATSDR)*. For more information, see the agency's *FY 2005 Justification of Budget Estimates*.

**FY 2005 Budget Request and Corrective Action Plans**

The FY 2005 Budget Request includes increased funding for three programs that have had an OMB PART review: the National Diabetes Control Program, the National Breast and Cervical Cancer Early Detection Program, and ATSDR. Funding levels for programs that completed the PART process in FY 2004 and FY 2005 are detailed below.

**CDC PART Programs and Funding Levels (Dollars in Millions)**

Program	FY 2003 Enacted	FY 2004 PB	FY 2004 House	FY 2004 Senate	FY 2004 Likely	FY 2005 Request
<b>FY 2004 PART Programs</b>						
<b>Immunization 317</b>	643.3	503.2	638.9	648.4	644.5	534.5
<b>Breast &amp; Cervical Cancer</b>	199.4	210.9	210.9	210.9	210.9	225.9
<b>Diabetes</b>	63.3	61.4	66.8	69.0	68.0	88.0
<b>Domestic HIV/AIDS</b>	699.6	690.3	696.7	699.6	697.9	697.9
<b>HAN</b>	33.8	34.0	34.0	34.0	34.0	34.0
<b>FY 2005 PART Programs</b>						
<b>ATSDR</b>	82.3	73.5	73.5	TBD	73.5	76.5
<b>Terrorism SLPP</b>	938.9	940.0	940.0	940.0	940.0	940.0

**CDC Performance Program Summary Table**  
**Estimated Full Cost by Program (Dollars in Millions)**

<b>Performance Program Area</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Final Conference</b>	<b>FY 2005 Estimate</b>
Birth Defects & Disabilities	104.0	118.7	115.6
Chronic Disease Prev. & Health Prom.	818.9	883.0	929.8
Environmental Health	200.6	201.2	191.8
Epidemic Services & Response	88.5	103.3	98.9
Health Statistics	149.7	151.7	160.2
HIV/AIDS, STD, & TB Prevention	1,174.7	1,170.8	1,159.1
Immunization, excluding VFC	655.2	655.7	540.5
Vaccines for Children	1,174.2	1,208.0	1,373.0
Infectious Diseases Control	430.9	441.5	431.1
Injury Prevention & Control	155.0	160.3	157.0
Occupational Safety & Health	361.4	365.3	314.7
Prev. Health & Health Serv. Block Grant	134.1	133.3	133.3
Public Health Improvement	163.9	183.6	118.3
Terrorism	1,248.7	1,122.7	1,114.2
ATSDR	82.3	73.0	76.7
<b>Total Full Cost of Performance Program Areas</b>	<b>6,942.1</b>	<b>6,972.1</b>	<b>6,914.1</b>
<b>OPDIV Total Program Level</b>	<b>6,942.1</b>	<b>6,972.1</b>	<b>6,914.1</b>

The FY 2003—FY 2005 estimates of the full cost of CDC programs was estimated by adding program management cost to the budget authority levels from the All Purpose Table in CDC's *FY 2005 Justification of Budget Estimates*. Program management costs included CDC's Office of the Director and the Buildings and Facilities budget activity lines. Program management costs were allocated, where appropriate, across performance program areas based on the proportion of total program level cost represented by each program and performance program area.

The full cost of each performance program area was then distributed by performance measures. These distributions are based on professional judgments, supported to the extent possible by financial and other statistical data. In many cases, performance measures are aggregated in the distributions of cost because of the interdependence of the activities and goals represented by the measures.

The cost distributions by performance measures are presented for "active" measures in a given year. That is, measures that are to be deleted are included only for the applicable year(s) before their deletion; new measures are included beginning with the first year in which performance data are expected. When the cost distributions by performance measure do not add to total cost for that performance program area, explanatory notes are provided.



## Final FY 2005 GPRA Performance Plan and Report Summary of Measurements

*CDC's Performance Plan and Report* is organized by CDC's major budget lines. The plan includes goals and performance measures in critical public health areas (e.g., HIV/AIDS, chronic diseases) and addresses the program description and context, as well as the program performance analysis. Each section contains a description of the context of the program's performance information, the most recent actual performance data for FY 2003 targets, and proposed FY 2005 goals, measures, and targets.

The *Final FY 2005 GPRA Annual Performance Plan* contains 109 measures, 47 of which are outcome measures. The plan now includes 14 efficiency measures, one for each major budget line. The *Revised Final FY 2004 GPRA Annual Performance Plan* contains 46 outcome measures, a 19% increase in outcome measures over the FY 2003 submission. The *FY 2003 GPRA Annual Performance Report* indicates that we achieved 81 out of 98 (83%) of our performance measures. CDC will continue to refine measures to become more outcome-oriented and will improve efficiency measures over the next few months. Following is CDC's Program Performance Report Summary.

### CDC Program Performance Report Summary

FY	Measures				Results			
	Total in Plan	Outcome	Output	Efficiency	Reported	Met	Unmet	Unreported
2000	167	38	129	0	167	132	35	0
2001	217	51	166	0	215	176	39	2
2002	178	43	135	0	171	133	38	7
2003	147	40	107	0	98	81	17	49
2004	102	46	55	1	N/A	N/A	N/A	N/A
2005	109	47	48	14*	N/A	N/A	N/A	N/A

\*A single measure represents an efficiency for the HIV, STD, and TB Prevention budget line. Similarly, a single measure represents the Office of the Director, Program Support, and Buildings and Facilities lines as funding is integrated across all CDC programs.

Several high-priority, critical initiatives are included in CDC's performance plan. These initiatives support the Secretary's Budget Priorities and the PMA. CDC's performance plan also includes linkages to *Healthy People 2010* objectives and the HHS Strategic Plan goals. The Final FY 2005 Performance Plan also addresses CDC's strategic imperatives: excellence in science, service, systems, and strategy to promote and protect the health and safety of all Americans.

The *Healthy People 2010* initiative was launched in early 2000. CDC shares lead coordination of *Healthy People 2010* objectives with other federal organizations. Many of the performance objectives in CDC's Annual Performance Plan are directly linked to *Healthy People 2010*, and *Healthy People 2010* goals and objectives serve as a foundation for a number of CDC's performance measures. Although CDC has lead responsibility for many of the objectives in *Healthy People 2010*, achievement of these objectives represents a national effort in which CDC works closely with other federal, state, local,

and community entities. A few examples of CDC's commitment to *Healthy People 2010* objectives include the following:

- Conjugate vaccines for the prevention of *Haemophilus influenzae* type b (Hib) are highly effective. Hib is no longer the leading cause of meningitis among children younger than 5 years of age in the United States. However, the number of possible cases reported did increase from 120 cases in 1999 to 187 cases in 2002. In accordance with the *Healthy People 2010* goal, this measure was clarified to include both cases with type b and unknown serotype. As a portion of these cases were not serotyped, the number of unknown serotypes that are actually type b cannot be confirmed. Therefore, it is possible that, although the total number of cases increased in 2002, the number of type b cases (both serotyped and not) for which the vaccine is effective, may have remained the same or decreased.
- CDC addresses the need to disseminate scientific findings to the practice community and to educate the public by increasing the proportion of tribal, state, and local public health agencies that have access to data and information systems. Knowledge management systems categorize, summarize, and prioritize public health information, making it manageable and accessible to frontline public health practitioners. One of these systems is *CDC Recommends*, an online repository of CDC recommendations on a wide range of public health topics, available on CDC's website. This project provides concise, necessary knowledge at the point of practice.
- In 2002, CDC achieved the goal of reducing chlamydia prevalence among women attending family planning clinics. The median chlamydia test positivity among 15–24-year-old women who were screened during visits to selected family planning clinics in all states and outlying areas was 5.6% (range: 3.0% to 14.2%). However, in nearly all states chlamydia positivity was greater than the *Healthy People 2010* objective of 3%.

Similarly, CDC activities support HHS' Strategic Plan and CDC performance measures that align with the HHS Strategic Plan. Additional discussion on these linkages are in Appendix A. Several highlighted activities are described below.

- CDC data support the following HHS priorities:
  - 1) Addressing racial and ethnic differentials in health, by providing data to identify problems and track progress.
  - 2) Implementing *Healthy People 2010* by providing the underlying data infrastructure to set targets and track progress in meeting health objectives.
  - 3) Supporting GPRA by providing data to identify action areas and by providing neutral, objective tracking data used across HHS agencies.
- CDC has conducted and published the results of research demonstrating that folic acid may reduce the occurrence of birth defects. Most recently, CDC published findings that women with diabetes who take multivitamins before and during early pregnancy had a lower risk of having a child with diabetes-associated birth defects such as heart defects and central nervous system defects.
- CDC is expanding front-line public health practitioners' access to Internet-based, CDC-approved public health practice guidelines on scientific/disease reference images, health and medical data, and information on the effectiveness of public health interventions. Working closely with its state and local partners, CDC is moving towards industry-based, public health-

wide standards for all electronic data exchange, alerting and communication activities under the framework of the Public Health Information Network (PHIN). For example, New York City is using PHIN data exchange services to receive up to date data from their hospital emergency departments, dramatically increasing its ability to keep a finger on the “pulse” of the city’s health and more rapidly detect possible threats to the community. Nebraska has implemented the PHIN surveillance system (CDC-developed NEDSS Base system), resulting in dramatically lower times when receiving disease reports, increased completeness of the information received, and heightened ability for cost-efficient and effective public health response both for routine disease control and when emerging threats occur. NBS’s new functionality in 2004 is increasing and broadening this effectiveness.

- By 2010, CDC strives to reduce to zero the number of indigenous cases of paralytic polio, rubella, measles, and Hib invasive disease (type b and unknown) in children under 5 years of age. Cases of most vaccine-preventable diseases of childhood are down more than 96% from the pre-vaccine era. No cases of paralytic polio due to indigenous transmission of wild polio virus have been reported in the United States since 1979. Coverage levels for preschool children are at an all-time high for all racial and ethnic groups. As in prior decades, these goals for zero cases of disease are ambitious. Therefore, we have modified the goals to more specifically reflect the anticipated progress of the program.

The President’s Management Agenda (PMA) and the related HHS Secretary’s Management Objectives have guided improvements in CDC management and operations. Although CDC has been addressing PMA-related issues for several years, such as reducing the proportion of administrative positions by 6% between 1997 and 2001 and beginning its Fiscal Management Excellence Initiative in 2000, the agency has further increased its PMA efforts.

For example, CDC has developed and is implementing a Competitive Sourcing Plan that aligns with the competitive sourcing goals in the PMA. The plan sets forth the strategy to conduct studies or directly convert 5% (in FY 2002) and 10% (in FY 2003) of the commercial-type positions. CDC has fully achieved the FY 2002 goal. For FY 2003, CDC will conduct public-private competitions and/or direct conversions of several hundred CDC full time employees (FTEs) listed in its FAIR Act inventory as performing commercial work for FY 2004.

The Unified Financial Management System (UFMS) will be implemented to replace five legacy accounting systems currently used across HHS Operating Divisions. The UFMS will integrate the department’s financial management structure and provide HHS leaders with a more timely and coordinated view of critical financial management information. It will also promote the consolidation of accounting operations and thereby reduce substantially the cost of providing accounting services throughout HHS. Similarly, the UFMS, by generating timely, reliable, and consistent financial information, will enable OPDIV heads and program administrators to make more timely and informed decisions regarding their operations.

CDC continues to be a leader in E-Gov initiatives, by contributing to

- Government-wide E-Gov initiatives (i.e., e-Vitals, consolidated health informatics [CHI], e-Travel, e-Grants, Geospatial Information One Stop, SAFECOM, and GOVBENEFITS), with an initial 16 CDC programs represented.
- HHS initiatives, such as the HHS Enterprise IT Strategic Plan, the UFMS, Enterprise Human Resources and Payroll (EHRP), HHS enterprise information security, and others.

CDC also continues to enhance the agency's Web presence as the authoritative trusted source of public health information for healthcare providers, public health officials, the media, and the public. Over 9 million visitors per month make CDC's website one of the most frequently visited government websites.

CDC will continue to improve its financial management operations by implementing the guidelines set down by PricewaterhouseCoopers and GAO in their November 2000 reports in keeping with CDC's Financial Management Excellence Initiative. For example, CDC has developed a Financial Management Certificate Program to build fiscal excellence. In addition, CDC has implemented a new method of allocating indirect costs in FY 2002 that directly links users of services with the cost of providing those services.

CDC has experienced workforce growth in balance with new responsibilities in the past 5 years. From FY 1996 to FY 2001, the number of employees grew from 6,406 to 9,102, an increase of approximately 42%. CDC has implemented a variety of strategies to improve efficiencies and transition staff from administrative and management positions to frontline positions. Examples of these efforts, which have been implemented by various components within CDC, include addressing supervisory layering and hiring scientists into the Senior Biomedical Research Service (SBRS) to allow them to focus on applied research and science without adding to the supervisory ranks.

CDC's commitment to state and local partners to achieve the nation's public health goals is evident in our *Final FY 2005 GPR A Performance Plan and Report*.

## Performance Measurements Legend

Budget Page Number	B
Efficiency Measure	E
<i>Healthy People 2010</i>	HP
National Health Nutrition and Examination Survey	NHANES
HHS Strategic Plan Goal	HHS#
President's Management Agenda	 #
1. Strategic Management of Human Capital	
2. Increased Competitive Sourcing	
3. Improved Financial Management	
4. Expanded E-Government	
5. Enhanced Budget and Performance Integration	
Outcome Measure	O

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