

## Appendix F Change Chart

### Centers for Disease Control and Prevention

#### FY 2002/03 Change Chart for Goals and Performance Measures

Program Activity	Goal	FY 2002/03 Original Performance Measure	Revision and Explanation
<b>Birth Defects/Dev. Disabilities and Health</b>	Improve the health status of Americans with disabilities. Originally worded: Monitor, characterize, and improve the health status of Americans with disabilities		Revised goal to be more outcome-oriented
	Improve the health and quality of life of Americans with disabilities	Reduce the number of children with birth defects due to prenatal alcohol exposure by increasing the percentage of women who report abstinence of any alcohol consumption during pregnancy.	Revised measure
		Improve the quality, comprehensiveness, and usefulness of data derived from the National Birth Defects Prevention Network.	Revised measure
		Increase the number of states collecting community-based data on autism and other developmental disabilities.	Revised measure
	Prevent birth defects and developmental disabilities	Reduce the number of children with birth defects due to prenatal alcohol exposure by increasing the percentage of women who report abstinence of any alcohol consumption during pregnancy.	Simplified the language. Now reads: Reduce the percentage of women who report any alcohol consumption during pregnancy.
<b>Birth Defects/ Disabilities continued</b>	Prevent birth defects and developmental disabilities	Improve the quality, comprehensiveness, and usefulness of data derived from the National Birth Defects Prevention Network.	Language changed for clarity. Now reads: Increase the number of American births covered by birth defects monitoring programs (data used to plan services to children, evaluate prevention, and plan future prevention strategies).

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<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>
<b>Birth Defects/ Disabilities continued</b>	Improve the data on the prevalence of birth defects and developmental disabilities.	Increase the number of states participating in the National Birth Defects Prevention Network.	Measure deleted from 2003 plan due to required reduction in the number of measures.
	Monitor, characterize, and improve the health status of Americans with disabilities.	Increase the number of states biennially utilizing the state Behavioral Risk Surveillance System to monitor the health status of people with disabilities.	Measure deleted from 2003 plan due to required reduction in the number of measures.
<b>Chronic Disease/Health Promotion</b>  Breast and Cervical	Increase early detection of breast and cervical cancer by building nationwide programs in breast and cervical cancer prevention, especially among high-risk , under served women.	Excluding breast cancers diagnosed on an initial screen in the NBCCEDP, diagnose at least 70% of women aged 40 and older at the localized stage.* (*first mammogram provided through CDC's NBCCEDP.)	Measure will be eliminated effective FY 03 due to concerns about data quality.
	Increase early detection of breast and cervical cancer by building nationwide programs in breast and cervical cancer prevention, especially among high-risk , under served women.	Excluding invasive cervical cancers diagnosed on an initial screen in the NBCCEDP, lower the age-adjusted rate of invasive cervical cancer in women aged 20 and older to not more that 22 per 100,000 Pap tests provided.* (*first Pap test provided through CDC's NBCCEDP).	Revised performance measure. Established 04 targets.
	Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved women. For women diagnosed with cancer or pre-cancer, assure access to treatment services.	Maintain the percentage of newly enrolled women who have not received a Pap test within the past five years.	New measure - FY 04.

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<b>Chronic Disease/Health Promotion continued</b>	Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved women. For women diagnosed with cancer or pre-cancer, assure access to treatment services	Increase the number of women screened.  Breast: mammogram or CBE  Cervical: Pap Smear	New measure - FY 04.
	Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved women. For women diagnosed with cancer or pre-cancer, assure access to treatment services	Increase the percentage of women with abnormal results* who receive a final diagnosis within 60 days of screening.  *Breast - abnormal mammogram (suspicious of abnormality, highly suggestive of malignancy, or assessment incomplete) and/or abnormal CBE  *Cervical - abnormal Pap includes high grade SIL, squamous cancer, or abnormal glandular cells	New measure - FY 04.
	Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved women. For women diagnosed with cancer or pre-cancer, assure access to treatment services	Increase the percentage of women with cancer who start treatment within 60 days of diagnosis.	New measure - FY 04.
	Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved women. For women diagnosed with cancer or pre-cancer, assure access to treatment services	<u>Cervical</u> : Increase the percentage of women with precancerous lesions* who start treatment within 90 days of diagnosis  *includes CIN II, CIN III, and CIS	New measure - FY 04.

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<b>Chronic Disease/Health Promotion continued</b>  Community Based Prevention Research	Support prevention research to develop sustainable and transferable community-based behavioral interventions.	Ensure that PRCs work toward closing the gap between research findings and public health practices.	Process measure
	Support prevention research to develop sustainable and transferable community-based behavioral interventions.	Ensure that at least one PRC in each DHHS region established research priorities and develops interventions in collaboration with a constituent community.	Process measure - historically achieved target.
Heart Disease	Increase the capacity of state cardiovascular health programs to address prevention of cardiovascular disease at the community level	Increase the number of states with five of the seven core heart disease and stroke prevention capacities.	Measure will be deleted effective FY 03. CDC has historically met the target for this measure. A new measure has been developed.
	Reduce death and disability due to heart disease and stroke and eliminate disparities.	Reduce the proportion of heart disease and stroke deaths that occur before transport to emergency health services.	New measure - FY 04.
	Reduce death and disability due to heart disease and stroke and eliminate disparities.	Reduce the prevalence of uncontrolled high blood pressure (BP $\geq$ 140/90), among patients with hypertension, especially among populations at high risk, in states that collaborate with community health centers.	New measure - FY 04.
Diabetes	Increase the capacity of state based diabetes control programs to address the prevention of diabetes and its complications at the community level.	Increase the percentage of diabetes control programs that adopt, promote, and implement guidelines for improving the quality of care for persons with diabetes.	CDC has historically met target. Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

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<b>Chronic Disease/Health Promotion continued</b>	Increase the capacity of state based diabetes control programs to address the prevention of diabetes and its complications at the community level.	Conduct studies on translating research findings into clinical and public health practice, and publish results in peer-reviewed journals.	CDC has historically met target. Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
	Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level.	For states receiving CDC funding for diabetes prevention and control programs (DPCPs), increase the percentage of persons with diabetes who receive annual eye and foot exams.  *Refers to basic implementation states (Formerly comprehensive) only.	New measure - FY 04.
	Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level.	For states receiving CDC funding for diabetes prevention and control programs (DPCPs), increase the percentage of persons with diabetes who receive at least two A1c measures per year.	New measure - FY 04.
	Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level	By 2010, decrease by 20% the number of people with pre-diabetes who advance to diabetes among states with pre-diabetes programs.  *New initiative	New measure - FY 04.
Diabetes	Increase the capacity of state based diabetes control programs to address the prevention of diabetes and its complications at the community level.	Increase the percentage of DCPs with one capacity in all key areas (e.g. surveillance, partnerships, communication networks, assessment of quality care, public awareness.)	CDC has historically met target. Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
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<b>Chronic Disease/Health Promotion continued</b>	Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level	Increase the number of DPCPs that promote health system approaches to identifying persons who are at high risk for developing diabetes (e.g. obese and/or impaired glucose metabolism).  *New initiative	New measure - FY 04.
HIV Prevention among School-aged Youth	Reduce cigarette smoking among youth	Reduce the percentage of youth (grades 9-12) who smoke.	Revised target.
	Decrease levels of obesity or reduce the rate of growth of obesity in communities reached through nutrition and physical activity interventions.	Increase the number nutrition and physical activity interventions that are implemented and evaluated in funded states.	New measure - FY 04.
Arthritis	Increase the capacity of state arthritis programs to address the prevention of arthritis and its complications at the community level.	Enhance state based arthritis surveillance by increasing the number of states using BRFSS modules on arthritis and quality of life.	CDC has historically met target. Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
	Increase the capacity of state arthritis programs to address the prevention of arthritis and its complications at the community level.	Increase the number of states addressing arthritis at the core level.	Process measure - historically achieved target
	Support prevention research to develop sustainable and transferrable community-based behavioral interventions.	Ensure that at least one PRC in each DHHS region establishes research priorities and develops interventions in collaboration with a constituent community.	CDC has historically met target. Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
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<b>Chronic Disease/Health Promotion continued</b>	Support prevention research to develop sustainable and transferrable community-based behavioral interventions.	Ensure that PRCs work toward closing the gap between research findings and public health practices.	CDC has historically met target. Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
Cancer Registries	Improve the quality of state based cancer registries	Increase the percentage of states funded by CDC's NPCR that report at least 95% of unduplicated, expected cases of reportable cancer in state residents in a diagnosis year.	Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
Managing Risk Behaviors - BRFSS	Help states monitor the prevalence of major behavioral risks associated with premature morbidity and mortality in adults to improve the planning, implementation, and evaluation of health promotion and disease prevention programs.	Increase the number of states participating in the BRFSS that complete 4,000 telephone interviews per year.	Measure will be deleted effective FY 2003. CDC has historically achieved the targets.
<b>Environmental Health</b> Newborn Quality Assurance	Ensure the quality of lab technologies to quickly and accurately detect inherited disorders in newborns	Increase the number of disorders covered by the Newborn Screening Quality Assurance Program (this is a measure that has been deleted from the June 02 submission).	NCEH has met the target for the past 2 fiscal years and there are no plans to change the target, e.g. increase the number of disorders which are covered by the program.
Asthma	Improve state and local public health capacity to control asthma	States will have implemented core asthma programs (this is a measure that has been deleted from the June 02 submission)	This is not an outcome measure. The overall purpose of the state grants is to reduce asthma morbidity. This goal is more accurately measured in the remaining asthma measure regarding asthma hospitalizations.
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<p><b>Environmental Health continued</b></p> <p>Childhood Lead Poisoning</p>	<p>Reduce the burden of lead poisoning in children</p>	<p>Increase the percentage of CDC-supported states with systems to determine the number of Medicaid-enrolled children who are screened for lead poisoning (this is a measure that has been deleted from the June 02 submission)</p>	<p>This measure does not accurately convey the actual number of Medicaid children screened for lead poisoning. The first measure regarding reducing the number of children with elevated blood lead levels is the overarching goal of the program and the number of Medicaid children screened is subsumed in that measure.</p>
<p>Genomics</p>	<p>Help states use genetic information in their public health programs</p>	<p>Increase the number of states receiving technical assistance from CDC to integrate genetics into public health (this is a measure that has been deleted from the June 02 submission)</p>	<p>This is a process measure. The second measure in this section more accurately captures the intent of the program.</p>
<p><b>Epidemic Services and Response</b></p>	<p>Maximize the distribution and use of scientific information and prevention messages through modern communication technology.</p>	<p>Based on established criteria continue to publish the Morbidity and Mortality Weekly Reports (MMWR) series of publications including Reports and Recommendations, Surveillance Summaries, and the Annual Summary to communicate major public health events to the media, public policy makers and health professionals through multiple media channels -- print, television, radio, interactive World Wide Web.</p>	<p>Achieved - deleting measure</p>
		<p>The MMWR will refine communication efforts through a Center-wide communications plan to provide a framework for current activities and maximize communicating public health messages through print and the World Wide Web.</p>	<p>Achieved - deleting measure</p>
<p><b>Program Activity</b></p>	<p><b>Goal</b></p>	<p><b>FY 2002/03 Original Performance Measure</b></p>	<p><b>Revision and Explanation</b></p>

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<b>Epidemic Services and Response continued</b>	Efficiently respond to the needs of our public health partners through the provision of epidemiologic assistance	Based upon established criteria for participation, Epidemic Intelligence Service (EIS) officers will respond to at least 95% of the requests for epidemic assistance from domestic and international partners	Achieved - deleting measure
	Build expertise within CIOs to conduct prevention effectiveness studies of public health interventions.	Increase the number of professional prevention effectiveness staff and fellows.	Consolidated & deleting measure - after 2002
		Increase the number of staff in CIOs who can use prevention effectiveness methods.	Consolidated & deleting measure - after 2002
	As a long-term objective, CDC will implement accessible training programs to provide an effective workforce for staffing state and local health departments, laboratories, and ministries of health in developing countries.	Provide for effective workforce for staffing state and local health departments and in other public health related organizations.	Consolidated & deleting after 2002
		By FY 2002, implement the plan to address needed changes in EIS training methodologies identified in the evaluation study.	Achieved - deleting measure
		Number of courses to train state and local public health professionals in epidemiology, surveillance, informatics, prevention effectiveness, and management through a program modeled after the EIS program.	New measure
		Number of EIS officers assigned to state or municipal health departments.	New measure
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

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<b>HIV/AIDS Prevention</b>	Increase the proportion of HIV-infected people who know they are infected.	Increase the percentage of HIV-positive tests for which persons return for results.	Revised for accuracy: Increase the percentage of HIV-positive tests from CDC funded test sites with post-test counseling sessions reported
	Strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions and evaluate prevention programs.	Increase the number of states that conduct HIV case reporting.	Revised for accuracy: Increase the number of states and District of Columbia that conduct HIV case reporting in adults and adolescents.
	All	All	Goals changed to better align with HIV Prevention Strategic Plan Through 2005.
<b>Tuberculosis</b>	Eliminate tuberculosis in the United States	Target revision: Increase the percentage of contacts of infectious (AFB smear-positive) cases who are placed on treatment for latent TB infection and complete a treatment regimen.	Targets for 2000 and later years have been adjusted to reflect changes in data collection methods.
<b>Immunization</b>	Improve Vaccine Safety Surveillance	Expand the network of CDC and CDC-funded staff, virologists, epidemiologists, technical and scientific officers on long-term assignments in WHO country and regional offices.	The following performance measures were replaced or omitted in favor of more outcome oriented measures. CDC will continue to report on these measures until 2002, as they were previously included in the FY 2002 Performance Plan.
		Expand a special program to prepare a cadre of trained public health professionals throughout CDC to complete short-term assignments with WHO.	Deleting measure
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

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<b>Infectious Diseases Control Continued</b>		Use new data mining techniques to increase the number of detected true and false signals of adverse events associated with vaccination.	Deleting measure
		Expand the Vaccine Safety Datalink (VSD) sites to increase the number of persons under active surveillance for vaccine safety.	Deleting measure
		Improve the ability of health care providers to report vaccine adverse events, including those associated with influenza vaccine, by pilot testing electronic reporting to VAERS in managed care organizations.	Deleting measure
<b>Immunization</b>	Improve vaccine safety surveillance.	Increase the number of persons under active surveillance for vaccine safety via large linked databases to 13 million people by 2010.	Revised for more outcome-oriented measure.
	Strengthen epidemiologic and laboratory capacity to recognize, respond to, and monitor infectious diseases	Increase on-site technical support and assistance to the 57 state-based prevention programs funded through the ELC cooperative agreement by increasing percentage of programs visited within the budget year..	Revised measure
	Apply scientific findings to prevent and control infectious diseases	Expand surveillance for unusual HIV variants.	Measure moved from HIV section to the Infectious Diseases Control section
Epidemiology and Laboratory Capacity	#1: Strengthen epidemiologic and laboratory capacity to recognize, respond to, and monitor infectious diseases.	#1: Increase the number of EID microbiology fellows trained for employment in public health laboratories.	Process-oriented. Another measure is being developed to better reflect outcomes from increasing EID fellows.
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<b>Infectious Diseases Control Continued</b>  Priority Disease Problems	Protect Americans from priority infectious diseases.	#2: Increase the number of states and/or local health departments that integrate viral hepatitis preventing into STD and HIV treatment programs.	Process-oriented
		#3: Provide support to 20 health departments to assess the effectiveness of integration of HCV counseling, testing, and referral programs.	
		Establish sentinel surveillance systems for chronic HCV in 10 states to monitor trends in incidence, risk factors for infection and outcomes of disease.	
	Influenza	#1. Establish sentinel surveillance sites to monitor influenza viruses (1 site/250,000 population) to enhance early detection of viruses with pandemic potential domestically.	Combined with #2 below to reduce measurements.
		#2 Provide support to build capacity for influenza surveillance wits and networks internationally to enhance early detection of viruses with pandemic potential and improve vaccine decision-making.	Combined with #1 under influenza to reduce # of measurements.
	Foodborne Illnesses	#1. Detect and investigate large or unusual outbreaks of diarrheal and or foodborne illness.	Achieved targets three consecutive years. Goal met.
		#2. Increase the proportion of foodborne outbreaks in which the causative food is identified.	Exceeded measurement for three years. Goal met/ Measurement dropped.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

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<b>Infectious Diseases Control Continued</b> Antimicrobial Resistance	Reduce the spread of antimicrobial resistance	Provide support to health department s and hospitals for surveillance, prevention, and control of antimicrobial resistance	Met target two consecutive years./Goal met.
		Establish a surveillance system to collect data on antimalarial drug resistance in African countries.	Met target two consecutive years./Goal met.
Medical Errors and Healthcare-associated infections	#1. Protect Americans from death and serious harm caused by medical errors and preventable complications of healthcare.	1. Reduce the rate of central line-associated bloodstream infections in adult ICU patients to 3.80, as measured through the NNIS system.	Deleting measure. Measurement has been achieved or exceeded.
		Fund demonstration programs to develop and evaluate new strategies to measure and prevent healthcare associated infections.	Goal was not outcome oriented and removed to meet required decrease in number of measurements in performance plan. Baseline established, goals never reported.
Public and Provider Education	#1 Apply scientific findings to prevent and control infectious diseases.	#2. Establish 10 surveillance networks to monitor antimicrobial resistance, threats from transfusion of blood/blood products, and infectious diseases in travelers and immuno-suppressed and under served populations.	Achieved or exceeded three consecutive years. Goal was not outcome oriented and removed to meet required decrease in number of measurements in performance plan.
		#4. Increase participating of 134 hemophilia treatment centers in the Universal Data Collection system.	Achieve or exceeded three consecutive years./Goal met.
<b>Injury Prevention and Control</b>	Reduce the incidence of youth violence	In a CDC-funded youth violence project, reduce the number of students reporting incidents of fighting.	Measure achieved
		Develop best practice protocols for implementation and evaluation of youth violence prevention programs.	Measure achieved
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

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<b>Injury Prevention and Control Continued</b>		Increase the number of regional best practices workshops, and disseminate workshop results.	Measure achieved
	Reduce violence against women	Establish a biennial survey of the incidence and prevalence of violence against women.	Measure achieved
		Establish demonstration projects to address prevention of violence against women.	Revised measure to be more outcome-oriented.
	Reduce violence against women (continued)	Establish a research program to address understudied aspects of violence against women ( e.g., assess factors of perpetration of IPV that would inform development of interventions and treatment)	Revised measure to be more outcome-oriented.
		Evaluate the effectiveness of communities with coordinated community responses.	Measure achieved
		Establish at least one surveillance system for collecting intimate partner violence data representative of an entire state	Measure achieved
	Improve the uniformity, quality, and accessibility of emergency department (ED) data for public health surveillance in several States, ultimately developing the capacity to improve data in all States through development of guidelines, recommendations, or technical assistance. Reduce the number and severity of head injuries in CDC funded projects by increasing bicycle helmet use.	Reduce the number of bicycle-related emergency department visits by 5% per year from 123,475 in 1995.	Funding for this program shifted to other injury program priorities.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Injury Prevention and Control Continued</b>		Increase the use of bicycle helmets by child and teen bicyclists in CDC-funded project areas.	Partially Achieved--funding ended in FY 00
	Improve the timeliness and quality of data used to determine the medical and social impact of traumatic brain injury.	Develop a uniform reporting system for TBI; determine incidence and prevalence; report on uses of state surveillance and follow-up registry data; disseminate information on TBI trends	Reworded for FY03 plan to say "Increase the number of states receiving CDC funding for surveillance and to identify and track injuries."
		Implement CDC guidelines for design and use of TBI registries in 2 states by 2004; report outcomes associated with TBI.	Findings disseminated and measure achieved
	Reduce the incidence of residential fire-related injuries and deaths by increasing functional smoke alarms on every habitable floor	In CDC-funded projects within 14 states (our previous round of state projects), increase the proportion of homes with at least one smoke detector on each habitable floor.	Exceeded
		In CDC-funded projects within the 13 states, increase the number of homes with at least one smoke alarm on each habitable floor.	Achieved
		Publish recommendations for conducting and evaluating smoke alarm promotion programs.	Revised measure to be more outcome-oriented.
	Increase external input on the research priorities, policies, and procedures related to the extramural research supported by CDC	Increase efficiency and effectiveness of research investments by employing competitive peer-review processes.	Revised measure to be more outcome-oriented.
	Educate the capacity of states to implement effective rape prevention and education programs	Develop case definitions for sexual assault.	Revised measure to be more outcome-oriented.
		Conduct state training programs	Revised measure to be more outcome-oriented.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Injury Prevention and Control Continued</b>	Improve the uniformity, quality, and accessibility of emergency department (ED) data for public health surveillance in several States, ultimately developing the capacity to improve data in all States through development of guidelines, recommendations, or technical assistance	Establish the capability of state health departments to receive secure transmission of non-identifiable patient data from participating emergency departments.	Revised measure to be more outcome-oriented.
	Enhance the capacity of states to implement effective rape prevention and education programs	Develop case definitions for sexual assault.	Measure achieved
		Conduct state training programs	Measure achieved
	Reduce the number and severity of head injuries in CDC funded projects by increasing bicycle helmet use.	Reduce the number of bicycle-related emergency department visits by 5% per year from 123,475 in 1995.	Funding for this program shifted to other injury program priorities.
		Increase the use of bicycle helmets by child and teen bicyclists in CDC-funded project areas.	Partially Achieved--funding ended in FY 00
	Improve the timeliness and quality of data used to determine the medical and social impact of traumatic brain injury.	Develop a uniform reporting system for TBI; determine incidence and prevalence; report on uses of state surveillance and follow-up registry data; disseminate information on TBI trends	Reworded for FY03 plan to say "Increase the number of states receiving CDC funding for surveillance and to identify and track injuries."
		Implement CDC guidelines for design and use of TBI registries in 2 states by 2004; report outcomes associated with TBI.	Findings disseminated and measure achieved
	Reduce the incidence of residential fire-related injuries and deaths by increasing functional smoke alarms on every habitable floor.	The incidence of residential fire-related deaths will be reduced.	Reworded for FY03 plan to say "Among the state receiving funding from CDC, reduce deaths from residential fire."
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<b>Injury Prevention and Control Continued</b>		In CDC-funded projects within 14 states (our previous round of state projects), increase the proportion of homes with at least one smoke detector on each habitable floor.	Exceeded/measure achieved
		In CDC-funded projects within the 13 states, increase the number of homes with at least one smoke alarm on each habitable floor.	Measure achieved
		Publish recommendations for conducting and evaluating smoke alarm promotion programs.	Measure achieved
	Increase external input on the research priorities, policies, and procedures related to the extramural research supported by CDC.	Increase efficiency and effectiveness of research investments by employing competitive peer-review processes.	Reworded for FY 03 plan to say "Develop new or improved approaches for preventing and controlling death and disability due to injuries."
	Provide online access to injury prevention data	Implement a user-friendly, personal computer-based system for accessing Federal injury data in a variety of national and state-based systems.	Measure achieved
	Improve the uniformity, quality, and accessibility of emergency department (ED) data for public health surveillance in several States, ultimately developing the capacity to improve data in all States through development of guidelines, recommendations, or technical assistance.	Establish the capability of state health departments to receive secure transmission of non-identifiable patient data from participating emergency departments.	Reworded for FY03 plan to say "Increase the number of states receiving CDC funding for surveillance and to identify and track injuries."
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

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<p><b>Occupational Safety &amp; Health Research</b></p>	<p>Conduct a targeted program of research to reduce morbidity, injuries, and mortality among workers in high-priority areas and high-risk sectors / <b>Conduct</b> a high quality research program in occupational safety and health which provides relevant, useful results to workers, employers, and other agencies on occupational diseases, workplace hazards, risk factors, and effective methods of prevention.</p>	<p>Expand involvement of other federal agencies in NORA-related research.</p> <p>Increase the science base for occupational safety and health through publications, innovations, and research partnerships.</p> <p>Demonstrate impact of NORA on research activity through bibliometrics and other proxy measures, such as accomplishments of NORA partnerships teams</p>	<p>Revised goal to coincide with Healthy People 2010 and President's Management Agenda</p>
	<p><b>New Performance Goal:</b> Conduct a high quality research program in occupational safety and health that advances scientific knowledge and provides technically and economically utilizable results to workers, employers, governmental agencies, and the scientific community on workplace safety and health hazards, risk factors, and effective methods of prevention.</p> <p><b>Old Performance Goal:</b> Conduct a high quality research program in occupational safety and health that advances scientific knowledge provides relevant, useful results to workers, employers, other agencies, and the scientific community on occupational diseases, workplace hazards, risk factors, and effective methods of prevention:</p>		<p>Revised overall performance goal to be more outcome oriented</p>
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<p><b>Occupational Safety &amp; Health Continued</b></p>		<p><b>New Measure:</b> Increase the relevance of occupational safety and health research for future improvements in workplace protection.</p> <p><b>Old Measure:</b> Relevance of occupational safety and health research for future improvements in workplace protection.</p>	<p>Revised FY 03 and FY 04 measure to be more outcome oriented</p>
		<p><b>New Measure:</b> Ensure the quality of occupational safety and health research as measured by peer review.</p> <p><b>Old Measure:</b> Quality of research as measured by peer review.</p>	<p>Revised FY 03 and FY 04 measure to be more outcome oriented</p>
<p>Tracking Work Injuries, Illnesses, and Hazards (formerly surveillance section)</p>	<p><b>New Performance Goal:</b> Increase the capacity for the collection and use of information on the occurrence and frequency of work injuries, illnesses, and hazards in order to access the actual burden of occupational injuries and illnesses.</p> <p><b>Old Performance Goal:</b> Improve the quality (accuracy) of information and to increase the capacity for the collection and use of information on the occurrence and frequency of work injuries, illnesses, and hazards in order to keep target essential research and appropriate interventions for improvement of worker safety and health.</p>		<p>Revised overall performance goal to be more outcome oriented</p>
<p><b>Program Activity</b></p>	<p><b>Goal</b></p>	<p><b>FY 2002/03 Original Performance Measure</b></p>	<p><b>Revision and Explanation</b></p>

## Appendix F Change Chart

<p><b>Occupational Safety &amp; Health Continued</b></p>		<p><b>New Measure:</b> Improve the quality and usefulness of tracking information by safety and health professionals and researchers in targeting research and intervention priorities; and measuring the success of implemented intervention strategies.</p> <p><b>Old Measure:</b> Quality and usefulness of surveillance information by safety and health professionals and researchers in targeting research and intervention priorities; and measuring the success of implemented intervention strategies.</p>	<p>Revised FY 03 and FY 04 measure to be more outcome oriented</p>
<p>Information, Training, and Capacity Building (formerly Capacity Building section)</p>	<p><b>New Performance Measure:</b> Ensure safer and healthier work environments for all Americans through information dissemination, knowledge transfer, and training.</p> <p><b>Old Performance Goal:</b> Enhance the capacity to achieve a safe and healthy workplace for all Americans by assuring that there is an adequate supply of trained occupational safety and health professionals for the next decade, and enhancing knowledge and skill of employers, workers, and safety and health professional</p>		<p>Revised overall performance goal to be more outcome oriented</p>
<p><b>Program Activity</b></p>	<p><b>Goal</b></p>	<p><b>FY 2002/03 Original Performance Measure</b></p>	<p><b>Revision and Explanation</b></p>

## Appendix F Change Chart

<p><b>Occupational Safety &amp; Health Continued</b></p>		<p><b>Added New Measure:</b> Increase quality, relevancy, and usefulness of NIOSH information and recommendations by occupational safety and health professionals, workers, employers, government, the scientific community, and the public.</p>	<p>Added new FY 03 and FY 04 performance measure that is outcome oriented and coincides with HHS outcome goal 4.4, 8.5</p>
<p>Prevention Activities through Evaluation, Safety and Health Interventions and Recommendations</p>	<p><b>New Performance Goal:</b> Increase safety and health in the workplace by demonstrating, communicating, and promoting technically and utilizable solutions to control workplace hazards and reduce work-related injuries, illnesses, and fatalities.</p> <p><b>Old Performance Goal:</b> Increase safety and health in the workplace by demonstrating, communicating, and promoting the use of effective solutions to control workplace hazards and reduce work-related injuries, and fatalities.</p>		<p>Revised overall performance goal that is more outcome oriented.</p>
		<p><b>New Measure:</b> Reduce the annual incidence of work injuries, illnesses, and fatalities, in targeted sectors.</p>	<p>Created new performance measure to consolidate old performance measurements. New performance measure is outcome oriented and coincides with HHS outcome goal 1.6 and Healthy People 2010.</p>
<p><b>Program Activity</b></p>	<p><b>Goal</b></p>	<p><b>FY 2002/03 Original Performance Measure</b></p>	<p><b>Revision and Explanation</b></p>

## Appendix F Change Chart

<b>Occupational Safety &amp; Health Continued</b>		<b>New Measure:</b> Increased utilization of control technology and personal protective technology in targeted sectors	Created new performance measure to consolidate old performance measurements. New performance measure is outcome oriented and coincides with HHS outcome goal 2.2
		<b>Old Measure:</b> Reduce the annual incidence of disabling work injuries among children and youth.	Removed FY 03 and FY 04 performance measurement. FY 03 and FY 04 targets consolidated into new performance measurement.
		<b>Old Measure:</b> Reduce the annual incidence of needle stick injuries among hospital employees	FY 03 and FY 04 performance measure removed from plan by CIO during revision process
		<b>Old Measure:</b> Reduce the incidence and severity of silica exposures among construction workers.	Removed FY 03 and FY 04 performance measurement. FY 03 and FY 04 targets consolidated into new performance measurement.
		<b>Old Measure:</b> Reduce the annual incidence of material handling injuries among miners installing support structures	FY 03 and FY 04 performance measure removed from plan by CIO during revision process
		<b>Old Measure:</b> Reduce the annual incidence of musculoskeletal disorders among workers in the construction industry.	FY 03 and FY 04 performance measure removed from plan by CIO during revision process
		<b>Old Measure:</b> Reduce the percentage of damaged, field deployed, self-contained self-rescuers (SCSRs) (Type of respirator	FY 03 and FY 04 performance measure removed from plan by CIO during revision process, too output based.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Occupational Safety &amp; Health Continued</b>		<b>Old Measure:</b> Increase the percentage of respirators users who have been trained how to use respirators for protection against potentially toxic work environments	FY 03 and FY 04 performance measure removed from plan by CIO during revision process, too output based
		<b>Old Measure:</b> Decrease average years of life lost to pneumoconiosis among U.S. workers	FY 03 and FY 04 performance measure removed from plan by CIO during revision process
		<b>Old Measure:</b> Reduce the annual incidence of elevated blood lead concentrations in persons due to work exposures	Removed FY 03 and FY 04 performance measurement. FY 03 and FY 04 targets consolidated into new performance measurement.
Surveillance	<b>Identify high-risk</b> working conditions by developing a surveillance system for major occupational illnesses, injuries, exposures, and health hazards / <b>Improve the quality</b> (accuracy) of information and to increase the capacity for the collection of information on the occurrence and frequency of work injuries, illnesses, and hazards so that the analysis of this information leads to essential research and appropriate intervention for improvement of worker health and safety.	Implement the strategic plan, and seek opportunities for enhancement via stakeholder interaction.  Collect, analyze, and disseminate surveillance data on occupational illnesses, injuries, and hazards.	Revised goal
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<p><b>Occupational Safety &amp; Health Continued</b></p> <p>Capacity Building</p>	<p>Foster safe and healthy working conditions by providing workers, employers, the public, and the occupational safety and health community with information, training, and capacity to prevent occupational diseases and injuries. / <b>Enhance the capacity</b> to achieve a safe and healthy workplace for all Americans by assuring that there is an adequate supply of trained occupational safety and health professionals for the next decade.</p>	<p>Transfer scientific and technical information to employers, workers, the public, and the occupational safety and health community.</p> <p>Conduct, arrange, and sponsor technology transfer and training sessions.</p> <p>Support capacity building activities.</p> <p>Support training for occupational safety and health professionals.</p> <p>Review a sample of documents, training materials, and communication efforts, and begin implementation of findings.</p>	<p>Revised goal to coincide with President's Management Agenda</p>
<p>Work Safety and Health Interventions</p>	<p><b>Promote safe and healthy working conditions</b> by increasing occupational disease and injury prevention activities through workplace evaluations, interventions, and CDC recommendations. / <b>Increase safety and health</b> in the workplace by demonstrating, communicating, and promoting the use of effective solutions to control workplace hazards and reduce work-related injuries, diseases, and fatalities.</p>	<p>Respond to requests for workplace evaluations from employers, workers, and others, and provide practical advice to address problems.</p> <p>Provide scientific support for policy development, testimony, and non-regulatory initiatives.</p> <p>Evaluate the effectiveness of targeted prevention programs.</p>	<p>Revised goal to coincide with Health People 2010 objectives</p>
<p><b>Program Activity</b></p>	<p><b>Goal</b></p>	<p><b>FY 2002/03 Original Performance Measure</b></p>	<p><b>Revision and Explanation</b></p>

## Appendix F Change Chart

<b>Preventive Health and Health Services Block Grant</b>	Provide interim dynamic support for high priority state and local disease prevention and health promotion programs.	Increase the number of grantees who submit as part of their annual report 1 health outcome impact success story.	Process measure
	Support high-priority state and local disease prevention and health promotion programs.	Increase the number of grantees who submit as part of their annual report 1 health outcome impact success story.  Increase the number of grantees who submit both an annual application and annual report using the standardized electronic grant application and reporting system (GARS).	In the 2/02 submission, CDC has proposed adding these new measures. However, given the mandate to reduce the total number of measures in the performance plan, CDC withdrew these measures.
<b>Public Health Improvement</b>	Provide interim dynamic support for high priority state and local disease prevention and health promotion programs.	Increase the number of grantees who submit both an annual application and annual report using the standardized electronic grant application and reporting system.	Process measure
	Prepare local, frontline public health workers to respond to current and emerging public health threats.	Establish a national system of Centers for Public Health Preparedness to develop and dissemination competencies based public health curricula	Revised measure to be more outcome-oriented: Percent of states/terr. served by a center for public health preparedness(cphp) that provides education/training in BT and other public health threats and emergencies to frontline public health practitioners.
	Prepare local, frontline public health workers to respond to current and emerging public health threats.	Build capacity for technology based learning at Federal, State, and local levels	Revised measure to be more outcome-oriented: Percent of local health departments who deploy distributed learning technology in public health education and training.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Public Health Improvement</b>	Implement training programs to provide an effective workforce for U.S. health departments and laboratories and ministries of health in developing countries.	The number of public health professionals participating in distance learning activities will be increased.	Output-oriented - deleting measure. This information is already reported in the budget output table.
	Implement training programs to provide an effective workforce for U.S. health departments and laboratories and ministries of health in developing countries.	The number of Sustainable Management Development graduates who conduct training in developing countries will be increased.	Output-oriented - deleting measure. This information is already reported in the budget output table.
	Implement training programs to provide an effective workforce for U.S. health departments and laboratories and ministries of health in developing countries.	Evaluate the impact on laboratory practice of training programs conducted by the National Laboratory Training Network.	Moved to different goal (prepare frontline state and local health departments and laboratories to respond to current and emerging health threats) because it measures impact on lab practices
	Implement training programs to provide an effective workforce for U.S. health departments and laboratories and ministries of health in developing countries.	The number of states served by state and regional leadership development programs will be increased.	Output-oriented - deleting measure. This information is already reported in the budget output table.
	State and local health departments are able to electronically access and distribute up-to-date PH information and emergency health alerts, monitor the health of communities, and assist in detection of emerging public health problems.	Expand the connectivity of the Health Alert Network.	Moved from bioterrorism- This is a dual-use program between public health improvement and bioterrorism
	Conduct research to identify and evaluate community-based prevention interventions.	Disseminate research findings in formats that encourage uptake by decision-makers (clinicians, administrators, and legislators)	Process measure - deleting measure.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Public Health Improvement continued</b>	Strengthen the scope and nature of extramural public health research programs.	Expand the scope of public health research to multidisciplinary research efforts that bridge the gap between public health practice, public health research, bioethics, and health policy research.	Achieved and reported in FY 2001.
	Increase the number of frontline public health workers at the state and local level that are competent and prepared to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies and prepare frontline state and local health departments and laboratories to respond to current and emerging public health threats.	Percent of states/terr. Served by a Center for Public Health Preparedness (CPHP) that provides education training in BT and other public health threats and emergencies to frontline public health practitioners.	Consolidated measure Measure: Evaluate the impact on the performance/preparedness of frontline public health practitioners resulting from education and training programs implemented or supported by CDC, including the Centers for Public Health Preparedness system.
		Percent of local health departments who deploy distributed learning technology in public health education and training.	Consolidated measure Measure: Evaluate the impact on the performance/preparedness of frontline public health practitioners resulting from education and training programs implemented or supported by CDC, including the Centers for Public Health Preparedness system.
		States demonstrating improvement in laboratory testing and reporting of priority diseases.	<b>Performance measure consolidated into one measure.</b> Measure: Evaluate the impact on laboratory practice of the National Laboratory System (NLS) training programs conducted by the National Laboratory Training Network.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Public Health Improvement continued</b>	State and local health departments are able to electronically access and distribute up-to-date public health (PH) information and emergency health alerts, monitor the health of communities and assist in the detection of emerging public health problems.		Performance Goal 2 consolidated into Performance Goal 1 1. Increase the number of frontline public health workers at the state and local level that are competent and prepared to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies and prepare frontline state and local health departments and laboratories to respond to current and emerging public health threats.
<b>Public Health Improvement - REACH</b>	Improve the lives of racial and ethnic populations who suffer disproportionately from the burden of disease and disability, and develop tools and strategies that will enable the nation to eliminate these health disparities by 2010.	Fund selected communities to implement REACH 2010 interventions based on community planning activities.	CDC has historically met target. Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan.
	Improve the lives of racial and ethnic populations who suffer disproportionately from the burden of disease and disability, and develop tools and strategies that will enable the nation to eliminate these health disparities by 2010.	Develop a comprehensive dissemination plan for transferring lessons learned from the REACH 2010 projects to communities across the country.	Measure will be deleted effective FY 03. CDC is eliminating this measure based on the mandate to reduce the total number of measures in the performance plan
	Improve the lives of American Indian and Alaska Native populations who suffer disproportionately from the burden of disease and disability, and develop tools and strategies that will enable the nation to eliminate these health disparities by 2010.	CDC will support AI/AN organizations to address health priorities, prevention gaps, and service delivery interventions for their communities.	Process measure. Eliminated effective FY 03. CDC will however continue to report on progress related to this measure in the performance summary
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Buildings and Facilities</b>	Implement scheduled improvements, construction, security, and maintenance consistent with available resources and priorities identified in CDC's master facilities planning process.	Construct Phase II of Building 17 (Infectious Disease Research Laboratory) at the Clifton Road campus.	Deleting measure
		Design CDC buildings to begin building consolidation process	New/revised measure
		Construct CDC buildings	New/revised measure
		Design and construct a new Emerging Infectious Disease Laboratory, Building 18, Clifton Road campus, to vacate and modernize Building 1 South, house bioterrorism activities, and provide additional BSL-4 capacity.	Revised measure
		Begin design of a Scientific Communications Center to replace Building 2 and vacate and modernize Building 3, Clifton Road campus.	Revised measure
		Complete construction of infectious disease laboratory, Building 109, to replace Buildings 4, 6,7,8, and 9, Chamblee campus.	Revised measure
<b>Office of the Director</b>		Review and manage CDC's patent portfolio to maximize return for public health benefit.	Revised measure
		Complete construction of infrastructure project in Security Buffer Zone, Clifton Road campus.	Revised measure
		Design and construct an Environmental Toxicology Laboratory, Building 110, to replace Buildings 17, 25, 31, and 32, Chamblee campus.	Revised measure
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Office of the Director</b>		Begin design of New Headquarters Building 21, Clifton Road campus, for lease consolidation project.	Revised measure
		Begin design of Building 106, Chamblee campus, for Lease Consolidation Project.	Revised measure
	Identify, evaluate, and protect novel technologies	Review and manage CDC's patent portfolio to maximize return for public health benefit	Revised for more outcome-oriented measure
		Increase the number of employee invention reports (EIRs) filed per year.	Deleting measure
	Facilitate the commercialization of unique technologies	Market all available licensing opportunities for CDC's intellectual property, and update availability of new technologies on a quarterly basis.	Deleting goal and measure.
		At least annually, provide new evidence that CDC licenses provide a substantial basis for development of commercially significant products and processes.	Deleting measure.
		Increase CDC outreach activities through participation in national and international research, trade, and technology transfer meetings/conferences.	Deleting measures.
	Promote private-sector participation and investment in applications of novel research discoveries.	Increase the number of CRADAs, Material Transfer Agreements, Clinical Trial Agreements, and other CDC-private sector research cooperation mechanisms.	Deleting goal and measure.
		Increase the number of EIRs arising from cooperative research with the private sector.	Deleting measure.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Office of the Director continued</b>	Increase public health scientists' knowledge and practice of human subjects protection in research.	Increase the number of states with assurances of compliance and IRBs.	Deleting goal and measure.
		Increase the number of CDC scientists who receive computer-based training in scientific ethics.	Deleting measure.
<b>Minority Health</b>	Prepare minority medical, veterinary, pharmacy, and graduate students for careers in public health	Increase the number of minority students participating in the Hispanic Health Professions Internship Program, Ferguson Emerging Infectious Disease Fellowship Program, Public Health Summer Fellowship Program, and Project IMHOTEP.	Deleting measure
	Foster a stronger collective departmental perspective on AI/AN issues	Working in conjunction with IHS, identify and pursue areas of mutual interest and benefit.	Deleting measure
OEEO	Enhance agency recruitment efforts to ensure the availability of applicant pools that include qualified minorities, women, and persons with disabilities	Increase our participation in the Agency's recruitment activities with HBCUs, HACUs, Tribal Colleges & Universities, Persons with Disabilities and build and expand other partnerships.	Deleting measure
	Provide continuing EEO and diversity training to managers, supervisors, and employees	Increase the opportunities for EEO Training for CDC/ATSDR workforce.	Deleting measure
	Through early intervention and Alternative Dispute Resolution (ADR), reduce the number of EEO complaints	Reduce the number of complaints in the inventory	Deleting measure
	Provide a tool to measure CIO performance and management accountability under the EEO Program.	Develop and disseminate an EEO report to each CIO quarterly.	Deleting goal and measure.
	Provide leadership and coordination for support activities across CDC.	Develop and provide technical assistance and consultation for CDC staff.	Deleting goal and measure.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Office of the Director continued/ Program Planning and Evaluation</b>		Coordinate the development and timely submission of correspondence, reports, and OMB clearance packages.	Deleting measure.
		Enhance the capacity of CDC policy staff to perform their official duties through training, team building, and sharing best practices, and promote better collaboration among policy teams.	Deleting measure.
	Improve CDC's Performance Plan	Develop and implement a formal process for evaluating performance goals and measures	Deleting measure.
		Develop and implement a formal process for evaluating performance goals and measures	Deleting measure.
		Develop and implement a process to ensure narrative goals and measures are more effectively linked to CDC's budget	Deleting measure.
	Effectively communicate CDC's scientific information to multiple audiences by increasing our understanding of each audience.	Develop an expedited OMB Clearance process that makes audience research/input more timely and do-able..	Delete measure.
		Expand capacity to obtain accurate and timely audience information which can be made available to all CDC programs and public health partners.	Delete measure.
<b>Health Communication</b>	Increase awareness of public health issues.	Develop a multi-tiered strategy for working with the private sector on communication initiatives.	Delete goal and measure.
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Health Communication continued</b>		Build strong partnerships with national, international public health agencies, non-governmental agencies, and relevant private sector partners.	Deleting measure
		Develop a strategy for working with the news media on communicating about biological and chemical terrorist events.	Deleting measure
	To strengthen the science and practice of health, risk, and crisis communication through <i>research</i> .	Increase the amount of funds allocated for communication research and evaluation among CDC's programs and CDC's public health partners (through cooperative agreements, fellowships, or competitive grants processes).	Deleting measure
		Conduct research that advances the science and practice of risk and crisis communication in a Bioterrorism response.	Deleting measure
		Conduct research that advances the science of health communication and clearly indicates the contribution communication makes in health behavior change interventions.	Deleting measure
		Increase the number of publications authored by CDC communication professionals.	Deleting measure
	Strengthen the science and practice of health, risk, and crisis communication through <i>research and capacity building</i>		Deleting goal and measure
<b>Terrorism</b>	All goals	All FY 04 Measures are new	New measures
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Program Support</b>	Enhance CDC's information security program and ensure that critical information systems and infrastructure operate reliably.	Protect CDC's information system and ensure the reliable and continuous operation of CDC's critical information systems and information technology infrastructure (data center, wide area network, e-mail, Internet/web services, and telecommunications).	<b>New measure to consolidate related performance measures from the 5 areas of the President's Management Agenda (PMA)</b> - measures below contribute to achieving a "green light" and will be monitored internally.
<b><i>Information Access, Security, and Reliability</i></b>	Provide a variety of standardized and integrated means for access to CDC information resources by health practitioners and the public.	Enhance CDC's information content and technology infrastructure to increase public access to CDC information resources through the CDC website and CDC's Voice/Fax Information Service (VIS).	Deleting measure
	Enhance CDC's information security program.	Protect CDC's information system from serious losses, alterations, or releases of data or information that are critical, highly sensitive, or covered by privacy or confidentiality requirements.	Consolidated/ revised measure
	Ensure that critical information systems and infrastructure operate reliably.	Ensure the reliable and continuous operation of CDC's critical information systems and information technology infrastructure (data center, wide area network, e-mail, Internet/web services, and telecommunications).	Consolidated/ revised measure
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Program Support</b>	Identify, evaluate, and protect novel technologies.	Review and manage CDC's patent portfolio to maximize return for public health benefit.	Less than 30 percent of unlicensed patents are being maintained by CDC beyond 4 years from the date of issue. Upon further analysis, this is not a valid measure of technology transfer. It is an arbitrary measure that may not reflect the public policy needs of the agency to invest in solutions to anticipated problems or the "ahead of their time" nature of CDC inventions.
<b><i>Competitive Sourcing, Financial Assistance, and Performance-Based Contracting</i></b>	Implement competitive sourcing for analyzing and conducting program activities that are commercial in nature.	Directly convert to contract and/or conduct cost comparison studies of CDC staff performing commercial functions listed in the CDC FAIR Act inventory.	Deleting measure
	Establish performance measures for grants and cooperative agreements.	Document grantee performance relevant to the purpose of Program Announcements, Healthy People 2010 Goals and appropriate Programmatic GPRA goals by incorporating performance measures into Program Announcements.	Deleting measure
	Streamline financial assistance programs (grants and cooperative agreements) through consolidation.	Consolidate competitive grant and cooperative agreements through the use of umbrella Program Announcements.	Deleting measure
	Enhance the effectiveness of service contracts through performance-based contracting.	Increase the use of performance-based contracting.	Deleting measure
<b><i>Financial Management</i></b>	Ensure the proper preparation and presentation of CDC's financial statements.	Achieve 100% audited financial statements with no qualifications.	Deleting measure
<b>Program Activity</b>	<b>Goal</b>	<b>FY 2002/03 Original Performance Measure</b>	<b>Revision and Explanation</b>

## Appendix F Change Chart

<b>Program Support Recruitment Timeliness</b>	Decrease the time needed to classify positions and refer candidates for vacancies.	Decrease the time needed to refer candidates to fill positions	Deleting measure
<b>Workforce Planning</b>	Enhance workforce planning efforts at CDC	Improvement of supervisory ratio	Deleting measure
		Increase in the span of control and organizational size.	Deleting measure
		Reduction in the number of organizational units.	Deleting measure
<b>SES Performance Contracts</b>	Development and implement SES Performance Contracts.	Development and implementation of SES Performance Contracts	
<b>Recruitment and Retention Strategies</b>	Increase Hispanic/Latino representation at CDC	Increase percentage of Hispanic/Latino representation in the workforce.	
	Recruitment and retention of a highly qualified workforce.	Use of above the minimum appointments to attract superior candidates.	
		Use of recruitment bonuses for hard-to-fill positions.	
		Use of retention allowances to retain essential employees.	