

Appendix A Linkage to HHS Strategic Plan

CDC has adopted key parts of the DHHS strategic plan, which was recently revised, to move the agency forward into the 21st century. The DHHS strategic plan has eight broad goals that are supported by multiple objectives. CDC's programs support multiple goals and objectives of the plan. A crosswalk delineating the relationship between CDC's programs and the DHHS Strategic Plan is located at Appendix A.1.

DHHS' strategic goals set the stage for actions that, on a daily basis, improve the quality of people's lives throughout the world. When it comes to action, CDC focuses its expertise and other resources in three principal areas:

Protecting the health and safety of Americans – CDC addresses DHHS Goals 1 and 4 through actions generated from science-based programs. Serious threats to the nation's health come from many sources: diseases, organisms, injuries, behaviors, emerging risks. Meeting these complex health problems head-on requires CDC to be both nimble and flexible – that is, to adapt resources and balance priorities as needed, to use diverse tactics, and to forge effective partnerships.

Dramatic gains in life expectancy have resulted largely from improvements in sanitation and the prevention of diseases through vaccines. A century ago, pneumonia and TB were the two leading causes of death in the United States. Then, in the 1940s, a critical focus of the nation's health priorities was the control of malaria among military personnel during World War II. From these programs came the genesis of the Centers for Disease Control and Prevention, and since that time CDC has been at the forefront of the nation's efforts to improve the health and well-being of Americans.

As we move into a new century, many of CDC's resources are dedicated to solving complex, cross-cutting health problems that require a broad array of skills, abilities, and experience. For example, since the 1960s and 1970s, community-based programs have helped to produce more recent reductions in tobacco use, increases in blood pressure control, healthier diets, increased use of seat belts, and effective injury control. These improvements and others have contributed in turn to declines in deaths from stroke and heart disease and declines in overall death rates for children. Yet, despite these successes, heart disease and cancer have remained the leading causes of death through the latter part of the 20th century.

Today, CDC and partners confront challenging, complex issues that reinforce, reshape, and expand the traditional roles of public health. Responding to those challenges involves such activities as:

- Investigating disease outbreaks in the United States and around the world;
- Probing the realms of viruses, bacteria, and parasites to uncover ways to control both emerging and re-emerging pathogens;
- Protecting the food and water supplies from both inadvertent and deliberate contamination;
- Curbing the toll of death and disability from preventable injuries;
- Stemming the epidemic of obesity in the United States;
- Convincing the public that altering certain behaviors will yield long-term health dividends;
- Educating youth about the risks of HIV, unintended pregnancy, tobacco use, physical inactivity, and poor nutrition;

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- Translating biomedical research findings into practice in communities; and
- Eliminating disparities in the health of all Americans.

Protecting health and safety has its basis in science. CDC staff use the applied techniques of epidemiology, laboratory, behavioral, and social sciences as the primary tools to understand the causes of poor health, identify populations at risk, and develop interventions for disease control and prevention. As research provides more information about the relationships among the physical, mental, and social dimensions of well-being, a broader approach to public health has become important in the quest for answers to prevent and solve health problems. CDC is committed to expanding its research agenda to help bridge the gap between research and protecting health and safety.

Providing credible information to enhance health decisions – CDC addresses DHHS Goal 5 by providing credible, timely health information to help policy makers, providers, and consumers make informed decisions about personal and public health. The general public and health practitioners at all levels require up-to-date, credible information about health and safety to make rational decisions. To help support this crucial decision making, CDC continues to increase and apply its preeminent expertise in the disciplines of public health surveillance, epidemiology, statistical analysis, laboratory investigation and analysis, health communications and social marketing, behavioral risk reduction, technology transfer, and prevention research. CDC applies the science that underpins those disciplines to develop and disseminate credible and practical health information to meet the diverse needs of its primary clients, the people of the United States. Such information affects health and well-being across all stages of life when the best possible health decisions must be made by consumers, providers, and policy makers.

CDC makes this crucial health information available through many channels, including books, periodicals, and monographs; Internet websites; health and safety guidelines; reports from investigations and emergency responses; public health monitoring and statistics; travel advisories; and answers to public inquiries.

In addition to serving the public, CDC delivers health information that enables providers to make critical decisions. For example, the practicing medical and dental communities and the nation's healthcare providers are target audiences for numerous official CDC recommendations on the diagnosis and treatment of disease, immunization schedules, infection control, and clinical prevention practices. CDC also offers technical assistance and training to health professionals.

CDC is positioned in vanguard efforts to inform people about the benefits of having children wear bicycle helmets, teaching young women about preventing birth defects by taking folic acid, quitting smoking, eating sensibly and exercising regularly, reducing health hazards during food preparation in the home, making sure children and adults are vaccinated, and alerting the public to environmental hazards. CDC recognizes that many other public health messages either need to be heard for the first time or should be reinforced.

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Promoting health through strong partnerships – CDC addresses DHHS Goal 2 through strong working relationships with key public health partners. CDC has a long history of developing and sustaining vital partnerships with various public and private entities that improve service to the American people. CDC's partners in conducting effective prevention and control activities include:

- Public health associations;
- State and local public health agencies;
- Other DHHS agencies and agencies in other federal departments;
- Practicing health professionals, including physicians, dentists, nurses, and veterinarians;
- Public safety and security officials;
- Schools and universities;
- Communities of faith;
- Community, professional, and philanthropic organizations;
- Nonprofit and voluntary organizations;
- Business, labor, and industry;
- CDC Foundation and other foundations;
- International health organizations; and
- State and local departments of education.

CDC's partners implement most of the agency's extramural programs. These programs are tailored to reflect local and community needs. In addition, partners strengthen CDC by serving as consultants to CDC program staff, by participating in CDC advisory committees, and by attending CDC-sponsored seminars and conferences. The wide-ranging perspectives that CDC's partners bring to common interests and goals generate new opportunities for collaborations, help shape key strategies, and provide another means for staying focused on the needs of the American public. Sustaining these partnerships involves coordination and communication.

Appendix A.1

CDC Budget Activities and Related HHS Strategic Goals

CDC budget activities which correspond to goals outlined in the HHS Strategic Plan are indicated by a check mark. As a whole, CDC is working towards Goal 8, achieving excellence in management practices. The remaining seven goals and their specific objectives are listed for programs where appropriate; detailed goals and objectives are provided following the table.

Budget Activity/ HHS Goal	Goal 1 Reduce major threats to health	Goal 2 Enhance public health response	Goal 3 Increase access to care	Goal 4 Enhance health sciences research	Goal 5 Improve quality of health care	Goal 6 Improve economic and social well-being	Goal 7 Improve stability, development of youth	HHS Objectives
Birth Defects/Dev. Disabilities & Health			✓	✓	✓	✓	✓	3.4, 3.5, 4.1, 4.4, 5.2, 6.3, 7.2
Chronic Disease Prevention and Health Promotion	✓		✓	✓	✓	✓		1.1, 1.2, 1.5, 2.1, 3.4, 3.5, 3.6, 4.1, 4.3, 4.4, 5.2, 6.2, 6.5
Environmental Health	✓	✓	✓	✓			✓	1.1, 2.1, 3.4, 4.1, 4.4, 5.1, 5.5, 7.2, 7.4
Epidemic Services & Response		✓		✓	✓			1.1, 1.2, 1.5, 1.6, 2.1, 2.2, 4.1, 4.3, 4.4, 5.3, 5.4, 5.5
Health Statistics				✓	✓			1.1, 1.2, 1.3, 1.5, 1.6, 2.1, 3.1, 3.2, 3.4, 3.5, 4.1, 4.4, 4.5, 5.1, 5.2, 5.3, 5.5, 6.2, 6.3, 7.1, 7.2, 7.4
HIV, STD, & TB Prevention	✓		✓	✓	✓	✓		1.1, 1.2, 2.1, 3.4, 3.5, 3.6, 4.1, 4.4, 5.2, 5.3, 5.4, 6.3
Immunization	✓		✓	✓	✓			1.3, 2.1, 2.2, 3.4, 3.5, 3.6, 4.1, 4.3, 4.4, 4.5, 5.5, 5.2, 5.3, 6.2, 6.3, 6.5, 7.2, 7.4,
Infectious Diseases Control		✓		✓	✓			2.1, 2.2, 4.1, 4.4, 5.1, 5.2, 5.3
Injury Prevention and Control	✓	✓	✓	✓	✓	✓		1.6, 2.2, 3.4, 3.6, 4.1, 4.4, 5.2, 5.3, 6.2, 6.3
Occupational Safety and Health	✓		✓	✓	✓			1.6, 3.5, 4.1, 4.3, 4.4, 4.5, 5.3, 5.4
Preventive Health and Health Services Block Grant	✓	✓	✓		✓	✓	✓	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 3.4, 3.5, 3.6, 5.2, 5.5, 6.2, 6.3, 6.5, 7.2
Public Health Improvement		✓		✓	✓			1.1, 1.3, 2.1, 3.4, 3.5, 3.6, 4.3, 4.4, 5.2, 5.3, 5.5, 6.2, 6.5
Buildings and Facilities		✓						2.1
Office of the Director		✓		✓	✓			2.1, 4.1, 4.3, 4.4, 4.5, 5.5, 8.1, 8.2, 8.4, 8.5, 8.6, 8.7
Terrorism								2.1, 2.2, 4.1, 4.2, 4.4, 5.5

Appendix A.1
HHS Strategic Plan Goals

1. Reduce the major threats to the health and well-being of Americans

- 1.1 Reduce risky behaviors and other factors that contribute to the development of chronic diseases, especially diabetes and asthma
- 1.2 Reduce the proportion of adolescents engaged in sexual activity, the proportion of persons engaged in unsafe sexual behaviors, and unintended pregnancies
- 1.3 Increase immunization rates among adults and children
- 1.4 Reduce substance abuse by expanding and improving communities' substance abuse prevention and treatment programs.
- 1.5 Reduce tobacco use, especially among youth
- 1.6 Reduce the incidence and consequences of injuries and violence

2. Enhance the ability of the Nation's public health system to effectively respond to bioterrorism and other public health challenges

- 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats
- 2.2 Improve the safety of food, drugs, biological products, and medical devices

3. Increase the percentage of the Nation's children and adults who have access to regular health care and expand consumer choices

- 3.1 Create new, affordable health insurance options
- 3.2 Expand the health care safety net
- 3.3 Strengthen and improve Medicare
- 3.4 Eliminate racial and ethnic health disparities
- 3.5 Expand access to health care services for populations with special needs
- 3.6 Increase access to health care services for American Indians and Alaska Native (AI/AN)

4. Enhance the capacity and productivity of the Nations health science research enterprise

- 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability
- 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology
- 4.3 Strengthen and diversify the base of qualified health and behavioral science researchers
- 4.4 Improve the coordination, communication, and application of health research results
- 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process

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HHS Strategic Plan Goals

5. Improve the quality of health care services

- 5.1 Reduce medical errors
- 5.2 Increase the appropriate use of effective health care services
- 5.3 Increase consumer and patient use of health care quality information
- 5.4 Improve consumer and patient protections
- 5.5 Accelerate the development and use of an electronic health information infrastructure

6. Improve the economic and social well-being of individuals, families, and communities, especially those most in need

- 6.1 Increase the economic independence and workforce participation of low income families and persons receiving welfare
- 6.2 Increase the proportion of older Americans who stay active and healthy
- 6.3 Increase the independence and quality of life of persons with long-term care needs
- 6.4 Improve the economic and social development of distressed communities
- 6.5 Expand community and faith-based partnerships

7. Improve the stability and development of our Nation's children and youth

- 7.1 Promote family formation and healthy marriages
- 7.2 Improve the development and learning readiness of preschool children
- 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children
- 7.4 Increase the percentage of children and youth living in a permanent, safe environment

8. Achieve excellence in management practices

- 8.1 Create a unified HHS committed to functioning as One Department
- 8.2 Improve the strategic management of human capital
- 8.3 Enhance the efficiency and effectiveness of competition between public and private service providers
- 8.4 Improve financial management
- 8.5 Enhance the use of electronic commerce in service delivery and record keeping
- 8.6 Achieve integration of budget and performance information
- 8.7 Reduce regulatory burden on providers and consumers of HHS services

**Review of FY 2004 HHS Performance Plans
Areas of Consistency between CDC and Other Plans**

At the request of the Department, CDC reviewed the goals and performance measures of each OPDIV and StaffDiv to ascertain whether there were inconsistencies among the measures and targets. No inconsistencies were found. However, some similar goals and measures were identified during this process. This appendix documents those areas.

Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments
CMS		
Increase annual influenza (flu) and lifetime pneumococcal vaccinations (MCBS)	Increase the rate of influenza and pneumococcal pneumonia vaccination in persons ≥ 65 years.	Goals are complementary. CDC and CMS have collaborated on this activity for several years. Collaborative efforts include conference calls at the policy and programmatic levels of each organization, as well as mutual data sharing and mutual target setting.
– Flu FY 04: 72.5% FY 03: 72.5% FY 02: 72% FY 01: 72% FY 00: NA	FY 04: Influenza 72.5% Pneumococcal 69% FY 03: Influenza 76% Pneumococcal 69% FY 02: Influenza 74% Pneumococcal 66%	
– Pneumococcal FY 04: 69% FY 03: 69% FY 02: 66% FY 01: 63% FY 00: NA	FY 01: Influenza: *72% Pneumococcal 63% FY 00: Influenza 70% Pneumococcal 60% FY 99: Influenza 60% Pneumococcal 54%	

Appendix A.2

Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments
CMS (continued)		
<p>Increase the Percentage of Medicaid Two-Year Old Children Who are Fully Immunized (Developmental)</p> <p>-- Group I</p> <p>FY 04: 3-year reporting period complete FY 03: Measure State-specific immunization rate- Achieve State target FY 02: Measure State-specific immunization rates FY 01: Measure State-specific immunization rates FY 00: Complete development of State-specific methodologies and baselines</p> <p>-- Group II</p> <p>FY 04: Measure State-specific immunization rate FY 03: Measure State-specific immunization rate FY 02: Measure State-specific immunization rate FY 01: Establish State-specific baselines and targets FY 00: Identify; begin developing State-specific methodologies and baselines</p> <p>- Group III</p> <p>FY 04: Measure State-specific immunization rate. FY 03: Measure State-specific immunization rate. FY 02: Establish State-specific baselines and targets FY 01: Identify; begin developing State-specific methodologies and baselines FY 00: N/A</p>	<p>Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for:</p> <p>3 doses DTaP vaccine 3 doses Hib vaccine 1 dose MMR vaccine* 3 doses hepatitis B vaccine 3 doses polio vaccine 1 dose varicella vaccine** 4 doses pneumococcal conjugate vaccine**</p> <p>* Includes any measles- containing vaccine. **Performance targets for newly recommended vaccines will begin 5 years after ACIP recommendation. Measures for varicella will begin in 2001and for pneumococcal conjugate measure in 2006, even though coverage will be reported earlier.</p> <p>FY 04: 90% coverage FY 03: 90% coverage FY 02: 90% coverage FY 01: 90% coverage FY 00: 90% coverage</p>	<p>Complementary goals. CMS partners with states and collaborates with CDC to ensure that “at risk” children are immunized, thereby contributing to CDC’s over-all goal of increasing immunization rates among children 19- to 35-months of age.</p>

Appendix A.2

Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments
CMS (continued)		
<p>Increase biennial mammography rates (NHIS)</p> <p>FY 01: Switched to new data source (see below) FY 00: 60% FY 99: 59%</p> <p>Increase biennial mammography rates (National Claims History File)</p> <p>FY 04: TBD FY 03: 53% FY 02: 52% FY 01: 51% FY 00: NA</p>	<p>Increase the number of women screened</p> <p>Breast: Mammogram or CBE</p> <p>FY 04: 255,000 breast</p>	<p>Complementary activities. CDC's NBCCEDP target population is low-income women who are uninsured or under-insured. CDC works closely with CMS to ensure that women are appropriately screened and treated. Although the NBCCEDP does not provide funding for treatment services, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 ensures Medicaid services for women screened through the NBCCEDP if they are a U.S. citizen or qualified alien.</p>
<p>Improve the rate of biennial diabetic eye exams</p> <p>FY 04: TBD FY 03: 68.9% FY 02: 68.6% FY 01: 68.3% (69% recalculated)</p>	<p>For states receiving comprehensive CDC funding for diabetes control programs (DCPs), increase the percentage of persons with diabetes who receive annual eye and foot exams.</p> <p>FY04: Eye/72%; foot/62% (Increase baseline by 10%)</p> <p>FY 03: Eye/72%; foot/62% (Increase baseline by 10%)</p> <p>FY 02: Eye/72%; foot/62% (Increase baseline by 10%)</p> <p>FY 01: Eye/72%; foot/62% (Increase baseline by 10%)</p> <p>FY 00: Eye/72%; foot/62% (Increase baseline by 10%)</p>	<p>Goals are complementary. CMS' population includes Medicare eligible individuals, whereas CDC's population is limited to those states funded for comprehensive Diabetes Control Programs. CMS' data source is the National Claims History File; CDC's data source for this measure is the BRFSS. Also, CMS' goal is biennial, whereas CDC's goal is annual.</p>

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Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments										
HRSA												
<p>Increase percent of users with diabetes who have had an annual dilated eye exam.</p> <table border="0"> <tr> <td>HP</td> <td>BPHC</td> </tr> <tr> <td>2010: 70%</td> <td>FY 04: 90%</td> </tr> <tr> <td></td> <td>FY 03: 90%</td> </tr> <tr> <td>2000: 70%</td> <td>FY 02: 90%</td> </tr> <tr> <td></td> <td>FY 01: 90%</td> </tr> </table>	HP	BPHC	2010: 70%	FY 04: 90%		FY 03: 90%	2000: 70%	FY 02: 90%		FY 01: 90%	<p>For states receiving comprehensive CDC funding for diabetes control programs (DCPs), increase the percentage of persons with diabetes who receive annual eye and foot exams.</p> <p>FY 03: Eye/72%; foot/62% (Increase baseline by 10%)</p> <p>FY 02: Eye/72%; foot/62% (Increase baseline by 10%)</p> <p>FY 01: Eye/72%; foot/62% (Increase baseline by 10%)</p> <p>FY 00: Eye/72%; foot/62% (Increase baseline by 10%)</p>	<p>Goals are complementary. HRSA's population includes individuals treated through its Community Health Centers, whereas CDC's population is limited to those states funded for comprehensive Diabetes Control Programs.</p>
HP	BPHC											
2010: 70%	FY 04: 90%											
	FY 03: 90%											
2000: 70%	FY 02: 90%											
	FY 01: 90%											

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Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments																												
HRSA (continued)																														
<p>Increase percent of health center women receiving age-appropriate screening for cervical and breast cancer.</p> <p>A) Up-to-date PAP tests</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">HP</td> <td style="width: 50%;">BPHC</td> </tr> <tr> <td>2010: 90%</td> <td>FY 04: 96%</td> </tr> <tr> <td></td> <td>FY 03: 96%</td> </tr> <tr> <td>2000: 70%</td> <td>FY 02: 95%</td> </tr> <tr> <td></td> <td>FY 01: 94%</td> </tr> <tr> <td></td> <td>FY 00: 92%</td> </tr> <tr> <td></td> <td>FY 99: 90%</td> </tr> </table> <p>B) Up-to-date mammograms</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">HP</td> <td style="width: 50%;">BPHC</td> </tr> <tr> <td>2010: 70%</td> <td>FY 04: 79%</td> </tr> <tr> <td></td> <td>FY 03: 78%</td> </tr> <tr> <td>2000: 60%</td> <td>FY 02: 75%</td> </tr> <tr> <td></td> <td>FY 01: 70%</td> </tr> <tr> <td></td> <td>FY 00: 67.5%</td> </tr> <tr> <td></td> <td>FY 99: 65%</td> </tr> </table> <p>C) Up-to-date clinical breast exams</p> <p>FY 04: 88% FY 03: 87% FY 02: 86% FY 01: 85.5% FY 00: 84% FY 99: 82.5%</p>	HP	BPHC	2010: 90%	FY 04: 96%		FY 03: 96%	2000: 70%	FY 02: 95%		FY 01: 94%		FY 00: 92%		FY 99: 90%	HP	BPHC	2010: 70%	FY 04: 79%		FY 03: 78%	2000: 60%	FY 02: 75%		FY 01: 70%		FY 00: 67.5%		FY 99: 65%	<p>Increase the number of women screened</p> <p>Breast: mammogram or CBE Cervical: Pap Smear</p> <p>FY 04: 255,000 breast/ 275,000 cervical</p> <p>Increase the percentage of newly enrolled women who have not received a Pap test within the past five years</p> <p>FY 04: 22.5% cervical</p>	<p>Complementary goals. HRSA population served is in Community Health Centers, whereas CDC's target population is low- income women who are uninsured or under-insured. Services are carried out in states funded as part of the NBCCEDP.</p>
HP	BPHC																													
2010: 90%	FY 04: 96%																													
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	FY 99: 65%																													
<p>With CDC, decrease by 5% annually the number of newly reported AIDS cases in children as a result of perinatal transmission.</p> <p>FY 04: 144 children FY 03: 152 children FY 02: 160 children FY 01: 151 children FY 00: 161 children FY 99: 214 children</p>	<p>Decrease the number of perinatally acquired AIDS cases, from the 1998 base of 235 cases.</p> <p>FY 04: 139 cases FY 03: 139 cases FY 02: 141 cases FY 01: 151 cases FY 00: 203 cases FY 99: 214 cases</p>	<p>Complementary goals. Populations served vary – HRSA's population is in Community Health Centers, whereas CDC's work is carried out in funded state and local health departments and CBOs.</p>																												

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Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments
HRSA (continued)		
<p>Provide grants to target communities to significantly reduce the number of new cases of asthma, diabetes, and obesity, and increase the number of adults and children at a healthy weight. (Developmental - more detailed measures to be established in conjunction with the working group established as goal 1 above.)</p>	<p>Reduce hospitalizations due to asthma for states that have implemented a comprehensive asthma control program.</p> <p>FY 04: 10% reduction FY 02: baseline</p> <p>Increase the number of DCPs that promote health system approaches to identifying persons who are at high risk for developing diabetes (e.g. obese and / or impaired glucose metabolism).</p> <p>FY 04: 5</p> <p>By 2010, decrease by 20% the number of people with pre-diabetes who advance to diabetes among states with pre-diabetes programs.</p> <p>FY 04: Establish baseline</p> <p>Increase the number of state or community policies and environmental supports that are initiated, modified, or planned for the primary prevention of obesity and chronic disease in funded states.</p> <p>FY 04: 12 policies, environmental supports</p> <p>Increase the number of pilot interventions for nutrition and physical activity that are scientifically tested in funded states.</p> <p>FY 04: 12 interventions</p>	<p>Complementary goals and activities. CDC and HRSA have worked closely on activities and performance measures as part of the 04 Prevention Initiative.</p>

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Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments
IHS		
<p>Increase the proportion of women who receive Pap screening.</p> <p><u>Pap Screening</u> FY 04: maintain FY 03 level FY 03: maintain FY 02 level FY 02: +2% over FY 01 level FY 01: +3% over FY 00 level FY 00: +3% over FY 99 level</p> <p><u>Cervical Cancer</u> FY 99: determine incidence of cervical cancer</p>	<p>Increase the number of women screened</p> <p>Breast: mammogram or CBE Cervical: Pap Smear</p> <p>FY 04: 255,000 breast/ 275,000 cervical</p> <p>Increase the percentage of newly enrolled women who have not received a Pap test within the past five years</p> <p>FY 04: 22.5% cervical</p>	<p>Complementary goals, with screening occurring in different clinic sites/practice settings.</p>
<p>Increase proportion of the AI/AN female population over 40 years of age who receive screening mammography.</p> <p>FY 04: maintain FY 03 level FY 03: maintain FY 02 level FY 02: +2% over FY 01 level FY 01: +2% over FY 00 level FY 00: +3% over FY 99 baseline</p> <p>FY 99: establish baseline</p>	<p>Increase the number of women screened</p> <p>Breast: mammogram or CBE Cervical: Pap Smear</p> <p>FY 04: 255,000 breast/ 275,000 cervical</p>	<p>Complementary goals, with screening occurring in different clinic sites/practice settings.</p>

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Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments
IHS (continued)		
<p>Increase the proportion of AI/AN children who have completed all recommended immunizations by the age two.</p> <p>FY 04: FY 03: at FY 02 level FY 02: +1% over FY 01 level FY 01: +1% over FY 00 level FY 00: +2% over FY 99 level FY 99: 91%</p>	<p>Achieve or sustain immunization coverage of at least 90% in children 19- to 35-months of age for:</p> <p>3 doses DTaP vaccine 3 doses Hib vaccine 1 dose MMR vaccine* 3 doses hepatitis B vaccine 3 doses polio vaccine 1 dose varicella vaccine** 4 doses pneumococcal conjugate vaccine**</p> <p>* Includes any measles- containing vaccine. **Performance targets for newly recommended vaccines will begin 5 years after ACIP recommendation. Measures for varicella will begin in 2001and for pneumococcal conjugate measure in 2006, even though coverage will be reported earlier.</p> <p>FY 04: 90% coverage FY 03: 90% coverage FY 02: 90% coverage FY 01: 90% coverage FY 00: 90% coverage</p>	<p>Complementary goals, with IHS measure supporting CDC's over-all goal of increasing immunization rates among 2-year-olds.</p>
<p>Increase overall pneumococcal vaccination levels among AI/AN diabetics and elderly.</p> <p>FY 04: FY 03: no indicator FY 02: no indicator FY 01: secure electronic baseline FY 00: 65%</p>	<p>Increase the rate of influenza and pneumococcal pneumonia vaccination in persons ≥65 years.</p> <p>FY 04: Influenza 76% Pneumococcal 69% FY 03: Influenza 76% Pneumococcal 69% FY 02: Influenza 74% Pneumococcal 66% FY 01: Influenza: *72% Pneumococcal 63% FY 00: Influenza 70% Pneumococcal 60% FY 99: Influenza 60% Pneumococcal 54%</p>	<p>Complementary goal with IHS' measure supporting CDC's over-all measure of increasing vaccination levels among those ≥65.</p>

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Similar Measures in Other OPDIV Plans	CDC Measures/Targets	Comments
NIH		
<p>NIH Communication of Results</p> <p><u>Goal c</u> - Increase awareness of NIH-sponsored research results among the general public.</p> <p><u>Target</u> - Extend the impact of the "Know Stroke: Know the Signs. Act on Time" campaign.</p>	<p>Reduce the proportion of heart disease and stroke deaths that occur before transport to emergency services.</p> <p>FY 04: Heart Disease Deaths 45% Stroke Deaths 45%</p> <p>Data Source: US Vital Statistics</p>	<p>Complementary goals, with CDC implementing NIH research findings into practice at the state level.</p>