Centers for Disease Control and Prevention (CDC)

Final FY 2004 GPRA Annual Performance Plan
Revised Final FY 2003 GPRA Annual Performance Plan
FY 2002 GPRA Annual Performance Report

U.S. Department of Health and Human Services
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February 2003

CDC Performance Plan

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Table of Contents

Agency Mission

Promote health and quality of life by preventing and controlling disease, injury, and disability.

Executive Summary

CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

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

In the past year, CDC and our partners responded to terrorism at home—with rapid response, ongoing recovery, and enormously enhanced preparedness activities. During this historic mobilization of public health systems, CDC and our partners continued to attack the major killers in this country—chronic and infectious diseases, unintentional injuries and violence—and the hazards in our environment, our workplaces, and our behaviors that put Americans at risk.

During the past half century, CDC has constantly evolved and innovated to face new health challenges. It is this constant renewal that enables the agency to continue providing quality service and reliable information to the American public.

In fiscal year 2004, CDC plans to address key priorities in prevention and preparedness, while capitalizing on 21st century science and technology to achieve public health goals. In our prevention activities, we will continue our keen focus on closing the gap in health status among racial and ethnic minorities.

Overview of Plan and Performance Report

CDC's 2004 Performance Plan is organized by CDC's major budget lines. The plan includes goals and performance measures in critical public health areas (e.g., HIV/AIDS, chronic diseases, etc.) and addresses the program description and context, as well as the program performance analysis.

The FY 2004 Performance Plan now contains 100 measures, 39% of which are outcome measures. Between the June 2002 submission to the Department of Health and Human Services (DHHS) and this one, CDC has reduced the number of measures in the Plan by 53 percent. The FY 2002 performance plan indicates that we achieved 98 of our 122 reported performance measures.

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

CDC's work in support of the Secretary's Budget Priorities includes:

Preventing disease, illness, and injury with a focus on Healthy Communities
CDC's highest prevention priority is to respond forcefully to the twin epidemics of obesity and diabetes. 2001 saw the release of two landmark, gold standard studies on the prevention of type 2 diabetes in high-risk adults. Both studies show—for the first time—that type 2 diabetes *can be prevented* in very high-risk adults—those defined as "pre-diabetic." This group of 16 million Americans has either impaired glucose tolerance, impaired fasting glucose or both. Obesity is one of the most important risk factors for prediabetics. Many of them are racial and ethnic minorities, and suffer disproportionately from diabetes and other chronic diseases.

Ensuring our homeland is prepared to respond to acts of bioterrorism and other health emergencies
CDC will improve its own ability to respond, while also working through its cooperative agreement program to bolster the ability of state and local public health agencies to respond to all terrorism hazards. Research will build our knowledge base. Intramural and extramural activities to build preparedness and readiness assessment, surveillance and epidemiology capacity, laboratory capacity, communications and information technology, health information dissemination, and education and training will focus on three priorities: 1) expanding terrorism preparedness from a focus on biological hazards to all hazards (chemical, radiological, or mass trauma/conventional weapons), 2) expanding bioterrorism preparedness for all biological threat agents (categories A, B, and C), and 3) assessing effects of these investments on public health preparedness and capacities.

Realizing the possibilities of 21st century health care
CDC is committed to advancing public health through science and technology. In FY 2004, CDC priorities in this area include building the Public Health Information Network and supporting improved health statistics and geographic information systems. The Public Health Information Network will be an electronic nervous system that supports monitoring and maintaining the public's health. Like the human nervous system, it will detect problems, analyze accumulated data, create useful information, communicate alerts as needed, and direct appropriate response. CDC also urgently needs to maintain and rebuild the core capacities of the National Center for Health Statistics, the nation's principal health statistics agency and the centerpiece of HHS' capacity to collect policy-relevant information on the nation's health.

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

Snapshot of past, present, future performance

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

- CDC's National Diabetes Program conducts health promotion and disease prevention activities to ***improve the health of people with diabetes***. Diabetes control programs (DCPs) are now funded in all 50 states, the District of Columbia, and eight territories – They seek to identify high-risk populations, improve the quality of care, involve communities in controlling diabetes, and increase access to care with measurable success. For example, over a 2-year period the New York DCP reduced hospitalization rates by 35% and decreased lower extremity amputations rates by 39%. In Michigan a long-standing DCP has produced a 45% lower rate of hospitalizations, a 31% lower rate of lower-extremity amputations, and a 27% lower death rate for participants.

- CDC's diabetes activities proposed for FY 2004 will include a focus on ***preventing diabetes in very high-risk adults*** — those defined as "pre-diabetic." This group of 16 million Americans has impaired glucose tolerance, almost always coupled with obesity. Over five years, we expect that states with pre-diabetes programs will show a 25% decline in the number of people with pre-diabetes who progress to diabetes.

- Approximately 5 million children have asthma. CDC supports state-based programs to: 1) improve the state's ability to track asthma, ***implement science-based asthma interventions***, and build partnerships related to asthma control; and 2) improve the ability of schools to prevent asthma attacks and absences. CDC has been on track for meetings its GPRA measure to support implementation of core asthma programs, and is expanding its focus in GPRA to ***reduce hospitalizations due to asthma***.

- CDC supports comprehensive interventions to ***reduce tobacco use***, the leading preventable cause of disability and death, which directly contributes to the deaths of more than 440,000 Americans each year. Data released from CDC's Youth Risk Behavior Survey in May 2002 indicate that the percentage of youth (grades 9-12) who smoke then dropped from 34.8% in 1999 to 28.5% in 2001.

- Through September 2001, CDC has provided more than ***3.6 million breast and cervical cancer screening tests*** to over 1.4 million women. The program has diagnosed 12,000 breast cancers, 48,170 precancerous cervical lesions, and over 800 cases of invasive cervical cancer. Based on a review of program data, revised GPRA measures are being introduced including assuring ***timely access to diagnostic and treatment services***. 83.6% of women with abnormal breast cancer screening results and 61.9% of women with abnormal cervical cancer screening results received a final diagnosis within 60 days. CDC's performance plan calls for an increase in the proportion of women with abnormal screening results who receive a final diagnosis within 60 days.

- CDC continues to make great strides in preventing and controlling HIV/AIDS, STDs and tuberculosis. While infectious diseases such as TB and HIV continue to threaten the health of Americans and are major sources of illness and death worldwide, CDC has achieved significant reductions in these diseases in the U.S. For example, in 2001, ***rates of primary and secondary (P&S) syphilis among women, as well as rates of congenital syphilis, continued to decline***. Since 1997, there has been a 52% reduction in congenital syphilis cases, and a 48% drop in the Black:White ratio. CDC also has ***exceeded its goal of decreasing the number of perinatally acquired AIDS cases*** starting in FY 99. The number of perinatally acquired AIDS cases, indeed, reduction in perinatal transmission of HIV is one of public health's great success stories.

- CDC continues to make progress towards its ambitious GPRA goals of ***reducing vaccine-preventable diseases***. In one of the greatest successes in vaccine-preventable disease reduction, ***only 2 cases of rubella*** were provisionally reported to CDC in 2001, compared to 1,401 cases a decade ago. The disease can cause miscarriage, stillbirth, and fetal abnormalities.

- In the aftermath of September 11th, we have learned that the US ***public health system is a critical element in the new war against terrorism***, whether the attacks cause mass trauma, disease, or other threats to the Nation's health. Within minutes of the attacks on the World Trade Center, the entire infrastructure of CDC shifted to respond to the immediate needs of the Nation. CDC rapidly set up a 24/7 Emergency Operations Center and began to deploy supplies and over 600 staff, issue guidance and health alerts, and provide technical assistance. Following the reports of anthrax cases in October, CDC redirected more than 2,000 staff to focus their attention on this crisis.

- CDC has moved swiftly to assure that ***smallpox vaccine is available for every American***. With funds appropriated at the beginning of 2002, new and improved vaccine will be available by the end of the year. We also have access to existing stores of vaccine for use in emergencies to vaccinate large populations. CDC also has expanded the ***National Pharmaceutical Stockpile*** by increasing the number of push packages from 8 to 12, strategically located around the country to provide rapid response to emergencies with life-saving drugs and treatment.

- CDC ***improved public access to information via the web***, increasing average visitation to the CDC website by 29%, to 3.6 million individuals per month in FY 2001. Web visits surged to over 9 million in October during the anthrax events. CDC continues rigorous IT capital planning in concert with OMB guidance, established open standards for intergovernmental data exchange and systems associated with public health and bioterrorism monitoring, and continued progress on GPEA goals. Continued advancement of the CDC information security program resulted in a high degree of ***critical infrastructure system reliability and availability*** of 99.94% for FY 2001, which exceeded CDC's GPRA target.

- CDC continues to put the highest priority on ***rebuilding our physical infrastructure***. Using innovative procurement and design methods, we have been able to greatly reduce the timeline for construction. We continue to make progress on our master plan, and sustained investment will provide the nation with state-of-the art public health facilities—continually serving, and ready to respond to emergencies.

- ***The President's Management Agenda (PMA)*** and the related HHS Secretary's Management Objectives have guided improvements in CDC management and operations. Although CDC has been addressing PMA related issues for several years, such as ***reducing the proportion of administrative positions*** by 5 percent between 1997 and 2001 and *beginning its Fiscal Management Excellence Initiative* in 2000, the agency has further increased its PMA efforts. For example, CDC is now organized to address PMA issues by having ***established a PMA Executive Steering Committee*** and has appointed a full-time, senior coordinator for PMA actions. While many specific PMA achievements are outlined in other sections of the Performance Plan, these CDC actions resulted in positive, "Progress" Scorecard results from HHS for the period ending September 2002. The agency received three "Green" lights for the Competitive Sourcing, Improved Financial Management, and Expanded E-Government Initiatives. CDC also received two "Yellow" lights for the Strategic Management of Human Capital and Enhanced Budget and Performance Integration Initiatives.

CDC remains committed to strategically using resources to achieve high-priority public health outcomes. Healthy People 2010 goals guide many of efforts in disease prevention and risk reduction with a strong focus on eliminating disparities in health outcomes. Although many of these goals are extremely ambitious, CDC is working diligently to align its programmatic resources with these intended outcomes. For CDC's less well-established programs, it is likely that we will need to continue to rely on process measures in our performance plan. However, as programs mature, we anticipate an increasing focus on health outcomes in our performance plan.

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Part I.
Overview of Performance Measurement

Part I. Overview of Performance Measurement

CDC's program performance goals are presented by major budget lines; listed below is CDC's Road Map for the FY 2004 Performance Plan. More robust discussion of program activities is provided in "Part II. Goal-by-Goal Performance Measurement."

CDC Performance Road Map

A. Birth Defects, Developmental Disabilities Prevention, and Disabilities and Health

Birth Defects and Developmental Disabilities Prevention

Prevent birth defects and developmental disabilities.

Disability and Health

Improve the health and quality of life of Americans with disabilities.

B. Chronic Disease Prevention and Health Promotion

Early Detection of Breast and Cervical Cancer

1. Increase early detection of breast and cervical cancer by building nationwide programs in breast and cervical cancer prevention, especially among high-risk, underserved women.
2. Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically under-served women. For women diagnosed with cancer or precancer, assure access to treatment services.

Tobacco Use Prevention

Community-based Prevention Research Centers

Heart Disease and Stroke

Reduce death and disability due to heart disease and stroke and eliminate disparities.

Diabetes

Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level.

Arthritis

National Program of Cancer Registries

Chronic Diseases (continued)

HIV Prevention among School-Aged Youth

Monitoring Risk Behaviors (Behavioral Risk Factor Surveillance System)

Nutrition, Physical Activity and Obesity

Decrease levels of obesity or reduce the rate of growth of obesity in communities reached through nutrition and physical activity interventions.

C. Environmental Health

Biomonitoring

1. Develop laboratory capacity to monitor human exposure to chemicals in the environment.
2. Periodically determine the number of Americans exposed to environmental chemicals and degree of their exposure.

Newborn Screening Quality Assurance

Asthma

Reduce the burden of asthma.

Childhood Lead Poisoning

Genomics and Disease Prevention

Increase the availability of useful information on specific DNA-based tests to public health professionals and the public at large.

Environmental Health Tracking and Infrastructure

Increase the capacity of state and local health departments to deliver environmental health services in their communities.

D. Epidemic Services and Response

As a long-term objective, CDC will implement accessible training programs to provide an effective work force for staffing state and local health departments, laboratories, and ministries of health in developing countries.

E. Health Statistics

Monitor trends in the nation's health through high-quality data systems and deliver timely data to the nation's health decision makers.

F - H. HIV, STD, and TB Prevention

F. HIV/AIDS Prevention

Overarching

Reduce the number of new HIV infections.

Domestic

1. Decrease the number of persons at high risk for acquiring or transmitting HIV infection.
2. Increase the proportion of HIV-infected people who know they are infected.
3. Increase the proportion of HIV-infected people who are linked to appropriate prevention, care and treatment services.
4. Strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions and evaluate prevention programs.

International

Working with other countries, USAID, and international and U.S. government agencies, reduce the number of new HIV infections among 15- to 24-year-olds in sub-Saharan Africa from an estimated 2 million by 2005.

G. Sexually Transmitted Disease Prevention

1. Reduce STD rates by providing chlamydia and gonorrhea screening, treatment, and partner treatment to 50% of women in publicly funded family planning and STD clinics nationally.
2. Reduce the incidence of primary and secondary syphilis.
3. Reduce the incidence of congenital syphilis.

H. Tuberculosis Elimination

Eliminate Tuberculosis in the United States.

I. Immunization

1. Reduce the number of indigenous cases of vaccine-preventable diseases.
2. Ensure that 2-year-olds are appropriately vaccinated.
3. Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
4. Assist domestic and international partners to help achieve WHO's goal of global polio eradication.
5. Work with global partners to reduce the cumulative global measles related mortality rate.
6. Improve vaccine safety surveillance.

J. Infectious Diseases Control

Epidemiology and Laboratory Capacity

Protect Americans from infectious diseases.

Antimicrobial Resistance

Reduce the spread of antimicrobial resistance.

Medical Errors and Healthcare-associated Infections

Protect Americans from death and serious harm caused by medical errors and preventable complications of healthcare.

K. Injury Prevention and Control

1. Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence.
2. Monitor and detect fatal and non-fatal injuries.
3. Conduct a targeted program of research to reduce injury-related death and disability.

L. Occupational Safety and Health

Research

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, other agencies, and the scientific community on occupational diseases, workplace hazards, risk factors, and effective methods of prevention.

Tracking, Work Injuries, Illnesses, and Hazards

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.

Information, Training, and Capacity Building

Ensure safer and healthier work environments for all Americans through information dissemination, knowledge transfer, and training.

Prevention Activities through Evaluation, Safety and Health Interventions and Recommendations

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.

M. Preventive Health and Health Services Block Grant

N. Public Health Improvement

Public Health Practice

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.

Eliminating Racial and Ethnic Disparities

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.

National Electronic Disease Surveillance System (NEDSS)

O. Buildings and Facilities

Implement scheduled improvements, construction, security, and maintenance consistent with available resources and priorities identified in CDC's master facilities planning process.

P. Office of the Director

Office of Science Policy and Technology Transfer

Identify, evaluate, and protect novel technologies.

Office of Minority Health

Support Historically Black Colleges and Institutions, Hispanic Serving Institutions, and Tribal Colleges and Institutions.

Office of Equal Employment Opportunity

Office of Program Planning and Evaluation

Office of Health Communication

Q. Terrorism

Deterrence/Prevention

Continue efforts to protect public health by ensuring the safety and security of laboratorians regarding the handling and processing of dangerous biological agents and toxins.

Preparedness and Response Capacity

Enhance the capacity of CDC and state and local health departments to prepare for and respond to biological, chemical, radiological, and mass trauma hazards related to terrorism.

Terrorism (continued)

Surveillance and Epidemiology Capacity

1. Enhance the capacity of CDC and state/local health departments to rapidly detect and investigate potential biological events.
2. Assure that CDC has the capacity to lead a nation-wide public health response to a radiological or chemical terrorist attack, addressing the unique and complex public health threats that these types of events would present.

Laboratory Capacity

Enhance the laboratory capacity of CDC and state and local health departments to rapidly and accurately identify biological and chemical agents that can pose a terrorist threat.

Strategic National Stockpile

Information and Communication Systems

Worker Safety

Continue efforts to protect the health and safety of first responders during chemical, biological, radiological, and nuclear (CBRN) terrorism events.

R. Program Support and Management

Program Management

Fully achieve the President's Management Agenda in all five areas of Strategic Management of Human Capital; Competitive Sourcing; Improved Financial Performance; Expanded Electronic Government; and Budget and Performance Integration.

Information Access, Security, and Reliability

Enhance CDC's information security program and ensure that critical information systems and infrastructure operate reliably and infrastructure operate reliably.

Competitive Sourcing, Financial Assistance, and Performance-Based Contracting

Financial Management Processes and Internal Controls

Recruitment Timeliness

Workforce Planning: Restructuring and Delayering Initiatives

Enhance workforce planning efforts at CDC.

SES Performance Contracts

Recruitment and Retention Strategies

CDC Performance Report Summary Table

	Measures in Plan	Results Reported	Results Met	Unreported
2001	217	208	173	9
2002	178	122	98	56
2003	147			
2004	100			

CDC and the Program Assessment Rating Tool (PART) Process

To enhance the practical use of performance information, OMB developed the Program Assessment Rating Tool (PART) in the spring of 2002 to assess program performance and management among Federal agencies. The purpose of the PART is to: (1) Measure and diagnose program performance; (2) Evaluate programs in a systematic, consistent, and transparent manner; (3) Inform agency and OMB decisions for management, budget, and legislative or regulatory improvements; and (4) Focus program improvements and measure program progress over time. The PART assessments are based on evaluation of four major components: the program purpose and design, strategic planning, program management, and program results.

Prior to OMB's identification of the programs, CDC formed a cross-agency working group to discuss ways in which to effectively capture program performance data. This working group served as a springboard for the programs that were ultimately selected to participate in the assessment activities, and OMB's assessment tool contained many of the components that the working group had previously discussed.

In its first year of implementation, OMB implemented use of the PART to review 20% of Federal programs. OMB identified five CDC programs to complete the PART process: Immunization 317 Program, National Breast and Cervical Cancer Early Detection Program, National Diabetes Control Program, Domestic HIV/AIDS Prevention Program, and Health Alert Network. Thorough reviews of the five programs were carried out at CDC. Smaller, program-specific working groups were formed to develop responses to the PARTs. Consistency across the work groups was provided by CDC's Office of Program Planning and Evaluation (OPPE). In addition, the Financial Management Office (FMO) and Procurement and Grants Office (PGO) provided critical input into questions that involved financial and procurement policies and procedures.

In June 2002, the five assessment tools and supporting documentation were sent to HHS on time and with complete responses. In the months that followed, HHS and CDC conducted conference calls with OMB to discuss the assessment tools, and CDC provided an array of information requested of us by OMB to help inform their assessments of our five programs. By September 2002, CDC received draft scores for all of the five programs and submitted materials for appeals of specific items to HHS. Each of the five programs has successfully completed the assessment process and received its final rating in December 2002. Although we are concerned that our scores are low, they are consistent with scores received by other HHS operating divisions. We are currently working on improvements identified as a result of the PART process, and have submitted Corrective Action Plans for select programs outlining ways to improve program performance and management to HHS.

CDC's OPPE continues to provide guidance to these programs on ways to demonstrate improved program performance and effectiveness. In addition, OPPE is continuing to work with the FMO and others to help prepare other components of the agency to undergo the PART process next year.

CDC Performance Measures and the PART Process

In 2002, CDC began steadily decreasing the number of process and output measures in the draft FY 2004 Annual Performance Plan, while continuing to increase the proportion of outcome measures. At HHS's request, we reduced to 100 the overall number of measures in our draft FY 2004 Annual Performance Plan. CDC's participation in the Program Assessment Rating Tool (PART) process allows us to build upon these efforts by applying standardized criteria to performance reviews. CDC is working to improve program performance accountability by developing ambitious, long-term health outcome goals that are supported by appropriate, annual goals and measures. We are analyzing measures to address gaps and ensure program priorities and resources are adequately represented.

CDC, in collaboration with OMB and HHS, has made strides in developing improved goals, measures, or targets for select programs that were assessed. Please find below tables illustrating this enhanced performance information which are reflected throughout the FY 2004 GPRA plan.

Domestic HIV/AIDS Program

Performance Goal	Performance Measure	Targets	Actual Performance
Reduce the number of new HIV infections.	Reduce the number of HIV infection cases diagnosed each year among people <25 years of age.	**FY 04:** 1,800 reported cases.	**FY 04:** 8/2005 **FY 03:** 8/2004 **FY 02:** 8/2003 **FY 01:** 2,344 reported cases.
Decrease the number of persons at high risk for acquiring or transmitting HIV infection.	Among HIV-infected persons ≥ 18, increase the proportion who were abstinent during the past 12 months or used a condom the last time they had sex.	**FY 04:** 70%	**FY 04:** 8/2005 **FY 03:** 8/2004 **FY 02:** 8/2003 **FY 01:** 60%
Decrease the number of persons at high risk for acquiring or transmitting HIV infection.	Decrease the percent of HIV-infected IDUs who shared needles in past 12 months.	**FY 04:** 30%	**FY 04:** 8/2005 **FY 03:** 8/2004 **FY 02:** 8/2003 **FY 01:** 35%

National Breast and Cervical Cancer Early Detection Program

Performance Goal	Performance Measure	Targets	Actual Performance
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	**FY 04:** 381,682 breast/ 275,000 cervical	**FY 04:** Mid- 2005 **FY 03:** 10/2004 **FY 02:** 10/2003 **FY 01:** 356,395 breast/ 265,306 cervical **FY 00:** Baseline: 229,000 breast/ 247,192 cervical
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	**FY 04:** 86.5% breast/ 64% cervical	**FY 04:** 10/2005 **FY 03:** 10/2004 **FY 02:** 10/2003 **FY 01:** 83.6% breast/ 61.9% cervical **FY 00:** Baseline: 82.2 % breast/ 61.2% cervical
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.	**FY 04:** 95% breast/ 92% cervical	**FY 04:** 10/2005 **FY 03:** 10/2004 **FY 02:** 10/2003 **FY 01:** 93.1% breast/ 88.5% cervical **FY 00:** Baseline: 94% breast/ 88% cervical

National Breast and Cervical Cancer Early Detection Program
(Continued)

Performance Goal	Performance Measure	Targets	Actual Performance
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	**Cervical**: Increase the percentage of women with precancerous lesions* who start treatment within 90 days of diagnosis *includes CIN II, CIN III, and CIS	**FY 04:** 94%	**FY 04:** 10/2005 **FY 03:** 10/2004 **FY 02:** 10/2003 **FY 01:** 91.7% **FY 00:** Baseline: 92.4%

National Immunization 317 Program

Performance measures for the National Immunization 317 Program were discussed during the PART process, however, these discussions did not result in changed measures. The following table is a place holder for any future changes.

Performance Goal	Performance Measure	Targets	Actual Performance

National Diabetes Control Program

Performance Goal	Performance Measure	Targets	Actual Performance
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.	**FY 04:** Eye/72%; foot/62% (Increase baseline by 10%) **FY 03*:** Eye/72%; foot/62% (Increase baseline by 10%) **FY 02*:** Eye/72%; foot/62% (Increase baseline by 10%) **FY 01*:** Eye/72%; foot/62% (Increase baseline by 10%) **FY 00*:** Eye/72%; foot/62% (Increase baseline by 10%)	**FY 04:** 10/2005 **FY 03*:** 10/2004 **FY 02*:** 10/2003 **FY 01*:** Eye/69.8%; foot/65.3% **FY 00*:** Eye/69.0%; foot/62.4% **FY 99*:** Eye/67.3%; foot/57.8% **FY 98*:** Eye/64.7%; foot/56.5% **FY 97*:** Eye/65.6%; foot/56.6% **FY 96*:** Baseline: Eye/61.7%; foot/52.4%
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.	**FY 04:** 72.5%	**FY 04:** 10/2005 **FY 01:** 63.3% **FY 00:** Baseline: 62.0%

Health Alert Network

Performance Goal	Performance Measure	Targets	Actual Performance
Goals 1 and 3 **Goal 1:** By 2005, build, operate and maintain a nationwide electronic platform for information, communication, and training linking local, state, and Federal public health agencies. **Goal 3:** By 2007 the rapid exchange of urgent health alerts will be validated through regular network testing **HAN Objective** By 2007, state PH agencies will acknowledge receipt of HA messages within 30 min of transmission (one hour for local PH) Establish and maintain three capacities at all State and local public health jurisdiction: • High speed, continuous Internet connectivity • Broadcast capability reaching local public health officials and key community partners 24 hours/day, 7 days/week • Distance-learning infrastructure capable of delivering Satellite or Web-Based programs to front-line practitioners	**3.** Expand front-line PH practitioners' access to Internet based, CDC-approved PH practice guidelines, scientific/ disease reference images, health and medical data, and info on the effectiveness of PH interventions.	**FY 08:** On-line GIS mapping **FY 07:** Best Practices/protocols expanded **FY 06:** 1) Registry Complete; 2) 1st phase of best practices info available on-line **FY 05:** 1) All HD's have 24/7 capacity for receipt of HA messages; 2) on-line Registry 50% complete **FY 04:** Begin implementation of Knowledge Management/Media Asset Management systems. **FY 03:** 1) Expand the Public Health Image Library 2) Develop Knowledge Management System for public health practice info. **FY 02:** Developed capability to web-stream/archive live CDC/Public Health Training Network (PHTN) broadcasts.	**FY 08:** 12/2009 **FY 07:** 12/2008 **FY 06:** 12/2007 **FY 05:** 12/2006 **FY 04:** 12/2005 **FY 03:** 12/2004 **FY 02:** 12/2003
	(Continued)	(Continued)	(Continued)

Performance Goal	Performance Measure	Targets	Actual Performance
(Continued)		**FY 01:** Initiate implementation of plan **FY 00: Baseline:** Develop plan	**FY 01:** Aug 01 web release of new PH Practice guidelines **FY 00:** Plan developed for enhancement of online information resources
Goal 1 and Goal 3 (Continued) **HAN Objective** Establish and maintain three capacities at all State and local public health jurisdictions: • High speed, continuous Internet connectivity • Broadcast capability reaching local public health officials and key community partners 24 hours/day, 7 days/week • Distance-learning infrastructure capable of delivering Satellite or Web-Based programs to front-line practitioners • By 2004 CDC will be able to transmit health alerts to all of the nation's state, territorial and local, senior public health agencies on a 24/7 basis, within 30 minutes of notification By 2006 all state/local PH agencies will be able to broadcast Health Alerts within 1 hour of notification	**4.** Expand the connectivity and functionality of the Health Alert Network (HAN) (Continued)	**FY 05:** 100% of all health departments demonstrate all 3 capacities **FY 04:** 95% coverage **FY 03:** Extend HAN to local PH agencies to cover 90% of the US population (Continued)	**FY 05:** 12/2006 **FY 04:** 12/2005 **FY 03:** 12/2004 **FY 02: Baseline:** 86% of local health counties/jurisdictions have high speed internet connectivity. (Continued)

Performance Goal	Performance Measure	Targets	Actual Performance
Goal 1 and Goal 3 (Continued) **HAN Objective** Establish and maintain three capacities at all State and local public health jurisdictions: • High speed, continuous Internet connectivity • Broadcast capability reaching local public health officials and key community partners 24 hours/day, 7 days/week • Distance-learning infrastructure capable of delivering Satellite or Web-Based programs to front-line practitioners • By 2004 CDC will be able to transmit health alerts to all of the nation's state, territorial and local, senior public health agencies on a 24/7 basis, within 30 minutes of notification By 2006 all state/local PH agencies will be able to broadcast Health Alerts within 1 hour of notification	**4.** Continued	**FY 01:** Number of major metro areas increased to 54 and 3 Communities demonstrating advanced applications of information technology and training for prep/response to chem/bio terrorism (Exemplar Sites for Advanced PH Practice) **FY 00:** Number of major areas increased to 25-35 **FY 99:** Number of major metropolitan areas with health sector dedicated communications systems to facilitate/ expedite detection & response to terrorist events will be increased to between 15 and 25 through HAN.	**FY 01:** 55 areas and 3 communities **FY 00:** 40 **FY 99:** 36

Performance Goal	Performance Measure	Targets	Actual Performance
Goal 2: By 2007, enhance and maintain the skills and essential competencies of the PH workforce to perform the essential services of public health on a routine and emergency basis through distance-based training and education. **HAN Objective** • All public health workers at the State and local level with a role in terrorism preparedness and response should be trained and certified in the core and discipline-specific competencies for terrorism preparedness and response. • All Health Alert Network and Distance-Learning Coordinators at the State and local level should be trained and certified in the deployment and use of the Health Alert Network and Distance-Learning Infrastructure. • All public health workers at the State and local level should have access to distance-based training and education to meet continuing education requirements necessary for professional accreditation and licensing, including required CEU, CME, and CNE credits.	**1.** 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 (CPHP) system. (Continued)	**FY 07:** Ensure training plans are maintaining certification and credentialing. **FY 06:** 1) 100% of LHDs certified under "Project Public Health Ready." 3) 100% of states are served by a CPHP. 4) 100% of LHDs deploy distributed learning technology in public health education and training. 5) All DLCs certified. **FY 05:** 1) Evaluate impact in 50% of states; Share best practices and lessons-learned. 2) 30% of LHDs achieve certification under "Project Public Health Ready." 3) 90% of states are served by a CPHP. (Continued)	**FY07:** 12/2008 **FY 06:** 12/2007 **FY 05:** 12/2006 (Continued)

Performance Goal	Performance Measure	Targets	Actual Performance
Goal 2 and HAN Objectives Continued	**1.** Continued	**FY 05:** (continued) 4) 75% of LHDs deploy distributed learning tech. 5) 50% increase in certified DLCs **FY 04:** 1) Evaluate impact in 30% of states 2) 10% of local health depts. (LHDs) certified under "Project Public Health Ready." 3) 80% of states are served by a CPHP. 4) 50% of LHDs deploy distributed learning tech. 5) 20% increase in certified DLCs. **FY 03:** 1) Initiate evaluation in 10% of states. 2) Begin demonstration phase of "Project Public Health Ready." 3) 50% of states served by a CPHP. 4) 30% of LHDs deploy distributed learning technology in public health education and training. 5) 10% increase in certified DLCs	**FY 04:** 12/2005 **FY 03:** 12/2004

Performance Goal	Performance Measure	Targets	Actual Performance
Goal 2 and HAN Objectives Continued	**1.** Continued	(Continued) **FY 02:** 1) Evaluation framework developed; network of public health evaluators established in CPHPs to develop implementation strategies. 2) (revised): Establish % of states/territories that have working relationships w/1 or more CPHP. Baseline is 30%. 3) (revised): Establish baseline % of local health departments; determine number of DLCs.	**FY 02:** 12/2003