
Budget Request Summary Fiscal Year 2005

February 2004



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EPIDEMIOLOGY • ENVIRONMENTAL HEALTH • DISABILITIES • GENETICS AND PUBLIC HEALTH • GLOBAL HEALTH •
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HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING
RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

Charting the Course: **CDC's Futures Initiative**

Making a Difference

Although CDC is a very strong organization, global, national, and local changes affect how we achieve our public health mission. CDC must stay focused on protecting and improving the health and well-being of all Americans yet be prepared for the unexpected.

Our new *Futures Initiative* will articulate broad priority areas for CDC, examine how CDC needs to be structured to support its strategic direction, evaluate how key processes should change, and form and carry out new strategic directions and health goals that will drive change for the agency.

Revitalizing CDC

The end product will be a revitalized and focused agency that can meet the public health challenges of coming generations and that energizes our staff and the various partners who work with us. In the beginning, we are focusing on these key areas:

- health systems
- customers, channels, and partners
- public health research
- global health

Asking Key Questions

We are asking key questions that address a wide range of issues:

- Who are our “customers” (whose health are we are working to improve)?
- Who are our partners in public health?
- How can we improve our relationships with customers and partners?
- What is CDC’s role in improving health systems to improve health status?
- How to establish a research agenda that most effectively serves CDC’s mission to protect and improve public health?
- What roles and activities are most appropriate for CDC within the global community?
- How can we improve our communication?

Exploring Strategic Themes

Developing and shaping the priorities and direction of CDC’s future also requires that we explore a number of strategic themes and constantly expand our information for these major areas of concentration:

- Be a catalyst for shaping the public health system.
- Respond to our customers needs.
- Expand our public health research capacity.
- Align communication and information to become our core business.
- Increase effectiveness in measuring results and impact of programs.
- Balance integration and coordination across the various units of CDC, particularly on cross-cutting issues.
- Expand our impact in global health issues.

Centers for Disease Control and Prevention Budget Request Summary Fiscal Year 2005

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Department of Health and Human Services
Centers for Disease Control and Prevention
Financial Management Office

Message from the Director

As part of the Department of Health and Human Services, CDC/ATSDR spearheads the nation's response to the leading causes of death, illness, and disability, which include HIV/AIDS, infectious diseases, injuries, heart disease, cancer, diabetes, birth defects, environmental hazards, and obesity. To be prepared for our increasingly varied, complex responsibilities to the nation—including public health preparedness for terrorism, health promotion and disease prevention, and responding to new and emerging diseases and crises—CDC's management aggressively works to strengthen our leadership and management.

We know we have been successful in the past. According to results from the Gallup organization's September 2003 Governance Survey, the American people approve of CDC's performance and reputation. When asked to rate the performance of eight federal government agencies, 66% of those surveyed said CDC was doing an excellent or good job. Moreover, CDC was the highest rated of these eight federal agencies.

Although we take pride in this public acknowledgement of our efforts to serve the country effectively, we are challenging ourselves to do better. We have established an Executive Leadership Team and a Management Council to enhance our focus on excellence in science, service, systems, strategy, and security and to foster an increase in excellence at all levels of our agency.

In tandem with those efforts, during 2003 we launched the Futures Initiative to ensure that CDC will be a revitalized, focused agency that can meet the public health challenges of coming generations. A key component of this outside-in initiative involves reaching out to our traditional partners, identifying potential new partners, seeking ideas from the public, and soliciting input from our staff. We are creatively examining our priorities, our systems, and our practices now to ensure this cultural transformation enables us to provide even better service to our constituents.

The services that we provide to the American public are made possible by our annual operating budget. The President's Fiscal Year 2005 Budget Request for CDC and ATSDR represents the best application of resources to support our myriad public health programs during the next fiscal year.



The complete Fiscal Year 2005 Budget Request to Congress is hundreds of pages long and nearly \$7 billion—or \$30 million each work day. Each annual budget request draws from our past experience and our best ideas about future needs and priorities.

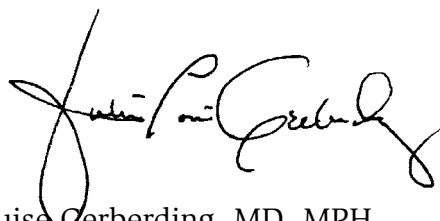
This summary highlights the key components of CDC's Fiscal Year 2005 Budget Request to Congress and also summarizes important management and program priorities for our partners and constituents. The FY 2005 Budget Request includes funding enhancements and initiatives to meet three critical areas:

- Safeguarding public health in the 21st century;
- Protecting people: preparing for health threats at home and abroad;
- Saving lives: transforming knowledge into impact.

Because approximately 75% of CDC's annual budget is used to support extramural activities, programs, and research—all of which enable CDC to develop, conduct, and evaluate a wide range of public health programs—it is vital that our partners and constituents have access to this budget information and understand our the agency's management agenda.

CDC has worked hard to hone its impeccable reputation for scientific integrity and has simultaneously worked to ensure that our financial stewardship and program management will be the best in the public service arena. CDC has consistently recouped the nation's investment, saving lives and money through the public health activities and initiatives conducted in concert with our partners. In the following pages, we have included not just information about our Fiscal Year 2005 Budget Request to Congress but also distillations of key program accomplishments and management achievements.

We welcome your comments and suggestions and hope that this budget information proves valuable.



Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention
and Administrator, Agency for Toxic Substances and Disease Registry

Overview of CDC/ATSDR

CDC

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) are two of the 13 major operating components of the Department of Health and Human Services (HHS). HHS is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves.

Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Today, CDC is globally recognized for conducting research and investigations and for its action-oriented approach. CDC applies research and findings to improve people’s daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies. Today CDC is recognized as the lead federal agency for

- protecting people’s health and safety,
- providing reliable health information to the public,
- improving health through strong partnerships.

Having excellent business practices and dynamic management are integral for CDC to continue reducing death, illness, and disability in the United States and throughout the world. CDC works to foster excellence in science, service, systems, strategy, and security and throughout all of its programs and activities. This emphasis on strong, effective management and leadership starts at the top with CDC’s Executive Leadership Team and the Management Council and filters down and across all parts of the agency.

Even though the 21st century is but a few years old, already we have encountered terrorist events, outbreaks related to emerging diseases such as SARS and the West Nile virus, and a growing obesity epidemic.

To be prepared for future public health challenges, CDC Director Julie L. Gerberding has launched a strategic planning process called the “Futures Initiative.” This outside-in approach to organizational change is seeking fresh, diverse viewpoints. The Futures Initiative will articulate broad priority areas for CDC and form and carry out new strategic directions and health goals that will drive change for the agency. (Learn more on page 30.)



Organization

CDC's major organizational components develop and manage programs and respond to health threats that fall within their respective areas of expertise. They also pool their resources and knowledge on crosscutting issues and specific health threats. In 2003, the agency comprised these 11 major program components:

- National Center on Birth Defects and Developmental Disabilities (NCBDDD) works to prevent birth defects and secondary disabilities.
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) prevents premature death and disability from chronic diseases and promotes healthy personal behaviors.
- National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR) provides national leadership in preventing and controlling disease, disability, and death that result from the interactions between people and their environment.
- National Center for Health Statistics (NCHS) provides statistical information that will guide actions and policies to improve the health of the American people.
- National Center for HIV, STD, and TB Prevention (NCHSTP) provides national leadership in preventing and controlling human immunodeficiency virus infection, sexually transmitted diseases, and tuberculosis.
- National Center for Infectious Diseases (NCID) prevents illness, disability, and death caused by infectious diseases in the United States and around the world.
- National Center for Injury Prevention and Control (NCIPC) prevents death and disability from nonoccupational injuries, including those that are unintentional and those that result from violence.
- National Institute for Occupational Safety and Health (NIOSH) ensures safety and health for all people in the workplace through research and prevention.
- National Immunization Program (NIP) prevents disease, disability, and death from vaccine-preventable diseases among children and adults.
- Epidemiology Program Office (EPO) strengthens the public health system by coordinating public health surveillance; providing support in scientific communications, statistics, and epidemiology; and training in surveillance, epidemiology, and prevention effectiveness.

Overview of CDC/ATSDR

- Public Health Practice Program Office (PHPPO) strengthens community practice of public health by creating an effective workforce, building information networks, conducting practice research, and ensuring laboratory quality.

The Office of the Director manages and directs CDC's programs by delivering overall leadership; providing advice on fiscal, policy, and legislative matters; and developing and evaluating goals and objectives related to preventing and controlling disease and injury.

ATSDR

ATSDR was established in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act—also known as Superfund. ATSDR works to prevent exposures to hazardous wastes and to environmental spills of hazardous substances. Headquartered in Atlanta, the agency also has 10 regional offices and an office in Washington, D.C., and a multi-disciplinary staff that includes epidemiologists, physicians, toxicologists, engineers, public health educators, communication specialists, and support staff.

During 2003, ATSDR and NCEH underwent an administrative and management consolidation to build a stronger environmental health presence at CDC.

Although CDC and ATSDR have independent visions and mission statements, both strive to protect and improve the health of the American public. The Director of CDC also serves as the Administrator of ATSDR.

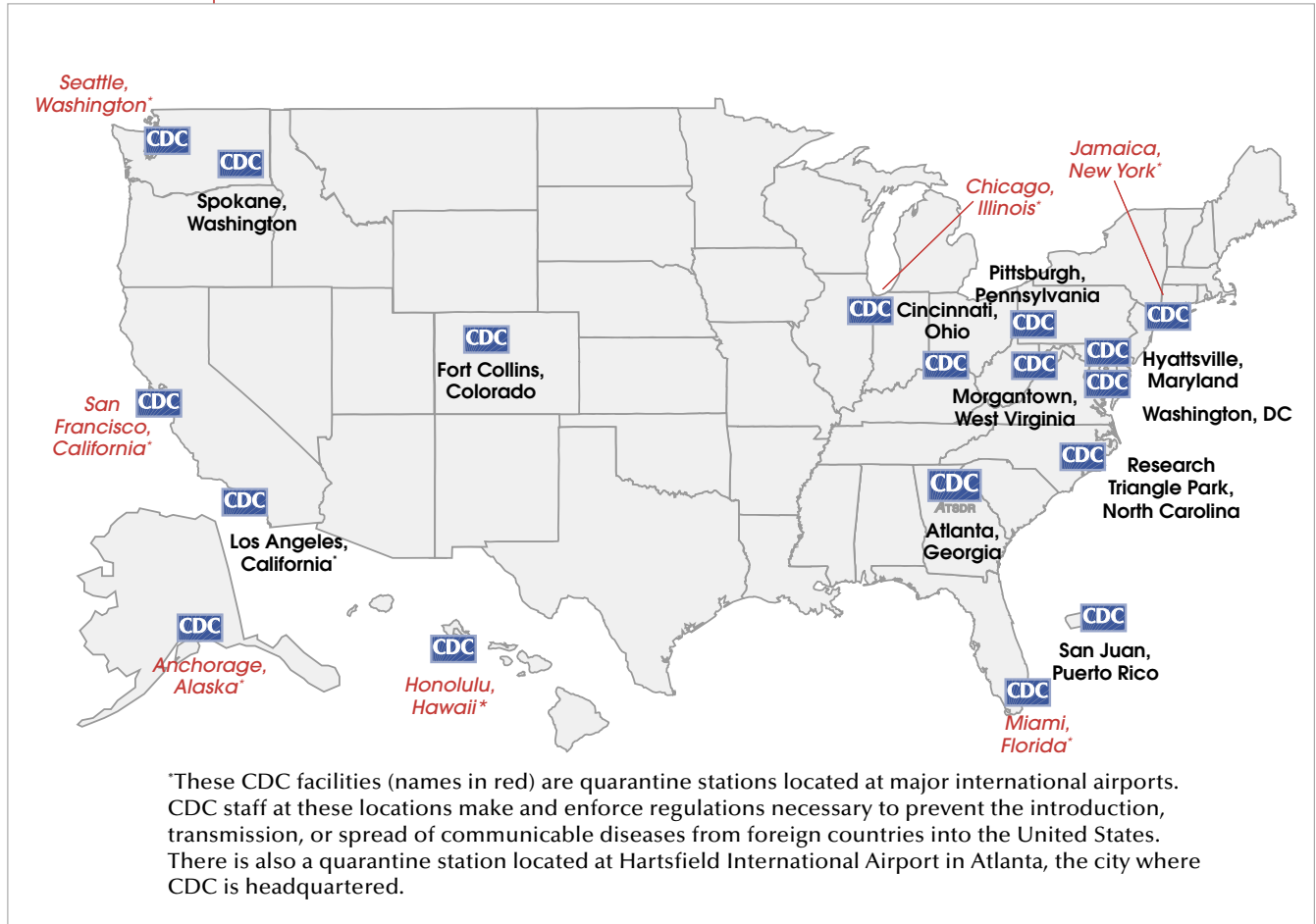
Workforce

The workforce at CDC/ATSDR totals more than 9,400 full-time employees (or full-time equivalents) in more than 170 occupations that support our public health initiatives, including physicians, statisticians, epidemiologists, laboratory experts, behavioral scientists, and health communicators. Although many people associate CDC with its national headquarters in Atlanta, more than 2,000 CDC employees work at other locations throughout the United States. (See map on page 8.) Additional CDC staff are deployed to more than 37 other countries, assigned to 47 state health departments, and dispersed to numerous local health agencies on both long- and short-term assignments.

This talented, well-trained workforce—CDC's most crucial and complex resource—represents a cross-section of America's culturally and ethnically



diverse society; hence CDC and ATSDR are well-positioned to serve the American public, to meet the health goals for our nation as set forth by HHS in *Healthy People 2010*, and to respond to disease outbreaks, health crises, and disasters worldwide.



Executive Summary

The Centers for Disease Control and Prevention (CDC) is recognized as the lead federal agency for protecting the health and safety of people—at home and abroad—providing credible information to enhance health decisions, and promoting health through strong partnerships. Together with our sister agency ATSDR and our partners, we monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training to accomplish our mission of preventing and controlling disease, injury, and disability.

CDC must aggressively approach leadership and management to balance emerging issues with our vision for safer, healthier people in every community. Our strategic imperatives—excellence in science, service, systems, strategy, and security—ensure that we

- Practice evidence-based science grounded in sound peer-reviewed research.
- Promote efficient service to meet the needs of our partners and customers.
- Fine-tune and manage our systems so that we use our personnel, technology, infrastructure, and information efficiently to achieve results.
- Ensure that our strategies truly prepare us for future challenges.
- Ensure the security of CDC facilities and staff, as well as prepare for and mitigate against terrorism concerns related to the health and well-being of the country.

CDC's Fiscal Year 2005 Budget Request reflects CDC's strategic imperatives in a strong endorsement of the agency's commitment to promoting and protecting the health and safety of all Americans.

FY 2005 Budget Request

CDC's budget request of \$6.9 billion for FY 2005 represents a decrease of \$58 million below the FY 2004 Final Conference Mark. This request will allow the Administration to move public health forward by improving existing systems, programs, and activities in alignment with and enhancement of action by Congress in FY 2004.

The FY 2005 request will enable CDC to address central strategies of prevention and preparedness, while capitalizing on science and technology

to achieve public health goals and is consistent with the following three CDC priorities:

- Safeguarding public health in the 21st century;
- Protecting people: preparing for health threats at home and abroad;
- Saving lives: transforming knowledge into impact.

Safeguarding Public Health in the 21st Century

Maintain and Transform HHS' Core Health Statistics Capacity: (+ \$22 million)

CDC seeks to invest in maintaining and transforming the core capacities of the National Center for Health Statistics (NCHS), the principal health statistics agency and the centerpiece of HHS' capacity to collect policy-relevant information on the health of our nation's population. These data systems supply critical information to a myriad of programs at HHS and to the health sector in general. CDC and HHS recognize the need for a major new investment in these programs to position these surveys to meet new challenges. Increased investments in FY 2005 will allow CDC to do the following:

- Preserve and modernize the nation's vital statistics system—Investments will make the system faster and more responsive to a variety of public health, homeland security, and fraud-reduction efforts. CDC and other partners in the federal government will work with the states to build a re-engineered, Web-based vital statistics system which would involve initial recording of birth and death certificates via electronic systems in hospitals and funeral homes, with secure, encrypted Internet transmission to state authorities and CDC/NCHS for translation into aggregate statistics. These steps will also help ensure the viability and functionality of the system in the event of disaster or emergency, including improving data security and off-site data storage.
- Sustain and transform basic operations for the National Health and Nutrition Examination Survey (NHANES)—Ensuring the continued field operations for NHANES, a key element in an overall strategy for monitoring health, is essential to providing a detailed, objective measurement of human health and related diet, environmental, and personal risk factors. The investment included in this request will provide maintenance of the full field operations for NHANES, eliminating the need

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for reductions in the overall scope, content, and detail from the current survey. With this investment, CDC will be able to assure partners that the underlying survey mechanism will remain a stable platform for collaborations. CDC will also be able to work with partners on the development of models and alternative strategies for obtaining physical examination data for states or localities.

- Maintain and redesign systems for tracking the health care delivery system—New investments in FY 2005 will allow CDC to undertake a long-range transformation of the National Health Care Survey, which provides information on the delivery of care to the population, the structure and functioning of the health care delivery system, and the changing roles of health care providers. New investments will provide for major elements of the existing survey to be conducted on a regular cycle. It will provide for the redesign of existing surveys in the area of nursing home and related care, as well as efforts to conduct a broad-based inventory of health care providers, the first step toward understanding the distribution, capacity, and roles of the changing mix of health professionals, institutions, and plans. CDC will also increase the capacity of two surveys—the National Ambulatory Care Medical Care Survey and the National Hospital Ambulatory Medical Care Survey—by increasing the number of participating providers. In addition, NCHS will implement new methods and technology to reflect better the changing distribution of the population and changes in the mix and range of health care providers to take better advantage of existing records systems and incorporate a wider range of data items such as prescription drugs and clinical quality measures.
- Redesign the sample for the National Health Interview Survey (NHIS)—The NHIS is among HHS' most important population surveys, and sample redesign is needed to reflect the changing demographics identified in the decennial census and to refocus these surveys on population groups that are growing. FY 2005 resources will be invested in the work of listing a new NHIS sample for the next decade in order to maintain the survey's viability. This new sample will be put into place in calendar year 2007 and will be in place for 10 years. The investment will also provide for continuing efforts to update and improve the NHIS sample to ensure it is representative of the full geographic, ethnic, and racial diversity of the U.S. population. With this increase, the sample size of the NHIS will be restored to its full 40,000 households during the period of this redesign work.

Agency for Toxic Substances and Disease Registry: (+ \$4 million)

Vermiculite Workers Pilot Study

ATSDR has implemented a registry of former vermiculite workers in Libby, Montana, and the people that lived with them to address the long-term health outcomes related to asbestos exposure. Nearly one of every five persons participating in ATSDR medical testing in Libby, Montana was found to have lung or breathing abnormalities associated with exposure to asbestos fibers in vermiculite ore that was mined there from the early 1920s until the 1990s. Children who played in piles of scrap ore, workers who mined and processed it, members of worker households who handled the clothing, and even gardeners who used discarded scrap ore were exposed. Unfortunately, the same ore was shipped from Libby to more than 200 locations throughout the United States for processing, resulting in the potential exposure of thousands of others to the tremolite asbestos.

ATSDR is working with the Environmental Protection Agency (EPA) and other federal, state, and local environmental public health agencies to evaluate the sites that received the vermiculite to identify past and present exposure pathways and to determine if a public health hazard has existed or continues to exist. At present, ATSDR's activities include sponsoring health statistics reviews, conducting pilot mesothelioma surveillance in New York and New Jersey based on existing state cancer registries, and funding a comprehensive community exposure assessment project in a community in Minnesota.

Increased funding in FY 2005 will allow ATSDR to begin conducting pilot studies to identify and assess potential health effects among former workers likely to have been exposed to elevated levels of asbestos at five of 28 vermiculite processing priority sites. The funding will focus on tracing the individuals, interviewing them, conducting medical testing and interpreting the results, and conducting media and education campaigns.

World Trade Center Registry

In FY 2005, CDC/ATSDR requests additional resources for continued maintenance for the World Trade Center Registry. Funds will be provided to the New York City Department of Health and Mental Hygiene to support the core functions of the registry, which include maintaining the New York City registry office with current staff who operate the database; administering interviews; conducting community outreach activities; analyzing data; developing quarterly reports; responding to public inquiries; and disseminating findings and health alerts as necessary.

Protecting People: Preparing for Health Threats at Home and Abroad

Biosurveillance: (+ \$130 million)

Whether naturally occurring or intentionally inflicted, infectious diseases pose a strategic threat to human health and our national security. The potential for rapid dissemination of pathogens and their vectors throughout the world is increasing as the world continues to experience expanding global trade markets and increasing international travel. CDC's strategy for addressing these threats has been to invest in and build upon the public health system that was established over a century ago. Multiple systems are now in place, both in the United States and internationally, to detect disease outbreaks and exposures to contaminants. Although we are better prepared to recognize and respond to these threats, more work needs to be done. To help in this fight, the Homeland Security Council has pinpointed early attack warning and improved surveillance as top priorities in preparing against a potential bioterrorist attack. The FY 2005 President's Budget proposes a new cross-agency Biosurveillance initiative to improve the federal government's capability to rapidly identify and characterize such an attack.

CDC's \$130 million investment in this initiative includes enhancing the early warning of potential emerging biological threats through the BioSense program, strengthening the Laboratory Response Network in a push toward real-time laboratory reporting, and protecting our borders by expanding the number of U.S. airports with quarantine stations. These efforts at CDC, along with other efforts across the government, will continue to address the critical national security needs to protect the nation from biological attacks, as well as from naturally occurring outbreaks of infectious diseases anywhere on the globe.

West Nile Virus: (+ \$2 million)

The outbreak of West Nile virus (WNV) in 2002 was the largest ever vector-borne human encephalitis outbreak in the United States, and more than 4,000 cases were reported that year. The WNV epidemic in the United States during the summer and fall of 2003 was again quite severe. As of December 31, 2003, 8,977 human cases of WNV in the United States were reported to CDC.

As numbers of people and animals infected grow in 2004, CDC will continue meeting this challenge by providing field investigation assistance, laboratory assistance, and blood transfusion/organ transplant investigations. Increased funding in FY 2005 will allow CDC to continue to address the epidemic of WNV in the United States by increasing state and local

health department funding for surveillance and response and expanding the extramural research agenda.

Global Disease Detection: (+ \$27.5 million)

In a time when United States and international health are inextricably linked, the fulfillment of CDC's domestic mission—to protect the health of the U.S. population—requires increased global awareness and collaborations with global partners. CDC will begin a new initiative in FY 2004, Global Disease Detection, which will improve global capacity for disease detection and outbreak response. Increased funding in FY 2005 will expand efforts in various areas of international public health and invest in new programs that will complement and enhance global disease preparedness and response activities.

Resources in FY 2004 and FY 2005 will be used to engage in various activities to ensure the detection and response of global diseases, including expanding the early warning system for influenza, strengthening research and surveillance for pandemic influenza preparedness, supporting international partners and foreign governments to control global outbreaks, increasing opportunities for training and preparing public health professionals for outbreak surveillance and response, and improving existing programs overseas to improve disease detection and response and contain outbreaks to prevent pandemics and spread to the United States.

Saving Lives: Transforming Knowledge into Impact

Steps to a Healthier US: (+ \$81 million)

In the United States today, seven of ten deaths and the vast majority of serious illness, disability, and health care costs are caused by such chronic diseases as diabetes, asthma, and obesity. Underlying these serious diseases are several important risk factors that can be modified years before they contribute to illness and death.

Three risk factors—poor nutrition, lack of physical activity, and tobacco use and exposure—are major contributors to the nation's leading causes of death. The first two of those risk factors contribute primarily to obesity and diabetes. Tobacco use contributes primarily to asthma, but it also contributes to the risk of poor circulation and heart disease among those who have diabetes. Research has demonstrated a clear link between exposure to tobacco smoke and exacerbation of asthma and has provided evidence of a causal link between exposure to tobacco smoke and the development

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of asthma. Research has also shown that smoking heightens the risk for diabetes-related complications of neuropathy and nephropathy; cigarette use has been shown to be a significant risk factor for death by coronary heart disease among people with Type 2 diabetes.

With additional resources in FY 2005, CDC will increase support to existing Steps communities and increase the number of communities the program will reach. Through an increase of \$81 million in FY 2005, HHS would be able to fund approximately five to six additional states (8–10 total), two to four additional tribes (4–5 total), and nine to 12 additional cities (16–19 total) for a total of up to 40 additional communities. In addition, funding will be available for national organizations (i.e., YMCA and Boys and Girls Clubs of America) to provide additional support to the Steps communities.

Funding at these levels will continue to support innovative community-based programs that are proven effective in preventing and controlling diabetes, overweight, obesity, and asthma and addressing three related risk factors—physical inactivity, poor nutrition, and tobacco use.

Within the funding for Steps, CDC will designate up to \$10 million for the Diabetes Detection Initiative (DDI), an existing program aimed at detecting undiagnosed diabetes. Approximately five million of the 18 million people with diabetes in the United States do not know they have it. Those with unrecognized Type 2 diabetes may not have symptoms or may not be aware of them even though the disease is present.

Early diagnosis and proper treatment of diabetes can delay, and even prevent, the progression of serious diabetes-related health problems such as blindness, foot and limb amputations, and kidney failure. The DDI targets “at-risk populations” through a proven social marketing strategy to reach those populations where they live, work, and play. The goals of the DDI are to increase the number of at-risk individuals who undergo blood testing for diabetes and increase the number of undiagnosed individuals who are diagnosed with diabetes.

To achieve these goals, CDC will expand the DDI model operating in 10 states to 30 additional sites. These activities will replicate the successful program design of the 10 DDI model programs established in FY 2004. These programs will identify at least one high-risk population for a targeted diabetes detection effort and will identify community health centers for diagnostic referral. Up to 10 states will implement more substantial efforts, reaching a larger number of citizens. CDC will continue working closely with other federal agencies, partners, and organizations to implement a diabetes detection program to identify diabetes in those populations at highest risk.

National Breast and Cervical Cancer Early Detection Program: (+ \$10 million)

Cancer is the second leading cause of death in the United States. Since 1990, 17 million new cancer cases have been diagnosed, and more than 1.3 million new cases were diagnosed in 2003 alone. According to the National Institutes of Health, in 2002 the direct and indirect costs of cancer in the United States totaled \$171 billion. Screening tests for breast and cervical cancer reduce the number of deaths from these diseases by promoting early detection, and screening tests for cervical cancer can actually prevent the development of cancer through the early detection and treatment of precancerous conditions.

CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has helped to increase mammography use by women aged 50 years and older by 20% since the program's inception in 1991. NBCCEDP targets low-income women with little or no health insurance and has helped reduce disparities in screening for women from racial and ethnic minorities. Approximately 50% of screenings provided by the program were for women from racial or ethnic minority groups.

With additional resources in FY 2005, CDC will increase support to states to conduct outreach and pay for additional breast and cervical cancer screens for underserved women. With the requested increase, CDC projects to provide 32,000 additional diagnostic and screening services to women who are difficult to reach, or who have rarely or never been screened for these cancers. Additionally, CDC will continue to support studies to improve the program's quality and effectiveness, and increase support for comprehensive cancer control in states to integrate the full range of cancer control activities. Continued support will better maximize resources, improve community-based education and health promotion, share expertise, and effectively target at-risk populations.

Program Accomplishments

Tuberculosis Cases Decline for a Tenth Consecutive Year

Tuberculosis (TB) case rates nationwide are at an all-time low following the tenth consecutive year of decline, moving us closer to our goal of TB elimination in the United States. New tools such as the TB Binational Card will contribute to continuity of care and completion of TB treatment for patients who migrate between the United States and Mexico and will help address TB among people born outside the United States, who account for half of the TB cases in the United States.

Reducing the Complications and Costs of Diabetes

In collaboration with its state partners, CDC is making great strides in reducing the complications of diabetes. For example, CDC supported the New York State Diabetes Prevention and Control Program which reduced hospitalizations and lower extremity amputations by 30% or more from 1993 to 1999. Also, the incidence of end-stage renal disease, a condition covered by Medicare, was reduced by 13.5%. The estimated \$4.6 billion per year spent nationally on diabetes-related hospitalization could be reduced to \$3.3 billion over the next five years if the New York experience is extrapolated nationally.

Eliminating Residential Fire Deaths

Since 1998, CDC has funded smoke alarm installation and fire safety education programs in high-risk communities—those with fire death rates higher than state and national averages and median household incomes below the poverty level. An informal sample of program homes found that 499 lives have been saved thus far. Program staff have canvassed almost 265,000 homes and installed more than 185,000 long-lasting smoke alarms in high-risk homes, targeting households with children aged 5 years and younger and adults aged 65 years and older. Fire safety messages have reached millions of people as a result of these programs. On the basis of these programs' success, in 2001, CDC awarded 5-year cooperative agreements to 13 states to install long-lasting, lithium-powered smoke alarms and provided fire safety education in homes in high-risk communities. In 2003, 16 states were awarded funding for these activities.



Improving Influenza Surveillance

Infection with influenza viruses can result in severe illness and life-threatening complications. Good surveillance systems and resulting data are particularly important in the prevention and control of influenza. Surveillance data are used to guide annual vaccine strain selection as well as monitor for potential pandemic strains. To help improve global influenza surveillance, CDC, one of four World Health Organization (WHO) Collaborating Centers for Influenza, hosted international scientists for an Influenza Epidemiology Training and an Influenza Laboratory Training during 2003. CDC also sponsored the Influenza Surveillance Coordinator's Conference; which included participants from 48 states, two major metropolitan areas, and the Department of Defense. The meeting participants discussed influenza epidemiology and surveillance issues, and activities in the United States and abroad.

Meeting speakers presented information on a variety of topics, which included vaccine information, national and international surveillance networks and pandemic influenza planning.

Declining Vaccine-Preventable Diseases

As childhood immunization coverage continues to increase, the incidence of vaccine preventable diseases declines significantly. Immunization levels for most individual vaccines such as measles, polio, *Haemophilus influenzae* type b (Hib), hepatitis B and three doses of diphtheria-tetanus-acellular pertussis (DTaP) are at 90% or higher. At the same time, new cases of most vaccine-preventable disease are down approximately 99% from peak prevaccine levels. There have been no cases of polio caused by wild polio virus in the Western Hemisphere since 1991. Measles is no longer endemic in the United States and no children reported were born with Congenital Rubella Syndrome in 2002 in the United States. Cases of Hib have dropped more than 99% in children younger than five since introduction of the Hib vaccine in 1990. Vaccines are one of the most successful and cost-effective, efficient public health tools for preventing disease and death.

Vaccine Cost Savings

Vaccine	For every \$1 invested, the United States saves
MMR	\$23
DTaP	\$27
Hep B	\$14.70

Advancing Polio Eradication

CDC and its international partners have made extraordinary progress toward achieving the global eradication of polio. Today, more than 200 countries and territories are polio-free, and the disease is now indigenous to only seven countries in South Asia and Africa. The number of cases in the Western Hemisphere has been reduced by more than 99% from approximately 250,000 cases in 1990 to 2,548 cases in 2002.

Reducing Work-Related Injuries, Illnesses, and Fatalities

By identifying emerging work-related injuries and illnesses, CDC helps reduce the annual incidence of work injuries, illnesses, and fatalities in targeted sectors. After recognizing fatal falls during communication tower construction as an emergent hazard, CDC worked closely with industry and government partners to identify safe practices in this construction sector. CDC researchers identified a serious and previously unknown work-related

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respiratory illness associated with inhalation of vapors from butter flavoring at a microwave popcorn manufacturing plant and prevented further exposure to hazardous agents. A recent extramural research partnership with a nursing home company documented a 57% reduction in injury frequency, a 58% reduction in injury rates, and a 71% reduction in workers' compensation medical and indemnity expenses related to patient lifting and transferring injuries among nursing staff.

Advancing HIV Prevention: New Strategies for a Changing Epidemic

Taking advantage of new technology to offer innovative strategies and approaches to combat HIV, CDC has launched an initiative that emphasizes HIV testing in both medical and nonmedical settings. It is estimated that the majority of HIV infections are transmitted by people who have not yet been diagnosed. The initiative will reach out to identify the estimated 180,000 to 200,000 people in the United States who are not aware of their status and connect them to care, treatment and prevention services.

"It's simply unacceptable that 40,000 people in this country become infected with HIV each year, and it's intolerable that about one fourth of those infected with HIV don't know they're infected and therefore are not receiving appropriate medical care. This new initiative will go a long way to help frontline clinicians help people overcome some of the barriers they face getting diagnosed and treated for HIV."

CDC Director Julie Gerberding, April 17, 2003

Folic Acid-Preventable Birth Defects Decline Dramatically

CDC continues to document declines in spina bifida and anencephaly, serious birth defects of the brain and spine, as a result of folic acid food fortification and public health education efforts. Since fortification of cereal grain products was required in 1998, the rates of these defects have declined by 32%.

CDC Publishes Most Extensive Assessment of Exposure of U.S. Population to Environmental Chemicals

CDC published the *Second National Report on Human Exposure to Environmental Chemicals in 2003*, the largest and most extensive assessment of the U.S. population's exposure to environmental chemicals. The publication reports exposure information for 116 environmental chemicals,

including information on lead, environmental tobacco smoke (ETS), and the insecticide DDT.

The report noted that blood lead levels among children aged 1–5 years decreased from 4.4% in the early 1990s to 2.2% in 1999 and 2000. Special



populations of children at high risk for lead exposure (e.g., those living in homes with lead-based paint) remain a major health concern. Exposure to ETS also declined in the 1990s (58% decrease for children, 55% for adolescents, and 75% for adults), most likely as a result of public health efforts to reduce ETS exposure in the population during that decade. Despite these efforts and successes, ETS remains a major health concern, with ETS exposure levels among children more than twice those of adults and exposure levels among non-Hispanic blacks more than twice those of other racial or ethnic groups. The report also identified existing opportunities to improve public health. DDT was banned in the United States in 1973. A prominent metabolite, or breakdown product, of DDT is DDE. The Report found that serum DDE levels were three times higher among Mexican-Americans than among other racial or ethnic groups and that DDE was clearly measurable in people born after DDT use was banned. DDE levels were, however, clearly lower than those measured among selected groups in the United States before 1990.

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CDC Marshals Its Forces for SARS

CDC/ATSDR deployed over 800 staff for SARS-related activities since mid-March 2003. Nearly 100 staff have been deployed overseas as part of WHO response teams, as well as through bilateral agreements with the host area. Additional CDC/ATSDR staff were deployed to the 19 ports of entry (including Guam, Saipan, Hawaii, Seattle, San Francisco, Los Angeles, Chicago, and New York City) to provide health education and epidemiological services where direct and indirect flights and ships arrive from SARS locations throughout the world.

As part of CDC's comprehensive response to the SARS outbreak, operational teams were developed based on the successful model that CDC developed as part of its anthrax and WNV responses. Teams focus on specific areas of expertise including epidemiology/surveillance, clinical and infection control,

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laboratory, WHO/international liaison, quarantine, communications, and community outreach. The coordinated efforts of these teams led to the rapid identification of the unusual corona virus and to development and distribution of diagnostic reagents to a number of Laboratory Response Network (LRN) labs throughout the United States.

Additionally, CDC continues to work with other federal agencies, state and local health departments, and health care organizations to plan for rapid recognition and response if person-to-person transmission of SARS-CoV recurs. CDC has developed recommendations and guidelines to help public health and health care officials plan for and respond quickly to the reappearance of SARS in a health care facility or community.

These recommendations and guidelines are available in the document *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)* at www.cdc.gov/ncidod/sars/guidance/index.htm.

CDC provides the latest information on SARS on the SARS Web site: www.cdc.gov/ncidod/sars.



“Because of the special efforts of the dedicated professionals at CDC and FDA to respond effectively to SARS, we now have a needed SARS diagnostic test for use at a growing number of laboratories... This experimental test marks a significant step forward in our ability to confront and ultimately overcome this new disease, and its development embodies the commitment of our department to protecting the public health.”

—DHHS Secretary Tommy Thompson, June 2, 2003

Upgrading CDC’s Buildings and Facilities

CDC has made substantial progress in implementing the 10-year Master Plan for Atlanta-based buildings and facilities on both the Roybal and Chamblee Campuses. These new facilities are scheduled for occupancy in 2005:

- Emerging Infectious Diseases Laboratory will include a rapid response laboratory for bioterrorism events and other public health emergencies; additional “hot lab” space for researching the most deadly pathogens; and a new training lab.

- Central Utility Plants will provide utility support for laboratory and other facilities at the Roybal and Chamblee campuses.
- Scientific Communications Center will allow CDC to much more effectively and directly communicate scientific information to the public health community.
- Headquarters and Emergency Operations Center (EOC) will provide a secure location for agency leadership and secure communications during emergencies.
- Environmental Toxicology Lab will house chemical weapon counterterrorism, clinical biochemical work, and other environmental health research.

“We are finally beginning to realize our dream of providing first-rate facilities for our first-rate staff...CDC is charged with protecting the nation’s health from infectious diseases such as anthrax, chronic diseases such as heart disease and environmental toxicants, to name a few. To meet this challenge, we must have adequate space and equipment to do that.”

—CDC Director Julie Gerberding, April 17, 2003

Providing Authoritative Public Health Messages and Information

CDC has one of the most frequently visited federal Web sites in the government as the authoritative and trusted source of public health information for health care providers, public health officials, the media, and the public. The events of September 11, 2001, and the subsequent anthrax infections drew more than nine million visitors to the CDC Web site during October 2001. Recent SARS concerns resulted in more than 17 million different visitors in April 2003. During FY 2003, CDC’s Web site was visited by more than 105 million people with more than 477 million requests for information.



Detecting Food-borne Illnesses

CDC has expanded PulseNet to all 50 states. PulseNet has revolutionized food-borne disease surveillance by allowing near real-time comparison of “fingerprint” patterns that occur simultaneously in separate geographic locations and may be due to a common exposure, such as a food item. In 2003, PulseNet was critical in detecting and investigating regional outbreaks of salmonellosis from tomatoes and eggs, E. coli O157 infection from beef, and listeriosis from raw milk cheese.

In the fall of 2003, CDC and the Pennsylvania Department of Health investigated a Hepatitis A outbreak among patrons of a restaurant in Pennsylvania. This was the largest U.S. food-borne hepatitis A outbreak ever reported with cases identified among 544 Pennsylvania residents and at least 75 residents of six other states. Three persons died. Eating a food item containing green onions at this single restaurant was associated with illness. Within two weeks, investigators identified the implicated food item and determined that the genetic sequence of the outbreak strain was very similar to viral sequences obtained from persons involved in hepatitis A outbreaks in three other states. All outbreaks were linked epidemiologically to green onions.

Getting the Word Out to the Public about the Threat of Terrorism

A key part of emergency response is to assure that CDC and its partners can comprehensively, efficiently, and rapidly respond to communication needs associated with terrorism and other national emergencies. CDC’s Emergency Communication System, currently used to respond to SARS and adverse events related to smallpox vaccinations, provides critical information; arranges for immediate direct communications with key partners around the world; provides real-time updates to the media; ensures that essential information is available to the public through the CDC Web site; develops training for clinicians; and creates public service announcements.

“The appropriate antidote to fear and panic with any new challenge is information. So the more we have credible sources helping people put something like SARS into context, the more likely we are to discourage fear and panic and channel people’s energy into doing something constructive.”

—CDC Director Julie Gerberding, June 2003

Creating a Better Trained Public Health Workforce

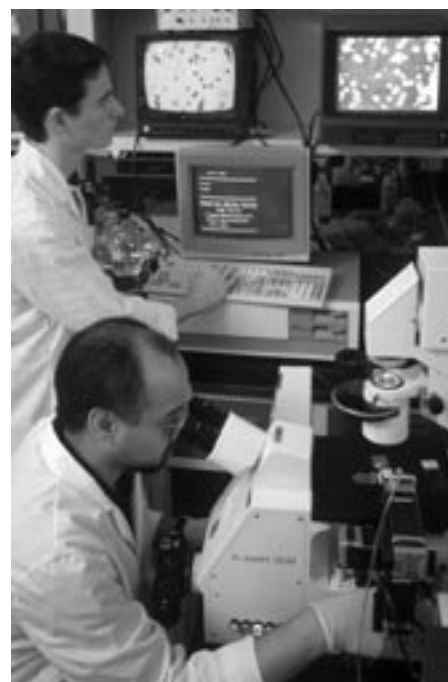
The Academic Centers for Public Health Preparedness (ACPHPs) are important in developing a competent public health workforce. There are 22 ACPHPs in the United States housed in academic institutions such as Columbia University, the University of California at Berkeley, and Emory University. The centers have established a national Internet resource center through the Association of Schools of Public Health (ASPH) that lists over 300 courses. In addition, there are also 13 Specialty Centers for Public Health Preparedness which focus on a specific content area, discipline, technology, or setting. These centers produce research, training and related materials to enhance national preparedness efforts.

Expansion of CDC's Disease Detectives

CDC provides expert assistance, especially through its "disease detectives," the Epidemic Intelligence Service (EIS) Officers. The EIS Officer program, established in 1951, grew from 148 Officers in 2001 to 167 in 2003. This growth occurred in response to a suggestion from HHS Secretary Tommy Thompson that CDC increase the number of federally trained epidemiologists on the front lines of public health. Forty-nine of the 167 current EIS Officers are assigned to state or local health departments. All EIS Officers now receive training in terrorism preparedness and emergency response and can be quickly mobilized to respond to public health events.

Career Epidemiology Field Officer Program Under Way

The Career Epidemiology Field Officer Program was established after the attacks on the World Trade Center and Pentagon, the anthrax investigation, and the WNV epidemic to address the need for trained epidemiologists at the state and local levels. To date, 14 Career Epidemiology Field Officers have been placed in state and local health agencies to provide epidemiological expertise to state terrorism and emergency response planning and policy programs and to provide leadership, training, planning and technical support for building local epidemiological capacity.



CDC Funded States Create New, Innovative Programs

The State of Texas has used CDC bioterrorism dollars to create the Texas Medical Rangers Program to provide volunteer medical expertise in support of public health emergencies. This trained group of doctors, pharmacists, and emergency responders can be called up to assist Texas in a bioterrorism emergency. When activated, this group would fall under the authorities of the Texas National Guard and receive command and control instructions directly from the Adjutant General and the Governor.

New York has developed and begun statewide implementation of a Web-based tool on the New York State Health Alert Network, known as the Hospital Emergency Response Data System (HERDS). This tool is available at hospitals for purposes of incident command and transfer/sharing of these resources where critically needed. HERDS is being initiated in conjunction with the Greater New York Hospital Association and based on experience during September 11, 2001, for real-time tracking and reporting of vital resources.

Responding to the 2003–2004 Influenza Epidemic

CDC's immunization grant program and the Vaccines for Children program were instrumental during the 2003–2004 influenza season in which an early onset of flu outbreaks led to increased demand for the vaccine. CDC assessed influenza vaccine supply among multiple health care providers and health systems. After confirming shortages of influenza vaccine in many parts of the country, additional doses of federally procured flu vaccine were delivered to state and local health departments to alleviate some of the reported shortages. CDC also implemented multiple studies of influenza vaccine effectiveness to give health care providers and the public timely information about this year's influenza vaccine.



Rapid Response to Influenza Vaccine Shortages

During the 2003 and 2004 influenza season, a shortage of vaccine occurred in the United States because demand for the vaccine exceeded expectation. To mitigate the effects of this shortage, CDC purchased approximately 688,000 additional doses of influenza vaccine from manufacturers both in the United States and in the United Kingdom since December 2003. The Department of Veterans Affairs donated around 45,000 additional doses

of unused vaccine from VA clinics and hospitals. CDC also negotiated a contract for FluMist at a significantly reduced price. Finally, MedImmune donated 250,000 doses of FluMist. CDC's partnerships with manufacturers, coupled with its ability to provide these vaccines to front-line providers in an effective manner, assisted in the rapid response to this shortage and increased vaccine coverage among the U.S. population.

Applied Health Protection Research

CDC/ATSDR conducts research, development, demonstration, and evaluation (RD&E) in support of its mission to promote health and quality of life by working to prevent and control disease, injury, and disability. These activities clearly align with the Secretary's and the President's priority areas. Features that distinguish CDC's RD&E activities from those of other agencies include a strong emphasis on prevention rather than treatment; a focus on population health (in addition to the health of individuals); and extensive collaborative RD&E activities with federal, state, local, and international partners (as opposed to purely extramural or intramural RD&E).

CDC/ATSDR's research—which is primarily on the applied and explanatory end of the research spectrum rather than the basic science end—focuses on developing and improving disease prevention programs that can be applied at the population or community level. CDC emphasizes applied prevention research designed to translate proven strategies into public health practice at the national, state, and local levels. CDC also supports evaluating the prevention effectiveness of state programs through ongoing research and synthesis and dissemination of findings. CDC works with other agencies and organizations to avoid duplication and to build cooperation and synergy.

Applied health protection research links research results and the health of the nation. Although biomedical research is being heavily funded and yielding impressive gains in knowledge, a gap exists between this fundamental scientific knowledge and the information frontline public health professionals need to carry out effective community-based programs. With new challenges stretching CDC's research capacity, having a coordinated approach for building capacity for practical, applied research that leverages the scientific capabilities and creativity of experienced investigators nationwide is crucial.

With a comprehensive health protection research agenda to prepare our nation for the threats of the new century, CDC will mobilize the extramural community to provide practical solutions in priority areas through applied public health research. With FY 2005 funding, CDC will develop programs to attract new and experienced researchers and retain those already engaged

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in applied public health research. CDC will also build its capacity to support extramural research and mentor new investigators. Additionally, CDC will award 50 to 60 investigator-initiated grants to external investigators and fund around 12 new investigator awards in applied public health research.

Through collaboration, public health researchers can determine what works in our diverse communities to prevent disease and save lives. Investigators funded by these grants, together with those addressing similar issues throughout the country, will ultimately form a network with federal agencies and practitioners to further improve the application of research results.

CDC is also starting to develop knowledge management systems and databases from these and other prevention research projects to enable practitioners, policy makers, researchers, and others to easily locate prevention research results pertinent to their needs. CDC will assess what information practitioners and policy makers need and how we can address their needs.

West Nile Virus Epidemic Response in the United States

Since the original introduction of the exotic arthropod-borne virus (arbovirus) WNV in the United States in 1999, the federal and state public health response to this epidemic continues to evolve. The WNV epidemic in the United States during the summer and fall of 2003 was again quite severe. As of December 31, 2003, 8,977 human cases of WNV in the United States were reported to CDC. Progress made in monitoring and managing the WNV epidemic has been impressive. Disease tracking through a real-time electronic surveillance system and expanded

diagnostic testing facilitated by the commercial availability of diagnostic tests have permitted national, state, and local public health officials to make critical prevention and control decisions in a timely manner. Progress in enhancing the public health infrastructure in vector-borne diseases through training classes and cooperative agreements will pay dividends now and in the future and better prepare the U.S. public health system to respond to the next introduction of an emerging, exotic arbovirus.



Detecting the First Ever Case of Monkeypox in the Western Hemisphere

In early June 2003, CDC confirmed the first ever case of human monkeypox in the western hemisphere. Doctors linked the patient's rash illness to a sick

pet prairie dog. Monkeypox is a virus found naturally only in certain regions of Africa. By tracing shipments of imported animals, CDC investigators discovered a shipment of animals from Ghana to the United States, including Gambian rats and prairie dogs. Some of these animals were found to be ill or dead with monkeypox—creating a link to the United States outbreak. By June 11, CDC and the Food and Drug Administration issued a joint order banning the interstate commerce, trade, sale, or movement of prairie dogs and importation of all rodents from Africa. In just over a month, CDC and local, state, and federal partners succeeded in containing the outbreak. In all, 72 cases were investigated in six states, and 37 cases were confirmed in persons living in five states.

Emergency Response and Preparedness for Workplaces

To protect emergency responders from chemical, biological, radiological, and nuclear (CBRN) agents, CDC has issued standards for different classes of CBRN respirators and tested and issued approvals of several models. These standards offer protection for the nation's first responders against CBRN agents for the first time. Also, in coordination with the Department of Homeland Security, CDC published a guidance document to help building owners and managers assess their buildings' vulnerability to a CBRN attack and to safeguard building ventilation and a companion document providing guidance for filtration and air-cleaning systems.

Data for Reconstructing the Afghan Public Health System

Following the war in Afghanistan in 2002, CDC conducted a national survey to assess injury, disability, mortality and mental health in 50 villages from around that country. Solid data and an accurate assessment of health problems are being used to meet immediate needs and to plan for reconstructing the Afghan public health system.

Global Health: Quality Testing and Program Management

In support of the Global AIDS Program, CDC is strengthening global health laboratory systems through training and quality assurance. In collaboration with the Association of Public Health Laboratories, CDC provided leadership in performing assessments in the Caribbean, India, Thailand, and 14 sub-Saharan countries in Africa. Through our Management for International Public Health course in collaboration with Emory University Rollins School of Public Health, over 200 graduates now work in more than 50 developing countries to provide management training to public health personnel in programs for TB, HIV/AIDS, immunization, vector-borne diseases, and reproductive health.

Greater Efficiency and Utility on an Integrated Diet Survey

Under a new partnership between HHS and the United States Department of Agriculture's (USDA) Agricultural Research Service, the National Health and Nutrition Examination Survey (NHANES) is serving as the sole federal survey collecting detailed diet and nutrition data. NHANES now uses USDA-developed automated interview software, and USDA staff is responsible for maintaining the system and processing and editing the data. The combined efforts are improving turnaround time and quality for these data.

Examining Health-care Costs of Intimate Partner Violence against Women

Examining data from the National Violence Against Women Survey, CDC researchers showed that the health-related costs of rape, physical assault, stalking, and homicide by intimate partners exceed \$5.8 billion each year. Of this total, nearly \$4.1 billion are for direct medical and mental health care services, and productivity losses account for nearly \$1.8 billion. The report provides estimates of the incidence, prevalence, and health-related costs of nonfatal and fatal intimate partner violence against women and can inform prevention programs.

Flagship Health Surveys Are Flexible in Meeting Current Needs

The National Health Interview Survey early release program provides updated estimates for 13 selected health measures less than one year from the end of data collection. The program significantly improves policy analysts' access to the most recent data on health insurance coverage and other indicators. The National Health Care Survey has been expanded to capture information on emergency department staffing, hospital capacity and readiness to handle bioterrorism or mass casualty incidents and provides critical information to government and health care providers in assessing capacity and planning for future needs.



Management Achievements

Futures Initiative

One of CDC's current priorities is a strategic planning process known as the "Futures Initiative." This outside-in approach of information gathering on who we are, how we do business, and input for future plans will help CDC chart its direction and determine how well we are delivering on our fundamental mission: protecting and improving the health of the American people.

During 2003, the first phase of the Futures Initiative unfolded. CDC staff worked to define strategic direction, set priorities, and begin transforming CDC's culture. More than 500 external individuals and organizations provided input in interviews and group discussions, including a stakeholder meeting with partners based in the Washington, D.C. area. These organizations included traditional national, state and local public health partners, professional and medical associations, priority populations and community-based organizations, foundations, advocates, and business and private sector entities. CDC employees contributed essential input through an employee survey, discussion groups, work group participation, and e-mail.

To synthesize all of this information, four work groups were initially developed to focus on priority areas:

- Customers, Channels, and Partners
- Public Health Research
- Health Systems
- Global Health

Other work groups will be added as the next phases of the Futures Initiative unfold. During these phases, the Futures Initiative will articulate broad priority areas for CDC, examine how CDC needs to be structured to support its strategic direction, evaluate how key processes should change, and form and carry out new strategic directions and health goals efforts that drive change for the agency.

Implementing the President's Management Agenda

The President's Management Agenda (PMA) and the related HHS Secretary's Management Objectives have guided improvements in CDC management and resulted in cost savings achieved through delayering organizations, developing effective strategies for workforce planning and human capital management, meeting competitive sourcing goals, consolidating administrative functions, and

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adopting other economies and efficiencies in administrative operations. Highlights includes the following:

- During the past two years, CDC has completed delayering the agency to no more than four levels to improve agility and decision-making. CDC has abolished more than 200 organizational units; reduced the number of supervisors and thereby increased the supervisory ratio by 82%; and is consolidating a number of business services for improved efficiency and quality.
- CDC has been effective in integrating strategic workforce planning with budget and operational planning. In FY 2002, the variance between allotted agency FTE levels and actual FTE usage was less than one percent, reflecting CDC's effective coordination of workforce recruitment with projected programmatic need.
- CDC fully met OMB's FY 2002 and 2003 Competitive Sourcing goals.
- CDC received its fifth straight unqualified opinion of its financial statements from independent auditors and has started reporting financial statements quarterly.
- CDC has a payment accuracy rate of 99.96% and 97% prompt payment rate.
- CDC is a major contributor to many of the governmentwide e-Gov initiatives as well as the HHS projects to improve the use of management of information technology (IT). Examples include the federal health architecture, e-Vitals, Gov Benefits, the Public Health Information Network, the unified financial management system, enterprise human resource planning system, e-Grants, and e-Travel.
- CDC is a leader in extending and applying industry and federal IT and health standards such as ebXML, HL7, and PKI for secure authentication services over the Internet.
- CDC is a trusted source of health information as evidenced by the 9 million monthly visitors and the surge of 17 million visitors in April 2003 related to the SARS outbreak. CDC has recently launched a redesigned Web site to be more citizen-focused with improved navigation, searching, interactivity, and health topic orientation for consumers.
- CDC is consolidating public inquiry hotlines that will provide more consistent, high quality information responses to consumer inquiries by telephone, e-mail, or other method. Services will include expanded hours, multilingual capability, and improved services for persons with disabilities.

- CDC has developed budget guidance that addresses key PMA activities, strengthened coordination between planning and budget staff on performance measure monitoring, and proactively addressed OMB's Program Assessment Rating Tool, which has included staff training.

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CDC Budget by Activity

(Dollars in Thousands; Funding levels are displayed on a comparable basis.)

Budget Activity	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	FY 05 Estimate +/- FY 04 Conf.
Birth Defects, Developmental Disabilities, Disability and Health	\$98,039	\$112,743	\$112,972	\$229
Chronic Disease Prevention and Health Promotion	\$789,972	\$853,378	\$915,425	\$62,047
Environmental Health	\$182,829	\$183,212	\$183,795	\$583
Epidemic Services and Response	\$77,494	\$91,776	\$92,485	\$709
Health Statistics				
Budget Authority	\$0	\$0	\$0	\$0
PHS Evaluation Transfers	\$125,899	\$127,634	\$149,600	\$21,966
<i>Subtotal, Health Statistics</i>	\$125,899	\$127,634	\$149,600	\$21,966
HIV/AIDS, STD, and TB Prevention ¹	\$1,146,648	\$1,141,661	\$1,143,299	\$1,638
Immunization				
Budget Authority, Current Law ²	\$629,320	\$629,344	\$630,070	\$726
PHS Evaluation Transfer	\$14,000	\$14,000	\$14,000	\$0
<i>Subtotal, Immunization, Current Law</i>	\$643,320	\$643,344	\$644,070	\$726
Budget Authority, Proposed Law ²	\$629,320	\$629,344	\$520,070	(\$109,274)
PHS Evaluation Transfer	\$14,000	\$14,000	\$14,000	\$0
<i>Subtotal, Immunization, Proposed Law</i>	\$643,320	\$643,344	\$534,070	(\$109,274)
Infectious Diseases Control	\$359,225	\$369,485	\$400,779	\$31,294
Injury Prevention and Control	\$148,414	\$153,591	\$153,879	\$288
Occupational Safety and Health				
Budget Authority	\$231,484	\$235,088	\$236,687	\$1,599
PHS Evaluation Transfer	\$41,900	\$41,900	\$41,900	\$0
<i>Subtotal, Occupational Safety and Health</i>	\$273,384	\$276,988	\$278,587	\$1,599
Preventive Health and Health Services Block Grant	\$134,089	\$133,298	\$133,298	\$0
Public Health Improvement				
Budget Authority	\$124,434	\$143,962	\$69,692	(\$74,270)
PHS Evaluation Transfer	\$28,600	\$28,600	\$43,600	\$15,000
<i>Subtotal, Public Health Improvement</i>	\$153,034	\$172,562	\$113,292	(\$59,270)
Office of the Director	\$49,426	\$59,173	\$59,673	\$500

CDC Budget by Activity *continued*

(Dollars in Thousands; Funding levels are displayed on a comparable basis.)

Budget Activity	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	FY 05 Estimate +/- FY 04 Conf.
Buildings and Facilities	\$266,258	\$260,454	\$81,500	(\$178,954)
<i>CDC HIV/AIDS (nonadd)</i>	\$936,426	\$930,820	\$932,389	\$1,569
<i>CDC Global Disease Detection (nonadd)</i>	\$0	\$23,811	\$51,311	\$27,500
Total, CDC, Current Law	\$4,237,632	\$4,367,165	\$4,213,554	(\$153,611)
Total, CDC (including PHS Evaluation Transfer), Current Law	\$4,448,031	\$4,579,299	\$4,462,654	(\$116,645)
Total, CDC, Proposed Law	\$4,237,632	\$4,367,165	\$4,103,554	(\$263,611)
Total, CDC (including PHS Evaluation Transfer), Proposed Law	\$4,448,031	\$4,579,299	\$4,352,654	(\$226,645)
Agency for Toxic Substances and Disease Registry	\$82,262	\$73,034	\$76,654	\$3,620
Total, CDC and ATSDR (BA), Current Law	\$4,319,894	\$4,440,199	\$4,290,208	(\$149,991)
Total, CDC/ATSDR (including PHS Evaluation Transfer), Current Law	\$4,530,293	\$4,652,333	\$4,539,308	(\$113,025)
Total, CDC and ATSDR (BA), Proposed Law	\$4,319,894	\$4,440,199	\$4,180,208	(\$259,991)
Total, CDC/ATSDR (including PHS Evaluation Transfer), Proposed Law	\$4,530,293	\$4,652,333	\$4,429,308	(\$223,025)
Terrorism	\$1,235,424	\$1,109,571	\$1,109,571	\$0
PHS Evaluation Transfers	\$210,399	\$212,134	\$249,100	\$36,966
Vaccines for Children, Current Law	\$1,174,184	\$1,208,000	\$1,208,000	\$0
Vaccines for Children, Proposed Law	\$1,174,184	\$1,208,000	\$1,373,000	\$165,000
User Fees	\$2,226	\$2,226	\$2,226	\$0
Total , CDC/ATSDR Program Level, Current Law	\$6,942,127	\$6,972,130	\$6,859,105	(\$113,025)
Total , CDC/ATSDR Program Level, Proposed Law	\$6,942,127	\$6,972,130	\$6,914,105	(\$58,025)
Full-time Equivalents (FTE)³	8,715	8,569	8,569	0

¹ Funding levels for FY 2003 Actual and FY 2004 Conference were adjusted for comparability. A total of \$39.740 and \$148.992 million was removed from FY 2003 and FY 2004 respectively in HIV/AIDS, STD, and TB Prevention. This was a result of the proposed transfer of Prevention of Mother-to-Child HIV Transmission to the Global AIDS Coordinator at the Department of State for FY 2005.

² FY 2003 and FY 2004 funding levels reflect the transfer of \$7.301 million from CDC to the Office of Public Health and Science for the National Vaccine Program Office in FY 2004. A total of \$7.266 million was removed from FY 2003 for comparability.

³ FTE levels for Immunization reflect a proposed transfer of 10 FTEs from the National Vaccine Program Office to the Office of Public Health and Science with HHS for FY 2005. FTEs in FY 2003 and FY 2004 are shown on a comparable basis. FTE levels also reflect the HHS consolidation of the Human Resources and Management Office with a transfer of 113 FTEs during FY 2003. FTEs in FY 2003 are shown on a comparable basis.

FY 2005 CDC Budget Request—Detail of Increases/Decreases

(Dollars in Thousands)

Program	FY 2003 Actual	FY 2004 Final Conference	Program Increase	Program Decrease	Net Pay Raise	FY 2005 Estimate	FY 2005 +/- FY 2004 Dollars	+/- FY 2004 Percentage
Birth Defects and Developmental Disabilities	\$58,765	\$65,716			\$133	\$65,850	\$133	0.2%
Human Development and Disability	\$39,274	\$47,027			\$96	\$47,122	\$96	0.2%
<i>Subtotal</i>	\$98,039	\$112,743			\$229	\$112,972	\$229	0.2%
Chronic Disease Prevention and Health Promotion:								
Heart Disease and Stroke	\$42,963	\$45,695			\$123	\$45,818	\$123	0.3%
Diabetes	\$63,342	\$66,896			\$180	\$67,076	\$180	0.3%
Cancer Prevention and Control	\$288,756	\$313,542	\$10,000		\$280	\$323,821	\$10,280	3.3%
Arthritis and Other Chronic Diseases	\$22,501	\$24,339			\$65	\$24,404	\$65	0.3%
Tobacco	\$99,930	\$99,437			\$267	\$99,705	\$267	0.3%
Nutrition, Physical Activity and Obesity	\$34,149	\$44,702			\$120	\$44,822	\$120	0.3%
Health Promotion	\$21,611	\$23,905			\$64	\$23,969	\$64	0.3%
School Health	\$57,835	\$62,418			\$168	\$62,586	\$168	0.3%
Safe Motherhood/ Infant Health	\$53,962	\$53,893			\$145	\$54,038	\$145	0.3%
Oral Health	\$11,710	\$12,428			\$33	\$12,462	\$33	0.3%
Prevention Centers	\$26,830	\$26,652			\$72	\$26,724	\$72	0.3%
Youth Media Campaign	\$50,967	\$35,762		(\$30,762)		\$5,000	(\$30,762)	-86.0%
Steps to a Healthier U.S.	\$15,416	\$43,709	\$81,291			\$125,000	\$81,291	186.0%
<i>Subtotal</i>	\$789,972	\$853,378	\$91,291	(\$30,762)	\$1,518	\$915,425	\$62,047	7.3%
Environmental Health								
Environmental Health Laboratory	\$37,518	\$38,222			\$122	\$38,344	\$122	0.3%
Environmental Health Activities	\$66,428	\$66,216			\$211	\$66,426	\$211	0.3%
Asthma	\$36,886	\$37,099			\$118	\$37,217	\$118	0.3%
Childhood Lead Poisoning	\$41,997	\$41,675			\$133	\$41,807	\$133	0.3%
<i>Subtotal</i>	\$182,829	\$183,212			\$583	\$183,795	\$583	0.3%
Epidemic Services and Response								
	\$77,494	\$91,776			\$709	\$92,485	\$709	0.8%
Health Statistics—Budget Authority								
Field Operations	\$65,197	\$66,099	\$17,564			\$83,663	\$17,564	26.6%
Statistical Program Infrastructure	\$60,702	\$61,535	\$4,402			\$65,937	\$4,402	7.2%
<i>Subtotal</i>	\$125,899	\$127,634	\$21,966			\$149,600	\$21,966	17.2%

FY 2005 CDC Budget Request—Detail of Increases/Decreases, *continued*

(Dollars in Thousands)

Program	FY 2003 Actual	FY 2004 Final Conference	Program Increase	Program Decrease	Net Pay Raise	FY 2005 Estimate	FY 2005 +/- FY 2004 Dollars	+/- FY 2004 Percentage
HIV/AIDS: State and Local Health Departments	\$424,806	\$421,950			\$605	\$422,556	\$605	0.1%
<i>HIV/AIDS: Community Planning Grants (nonadd)</i>	\$329,968	\$327,750			\$470	\$328,220	\$470	0.1%
HIV/AIDS: National/Regional/Other Organizations	\$190,745	\$189,463			\$272	\$189,735	\$272	0.1%
HIV/AIDS: CDC Research, Technical Assistance and Program Support	\$84,069	\$83,504			\$120	\$83,624	\$120	0.1%
<i>Subtotal, Research and Domestic HIV/AIDS</i>	\$699,620	\$694,917			\$997	\$695,914	\$997	0.1%
HIV/AIDS: Global HIV/AIDS ¹	\$142,829	\$142,604			\$205	\$142,808	\$205	0.1%
<i>Subtotal, HIV/AIDS</i>	\$842,449	\$837,520			\$1,202	\$838,722	\$1,202	0.1%
Sexually Transmitted Diseases (STD)	\$168,572	\$167,935			\$241	\$168,176	\$241	0.1%
Tuberculosis (TB)	\$135,627	\$136,205			\$195	\$136,401	\$195	0.1%
<i>Subtotal</i>	\$1,146,648	\$1,141,661			\$1,638	\$1,143,299	\$1,638	0.1%
Immunization, Current Law:								
Vaccine Purchase Grants	\$221,873	\$220,457			\$254	\$220,712	\$254	0.1%
State Operations/Infrastructure Grants	\$199,392	\$198,120			\$229	\$198,348	\$229	0.1%
Prevention Activities ²	\$74,234	\$73,815			\$69	\$73,884	\$69	0.1%
Global Immunization Activities	\$147,821	\$150,952			\$174	\$151,126	\$174	0.1%
<i>Subtotal</i>	\$643,320	\$643,344			\$726	\$644,070	\$726	0.1%
Immunization, Proposed Law:								
Vaccine Purchase Grants	\$221,873	\$220,457		(\$110,000)	\$254	\$110,712	(\$109,746)	-49.8%
State Operations/Infrastructure Grants	\$199,392	\$198,120			\$229	\$198,348	\$229	0.1%
Prevention Activities ²	\$74,234	\$73,815			\$69	\$73,884	\$69	0.1%
Global Immunization Activities	\$147,821	\$150,952			\$174	\$151,126	\$174	0.1%
<i>Subtotal</i>	\$643,320	\$643,344		(\$110,000)	\$726	\$534,070	(\$109,274)	-17.0%
Infectious Disease Control:								
Infectious Diseases	\$316,362	\$325,970	\$29,500		\$1,552	\$357,022	\$31,052	9.5%
Food Safety	\$36,030	\$36,730			\$205	\$36,935	\$205	0.6%
Chronic Fatigue Syndrome (CFS)	\$6,833	\$6,785			\$38	\$6,822	\$38	0.6%
<i>Subtotal</i>	\$359,225	\$369,485	\$29,500		\$1,794	\$400,779	\$31,294	8.5%

FY 2005 CDC Budget Request—Detail of Increases/Decreases, *continued*

(Dollars in Thousands)

Program	FY 2003 Actual	FY 2004 Final Conference	Program Increase	Program Decrease	Net Pay Raise	FY 2005 Estimate	FY 2005 Dollars	+/- FY 2004 Percentage
Injury Prevention and Control								
Intentional Injury	\$109,445	\$112,652			\$211	\$112,863	\$211	0.2%
Unintentional Injury	\$38,969	\$40,940			\$77	\$41,016	\$77	0.2%
<i>Subtotal</i>	\$148,414	\$153,591			\$288	\$153,879	\$288	0.2%
Occupational Safety and Health								
	\$273,384	\$276,988			\$1,599	\$278,587	\$1,599	0.6%
Preventive Health and Health Services Block Grant								
	\$134,089	\$133,298			\$0	\$133,298	\$0	0.0%
Public Health Improvement:								
Public Health Practice	\$70,786	\$90,759		(\$58,688)	\$143	\$32,216	(\$58,544)	-64.5%
<i>Health Protection Research (BA-funded, non-add)</i> ³	\$0	\$14,900		(\$14,900)		\$0	(\$14,900)	-100.0%
<i>Health Protection Research (PHS-funded)</i> ³	\$0	\$0	\$15,000			\$15,000	\$15,000	N/A
Extramural Prevention Research	\$16,087	\$15,893		(\$15,893)		\$0	(\$15,893)	-100.0%
Eliminating Racial and Ethnic Disparities	\$37,561	\$37,310			\$167	\$37,476	\$167	0.4%
<i>National Electronic Disease Surveillance System (PHS-funded)</i>	\$28,600	\$28,600				\$28,600	\$0	0.0%
<i>Subtotal</i>	\$153,034	\$172,562	\$15,000	(\$74,580)	\$310	\$113,292	(\$59,270)	-34.3%
Office of the Director								
	\$49,426	\$59,173			\$500	\$59,673	\$500	0.8%
Buildings and Facilities								
	\$266,258	\$260,454		(\$178,954)	\$0	\$81,500	(\$178,954)	-68.7%
ATSDR								
	\$82,262	\$73,034	\$3,000		\$620	\$76,654	\$3,620	5.0%
Terrorism								
Upgrading CDC Capacity	\$158,773	\$157,183	\$0	(\$15,000)	\$0	\$142,183	(\$15,000)	-9.5%
Upgrading State and Local Capacity	\$1,038,858	\$934,454	\$0	(\$105,106)	\$0	\$829,348	(\$105,106)	-11.2%
Security	\$19,870	\$0	\$0	\$0	\$0	\$0	\$0	N/A
Biosurveillance Initiative	\$0	\$0	\$130,000	\$0	\$0	\$130,000	\$130,000	N/A
Anthrax	\$17,923	\$17,934	\$0	(\$9,894)	\$0	\$8,040	(\$9,894)	-55.2%
<i>Subtotal</i>	\$1,235,424	\$1,109,571	\$130,000	(\$130,000)	\$0	\$1,109,571	\$0	0.0%
Vaccines for Children, Current Law								
	\$1,174,184	\$1,208,000				\$1,208,000	\$0	0.0%
Vaccines for Children, Proposed Law								
	\$1,174,184	\$1,208,000	\$165,000			\$1,373,000	\$165,000	13.7%
User Fees								
	\$2,226	\$2,226				\$2,226	\$0	0.0%
Total, CDC Program Level: Current Law								
	\$6,942,127	\$6,972,130	\$290,757	(\$414,296)	\$10,514	\$6,859,105	(\$113,025)	-1.6%
Total, CDC Program Level: Proposed Law								
	\$6,942,127	\$6,972,130	\$455,757	(\$524,296)	\$10,514	\$6,914,105	(\$58,025)	-0.8%

¹ Funding levels for FY 2003 Actual and FY 2004 Conference were adjusted for comparability; \$39.740 million was removed from FY 2003 and \$148.992 million from FY 2004 in Global HIV/AIDS as a result of the proposed transfer of Prevention of Mother-to-Child HIV Transmission to the Global AIDS Coordinator at the Department of State in FY 2005.

² FY 2003 and FY 2004 funding levels reflect the transfer of \$7.301 million from CDC to the Office of Public Health and Science for the National Vaccine Program Office in FY 2004. A total of \$7.266 million was removed from FY 2003 for comparability.

³ In FY 2004, Health Protection Research was funded from discretionary appropriations (BA-funded). In FY 2005, Health Protection Research is scheduled to be funded from the Secretary's Transfer Funds (PHS-funded).

FY 2005 CDC Budget Request—Funding by Disease

(Dollars in Thousands)

Diseases/Conditions	FY 2003 Actual	FY 2004 Conference	FY 2005 Estimate	Change +/- Dollars	Change +/- Percentage
Arthritis	\$14,612	\$14,764	\$14,803	\$40	0.3%
Autism	\$10,811	\$15,946	\$15,978	\$32	0.2%
Asthma	\$36,886	\$37,099	\$37,217	\$118	0.3%
Breast and Cervical Cancer	\$199,371	\$209,533	\$219,533	\$10,000	4.8%
Childhood Lead Poisoning	\$41,997	\$41,675	\$41,807	\$133	0.3%
Chronic Fatigue Syndrome (base funding)	\$6,833	\$6,785	\$6,822	\$38	0.6%
Colorectal Cancer	\$13,438	\$14,901	\$14,941	\$40	0.3%
Diabetes	\$63,342	\$66,896	\$67,076	\$180	0.3%
Emerging Infectious Diseases (including SARS)	\$316,362	\$317,043	\$320,595	\$3,552	1.1%
Environmental and Health Outcome Tracking Network	\$27,818	\$27,686	\$27,774	\$88	0.3%
Epilepsy	\$7,478	\$8,174	\$8,196	\$22	0.3%
Fetal Alcohol Syndrome	\$12,408	\$12,572	\$12,598	\$26	0.2%
Global Disease Detection ¹	\$0	\$23,811	\$51,311	\$27,500	115.5%
Global Malaria	\$12,556	\$13,358	\$13,432	\$74	0.6%
Heart Disease and Stroke	\$42,963	\$45,695	\$45,818	\$123	0.3%
Hemophilia	\$21,435	\$21,261	\$21,380	\$118	0.6%
Hepatitis C	\$22,781	\$22,596	\$22,722	\$126	0.6%
HIV/AIDS - Research & Domestic (CDC-wide) ²	\$793,597	\$788,217	\$789,581	\$1,364	0.2%
HIV/AIDS - Global (CDC-wide) ²	\$142,829	\$142,604	\$142,808	\$204	0.1%
HIV/AIDS, Total - (CDC-wide) ²	\$936,426	\$930,820	\$932,389	\$1,568	0.2%
Lupus	\$994	\$993	\$996	\$3	0.3%
Nutrition/Physical Activity/Obesity	\$34,149	\$44,702	\$44,822	\$120	0.3%
Ovarian Cancer	\$4,361	\$4,917	\$4,930	\$13	0.3%
Pandemic Flu - (CDC-wide)	\$27,953	\$28,079	\$28,079	\$0	0.0%
Polio Eradication	\$105,708	\$105,721	\$105,843	\$122	0.1%
Prion Disease	\$3,477	\$4,441	\$4,465	\$25	0.6%
Prostate Cancer	\$13,955	\$15,452	\$15,494	\$42	0.3%
Sexually Transmitted Diseases (STDs)	\$168,572	\$167,935	\$168,176	\$241	0.1%
Skin Cancer	\$1,634	\$2,182	\$2,188	\$6	0.3%
Spina Bifida	\$4,128	\$5,093	\$5,104	\$10	0.2%
Syphilis Elimination	\$37,241	\$37,157	\$37,210	\$53	0.1%
Tuberculosis	\$135,627	\$136,205	\$136,401	\$195	0.1%
West Nile Virus (WNV) ³	\$36,760	\$38,446	\$40,446	\$2,000	5.2%
WISEWOMAN	\$14,029	\$14,029	\$14,029	\$0	0.0%

¹ This initiative crosses multiple activity lines, including pandemic flu and malaria. Funding in these other disease activities does not reflect the increases that ultimately may come through the Global Disease Detection Initiative.

² Funding levels for FY 2003 Actual and FY 2004 Conference were adjusted for comparability. A total of \$39.740 and \$148.992 million was removed from FY 2003 and FY 2004 respectively in HIV/AIDS, STD, and TB Prevention. This was a result of the proposed transfer of Prevention of Mother-to-Child HIV Transmission to the Global AIDS Coordinator at the Department of State in FY 2005.

³ An additional \$1.5 million was re-directed to the West Nile budget within "Infectious Diseases Control" for a total funding level of \$38.260 million in FY 2003.

Disease Control, Research, and Training

Appropriation History Table¹

Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1995	\$ 1,983,132,000	\$2,086,850,000	\$ 2,050,931,000	\$ 2,088,131,000
1995 Rescission	—	—	—	2,086,831,000 ²
1996	2,191,660,000	2,124,931,000	2,091,883,000	2,114,693,000
1997	2,229,900,000	2,187,018,000	2,209,950,000	2,302,168,000 ³
1998	2,316,317,000 ⁴	2,388,737,000	2,368,133,000	2,374,625,000 ⁵
1998 Supplemental	—	—	—	9,000,000 ⁶
1999	2,457,197,000	2,591,433,000	2,366,644,000 ⁷	2,609,520,000 ⁸
1999 Offset	—	—	—	(2,800,000) ⁹
1999 Resc./1% Transfer	—	—	—	(3,539,000)
2000	2,855,440,000 ¹⁰	2,810,476,000	2,802,838,000	2,961,761,000 ¹¹
2000 Rescission	—	—	—	(16,810,000)
2001	3,239,487,000	3,290,369,000	3,204,496,000	3,868,027,000
2001 Rescission	—	—	—	(2,317,000)
2001 Sec's 1% Transfer	—	—	—	(2,936,000)
2002	3,878,530,000	4,077,060,000	4,418,910,000	4,293,151,000 ¹²
2002 Rescission ¹³	—	—	—	(1,894,000)
2002 Rescission ¹⁴	—	—	—	(2,698,000)
2003	4,066,315,000 ¹⁴	4,288,857,000	4,387,249,000	4,296,566,000
2003 Rescission	—	—	—	(27,927,000)
2003 Supplemental ¹⁵	—	—	—	16,000,000
2004 ¹⁶	4,157,330,000	4,538,689,000	4,494,496,000	—
2005 ¹⁶	\$ 4,103,554,000	\$ —	\$ —	\$ —

¹ Does not include funding for ATSDR and Bioterrorism.

² This appropriated amount reflects a proposed rescission of \$1,300,000 within Injury Control activities.

³ Includes \$32,000,000 for the transfer of the Bureau of Mines. Transfer occurred in FY 1997.

⁴ Includes \$522,000 supplemental increase for ICASS activities.

⁵ Includes \$509,000 supplemental increase for ICASS activities/transfer from Department of State and a \$4.436 million reduction due to the exercise of the Secretary's 1% Transfer Authority.

⁶ This supplemental increase was provided for emergency Polio eradication efforts in Africa.

⁷ Does not include emergency funding provided under the Public Health and Social Services Emergency Fund (PHSSEF) for \$228,400,000 or \$25,000,000 in interagency transfer from NIH for state tobacco control activities.

⁸ Does not include \$156,600,000 in FY 1999 for emergency funding provided under the PHSSEF for Bioterrorism, Polio and Measles, and the Environmental Health Laboratory.

⁹ This offset was used to fund Bioterrorism across the Department of Health and Human Services.

¹⁰ Revised to include \$35,000,000 for Global HIV initiative. Does not include \$20,000,000 (\$18,040,000 with rescission of \$1,960,000) transferred from NIH for Anthrax.

¹¹ Does not include \$229,000,000 (\$228,680,000 with rescission of \$320,000) in FY 2000 for emergency funding provided under the PHSSEF for Bioterrorism, Global AIDS, Polio, Malaria, Micronutrient Malnutrition, and the Environmental Health Laboratory.

¹² Includes Retirement accruals of +\$57,297,000; Management Reform Savings of -\$27,295,000

¹³ Administrative and Related Expenses Reduction under PL 107-116.

¹⁴ Administrative and Related Expenses Reduction under PL 107-206.

¹⁵ Emergency Wartime Supplemental Appropriations Act, 2003, PL 108-11 for SARS.

¹⁶ Reflects proposed law funding levels.

Terrorism**Appropriation History Table**

Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1999	\$ —	\$51,000,000	\$ 81,000,000	\$ 123,600,000
2000	118,000,000	138,000,000	189,000,000	155,000,000
2000 Rescission	—	—	—	(320,000)
2001	148,500,000	182,000,000	148,500,000	180,919,000
2002	181,919,000	231,919,000	181,919,000	181,919,000
2002 Supplemental ¹				2,089,500,000
2002 Rescission ²	—	—	—	(396,000)
2003	1,636,740,000	1,522,940,000	1,516,740,000	1,543,440,000
2003 Rescission				(10,032,000)
2003 Supplemental ³				100,000,000
2003 Transfer ⁴		—	—	(397,984,000)
2004 ⁴	1,116,156,000	1,116,156,000	1,116,156,000	\$ —
2005	\$1,109,571,000			

¹Funding received from P.L. 107-117, the Department of Defense and Emergency Supplemental Appropriations Bill, including \$19.5 million received for critical recovery efforts at the World Trade Center.

²Administrative and Related Expenses Reduction.

³Funding received from P.L. 108-11, the Emergency Supplemental Wartime Appropriations Act, 2003, for Smallpox funding to states.

⁴\$397,984,000 for the Strategic National Stockpile and administrative costs were transferred to the Department of Homeland Security on March 1, 2003.

Agency for Toxic Substances and Disease Registry**Appropriation History Table**

Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1995	\$53,000,000	\$68,838,000	\$68,838,000	\$68,838,000
1996	68,000,000	62,000,000	55,000,000	59,000,000
1997	58,000,000	60,200,000	60,200,000	64,000,000
1998	64,000,000	80,000,000	80,000,000	74,000,000
1999	64,000,000	74,000,000	74,000,000	76,000,000
2000	64,000,000	70,000,000	70,000,000	70,000,000
2001	64,000,000	70,000,000	75,000,000	75,000,000
2001 Rescission	—	—	—	(165,000)
2002	78,235,000	78,235,000	78,235,000	78,235,000
2002 Rescission	—	—	—	(32,000)
2003	77,388,000	88,688,000	81,000,000	82,800,000
2003 Rescission				(538,200)
2004	73,467,000	\$73,467,000	\$73,467,000	\$ —
2005	\$76,654,000			

Vision and Mission

CDC Vision for the 21st Century

“Healthy People in a Healthy World—Through Prevention”

CDC, as the sentinel for the health of people in the United States and throughout the world, strives to protect people’s health and safety, provide reliable health information, and improve health through strong partnerships.

Mission

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

CDC seeks to accomplish its mission by working with partners throughout the nation and the world to

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,
- provide leadership and training.

Those functions are the backbone of CDC’s mission. Each of CDC’s component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

Pledge

CDC pledges to the American people:

To be a diligent steward of the funds entrusted to it.

To provide an environment for intellectual and personal growth and integrity.

To base all public health decisions on the highest quality scientific data, openly and objectively derived.

To place the benefits to society above the benefits to the institution.

To treat all persons with dignity, honesty, and respect.

Charting the Course: **CDC's Futures Initiative**

Promoting Health through Strong Partnerships

Throughout its history, CDC has placed a premium value on developing and nurturing partnerships with various public and private entities. These partnerships improve and expand the scope and depth of public health services for the American people. CDC will rely heavily on its many traditional public health partners to provide creative ideas, constructive criticism, and fresh perspectives as the *Futures Initiative* unfolds in the coming years.

CDC's numerous partners in conducting effective prevention, control, research, and communication activities include

- public health associations;
- state and local public health departments;
- federal, state, and local law enforcement agencies and first-responders such as firefighters and rescue workers;
- practicing health professionals, including physicians, dentists, nurses, and veterinarians;
- schools and universities;
- communities of faith;
- community, professional, and philanthropic organizations;
- nonprofit and voluntary organizations;
- business, labor, and industry;
- the CDC Foundation and other foundations;
- international health organizations;
- state and local departments of education.

CDC's partners contribute in many ways, from expanding our research capacity to implementing health initiatives geared to meeting the needs of local and community needs. These myriad partners also serve as consultants to CDC program staff, participate on advisory boards at CDC, and share their expertise at CDC-sponsored seminars and conferences. The diverse perspectives offered by these partnerships generate new research discoveries, expand opportunities for collaboration and dissemination, and help shape key strategies for the agency. Most importantly, these collaborations contribute to CDC's ability to meet the needs of the American people and ensure that they have timely, accurate, and applicable health information to make healthy choices and live healthy lives.

The majority of CDC's budget—provided through extramural grants, cooperative agreements, and program contracts—is spent on public health work performed by CDC's partners.

For more information about CDC's Futures Initiative, visit www.cdc.gov/futures

For learn more about CDC's budget, visit www.cdc.gov/fmo/fmofybudget.htm



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