

Budget Request Summary

Fiscal Year 2009



Making
Leaps
in
Public
Health



Healthy ▯ People ▯ Places ▯ Prepared ▯ World ▯ Healthy







Message from the Director

As the Director of the Centers for Disease Control and Prevention and the Administrator of the Agency for Toxic Substances and Disease Registry, it is my pleasure to present the agency's Fiscal Year (FY) 2009 Budget Request. In response to the evolving public health challenges of the 21st century, this budget addresses a balanced portfolio of health protection activities, emphasizing both urgent threats we must be prepared to face tomorrow and the urgent realities we are confronting today. This dual emphasis reflects CDC's complex mission—to protect the public's health against public health extremes, such as pandemic influenza, natural disasters, and terrorism, while remaining focused on the threats to the health and welfare that Americans face each day, including chronic diseases, environmental and occupational exposures, injuries, and disabilities.

CDC's primary mission is focused on maintaining health, not treating illness; on health protection through health promotion, prevention, and preparedness, not disease care; and on successful integrated programs for people during all stages of their lives. Most importantly, the agency continues to attain the best possible value from our public health investments across our federal, state, local, tribal, and territorial health network.

We center our efforts on a set of fundamental health protection goals designed to accelerate health impact, reduce health disparities, and protect people at home and abroad from current and imminent health threats. These overarching goals articulate CDC's vision in the following four areas: Healthy People in Every Stage of Life; Healthy People in Healthy Places; People Prepared for Emerging Health Threats; and Healthy People in a Healthy World. Through these goals, CDC and our partners will continue to improve our capacity to measure and demonstrate the impact of our health protection activities and the benefit that accrues to the public as a result.

The expected life span of U.S. citizens continues to exceed previous generations, and we have a historic opportunity to ensure people are healthy at every life stage. For many Health Protection Goals, we know what to do to improve health and it is imperative that we bring interventions to scale to elicit the greatest good for the greatest number of people. For others, CDC needs to support and conduct health protection research to find new interventions that work and effective ways to disseminate these public messages. Maintaining the agency's critical programmatic investments into FY 2009 will allow us to advance our core health protection mission, providing the leadership and investment required to move our nation firmly in the direction of better health.

In highlighting our accomplishments and prioritizing our investments, the FY 2009 Budget Request for CDC reinforces CDC's position as the nation's health protection leader and conveys our vision for continuing this important work in the future.

Sincerely,

A handwritten signature in black ink, reading "Julie Louise Gerberding". The signature is fluid and cursive.

Julie Louise Gerberding, M.D., M.P.H.

Director, Centers for Disease Control and Prevention, and

Administrator, Agency for Toxic Substances and Disease Registry



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Introduction

The Centers for Disease Control and Prevention (CDC), an operating division of the U.S. Department of Health and Human Services, is the nation's leading health protection agency. Over the course of its sixty-year history, CDC has led 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 scientific research and epidemiologic investigations and for serving as the most reputable source of public health information in the world. The agency takes an action-oriented approach to public health, applying its findings to improve people's daily lives and to respond to public health emergencies.

Public health faces more extreme challenges than ever before. While in the past infectious diseases occupied the forefront of public health, these efforts must now be balanced with newly emerging challenges, including terrorism, environmental threats, lifestyle factors, and a rapidly aging population. By providing a focus for the agency's resources and priorities, CDC's Health Protection Goals seek to accelerate health impact and reduce health disparities. The goals are organized into four thematic areas:

Healthy People in Every Stage of Life

All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

Healthy People in Healthy Places

The places where people live, work, learn and play will protect and promote their health and safety, especially those people at greater risk of health disparities.

Healthy People in a Healthy World

People around the world will live safer, healthier, and longer lives through health promotion, health protection, and health diplomacy.

People Prepared for Emerging Health Threats

CDC's preparedness activities – spanning the spectrum from mental health to environmental health – will help in safeguarding lives and responding to threats.

These themes allow CDC to focus on a holistic view of health, rather than on specific disease categories or topics. Through these goals, CDC and our partners will be better equipped to measure and demonstrate the impact of our health protection activities and the benefit that accrues to the public as a result. These measures are intended to target our resources and enhance accountability to our most valued customers – the public, our public health partners, and policymakers at all levels of government.

An array of information on CDC's budget request for Fiscal Year 2009 is contained in the following pages. The next section outlines recent CDC accomplishments in the context of the Health Protection Goals described below. The following section provides detailed information on CDC's budget request for the upcoming fiscal year. The final two sections describe CDC's ongoing efforts to assure strong management, high performing programs, and a world-class workforce.

“Nothing motivates us more than making a difference and achieving an impact on health. By focusing on these four sets of goals, we will be more effective as an agency and will be better able to protect people's health through health promotion; prevention of injury, disability, and disease; and preparedness—and be able to show that we have done this through measurable improvements in health and reductions in health disparities. . .”

– Julie Louise Gerberding, M.D., M.P.H.
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry

Achieving Results

Health Protection Goals

CDC is committed to accelerating health impact and reducing health disparities for people in every stage of life. CDC created a set of four overarching Health Protection Goals to:

- Make the best use of CDC resources to achieve health impact.
- Impose stronger discipline on CDC activities and performance.
- Organize CDC's portfolio by giving priority to activities that have the greatest health impact and reduce health disparities.
- Align CDC's annual budget to these priorities.
- Demonstrate accountability for the funding that Congress gives CDC.

In order to operationalize the Health Protection Goals, CDC has developed Goal Action Plans for each Health Protection Goal Objective. Specific examples of related Goal Action Plan measures are included for the health impact stories that follow, when they exist.

Healthy People at Every Stage of Life

Objectives

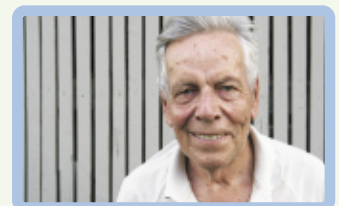
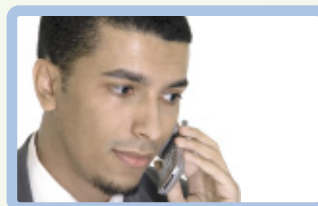
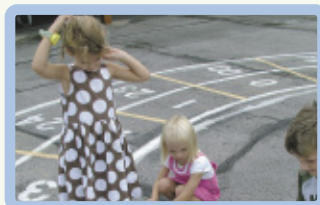
- Infants and Toddlers, ages 0–3: Start Strong — Increase the number of infants and toddlers that have a strong start for healthy & safe lives.
- Children, ages 4–11: Grow Safe and Strong — Increase the number of children who grow up healthy, safe, and ready to learn.
- Adolescents, ages 12–19: Achieve Healthy Independence — Increase the number of adolescents who are prepared to be healthy, safe, independent, and productive members of society.
- Adults, ages 20–49: Live a Healthy, Productive, and Satisfying Life — Increase the number of adults who are healthy and able to participate fully in life activities and enter their later years with optimum health.
- Older Adults and Seniors, ages 50 and over: Live Better, Longer — Increase the number of older adults who live longer, high-quality, productive, and independent lives.

Early Hearing Detection and Intervention

At the inception of the CDC's Early Hearing Detection and Intervention (EHDI) program, less than 30 percent of infants in the United States were screened for hearing loss. CDC was recently able to report over 90 percent of infants are being screened, exceeding the goal established for the Healthy People 2010 EHDI Objective. The success of the EHDI program has been largely due to its strong partnerships and collaborations with other federal agencies as well as several professional organizations. The efforts of the EHDI program have successfully decreased the average age of hearing loss identification and intervention in the United States.

Strategic Goal (s): Start Strong

Goal Action Plan Measure (s): Increase the proportion of newborns who are screened for hearing loss by age one month, have audio logic evaluation by age three months, and are enrolled in appropriate intervention services by age six months.



Heart Disease and Stroke – WISEWOMAN

WISEWOMAN provides screening and lifestyle interventions that can reduce risks for heart disease and other chronic diseases and positively impacts the lives of underserved women by improving women's cardiovascular health profile. Through 2006, over 61,000 women have been served and more than 130,000 lifestyle interventions have been provided since program inception. The number of new WISEWOMAN screenings increased to almost 13,000 in 2006. For women who entered the program from 2000-2005, cholesterol levels dropped after one year from 211 milligrams per deciliter to 206 milligrams, and their estimated risk of heart attack in the next five years decreased.



Strategic Goal (s): Live a Healthy, Productive, and Satisfying Life

Goal Action Plan Measure (s): Reduce deaths caused by heart disease. Baseline (1999): 203 coronary heart disease deaths per 100,000 population.

Health Protection 2010 Target: 162 deaths per 100,000 population.

Improving Health through Schools

In FY 2007, CDC supported coordinated school health programs in schools across the nation through direct funding to states and indirectly through the development and dissemination of science based tools and technical assistance. Examples of the tools and technical assistance include the School Health Index and the Physical Education Curriculum Analysis Tool. As a result, schools are addressing a range of health issues, with many focusing on reducing chronic disease risk factors including tobacco use, poor nutrition, and physical inactivity. The impact of CDC's coordinated school health program efforts is evident in the 2007 School Health Policies and Programs Study (SHPPS) that found that America's schools are making progress in physical activity, nutrition, and tobacco use.

Some of the highlights include:

- The percentage of districts that required elementary schools to teach physical education increased from 82.6 percent in 2000 to 93.3 percent in 2006.
- The percentage of states that required elementary schools to provide students with regularly scheduled recess increased from 4.1 percent in 2000 to 11.8 percent in 2006.
- The percentage of schools that offered deep-fried potatoes to students decreased from 40 percent in 2000 to 18.8 percent in 2006.
- The percentage of schools in which students could purchase bottled water increased from 29.7 percent in 2000 to 46.2 percent in 2006.
- Policies that prohibit all tobacco use in all school locations, including off-campus school-sponsored events increased from 46 percent in 2000 to 64 percent in 2006.

Strategic Goal (s): 1) Healthy Children; 2) Healthy Adolescents

Goal Action Plan Measure (s): 1) a- Reduce the proportion of children and adolescents who are overweight or obese; b- Increase the proportion adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days; c- Increase the proportion of children aged 4-11 years who consume a healthy diet based on the Dietary Guidelines for Americans; 2) a- Reduce the proportion of adolescents (12-19-years-old) who are overweight or obese; b- Reduce tobacco use by adolescents.



Immunization Public Health Response

CDC investigated the largest U.S. outbreak of mumps in more than a decade, with over 6,000 reported cases in 2006. CDC, working with state and local departments, coordinated surveillance activities and field investigations, served as the national reference laboratory for mumps laboratory diagnosis, and provided expert technical assistance to develop and implement improved prevention and control measures. These measures included enhanced surveillance activities, improved diagnostic capabilities and increased recognition of the possibility of mumps among vaccinated persons. Also as part of the public health response, over 25,000 doses of MMR vaccine were released to state and local health departments from the pediatric vaccine stockpile for use in outbreak control. Despite the high number of cases, the attack rate from this outbreak remained low (because of high vaccination coverage rates in the affected states).

Strategic Goal (s): Live a Healthy, Productive, and Satisfying Life

Goal Action Plan Measure (s): Reduce deaths caused by heart disease. Baseline (1999): 203 coronary heart disease deaths per 100,000 population.

Health Protection 2010 Target: 162 deaths per 100,000 population.

Healthy People in Healthy Places

Objectives

- **Healthy Communities:** Increase the number of communities that protect, and promote health and safety and prevent illness and injury in all their members.
- **Healthy Homes:** Protect and promote health through safe and healthy home environments.
- **Healthy Schools:** Increase the number of schools that protect and promote the health, safety and development of all students, and protect and promote the health and safety of all staff.
- **Healthy Workplaces:** Promote and protect the health and safety of people who work by preventing workplace-related fatalities, illnesses, injuries, and personal health risks.
- **Healthy Healthcare Settings:** Increase the number of healthcare settings that provide safe, effective, and satisfying patient care.
- **Healthy Institutions:** Increase the number of institutions that provide safe, healthy, and equitable environments for their residents, clients or inmates.
- **Healthy Travel and Recreation:** Ensure that environments enhance health and prevent illness and injury during travel and recreation.

World Trade Center (WTC) Monitoring and Treatment Program

This program provides health monitoring and treatment for the workers and volunteers who provided rescue, recovery, clean-up and restoration of essential services (responders) following the collapse of the WTC towers. Responders enrolled in the program are eligible to receive free monitoring, treatment and pharmaceuticals for WTC-related conditions (e.g. respiratory, gastrointestinal, musculoskeletal, and mental health). As of November 1, 2007, approximately 49,000 responders have enrolled in the WTC Monitoring and Treatment Program. Of those enrolled, 37,570 responders have been screened, approximately 8,000 have received treatment for physical health conditions, and more than 5,000 have been treated for mental health conditions.

Strategic Goal (s): Healthy Workplaces

Goal Action Plan Measure (s): Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted activity.

Youth Violence Prevention

Homicide is the second leading cause of death for young people between the ages of 10 and 24. Violence can affect the health of communities -- increasing health care costs, decreasing property value, and disrupting social services. The cost of youth violence exceeds \$158 billion each year. CDC works to develop, evaluate, and disseminate evidence-based interventions that create communities in which youth are safe from violence to ensure the development of youth into healthy adults. CDC and Carnegie Mellon University are evaluating the impact of an initiative to depopulate public housing communities in Pittsburgh, PA, on community levels of youth violence. Preliminary analyses indicate an approximate 50 percent decrease in incidents of violent crime in the depopulated community, with no corresponding increases in violent crimes in surrounding communities who absorbed families moving from the public housing.

Strategic Goal (s): 1) Healthy Communities; 2) Healthy Schools

Goal Action Plan Measure (s): 1) a- Reduce physical assaults; b -Reduce homicides; 2) Reduce the percentage of adolescents who carry weapons on school property.

Preventing Residential Fire Deaths

CDC funds 17 states and communities to provide smoke alarm installation and fire safety education programs in high-risk communities, where fire death rates are higher than state and national averages, and median household incomes are below the poverty level. To date, the smoke alarm installation and fire safety education program has distributed over 312,529 alarms in high risk homes (since 1998). CDC staff canvassed over 426,000 and saved an estimated 1,218 lives as a result.

Strategic Goal (s): Healthy Homes

Goal Action Plan Measure (s): Reduce deaths from residential fires; Increase the number of functioning residential smoke alarms.



Preventing Carbon Monoxide Poisoning

In FY 2007, CDC developed a clinical education program aimed at preventing carbon monoxide poisoning. Every year, more than 500 people die in the U. S. from accidental carbon monoxide (CO) poisoning. CO is found in combustion fumes, such as those produced by small gasoline engines, stoves, generators, lanterns, and gas ranges, or by burning charcoal and wood. Clinical recognition of CO poisoning, whether recognized in the emergency room or the office, is key to understanding the burden of disease, removing both the index case and co-residents from danger, initiating treatment, and educating the public on avoidance behaviors. This program, distributed through the Public Health Training Network, targets emergency department clinicians, general practitioners, and family practitioners and is designed to enhance diagnosis, reporting, and treatment of carbon monoxide (CO) poisoning by clinicians and healthcare providers. It was developed to provide continuing education training to physicians and is designed to provide them with background on the epidemiology of CO poisoning, assist them in identifying mechanisms of CO toxicity, provide them with a description of the clinical aspects of CO poisoning, identify the symptoms of CO poisoning, and explain the treatment of CO poisoning.

Strategic Goal (s): 1) Healthy Homes; 2) Healthy Healthcare Settings

Goal Action Plan Measure (s): 1) a- Reduce elevated blood lead levels in children; b- Reduce the proportion of occupied housing units that are substandard; 2) Promote delivery of quality prevention and screening services in healthcare settings.

People Prepared for Emerging Health Threats

Objectives

- Integrate and enhance the existing surveillance systems at the local, state, national, and international levels to detect, monitor, report, and evaluate public health threats.
- Support and strengthen human and technological epidemiologic resources to prevent, investigate, mitigate, and control current, emerging, and new public health threats and to conduct research and development that lead to interventions for such threats.
- Enhance and sustain nationwide and international laboratory capacity to gather, ship, screen, and test samples for public health threats and to conduct research and development that lead to interventions for such threats.
- Assure an integrated, sustainable, nationwide response and recovery capacity to limit morbidity and mortality from public health threats.
- Expand and strengthen integrated, sustained, national foundational and surge capacities capable of reaching all individuals with effective assistance to address public health threats.

Enhancing Preparedness at Ports of Entry

As of September 2006, CDC increased its number of quarantine stations at international ports of entry into the United States to 20. CDC seeks to fully staff between 20 and 25 quarantine stations in FY 2008. CDC is continuing to enhance the CDC Quarantine Network through expanded field presence, community partnership, preparedness and response activities, and increased surveillance and epidemiologic research. Quarantine station expansion and enhancement has improved the systematic collection, analysis, interpretation, and dissemination of data related to public health events at U.S. ports of entry. This increases CDC's capacity to respond to natural and intentional communicable disease emergencies of public health significance. By FY 2009, up to 25 quarantine stations will be fully staffed with public health professionals who are prepared to respond appropriately when needed.

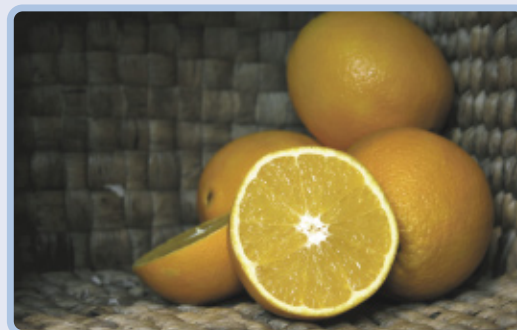
Emergency Operations

CDC's Emergency Operations program serves as the command center for the coordination of all emergency response operations and maintains situational awareness 24 hours a day, seven days a week, 365 days a year. As public health threats and events develop, staff from across CDC are merged into the CDC Incident Management Structure in a centralized location, the CDC Director's Emergency Operation Center (DEOC), for event response. CDC's Emergency Operations activities include overall coordination of CDC's preparedness, assessment, response, recovery, and evaluation activities prior to and during public health emergencies.

Twelve exercises were conducted throughout FY 2006 and seven agency-wide exercises and tabletops were conducted in FY 2007 to help ensure more effective response operations during a real event. These exercises included a hurricane preparedness exercise, several operation center orientation exercises for CDC responders, pandemic influenza response, as well as participation in nationwide TOPOFF events. Between September 2001 and February 2007, CDC and the DEOC responded to 35 events, including the 2001 anthrax events, SARS, Monkeypox, multiple hurricane responses, E. coli responses in 2006, California wildfires, and multiple infectious disease events both domestically and international such as the Ebola outbreak in Uganda.

Food Safety

CDC has led investigations into nationwide outbreaks of severe foodborne diseases, identifying new foods not previously implicated and directing the attention of the food industry, food safety researchers, and food regulatory agencies to these new problems. The enhanced surveillance for foodborne disease developed over the last decade played a critical role. In late 2006, 199 cases of E. coli O157 infection in 26 states were linked together by PulseNet fingerprinting, and traced to fresh baby spinach by CDC and a state investigative group. The FDA warned the nation to avoid fresh spinach while the source was traced to specific fields, and focused increased concern on the safety of fresh greens. In addition, industry launched a multi-million dollar research initiative to better define means of control. Early in 2007, 714 cases of Salmonella infection in 48 states were traced by a combined CDC and state investigative group to peanut butter produced at a single factory. As a result, all peanut butter produced at that factory since October 2004 was recalled, the factory was closed and completely rebuilt, and the FDA has focused more attention on peanut butter and similar dry processed foods. These and other investigations illustrate the need for understanding the ecology of foodborne diseases better in order to develop more effective control measures.



Public Health Emergency Preparedness (PHEP) Cooperative Agreement

CDC's PHEP Cooperative Agreement provides guidance and funds to 62 state and local public health departments to help them improve their response to public health emergencies. Since 1999, the cooperative agreement has provided more than \$4.8 billion to state and local entities, helping them achieve several accomplishments. For example, in 2006, Iowa was the center of a national mumps epidemic, accounting for nearly 2,000 of the 2,600 cases nationwide. Iowa typically experiences only five cases of mumps per year. Based on an outbreak investigation by epidemiologists from the Iowa Department of Public Health (IDPH), Iowa quickly determined that 18 to 25 year olds were most at risk. IDPH launched a vaccination program targeting this population. Local public health departments set up vaccination clinics based on CDC Strategic National Stockpile exercises to administer the vaccines. Within a month of beginning the vaccination campaign, the number of reported mumps cases decreased by 65 percent. Within two months, the mumps epidemic was stopped.

Healthy People in a Healthy World

Objectives:

- Health Promotion: Global health will improve by sharing knowledge, tools and other resources with people and partners around the world.
- Health Protection: Americans at home and abroad will be protected from health threats through a transnational prevention, detection and response network.
- Health Diplomacy: CDC and the United States Government will be a trusted and effective resource for health development and health protection around the globe.

Decreasing Measles Related Mortality Worldwide

Measles is the leading cause of childhood deaths from a vaccine preventable disease, causing an estimated 530,000 deaths globally since 2003. CDC and partners in the Measles Initiative support WHO's 47 priority countries and the Global Immunization Vision and Strategy Goal of reducing global measles death by 90 percent by 2010. Measles mortality in the African region has been reduced by 74 percent since 1999 and measles mortality worldwide has been reduced 60 percent. The goal was achieved ahead of schedule and under budget by immunizing over 200 million children in 33 countries and saving over a million lives since mid-2001. In addition, the number of measles cases in the Western Hemisphere has been reduced by more than 99 percent, from approximately 250,000 cases in 1990 to 186 (all associated with imported viruses) provisionally reported in 2006. CDC has set a goal to reduce the number of global measles-related deaths to 291,800 in FY 2009 from the baseline of 777,000 in FY 2000. CDC also will work to maintain the number of non-import measles cases at zero in all 47 countries of the Americas as a measure of maintaining elimination of endemic measles transmission.

Goal Action Plan Measure (s): Reduce under-five mortality by two-thirds by 2015.

President's Emergency Plan for AIDS Relief (PEPFAR)

When PEPFAR was announced in 2003, only 50,000 patients received antiretroviral treatment in all of sub-Saharan Africa. As of May 2007, PEPFAR has supported life-saving antiretroviral therapy (ART) for approximately 1.1 million men, women, and children through bilateral programs in PEPFAR's 15 focus countries in sub-Saharan Africa, Asia, and the Caribbean. CDC's Global Aids Program (GAP) plays a vital role in helping to meet the PEPFAR goals of preventing seven million new HIV infections, supporting treatment for two million HIV-infected persons, and supporting care for ten million individuals infected or impacted by HIV. For example, in FY 2007, GAP collaborated with HRSA to support four centrally funded partners to rapidly scale-up care and treatment programs in 13 PEPFAR countries. This support enabled partners to expand activities in areas such as human resources, drug procurement and management, rehabilitation of laboratory and clinic facilities, training, linkage of HIV programs, and program sustainability. This activity contributes to approximately 20-25% (~220,000-275,000) of all people receiving ART under PEPFAR.

Goal Action Plan Measure (s): Support the treatment of two million people infected with HIV; Support the prevention of seven million new HIV infections.

Sustainable Management Development Program (SMDP)

SMDP collaborated with three regional institutions in Vietnam, the Hanoi School of Public Health, the Ho Chi Minh Institute for Hygiene and Public Health, and Denang Preventive Medicine Center to train 70 public health managers in 29 provinces through strengthening a decentralized management capacity-building program. These public health managers implemented 24 applied management improvement projects in their organizations, including one in Children's Hospital #1 in Ho Chi Minh City that reduced the percentage of HIV Rapid Test specimens that were lost or incorrectly processed from 90 percent to 48 percent.

Goal Action Plan Measure (s): Increase the number of individuals trained in the provision of laboratory-related activities.

Malaria

CDC played a major role in helping the Kenyan Ministry of Health (MOH) plan, execute, and evaluate the Kenya integrated insecticide-treated net (ITN) campaign, which at the time was the largest ever such integrated immunization-ITN distribution campaign. Over three million long lasting nets (LLINs) were distributed. CDC was instrumental in conducting the evaluation which documented a massive increase in coverage, from less than 10 percent to more than half of Kenyan's vulnerable children under age five now sleeping under life saving LLINs. Recently published articles by Kenyan colleagues have documented decreased hospital admissions and decreased child mortality attributed to increased coverage of ITNs in Kenya. Improved ITN coverage and impact on malaria have also been documented in other settings, such as Zanzibar Island, where CDC also played a role.

Goal Action Plan Measure (s): Reduce deaths due to malaria by 50 percent in 15 African countries.

Funding Request Overview

The FY 2009 President's Budget submission includes a total funding level for CDC/ATSDR of \$8.8 billion, which reflects a decrease of approximately \$412.1 million below the FY 2008 Enacted level.

Increased Investments for Discretionary Programs (+\$104.4 million)

Quarantine Stations (+\$33.5 million)

The FY 2009 request includes a \$33,485,000 increase to support Quarantine station maintenance and expansion. The 20 quarantine stations operated by CDC across the U.S. serve to limit the introduction of infectious diseases into the U.S. and to prevent the spread of diseases such as tuberculosis, smallpox and cholera. These stations serve over 120 million airline passengers who fly internationally each year. The importance of quarantine stations continues to rise as new infectious diseases such as SARS and avian influenza emerge and more people travel internationally. The requested FY 2009 increase of \$33,485,000, for an overall investment of \$53,355,000, will fully staff existing domestic stations and add five new international quarantine stations.

Strategic National Stockpile (+\$19.9 million)

The FY 2009 estimate includes a \$19,881,000 increase to support Strategic National Stockpile (SNS), enabling CDC to continue to purchase, warehouse and manage medical countermeasures. These countermeasures are necessary to provide an adequate response during a catastrophic public health event to treat affected populations, prevent additional illness, and provide medical services and shelter. CDC will also continue to advance the Federal Medical Station (FMS) program designed for low to mid-acuity patient hospital bed surge for victims of catastrophic health events in FY 2009. CDC will continue working towards the achievement of 100 percent preparedness of state public health agencies regarding the use of materials contained in the SNS.

BioSense (+\$15.6 million)

The FY 2009 request includes a \$15,611,000 increase for BioSense. Data received into the BioSense system improves the nation's capabilities for rapid disease detection, monitoring and real-time situational awareness through access to existing data from health care organizations. These data are available simultaneously to state and local health departments, participating hospitals, and CDC, through a web-based application that is accessed through the CDC Secure Data Network. The requested FY 2009 funding increase will enable BioSense to expand from over 800 users in 124 state and local public health jurisdictions by implementing new connections with emerging Regional Health Information Organizations (RHIOs) and Health Information Exchanges (HIEs).

National Center for Health Statistics (+\$11.1 million)

The FY 2009 request includes an increase of \$11,065,000 that will allow the program to continue providing timely, accurate estimates of high priority health measures. CDC will maintain and enhance a variety of surveys and statistical programs that are critical not only to CDC, but throughout government at the federal, state and local level. With the increase, CDC will ensure full 12-month reporting of birth and death data from the states; maintain full field operations of the National Health and Nutrition Examination Survey (NHANES); enhance mechanisms for data access and use through the NHANES tutorial and web-based data access tools; enable the National Health Interview Survey to return to its designed sample size of 100,000, providing improved estimates for smaller population sizes; maintain and redesign systems of the National Health Care Surveys in response to changing patterns of health care delivery and public health; and transition from ICD-9-CM to ICD-10-CM code sets to improve comparability between mortality and morbidity data in the U.S. and internationally.

Upgrading CDC Capacity (+\$10.6 million)

The FY 2009 request includes an increase of \$10,576,000 for Upgrading CDC Capacity. This increase will ensure that all-hazards preparedness and emergency response activities continue building and enhancing systems at the federal, state and local levels catalyzing and implementing preparedness and response capabilities. Within this requested increase, \$10,000,000 will be used to further develop CDC's radiological response capabilities through the creation of a radiologic-specific Laboratory Response Network, or LRN-R. Building a dedicated CDC capability for radiological events will further define surveillance needs and gaps, allowing the development of appropriate data elements to be inserted into existing state, local, and federal surveillance systems to guide detection and monitoring of a radiological event.



HIV/AIDS Testing

In 2005, the estimated number of diagnoses of AIDS in the United States and dependent areas was 41,897. Of these, 40,608 were in the 50 states and District of Columbia and 982 were in the dependent areas.

At the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS, with 24-27 percent undiagnosed and unaware of their HIV infection (source: <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#aids-cases>)

Through this initiative, CDC estimates that over three million U.S. citizens, mostly African Americans, will be tested each year and over 46,000 new infections will be diagnosed. Those diagnosed will learn of their infection earlier and will have the opportunity to stay in better health longer.

HIV/AIDS, Domestic Testing Initiative (+\$10.6 million)

At the President's request, CDC has undertaken the Domestic HIV/AIDS Initiative to increase testing in medical and community-based settings, make voluntary testing a routine part of medical care, and create new testing guidelines, models and best practices. The initiative is focused on areas and populations with the highest burden of disease. The FY 2009 budget request includes an increase for Domestic Testing and Early Diagnosis Program for an overall investment of \$93,000,000.

Pandemic Influenza (+\$3.1 million)

The FY 2009 request includes an increase of \$3,131,000 for CDC's Influenza Program. This funding will work to minimize domestic and global illness, suffering, and death from seasonal influenza; investigate and contain the spread of avian influenza; and minimize the illness and death that will occur during the next influenza pandemic. Funding will also fund influenza pandemic preparedness priorities such as risk communications.

Program Reductions and Eliminations (-\$574.4 million)

Upgrading State and Local Capacity (-\$135.5 million)

The FY 2009 budget request includes a decrease of \$135,497,000 for the Public Health Emergency Preparedness (PHEP) state and local grant program. CDC will continue to strengthen the nation's public health preparedness by supporting 62 grantees with funding, technical assistance and program evaluation services to improve their ability to detect and respond to public health threats. Under the Pandemic and All Hazards Preparedness Act (PAHPA), grant cycles will shift during FY 2009 to better align with state funding cycles. CDC will complete this shift in FY 2009 by providing grantees with a nine-month and three-week funding cycle to coincide with a June 1st state funding start date. This shift, along with the funding reduction will allow monthly funding levels to the states to be maintained at FY 2008 funding levels. CDC will continue to provide all hazards preparedness planning, exercise, evaluation and technical assistance services to the grantees in FY 2009. FY 2010 grantee funding will resume the 12-month cycle as grants will have completed realignment.

Preventive Health and Health Services Block Grant (-\$97.3 million)

CDC proposes the elimination of the Preventive Health and Health Services Block Grant (PHHSBG). As CDC strives to improve efficiency and effectiveness, other existing resources will continue to be available for programs which have traditionally addressed similar public health issues.

World Trade Center (-\$83.1 million)

The FY 2009 request of \$25,000,000 reflects a decrease of \$83,083,000 from the FY 2008 Enacted level.

Building and Facilities (-\$55.0 million)

For FY 2009, CDC requests no funding for the Buildings and Facilities Program, a decrease of \$55,022,000 from the FY 2008 Enacted level. In FY 2009, CDC may not be able to sustain the condition of its existing \$2.8 billion owned inventory in accordance with OMB and FRPC guidelines. With available resources, CDC will prioritize its critical sustainment and improvement activities to best maintain its facilities.

Business Services Support (-\$31.4 million)

The FY 2009 request includes a decrease of \$31,352,000 for Business Services Support (BSS). The BSS budget line covers a variety of critical administrative costs, including rent, utilities, telecommunications, and security. With the proposed funding, CDC will strive to fulfill unmet needs and mandatory requirements, including:

- Operations, maintenance, utilities information technology and security of five newly operational buildings, as well as providing worker protection;
- Conversion to new government-wide and HHS-wide initiatives;
- Maintenance of proper levels of information technology security by upgrading the information technology (IT) infrastructure;
- Compliance with OMB Circular A-123 to improve the effectiveness of CDC's internal controls over financial reporting.

Individual Learning Accounts/Administrative Costs (-\$31.0 million)

The CDC FY 2009 request includes an across-the-board reduction of \$31,000,000 from the FY 2008 Enacted level related to CDC's Individual Learning Accounts (ILA's) and other administrative costs. ILA's and administrative costs are shared across CDC; therefore this reduction is applied directly to programs across the agency with the exception of the Public Health Service (PHS) Evaluation Transfer activities. This reduction will reduce training for CDC/ATSDR employees. Existing CDC/ATSDR staff will be able to utilize carryover balances for training in FY 2009.

Congressional Projects (-\$26.7 million)

Funding for Public Health Improvement and Leadership is reduced in FY 2009 to reflect the removal of FY 2008 Congressional Projects.

All Other Emerging Infectious Diseases (-\$24.0 million)

The FY 2009 Budget maintains the FY 2008 Budget level for this activity. Funding appropriated in FY 2007 (for pandemic influenza preparedness) and in FY 2008 supported improvements in State infrastructure for surveillance of emerging infectious diseases.

Chronic Diseases (-\$15.5)

The FY 2009 request includes a decrease of \$15.5 million for chronic disease prevention and community health promotion programs. The request includes the elimination of funding for Food Allergies, Pioneering Healthier Communities (YMCA), the Mind Body Institute, the Teen Pregnancy Demonstration Project, and Johanna's Law. In addition, CDC requests a decrease of \$1.0 million to the Heart Disease and Stroke program. CDC will continue to support chronic disease prevention and community health programs through existing resources.



Leadership and Management (-\$14.8 million)

The FY 2009 request includes a decrease of \$14,818,000 in funding for Leadership and Management. CDC's Leadership and Management activity supports critical areas such as strategy and innovation, goals management, and health disparities. With the requested funding amount, CDC will continue to ensure that essential administration and coordination activities go on, through redirections and streamlining functions.

Mining Research (-\$11.2 million)

The FY 2009 request includes a decrease of \$11,178,000 for Mining Research. Funding for this activity is requested at the FY 2008 President's Budget level. CDC targets high-priority issues affecting mineworkers, as defined by stakeholder and surveillance data. The Mining Research Program is defined by a goal-driven strategic plan with performance measures and addresses a range of safety and health issues in addition to disaster prevention and response.

National Occupational Research Agenda (NORA) (-\$10.4 million)

The FY 2009 request includes a decrease of \$10,374,000 for the National Occupational Research Agenda (NORA). NORA funds are used to establish and maintain public-private partnerships and to create a new culture of priority-driven research. Now in its second decade, NORA is pursuing an industry sector-based approach to move research results into workplace practice and to ensure the most direct connection possible with workers, business, and other partners.

Steps to a Healthier U.S. (-\$9.6 million)

The FY 2009 request includes a decrease of \$9,553,000 for the Steps program. Steps is changing the grant structure and will fund 50 Steps Community Grants. Based on lessons learned from the initial Steps communities, the Steps Program will broaden its reach and impact to activate change in communities across the United States. Communities will identify local priorities, using science-based tools and strategies to respond to and evaluate the success of their interventions. Tools, resources, and training will be provided to community leaders and public health professionals to equip these entities to effectively confront the growing national crisis in obesity and other chronic diseases in their communities. This decrease will reduce the number of communities CDC will fund from 100 initially planned to 50.

Environmental Health Laboratory (-\$7.4 million)

The FY 2009 request includes a decrease of \$7,440,000 for the CDC's National Center for Environmental Health (NCEH) Laboratory. This activity provides technical assistance to State screening labs, assisting in developing new screening tools and methods to increase accuracy and expand the number of disorders screened, and population-based pilot testing to ensure the effectiveness of new screening tools. CDC also provides technical assistance and training to States in bio-monitoring.

Safe Water (-\$7.2 million)

The FY 2009 request includes a decrease of \$7,199,000 for the Safe Water program, which would eliminate this activity. CDC has provided public health leadership in addressing the existing and emerging issues associated with Harmful Algal Blooms (HABs) and other chemicals affecting water quality. CDC's National Center for Environmental Health has supported the development of a surveillance system for possible estuary-associated syndrome (PEAS) and provisions for a public health response to *Pfiesteria*-related events in six East Coast states (Delaware, Florida, Maryland, North Carolina, South Carolina, and Virginia). CDC has supported research and development of assays for identifying and monitoring algae and algal toxins in drinking and recreational waters, and research to identify acute and chronic health effects associated with *Pfiesteria* and other algae, including identifying and measuring biological markers of exposure and health effects. The FY 2009 request does not include funding for this program, redirecting resources to other high priority public health activities. This program was also proposed for termination in the FY 2007 Budget.

West Nile Virus (-\$6.9 million)

The FY 2009 request includes a decrease of \$6,932,000 for West Nile Virus. CDC has awarded funds to 57 state, local, and territorial public health agencies to assist in the development of comprehensive, long-term disease monitoring, prevention, and control programs for WNV. WNV funding has built infrastructure and led to the enhancement of state-based programs to make states better able to prevent, detect, and respond to the threat of WNV and other vector-borne infectious diseases. The establishment of this national program has also enhanced viral laboratory capacity, veterinarian epidemiology capacity, and surveillance of disease. The FY 2009 Budget will decrease the amount of funds available to state and local health departments. Several years of CDC funds have allowed states to develop and enhance their WNV activities, CDC will also limit funding for extramural and intramural research.



National Center for Health Marketing (-\$2.1 million)

The FY 2009 request includes a decrease of \$2,140,000 for the National Center for Health Marketing (NCHM). The Health Marketing program conducts activities that involve creating, communicating, and delivering health information and interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations. NCHM uses marketing and communication science practices to better understand people's health-related needs and preferences; motivate changes in individuals and organizations to protect and improve health; and develop and enhance CDC's partnerships with public and private organizations. With the requested funding, CDC will work to maintain the existing activities of the Health Marketing program.

National Amyotrophic Lateral Sclerosis (ALS) (-\$2.0 million)

The FY 2009 request of \$863,000 reflects a decrease of \$1,950,000 from the FY 2008 Enacted level. Funding for this activity supports maintenance and expansion of a national amyotrophic lateral sclerosis (ALS) registry to include other neurodegenerative disorders. The FY 2009 Budget maintains this activity at the FY 2008 Budget level.

Education and Research Centers (ERCs) (-\$1.7 million)

The FY 2009 request includes a decrease of \$1,731,000 for the Education and Research Centers. This program will be supported at the FY 2008 Budget level. This program will be supported at the FY 2008 Budget level. CDC has established partnerships with 52 academic institutions that comprise the academic network responsible for the nation's Occupational Safety and Health (OSH) training infrastructure. CDC funds 17 University-based ERCs to train occupational safety and health specialists. The ERCs are located in 17 states, representing each HHS Region: AL, OH, CA (two ERCs), CO, MA, IL, MD, IA, MI, MN, NY & NJ, NC, FL, TX, UT, WA.

Real Time Lab Reporting (-\$1.6 million)

The FY 2009 request includes \$7,470,000 for the Real Time Lab Reporting program, a decrease of \$1,552,000 below the FY 2008 Enacted level. This program will be supported at the FY 2008 Budget level. This funding will be used to enhance FY 2008 releases of LRN Results Messenger, which will provide for the general availability of LRN-Chemical functionality to support data exchange for LRN laboratories performing chemical terrorism testing in FY 2009. Given existing and ongoing programmatic progress, additional laboratories will gain the capability to submit Health Level 7 (HL7) standardized messages to CDC despite the funding decrease.

FY 2009 Discretionary All-Purpose Table (APT) (Dollars in Thousands)

Budget Activity	FY 2007 Actual ¹	FY 2008 Enacted ²	FY 2009 Estimate	FY 2009 +/- FY 2008
Infectious Diseases - Total	\$1,809,586	\$1,904,535	\$1,869,977	(\$34,558)
Infectious Diseases - Budget Authority	\$1,796,792	\$1,891,741	\$1,857,183	(\$34,558)
Infectious Diseases - PHS Evaluation Transfers	\$12,794	\$12,794	\$12,794	\$0
Immunization and Respiratory Diseases - Budget Authority	\$572,636	\$671,840	\$673,671	\$1,831
Immunization and Respiratory Diseases - PHS Evaluation Transfers	\$12,794	\$12,794	\$12,794	\$0
-- Section 317 Immunization Program ³	\$450,837	\$465,901	\$465,002	(\$899)
-- Vaccine Purchase Grants	\$250,626	\$261,528	\$261,023	(\$505)
-- State Operations/Infrastructure Grants	\$200,211	\$204,373	\$203,979	(\$394)
-- Program Operations	\$61,967	\$61,458	\$61,366	(\$92)
-- Vaccine Tracking	\$4,822	\$4,738	\$4,731	(\$7)
-- Prevention Activities	\$57,145	\$56,720	\$56,635	(\$85)
-- Vaccine Safety	\$17,158	\$16,858	\$16,825	(\$33)
-- All Other Prevention Activities	\$27,193	\$27,068	\$27,016	(\$52)
-- National Immunization Survey (PHS Evaluation Transfers)	\$12,794	\$12,794	\$12,794	\$0
-- Influenza	\$72,626	\$157,275	\$160,097	\$2,822
HIV/AIDS, Viral Hepatitis, STD and TB Prevention	\$1,002,513	\$1,002,130	\$1,000,037	(\$2,093)
-- HIV/AIDS, Research and Domestic	\$695,454	\$691,860	\$691,147	(\$713)
-- State and Local Health Departments	\$454,175	\$454,796	\$478,527	\$23,731
-- S/L Health Department HIV Prevention Projects Coop. Agmt. (non-add)	\$312,964	\$307,272	\$311,116	\$3,844
-- HIV/AIDS Testing (non-add)	\$44,321	\$52,389	\$63,000	\$10,611
-- National/Regional/Other Organizations	\$168,283	\$165,343	\$141,218	(\$24,125)
-- CDC Research, Surveillance, Analysis, Tech. Asst.	\$72,996	\$71,721	\$71,402	(\$319)
-- Viral Hepatitis	\$17,354	\$17,582	\$17,504	(\$78)
-- Sexually Transmitted Diseases (STDs)	\$155,037	\$152,329	\$151,651	(\$678)
-- Tuberculosis (TB)	\$134,668	\$140,359	\$139,735	(\$624)
Zoonotic, Vector-Borne, and Enteric Diseases	\$69,052	\$67,846	\$60,632	(\$7,214)
-- Hanta Virus/Special Pathogens	\$3,818	\$3,751	\$3,734	(\$17)
-- Lyme Disease	\$5,364	\$5,270	\$5,246	(\$24)
-- West Nile Virus	\$26,767	\$26,299	\$19,277	(\$7,022)
-- Food Safety	\$28,269	\$27,776	\$27,647	(\$129)
-- Chronic Fatigue Syndrome (CFS)	\$4,834	\$4,750	\$4,728	(\$22)
Preparedness, Detection, and Control of Infectious Diseases	\$152,591	\$149,925	\$122,843	(\$27,082)
-- Antimicrobial Resistance	\$17,220	\$16,919	\$16,502	(\$417)
-- Patient Safety	\$2,773	\$2,725	\$2,658	(\$67)
-- All Other Emerging Infectious Diseases	\$132,598	\$130,281	\$103,683	(\$26,598)
Total, Infectious Diseases -	\$1,809,586	\$1,904,535	\$1,869,977	(\$34,558)
Health Promotion	\$947,004	\$961,193	\$932,073	(\$29,120)
Chronic Disease Prevention, Health Promotion, and Genomics	\$824,762	\$833,827	\$805,321	(\$28,506)
-- Heart Disease and Stroke	\$43,562	\$50,101	\$48,838	(\$1,263)
-- Diabetes	\$61,831	\$62,711	\$62,454	(\$257)
-- Cancer Prevention and Control	\$301,434	\$309,486	\$301,773	(\$7,713)
-- Arthritis and Other Chronic Diseases	\$21,661	\$23,915	\$23,817	(\$98)
-- Tobacco	\$102,016	\$104,164	\$103,737	(\$427)
-- Nutrition, Physical Activity and Obesity	\$40,590	\$42,191	\$42,018	(\$173)
-- Health Promotion	\$26,820	\$28,977	\$24,210	(\$4,767)
-- School Health	\$54,789	\$54,323	\$53,612	(\$711)
-- Safe Motherhood/Infant Health	\$43,100	\$42,347	\$42,174	(\$173)
-- Oral Health	\$11,456	\$12,422	\$12,371	(\$51)
-- Prevention Centers	\$29,149	\$29,131	\$29,012	(\$119)
-- Steps to a Healthier U.S.	\$42,904	\$25,158	\$15,541	(\$9,617)
-- Racial and Ethnic Approach to Community Health (REACH)	\$33,639	\$33,860	\$33,721	(\$139)
-- Genomics	\$11,811	\$12,093	\$12,043	(\$50)
-- Demonstration Project for Teen Pregnancy	\$0	\$2,948	\$0	(\$2,948)
Birth Defects, Developmental Disabilities, Disability and Health	\$122,242	\$127,366	\$126,752	(\$614)
-- Birth Defects and Developmental Disabilities	\$37,741	\$37,580	\$37,398	(\$182)
-- Human Development and Disability	\$64,718	\$70,349	\$70,010	(\$339)
-- Hereditary Blood Disorders	\$19,783	\$19,437	\$19,344	(\$93)
Total, Health Promotion -	\$947,004	\$961,193	\$932,073	(\$29,120)

FY 2009 Discretionary All-Purpose Table (APT) – Continued (Dollars in Thousands)

Budget Activity	FY 2007 Actual ¹	FY 2008 Enacted ²	FY 2009 Estimate	FY 2009 +/- FY 2008
Health Information and Service - Total	\$270,073	\$276,778	\$284,355	\$7,577
Health Information and Service - Budget Authority	\$136,247	\$89,868	\$132,970	\$43,102
Health Information and Service - PHS Evaluation Transfers	\$133,826	\$186,910	\$151,385	(\$35,525)
Health Statistics - PHS Evaluation Transfers	\$107,142	\$113,636	\$124,701	\$11,065
Public Health Informatics - Budget Authority	\$46,850	\$45,739	\$45,324	(\$415)
Public Health Informatics - PHS Evaluation Transfers	\$24,751	\$24,751	\$24,751	\$0
-- PHIN	\$4,800	\$4,716	\$4,673	(\$43)
-- NEDSS (PHS Evaluation Transfers)	\$24,751	\$24,751	\$24,751	\$0
-- All Other Public Health Informatics	\$42,050	\$41,023	\$40,651	(\$372)
Health Marketing - Budget Authority ⁴	\$89,397	\$44,129	\$87,646	\$43,517
Health Marketing - PHS Evaluation Transfers	\$1,933	\$48,523	\$1,933	(\$46,590)
Total, Health Information and Service -	\$270,073	\$276,778	\$284,355	\$7,577
Environmental Health and Injury Prevention	\$282,752	\$289,323	\$270,872	(\$18,451)
Environmental Health	\$146,634	\$154,486	\$136,606	(\$17,880)
-- Environmental Health Laboratory	\$26,397	\$33,797	\$26,110	(\$7,687)
-- Environmental Health Activities	\$53,693	\$55,308	\$45,727	(\$9,581)
-- Asthma	\$31,307	\$30,760	\$30,472	(\$288)
-- Childhood Lead Poisoning	\$35,237	\$34,621	\$34,297	(\$324)
Injury Prevention and Control	\$136,118	\$134,837	\$134,266	(\$571)
-- Intentional Injury	\$101,913	\$100,134	\$99,710	(\$424)
-- Unintentional Injury	\$34,205	\$34,703	\$34,556	(\$147)
Total, Environmental Health and Injury -	\$282,752	\$289,323	\$270,872	(\$18,451)
Occupational Safety and Health - Total	\$315,100	\$381,954	\$271,053	(\$110,901)
Occupational Safety and Health - Budget Authority	\$227,620	\$286,985	\$183,573	(\$103,412)
Occupational Safety and Health - PHS Evaluation Transfers	\$87,480	\$94,969	\$87,480	(\$7,489)
-- Occupational Safety and Health Research	\$315,100	\$381,954	\$271,053	(\$110,901)
-- Education and Research Centers	\$19,824	\$21,425	\$19,234	(\$2,191)
-- Personal Protective Technology	\$12,732	\$12,804	\$12,353	(\$451)
-- National Occupational Research Agenda (NORA)	\$99,595	\$109,889	\$99,235	(\$10,654)
-- NORA - Budget Activity	\$12,115	\$14,920	\$11,755	(\$3,165)
-- NORA - PHS Evaluation Transfers	\$87,480	\$94,969	\$87,480	(\$7,489)
-- World Trade Center - Budget Authority	\$0	\$51,583	\$25,000	(\$51,583)
-- World Trade Center - Emergency Supplemental	\$50,000	\$56,500	\$0	(\$56,500)
-- Mining Research	\$51,200	\$49,126	\$37,064	(\$12,062)
-- Other Occupational Safety and Health Research	\$81,749	\$80,627	\$78,167	(\$2,460)
Total, Occupational Safety and Health -	\$315,100	\$381,954	\$271,053	(\$110,901)
Global Health	\$307,497	\$302,371	\$302,025	(\$346)
Global Health - Budget Authority ^{5,6}	\$307,497	\$302,371	\$302,025	(\$346)
-- Global AIDS Program	\$120,985	\$118,863	\$118,727	(\$136)
-- Global Immunization Program	\$142,338	\$139,851	\$139,691	(\$160)
-- Global Disease Detection	\$32,004	\$31,445	\$31,409	(\$36)
-- Global Malaria Program	\$8,851	\$8,696	\$8,686	(\$10)
-- Other Global Health	\$3,319	\$3,516	\$3,512	(\$4)
Total, Global Health -	\$307,497	\$302,371	\$302,025	(\$346)
Public Health Research - PHS Evaluation Transfers	\$31,000	\$31,000	\$31,000	\$0
Public Health Improvement and Leadership - Total	\$202,559	\$224,899	\$182,143	(\$42,756)
Public Health Improvement and Leadership - Budget Authority	\$202,559	\$224,899	\$182,143	(\$42,756)
-- Leadership and Management	\$168,920	\$164,150	\$149,332	(\$14,818)
-- Congressional Projects	\$0	\$26,740	\$0	(\$26,740)
-- Public Health Workforce Development	\$33,639	\$34,009	\$32,811	(\$1,198)
Total, Public Health Improvement and Leadership -	\$202,559	\$224,899	\$182,143	(\$42,756)

FY 2009 Discretionary All-Purpose Table (APT) – Continued (Dollars in Thousands)

Budget Activity	FY 2007 Actual ¹	FY 2008 Enacted ²	FY 2009 Estimate	FY 2009 +/- FY 2008
Preventive Health & Health Services Block Grant	\$99,000	\$97,270	\$0	(\$97,270)
Buildings and Facilities	\$134,400	\$55,022	\$0	(\$55,022)
Business Services Support^{7,8}	\$378,289	\$371,847	\$337,906	(\$33,941)
Terrorism	\$1,472,553	\$1,479,455	\$1,419,264	(\$60,191)
Terrorism - Budget Authority	\$1,472,553	\$1,479,455	\$1,419,264	(\$60,191)
– Upgrading State and Local Capacity	\$766,660	\$746,039	\$609,385	(\$136,654)
– Upgrading CDC Capacity	\$122,928	\$120,744	\$131,071	\$10,327
– Anthrax	\$12,405	\$7,882	\$7,867	(\$15)
– Botulinum Toxin Research	\$2,963	\$0	\$0	\$0
– Biosurveillance Initiative	\$71,249	\$53,281	\$100,634	\$47,353
– Strategic National Stockpile ⁹	\$496,348	\$551,509	\$570,307	\$18,798
Total, Terrorism -	\$1,472,553	\$1,479,455	\$1,419,264	(\$60,191)
Total, L/HHS/ED -	\$5,984,713	\$6,049,974	\$5,618,009	(\$431,965)
Total, L/HHS/ED (includes PHS Evaluation Transfer and supplementals) -	\$6,249,813	\$6,375,647	\$5,900,668	(\$474,979)
PHS Evaluation Transfers (non-add)	\$265,100	\$325,673	\$282,659	(\$43,014)
Agency for Toxic Substances and Disease Registry	\$75,212	\$74,039	\$72,882	(\$1,157)
Vaccines for Children	\$2,735,925	\$2,702,206	\$2,766,230	\$64,024
Energy Employees Occupational Illness Compensation Program Act (EEOICPA)¹⁰	\$55,358	\$55,358	\$55,358	\$0
User Fees	\$2,226	\$2,226	\$2,226	\$0
Total, CDC/ATSDR Program Level -	\$9,118,534	\$9,209,476	\$8,797,364	(\$412,112)
Full-Time Equivalents (FTEs) -	8,646	8,896	8,829	(67)

¹ The FY 2007 Enacted reflects the Joint Resolution level including a proposed budget reprogramming and supplementals for World Trade Center and Mine Safety.

² The FY 2008 Enacted funding levels have been revised to reflect proposed consolidation of Flu funding.

³ Funding in FY 2007 and FY 2008 for Section 317 Immunization Program includes a comparability adjustment of -\$2.1 million. In the FY 2009 budget, CDC is proposing to transfer the funds to support AIDS Clearing House activities.

⁴ Funding in FY 2007 and FY 2008 for the National Center for Health Marketing includes a comparability adjustment of +\$2.1 million for AIDS Clearing House activities.

⁵ Funding does not include transfers to CDC from the Department of State Office of the Global AIDS Coordinator (\$917.2 million to date in FY 2007), as part of the President's Emergency Plan for AIDS Relief.

⁶ Funding in FY 2007 and FY 2008 for Global AIDS Program includes a comparability adjustment of -\$0.6 million. In the FY 2009 budget, CDC is proposing to transfer the funds to support AIDS Clearing House activities currently financed by the National Center for Health Marketing.

⁷ Funding in FY 2007 for Business Services Support includes a comparability adjustment of -\$0.039 million for activities that were jointly funded in prior years, and are financed centrally in the General Departmental Management account in the FY 2008 request.

⁸ Funding in FY 2007 and FY 2008 for the Business Services Support includes a comparability adjustment of +\$7.4 million. In FY 2009 budget, CDC is proposing to transfer funds to support administrative and Business Support Service activities.

⁹ Funding in FY 2007 and FY 2008 for Strategic National Stockpile program includes a comparability adjustment of -\$7.4 million. In FY 2009 budget, CDC is proposing to transfer the funds to support Business Support Service activities.

¹⁰ Reflects the proposed EEOICPA transfer from the Department of Labor. The FY 2007 and FY 2008 funding levels have been made comparable to reflect the proposed transfer.

Managing Toward Success

Getting to Green: President's Management Agenda (PMA)

The President's Management Agenda began in 2001, focusing on improving the management and performance of the federal government by targeting specific business service areas where agencies could improve their efficiency. The agenda contains five government-wide goals:

- Strategic Management of Human Capital,
- Competitive Sourcing,
- Improved Financial Performance,
- Expanded E-government, and
- Performance Improvement Initiative

As well as some specific agency initiatives such as:

- Faith-Based and Community Initiative and
- Federal Real-Property Asset Management

Major Achievements:

Human Capital

CDC has improved its supervisory ratio from 1:5.5 in 2002 to over 1:12.5 in 2007, highlighting overall success in reducing management layers, and consolidating and/or restructuring administrative functions. CDC continues efforts to redirect more mission support staff to mission direct positions. In 2007, 70 percent of staff were in mission direct occupations

Competitive Sourcing

CDC has conducted 14 studies to date covering 610 government positions which have resulted in government staff successfully competing for the work in 13 of the studies at a combined five-year savings of \$70 million. CDC has also developed high performing organizations (HPOs) which is a novel competitive sourcing approach that provides services in certain functional areas at a substantial cost savings but without conducting a public-private competition. In FY 2007, CDC had three HPOs in place covering a combined 1,859 positions with a projected five-year cost savings of \$512 million.

Improved Financial Performance

CDC participated in the HHS "top down" audit approach in FY 2003 through FY 2007 for which HHS received clean opinions. Since FY 2003, CDC has successfully been issuing timely quarterly financial statements. The use of automated tools, such as the United Financial Management System (UFMS), has expedited the financial data consolidation process and streamlined financial statement preparation.

E-Government

CDC has one of the most frequently visited Web sites in the government as the authoritative trusted source of public health information for health care providers, public health officials, the media, and the public. CDC's web site attracts 13 million different visitors per month on average. After Hurricane Katrina, over 22 million visited the site in September 2005.

Budget and Performance

From 2002 through 2007, 23 CDC programs participated in a PART review by OMB. These programs made improvements in strategy, program management and results based on their internal review and OMB's recommendations. For example, CDC initiated a business improvement project to revamp the entire vaccine distribution process which will strengthen the efficiency and accountability of vaccine management systems. Once fully implemented, the new systems will automate and integrate vaccine ordering and management by centralizing distribution of all public purchased vaccines. Continually improving on efficiencies allows CDC to redirect funding to mission-direct, health related activities and away from internal mission-support activities.

PMA Scoring:

The PMA uses a stoplight scoring system to measure an agency's success: Green for success, Yellow for mixed results, and Red for unsatisfactory.

SUCCESS

MIXED RESULTS

UNSATISFACTORY

CDC actively works to implement these initiatives with the goal of "Getting to Green." In the most recent quarterly scorecard, CDC achieved "Green" scores for the "In Progress" PMA indicator in all categories. CDC has consistently remained at or near the top in rankings of all HHS Operating Divisions.

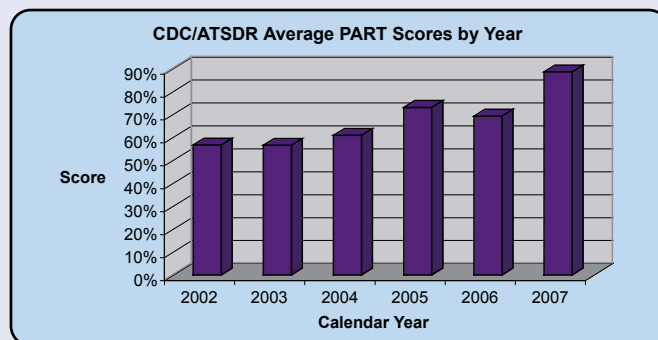
Effective Budget and Performance Integration at CDC: The Program Assessment Rating Tool (PART)

The Office of Management and Budget (OMB) created PART in FY 2001 as a component of the President's Management Agenda (PMA) to consistently and critically review all federal programs over a five-year period. The first cycle of PART ended in 2006, with 20 CDC programs reviewed. CDC consistently demonstrated improved scores and ratings over the course of those five years. The last two years saw CDC achieve its highest PART scores and ratings to date, elevating the agency's overall average score to 70 percent. As of the 2007 cycle, 23 CDC programs will have completed PART reviews.* For information on CDC's other PART programs, please visit: <http://www.whitehouse.gov/omb/expectmore/index.html>

*Six of these programs are no longer tracked due to reorganizations and/or were subsumed into other PART reviews

PART Highlight: 2007 Successes!

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) and the Agency for Toxic Substances and Disease Registry (ATSDR) were assessed in 2007, both receiving an "Effective" rating, which is the highest rating a program can achieve. According to OMB's web site for the public, ExpectMore.gov, "programs rated Effective set ambitious goals, achieve results, are well-managed and improve efficiency." Additionally, the web site indicates only 15 percent of federal programs are rated "Effective" based on OMB's most recent assessments. Summaries for the 2007 PART programs were released to the public on ExpectMore.gov on September 20, 2007.



National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)

Highlighted findings include:

- The program has a comprehensive set of performance measures, some that await baseline and target data from new systems like the Program Evaluation and Monitoring System, which captures evaluation and monitoring data that will enhance performance and accountability. Achievements include reductions in racial disparities in syphilis and HIV/AIDS and pediatric AIDS, Hepatitis A/B, and TB cases.
- The program demonstrates strong grantee oversight practices through its comprehensive requirements included in program announcements, as well as project officer involvement. Requirements include pre-decisional site visits by project officers prior to award, and submission of financial status reports and performance data by grantees that inform the program's strategic goals and measures.
- The program is founded on evidence-based interventions, which have been rigorously evaluated through peer-reviewed research, as well as advisory councils that inform program improvements.

Agency for Toxic Substances and Disease Registry (ATSDR)

Highlighted findings include:

- The program is able to demonstrate its impact on the health of people living in communities exposed to toxic substances. Specifically, it documents the impact of its interventions at sites with known exposures by tracking progress on selected health outcomes.
- ATSDR continues to improve efficiencies, moving from operational to programmatic efficiency. Its new efficiency measure reflects improved timeliness in disseminating public health findings and reducing costs in the process. Past efforts include consolidating ATSDR and the National Center for Environmental Health's Offices of the Director and Board of Scientific Counselors (BSC), saving \$4.6 million.

Workforce

The ability of CDC to fulfill the Agency's Health Protection Goals is dependent on the capacity to provide reliable, accurate and timely science-based information. The foundation of CDC and the key to the future is its workforce – without whom the important mission-related work could not be accomplished.

CDC has a workforce of approximately 8,900 full time equivalents (FTEs) and more than 6,000 contractors. This workforce covers more than 170 disciplines. Although CDC is headquartered in Atlanta, Georgia, more than 2,700 CDC employees work at other locations, including state and local health departments. CDC also has approximately 250 staff currently on assignment in more than 40 international settings.

Recently, CDC realigned a large number of mission-support positions, redirecting staff to mission-critical work. Specifically, in the last three years, over 950 FTEs were reduced in mission-support areas and over two-thirds of those positions were incorporated into mission-critical roles. Consequently, the proportion of mission-support staff at CDC has decreased over the past three years from 42 percent to 32 percent.

The majority of the workforce development activities within CDC are coordinated through the Office of Workforce and Career Development. A key element of the leadership development at CDC is the opportunity provided by various fellowship and student programs. Some of these fellowships include the Epidemic Intelligence Service (EIS), Public Health Informatics Fellowship, Public Health Prevention Service (PHPS), and Public Health Apprenticeship Program (PHAP). Approximately two thirds of those completing fellowships remain in public health at the national, state, or local level.

As we enter the 21st century, public health faces threats unlike those of any time period in history. CDC must continue to adapt to these new challenges, such as emerging diseases, natural disasters, and terrorism; as well as, urgent health threats including obesity, asthma, and injuries. It is the dedicated, professional, and highly-skilled workforce at CDC that enables the agency to fulfill this role.



Growing the Next Generation

Epidemic Intelligence Service (EIS):

The Epidemic Intelligence Service (EIS) is a two-year, post-graduate program of service and on-the-job training for health professionals interested in epidemiology. Since the first class began in 1951, approximately 2,700 EIS Officers (CDC's "Disease Detectives") have graduated. In addition to receiving on-the-job training by investigating disease outbreaks and disasters, EIS Officers receive formal instruction through courses such as epidemiology, biostatistics, scientific writing, and prevention effectiveness. The percentage of graduates accepting positions in public health after they complete EIS has increased from 41 percent in 1955 to an average of 70 percent in recent years.

Public Health Prevention Service (PHPS):

In 1997, CDC established the Public Health Prevention Service (PHPS). PHPS is a 3-year training and service program for Master's degree level public health professionals. Approximately 25 Prevention Specialists enter the program each year. The program focuses on public health program management and provides Prevention Specialists with experience in program planning, implementation, and evaluation through specialized hands-on training and mentorship at CDC and in state and local health agencies. PHPS specialists also receive formal instruction in areas such as program management, epidemiology and emergency response. As of September 2005, 148 Prevention Specialists had completed the program. About 40 percent remain in positions in the Federal Government.



For more information about CDC's budget, please visit the Financial Management Office at: <http://www.cdc.gov/fmo/> or please call us directly at 404-498-4000.

For more information on CDC or specific public health issues, please visit CDC's web site at <http://www.cdc.gov>. or please call the CDC hotline at 1-800-311-3435.