

**Addendum to the
Centers for Disease Control and
Prevention HIV Prevention Strategic
Plan Through 2005**

April 2007

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Centers for Disease Control and Prevention HIV Prevention Strategic Plan
Through 2005
Current as of 4/30/2007**

Introduction

This Addendum supplements the HIV Prevention Strategic Plan published by the Centers for Disease Control and Prevention (CDC) in January 2002. The revised domestic goals and accompanying objectives are based on specific recommendations and major considerations from the CDC and HRSA Advisory Committee on HIV and STD Prevention and Treatment (CHAC) in 2006. The Addendum, which will serve as the strategic guide for CDC in HIV prevention for the next 5 years, maintains the original overarching goal and four domestic goal structure (with modifications of the targets in overarching goal and goals 1-3.) A total of 12 new objectives are added, 13 existing objectives are modified, and 1 objective was deleted, for a total of 38 objectives compared with 27 in the original Plan. It also includes 24 performance indicators compared with 11 in 2002.

Background

The development of the 5-year strategic plan involved more than 100 experts from inside and outside the government: experts in behavioral sciences, medicine, and the other disciplines required to address the HIV epidemic, including community-based HIV prevention providers, state and local health departments, members of infected and affected communities. These experts examined a situation analysis of the current epidemic, as well as a response analysis of CDC's current activities. They then divided into workgroups to develop prioritized objectives and strategies to address each of the

goals. The goals included rank-ordered objectives and strategies. The process for developing the Plan covered a 2-year period that began in CDC in November 1998. The first meeting with the external participants was held in February 2000. External and internal participants were assigned into four workgroups, one for each of the three domestic goals and one for the international goal, and were charged with developing and prioritizing objectives and strategies to meet the goals. Between February and April 2000, the workgroups held five face-to-face meetings and had 16 telephone conference calls to develop and refine their goals and to develop objectives and strategies to achieve the goals. In April, CDC held meetings with each of the four workgroups to evaluate their draft work plans. Gaps, omissions, overlaps and ambiguities were identified and discussed.

The Plan has served as a valuable tool for CDC. CDC uses the Plan as a living document to link HIV prevention programs, activities, and budget allocations to specific goals and objectives. CDC also uses the Plan as a guide in identifying new and expanded programs and initiatives, establishing priorities, directing and targeting resources, and ensuring that objectives are appropriately prioritized. Each fiscal year, the Division of HIV/AIDS Prevention in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention holds a retreat for its senior staff to review and discuss the Plan's goals and objectives. The Division agrees on ten priority objectives that guide funding for new projects with a particular focus on populations and risk groups disproportionately affected by HIV/AIDS.

CHAC Strategic Plan Workgroup

At the May 2005 meeting of the CDC and HRSA Advisory Committee on HIV and STD Prevention and Treatment (CHAC), the Committee asked CDC to identify reasons the agency did not achieve the overarching goal (reduce new HIV infections in the United States by 50% by 2005) of the *CDC HIV Prevention Strategic Plan*. The Committee also expressed a strong interest in updating the Plan and unanimously passed a motion to form a CHAC Strategic Plan Workgroup to facilitate updating the Plan. The CHAC also unanimously passed a motion to extend the Plan through 2008. At the November 2006 CHAC meeting, the Committee recommended that CDC extend the Plan for another 5 years (to 2010.) (Attachment 1)

The CHAC focused its review on the four domestic goals of the Plan. Goal 5, "Assisting in reducing HIV transmission and improving HIV/AIDS care and support in partnership with resource-constrained countries" was not included since the President launched the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR has its own goals and measures and CDC is assisting in achieving PEPFAR goals.

The CHAC Strategic Plan Workgroup was comprised of 30 individuals from partner organizations as well as members of the CHAC (Attachment 2). The Workgroup was tasked with the following responsibilities:

- 1) Provide advice to CDC on ways to update the existing Plan to guide the agency and its federal partners in formulating new strategies, activities, and directions to reduce HIV infection in the United States.
- 2) Develop recommendations for HIV prevention programs, surveillance and research that can reduce HIV incidence based on current resources and the best available science.
- 3) Review the existing Plan to identify limitations or flaws in previous HIV prevention

activities, missed opportunities in establishing priorities, and actions to advance the Plan in the future.

- 4) Determine whether the overarching goal to reduce new HIV infections in the United States by 50% is feasible and realistic, based on available resources.

The Workgroup held two meetings: October 24-25, 2005 and May 4-5, 2006. Additional communications occurred through conference calls, emails, and intermittent mailings.

The Workgroup also received in-depth information about CDC's current activities related to the domestic goals and objectives of the Plan and performance data on the 11 performance indicators, as well as samples of relevant articles and reports on HIV prevention activities for review and consideration. (Attachment 3)

The CHAC issued a Draft report of the Workgroup activities and recommendations to CDC in July 2006. (Attachment 4)

CDC Response to CHAC Recommendations and Major Considerations of the Plan

The CHAC Strategic Plan Workgroup provided recommendations for revising the overarching and domestic goals and proposed 34 new objectives, as well as suggested several major considerations for updating the Plan.

Based on these recommendations and considerations, CDC chose to maintain the current overarching and four domestic goals structure but extended all goals to 2010 and made modifications in the targets to the overarching goal and goals 1-3. The Workgroup recommended deleting Goal 4, "By 2005, strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions and evaluate prevention programs." CDC, however, retained Goal 4 because the ability to measure the goals articulated in the Plan rely on the ongoing

capacity to perform surveillance and evaluation activities to assess current efforts such as increased testing. The other three goals were retained as well. The Workgroup also recommended adding a goal that addresses stigma and discrimination around HIV. CDC did not add this goal but rather addressed the issue of stigma and discrimination in the objectives.

Of the 34 new objectives recommended by the Workgroup, CDC accepted more than half (12 new objectives and 13 modified objectives). CDC did not accept the others as they were found to be duplicative in various goals or were not the mission of CDC. The Workgroup also cited lack of support for the Plan from various partner groups, and made an overarching recommendation that there be increased partnering with the medical community and the private sector.

In response to the recommendations of the Workgroup, CDC added new objectives and modified existing objectives as follows:

- Made more explicit the focus on men who have sex with men (MSM) and African-American communities.
- Added new objectives that
 - address advances in understanding about the importance of acute HIV infection, the role of incarceration in the HIV epidemic, and technical advances in HIV rapid testing.
 - underscore the priority to increase HIV screening in medical care settings.
 - reflect recent data about disparities in knowledge of one's HIV infection, especially among MSM.

The next four sections of the Addendum provide a list of the overarching and four domestic goals of the Plan and include the 12 new objectives and 13 modified objectives in priority order.

Goals and Objectives of the *CDC HIV Prevention Strategic Plan*

Overarching Goal: “Reduce the number of new HIV infections in the United States by 10% by 2010, focusing particularly on eliminating racial and ethnic disparities in new HIV infections.”

Goal 1: By 2010, decrease by at least 10% the number of persons in the United States at high risk for acquiring or transmitting HIV infection by delivering targeted, sustained and evidence-based HIV prevention interventions.	
	OBJECTIVES
1	Among people living with HIV, increase the proportion who consistently engage in behaviors that reduce risk of HIV transmission or acquisition.
2	Among men who have sex with men (MSM), increase the proportion who consistently engage in behaviors that reduce risk for HIV acquisition or transmission.
New 3	Among persons living with HIV and persons at risk for HIV transmission, increase the proportion who receive evidence-based interventions, including mental health, substance abuse, and other appropriate interventions for co-morbid conditions.
Modified 4	Increase the number of research projects focusing on biomedical HIV prevention interventions including vaccines, microbicides, and oral chemoprophylaxis.
New 5	Among persons with acute HIV infection, increase the proportion engaged in appropriate HIV behavioral interventions.
New 6	Increase the number of proven effective behavioral prevention interventions for MSM.
New 7	Increase the number of proven effective behavioral prevention interventions for African Americans.
New 8	Increase the proportion of persons living with HIV who effectively access partner notification services.
New 9	Increase the proportion of persons at risk for HIV infection who mutually disclose their HIV status before their first risk encounter.
10	Among at-risk sexually active women (including women who have sex with other women), and at-risk heterosexual men, increase the proportion who consistently engage in behaviors that reduce risk for HIV acquisition or transmission.
11	Among adolescents, increase the proportion who consistently engage in behaviors that reduce risk for HIV acquisition or transmission, particularly among out-of-school high-risk youth.
12	Among injecting drug users (IDUs), increase the proportion who abstain from drug use or, for those who do not abstain, use harm reduction strategies to reduce risk of HIV acquisition or transmission.
13	Increase the proportion of people at risk for HIV who are tested for STIs and treated appropriately.
Modified 14	Increase the proportion of HIV-infected pregnant women who are routinely tested and choose to take antiretroviral medication to interrupt perinatal transmission of HIV.
15	Reduce the number of workers who are occupationally exposed to and infected with HIV.
Modified 16	Continue to support the safety of blood, tissue and organ supplies in the United States.

Goal 2: By 2010, through voluntary testing, increase from the current estimated 71% to 80% the proportion of HIV-infected people in the United States who know they are infected	
OBJECTIVES	
1 New	Increase the percentage of all ethnic/racial minorities who know their HIV status with a focus on African Americans.
2 New	Increase the percentage of all MSM who know their HIV status.
3 Modified	Increase the number of providers who routinely provide screening in health care settings (e.g., STD clinics, substance abuse treatment programs, family planning clinics, emergency rooms, community health centers), as well as voluntary counseling and testing (VCT) in non-clinical venues (e.g., social venues, street outreach).
4 New	Increase the use of rapid testing technology that is user friendly and produces same day results.
5 New	Increase availability of HIV screening to incarcerated persons.
6 Modified	Improve access to voluntary, client-centered counseling and testing (VCT) high seroprevalence communities and populations at risk, focusing particularly in populations with high rates of undiagnosed infection.
7 New	Reduce structural and policy barriers to implementing routine HIV screening (e.g., barriers to rapid testing, counseling and consent requirements).
8 New	Increase the percentage of people who know their results after testing
9 Modified	Increase the motivation of at-risk individuals to know their infection status and decrease real and perceived barriers to HIV testing, such as stigma and discrimination.

Goal 3: By 2010, increase from the current estimated 50% to 65% the proportion of newly diagnosed HIV-infected people in the United States, who are linked to appropriate prevention, care and treatment services.		
OBJECTIVES		
1 Modified	Increase the proportion of persons diagnosed with HIV who are successfully linked to medical care no later than 3 months after learning their HIV status or re-identified as being HIV-infected but out of care, including African Americans and other racial and ethnic populations.	
2 Modified	Increase the proportion of persons who have been newly diagnosed with HIV who are successfully linked to culturally competent, science-based prevention services	
3 Modified	Integrate prevention services, including adherence to treatment and partner notification services for persons diagnosed with HIV and AIDS, into the delivery of patient care in both public and private sectors.	
4 Modified	Reduce the disparities, stigma and discrimination in access to prevention and care services that are experienced by communities of color, women, and MSM.	
5	Increase the proportion of HIV care providers offering routine, periodic STD screening and treatment to HIV-infected clients.	
6	Promote the optimal level of medical services for patients diagnosed with HIV to benefit individual health and reduce the likelihood of further transmission of HIV.	
7	Increase the proportion of correctional facility detainees (incarcerated for at least 30 days) identified as HIV-infected who are provided HIV prevention, treatment and care services and who, upon release, are successfully linked to those services in the communities to which they return.	
8	Increase the proportion of HIV care providers offering routine, periodic TB screening and treatment to HIV-infected clients.	
9 Modified	Increase the proportion of persons newly diagnosed with HIV, including pregnant women, needing substance abuse treatment services that are successfully linked to those services.	
10 Modified	Increase the proportion of persons newly diagnosed with HIV needing social and mental health services that are successfully linked to those services.	

Goal 4: By 2010, strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions and evaluate prevention programs.		
OBJECTIVES		
1 Modified	Improve the capacity to measure incidence of new infections; track the prevalence of disease and its complications; monitor transmission of drug resistant viruses; monitor behaviors, including those that increase the risk of HIV infection (for those who are HIV-uninfected) and those that increase the risk of disease progression (for those who are living with HIV); and provide locally relevant data for community planning.	
2	Increase the number of evidence-based interventions and the proportion of prevention providers funded by CDC who successfully provide demonstrably effective HIV prevention interventions.	
3	Support realistic and feasible evaluation efforts to ensure the delivery of interventions at the highest possible quality.	

HIV Prevention Strategic Plan Performance Indicators

In February 2002, CDC defined 11 measurable performance indicators (noted in Attachment 3) to monitor the progress toward implementing the overarching and four domestic goals and objectives of the Plan. The indicators were selected based on the appropriateness of the measure for the specific goal or objective of the Plan, practicality of the measure, and the current and future availability of HIV data. These are the same indicators CDC uses for other required reporting including Government Performance and Results Act (GPRA), Office of Management and Budget Program Assessment Rating Tool (PART), and the *Healthy People 2010: Objectives for the Nation*.

To appropriately address the focus on African Americans and MSM in the objectives, CDC reviewed the 11 performance indicators to determine if some indicators needed to be modified or retained or if new ones needed to be added. Currently, there are 24 performance indicators. Of this number, 14 are new indicators, 3 are modified, and 2 were unchanged. Since 2002, CDC has developed new data collection systems and also included process indicators to measure the impact of prevention interventions. The outputs of these new systems are reflected in the new performance indicators.

Overarching Goal (Indicators 1-8)

1. Reduce the rate of HIV transmission by HIV-infected persons. (new)

Annual Measure	FY	Target	Reporting Date
Decrease the rate of HIV transmission by HIV-infected persons. <i>[Long-term and annual measure – measured by transmission rate]</i>	2015	XX%	11/2017
	2009	XX%	11/2010
	2008	XX%	11/2009
	2007	XX%	11/2008
	2005	<i>[Trend Data]</i> ¹	XX%
	2004	<i>[Trend Data]</i> ¹	XX%
	2003	Baseline ¹	XX%

¹FY 2003 – 2005 baseline and trend data will be available in July 2007.

2. Decrease the number of pediatric AIDS cases. (modified)

Measure	FY	Target	Result/Reporting Date
Decrease the number of pediatric AIDS cases, from the 1998 base of 241 cases.	2009	<75 cases	11/2010
	2008	<75 cases	11/2009
	2007	<100 cases	11/2008
	2006	<100 cases	11/2007
	2005	<i>[Trend Data]</i>	58
	2004	<i>[Trend Data]</i>	47
	2003	<i>[Trend Data]</i>	67
	2002	<i>[Trend Data]</i>	104
	2001	Baseline	118

3. Decrease the annual HIV incidence. (new)

Measure	FY	Target	Reporting Date
Decrease the annual HIV incidence.	2009	X.X/100,000	2011
	2008	X.X/100,000	2010
	2007	X.X/100,000	2009
	2006	X.X/100,000	2008
	2005	X.X/100,000	2007
	2004	X.X/100,000	2007
	2003	Baseline ¹	2007

¹FY 2003 baseline data will be available in late 2007 and will inform target setting.

4. Reduce the black:white ratio of HIV/AIDS diagnoses. (new)

Annual Measure	FY	Target	Result/Reporting Date
Reduce the black:white rate ratio of HIV/AIDS diagnoses.	2009	8.2:1	11/2010
	2008	8.4:1	11/2009
	2007	8.4:1	11/2008
	2006	8.7:1	11/2007
	2005	[Trend Data]	8.71:1
	2004	[Trend Data]	9.09:1
	2003	[Trend Data]	9.90:1
	2002	[Trend Data]	10.33:1
	2001	Baseline	10.94:1

- Data are from 33 areas with stable HIV reporting

5. Reduce the Hispanic:white ratio of HIV/AIDS diagnoses. (new)

Measure	FY	Target	Result/Reporting Date
Reduce the Hispanic:white rate ratio of HIV/AIDS diagnoses.	2009	3.3:1	11/2010
	2008	3.4:1	11/2009
	2007	3.4:1	11/2008
	2006	3.5:1	11/2007
	2005	[Trend Data]	3.5:1
	2004	[Trend Data]	3.6:1
	2003	[Trend Data]	4.1:1
	2002	[Trend Data]	4.1:1
	2001	Baseline	4.6:1

- Data are from 33 areas with stable HIV reporting

6. Reduce the incidence of gonorrhea in women aged 15 to 44 (modified)

Measure	FY	Target	Result/Reporting Date
Reduce the incidence of gonorrhea in women aged 15 to 44.	2010	< 274/100,000	10/2011
	2009	274/100,000	10/2010
	2008	276/100,000	10/2009
	2007	278/100,000	10/2008
	2006	278/100,000	10/2007
	2005	[Trend data]	276/100,000
	2004	[Trend data]	267/100,000
	2003	[Trend data]	268/100,000
	2002	Baseline	279/100,000

7. Reduce the incidence of primary and secondary (P&S) syphilis in men per 100,000 population. (modified)

Measure	FY	Target	Result/Reporting Date
Reduce the incidence of P&S syphilis in men per 100,000 population.	2010	<5.4/100,000	10/2011
	2009	5.4/100,000	10/2010
	2008	5.5/100,000	10/2009
	2007	4.5/100,000	10/2008
	2005	<i>[Trend data]</i>	5.1/100,000
	2004	<i>[Trend data]</i>	4.7/100,000
	2003	<i>[Trend data]</i>	4.2/100,000
	2002	Baseline	3.8/100,000

8. Reduce the incidence of primary and secondary syphilis in women per 100,000 population. (modified)

Measure	FY	Target	Result/Reporting Date
Reduce the incidence of P&S syphilis in women per 100,000 population.	2010	<0.9/100,000	10/2011
	2009	0.9/100,000	10/2010
	2008	0.9/100,000	10/2009
	2007	0.8/100,000	10/2008
	2006	0.58/100,000	10/2007
	2005	<i>Trend data</i>	0.9/100,000
	2004	<i>Trend data</i>	0.8/100,000
	2003	<i>Trend data</i>	0.8/100,000
	2002	Baseline	1.1/100,000

Goal 1 (Indicators 9-12)

- 9. Increase the percentage of students in 9th through 12th grade who reported safer sexual behaviors defined as: a) never having engaged in sexual intercourse, b) not sexually active in the past 3 months, or, c) if sexually active in the past 3 months, used condoms. (unchanged)**

Measure	FY	Target	Result/Reporting Date
Increase the percentage of students in 9 th through 12 th grade who reported safer sexual behaviors defined as: a) never having engaged in sexual intercourse, b) not sexually active in the past 3 months, or, c) if sexually active in the past 3 months, used condoms. (unchanged)	Year 2009* target	90%	
	Year 2005 target:	88%	
	Year 2003 (performance):		87.5% of 9 th -12 th graders had never had sexual intercourse (12.3% had sex, but not in the past month, and 21.3% had sex in the past 3 months, but used a condom)
	Year 2001 (performance):		36.5% of 9 th -12 th graders had never had sexual intercourse (12.2% had sex, but not in past month and 19.3% had sex in the past 3 months, but used a condom)
	1999 (baseline)	Baseline	35.0% of 9 th -12 th graders had never had sexual intercourse

*Youth Risk Behavioral Surveillance System is conducted in odd numbered years so there are no data for 2010 and 2002, and the target is set for 2009 rather than 2010.

- 10. Decrease risky sexual and drug using behaviors among persons at risk for transmitting HIV. (modified)**

Measure	FY	Target	Reporting Date
Decrease risky sexual and drug using behaviors among persons at risk for transmitting HIV.	2009	XX	11/2010
	2008	XX	11/2009
	2007	Baseline	11/2008

11. Decrease risky sexual and drug using behaviors among persons at risk for acquiring HIV. (new)

Measure	FY	Target	Result/Reporting Date
Decrease risky sexual and drug using behaviors among persons at risk for acquiring HIV.	2013	A) MSM – 45%	A) 11/2014
	2014	B) IDU - XX	B) 11/2016
	2015	C) HRH - XX	C) 11/2017
	2010	MSM – 45%	12/2011
	2009	XX	11/2011
	2008	XX	11/2010
	2007	MSM - 47%	12/2008
	2006	Baseline	HRH – 12/2008
	2005	Baseline	IDU – 12/2007
	2004	Baseline	MSM - 47%

12. Increase the proportion of persons at risk for HIV who received HIV prevention interventions. (new)

Measure	FY	Target	Result/Reporting Date
Increase the proportion of persons at risk for HIV who received HIV prevention interventions.	2010	MSM - 22%	11/2012
	2009	HRH - XX	11/2011
	2008	IDU - XX	11/2010
	2007	MSM - 20%	11/2009
	2006	Baseline	HRH- 12/2008
	2005	Baseline	IDU- 12/2007
	2004	Baseline	MSM- 18.9%

Goal 2 (Indicators 13-17)

13. Increase the proportion of HIV-infected people in the United States who know they are infected. (new)

Measure	FY	Target	Result/Reporting Date
Increase the proportion of HIV-infected people in the United States who know they are infected.	2015	80.0%	11/2016
	2005	74.5%	8/2007
	2003	Baseline	74.5%

14. Increase the proportion of persons with HIV-positive test results from publicly funded counseling and testing sites who receive their test results. (modified)

Measure	FY	Target	Result/Reporting Date
Increase the proportion of persons with HIV-positive test results from publicly funded counseling and testing sites who receive their test results.	2009	90%	11/2010
	2008	88%	10/2010
	2007	87%	10/2009
	2006	86%	10/2008
	2005	85%	10/2007
	2004	[Trend data]	84%
	2003	[Trend data]	81%
	2002	[Trend data]	81%
	2001	Baseline	81%

15. Increase the proportion of people with HIV diagnosed before progression to AIDS. (unchanged)

Measure	FY	Target	Result/Reporting Date
Increase the proportion of people with HIV diagnosed before progression to AIDS.	2009	80%	11/2010
	2008	79%	11/2009
	2007	79%	11/2008
	2006	78%	11/2007
	2005	[Trend data]	76.5%
	2004	[Trend data]	77.8%
	2003	[Trend data]	78.0%
	2002	[Trend data]	78.1%
	2001	Baseline	78.1% Data are from 33 states with stable HIV reporting

16. Increase the percentage of HIV-infected persons in publicly funded counseling and testing sites who were referred to PCRS. (new)

Measure	FY	Target	Reporting Date
Increase the percentage of HIV-infected persons in publicly funded counseling and testing sites who were referred to PCRS.	2015	XX%	11/2016
	2008	Baseline	XX%

17. Increase the percentage of HIV-infected persons in publicly funded counseling and testing sites who were referred to HIV prevention services. (new)

Measure	FY	Target	Reporting Date
Increase the percentage of HIV-infected persons in publicly funded counseling and testing sites who were referred to HIV prevention services	2010	XX%	11/2011
	2009	XX%	11/2010
	2008	Baseline	11/2009

Goal 3 - (Indicators 18-20)

18. Increase the percentage of HIV-infected persons in publicly funded counseling and testing sites who were referred to medical care and attended their first appointment. (new)

Measure	FY	Target	Reporting Date
Increase the percentage of HIV-infected persons in publicly funded counseling and testing sites who were referred to medical care and attended their first appointment.	2010	XX%	11/2011
	2009	XX%	11/2010
	2008	Baseline	11/2009

19. Increase the percentage of HIV-infected persons in medical care who initiated medical care within three months of diagnosis. (modified)

Measure	FY	Target	Result
Increase the percentage of HIV-infected persons in medical care who initiated medical care within three months of diagnosis	2009	XX%	11/2010
	2008	XX%	11/2009
	2007	Baseline	11/2008

**20. Increase average CD4 count at diagnosis of HIV infection. (new)
(Data are pending)**

Goal 4- (Indicators 21-24)

21. Increase the number of states with mature, name-based HIV surveillance systems. (modified)

Measure	FY	Target	Result/Reporting Date
Increase the number of states with mature, name-based HIV surveillance systems.	2009	37	11/2010
	2008	35	11/2009
	2007	34	11/2008
	2006	33	11/2007
	2005	[Trend data]	33
	2004	[Trend data]	33
	2003	[Trend data]	32
	2002	[Trend data]	29
	2001	Baseline	29

22. Increase the percentage of HIV prevention program grantees using PEMS to monitor program implementation. (new)

Measure	FY	Target	Result/Reporting Date
Increase the percentage of HIV prevention program grantees using PEMS to monitor program implementation.	2010	80%	11/2011
	2009	65%	11/2010
	2008	45%	11/2009
	2007	20%	11/2006
	2006	Baseline	0

23. Increase the number of evidence-based prevention interventions that are packaged and available for use in the field by prevention program grantees. (new)

Measure	FY	Target	Result/Reporting Date
Increase the number of evidence-based prevention interventions that are packaged and available for use in the field by prevention program grantees.	2009	21	11/2010
	2008	18	11/2009
	2007	15	11/2008
	2006	[Trend Data]	14
	2005	[Trend Data]	14
	2004	[Trend Data]	11
	2003	[Trend Data]	10
	2002	[Trend Data]	7
	2001	Baseline	5

24. Increase the number of agencies trained each year to implement Diffusion of Effective Behavioral Interventions (DEBIs). (new)

Measure	FY	Target	Result/Reporting Date
Increase the number of Agencies trained each year to implement DEBIs.	2009	1,100	2/2010
	2008	1,100	2/2009
	2007	1,100	2/2008
	2006	[Trend Data]	987
	2005	[Trend Data]	1,114
	2004	[Trend Data]	1,068
	2003	[Trend Data]	417
	2002	[Trend Data]	53
	2001	Baseline	0

Attachments

Attachment 1 – November 2006 CHAC Meeting Minutes

Attachment 2 – List of CHAC Strategic Plan Workgroup Members

Attachment 3 - CDC Summary Report of Activities Addressing Plan (submitted to CHAC)

Attachment 4 – Draft Report from CHAC Strategic Plan Workgroup

