

ATTACHMENT 3

DESIGN DOCUMENT

REACH US Management Information System Design Document

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The Centers for Disease Control and Prevention began working with Northrop Grumman to customize an internet-based application to facilitate their efforts with Racial and Ethnic Approaches to Community Health across the U.S. (REACH US) grantees (the users). This design document guides the development of the customized REACH Management Information System (REACH MIS).

This design document begins by articulating the goals of the web-based application, discussing the anticipated user experience, and outlining the site contents.

1. Goals

- The purpose of the REACH MIS is to provide an Internet-based data warehousing application that will enable REACH US grantees to document and organize their activities related to their organization and community efforts.

The primary goals of REACH MIS include the following:

- Provide data entry, storage, management, retrieval, and reporting and interactive graphing functions of qualitative and quantitative data.
- Document and systematize activities related to organizational and community efforts.
- Capture qualitative and quantitative information and data about a coalition's actions and interventions, targeted indicators of change, and indicator data tracking.
- Track indicator data related to change among influential individuals or groups.
- Monitor public health indicator outcomes related to each coalition's identified health priority area.
- Facilitate internal and cross-coalition learning, including information sharing.
- Produce reports about grantee activities following CDC prescribed formats.
- Allow grantee to produce reports following custom formats for their own purposes.

2. User Experience

2.1 Audience and Users

Three primary audience segments will use and benefit from the REACH MIS.

CDC Project Officer and Program Consultants. The interests of this audience segment include monitoring the grant-related activities of the users; evaluating the extent of system use; evaluating the efficacy of providing a web-based data warehousing tool for effective capacity building, targeted actions, and community and systems changes and change among change agents; widespread change in risk/protective behavior; and analyzing aggregate data to assess and monitor grantee activity effectiveness for reducing health disparities.

Grantee Coalitions. This broad audience segment contains several likely types of end users, including project directors, evaluators, principal investigators, project staff, and

interested members of the grantee communities. Each of the first three types of users in this segment can be further differentiated as those who are likely to frequently use the system for data entry, activity monitoring, and/or reporting versus those who are most likely interested in occasional browsing through the system.

Others. There are potentially other audience segments, including other federal and State grant making administrators and officials who may look to CDC for insight regarding the use of web-based tools for grantee monitoring, reporting, training, and technical assistance. There may be other community members who are interested in CDC activities or whose interest stems from concern regarding health disparities. Users from these segments typically will require an experience similar to interested community members. That is, read-only access to the system will be necessary for certain public areas and editing access will not be available usually.

2.2 Functional Requirements

The site provides the following functional requirements:

- Allow users to enter and retrieve narrative (i.e., qualitative) data related to activity processes.
- Allow users to enter and retrieve statistical (i.e., quantitative) data related to activity process.
- Allow users to interrelate qualitative and quantitative data related to a single activity.
- Allow users to relate qualitative and quantitative data across multiple activities.
- Display data in textual, tabular, and graphic formats.
- Incorporate quality control checks and validation processes at the time of data entry.
- Incorporate quality control checks and validation processes for contractor and client review and follow-up.
- Various levels of security allowing users control of which users to provide read-only, read and write, or no access (public or private).
- File upload and storage capability for word processing, graphic, and spreadsheet files, but excluding executable program files, to a file library shared within grantee organization.
- Ability to attach previously uploaded files from the grantee library to various places within the system.

3. Site Content

3.1 General Information: Contact Information

2006-2007 General Information

* required field

Edit Contact Information

Updated: 09/07/2006

Organization Name:

* Project Name:

Grantee Number:

Announcement Number:

DUNS Number:

* Telephone:

 ext.

FAX:

 ext.

Website:

Mailing Address

* Address Line 1:

Address Line 2:

* City, State Zip:

 Select -

Shipping Address

* Address Line 1:

Address Line 2:

* City, State Zip:

 Select -

Save

Cancel

3.2 General Information: Project Information

2006-2007 General Information

* required field

Add Project Information

Updated: 09/07/2006

* Intervention Level:	<input type="text" value="Select"/>						
* Program Consultant:	<input type="text" value="Select"/>						
* Project Abstract:	(2500 characters/approximately 500 words) <input type="text"/>						
* Theory Used:	<table><tr><td><input type="checkbox"/> Community Based Participatory Approaches</td><td><input type="checkbox"/> Socio-ecological Model</td></tr><tr><td><input type="checkbox"/> Health Belief Model</td><td><input type="checkbox"/> Trans-theoretical Model</td></tr><tr><td><input type="checkbox"/> Social-cognitive Theory</td><td><input type="checkbox"/> Other (specify): <input type="text"/></td></tr></table>	<input type="checkbox"/> Community Based Participatory Approaches	<input type="checkbox"/> Socio-ecological Model	<input type="checkbox"/> Health Belief Model	<input type="checkbox"/> Trans-theoretical Model	<input type="checkbox"/> Social-cognitive Theory	<input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> Community Based Participatory Approaches	<input type="checkbox"/> Socio-ecological Model						
<input type="checkbox"/> Health Belief Model	<input type="checkbox"/> Trans-theoretical Model						
<input type="checkbox"/> Social-cognitive Theory	<input type="checkbox"/> Other (specify): <input type="text"/>						
* Level of Change:	<input type="text" value="Select"/>						

3.3 General Information: Project Information Attachments

Funded Programs	User Management	General Information	Resources	Community Action Plan
Contact Information Project Information Priorities, Communities & Burden Legacy Projects				

2006-2007 Resources

* required field

Add Project Information Attachments

Updated: 09/07/2006

Attachments:	<input type="text"/> <input type="button" value="Browse"/>
Attachment Type:	<input type="text" value="Select"/>
	Other (specify): <input type="text"/>
Date Revised:	<input type="text"/> / <input type="text"/> (MM/YYYY)

3.4 General Information: Priorities, Communities and Burden

2006-2007 General Information

*required field

Add Priorities, Communities & Burden

Updated: 09/07/2006

* Health Priority Areas:

- ☐ Adult/elderly immunization and other infectious diseases (including hepatitis B and tuberculosis)
- ☐ Asthma
- ☐ Breast and cervical cancer
- ☐ Cardiovascular disease
- ☐ Diabetes mellitus
- ☐ Infant mortality
- ☐ Mental health
- ☐ Other (specify):

* Race/Ethnicity Focus:

(select up to four combinations)

Race: Ethnicity:

	Race	Ethnicity	
1.	(Selected Race)	(Selected Ethnicity)	Delete
2.	(Selected Race)	(Selected Ethnicity)	Delete

Population Focus Justification:
(If more than one race/ethnicity
focus is selected)

(100 characters/approximately 20 words)

* Socio-Economic Status:

- Income:
- ☐ Less than \$15,000 ☐ \$35,000-49,999
- ☐ \$15,000-24,999 ☐ \$50,000+
- ☐ \$25,000-34,999
- Employment:
- ☐ Employed ☐ Homemaker
- ☐ Self Employed ☐ Student
- ☐ No work > 1 year ☐ Retired
- ☐ No work < 1 year ☐ Unable to work
- Education:
- ☐ Less than High School ☐ Some post High School
- ☐ High School or GED ☐ College +

* Geographic Location:

- ☐ Region 1 - Boston ☐ Region 6 - Dallas
- ☐ Region 2 - New York ☐ Region 7 - Kansas City
- ☐ Region 3 - Philadelphia ☐ Region 8 - Denver
- ☐ Region 4 - Atlanta ☐ Region 9 - San Francisco
- ☐ Region 5 - Chicago ☐ Region 10 - Seattle

* Location of Community:

* Size of Community:

General Information: Priorities, Communities and Burden (Continued)

* Size of Community:

Age Range of Target Population:

* Evidence of Disease Burden
within Population(s) of Focus:

(2500 characters/approximately 500 words)

* Strategy for Improving Disparity:
(describe each strategy selected)

☐ Social (explain)
(2500 characters/approximately 500 words)

☐ Economic (explain)
(2500 characters/approximately 500 words)

☐ Cultural (explain)
(2500 characters/approximately 500 words)

☐ Health (explain)
(2500 characters/approximately 500 words)

☐ Physical (explain)
(2500 characters/approximately 500 words)

☐ Political (explain)
(2500 characters/approximately 500 words)

3.5 General Information: Legacy Projects

Funded Programs	User Management	General Information	Resources	Community Action Plan
Contact Information	Project Information	Priorities, Communities & Burden	Legacy Projects	

2006-2007 General Information

* required field

Add Legacy Project Information

Updated: 09/07/2006

* Organization Name:

* Funding Amount:

* Contributions to CEED:

(2500 characters/approximately 500 words)

Save

Cancel

3.6 Resources: Staff

2006-2007 Resources

*required field

Add Staff Information

Updated: 09/07/2006

* First Name:	<input type="text"/>																				
Middle Name:	<input type="text"/>																				
* Last Name:	<input type="text"/>																				
* Credentials:	<table><tr><td><input type="checkbox"/> Associate Degree (AA or AS)</td><td><input type="checkbox"/> Medical Doctor (MD)</td></tr><tr><td><input type="checkbox"/> Baccalaureate (BA, BS)</td><td><input type="checkbox"/> Pharmacist (RPh)</td></tr><tr><td><input type="checkbox"/> Certified Diabetes Educator (CDE)</td><td><input type="checkbox"/> Registered Dietitian (RD)</td></tr><tr><td><input type="checkbox"/> Certified Health Education Specialist (CHES)</td><td><input type="checkbox"/> Registered Nurse (RN)</td></tr><tr><td><input type="checkbox"/> Doctorate (DrPh, PhD)</td><td><input type="checkbox"/> Social Worker (BSW, MSW)</td></tr><tr><td><input type="checkbox"/> High School Diploma/GED</td><td><input type="checkbox"/> Other (specify): <input type="text"/></td></tr><tr><td><input type="checkbox"/> Masters (MPH, MS, MA)</td><td></td></tr></table>	<input type="checkbox"/> Associate Degree (AA or AS)	<input type="checkbox"/> Medical Doctor (MD)	<input type="checkbox"/> Baccalaureate (BA, BS)	<input type="checkbox"/> Pharmacist (RPh)	<input type="checkbox"/> Certified Diabetes Educator (CDE)	<input type="checkbox"/> Registered Dietitian (RD)	<input type="checkbox"/> Certified Health Education Specialist (CHES)	<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/> Doctorate (DrPh, PhD)	<input type="checkbox"/> Social Worker (BSW, MSW)	<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Masters (MPH, MS, MA)							
<input type="checkbox"/> Associate Degree (AA or AS)	<input type="checkbox"/> Medical Doctor (MD)																				
<input type="checkbox"/> Baccalaureate (BA, BS)	<input type="checkbox"/> Pharmacist (RPh)																				
<input type="checkbox"/> Certified Diabetes Educator (CDE)	<input type="checkbox"/> Registered Dietitian (RD)																				
<input type="checkbox"/> Certified Health Education Specialist (CHES)	<input type="checkbox"/> Registered Nurse (RN)																				
<input type="checkbox"/> Doctorate (DrPh, PhD)	<input type="checkbox"/> Social Worker (BSW, MSW)																				
<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Other (specify): <input type="text"/>																				
<input type="checkbox"/> Masters (MPH, MS, MA)																					
* Address same as project mailing address:	<input type="radio"/> Yes <input type="radio"/> No																				
* Address Line 1:	<input type="text"/>																				
Address Line 2:	<input type="text"/>																				
* City, State Zip:	<input type="text"/> <input type="text" value="Select"/> <input type="text"/> - <input type="text"/>																				
* Telephone:	<input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/>																				
FAX:	<input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/>																				
E-mail:	<input type="text"/>																				
* Status:	<input type="radio"/> Active <input type="radio"/> Inactive																				
* Primary Role:	<input type="text" value="Select"/>																				
* FTE Level:	<input type="radio"/> Full time <input type="radio"/> Part Time																				
Percent of FTE Allocated to Project:	<input type="text"/> %																				
* Employment Type:	<input type="text" value="Select"/>																				
What sources fund this staff member's salary:	<table><tr><td><input type="checkbox"/> CDC Asthma dollars</td><td><input type="checkbox"/> CDC WISEWOMAN dollars</td></tr><tr><td><input type="checkbox"/> CDC Cancer dollars</td><td><input type="checkbox"/> HRSA health disparity dollars</td></tr><tr><td><input type="checkbox"/> CDC Cardiovascular Health dollars</td><td><input type="checkbox"/> In Kind</td></tr><tr><td><input type="checkbox"/> CDC Diabetes dollars</td><td><input type="checkbox"/> Local dollars</td></tr><tr><td><input type="checkbox"/> CDC HIV/AIDS, Viral Hepatitis, STD and Tuberculosis dollars</td><td><input type="checkbox"/> NIH health disparity dollars</td></tr><tr><td><input type="checkbox"/> CDC Immunization dollars</td><td><input type="checkbox"/> Non-profit/philanthropy dollars</td></tr><tr><td><input type="checkbox"/> CDC Mental health dollars?</td><td><input type="checkbox"/> State dollars</td></tr><tr><td><input type="checkbox"/> CDC Prevention Research Center dollars</td><td><input type="checkbox"/> Other CDC dollars</td></tr><tr><td><input type="checkbox"/> CDC REACH dollars</td><td><input type="checkbox"/> Other federal dollars</td></tr><tr><td><input type="checkbox"/> CDC Steps to a Healthier US dollars</td><td><input type="checkbox"/> Other (specify): <input type="text"/></td></tr></table>	<input type="checkbox"/> CDC Asthma dollars	<input type="checkbox"/> CDC WISEWOMAN dollars	<input type="checkbox"/> CDC Cancer dollars	<input type="checkbox"/> HRSA health disparity dollars	<input type="checkbox"/> CDC Cardiovascular Health dollars	<input type="checkbox"/> In Kind	<input type="checkbox"/> CDC Diabetes dollars	<input type="checkbox"/> Local dollars	<input type="checkbox"/> CDC HIV/AIDS, Viral Hepatitis, STD and Tuberculosis dollars	<input type="checkbox"/> NIH health disparity dollars	<input type="checkbox"/> CDC Immunization dollars	<input type="checkbox"/> Non-profit/philanthropy dollars	<input type="checkbox"/> CDC Mental health dollars?	<input type="checkbox"/> State dollars	<input type="checkbox"/> CDC Prevention Research Center dollars	<input type="checkbox"/> Other CDC dollars	<input type="checkbox"/> CDC REACH dollars	<input type="checkbox"/> Other federal dollars	<input type="checkbox"/> CDC Steps to a Healthier US dollars	<input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> CDC Asthma dollars	<input type="checkbox"/> CDC WISEWOMAN dollars																				
<input type="checkbox"/> CDC Cancer dollars	<input type="checkbox"/> HRSA health disparity dollars																				
<input type="checkbox"/> CDC Cardiovascular Health dollars	<input type="checkbox"/> In Kind																				
<input type="checkbox"/> CDC Diabetes dollars	<input type="checkbox"/> Local dollars																				
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<input type="checkbox"/> CDC Mental health dollars?	<input type="checkbox"/> State dollars																				
<input type="checkbox"/> CDC Prevention Research Center dollars	<input type="checkbox"/> Other CDC dollars																				
<input type="checkbox"/> CDC REACH dollars	<input type="checkbox"/> Other federal dollars																				
<input type="checkbox"/> CDC Steps to a Healthier US dollars	<input type="checkbox"/> Other (specify): <input type="text"/>																				

Community Action Plan Involvement

Activity Title	Status	Timeline
No information entered		

3.7 Resources: Staff Attachments

Funded Programs	User Management	General Information	Resources	Community Action Plan
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models				
2006-2007 Resources				
Add Staff Attachments - Michael John				* required field Updated: 09/07/2006
* Attachments:	<input type="text"/> <input type="button" value="Browse"/>			
* Attachment Type:	<input type="text" value="Select"/>			
	Other (specify): <input type="text"/>			
Date Revised:	<input type="text"/> / <input type="text"/> (MM/YYYY)			
<input type="button" value="Save"/> <input type="button" value="Cancel"/>				

3.8 Resources: Partners and Contractors

Funded Programs	User Management	General Information	Resources	Community Action Plan
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models				
2006-2007 Resources				
Add Partners & Contractors				* required field Updated: 09/07/2006
Organization Name:	<input type="text"/>			
	<input type="checkbox"/> Individual			
* Primary Contact First Name:	<input type="text"/>			
* Primary Contact Last Name:	<input type="text"/>			
Additional Contact:	<input type="text"/>			
Address Line 1:	<input type="text"/>			
Address Line 2:	<input type="text"/>			
City, State Zip:	<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	- <input type="text"/>
Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/> ext. <input type="text"/>	
E-mail:	<input type="text"/>			
Is this a partner or contractor:	<input type="radio"/> Partner <input type="radio"/> Contractor			
* Status:	<input type="radio"/> Active <input type="radio"/> Inactive			
* Coalition Member:	<input type="radio"/> Yes <input type="radio"/> No			
If Partner, answer the following questions:				
* Funded:	<input type="radio"/> Yes <input type="radio"/> No			
* Partner Level:	<input type="text" value="Select"/>			

Resources: Partners and Contractors (Continued)

* Partner Type:
(select up to three)

- ☐ Minority Serving Organization
- ☐ Native American tribe
- ☐ Tribal organization
- ☐ Person affected by health priority
- ☐ College and/or university
- ☐ Private and/or public school (K-12)
- ☐ Advocacy group
- ☐ Civic or social organization
- ☐ Community based organization
- ☐ Community representative
- ☐ Nonprofit organization
- ☐ Volunteer organization
- ☐ Senior/adult serving organization
- ☐ Youth serving organization
- ☐ Elected official
- ☐ Government agency
- ☐ Business, corporation or industry
- ☐ Marketing organization
- ☐ Media or public relations
- ☐ Small business or merchant
- ☐ Peer review organization
- ☐ Prevention research center
- ☐ Professional association or organization
- ☐ Research organization

- ☐ Environmental organization
- ☐ Faith-based organization
- ☐ Foundation
- ☐ Drug and/or alcohol organization
- ☐ Tobacco control organization
- ☐ Military
- ☐ Law Enforcement
- ☐ Community health center
- ☐ Counselor or social worker
- ☐ Dental organization
- ☐ Health care organization
- ☐ Health department
- ☐ Hospital or health system
- ☐ Indian Health Service
- ☐ Insurer
- ☐ Managed care organization
- ☐ Medical society or association
- ☐ Pharmaceutical company
- ☐ Primary care provider
- ☐ Public health official
- ☐ Quality improvement organization
- ☐ Specialty physician group

☐ Other (specify):

Resources: Partners and Contractors (Continued)

* Contributions:

- ☐ Access to partner's network
- ☐ Conference sponsor
- ☐ Consultation
- ☐ Data Analysis
- ☐ Epidemiology
- ☐ Evaluation
- ☐ Hard Dollars

- ☐ Media
- ☐ Personnel
- ☐ Supplies & equipment
- ☐ Training or education
- ☐ Travel assistance
- ☐ Visibility (credibility)
- ☐ Other (specify):

Comments:

(2500 characters/approximately 500 words)

Community Action Plan Involvement

Activity Title	Status	Timeline
No information entered		

3.9 Resources: Partners and Contractors Attachments

Funded Programs	User Management	General Information	Resources	Community Action Plan
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models				

2006-2007 Resources

* required field

Add Partners & Contractors Attachments - Test

Updated: 09/07/2006

* Attachments:

* Attachment Type:

Other (specify):

* Date Revised:

/ (MM/YYYY)

3.10 Resources: Coalitions

Funded Programs	User Management	General Information	Resources	Community Action Plan						
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models										
2006-2007 Resources										
Add Coalition Information				* required field Updated: 09/07/2006						
* Coalition Name: <input type="text"/>										
* Meeting Frequency: <input type="text" value="Select"/>										
* Total Number of Members: <input type="text"/>										
* Ethnic Composition: <input type="text"/> Hispanic <input type="text"/> Non-Hispanic (enter number)										
* Racial Composition: <input type="text"/> Black or African American <input type="text"/> American Indian or Alaskan Native (enter number) <input type="text"/> Asian <input type="text"/> Native Hawaiiin or other Pacific Highlander <input type="text"/> White										
* Coalition Members: <div><input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2 <input type="checkbox"/> Partner 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Partner 5</div>										
or Add Partner										
Coalition Member Type: (select up to three)										
<div><input type="checkbox"/> Minority Serving Organization <input type="checkbox"/> Native American tribe <input type="checkbox"/> Tribal organization <input type="checkbox"/> Person affected by health priority <input type="checkbox"/> College and/or university <input type="checkbox"/> Private and/or public school (K-12) <input type="checkbox"/> Advocacy group <input type="checkbox"/> Civic or social organization <input type="checkbox"/> Community based organization <input type="checkbox"/> Community representative <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Volunteer organization <input type="checkbox"/> Senior/adult serving organization <input type="checkbox"/> Youth serving organization <input type="checkbox"/> Elected official <input type="checkbox"/> Government agency <input type="checkbox"/> Business, corporation or industry <input type="checkbox"/> Marketing organization <input type="checkbox"/> Media or public relations <input type="checkbox"/> Small business or merchant <input type="checkbox"/> Peer review organization <input type="checkbox"/> Prevention research center <input type="checkbox"/> Professional association or organization <input type="checkbox"/> Research organization</div> <div><input type="checkbox"/> Environmental organization <input type="checkbox"/> Faith-based organization <input type="checkbox"/> Foundation <input type="checkbox"/> Drug and/or alcohol organization <input type="checkbox"/> Tobacco control organization <input type="checkbox"/> Military <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Community health center <input type="checkbox"/> Counselor or social worker <input type="checkbox"/> Dental organization <input type="checkbox"/> Health care organization <input type="checkbox"/> Health department <input type="checkbox"/> Hospital or health system <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Insurer <input type="checkbox"/> Managed care organization <input type="checkbox"/> Medical society or association <input type="checkbox"/> Pharmaceutical company <input type="checkbox"/> Primary care provider <input type="checkbox"/> Public health official <input type="checkbox"/> Quality improvement organization <input type="checkbox"/> Specialty physician group</div>										
* Other (specify): <input type="text"/>										
Community Action Plan Involvement										
<table border="1"><thead><tr><th>Activity Title</th><th>Status</th><th>Timeline</th></tr></thead><tbody><tr><td colspan="3">No information entered</td></tr></tbody></table>					Activity Title	Status	Timeline	No information entered		
Activity Title	Status	Timeline								
No information entered										
<div><input type="button" value="Save"/> <input type="button" value="Cancel"/></div>										

3.11 Resources: Coalition Attachments

Funded Programs	User Management	General Information	Resources	Community Action Plan
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models				
2006-2007 Resources				
Add Coalition Attachments - Test				* required field Updated: 09/07/2006
* Attachments:		<input type="text"/> <input type="button" value="Browse"/>		
Attachment Type:		<input type="text" value="Select"/>		
		Other (specify): <input type="text"/>		
Date Revised:		<input type="text"/> / <input type="text"/> (MM/YYYY)		
		<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

3.12 Resources: Standard Data Sources

Funded Programs	User Management	General Information	Resources	Community Action Plan
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models				
2006-2007 Resources				
Add Standard Data Sources				* required field Updated: 09/07/2006
* Data Source Name:	Data Source	Most Recent Data Set Used (YYYY)		
	<input type="checkbox"/> Basic Screening Surveillance (BSS)	<input type="text"/>		
	<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	<input type="text"/>		
	<input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	<input type="text"/>		
	<input type="checkbox"/> Chronic Disease Indicators (CDI)	<input type="text"/>		
	<input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS)	<input type="text"/>		
	<input type="checkbox"/> Healthy People 2010	<input type="text"/>		
	<input type="checkbox"/> Hospital Discharge Data	<input type="text"/>		
	<input type="checkbox"/> National Health and Nutrition Examination Survey (NHANES)	<input type="text"/>		
	<input type="checkbox"/> National Immunization Survey (NIS)	<input type="text"/>		
	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System (PRAMS)	<input type="text"/>		
	<input type="checkbox"/> REACH Risk Factor Surveillance System	<input type="text"/>		
	<input type="checkbox"/> U.S. Bureau of Census	<input type="text"/>		
	<input type="checkbox"/> Vital statistics	<input type="text"/>		
	<input type="checkbox"/> Woman, Infants, and Children (WIC)	<input type="text"/>		
	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="text"/>		
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>			

3.13 Resources: Project Specific Data Sources

Funded Programs	User Management	General Information	Resources	Community Action Plan
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models				
2006-2007 Resources				
Add Project Specific Data Sources * required field Updated: 09/07/2006				
* Data Source Name: <input type="text"/>				
* Describe Purpose of Data Source: <input type="text"/>				
* Describe Population Sampled: <input type="text"/>				
* Describe Collection Methods: <input type="text"/>				
* Frequency: <input type="radio"/> On-going collection <input type="radio"/> Single collection				
* Most Recent Year Collected: <input type="text"/> (YYY)				
<input type="button" value="Save"/> <input type="button" value="Cancel"/>				

3.14 Resources: Plans and Logic Models

Funded Programs	User Management	General Information	Resources	Community Action Plan
Staff Partners & Contractors Coalitions Data Sources Plans & Logic Models				
2006-2007 Resources				
Add Plans & Logic Models * required field Updated: 09/07/2006				
* Type: <input type="text" value="Select"/>				
* Title: <input type="text"/>				
* Time Frame: <input type="text"/> - <input type="text"/> (YYY -YYY)				
<input type="button" value="Save"/> <input type="button" value="Cancel"/>				

3.15 Community Action Plan: Project Goals

Funded Programs	User Management	General Information	Resources	Community Action Plan
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2006-2007 Community Action Plan

* required field

Add Project Goals

* Goal Title:

* Description:

* Related Priority Areas:

* Start Date: / (MM/YYYY)

* End Date: / (MM/YYYY)

3.16 Community Action Plan: Outcome Objectives

Funded Programs	User Management	General Information	Resources	Community Action Plan
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2006-2007 Community Action Plan

* required field

Add Outcome Objectives

[View Objective History](#)

Specific

* Objective Title:

* Description: (2500 characters/approximately 500 words)

* Status:

* Is this Objective an Intervention: ☒ Yes ☐ No

Measurable

Direction of change: ☐ Increase ☐ Decrease

Unit of Measurement:

What will be Measured?:

* Baseline: ☐ Baseline Unknown

* Target:

* Data Source for measuring Target:

If baseline is unknown, explain how it will be determined:

If Data Source is "None", explain how the objective will be measured:

Community Action Plan: Outcome Objectives (Continued)

* Target Population:

	Race	Ethnicity	Age	Gender
1. (Selected Race)	(Selected Race)	(Selected Ethnicity)	Select	Select
2. (Selected Race)	(Selected Race)	(Selected Ethnicity)	Select	Select

* Related High Priority Area:

☐ Cancer
 ☐ Diabetes
 ☐ Asthma
 ☐ Tuberculosis & Hepatitis B
 ☐ Infant Mortality

* Related Healthy People 2010:

Clinical Preventive Care

- ☐ 1-1 Increase the proportion of persons with health insurance
- ☐ 1-2 (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.
- ☐ 1-3(a-g) Increase the proportion of persons appropriately counseled about health behaviors.

Primary Care

- ☐ 1-4 (a-c) Increase the proportion of persons who have a specific source of ongoing care.
- ☐ 1-5 Increase the proportion of persons with a usual primary care provider
- ☐ 1-6 Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members
- ☐ 1-7 (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention
- ☐ 1-8 (a-t) In the health professions, allied and associated health profession fields, and the nursing field, increase the proportion of all degrees awarded to members of underrepresented racial and ethnic groups.
- ☐ 1-9 (a-c) Reduce hospitalization rates for three ambulatory care-sensitive conditions—pediatric asthma, uncontrolled diabetes, and immunization-preventable pneumonia and influenza.
- ☐ 1-10 (Developmental) Reduce the proportion of persons who delay or have difficulty in getting emergency medical care.

Physical Activity

- ☐ 22-1 Reduce the proportion of adults who engage in no leisure-time physical activity.
- ☐ Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
- ☐ Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
- ☐ Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance.
- ☐ Increase the proportion of adults who perform physical activities that enhance and maintain flexibility.
- ☐ Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.
- ☐ Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
- ☐ Increase the proportion of the Nation's public and private schools that require daily physical education for all students.
- ☐ Increase the proportion of adolescents who participate in daily school physical education.
- ☐ Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active.
- ☐ Increase the proportion of adolescents who view television 2 or fewer hours on a school day.
- ☐ (Developmental) Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).
- ☐ Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.
- ☐ Increase the proportion of trips made by walking.
- ☐ Increase the proportion of trips made by bicycling.

Community Action Plan: Outcome Objectives (Continued)

Tobacco Use

- ☐ 27-1a Reduce cigarette smoking by adults
- ☐ 27-2 Reduce tobacco use by adolescents (in grades 9-12)
- ☐ 27-2b Reduce use of cigarettes (past month)
- ☐ 27-2c Reduce use of spit tobacco (past month)
- ☐ 27-2d Reduce use of cigars (past month)
- ☐ 27-3 (Developmental) Reduce the initiation of tobacco use among children and adolescents.
- ☐ 27-4 Increase the average age of first use of tobacco products by adolescents and young adults.
- ☐ 27-5 Increase smoking cessation attempts by adult smokers
- ☐ 27-6 Increase smoking cessation during pregnancy
- ☐ 27-7 Increase tobacco use cessation during attempts by adolescents.
- ☐ 27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency
- ☐ 27-9 Reduce the proportion of children who are regularly exposed to tobacco smoke at home.
- ☐ 27-10 Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.
- ☐ 27-11 Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.
- ☐ 27-12 Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.
- ☐ 27-13 Establish laws on smoke-free indoor air that prohibits smoking or limit it to separately ventilated areas in public places and worksites.
- ☐ 27-14 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.
- ☐ 27-15(Developmental) Eliminate tobacco advertising and promotions that influence adolescents and young adults
- ☐ 27-18 (Developmental) Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control program.
- ☐ 27-21 Increase the average Federal and State tax on tobacco products

Cancer

- ☐ 3-1 Reduce the overall cancer rate
- ☐ 3-3 Reduce the breast cancer death rate.
- ☐ 3-4 Reduce the death rate from cancer of the uterine cervix.
- ☐ 3-1l Increase in Pap testing
- ☐ 3-13 Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.
- ☐ 3-14 Increase the number of States that have a statewide population-based cancer registry that captures case information on at least 95 percent of the expected number of reportable cancers.
- ☐ 3-15 Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis

* Strategy:

(Select up to two. Describe why each strategy was selected as an approach to the objective.)

☐ Policy Change

(2500 characters / approximately 500 words)

☐ Systems Change

(2500 characters / approximately 500 words)

☐ Environmental Change

(2500 characters / approximately 500 words)

☐ Education

(2500 characters / approximately 500 words)

Community Action Plan: Outcome Objectives (Continued)

☐ Communication
(2500 characters / approximately 500 words)

☐ Cultural
(2500 characters / approximately 500 words)

Identify the evidence based approaches used for this intervention:

(2500 characters / approximately 500 words)

* Level of Socio-ecologic Model Addressed:

Select

Time Bound

* Start Date:

/ (MM/ YYYY)

* End Date:

/ (MM/ YYYY)

Objective Revisions

Explain Objective Revisions (required if start date is delayed, end date is extended, status is deferred or cancel, or if the target is changed):

(500 characters / approximately 100 words)

Save

Cancel

3.17 Community Action Plan: Annual Objectives

Funded Programs	User Management	General Information	Resources	Community Action Plan
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2006-2007 Community Action Plan

* required field

Add Annual Objectives

[View Objective History](#)

Specific

* Objective Title:

* Description: (2500 characters/approximately 500 words)

* Status:

Measurable

* Direction of change: ☐ Increase ☐ Decrease

* Unit of Measurement:

* What will be Measured?:

* Baseline: ☐ Baseline Unknown

* Target:

* Data Source for measuring Target:
☒ Resource 1
☐ Resource 2
☐ Resource 3
☐ Resource 4
☐ Resource 5

If baseline is unknown, explain how it will be determined:

If Data Source is "None", explain how the objective will be measured:

Community Action Plan: Annual Objectives (Continued)

Relevant

* Target Population:

Race	Ethnicity	Geography	Setting
1. (Selected Race)	(Selected Ethnicity)	<input type="text" value="Select"/>	<input type="text" value="Select"/>
2. (Selected Race)	(Selected Ethnicity)	<input type="text" value="Select"/>	<input type="text" value="Select"/>

* Population Comment:

Time Bound

* Start Date:

/ (MM/ YYYY)

* End Date:

/ (MM/ YYYY)

Objective Revisions

Explain Objective Revisions
(required if start date is delayed,
end date is extended, status is
deferred or cancel, or if the
target is changed):

(2500 characters / approximately 500 words)

Save

Cancel

3.18 Community Action Plan: Major Activities

required field

Add Major Activities

[View Activity History](#)

Related Objective:

(Related Objective Title)

* Activity Title:

* Description:

(2500 characters/approximately 500 words)

* Status:

* Lead Staff Assigned to this Activity:

Other Staff Assigned to this Activity::

<input type="checkbox"/>	John Doe
<input type="checkbox"/>	Jane Doe
<input type="checkbox"/>	Albert Smith
<input type="checkbox"/>	Alberta Smith
<input type="checkbox"/>	John Smith
<input type="checkbox"/>	Smith Smith
<input type="checkbox"/>	Unknown Anonymous

Coalition Members Assigned to this Activity:

No contractors have been entered in the Resources section.

Partners/ Contractors Assigned to this Activity:

<input type="checkbox"/>	Partner
--------------------------	---------

* Start Date:

 / (MM/YYYY)

* End Date:

 / (MM/YYYY)

Save

Cancel

3.19 Community Action Plan: Objective Progress and Results (Objective Met = Yes)

Funded Programs	User Management	General Information	Resources	Community Action Plan
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2006-2007 Community Action Plan

* required field

Add Objective Progress & Results

Related Objective: (Objective Title) (Objective Status), (Objective Timeframe)

* Date Progress Occurred: / (MM/YYYY)

* Describe Progress:

* Objective's Target Met: ☒ Yes
☐ No
☐ Currently Ongoing

* Enter Date Met: / (MM/YYYY)

* Measure Achieved:

* Facilitating Factors for Success:

Describe Barriers Encountered While Achieving the Objective's Target Measure:

Describe any Unanticipated Outcomes or Collateral Effects:

Community Action Plan: Objective Progress and Results (Objective Met = No or Currently Ongoing)

Funded
Programs

User
Management

General
Information

Resources

Community
Action Plan

2006-2007 Community Action Plan

* required field

Add Objective Progress & Results

Related Objective: (Objective Title)

* Date Progress Occurred: / (MM/YYYY)

* Describe Progress: (2500 characters/approximately 500 words)

* Has the Objective's Target been Met:

☐ Yes

☒ No

☐ Currently Ongoing

Current Measure (if applicable):

* Describe Barriers to Achieving the Objective's Target Measure:

* Describe Plans to Overcome Barriers:

Describe any Unanticipated Outcomes or Collateral Effects:

Save

Cancel

3.20 Community Action Plan: Activity Progress

Funded Programs	User Management	General Information	Resources	Community Action Plan
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2006-2007 Community Action Plan

* required field

Add Activity Progress

Related Activity:

(Activity Title)

* Date Progress Occurred:

/ (MM/YYYY)

* Describe Progress:

Save

Cancel

3.21 Community Action Plan: Products

Funded Programs	User Management	General Information	Resources	Community Action Plan
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2006-2007 Community Action Plan

* required field

Add Products

Related Objective: (Objective Title)

* Title:

* Description:

* Type:
Other (specify):

* Intended Audience:

<input type="checkbox"/> Minority Serving Organization	<input type="checkbox"/> Environmental organization
<input type="checkbox"/> Native American tribe	<input type="checkbox"/> Faith-based organization
<input type="checkbox"/> Tribal organization	<input type="checkbox"/> Foundation
<input type="checkbox"/> Person affected by health priority	
<input type="checkbox"/> College and/or university	<input type="checkbox"/> Drug and/or alcohol organization
<input type="checkbox"/> Private and/or public school (K-12)	<input type="checkbox"/> Tobacco control organization
<input type="checkbox"/> Advocacy group	<input type="checkbox"/> Military
<input type="checkbox"/> Civic or social organization	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Community based organization	
<input type="checkbox"/> Community representative	<input type="checkbox"/> Community health center
<input type="checkbox"/> Nonprofit organization	<input type="checkbox"/> Counselor or social worker
<input type="checkbox"/> Volunteer organization	<input type="checkbox"/> Dental organization
	<input type="checkbox"/> Health care organization
<input type="checkbox"/> Senior/adult serving organization	<input type="checkbox"/> Health department
<input type="checkbox"/> Youth serving organization	<input type="checkbox"/> Hospital or health system
	<input type="checkbox"/> Indian Health Service
<input type="checkbox"/> Elected official	<input type="checkbox"/> Insurer
<input type="checkbox"/> Government agency	<input type="checkbox"/> Managed care organization
	<input type="checkbox"/> Medical society or association
<input type="checkbox"/> Business, corporation or industry	<input type="checkbox"/> Pharmaceutical company
<input type="checkbox"/> Marketing organization	<input type="checkbox"/> Primary care provider
<input type="checkbox"/> Media or public relations	<input type="checkbox"/> Public health official
<input type="checkbox"/> Small business or merchant	<input type="checkbox"/> Quality improvement organization
	<input type="checkbox"/> Specialty physician group
<input type="checkbox"/> Peer review organization	
<input type="checkbox"/> Prevention research center	<input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> Professional association or organization	
<input type="checkbox"/> Research organization	

* Language: ☐ English
☐ Spanish
Other (specify):

Website Address:

3.22 Community Action Plan: Product Attachments

Funded
Programs

User
Management

General
Information

Resources

Community
Action Plan

2006-2007 Community Action Plan

*required field

Add Products Attachments - Product 1

Updated: 09/07/2006

Attachments:

Browse

* Date Revised:

 / (MM/YYYY)

* Can this document be shared
internally among grantees:

☐ Yes ☐ No

* Can this document be shared
externally with the public:

☐ Yes ☐ No

Save

Cancel

3.23 Community Action Plan: Evaluation Plan

Funded
Programs

User
Management

General
Information

Resources

Community
Action Plan

2006-2007 Community Action Plan

* required field

Add Evaluation Plan

* Describe how Stakeholders
were engaged:

(2500 characters/approximately 500 words)

* Describe Evaluation Data Collected:
(2500 characters/approximately 500 words)

* Describe the Program:

(2500 characters/approximately 500 words)

* Describe Evaluation Data Collected:
(2500 characters/approximately 500 words)

* Focus the Evaluation Design:

(2500 characters/approximately 500 words)

* Describe Evaluation Data Collected:
(2500 characters/approximately 500 words)

Community Action Plan: Evaluation Plan (Continued)

* Gather and Analyze Evidence:

(2500 characters/approximately 500 words)

* Describe Evaluation Data Collected:
(2500 characters/approximately 500 words)

* Justify Conclusions:

(2500 characters/approximately 500 words)

* Describe Evaluation Data Collected:
(2500 characters/approximately 500 words)

* Ensure Use and Share Lessons
Learned:

(2500 characters/approximately 500 words)

* Describe Evaluation Data Collected:
(2500 characters/approximately 500 words)

Save

Cancel