

Technical Appendix on Revisions to the MIS for Diabetes Control Programs

This appendix provides information about design changes being implemented with the revised MIS.

Background

CDC has collected performance and progress information from state-based diabetes programs since 1977. Originally, programs submitted narrative progress reports in hard-copy format with no formal, standardized structure. In 2000, CDC received the initial OMB approval to implement an automated, web-based Management Information System that addressed the limitations of a non-standardized approach. In this Revision, CDC will transition to an enhanced, revised MIS.

Proposed Changes in the Information Collection

Two types of changes are planned: (1) changes related to re-structuring the MIS for improved flow, continuity, and usability, and (2) changes relating to new requirements for awardees, as described in the Funding Opportunity Announcement. The modified data elements harmonize the progress and performance indicators for CDC-funded Diabetes Control Programs with the indicators being implemented for other CDC-funded programs in Tobacco Prevention and Control, Behavioral Risk Factor Surveillance, and Healthy Communities.

Effect of Changes on the Burden Estimate

The currently approved MIS has two types of data entry screens: (1) initial data entry screens, and (2) update screens. At baseline, respondents have been required to enter a substantial amount of information into initial data entry screens. This information defined their programs, resources, and work plans for the entire 5-year project period. In subsequent years, the burden of data entry was reduced, as programs were only required to submit updates to the information collected at baseline.

The revised and redesigned MIS will result in a reduction of both components of burden to respondents. Most of the baseline information for the new funding period will be obtained from existing data resources, such as information collected through the competitive application process (e.g., increased utilization of the budget information in the OMB-approved 424 form), and information downloaded from the current MIS into the revised MIS. In addition, CDC staff plan to increase the level of real-time technical assistance provided to awardees, thus reducing the need for awardees to enter progress and update information into the MIS. As a result, a number of data entry screens will be eliminated in the revised MIS, e.g., Resource Updates, Advisory Group Updates, Staff Position Updates, Additional Accomplishments, and Budget Updates.

Technical Appendix on Revisions to the MIS for Diabetes Control Programs

Exhibits

- **Exhibit 3-A** is a high-level comparative summary of the organization of each MIS.

Because of restructuring, the data entry pages of the current MIS do not correspond directly (i.e., on a one-to-one basis) to the section tabs in the revised MIS. The revised MIS contains fewer root categories of information, and regroups information within categories to improve flow and usability.

This summary does not present the actual order of pages in the current MIS, or the actual order of tabs in the revised MIS.

- **Exhibit 3-B** provides additional information about the rationale for, and implementation of, key design changes.
- **Exhibit 3-C** shows key data entry pages from the current MIS that will be eliminated in the revised MIS.

Technical Appendix on Revisions to the MIS for Diabetes Control Programs

Exhibit 3-A. High-Level Comparison of the Current MIS and the Revised MIS

Pages in the current MIS	Tabs in the revised MIS
Program Information	Program Information <ul style="list-style-type: none"> • Contact Information • Program Summary
Define Burden <ul style="list-style-type: none"> • Background Statement • Surveillance Sources 	Planning <ul style="list-style-type: none"> • Data Sources
Accomplishments <ul style="list-style-type: none"> • Surveillance • Objectives and Activities • Partnerships • Budget and Staffing 	
Workplan <ul style="list-style-type: none"> • Summary • Long-term Objectives • Process Objectives • Human Subjects • Library of Resources 	Action Plan <ul style="list-style-type: none"> • Project Period Objectives <ul style="list-style-type: none"> ▪ Project Period Objective Progress • Annual Action Plan <ul style="list-style-type: none"> ▪ Objective Progress (Annual Objectives)
Assessment and Planning <ul style="list-style-type: none"> • Program Assessment • Strategic Plan 	
Infrastructure <ul style="list-style-type: none"> • Administrative • DCPC Staff 	Resources <ul style="list-style-type: none"> • Personnel • Partners • Contracts
Coordination <ul style="list-style-type: none"> • Advisory Groups • Legislation 	
Financial <ul style="list-style-type: none"> • CDC Funding • Matching/Other Funding • Suspenses 	Financial

Technical Appendix on Revisions to the MIS for Diabetes Control Programs

Exhibit 3-B. Rationale for, and Implementation of, Key Design Changes

current MIS Screen Names	2 nd Gen. MIS Screen Names	Rationale for Changes
Cooperative Agreement Workplan+ Additional Accomplishments + Executive Summary	Program Information: Program Summary	<ul style="list-style-type: none"> Improved consolidation of initial “load” data plus yearly update information
Infrastructure: Staff Positions &Updates	Resources: Personnel	<ul style="list-style-type: none"> Streamlined requirements for information about project staff Updates as necessitated by personnel changes
	Resources: Contracts	<ul style="list-style-type: none"> Limited information about contracts was previously provided in the budget section that was not part of the previous MIS. This information is being incorporated into the new MIS.
Coordination: Advisory Groups	Resources: Partners	<ul style="list-style-type: none"> Limited information on critical partners can now be included in addition to information about Advisory Groups.
Resources	Resources: Contracts	<ul style="list-style-type: none"> Relabeled but no substantive changes.
Surveillance Sources	Planning: Data Sources	<ul style="list-style-type: none"> Renamed but no substantive changes; minor changes in flow and continuity.
Workplan: Long-Term Objectives	Action Plan: Project Period Objectives & Updates	<ul style="list-style-type: none"> Data entry has been streamlined. Demographic information removed from the Workplan and relocated to Annual Objectives. Measurements have been made into specific (rather than narrative) fields and converted to SMART format (Specific, Measurable, Achievable, Reasonable, and Time-based). Added check-boxes to relate to collaborative programs based on new FOA requirements. A new field has been added to provide clearer linkage between a goal and its overall impact. Information about at-risk population(s) has been relocated to this section. Bi-annual updates are required by the FOA
Process Objectives (including Activities)	Action Plan: Annual Objectives & Updates	<ul style="list-style-type: none"> The narrative description of process objectives has been removed. Activities information was previously reported in the Process Objectives screen. The new, distinct Activities screen improves focus on Activities. Information on Partnership was previously reported in the Process Objectives screen. The new MIS relocates this information to the Partners screen with linkage identified on the Activities screen. Includes demographic information previously reported in the Long-Term Objectives section. Objective characteristics section has been removed and distributed across multiple data entry screens to effect a more logical linkage. NDEP linkage and information has been relocated to its own screen. Collects additional information about recipient activities Added check-boxes to relate to collaborative programs’ involvement based on new FOA requirements Bi-annual updates indicating current progress towards target are required by the FOA
	Action Plan: Activities	<ul style="list-style-type: none"> Activities have been reorganized into a distinct section to improve focus. Specific fields (check-boxes) have been added to collect: related recipient activity, lead personnel assigned, additional personnel assigned, and critical partners assigned. Added a new check-box field to link products.

Technical Appendix on Revisions to the MIS for Diabetes Control Programs

Exhibit 3-C. Currently approved MIS pages to be replaced and/or reorganized in the revised MIS

DRAFT

Welcome to the DDT MIS

-  [Cooperative Agreement Home](#)
 - > Programmatic Information
 - > Reporting Requirements
 - > Technical Assistance
 - > Tools & Resources
-  [Diabetes Indicators and Data Source Internet Tool \(DIDIT\)](#)
 - > View Indicators
 - > View Data Sources
 - > View Resources
 - > Submit DPCP-Specific Data Sources
 - > System Administration
-  [Evaluation Tool Kit \(ETK\)](#)
 - > View and Download Evaluation Tools and Resources
 - > Submit Tools and Resources
-  [Reports](#)
 - > Create Report Templates
 - > Modify/View Report Templates
 - > Generate Report
-  [User Administration](#)
 - > View Users
 - > Add/Edit Users
 - > Delete Users

Office of Management and Budget (OMB) Statement: Public reporting burden of this collection of information is estimated to average 4 hours per response (interim report), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600

Enter Program Information
 Funding Year: Mar 06 - Mar 07

This page shows you a summary of the records in the database for this program for the selected funding year, broken down by category. Click the link below to view existing data or to add new records to a category. To change the funding year displayed, select the year in the "Change Funding Year" dropdown at the left, and then press "Go". This will reload this page with the record totals for each category from the year you select.

Transfer | Updates for Apr 06 - Oct 06 | Updates for Nov 06 - Mar 07

Define/Monitor Burden	Entered
Program Areas	Yes
Background Statement	16
Surveillance Sources	
Program Accomplishments	Entered
Program Areas	Yes
Surveillance	Yes
Objectives and Activities	Yes
Partnerships	Yes
Budget and Staffing	Yes
Workplan to Reduce Burden	Entered
Program Areas	Yes
Workplan Summary	9
Long-term Objectives	0
Process Objectives	Yes
Human Subjects	2
Library of Resources	
Coordination of Health Systems	Entered
Program Areas	2
Advisory Groups	Yes
Legislation	
Program Infrastructure	Entered
Program Areas	Yes
Administrative	4
DPCP Staff	
Financial	Entered
Program Areas	1
CDC Funding	0
Matching/Other Funding	
Suspenses	
Assessment and Planning	Entered
Program Areas	Yes
Program Assessment	Yes
Strategic Plan	Yes

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Add Long-term Objective Update
 Funding Year: Mar 06 - Mar 07

* Indicates a required field.

Any modifications to the long-term objective should be indicated in the "Long-term Objective Information" page.

Update for Establish Linkages: Promotion of wellness, physical activity, nutrition, blood pressure control

Please specify the reporting period*

As of*	Updates for Apr 06 - Oct 06
Status*	Jan <input type="text"/> (yyyy) Ongoing
Briefly describe the status of this long-term objective including progress towards achieving this objective using surveillance data.*	(3000 characters/approximately 600 words)
If the long-term objective was modified, please provide justification.	(1500 characters/approximately 300 words)

Save Cancel

COOPERATIVE AGREEMENTS

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PROGRAM INFO

- Program Info Home

Define Burden

- Background Statement
- Surveillance Sources

Accomplishments

- Surveillance
- Objectives & Activities
- Partnerships
- Budget & Staffing

Workplan

- Summary
- Long-term Objectives
- Process Objectives
- Human Subjects

Add Process Objective and Activity Update
 Funding Year: Mar 04 - Mar 05

Any modifications to this process objective should be indicated in the "Process Objective and Activity Information" page.
 * Indicates a required field.

Updates for Apr 04 - Oct 04 (YYYY) Jan <input type="text"/> Complete <input type="text"/>	
(There is no maximum word/character count limit for this text box.)	
As of* Status*	(1000 characters/approximately 200 words)
Briefly describe the status of this process objective.* Include the following: • Describe the DPCP's progress in accomplishing activities for this process objective. • Include documentation to demonstrate how activities in evaluation have been used for program improvement. • Describe the degree of stakeholder contributions in meeting the objective.	Select all that apply. <input type="checkbox"/> Financial (Hard Dollars) <input type="checkbox"/> Coordination <input type="checkbox"/> Cultural Barrier <input type="checkbox"/> Linguistic Barriers <input type="checkbox"/> Literacy Barrier <input type="checkbox"/> Generational Barriers <input type="checkbox"/> Problems Recruiting Staff <input type="checkbox"/> Problems with Staff <input type="checkbox"/> Absence of Leadership <input type="checkbox"/> Access to Activity <input type="checkbox"/> Interagency Barrier <input type="checkbox"/> Market Resistance <input type="checkbox"/> Not Empowered by Upper Management <input type="checkbox"/> Hidden Agendas/Lack of Consensus <input type="checkbox"/> Logistical Problems <input type="checkbox"/> Poor Participation from Target Group <input type="checkbox"/> Competing Interests of Participants <input type="checkbox"/> Lack of Data for Evaluation (1500 characters/approximately 300 words)
If the process objective was modified, please provide justification.	(1000 characters/approximately 200 words)
If any barriers were reported, please indicate	Describe any other barriers not already captured above.
Describe the steps taken to overcome the barriers indicated above.	(1000 characters/approximately 200 words)

Save Cancel

Add Resource Update
 Funding Year: Mar 04 - Mar 05

* Indicates a required field.

Any modifications to this resource should be indicated in the "Resource Information" page.

Update for Alabama Diabetes Resource Directory

Please specify the reporting period*
 Updates for Apr 04 - Oct 04

As of*
 Jan (YYYY)

Briefly describe the status of this resource*
 (7500 characters/approximately 1500 words)

Save Cancel

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Workplan

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- [Process Objectives](#)
- [Human Subjects](#)
- [Library of](#)

Add Advisory Group Update
Funding Year: Mar 06 - Mar 07

* Indicates a required field.

Any modifications to this advisory group should be indicated in the "Advisory Group Information" page.

Update for Alabama Coalition for Diabetes

Please specify the reporting period*	Updates for Apr 06 - Oct 06 ▾
As of*	Jan ▾ (yyyy) <input type="text"/>
Briefly describe the status of this advisory group*	<input type="text" value="(7500 characters/ approximately 1500 words)"/>

Add Advisory Group Update Page

DDT Management Information System - Add Surveillance Sources - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://inside.nccd.cdc.gov/dmis/Sur/SurModifyV.asp?PROGID=1351

CDC Home Search Health Topics A-Z

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Cooperative Agreement - Alabama Dept. of Public Health (422728)
 DDT MIS Home | Log Out

Add Surveillance Sources
 Funding Year: Mar 06 - Mar 07

Please add surveillance sources used to support the background statement and needs assessment, evaluation efforts as well as any other areas of your program. * Indicates a required field.

Surveillance Sources Used	
Funding year	Mar. 30, 2006 - Mar. 29, 2007
Name of source*	BRFSS - Core (BRFSS)
If you chose "Other" above, please specify the name of the surveillance source.	(100 characters/approximately 20 words)
Most recent data year used* (Even though a report may be published this year, the actual data may be several years old.)	(yyyy) (yyyy) -
Comment Please elaborate on sample size, type of analyses, uses for the data, dissemination or other related topics not already captured.	(7500 characters/approximately 1500 words)

Save Cancel

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PROGRAM INFO

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Define Burden

- Background Statement
- Surveillance Sources

Accomplishments

- Surveillance Objectives & Activities
- Partnerships
- Budget & Staffing

Workplan

- Summary
- Long-term Objectives
- Process Objectives
- Human Subjects

Add Surveillance Sources Page

Edit Budget Update

Funding Year: Mar 07 - Mar 08

Please provide an update of all of the funds that your DPCP has spent for the current funding year. Also include the funds that remain during the current funding year. We prefer a break down of your budgetary information by category (e.g. Personnel, Supplies, Travel, etc).

Budget Update for (Updates for Apr 07 - Oct 07)

Funding year	Mar. 30, 2007 - Mar. 29, 2008
Budget update*	(2000 characters/approximately 560 words)

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DDT Management Information System - Add Staff Position Update - Microsoft Internet Explorer

Address: http://inside.nccd.cdc.gov/dmis/Pos/PosProgRptModifyV.asp?ProgID=1351&PosID=2550

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Cooperative Agreement - Alabama Dept. of Public Health (422728)
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Add Staff Position Update
 Funding Year: Mar 06 - Mar 07

* Indicates a required field.

Any modifications to this Staff Position should be indicated in the "Staff Position Information" page.

Update for Clifford J. Hataway, Other

Please specify the reporting period*

As of*

Briefly describe the status of this staff position*

Updates for Apr 06 - Oct 06
 Jan (yyyy)
 (7500 characters/approximately 1500 words)

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Add Staff Position Update Page



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Cooperative Agreement - Alabama Dept. of Public Health (422728)

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Edit Additional Accomplishments

Funding Year: Mar 07 - Mar 08

* Indicates a required field.

The information provided here will appear at the end of the report.

Additional Accomplishments for (Updates for Apr 07 - Oct 07)

Funding year

Mar. 30, 2007 - Mar. 29, 2008

(2800 characters/approximately 560 words)

Please describe any additional accomplishments or issues during this reporting period (not already specified in the workplan).

Empty text input field for describing accomplishments or issues.


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Diabetes Indicators and Data Source Internet Tool

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Diabetes Indicators and Data Source Internet Tool (DIDIT) Home

The Diabetes Indicators and Data Source Internet Tool is a user-friendly web-based tool designed to strengthen the capacity of state-based diabetes prevention and control programs (Grantees) in conducting their surveillance, epidemiology, and program evaluation activities. The tool provides Grantees with resources on 38 essential diabetes indicators and associated National, State, and Grantee-Specific Data Sources for each Indicator. In addition, the DIDIT has been enhanced to include a bibliography comprised of published, unpublished and online materials on epidemiology and surveillance resources. The information presented in the DIDIT will be updated on a periodic basis to keep up with the changing science.

This information will help you understand the Indicators and available Data Sources to track, measure, and monitor diabetes in a given area. The database contains Indicator definitions and ways to use selected data sources to construct each Indicator.

Note that the Diabetes Indicators and Data Sources Internet Tool (DIDIT) is not a repository of surveillance data and does not contain actual data that can be downloaded for use. It provides linkages and references to available data sources and guidance for using these data to monitor the burden of diabetes and utilization of health care services for managing diabetes.

Find Information on Indicators, Data Sources and Resources

Browse	View All Browse by Category
Indicators	View All Browse by Category
Data Sources	View All Browse by Category
Resources	View All Browse by Topic

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DIDIT

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EPI RESOURCES

Indicators

- [View All](#)
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Data Sources

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- [Browse by Category](#)
- [At a Glance](#)

Resources

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ABOUT INDICATORS

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Evaluation Tool Kit

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Evaluation Tool Kit (ETK) Home

The Evaluation Tool Kit (ETK) is an online database tool designed to assist users in incorporating evaluation into their programs. The tools are organized by steps of the CDC Framework for Program Evaluation, and also by "methods of influence" and intervention types within those methods. You will also find other evaluation-related resources, including links to evaluation-related websites.

Find Tools

- [Browse by 6-Step Framework](#)
Look for tools organized by the steps of the CDC evaluation framework.
- [Browse by Methods of Influence](#)
Look for tools organized by the methods of influence and related intervention types.
- [View All Tools](#)
Look for tools sorted by title, type, submitter, intervention type, and primary framework step.

Find Resources

- [Browse by Resource Category](#)
Look for resources organized by type: published, unpublished, and online.
- [View All Resources](#)
Look for resources sorted by title, type, author/organization, publication date/date developed, and topic area.

Submit Tools and Resources

- [ETK STARS](#) (System for Tool and Resource Submission)
 - Enter new or edit existing tools for submission to CDC
 - Finish the entry of incomplete tools.

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Reporting Module Home Page
 Welcome to DDT MIS Reports

DDT MIS Reports is a gateway to creating powerful reports for the National Diabetes Prevention and Control Program. By using the information entered in the Cooperative Agreements, the reports allow you to:

- Perform searches within Cooperative Agreements to generate reports and create, save and modify report templates.
- Search across multiple DPCPs and funding years for report content.
- Export your report into Word or Word Perfect and save it on your local drive for later use.

Report templates created by DPCP staff can be shared and modified by any member in that DPCP. Report templates created by CDC staff are only available to that staff member.

DPCP Reports
Type of Report
Descriptive Reports

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Done Trusted sites 100%

Reporting Module Home Page