

Form Approved

OMB No. 0920-XXXX

Exp. xx/xx/xxxx

Public reporting burden of this collection of information is estimated to average 6 hours per response, 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 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0479)

NCCDPHP MIS Proposed Screens

Program Information: Contact Information

2009-2010 Program Information		* required field
Edit Contact Information		Updated:02/10/2009
Organization Name:	[Grantee Name Displayed here]	
Grantee Number:	[Grantee number]	
Announcement Number:	[Announcement number]	
DUNS Number:	[Duns number]	
* Telephone:	<input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/>	
FAX:	<input type="text"/> <input type="text"/> <input type="text"/>	
Website Address:	<input type="text"/>	
* Mailing Address	* Address Line 1: <input type="text"/>	
	Address Line 2: <input type="text"/>	
	* City, State, ZIP <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	
Shipping Address	<input type="checkbox"/> Same as mailing address	
	* Address Line 1: <input type="text"/>	
	Address Line 2: <input type="text"/>	
	* City, State, ZIP <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	
Principal Investigator:	[PI Name, phone and email dispalyed here from personnel section]	
	<input type="checkbox"/> Same as mailing address	
	* Address Line 1: <input type="text"/>	
	Address Line 2: <input type="text"/>	
	* City, State, ZIP <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	
Business/Financial Official:	[Business Official Name, phone and email dispalyed here from personnel section]	
Program/Project Manager:	[Project Manager(s) Name, phone and email dispalyed here from personnel section]	
CDC Grant Specialist:	[CDC Grant Specialist Name, phone and email dispalyed here from personnel section]	
CDC Project Officer:	[CDC Project Officer Name, phone and email dispalyed here from personnel section]	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

Program Information: Program Summary

2009-2010 Program Information

[Edit Program Summary](#)

* Grantee Type: State/District of Columbia
 Territory

Supplemental Funding : Component 1: Policy and Environmental Approches (non-Competitive)
 Component 2: Policy and Environmental Approches (Competitive)
 Component 3: Tobacco Quit Line

* Executive Summary:

ABC

Text goes here...

Characters: 00 / max 5000

Resources: Personnel

CDC Home
CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Alaska **Chronic Disease MIS**
[Help](#) | [Log Out](#)

PROGRAM SELECTION | **ADMIN** | **PROGRAM INFORMATION** | **RESOURCES** | **FINANCIAL** | **PLANNING** | **ACTION PLAN** | **REPORTS**

[Personnel](#) | [Coalitions](#) | [Partners](#) | [Contracts](#)

2009-2010 Resources * required field

Add Personnel

* Position:
Other (specify)

* Position Status: Vacant Filled

* Related Program Involvement and Program Time Allocation

Collaborative

Diabetes %
 Tobacco Control %
 Behavioral Risk Factor Surveillance %
 Healthy Communities %

Comprehensive Cancer Control

Comprehensive Cancer Control %

Oral Health Program

Oral Health Program %

* Position Description:

Characters: 00

* Salutation:

* Name:

* Status: Active - Start Date
 Inactive - Vacated Date

* Telephone: ext.

FAX:

Personnel Continued:

* E-mail:	<input type="text"/>
* Highest Credentials (PRC):	<input type="radio"/> Less than high school <input checked="" type="radio"/> High school diploma/GED <input type="radio"/> Associates (AA, AS, AN, Other) <input type="radio"/> Bachelors (BA, BS, Other) <input type="radio"/> Masters (MA, MS, MPH, MSPH, Other) <input type="radio"/> Doctoral (PhD, DrPH, MD, DO, JD, Other) <input type="radio"/> None
* Employment Type:	<input type="radio"/> Grantee Employee <input type="radio"/> Contract Employee <input type="radio"/> Other (specify) <input type="text"/>

Assignment to Action Plan	Status	Timeline
No information entered.		

[msg](#)

Partners:

2009-2010 Resources

Add Partner

* Partner Name:

* Programs Involved:

Collaborative

- Diabetes
- Tobacco Control
- Behavioral Risk Factor Surveillance
- Healthy Communities

Comprehensive Cancer Control

- Comprehensive Cancer Control

Oral Health Program

- Oral Health Program

* Partner Type:
Other (Specify):

* Status: Active Inactive

Standard Data Sources

2009-2010 Planning		* required field
Edit Standard Data Sources		Updated:02/10/2009
		Most Recent Data Set Used (yyyy)
* Standard Data Sources:	<input type="checkbox"/> American Cancer Society Facts and Figures	<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"/> Health Plan Employer Data and Information Set (HEDIS)	<input type="text"/>
	<input type="checkbox"/> Indian Health Service	<input type="text"/>
	<input type="checkbox"/> Kaiser Foundation	<input type="text"/>
	<input type="checkbox"/> National Cancer Data Base (NCDB)	<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"/> National Program of Cancer Registries	<input type="text"/>
	<input type="checkbox"/> National Youth Tobacco Survey (NYTS)	<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"/> School Health Education Profile	<input type="text"/>
	<input type="checkbox"/> Surveillance Epidemiology and End Results (SEER) Program	<input type="text"/>
	<input type="checkbox"/> U.S.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"/> Youth Risk Behavior Surveillance System (YRBSS)	<input type="text"/>
	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="text"/>
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Other Data Sources

CDC Home
CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Alaska **Chronic Disease MIS**
[Help](#) | [Log Out](#)

[PROGRAM SELECTION](#) | [ADMIN](#) | [PROGRAM INFORMATION](#) | [RESOURCES](#) | [FINANCIAL](#) | **[PLANNING](#)** | [ACTION PLAN](#) | [REPORTS](#)

[Data Sources](#) | [Plans and Logic Model](#) | [Burden](#) | [Assessments](#)

2009-2010 Planning * required field

Add Other Data Source

* Data Source Name:

* Population Sampled:

Characters: 00


* Collection Method:

Characters: 00

* Collection Frequency: Ongoing Single

* Most Recent Year Collected: (YYYY)

Plans and Logic Models

CDC Home
 Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Alaska **Chronic Disease MIS**
[Help](#) | [Log Out](#)

[PROGRAM SELECTION](#) | [ADMIN](#) | [PROGRAM INFORMATION](#) | [RESOURCES](#) | [FINANCIAL](#) | **[PLANNING](#)** | [ACTION PLAN](#) | [REPORTS](#)


[Data Sources](#) | [Plans and Logic Model](#) | [Burden](#) | [Assessments](#)

2009-2010 Planning * required field

Add Plans and Logic Models

* Document Title:

* File: File size cannot exceed 10MB

* Date Last Revised:  (mm/dd/yyyy)

* Type:

- Dissemination Plan
- Evaluation Plan
- Logic Model
- Media/Communication Plan
- Sustainability Plan
- Other (specify)

Action Plan: Project Period Objective

Action Plan

Add Project Period Objective

* Programs Involved:

- Behavioral Risk Factor Surveillance System
- Diabetes
- Healthy Communities
- Tobacco Control

* Related Program Goal:

Diabetes

- Prevent diabetes
- Prevent the complications, disabilities, and burden associated with diabetes
- Eliminate diabetes-related health disparities
- Maximize organizational capacity to achieve the National Diabetes Program Goals

Healthy Communities

- Provide technical assistance, training, and consultation to communities related to policy, systems, and environmental change strategies

Tobacco Control

- Prevent initiation of tobacco use
- Eliminate exposure to secondhand smoke
- Promote cessation among youth and adults
- Identify and eliminate tobacco-related health disparities.

* Priority Area:

- (Collaborative: Diabetes)
- Gestational
- Pre-diabetes (IGT and IFG)
- Type 1
- Type 2
- Undiagnosed
- (Collaborative: Tobacco)
- Not Applicable
- (Collaborative: Healthy Communities)
- Not Applicable

Action Plan: Project Period Objective (Continued)

* Describe the objective and how it will impact the problem:

ABC

Characters: 00 / Max: 2000

* Long Term Outcome Measurement: (OSH)

Direction of Change: Select Long Term Outcome Indicator: Indicator 1.1

Baseline: Target: Data Source: Select

Other:

Unknown

* Intermediate and Short Term Outcome Measurements:(OSH) [Add](#)

Type*	Target*	National Program Indicator*	Data Source*	
Select	 	Select	Select Other: 	Save Cancel
Intermediate	6	1.12.2 Indicator Title	Data Source 3-Year	Edit Delete
Intermediate	2	1.13.3 Indicator Title	Data Source 2-Year	Edit Delete
Short	1	1.14.1 Indicator Title	Data Source 4-Year	Edit Delete
Short	1	1.14.8 Indicator Title	Data Source 4-year	Edit Delete

* Long Term Outcome Measurement: (DDT)

Direction of Change: Select Indicator: DIDIT Indicator 1

Specify:

Baseline: Target: Data Source: Select

Other:

Unknown

* Measurement: (Non-OSH or DDT)

Direction of Change: Select Unit of Measurement: Select Indicator:

Baseline: Target: Data Source: Select

Other:

Unknown

Time Frame: 07/01/2009 - 07/01/2014

Revisions

Describe Revisions:

ABC

Characters: 00 / Max: 2000

[Save](#) [Cancel](#)

Action Plan: Annual Objective

Action Plan * required file	
Add Annual Objective	
View Revisions	
* Programs Involved:	<input type="checkbox"/> Behavioral Risk Factor Surveillance System <input type="checkbox"/> Diabetes <input type="checkbox"/> Healthy Communities <input type="checkbox"/> Tobacco Control
* Related FOA Recipient Activity:	<input type="checkbox"/> Administration, Management, and Leadership <input type="checkbox"/> Surveillance, Analyses, and Evaluation <input type="checkbox"/> Promoting Social, Environmental, Policy, and Systems Approaches <input type="checkbox"/> Health Communication Interventions <input type="checkbox"/> Interventions to Improve Health Care Systems
* Strategy:	Tobacco <input type="checkbox"/> Monitor tobacco use <input type="checkbox"/> Protect people from tobacco smoke <input type="checkbox"/> Offer help to quit tobacco use <input type="checkbox"/> Warn about the dangers of tobacco <input type="checkbox"/> Enforce bans on tobacco advertising, promotion and sponsorship <input type="checkbox"/> Raise taxes on tobacco products Diabetes: <input type="text"/> Healthy Communities: <input type="text"/>
* Identify the Rationale/Approach for the Strategy:	<input type="checkbox"/> Evidence-based <input type="checkbox"/> Best Practice-based <input type="checkbox"/> Promising Practice <input type="checkbox"/> Practice-based / Program Experience

Action Plan: Annual Objective.

* Describe the objective and how it will impact the problem:	<div style="border: 1px solid #ccc; padding: 5px;"><div style="background-color: #e1eef6; padding: 2px; border-bottom: 1px solid #ccc;">ABC</div><div style="height: 50px; border: 1px solid #ccc;"></div><div style="border-top: 1px solid #ccc; padding: 2px;">Characters: 00</div></div>
* Scope:	<ul style="list-style-type: none"><input type="radio"/> National<input type="radio"/> Multi-State Region<input type="radio"/> State, Territory, Pacific Island Jurisdiction<input type="radio"/> Region Within State, Territory, Pacific Island Jurisdiction<input type="radio"/> Tribe/Tribal Organization<input type="radio"/> City, County, Local
* Setting:	<ul style="list-style-type: none"><input type="checkbox"/> Community<input type="checkbox"/> Healthcare<input type="checkbox"/> School<input type="checkbox"/> Worksite
* Population Focus:	<ul style="list-style-type: none"><input type="radio"/> General Population<input type="radio"/> Specific Population<ul style="list-style-type: none">Gender <input type="checkbox"/> Female<input type="checkbox"/> Male<input type="checkbox"/> Transgender Sexual Identity <input type="checkbox"/> Bisexual<input type="checkbox"/> Gay<input type="checkbox"/> Heterosexual<input type="checkbox"/> Lesbian<input type="checkbox"/> Questioning Race <input type="checkbox"/> African American or Black<input type="checkbox"/> American Indian or Alaska Native<input type="checkbox"/> Asian Indian<input type="checkbox"/> Chinese<input type="checkbox"/> Filipino<input type="checkbox"/> Japanese<input type="checkbox"/> Korean<input type="checkbox"/> Vietnamese<input type="checkbox"/> Other Asian: <input style="width: 100px;" type="text"/><input type="checkbox"/> Native Hawaiian or other Pacific Islander<input type="checkbox"/> Guamanian or Chamorro<input type="checkbox"/> Samoan<input type="checkbox"/> White Ethnicity <input type="checkbox"/> Hispanic or Latino<input type="checkbox"/> Not Hispanic or Latino

Action Plan: Annual Objective

Age

Infants and Toddlers

0-1 Years

2-3 Years

Children

4-11 Years

Adolescents

12-17 Years

18-19 Years

Adults

20-24 Years

25-39 Years

40-49 Years

Older Adults

50-64 Years

65 Years & Older

Geography Rural

Urban

Socioeconomic Status (SES) Low

Additional Population Details

Direction of Change: Unit of Measurement: What Will Be Measured: Baseline: Target: Data Source: Other:

Unknown


Time Frame: 07/01/2009 - 06/30/2010

Revisions

Describe Revisions:

Characters: 00 / Max: 2000

Action Plan: Annual Activity

CDC Home
 Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Alaska **Chronic Disease MIS**
[Help](#) | [Log Out](#)

[ADMIN](#) [PROGRAMS & RECIPIENTS](#) [PROGRAM INFORMATION](#) [RESOURCES](#) [FINANCIAL](#) [PLANNING](#) [ACTION PLAN](#) [REPORTS](#) [SEARCH](#)

[Project/Period Objectives](#) | [Annual Action Plan](#)

Action Plan

Add Annual Activity

Related Annual Objective: Increase the number of from ... to ... by 06/2010.

* Activity Title:

* Activity Description:


480

* Lead Personnel Assigned:

* Key Partners Assigned: None
(select up to 5)
 Partner Name A
 Partner Name B
 Partner Name C
 Partner Name D
 Partner Name E...

* Timeframe
 First Quarter
 Second Quarter
 Third Quarter
 Fourth Quarter

Action Plan: Objective Progress (for both Project Period and Annual objectives)

CDC Home
 Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Alaska **Chronic Disease MIS**
[Help](#) | [Log Out](#)

[ADMIN](#) [PROGRAMS & RECIPIENTS](#) [PROGRAM INFORMATION](#) [RESOURCES](#) [FINANCIAL](#) [PLANNING](#) [ACTION PLAN](#) [REPORTS](#) [SEARCH](#)

[Project Period Objectives](#) | [Annual Action Plan](#)

2009-2010 Action Plan

Add Annual Objective Progress

Related Annual Objective: Increase the number of from ... to ... by 06/2010.

* Progress Period:

* Objective's Target Met: Yes No Currently Ongoing

* Current Measurement: Unknown at this time

* Describe Progress:
Characters: 00

* Facilitating Factors of Success:
Characters: 00

* Barriers/Issues Encountered:
Characters: 00

* Plans to Overcome Barriers/Issues Encountered:
Characters: 00

Unanticipated Outcomes Related to the Objective:
Characters: 00

Action Plan: Products



- ADMIN
- PROGRAMS & RECIPIENTS
- PROGRAM INFORMATION
- RESOURCES
- FINANCIAL
- PLANNING
- ACTION PLAN**
- REPORTS
- SEARCH

[Project Period Objectives](#) | [Annual Action Plan](#)

Action Plan

Add Product

Related Annual Objective: Increase the number of from ... to ... by 06/2010.

* Product Title:

* Product Description:
Characters: 00

* Product Type:

Attachment: File size cannot exceed 10MB