Form Approved

OMB No. 0920-XXXX

Exp. xx/xx/xxxx

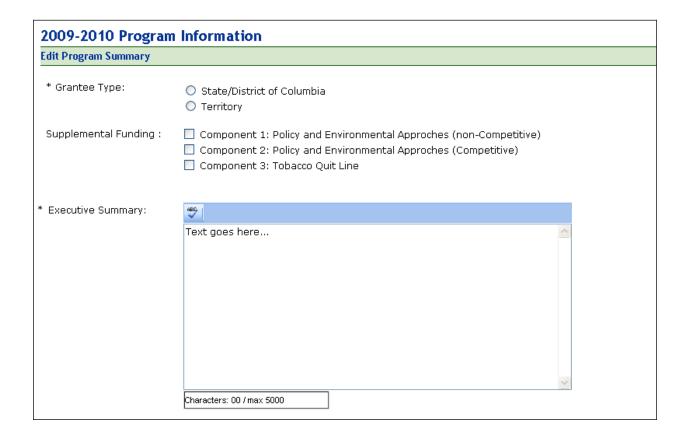
Public reporting burden of this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may 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

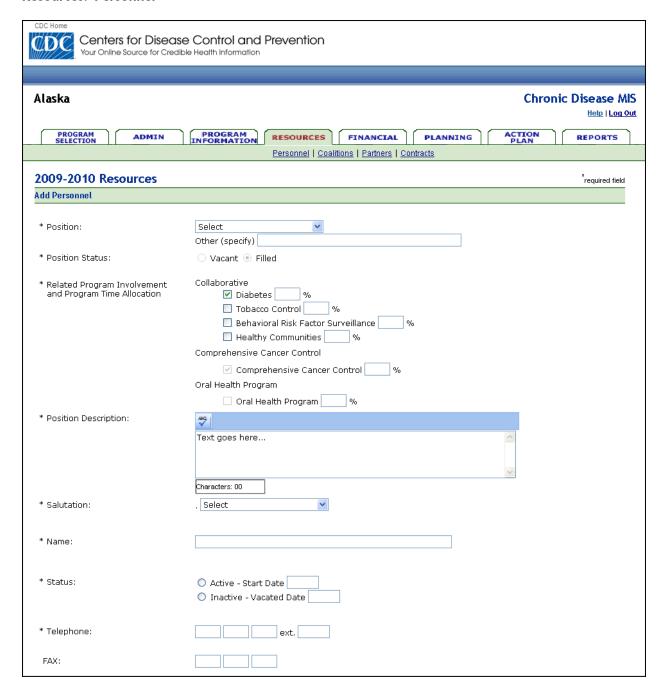
Program Information: Contact Information

| 2009-2010 Program In | formation | *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: | ext. | | |
| FAX: | | | |
| Website Address: | | | |
| * Mailing Address | * Address Line 1: | | |
| | Address Line 2: | | |
| | * City, State, ZIP Select - | | |
| Shipping Address Principal Investigator: | Same as mailing address * Address Line 1: Address Line 2: * City, State, ZIP Select [PI Name, phone and email dispalyed here from personnel section] Same as mailing address * Address Line 1: Address Line 2: * City, State, ZIP Select - Select | | |
| Business/Financial Official: | [Business Orfficial 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] | | |
| | Save Cancel | | |

Program Information: Program Summary



Resources: Personnel



Personnel Continued:

| * E-mail: | | | |
|---------------------------------|--|----------|--|
| * Highest Credentials (PRC): | Less than high school High school diploma/GED Associates (AA, AS, AN, Other) Bachelors (BA, BS, Other) Masters (MA, MS, MPH, MSPH, Other) Doctoral (PhD, DrPH, MD, DO, JD, Other) None | | |
| * Employment Type: | Grantee Employee Contract Employee Other (specify) | | |
| Assignment to Action Plan | Status | Timeline | |
| No information entered. | | | |
| | Save Cancel msq | | |

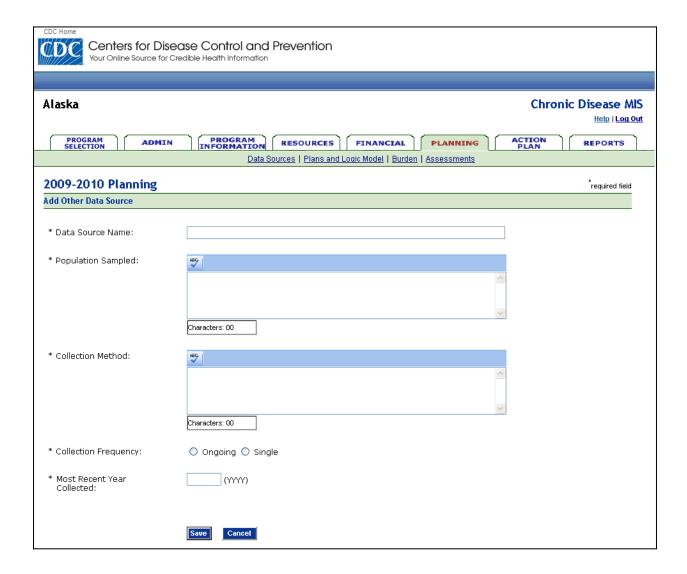
Partners:

| 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: | Select Other (Specify): |
| * Status: | O Active O Inactive |
| | Save Cancel |

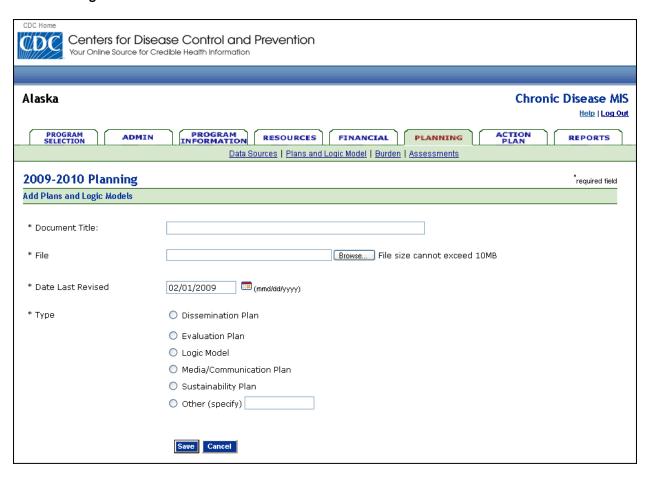
Standard Data Sources

| 2009-2010 Planning | | * required field |
|----------------------------|---|--|
| Edit Standard Data Sources | | Updated:02/10/2009 |
| | | Most Recent Data Set Used (уууу) |
| * Standard Data Sources: | American Cancer Society Facts and Figures | |
| | Behavioral Risk Factor Surveillance System (BRFSS) | |
| | Centers for Medicare and Medicaid Services (CMS) | |
| | Health Plan Employer Data and Information Set (HEDIS) | |
| | Indian Health Service | |
| | Kaiser Foundation | |
| | National Cancer Data Base (NCDB) | |
| | National Health and Nutrition Examination Survey (NHANES) | |
| | National Immunization Survey (NIS) | |
| | National Program of Cancer Registries | |
| | National Youth Tobacco Survey (NYTS) | |
| | Pregnancy Risk Assessment Monitoring System (PRAMS) | |
| | REACH Risk Factor Surveillance System | |
| | School Health Education Profile | |
| | Surveillance Epidemiology and End Results (SEER) Program | |
| | U.S.Census | |
| | ☐ Vital statistics | |
| | Woman, Infants, and Children (WIC) | |
| | Youth Risk Behavior Surveillance System (YRBSS) | |
| | Other (specify): | |
| | | |
| | Save Cancel | |

Other Data Sources



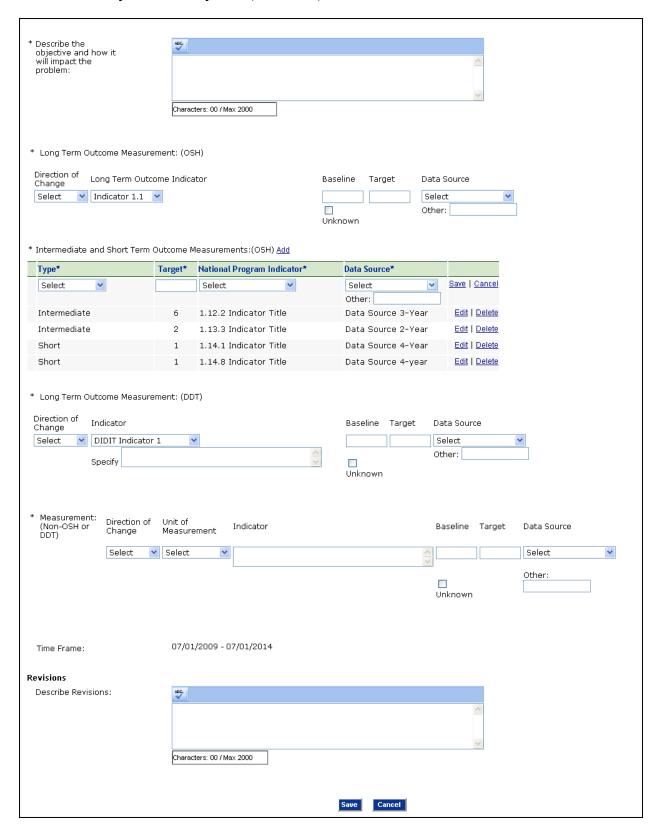
Plans and Logic Models



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)



Action Plan: Annual Objective

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

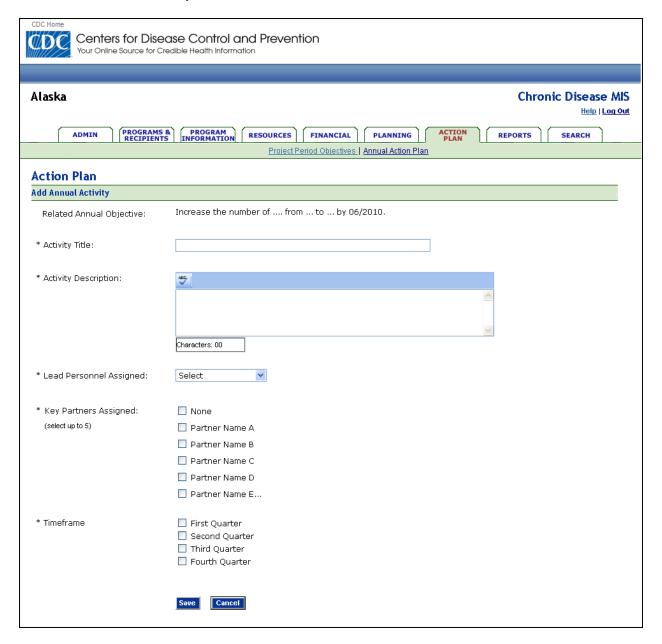
Action Plan: Annual Objective.

| * Describe the objective and how it | ABC | | | |
|-------------------------------------|--|---|--|--|
| will impact the problem: | | | | |
| | | | | |
| | Characters: 00 | | | |
| | J. 131 30101 0. 00 | | | |
| * Scope: | O National | | | |
| | Multi-State R State, Territo | Region pry, Pacific Island Jurisdiction | | |
| | | n State, Territory, Pacific Island Jurisdiction | | |
| | Tribe/Tribal (| | | |
| | O City, County, Local | | | |
| * Setting: | CommunityHealthcare | | | |
| | School | | | |
| | Worksite | | | |
| * Population Focus: | O General Pop | ulation | | |
| | Specific Popu | ulation | | |
| | Gender | ☐ Female | | |
| | | ☐ Male | | |
| | | ☐ Transgender | | |
| | Sexual | ☐ Bisexual | | |
| | Identity | ☐ Gay | | |
| | | ☐ Gay ☐ Heterosexual | | |
| | | Lesbian | | |
| | | Questioning | | |
| | | | | |
| | Race | African American or Black | | |
| | | American Indian or Alaska Native | | |
| | | Asian Indian | | |
| | | ☐ Chinese ☐ Filipino | | |
| | | ☐ Filipino ☐ Japanese | | |
| | | ☐ Korean | | |
| | | ☐ Vietnamese | | |
| | | Other Asian: | | |
| | | Native Hawaiian or other Pacific Islander | | |
| | | Guamanian or Chamorro | | |
| | | Samoan | | |
| | | ☐ White | | |
| | | | | |
| | Ethnicity | Hispanic or Latino | | |
| | | ☐ Not Hispanic or Latino | | |

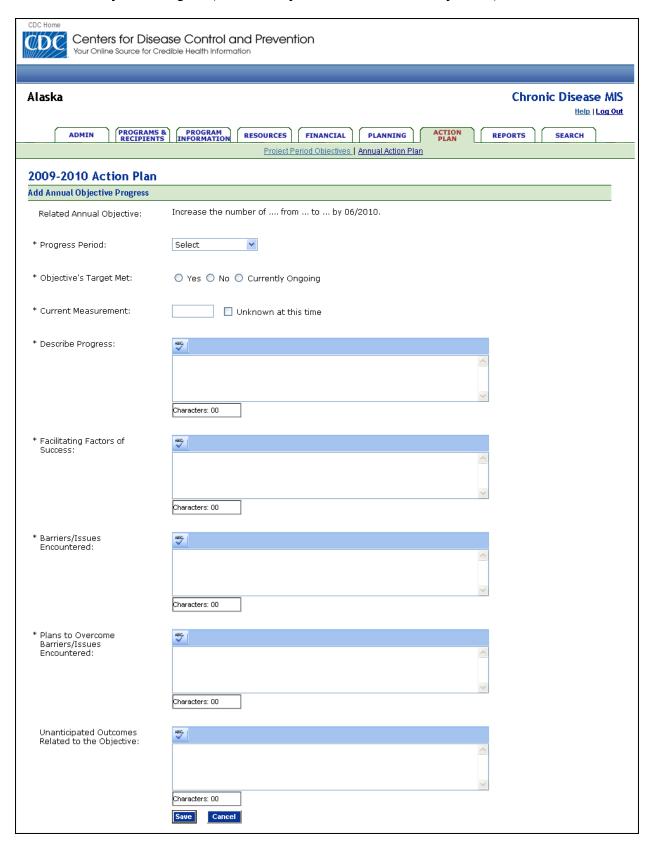
Action Plan: Annual Objective

| | Age | | | |
|----------------------|-------------------------------|-----------------|-------------|----------|
| | Infants and Toddlers | | | |
| | O-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 | | | |
| | _ orban | | | |
| | Socioeconomic Low | | | |
| | Status (SES) | | | |
| | Additional | | | ^ |
| | Population | | | <u>v</u> |
| | Details | | | |
| Direction of Unit of | | 5 ° 7 | B 1 B | |
| Change Measurement | What Will Be Measured | Baseline Target | Data Source | |
| Select V Select V | | ^ | Select 💌 | |
| | | | Other: | |
| | | | | |
| | | Unknown | | |
| | | | | |
| Time Frame: | 07/01/2009 - 06/30/2010 | | | |
| | | | | |
| Revisions | | | | |
| Describe Revisions: | ABC. | | | |
| | | | ^ | |
| | | | | |
| | | | V | |
| | Characters: 00 / Max 2000 | | | |
| | S. M. 40101 S. 50 F Max. 2000 | | | |
| | | | | |
| | Save Cancel | | | |
| | Cancer | | | |

Action Plan: Annual Activity



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



Action Plan: Products

