

Form Approved

OMB No. 0920-XXXX

Exp. xx/xx/xxxx

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# NCCDPHP MIS Proposed Screens


## Program Information: Contact Information

2009-2010 Program Information		* required field
<a href="#">Edit Contact Information</a>		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:	<input type="radio"/> State/District of Columbia <input type="radio"/> Territory
Supplemental Funding :	<input type="checkbox"/> Component 1: Policy and Environmental Approches (non-Competitive) <input type="checkbox"/> Component 2: Policy and Environmental Approches (Competitive) <input type="checkbox"/> Component 3: Tobacco Quit Line
* Executive Summary:	<div style="border: 1px solid #ccc; padding: 5px;"><div style="background-color: #e1eef6; padding: 2px; border: 1px solid #ccc; margin-bottom: 5px;">ABC</div><div style="border: 1px solid #ccc; padding: 5px; min-height: 150px;">Text goes here...</div><div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">Characters: 00 / max 5000</div></div>

# Resources: Personnel

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

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**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
		<b>Most Recent Data Set Used (yyyy)</b>
* 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  
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**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

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**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*	
<span style="border: 1px solid #ccc; padding: 2px;">Select</span>	<span style="border: 1px solid #ccc; padding: 2px;"> </span>	<span style="border: 1px solid #ccc; padding: 2px;">Select</span>	<span style="border: 1px solid #ccc; padding: 2px;">Select</span> Other: <span style="border: 1px solid #ccc; padding: 2px;"> </span>	<a href="#">Save</a>   <a href="#">Cancel</a>
Intermediate	6	1.12.2 Indicator Title	Data Source 3-Year	<a href="#">Edit</a>   <a href="#">Delete</a>
Intermediate	2	1.13.3 Indicator Title	Data Source 2-Year	<a href="#">Edit</a>   <a href="#">Delete</a>
Short	1	1.14.1 Indicator Title	Data Source 4-Year	<a href="#">Edit</a>   <a href="#">Delete</a>
Short	1	1.14.8 Indicator Title	Data Source 4-year	<a href="#">Edit</a>   <a href="#">Delete</a>

\* 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 <span style="float: right;">* required file</span>	
<b>Add Annual Objective</b>	
<a href="#">View Revisions</a>	
* 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="border: 1px solid #ccc; height: 40px; margin-top: 2px;"></div><div style="font-size: 8px; border: 1px solid #ccc; padding: 2px; margin-top: 2px;">Characters: 00</div></div>
* Scope:	<ul style="list-style-type: none"><li><input type="radio"/> National</li><li><input type="radio"/> Multi-State Region</li><li><input type="radio"/> State, Territory, Pacific Island Jurisdiction</li><li><input type="radio"/> Region Within State, Territory, Pacific Island Jurisdiction</li><li><input type="radio"/> Tribe/Tribal Organization</li><li><input type="radio"/> City, County, Local</li></ul>
* Setting:	<ul style="list-style-type: none"><li><input type="checkbox"/> Community</li><li><input type="checkbox"/> Healthcare</li><li><input type="checkbox"/> School</li><li><input type="checkbox"/> Worksite</li></ul>
* Population Focus:	<ul style="list-style-type: none"><li><input type="radio"/> General Population</li><li><input type="radio"/> Specific Population<ul style="list-style-type: none"><li>Gender <input type="checkbox"/> Female</li><li><input type="checkbox"/> Male</li><li><input type="checkbox"/> Transgender</li> <li>Sexual Identity <input type="checkbox"/> Bisexual</li><li><input type="checkbox"/> Gay</li><li><input type="checkbox"/> Heterosexual</li><li><input type="checkbox"/> Lesbian</li><li><input type="checkbox"/> Questioning</li> <li>Race <input type="checkbox"/> African American or Black</li><li><input type="checkbox"/> American Indian or Alaska Native</li><li><input type="checkbox"/> Asian Indian</li><li><input type="checkbox"/> Chinese</li><li><input type="checkbox"/> Filipino</li><li><input type="checkbox"/> Japanese</li><li><input type="checkbox"/> Korean</li><li><input type="checkbox"/> Vietnamese</li><li><input type="checkbox"/> Other Asian: <input style="width: 100px;" type="text"/></li><li><input type="checkbox"/> Native Hawaiian or other Pacific Islander</li><li><input type="checkbox"/> Guamanian or Chamorro</li><li><input type="checkbox"/> Samoan</li><li><input type="checkbox"/> White</li> <li>Ethnicity <input type="checkbox"/> Hispanic or Latino</li><li><input type="checkbox"/> Not Hispanic or Latino</li></ul></li></ul>

## 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

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## 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)

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### 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