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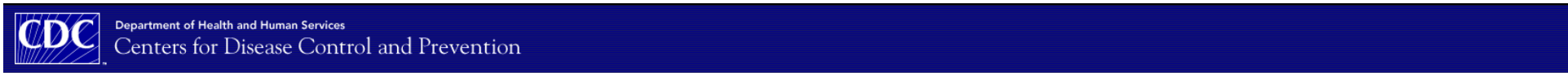
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Log In



HDSP Information System (IS)

Form Approved
OMB No. 0920-0679
Exp. Date 5/31/2011

User ID:
Password:

[Login](#)

Conditions of Use and Logon

This is a U.S. Federal Government system and shall be used only by authorized persons for authorized purposes. Users do not have a right to privacy in their use of this government system. System access, activity, and information stored or transmitted may be monitored for adherence to acceptable use policy. Users of this system hereby consent to such monitoring. Improper or illegal use detected may result in further investigation for possible disciplinary action, civil penalties, or referral to law enforcement for criminal prosecution. This system contains non-public information that must be protected from unauthorized access, disclosure, sharing, and transmission violation of which can result in disciplinary action, fines, and/or criminal prosecution.

By logging into this application, I understand and agree to use the application in the manner in which it is intended. I agree to keep my user ID or password secured, not allowing others access. Unauthorized access to information or information systems is prohibited. Failure to comply with these rules will result in loss of access.


State users: Type the User ID and password assigned to you for this application.

- Passwords are case-sensitive.
- For security reasons, a period of 90 or more minutes of inactivity requires that you log in again.
- After 3 unsuccessful attempts to log in, your account will be temporarily locked for 30 minutes.

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 (0920-0679)



Program and Contact Information

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Program and Contact Information | [Personnel](#)

2010-2011 Administration

* required field

Edit Program & Contact Information

Updated:3/10/2010

* Program Name:
Grant Number: DP000718
Program Type: Capacity Building

* Primary Program Telephone: ext.

* Business Official:

Mailing

* Address line 1:
Address line 2:
* City:
* State:
* Postal Code: -

Courier

Same as mailing address (you do not have to complete the address information below)

* Address line 1:
Address line 2:
* City:
* State:
* Postal Code: -

Web Address


Program Web Address:



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Personnel

 Department of Health and Human Services
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[Program and Contact Information](#) | [Personnel](#)

2010-2011 Administration

* required field

Enter Personnel

* First Name:

Middle Name:

* Last Name:

* Telephone Number: ext.

* E-mail Address:

* Primary Role: Other:

* Program Time Allocation: %

Percentage of Salary Paid by CDC DHDSP: %

* Is this individual a contractor? Yes No

* Is this individual the primary program contact? Yes No

* Personnel member status: Active Inactive

Assignment to Work Plan Activities


Status

Time Frame

No Activities assigned.



Key Partners

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2010-2011 Core Components

* required field

Enter Key Partner

* Partner Type:
Other:

* Partner Name:

* Partner Contact Name:

* Is this partner a member of the statewide work group responsible for the comprehensive CVH State plan?
 Yes No

Evidence of Partner Commitment

To upload attachments, select "Save" below then select the "Attachments" link on the next screen.

Assignment to Work Plan Activities


Status

Time Frame

No Activities assigned.



Key Contractors

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2010-2011 Core Components * required field

Enter Key Contractor

* Organization Name:

Contact Name:



* Primary Role:
Other:

Amount of Contract Funded by CDC CVH: \$

Assignment to Work Plan Activities	Status	Time Frame
No Activities assigned.		

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State Plan



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2010-2011 Core Components

* required field

Edit State Plan

Updated:3/10/2010

* Title:

* Plan Time Frame: - (yy-yyyy)

* Status: Draft Published

Web Site Address:

* State Planning Group Name:

List Subgroups:

Partner Members:	Name	Type
	None	

* State Plan Attachments:

Document Title	Type
To upload attachments, select "Save" below then select the "Attachments" link on the next screen.	

Work Plan Objectives Addressing State Plan	Status	Time Frame
--	--------	------------

No Objectives assigned.



Burden Report



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2010-2011 Core Components

*required field

Edit Burden Report

Updated: 3/10/2010

Burden Report is currently:

Published

* Title:

* Publish Date: / (MM/YYYY)

* Date hard copy sent to CDC: / (MM/YYYY)

Priority Populations

Please select the priority population characteristics that the Burden Report has identified as having the highest heart disease and stroke burden.

- * Gender:
 - Female
 - Male
 - Not Specific
- * Geography:
 - Rural/Low Density
 - Urban/High Density
 - Not Specific
- * Ethnicity:
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Not Specific
- * Race: (select up to 3)
 - African American or Black
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or other Pacific Islander
 - White
 - Not Specific
- * Socioeconomic Status:
 - Low
 - Not Specific

Additional Population Comments:

Burden Report Web Address:

Burden Report Attachments:

Document Title

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Standard Data Sources

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2010-2011 Core Components

* required field

Select Standard Data Sources

Updated: 11/17/2010

* Standard Data Sources:

	Most Recent Data Set Year* (YYYY)
<input type="checkbox"/> BRFSS Cholesterol Awareness Module	[]
<input type="checkbox"/> BRFSS Cardiovascular Disease Module	[]
<input type="checkbox"/> BRFSS Heart Disease and Stroke Signs and Symptoms Module	[]
<input type="checkbox"/> BRFSS Hypertension Awareness Module	[]
<input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	[]
<input type="checkbox"/> Health Care Organization	[]
<input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS)	[]
<input type="checkbox"/> Hospital Discharge Data	[]
<input type="checkbox"/> U.S. Bureau of Census	[]
<input type="checkbox"/> Vital Statistics	[]
<input type="checkbox"/> Youth Risk Behavior Surveillance (YRBS)	[]
<input type="checkbox"/> Other []	[]

Association to Work Plan

Status


Time Frame

No Objectives assigned.

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



Other Data Sources

 Department of Health and Human Services
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2010-2011 Core Components *required field

Enter Data Source

* Data Source Name:

* Describe Population Sampled:

* Describe Collection Method:



* Collection Frequency: Single Collection Ongoing Collections

* Most Recent Year Collected: (yyy)

Association to Work Plan	Status	Time Frame
No Objectives assigned.		

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Policy and Environmental Assessment



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2010-2011 Core Components

* required field

Enter Policy and Environmental Assessment

* Title:

* Assessment Type:
 State Level
 District/local Level

* Assessment Setting:
 Health Care
 Work Site
 Community
 School

* Last Assessment Date: / (MM/YYYY)

* Summarize the data collected in the assessment:

* Summarize the methods used for the assessment:

* Summarize the findings of the assessment:

Policy & Environmental Assessment Attachment(s)

To upload attachments, select "Save" below then select the "Attachments" link on the next screen.

Work Plan Objectives addressing Policy & Environmental Assessment

Status

Time Frame

No Objectives assigned.



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Capacity Building Work Plan Activity



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2010-2011 Work Plan

*required field

Add Activity

Related Objective: Develop, maintain, and enhance a diverse and active partnership to plan, implement, and coordinate heart disease and stroke prevention activities within the State. (In process, 06/2007-06/2012)

* Activity Title:

* Activity Description:

* Estimated Start Date: / (MM/YYYY)

* Estimated End Date: / (MM/YYYY)

* Current Status:

Assigned Resources:
* Lead Personnel:

Other personnel assigned to this activity:

- Bell, Scott
- Downing, Christi
- Hurst, Rochelle
- Miller, Henry L
- Nickles, Adrienne

Contractors assigned to this activity:

- Michigan Public Health Institute


Partners assigned to this activity:

- Michigan Cardiovascular Alliance
- ACCESS
- American Diabetes Association
- American Heart Association-Midwest Affiliate
- American Heart Association-Quality Improvement Initiatives

Describe Partner Involvement:



Capacity Building Work Plan Activity Progress

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2010-2011 Work Plan

* required field

Add Activity Progress

Related Activity:

10 activities to ensure participant involvement, yearly, by June 30 (In process, 07/2009-06/2012)

* Date Progress Occurred:

/ / (MM/DD/YYYY)

* Describe Progress:

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Capacity Building Work Plan Activity Product



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2010-2011 Work Plan

* required field

Add Product

Related Objective: Develop, maintain, and enhance a diverse and active partnership to plan, implement, and coordinate heart disease and stroke prevention activities within the State. (In process, 06/2007-06/2012)

* Product Title:

* Product Type:

Other:

* Product Description:

Author:

* Product Focus:
(Select up to 3)

- Assessment and inventory
- Awareness approaches/strategies
- Burden of cardiovascular disease
- Cultural competence
- Data management
- Disease risk factors
- Epidemiology
- Environmental approaches/strategies
- Evaluation

- Health communications
- Partnerships
- Policy approaches/strategies
- Population based strategies
- Priority population strategies
- Program planning
- System approaches/strategies
- Training and technical assistance
- Other

Product Language: English
 Spanish
 Other

* Intended Audience:
(Select up to 6)

- Community/local program
- Decision/policy makers
- Faith-based organization
- General population
- Healthcare organization
- Healthcare provider
- Local health department

- Other state government entity
- Priority population
- Private sector business
- State health department
- State planning group
- Volunteer agency or professional organization
- Other



Intervention Work Plan Long Term Objective



2010-2011 Long Term Intervention Objective

* required field

Add Long Term Intervention Objective

This section guides you through writing a SMART Objective. A **SMART** objective is **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound.

Specific

* Objective Title:

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

* Related HP2010 National Goal:

* Status:

* Primary Priority Area:

Secondary Priority Area:

Measurable and Achievable

* Measurement:

from to

increase/decrease unit of measurement what will be measured? baseline target

Unknown Baseline

* Evidence of Measuring Target:

Other:

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

Relevant


Which state plan objective does this objective relate to?

Time-bound

* Estimated Start Date: (MM/YYYY)



Intervention Work Plan Long Term Objective Progress

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2010-2011 Work Plan * required field

[Edit Objective](#)

Add Objective Progress

Related Objective: Increase the number of adults who have their high blood pressure under control (In process, 07/2009-06/2011)

* Date Progress Occurred: / / (MM/DD/YYYY)

* Describe Progress:



* Has the objective's target been met? Yes No Currently Ongoing

Describe any barriers and/or issues to meeting the objective and plans to overcome:

Describe any additional benefits (unexpected outcomes) as a result of this objective:

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Intervention Work Plan Supporting Objective



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2010-2011 Supporting Intervention Objective

*required fi

Add Supporting Intervention Objective

Supporting Objectives are SMART objectives, including any short or intermediate term objectives which will help to accomplish the long term objective and may be longer than one year.

Specific

* Objective Title:

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

* Status:

Setting:

- Health Care
- Work Site
- Community
- School

Measurable and Achievable

* Measurement:

from to

increase/decrease unit of measurement what will be measured? baseline target

Unknown Baseline

* Evidence of Measuring Target:

Other:

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

Relevant

* Objective Focus:

- General Population Based
- Priority Population Based (specify below)
 - Gender Female



Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Not Specific

Race (select up to 3) African American or Black
 American Indian or Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander
 White
 Not Specific

Socioeconomic Status Low
 Not Specific

Describe the steps taken to ensure the objective is culturally competent for the priority population identified:

Supplemental project: None
 Stroke Network
 Optional Funding

* Summarize how resources have been leveraged for this objective:

Time-bound

* Estimated Start Date: / (MM/YYYY)

* Estimated End Date: / (MM/YYYY)



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2010-2011 Work Plan

* required field

[Edit Objective](#)

Add Objective Progress

Related Objective:

Hypertension Core Curriculum (indicator 1.2.2 providers classify high blood pressure guidelines) (In process, 07/2009-06/2011)

* Date Progress Occurred:

/ / (MM/DD/YYYY)

* Describe Progress:

* Has the objective's target been met?

Yes No Currently Ongoing

Describe any barriers and/or issues to meeting the objective and plans to overcome:

Describe any additional benefits (unexpected outcomes) as a result of this objective:



Intervention Work Plan Supporting Objective Product



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2010-2011 Work Plan

* required field

Add Product

Related Objective: Hypertension Core Curriculum (indicator 1.2.2 providers classify high blood pressure guidelines) (In process, 07/2009-06/2011)

* Product Title:

* Product Type:

Other:

* Product Description:

Author:

* Product Focus:
(Select up to 3)

- Assessment and inventory
- Awareness approaches/strategies
- Burden of cardiovascular disease
- Cultural competence
- Data management
- Disease risk factors
- Epidemiology
- Environmental approaches/strategies
- Evaluation

- Health communications
- Partnerships
- Policy approaches/strategies
- Population based strategies
- Priority population strategies
- Program planning
- System approaches/strategies
- Training and technical assistance
- Other

Product Language: English
 Spanish
 Other

* Intended Audience:
(Select up to 6)

- Community/local program
- Decision/policy makers
- Faith-based organization
- General population
- Healthcare organization
- Healthcare provider
- Local health department

- Other state government entity
- Priority population
- Private sector business
- State health department
- State planning group
- Volunteer agency or professional organization
- Other



Intervention Work Plan Supporting Objective Activity



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2010-2011 Work Plan

* required field

Add Activity

Related Objective: Hypertension Core Curriculum (indicator 1.2.2 providers classify high blood pressure guidelines) (In process, 07/2009-06/2011)

* Activity Title:

* Activity Description:

* Estimated Start Date: / (MM/YYYY)

* Estimated End Date: / (MM/YYYY)

* Current Status:

Assigned Resources:

* Lead Personnel:

Other personnel assigned to this activity:

- Bell, Scott
- Downing, Christi
- Hurst, Rochelle
- Miller, Henry L
- Nickles, Adrienne

Contractors assigned to this activity:

- Michigan Public Health Institute


Partners assigned to this activity:

- Michigan Cardiovascular Alliance
- ACCESS
- American Diabetes Association
- American Heart Association-Midwest Affiliate
- American Heart Association-Quality Improvement Initiatives

Describe Partner Involvement:



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Add Activity Progress

Related Activity: Promote Core Curriculum (In process, 07/2010-06/2011)



* Date Progress Occurred: / / (MM/DD/YYYY)

* Describe Progress:

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