



Chronic Disease Management Information System (MIS)

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.

Funded FOA 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 90 minutes.

Public Health Prevention Fund: Community Transformation Grants Funding Opportunity Announcement OMB Information:

Form Approved:

Expiration Date:

Public reporting burden of this collection of information varies from 3 to 15 hours with an estimated average of 3 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-xxxx)

Comprehensive Cancer Control Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0841

Expiration Date: 1/31/2013

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 (0920-0841)

Collaborative Funding Opportunity Announcement OMB Information:

Form Approved: 0920-0830

Expiration Date: 11/30/2013

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 (0920-0870)

Program Information – Contact Information

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

- System Admin
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Contact Information | [Program Summary](#)

2011-2012 Program Information

Edit Contact Information

Organization Name:

Grantee Number:

Announcement Number:

DUNS Number:

*Telephone: ext.

FAX:

Web Address:

*Program Mailing Address: *Address Line 1
 Address Line 2
 *City, State Zip -

*Program Shipping Address: Same as Program Mailing Address
 *Address Line 1
 Address Line 2
 *City, State Zip -

Principal Investigator: No Principal Investigator entered.
 Same as Program Mailing Address
 Address Line 1
 Address Line 2
 City, State Zip -

Business/Financial Official: No Business/Financial Official entered.

Program/Project Manager/Director: No Program/Project Manager/Director entered.

CDC Grants Management Specialist:

CDC Project Officer:

| Name | Component | Email | Phone |
|------|-----------|-------|-------|
| | | | |
| | | | |

Program Information – Program Summary

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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[Contact Information](#) | **Program Summary**

2011-2012 Program Information

***Required**

Edit Program Summary

Last Updated: 10/08/2011

*Grantee Type:

- State/District of Columbia
- Territory
- Tribe/Tribal Organization
- Local Government/Community
- Non-Profit

*Funding Level:

- Category A: Capacity Building
- Category B: Implementation

*Executive Summary:

ABC

Characters: 0 / Maximum: 5000

Resources: Personnel – List page

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Maine Department of Health

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[Personnel](#) | [Partners](#) | [Contracts/Consultants](#) | [Leadership Team](#)

2011-2012 Resources

Year: 2011-2012

[Personnel add](#)

| Name | Position | E-mail | Telephone | Personnel Status | Position Status |
|------|----------|--------|-----------|------------------|-----------------|
|------|----------|--------|-----------|------------------|-----------------|

No information entered.

Done

Trusted sites | Protected Mode: Off

100%

Resources: Personnel

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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Personnel | Partners | Contracts/Consultants | Leadership Team

2011-2012 Resources

*Require

Add Personnel


Position Details

*Position:
Other (specify):

Program/Project Coordinator/Specialist Type:

*Position Status: Vacant Filled

*Position Description:



Characters: 0 / Maximum: 500

Search for Existing Personnel

Find Personnel: [Reset Personnel Details](#)

Personnel Details

*Salutation:

*First Name:

Middle Name:

*Last Name:

*Status: Active / (MM/YYYY)
 Inactive / (MM/YYYY)

*Telephone: ext.

FAX:

*Email:

*Employment Type: Grantee Employee
 Contract Employee
 Other (specify)

*Related Program Involvement and Program Time Allocation:

- Community Transformation Grants
 Community Transformation Grants (CTG) %
- Comprehensive Cancer Control
 Comprehensive Cancer Control %
- Healthy Communities ACHIEVE
 ACHIEVE %
- Healthy Communities Pioneering Healthier Communities
 PHC %
- Healthy Communities Strategic Alliance for Health
 SAH %
- Collaborative
 Behavioral Risk Factor Surveillance %
 Diabetes %
 Healthy Communities %
 Tobacco Control %
- CTG - National Dissemination and Support
 Public Prevention Health Fund: National Dissemination and Support for Community Transformation Grants %

Association to Action Plan

Time Frame

No activities assigned.

Resources: Partner - List Page

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Maine Department of Health

Help Log Out

System Admin FOAs & Recipients Technical Assistance Program Information Resources Planning Action Plan Community Information Reports Search

Personnel | Partners | Contracts/Consultants | Leadership Team

2011-2012 Resources Year: 2011-2012 Go

Partner add

| Partner Name | Partner Type | Status | Action Plan Involvement |
|-------------------------|--------------|--------|-------------------------|
| No information entered. | | | |

Done Trusted sites | Protected Mode: Off 100%

Resources: Add Partner

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Austen Bioinnovation Institute in Akron

Help Log Out

System Admin FOAs & Recipients Technical Assistance Program Information Resources Planning Action Plan Community Information Reports Search

Personnel | Partners | Contracts/Consultants | Leadership Team

2011-2012 Resources *Required

Add Partner

*Status: Active Inactive

Search for Existing Partner

Find Partner: [Reset Name & Details](#)

*Partner Name:

Partner Details

*Programs Involved:

- Community Transformation Grants (CTG)
- Comprehensive Cancer Control
- Healthy Communities ACHIEVE
- Healthy Communities Pioneering Healthier Communities PHC
- Healthy Communities Strategic Alliance for Health SAH
- Collaborative Behavioral Risk Factor Surveillance
- Diabetes
- Healthy Communities
- Tobacco Control
- CTG - National Dissemination and Support
- Public Prevention Health Fund: National Dissemination and Support for Community Transformation Grants
- Diabetes Vulnerable Populations
- Consolidated FOA - Pacific Island Jurisdictions
- Affiliated Pacific Island Collaborative Performance Agreement
- Coordinated Chronic Disease Prevention and Health Promotion

*Partner Type: Other (specify):

Save Cancel

Resources: Contract/Consultants - List page:

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Austen Bioinnovation Institute in Akron Help Log Out

System Admin | FOAs & Recipients | Technical Assistance | Program Information | **Resources** | Planning | Action Plan | Community Information | Reports | Search

Personnel | Partners | **Contracts/Consultants** | Leadership Team

2011-2012 Resources Year: 2011-2012

Contracts/Consultants [add](#)

| Organization Name | Primary Role in Program | Contract Status | |
|-------------------|-------------------------|-----------------|--|
| Test Contractor | Evaluation | Awarded | view edit delete |

Resources: Contract/Consultants:

http://qanccdc.cdc.gov/hccdpmpmis/Resources/Contract_edit.aspx?Action=Add

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Austen Bioinnovation Institute in Akron Help Log Out

System Admin | FOAs & Recipients | Technical Assistance | Program Information | **Resources** | Planning | Action Plan | Community Information | Reports | Search

Personnel | Partners | **Contracts/Consultants** | Leadership Team

2011-2012 Resources *Required

Add Contract

*Contract Status: Awarded Not Awarded

*Primary Role in Program:
Other (specify):

*Organization Name:

*Organization Type:
Other (specify):

*Organization's Status on Contract: Active Inactive

Resources: Leadership Team

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Austen Bioinnovation Institute in Akron

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Personnel | Partners | Contracts/Consultants | **Leadership Team**

2011-2012 Resources

*Required

Add Leadership Team

*Leadership Team Name:

*Members:

| | | |
|----------------------|---|--|
| Organization Name | Organization Type | |
| <input type="text"/> | Select <input type="button" value="Add"/> | |
| | Other (specify): <input type="text"/> | |

| Organization Name | Organization Type |
|----------------------|-------------------|
| No members assigned. | |

*Setting/Sector Represented:

| | # of Members |
|--------------------------------------|--------------------------------|
| Community | <input type="text" value="0"/> |
| Community Institution/Organization | <input type="text" value="0"/> |
| Faith-based | <input type="text" value="0"/> |
| Health Care | <input type="text" value="0"/> |
| School | <input type="text" value="0"/> |
| Statewide | <input type="text" value="0"/> |
| Work Site | <input type="text" value="0"/> |
| Other (Specify) <input type="text"/> | <input type="text" value="0"/> |

*How were Leadership Team Members Identified?

Characters: 0 / Maximum: 5000

*Summarize the structures and processes for communication within the Leadership Team:

Characters: 0 / Maximum: 5000

Planning: Data Sources

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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Data Sources | [Plans and Logic Models](#)

2011-2012 Planning

Year:

Standard Data Sources [edit](#)

| Name | Most Recent Data Set Year |
|------|---------------------------|
| | |

Other Data Sources [add](#)

| Name | Most Recent Year Collected |
|------|----------------------------|
| | 2004 |

Planning: Data Sources – Standard Data Sources

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
 Austen Bioinnovation Institute in Akron

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Data Sources | Plans and Logic Models

2011-2012 Planning

Standard Data Sources

*Standard Data Sources:

| | Most Recent Data Set Year |
|--|---------------------------|
| <input type="checkbox"/> Adult tobacco Survey (ATS) | <input type="text"/> |
| <input type="checkbox"/> Air Quality Monitoring | <input type="text"/> |
| <input type="checkbox"/> American Cancer Society Facts and Figures | <input type="text"/> |
| <input type="checkbox"/> American Indian Tobacco Survey | <input type="text"/> |
| <input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS) | <input type="text"/> |
| <input type="checkbox"/> BRFSS Adult HPV | <input type="text"/> |
| <input type="checkbox"/> BRFSS Cancer Survivors (core) | <input type="text"/> |
| <input type="checkbox"/> BRFSS Cancer Survivors (optional) | <input type="text"/> |
| <input type="checkbox"/> BRFSS Child HPV | <input type="text"/> |
| <input type="checkbox"/> BRFSS Colorectal Cancer Screening | <input type="text"/> |
| <input type="checkbox"/> BRFSS Prostate Cancer Screening | <input type="text"/> |
| <input type="checkbox"/> BRFSS Women's Health | <input type="text"/> |
| <input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS) | <input type="text"/> |
| <input type="checkbox"/> Chronic Disease Indicators | <input type="text"/> |
| <input type="checkbox"/> Community Health Assessment aNd Group Evaluation (CHANGE) | <input type="text"/> |
| <input type="checkbox"/> Community Health Status Indicators (CHSI) | <input type="text"/> |
| <input checked="" type="checkbox"/> CPPW BRFSS | 2010 |
| <input checked="" type="checkbox"/> CPPW YRBSS | 2011 |
| <input type="checkbox"/> FitnessGram | <input type="text"/> |
| <input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS) | <input type="text"/> |
| <input type="checkbox"/> Hospital Discharge Data | <input type="text"/> |
| <input type="checkbox"/> Indian Health Service | <input type="text"/> |
| <input type="checkbox"/> Kaiser Foundation | <input type="text"/> |
| <input type="checkbox"/> National Adult Tobacco Survey | <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 Health Interview Survey (NHIS) | <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"/> Pediatric Nutrition Surveillance System (PedNSS) | <input type="text"/> |
| <input type="checkbox"/> Pregnancy Nutrition Surveillance System (PNSS) | <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"/> State HANES | <input type="text"/> |
| <input type="checkbox"/> State Health Interview Survey | <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"/> United States Renal Data System (USRDS) | <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="text"/> |

Association to Action Plan

Planning: Data Sources – Other Data Sources

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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Data Sources | Plans and Logic Models

2011-2012 Planning

*Required

Add Other Data Source

*Data Source Name:

*Population Sampled:

Characters: 0 / Maximum: 1500

*Collection Methods:

Characters: 0 / Maximum: 1500

*Frequency: Ongoing Collections Single Collection

*Most Recent Year Collected: (YYYY)

Planning: Plans and Logic Models - Add page

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

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Data Sources | Plans and Logic Models

2011-2012 Planning

Add Plans and Logic Models

*Document Title:

*File Name and Location: File size cannot exceed 10MB

*Date Revised: 

*Type:

- Burden Report
- Dissemination Plan
- Evaluation Plan
- Logic Model
- Media/Communication Plan
- State Plan
- Strategic Plan
- Sustainability Plan
- Other (specify)

Action Plan (Grantee) – Overview page

Chronic Disease MIS: Action Plan – Action Plan S...

Maine Department of Health

System Admin | FOAs & Recipients | Technical Assistance | Program Information | Resources | Planning | **Action Plan** | Community Information | Reports | Search

2011-2012 Action Plan Year: 2011-2012 Go

Action Plan Summary [Print Action Plan Report](#) [Print Action Plan Report Summary](#)

| <p>Add PPO</p> <p>No information entered.</p> | <p>Project Period Objective Summary</p> <p>No information entered.</p> <p>Project Period Objective Progress</p> <table border="1"><thead><tr><th>Progress Period</th><th>Description</th><th>Target Met</th></tr></thead><tbody><tr><td colspan="3">No information entered.</td></tr></tbody></table> <p>Annual Objective</p> <p>No information entered.</p> | Progress Period | Description | Target Met | No information entered. | | |
|---|---|-----------------|-------------|------------|-------------------------|--|--|
| Progress Period | Description | Target Met | | | | | |
| No information entered. | | | | | | | |

Home | A-Z Index | Site Map | Policies | About CDC.gov | Link to Us | All Languages | Contact CDC

Trusted sites | Protected Mode: Off | 100%

Action Plan: Project Period Objective (PPO)

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Bernalillo County

Help Log C

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2011-2012 Action Plan

Year: 2011-2012 Go

Action Plan Summary

Print Action Plan Report Print Action Plan Report Summary

[Add PPO](#)

- PPO: 1.0 - Increase the number of people who...
- Progress (0)
- AO: 1.1 - Increase the number of people eng...
- AO: 1.10 - Increase the number of public sc...
- AO: 1.15 - Increase the number of active Pa...
- PPO: 2.1 - Increase the number of students t...

Add Project Period Objective

*Objective ID:

*Related Program Goal:

- Strategic Direction 1: Tobacco Free Living
- Strategic Direction 2: Active Living and Healthy Eating
- Strategic Direction 3: Increased Use of High Impact Quality Clinical Preventive Services
- Strategic Direction 4: Social and Emotional Wellness
- Strategic Direction 5: Healthy and Safe Physical Environment
- Other (Specify)

*Priority Area:

- Other
- Not Applicable

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

Characters: 0 / Maximum: 2000

*Measurement: (This section creates the SMART Objective Statement)

Direction of Change: Unit of Measurement:

What will be measured?

Characters: 0 / Maximum: 300

Baseline: Target:

Unknown

Data Source:

Other (specify):

Timeframe: Start Date: End Date:

Action Plan: Project Period Objective – Progress

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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2011-2012 Action Plan

Year: 2011-2012

Action Plan Summary

[Print Action Plan Report](#) [Print Action Plan Report Summary](#)

[Add PPO](#)

CTG_PPO_001 - Increase the percent of t...

Add Project Period Objective Progress

Related Project Period Objective: **CTG_PPO_001 - Increase the percent of timeframe test from 1% to 2% by September 2016.**

*Progress Period:

*Objective's Target Met: Yes No Ongoing

*Current Measurement: Unknown at this time

*Describe Progress:

Characters: 0 / Maximum: 5000

*Facilitating Factors of Success:

Characters: 0 / Maximum: 5000

*Barriers/Issues Encountered:

Characters: 0 / Maximum: 5000

*Plans to Overcome Barriers/Issues Encountered:

Characters: 0 / Maximum: 5000

Unanticipated Outcomes Resulting from the Objective:

Characters: 0 / Maximum: 5000

Action Plan: Annual Objective (AO)

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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2011-2012 Action Plan

Year: 2011-2012

Action Plan Summary

[Print Action Plan Report](#) [Print Action Plan Report Summary](#)

[Add PPO](#)

Add Annual Objective

Related Project Period Objective:

*Objective ID:

*Related FOA Recipient Activity:

- Capacity Building
- Fiscal Management
- Leadership Team & Coalition
- Community Health Assessment and Planning
- Capacity Building Plan
- Performance Monitoring and Evaluation

Implementation

- Program Infrastructure/Staff
- Fiscal Management
- Leadership Team and Coalition
- Selection of Strategies

*For innovative or other strategy, describe the evidence/practice base for the strategy:

Characters: 0 / Maximum: 2000

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

Characters: 0 / Maximum: 2000

*Setting:

- Community
- Community Institution/Organization
- Health Care
- School
- Work Site
- Statewide
- Other

*Population Focus:

- General Population
- Specific Population

*Measurement: (This section creates the SMART Objective Statement)

Direction of Change: Unit of Measurement:

What will be measured?

Characters: 0 / Maximum: 300

Baseline: Target:

Unknown

Data Source:

Select

Other (specify):

Timeframe:

Start Date: 9/30/2011 End Date: 9/29/2012

Action Plan: Annual Objective - Progress

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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2011-2012 Action Plan

Year: 2011-2012

Action Plan Summary

[Print Action Plan Report](#) [Print Action Plan Report Summary](#)

Add PPO

- [-] PPO: CTG_PPO_001 - Increase the percent of t...
 - Progress (0)
 - [-] AO: CTG_PP0001_AO_0 - Increase the percent ...
 - Progress (0)
 - Activities (2)
 - Products (0)

Add Annual Objective Progress

Related Annual Objective:

*Progress Period:

*Objective's Target Met: Yes No Ongoing

*Current Measurement: Unknown at this time

*Describe Progress:

Characters: 0 / Maximum: 5000

*Facilitating Factors of Success:

Characters: 0 / Maximum: 5000

*Barriers/Issues Encountered:

Characters: 0 / Maximum: 5000

*Plans to Overcome Barriers/Issues Encountered:

Characters: 0 / Maximum: 5000

Unanticipated Outcomes Resulting from the Objective:

Characters: 0 / Maximum: 5000

Action Plan: Annual Objective - Activity

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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2011-2012 Action Plan

Year:

Action Plan Summary

[Print Action Plan Report](#) [Print Action Plan Report Summary](#)

Add PPO

✚ PPO: CTG_PPO_001 - Increase the percent of t...

Add Annual Objective Activity

Related Annual Objective:

*Activity ID:

*Activity Title:

*Activity Description:

Characters: 0 / Maximum: 2000

*Lead Personnel Assigned:

*Key Contributing Partners: No partners assigned

Available

Selected

*Key Contributing Contracts/Consultants: No Contracts/Consultants assigned

Available

Selected

*Timeframe of Initiation: Start: End:

Action Plan: Annual Objective - Product

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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2011-2012 Action Plan

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Action Plan Summary

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- PPO: CTG_PPO_001 - Increase the percent of t...
 - Progress (0)
 - AO: CTG_PPO001_AO_0 - Increase the percent ...
 - Progress (0)
 - Activities (2)
 - Products (0)

Add Annual Objective Product

Related Annual Objective:

*Product Title:

*Product Description:
Characters: 0 / Maximum: 1500

*Product Type:
Other (specify):

Attachment:
File size cannot exceed 10MB

Community - Add Community Information

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Austen Bioinnovation Institute in Akron

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CAPs | Assessment

2011-2012 Community Information

Year:

Community Action Plan Summary

[Print Community Report](#)

[Add Community](#)

- CTG 001
 - rose test 1
 - rose test 2
 - rose test
- CTG2

Add Community

*Community Name:

*Coalitions:

Coalition Name

Coalition Role

| Coalition Name | Coalition Role |
|-------------------------|----------------|
| No coalitions assigned. | |

Community - CAP: Project Period Objective

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
Bernalillo County

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CAPs | Assessment

2011-2012 Community Information

Year: 2011-2012

Community Action Plan Summary

[Print Community Report](#)

binghamton

Add Community Project Period Objective

*Objective ID:

*Priority Area: Other Not Applicable

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

Characters: 0 / Maximum: 2000

*Measurement: (This section creates the SMART Objective Statement)

| | |
|---|---|
| Direction of Change: <input type="text" value="Select"/> | Unit of Measurement: <input type="text" value="Select"/> |
|---|---|

What will be measured?

Characters: 0 / Maximum: 200

| | |
|------------------------------------|----------------------------------|
| *Baseline: <input type="text"/> | *Target: <input type="text"/> |
|------------------------------------|----------------------------------|

Unknown

*Primary Data Source:

Secondary Data Source:

*Timeframe: Start Date: End Date:

Community - CAP: Project Period Objective Progress

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

Austen Bioinnovation Institute in Akron

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CAPs | Assessment

2011-2012 Community Information

Year: 2011-2012

Community Action Plan Summary

[Print Community Report](#)

- CTG 001
 - PPO: CTG 001 PPO 001 - Decrease the number o...
 - PPO Progress (0)
 - AO: PPO 001 AO 001 - Decrease the percent o...
- rose test 1
- rose test 2
- rose test
- CTG2
 - PPO: 1 - Decrease the number of dtest from 3...
 - PPO Progress (0)
 - AO: 1.1 - Decrease the percent of test from...
 - AO Progress (0)
 - AO Activities (1)
 - AO Products (0)

Add Project Period Objective Progress

Related Project Period Objective:

*Progress Period:

*Objective Target Met: Yes No Ongoing

*Describe Progress:

Characters: 0 / Maximum: 3000

*Barriers/Issues Encountered and Plans to Overcome:

Characters: 0 / Maximum: 3000

Community - CAP: Annual Objective - List Page

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

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Community Action Plan Summary

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[Add Community](#)

Annual Objective

[view](#) | [edit](#) | [delete](#)

Annual Objective Progress [add](#)

| Progress Period | Description | Target Met |
|-------------------------|-------------|------------|
| No information entered. | | |

Activities [add](#)

| Title | Timeframe | |
|-------|---|--|
| | First Quarter 2011 - First Quarter 2012 | view edit delete |

Products [add](#)

| Title | Timeframe |
|-------------------------|-----------|
| No information entered. | |

Community - CAP: Add Annual Objective

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants

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 - AO Progress (0)
 - AO Activities (1)
 - AO Products (0)

Add Annual Objective

Related Project Period Objective:

*Objective ID:

*Setting/Sector:
 Community
 Community Institution/Organization
 Health Care
 School
 Work Site
 Statewide

*Related PSE Strategies:
Other (specify):

*Describe the evidence/practice base for the strategy:

Characters: 0 / Maximum: 3000

*Number of Units:

*Number of people reached:

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

Characters: 0 / Maximum: 3000

*Measurement:
(This section creates the SMART Objective Statement)

Direction of Change:
Unit of Measurement:

What will be measured?

Characters: 0 / Maximum: 200

*Baseline:
 Unknown

*Target:

*Primary Data Source:

Secondary Data Source:

Timeframe: Start Date: End Date:

Community - CAP: Annual Objective Progress

Chronic Disease MIS: Public Prevention Health Fund: Community Transformation Grants
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[Add Community](#)

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Add Annual Objective Progress

Related Annual Objective:

*Progress Period:

*Objective's Target Met: Yes No Ongoing

*Describe Progress:

Characters: 0 / Maximum: 3000

*Barriers/Issues Encountered and Plans to Overcome:

Characters: 0 / Maximum: 3000

Community - CAP: Add Activity

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[Add Community](#)

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 - rose test 1
 - rose test 2
 - rose test
- CTG2

Add Activity

Related Annual Objective:

*Activity ID:

*Activity Title:

*Activity Description:

Characters: 0 / Maximum: 3000

*Activity Addresses Healthy Disparity? Yes No

*Specify how activity addresses health disparities if not described above:

Characters: 0 / Maximum: 2000

*Timeframe of Initiation: Start: 2011

End: 2012

Community Assessment - List page

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2011-2012 Community Information

[Back to Assessm](#)

Assessment Attachments [add](#)

| Document Title | File | Date Revised | File Size | |
|----------------|--------------------------|--------------|-----------|---|
| CTG Test2 | Writing test outlines... | 10/26/2011 | 12 K | edit delete |

Community Assessment - Add Assessment page

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CAPs | Assessment

2011-2012 Community Information


Add Assessment

*Related Community: Select one ▼

*Assessment Title:


*Date Assessment Completed:

*Describe the Assessment:



Characters: 0 / Maximum: 3000

*How did the assessment data inform the development and refinement of the Community Action Plan?



Characters: 0 / Maximum: 3000

Community Assessment - Add Assessment Attachment page

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Add Assessment Attachments

*Document Title:

*File Name and Location: File size cannot exceed 10MB

*Date Revised: