

## MIS Data Elements for All Cancer Prevention and Control Programs

Public reporting burden of this collection of information varies from 3 to 4 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, GA 30333; ATTN: PRA (0920-0841)

## Program Information: Contact Information

| 2009-2010 Program Information   |   | * required field   |
|---|---|--------------------|
| Edit Contact Information  |   | Updated:02/10/2009 |
| Organization Name:  | Organization Name displayed   |                    |
| Grantee Number:   | Grantee Number displayed  |                    |
| Announcement Number:  | Announcement Number displayed   |                    |
| 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"/>  |                    |
| * Program Mailing Address   | <p>* Address Line 1: <input type="text"/></p> <p>Address Line 2: <input type="text"/></p> <p>* City, State, ZIP <input type="text"/> <input type="text"/> - <input type="text"/></p>  |                    |
| Program Shipping Address  | <p><input type="checkbox"/> Same as program mailing address</p> <p>* Address Line 1: <input type="text"/></p> <p>Address Line 2: <input type="text"/></p> <p>* City, State, ZIP <input type="text"/> <input type="text"/> - <input type="text"/></p>  |                    |
| Principal Investigator:   | <p>Name<br/>Phone Number<br/>Email</p> <p><input type="checkbox"/> Same as program mailing address</p> <p>* Address Line 1: <input type="text"/></p> <p>Address Line 2: <input type="text"/></p> <p>* City, State, ZIP <input type="text"/> <input type="text"/> - <input type="text"/></p> |                    |
| Business/Financial Official:  | <p>Name<br/>Phone Number<br/>Email</p>  |                    |
| Program/Project Manager:  | <p>Name<br/>Phone Number<br/>Email</p>  |                    |
| CDC Grants Management Specialist:   | <p>Name<br/>Phone Number<br/>Email</p>  |                    |
| CDC Project Officer:  | <p>Name<br/>Phone Number<br/>Email</p>  |                    |
| <input type="button" value="Save"/> <input type="button" value="Cancel"/> |   |                    |

## Program Information: Program Summary

### 2009-2010 Program Information

\* required field

Edit Program Summary Updated:02/10/2009

\* Grantee Type:

- State/District of Columbia
- Tribe/Tribal Organization
- Pacific Island Jurisdiction
- Territory

\* Funding Level:

- Planning
- Implementation

Supplemental Funding :

- Colorectal Cancer
- Ovarian Cancer
- Prostate Cancer
- Skin Cancer
- Other (Specify)

\* Executive Summary:

Text goes here...

Characters: 00 / max 5000

## Resources: Personnel

### 2009-2010 Resources \* required field

#### Add Personnel

\* Position:

\* 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:

\* E-mail:

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

msg

## Resources: Partnership/Coalition:

| 2009-2010 Resources                        |   | * required field   |
|--|---|--------------------|
| <a href="#">Edit Partnership/Coalition</a> |   | Updated:02/10/2009 |
| * Partnership/Coalition Name:              | <input type="text"/>  |                    |
| * Chair Person Name:                       | <input type="text"/>  |                    |
| * Chair Person Phone:                      | <input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/>  |                    |
| * Chair Person Email:                      | <input type="text"/>  |                    |
| * 501c3 Organization:                      | <input type="radio"/> No <input checked="" type="radio"/> Yes   |                    |
| 501c3 Executive Director Name:             | <input type="text"/>  |                    |
| 501c3 Executive Director Phone:            | <input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/>  |                    |
| 501c3 Executive Director Email:            | <input type="text"/>  |                    |
| * Member Composition:                      | <p><b>Public Health Programs</b></p> <p><input type="checkbox"/> Breast and cervical cancer screening</p> <p><input type="checkbox"/> Central cancer registry</p> <p><input type="checkbox"/> Physical activity</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> Tobacco control</p> <p><input type="checkbox"/> Maternal and child health</p> <p><input type="checkbox"/> State Office of Minority Health</p> <p><input type="checkbox"/> Local health departments</p> <p><input type="checkbox"/> (Tribes only) State CCC</p> <p><b>Other Government Agencies</b></p> <p><input type="checkbox"/> National Cancer Institute</p> <p><input type="checkbox"/> Cancer Information Service</p> <p><input type="checkbox"/> State Medicaid agency</p> <p><input type="checkbox"/> Indian Health Service</p> <p><input type="checkbox"/> Quality Improvement Organization for Medicare</p> <p><input type="checkbox"/> Health Resources and Services Administration (HRSA)</p> <p><input type="checkbox"/> Cooperative Extension Programs</p> <p><b>Professional Associations/Organizations</b></p> <p><input type="checkbox"/> American Cancer Society</p> <p><input type="checkbox"/> State/territory medical societies</p> <p><input type="checkbox"/> Academy of Family Physicians</p> <p><input type="checkbox"/> American College of Physicians</p> <p><input type="checkbox"/> American Society of Clinical Oncology</p> <p><input type="checkbox"/> American Academy of Pediatrics</p> <p><input type="checkbox"/> American College of Obstetrics and Gynecology</p> <p><input type="checkbox"/> Nurses associations</p> <p><input type="checkbox"/> Hospital associations</p> <p><input type="checkbox"/> American College of Surgeons</p> <p><input type="checkbox"/> Foundation</p> <p><input type="checkbox"/> Advocacy groups (other than ACS and the medical groups listed)</p> <p><input type="checkbox"/> Rural health organizations</p> |                    |

**Resources: Partnership/Coalition (continued):**

**Academic/Medical Institutions**

- Medical schools
- Schools of public health
- Other academic institutions
- NCI Designated Cancer Centers
- Community cancer centers
- Prevention Research Centers
- Hospice organizations
- For-profit hospitals (that are not Cancer Centers)
- Primary health care facilities
- Clinical community oncology programs
- Individual physicians

**Business/Industry**

- Health plans/insurance companies
- Pharmaceutical companies
- Other corporations or businesses

**Political Leaders**

- Governor or staff
- Legislators or staff
- Other political leaders (mayors, city council, judges, etc.)
- Tribal Leaders
- Tribal Health administrators


**Community-Based Organizations**

- Survivor groups
- Intercultural Cancer Council
- Minority commissions
- Minority organizations
- Faith-based organizations
- Individual survivors

**Other**

- Education/resource centers
- Media
- All Tribes in the region

**Resources: Partnership/Coalition (continued):**

|   |  |
|---|--|
| * Race, Ethnicity and Geographic Representation:    | <p>Racial Populations</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p>Ethnic Populations</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Geography</p> <p><input type="checkbox"/> Urban/inner city</p> <p><input type="checkbox"/> Rural</p> |
| * Regional Representation:                          | Number of Regions <input type="text"/>   |
|   | Number of Regions with Member Organization Located in Region <input type="text"/>  |
| * Number of Organizations in Partnership/Coalition: | <input type="text"/>   |
| * Number of Individuals in Partnership/Coalition:   | <input type="text"/>   |
| * Date of Last Satisfaction Assessment:             | <input type="text"/>  (mm/dd/yyyy)  |
|   | <input type="button" value="Save"/> <input type="button" value="Cancel"/>  |

## Resources: Contractors

### 2009-2010 Resources \* required field

#### Add Contract/Consultant

\* Primary Role in Program:

\* Contract Status:  Awarded  Not Awarded

\* Organization Name:

\* Organization Type:

Other (specify)

\* Organization's Status on Contract:  Active  Inactive



## Financial: Cost Sharing

**2009-2010 Financial** \* required field

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**Add Cost Sharing**

\* Source of Funds:

\* Organization Type:

\* Amount of Funds: \$

\* In-Kind:  Yes  No

\* Description:

## Financial: In-Kind

| 2009-2010 Financial         |   | * required field   |
|-----------------------------|---|--|
| Edit In-Kind Contributions  |   | Updated:02/10/2009   |
| * Summary of Contributions: | Meeting/Conference Support                                      | \$ <input type="text"/>  |
|                             | Monetary support  | \$ <input type="text"/>  |
|                             | Personnel   | \$ <input type="text"/>  |
|                             | Publishing  | \$ <input type="text"/>  |
|                             | Supplies  | \$ <input type="text"/>  |
|                             | Travel  | \$ <input type="text"/>  |
|                             | Other (specify)   | \$ <input type="text"/>  |
|                             | <input type="text" value="Enter text"/>                         | \$ <input type="text"/>  |
|                             | Other (specify)   | \$ <input type="text"/>  |
|                             | <input type="text" value="Enter text"/>                         | \$ <input type="text"/>  |
|                             | Other (specify)   | \$ <input type="text"/>  |
|                             | <input type="text" value="Enter text"/>                         | \$ <input type="text"/>  |
|                             | Total Contributions   | \$ <input type="text"/>  |
| Attach Additional Details : | <input type="text"/>  | <input type="button" value="Browse"/> File size cannot exceed 10MB |
|                             | Attached: <a href="#">ContributionDetails.xls</a>               |  |
|                             | Note: Attaching a second file will overwrite the existing file. |  |
|                             | <input type="button" value="Save"/>                             | <input type="button" value="Cancel"/>                              |

## Planning: Standard Data Sources

| 2009-2010 Planning  |  | * required field                                |
|---|--|---|
| Edit Standard Data Sources  |  | Updated:02/10/2009                              |
|   |  | <b>Most Recent Data Set<br/>Used<br/>(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):<br><input type="text"/>                  | <input type="text"/>                            |
| <input type="button" value="Save"/> <input type="button" value="Cancel"/> |  |   |

## Planning: Other Data Sources

**2009-2010 Planning** \* required field

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**Add Other Data Source**

\* Data Source Name:

\* Population Sampled:   
  
Characters: 00

\* Collection Method:   
  
Characters: 00

\* Collection Frequency:  Ongoing  Single

\* Most Recent Year Collected:  (YYY)

## Planning: Plans and Logic Models

**2009-2010 Planning** \* required field

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**Add Plans and Logic Models**

\* Document Title:

\* File:   File size cannot exceed 10MB

\* Date Last Revised:   (mmd/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:  Comprehensive Cancer Control

\* Related Program Goal:

\* Priority Area:

- Prevention (specify)
  - Alcohol
  - Diet / Nutrition
  - Environment
  - Obesity
  - Physical Activity
  - Sun Protection
  - Tobacco
  - Other (specify)
- Early Detection
- Diagnosis
- Palliation/End of Life Care
- Screening
- Surveillance and Data
- Survivorship
- Treatment
- Workforce
- Other (Specify):
- Not applicable

\* Cancer Focus:

- All cancers
- Breast
- Cervical
- Childhood cancer
- Colorectal
- Lung
- Ovarian
- Prostate
- Skin
- Other (Specify):
- Not applicable

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

ABC

Characters: 00 / Max 2000

\* Measurement:

| Direction of Change                     | Unit of Measurement                       | What will be measured | Baseline             | Target               | Data Source                               |
|---|---|-----------------------|----------------------|----------------------|---|
| <input type="button" value="Maintain"/> | <input type="button" value="Percent of"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="button" value="Select one"/> |

Unknown

Time Frame: 07/01/2007 - 07/01/2012

#### Revisions

Describe Revisions:  
(only visible on EDIT pages)

ABC

Characters: 00 / Max 2000

## Action Plan: Annual Objective

### Action Plan \* required field

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#### Add Annual Objective

\* Related FOA Recipient Activity:

- 1 - Assess and enhance current infrastructure
- 2 - Build strong partnerships
- 3 - Assess the burden of cancer
- 4 - Mobilize support for comprehensive cancer control
- 5 - Develop a plan that has broad support
- 6 - Implement the plan
- 7 - Conduct evaluation of the plan
- 8 - Effect policy change
- 9 - Monitor changes in population based measures

\* Related Project Period Objective:

\* Strategy:

ABC

Characters: 00/ maximum 1000

\* Identify the Rationale/Approach for the Strategy:

**Evidence Based Guidelines/Recommendations**

- United States Preventive Services Task Force (USPSTF)
- National Guideline Clearinghouse (AHRQ)
- Guide to Community Preventive Services (The Community Guide)
- MMWR Recommendations
- Best Practices for Comprehensive Tobacco Control Program
- American Cancer Society

**Systematic Reviews**

- Cochrane Reviews
- National Cancer Institute's (NCI) Physician Data Query (PDQ)
- AHRQ effective healthcare program evidence reviews (EPC Evidence Reports)
- Institute of Medicine (IOM) Reviews
- Other published systematic reviews in the peer reviewed literature (e.g. PubMed Systematic Reviews)

**Promising/Best Practice-based Individual Peer Reviewed Published Studies**

- Research-tested Intervention Programs (RTIPs)
- Individual peer reviewed published intervention study (can be found in PubMed but not listed with RTIPs)

Action Plan: Annual Objective Continued:

**Practice-based/Program Experience**  
 Evidence-informed program/program evaluation/practice-based evidence (Describe below)

Model Practice Database - NACCHO  
 AHRQ Innovations Exchange  
 Promising Practices - Partnership to Fight Chronic Disease  
 Individual Program Evaluation  
 Practice-based evidence-prior program experience (sources could be agency/government reports)

**Other**

Other Sources (specify)   
 Your own program (specify)

\* Describe the objective and how it impacts the problem:

Characters: 00/ maximum 1000

\* Scope:

National  
 Multi-State Region  
 State, Territory, Pacific Island Jurisdiction  
 Region within State, Territory, Pacific Island Jurisdiction  
 Tribe/Tribal Organization  
 City, County, Local

\* Level of Change:

Individual/population  
 Organization  
 Health System  
 Environment  
 Other (specify)

\* Type of Change:

Awareness, Knowledge, Attitude  
 Behavior/practice  
 Policy  
 Other (specify)

\* Cross-cutting issues:

Clinical trials  
 Health disparities/social determinants  
 Access to Care  
 Quality of Care  
 Epidemiology/Surveillance  
 Other (specify)

\* Setting:

Community  
 Faith-based  
 Healthcare  
 School  
 Worksite  
 Other (specify)

**Action Plan: Annual Objective Continued:**

\* Population Focus:

- General Population
- Specific Population
  - Gender
    - Female
    - Male
    - Transgender
  - Sexual Identity
    - Bisexual
    - Gay
    - Heterosexual
    - Lesbian
    - Questioning
  - Race
    - African American or Black
    - American Indian or Alaska Native
    - Asian Indian
    - Chinese
    - Filipino
    - Japanese
    - Korean
    - Vietnamese
    - Other Asian:
    - Native Hawaiian or other Pacific Islander
    - Guamanian or Chamorro
    - Samoan
    - White
    - Other:
  - Ethnicity
    - Hispanic or Latino
    - Not Hispanic or Latino
  - 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

**Action Plan: Annual Objective Continued:**



|                              |                         |   |                      |                      |   |
|------------------------------|-------------------------|---|----------------------|----------------------|---|
| Direction of Change          | Unit of Measurement     | What Will Be Measured   | Baseline             | Target               | Data Source                             |
| Select ▼                     | Select ▼                | <input type="text"/>  | <input type="text"/> | <input type="text"/> | Select ▼<br>Other: <input type="text"/> |
|                              |                         | <input type="checkbox"/> Unknown  |                      |                      |   |
| Time Frame:                  | 07/01/2009 - 06/30/2010 |   |                      |                      |   |
| <b>Revisions</b>             |                         |   |                      |                      |   |
| Describe Revisions:          |                         | <input type="text"/>  |                      |                      |   |
| (Only visible on EDIT pages) |                         | <input type="text"/>  |                      |                      |   |
|                              |                         | Characters: 00 / Max 2000   |                      |                      |   |
|                              |                         | <input type="button" value="Save"/> <input type="button" value="Cancel"/> |                      |                      |   |

# Action Plan: Annual Activity

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

**Alaska** **Chronic Disease MIS**  
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[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: 

REC

\* Lead Personnel Assigned:

\* Key Partners Assigned: (select up to 5)

- None
- 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  
**CDC** Centers for Disease Control and Prevention  
Your Online Source for Credible Health Information

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**Alaska** **Chronic Disease MIS**  
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[Project Period Objectives](#) | [Annual Action Plan](#)

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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

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

**Alaska** **Chronic Disease MIS**  
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**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