



NCEH AIRS INFORMATION SYSTEM (IS)

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LOGIN

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NCEHAIRS Information System (IS)

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 30 minutes.

Form Approved: OMB 0920-0853

Expiration Date: 06/30/2013

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SELECT CORE / EXPANDED COMPONENT

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FOAs & Grantees

FOAs



FOAs

Select one

- Select one
- Core Component - Addressing Asthma from a Public Health Perspective
- Expanded Component - Addressing Asthma from a Public Health Perspective


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FOA LIST

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FOAs & Grantees

FOAs

FOAs

Core Component - Addressing Asthma from a Public Health Perspective

Grantees

All | [A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

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PRROGRAM INFORMATION

PROGRAM INFORMATION – CONTACT INFORMATION

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Asthma Information Reporting System (AIRS): Core Component

Xxxxxxx Department of Public Health

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- FOAs & Grantees
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- Work Plan
- Evaluation
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[Contact Information](#) | [Program Summary](#)

2012-2013 Program Information

*Required

Edit Contact Information

Grantee Name: Xxxxxxx Department of Public Health

Award Number: ABC123456

Announcement Number: ABC1-901

Funded Components: Core Component

*Program Mailing Address: *Address Line 1 123 Test Street
Address Line 2
*City, State Zip [] Select []-[]

*Program Shipping Address: Same as Program Mailing Address
*Address Line 1 123 Test Street
Address Line 2
*City, State Zip [] Select []-[]

*FAX: [] [] []

*State Program Website Address: []
(Enter "Not applicable" if you do not have a website.)

Other Asthma Program Website: []

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PROGRAM INFORMATION – PROGRAM SUMMARY



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2012-2013 Program Information

*Required

Edit Program Summary

Last Updated: 10/15/2012

*Description of Problem:

Characters: 752 / Maximum: 1000

*Segments of Population Disproportionally Affected:

Characters: 655 / Maximum: 1000

*Core Surveillance Summary:

Characters: 5 / Maximum: 2000

*Core Partnerships Summary:

Characters: 0 / Maximum: 2000

*Core Intervention Summary:

Characters: 1447 / Maximum: 2000

*Core Evaluation Summary:

Characters: 1129 / Maximum: 2000

*Describe Unmet Needs and Strategies to Address Needs:

Characters: 969 / Maximum: 1000

*Success Story:

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RESOURCES

RESOURCES - PERSONNEL

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2012-2013 Resources *Required

Add Personnel

*Role Type: Required Roles Other Roles

*Role Name:

Select one

Select one

Administrative Support

Communication Specialist

Health Educator

Information Technology Specialist

Other Manager

Other (Specify)

RESOURCES – ADD PERSONNEL (DETAILS)

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2012-2013 Resources

*Required

Add Personnel

*Role Type: Required Roles
 Other Roles

*Role Name:

*Percent of Time Allocated to Asthma Program: %

*Title:

*Is this Role part of an Epidemiology "pool"? Yes No

*Position Status: Filled Vacant

Personnel Details

*Last Name:

*First Name:

Middle Name:

*Status: Active
Date Started with Program:

Inactive
Vacated Date:

*Mailing Address: This is the same as Program Mailing Address
*Address Line 1:
Address Line 2:
*City, State Zip:

*E-mail:

*Telephone: ext.

*Employment Type: State Employee
 Contractor
 Other (specify)

*Funding Source: Asthma cooperative agreement
 Other CDC funds (specify)
 State budget
 In-kind
 Other (specify)

*CV/Resume Upload:
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RESOURCES - CONTRACTS

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Personnel | **Contracts** | Partners | Statewide Partnership | State Plan | Program Documents

2012-2013 Resources

*Required

Add Contract

* Status: Pending
 In Progress
 Complete
 Other (specify)

* Primary Responsibility:

Administrative Support
Communication/Media
Epidemiology/Surveillance
Evaluation
Facilitation
Information Technology
Interventions
Policy Analysis
Program Coordination
Training
Other (specify)

* Organization Name:

* Contact Name:

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RESOURCES – PARTNERS

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2012-2013 Resources

*Required

Add Partner

*Name:

*Type of Participation:

- State Coalition
- In-state Regional Coalition
- Local Coalition
- Statewide Advisory Group or Committee
- Other

Other:

*Partner Type

Select one of the following:

- General
 - Acute Care Facilities
 - Business
 - Community Clinics/Federally Qualified Health Center (FQHC)
 - Community/Neighborhood Organization
 - Day Care/Preschool/Head Start Centers/Other Child Service Agency
 - Developers or Construction Industry
 - Elected Representative or Staff
 - Environmental Advocacy Group

Other:

*Partner Contributions

Select all that apply:

- Money
- Staff Time
- Meeting Space or Supplies
- Acquisition of New Funds

Other:

*Type of Change in State Asthma Program
Partner Agencies, Organizations, Institutions or
Programs:

- Policy
- Staffing
- Funding
- Not Applicable

Change Resulted from Involvement with State
Asthma Program:

- Yes
- No

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RESOURCES – STATEWIDE PARTNERSHIP

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2012-2013 Resources

*Required

Edit Statewide Partnership

Last Updated: 02/11/2013

*Has the Structure of Your Statewide Partnership Changed this Reporting Period? Yes No

*If yes, please explain:

Characters 4 / Maximum 2500

*Structure of Statewide Partnership:

- Is there a state coalition? Yes No
- Are there in-state regional coalitions? Yes No
- Are there local coalitions? Yes No
- Is there a statewide advisory group or committee? Yes No
- Is there an internal Department of Health team that addresses asthma across programs? Yes No
- Is there an interdepartmental team that addresses asthma across state departments/units? Yes No

*Role of State Asthma Program within Partnership Structure:

Characters 4 / Maximum 2500

*Number of Organizations, Agencies, or Programs Represented:

*Number of Individuals Included:

Map of Geographic Location of Partners Within State:

File Size cannot exceed 10MB.
Test123.pdf

*Location of State Asthma Program within Health Department:

- Chronic Disease Prevention/Control OR Health Promotion OR Health Education
- Environmental Health
- Environmental/ Occupational Health
- Other (Specify)

*State-Based Programs, Agencies or Associations within State:

- Chronic Disease Prevention/Control Yes No Don't Know
- Coordinated school health program Yes No Don't Know
- Environmental Health Yes No Don't Know
- Environmental Public Health Tracking Yes No Don't Know
- Maternal and Child Health Yes No Don't Know
- Occupational Health Yes No Don't Know
- State Department of Education Yes No Don't Know
- State Hospital Association Yes No Don't Know
- State Medicaid Office Yes No Don't Know
- State Medicare Office Yes No Don't Know
- Tobacco Prevention/Control Yes No Don't Know

Types of Partners to be Recruited:

General

Acute Care Facilities

Business

Community Clinics/Federally Qualified Health Center (FQHC)

Community/Neighborhood Organization

Day Care/Preschool/Head Start Centers/Other Child Service Agency

Developers or Construction Industry

Elected Representative or Staff

Environmental Advocacy Group

Other (Specify)

Describe Approach for Establishing New or Sustaining Existing Partnerships.

Characters 4 / Maximum 2500

Other CDC Funded Programs within your State:

- Environmental Public Health Tracking Program
- State-Based Occupational Safety and Health Surveillance
- Coordinated school health program (Division of Adolescent and School Health)
- Healthy Homes
- Prevention Research Centers (Division of Adult and Community Health)
- Other asthma program funded by Division of Adolescent and School Health

Collaboration with Other CDC Funded Programs:

- Environmental Public Health Tracking Program
- State-Based Occupational Safety and Health Surveillance
- Coordinated school health program (Division of Adolescent and School Health)
- Healthy Homes
- Prevention Research Centers (Division of Adult and Community Health)
- Other asthma program funded by Division of Adolescent and School Health

If you are not collaborating with the CDC Funded Programs available in your state, please explain why.

Characters 4 / Maximum 1000

Save Cancel

RESOURCES – STATE PLAN

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2012-2013 Resources

*Required

Edit State Plan

*Date Current Plan was Approved: (mm/yyyy)

*Has Plan Been Revised this Year?:
 Yes (mm/yyyy)
 No

*Describe Grantee Collaboration with Partners to Develop the Plan:

Characters: 1343 / Maximum: 2000

*Describe How the Plan Addresses All Persons and environments:

Characters: 1422 / Maximum: 2000

*Describe how the Plan will be Revised based upon Analysis of Surveillance Data, Program Evaluation Findings, and Other Factors that Affect State Support for Asthma:

Characters: 637 / Maximum: 2000

*Describe how the Plan will Guide the Program:

Characters: 189 / Maximum: 2000

* Attachment Type:

* Attachments:
File Size cannot exceed 10MB.

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2012-2013 Resources

*Required

Add Program Documents

*Document Name:

*Type:
Human Interest Story
Organizational Chart
Logic Model
BRFSS Coordinator Letter of Support
New Partner Letter of Support
Existing Partners' Letters of Support
Other (specify)

*Attachment:
File size cannot exceed 10MB

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SURVEILLANCE

SURVEILLANCE – DATA SOURCES

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2012-2013 Surveillance

*Required

Add Standard Data Source

*Data Source Name:

*Year:

*Analyzed By:

- Air Quality Modeling
- Air Quality Monitoring
- BRFSS Adult Call Back Survey
- BRFSS- Adult History Optional Module
- BRFSS- Child Call Back Survey
- BRFSS- Child Prevalence Optional Module
- BRFSS- Core (Adult Prevalence)
- BRFSS Random Child Selection Module
- BRFSS State-Added Work-Related Asthma
- Health Maintenance Organization (HMO) Data
- Medicaid
- Medicare
- Mandatory Occupational Reporting
- National Asthma Survey
- National Survey of Children's Health (SLAITS)
- Over-the Counter Drug Data
- Other Private Insurance Data
- Poison Control Center
- Prescription Drug Data
- Physician Office Visit Data
- School Absenteeism Data
- State Children's Health Insurance Program (SCHIP)
- Statewide Emergency Department Visits
- Statewide Hospital Discharge
- School Nurse Reports
- State specific survey
- Vital Statistics-Mortality
- Worker's Compensation Claims
- Youth Risk Behavior Survey (YRBS) - Asthma questions

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SURVEILLANCE – MEASURES

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Help Log Out

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Data Sources | Measures | Discharge Data | Report | Data Gaps & Barriers

2012-2013 Surveillance

*Required

Edit Measures

*Calculated Asthma Prevalence Measure

Lifetime asthma prevalence – Adults

Year:

2013
 2012
 2011
 2010
 2009
 2008

Data Source:

BRFSS
 Other (specify)

Current asthma prevalence – Adults

Year:

2013
 2012
 2011
 2010
 2009
 2008

Data Source:

BRFSS
 Other (specify)

Lifetime asthma prevalence – Children

Year:

2013
 2012
 2011
 2010
 2009
 2008

Data Source:

BRFSS Child Asthma Prevalence Module
 National Survey of Children's Health
 Other (specify)

Current asthma prevalence – Children

Year:

2013
 2012
 2011
 2010
 2009
 2008

Data Source:

BRFSS Child Asthma Prevalence Module
 National Survey of Children's Health
 Other (specify)

*Calculated Asthma Mortality Measure (Underlying Cause)

Number of deaths

Year:

2013
 2012
 2011
 2010
 2009
 2008

Crude mortality rate

Year:

2013
 2012
 2011
 2010
 2009
 2008

Age-adjusted mortality rate

Year:

2013
 2012
 2011
 2010
 2009
 2008

*Calculated Asthma Hospitalization Measure (First Listed Diagnosis)

Number of hospital discharges

Year:

2013
 2012
 2011
 2010
 2009
 2008

Crude hospital discharge rate

Year:

2013
 2012
 2011
 2010
 2009
 2008

Age-adjusted hospital discharge rate

Year:

2013
 2012
 2011
 2010
 2009
 2008

Asthma Education Measure

Children?
 Adults?

Analyzed Additional Asthma Measures

Select
Prevalence
Incidence
Age at diagnosis
Asthma mortality rate- Multiple cause
Hospital discharge rate- Multiple diagnoses
Hospitalizations (rate)
Hospitalizations (number)
Emergency department visit (rate)
Emergency department visits (number)
Outpatient visit (rate)
Outpatient visit (number)
Urgent visit (rate)
Urgent visit (number)
Office visit (rate)
Office visit (number)
Daytime symptoms
Sleep disturbance
Days of activity limitations
Symptom free days
Routine care visits
Use of rescue medication
Use of control medication
Prescriptions
Cost as a barrier- Primary care
Cost as a barrier- Specialist care
Cost as a barrier- Prescriptions
Days of work or school missed
Degree of activity limitation
Work-related asthma

Measure:
Select
Other (specify):

Data Source:
Select
Other (specify):

Select
Vital statistics- mortality
Hospital discharge data
BRFSS- Adult History Optional Module
BRFSS- Child Call Back Survey
BRFSS- Adult Call Back Survey
BRFSS- State added
Worker's Compensation Claims
Emergency Department Visits
Youth Risk Behavior Survey (YRBS)
Youth Tobacco Survey (YTS)
Health Maintenance Organization (HMO) data
Private insurance data other than HMO
Medicaid
Medicare
Poison Control Center
School Absenteeism Data
School Nurse Reports
Other (specify)

Year:
 2013
 2012
 2011
 2010
 2009
 2008

Population:
Select

Add

Measure	Data Source	Year	Population
No Measures assigned.			

Save Cancel

SUREVEILLANCE – DISCHARGE DATA

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2012-2013 Surveillance

*Required

Add Hospital Discharge Data

*Hospital Discharge Data Year:

*Hospital Discharges With Asthma as the First Listed Diagnosis:
File size cannot exceed 10MB.

*Number of Hospitals in Your State:

*Number of Licensed Beds in Your State:

*For this Data, Number of Hospitals that Provided Data to the Agency:

*For this Data, Number of Beds in Hospitals that Provided Data to the Agency:

- *Types of Hospitals Not Contained in This Data:
- Veteran's Administration Hospitals
 - Military Hospitals
 - Psychiatric/Mental Health Hospitals
 - Prison Hospitals
 - Indian Health Service Hospital
 - Other

Other (Specify):

*Select State(s) if Data include Hospital Discharges for In-state Residents that Occurred in Out-of-State Hospitals:

- Dataset excludes out of state hospitalizations
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut

*Location of Data for an Emergency Department Visit Resulting in a Hospital Admission:

Other (Specify):

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SURVEILLANCE - REPORT

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2012-2013 Surveillance

*Required

Edit Surveillance Report

Last Updated:

Surveillance/Burden Report:

File Size cannot exceed 10MB. [Browse...](#)

Most Recent Date Revised:

(mm/yyyy)

At-Risk Populations Identified in Surveillance/Burden Report:

Characters: 0 / Maximum: 200

Format of Surveillance/Burden Report:

- Hard copy
- Internet
- Electronic Version Available Via CD
- Electronic Version Distributed Via Email
- Other(specify)

Upload Other Surveillance Data Products:

File Size cannot exceed 10MB. [Browse...](#)

*Other Surveillance Data Products Type:

- Fact Sheets, Newsletters, or Quarterly Reports
- Presentations
- Reports on Special Topics
- Data Tables on Website
- Scientific Publications
- Other(specify)

Other Surveillance Data Products Target Audience:

- General Public
- Healthcare Provider/Health Professional
- Health department
- Schools
- Persons with asthma
- Asthma coalition
- Asthma partners
- Insurance Company/Insurer
- Other (specify):

Other Surveillance Data Products Dissemination Method:

- Website/Internet
- Presentation
- Email
- Mail
- Print
- Other(specify)

*Internal/External Partner/Stakeholder Use of State Asthma Surveillance Data and Documents:

- Inform Legislation or Policies
- Revise Goals, Objectives, or Activities of Program/Organization
- Apply For New or Additional Funding
- Secondary Distribution of Data Provided By State Asthma Program
- Other(specify)

*Describe how Partners/Stakeholders use State Asthma Surveillance Data and Documents:

Characters: 0 / Maximum: 2000

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SURVEILLANCE – DATA GAPS & BARRIERS

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Asthma Information Reporting System (AIRS): Core Component

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2012-2013 Surveillance

*Required

Edit Data Gaps & Barriers

*Gaps in Available Data:

Characters: 0 / Maximum: 1500

*Barriers to Accessing Data:

Characters: 0 / Maximum: 1500

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WORK PLAN

WORK PLAN SUMMARY – ADD A GOAL

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- Reports

2012-2013 Work Plan

Year: 2012-2013



Work Plan Summary

Add Goal

- Goal 1: Increase quality of asthma care among health...
- Goal 2: Increase awareness of the burden of asthma i...
- Goal 3: Increase the ability of people with asthma t...
- Goal 4: Decrease exposure to environmental triggers ...
- Goal 5: Reduce asthma disparities among populations ...
- Goal 6: Establish and maintain a comprehensive surve...
- Goal 7: Evaluate and monitor AAP and modify statewid...
- Goal 8: Maintain the infrastructure of the Alabama A...

Add Goal (1 - 5 Years)

*Goal Statement:

Text area for goal statement with a character count: Characters 0 / Maximum 200

*Related FOA Goal:

- Reduce asthma disparities among populations disproportionately affected by asthma as compared to the general population with asthma.
- Reduce the state asthma hospitalization rate.
- Increase the proportion of people with current asthma who report that they have received self-management education.
- Not applicable

*Desired Outcome: Select one

- Select one
- Decrease in asthma disparities
- Decrease in asthma mortality
- Decrease in asthma morbidity
- Decrease in asthma symptoms
- Other (specify)

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WORK PLAN – WORK PLAN SUMMARY - EDIT AN OBJECTIVE

Work Plan Summary

Add Goal

- Goal 1: Increase quality of asthma care among health...
- Objective 1.1: Increase the number of trained health care p...
- Objective 1.2: Increase the number of trainings produced by...
- Goal 2: Increase awareness of the burden of asthma t...
- Goal 3: Increase the ability of people with asthma t...
- Goal 4: Decrease exposure to environmental triggers ...
- Goal 5: Reduce asthma disparities among populations ...
- Goal 6: Establish and maintain a comprehensive surve...
- Goal 7: Evaluate and monitor AAP and modify statewid...
- Goal 8: Maintain the infrastructure of the Alabama A...

Edit Infrastructure Objective

***Objective:**

***Type:** State Asthma Plan

Related Work Plan Goal:

- Decrease exposure to environmental triggers among persons with asthma
- Establish and maintain a comprehensive surveillance system to monitor the burden of asthma in Alabama
- Evaluate and monitor AAP and modify statewide plans and activities based upon findings
- Increase awareness of the burden of asthma in Alabama
- Increase the ability of people with asthma to manage their disease
- Maintain the infrastructure of the Alabama Asthma Program within ADPH
- Reduce asthma disparities among populations disproportionately affected by asthma as compared to the general population with asthma

***Related State Asthma Plan Goal:**

Characters: 67 / Maximum: 500

Measure

***Direction of Change:**

***Unit of Measurement:**

***Baseline:** Unknown at this time

***Target:**

***What will be Measured:**

Characters: 69 / Maximum: 1000

***Primary Data Source:**

Characters: 249 / Maximum: 1000

***Contextual Factors that Pose Barriers:**

Characters: 183 / Maximum: 1000

***Contextual Factors that Facilitate Success:**

Characters: 185 / Maximum: 1000

***Funding:**

***Begin Date:**

***End Date:**

WORK PLAN - WORK PLAN SUMMARY – ADD AN ACTIVITY

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Asthma Information Reporting System (AIRS): Core Component

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2012-2013 Work Plan

Year: 2012-2013

Work Plan Summary

Add Goal		Add Activity	
<ul style="list-style-type: none">Goal 1: Increase quality of asthma care among health...Objective 1.1: Increase the number of trained health care p...Activity 1.1.1: Identify new providers, including specialist...Activity 1.1.2: Maintain an updated directory of asthma prov...Activity 1.1.3: Monitor the number of health care providers ...Progress (0)Objective 1.2: Increase the number of trainings produced by...Goal 2: Increase awareness of the burden of asthma i...Goal 3: Increase the ability of people with asthma t...Goal 4: Decrease exposure to environmental triggers ...Goal 5: Reduce asthma disparities among populations ...Goal 6: Establish and maintain a comprehensive surve...Goal 7: Evaluate and monitor AAP and modify statewid...Goal 8: Maintain the infrastructure of the Alabama A...		<p>Related Goal Statement:</p> <p>Related Annual Work Plan Objective:</p> <p>*Activity Name: <input type="text"/></p> <p>*Activity Description: <input type="text"/> <small>Characters: 0 / Maximum: 1000</small></p> <p>*Assigned Lead Staff: <input type="text" value="Select one"/></p> <p>*Assigned Lead Staff Responsibility: <input type="text"/></p> <p>Other Assigned Staff: <input type="text"/></p> <p>Other Assigned Staff Responsibility: <input type="text"/></p> <p>Assigned Contractor: <input type="text"/></p> <p>Assigned Contractor Responsibility: <input type="text"/></p> <p>Assigned Partners: <input type="text"/></p> <p>Assigned Partners Responsibility: <input type="text"/></p> <p>*Begin Date: <input type="text"/> <small>(mm/dd/yyyy)</small></p> <p>*End Date: <input type="text"/> <small>(mm/dd/yyyy)</small></p> <p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>	

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WORK PLAN – WORK PLAN – ADD A PROGRESS

Work Plan Summary

- Goal 1: Increase quality of asthma care among health...
- Objective 1.1: Increase the number of trained health care p...
- Activity 1.1.1: Identify new providers, including specialist...
- Activity 1.1.2: Maintain an updated directory of asthma prov...
- Activity 1.1.3: Monitor the number of health care providers ...
- Progress (0)
- Objective 1.2: Increase the number of trainings produced by...
- Goal 2: Increase awareness of the burden of asthma t...
- Goal 3: Increase the ability of people with asthma t...
- Goal 4: Decrease exposure to environmental triggers ...
- Goal 5: Reduce asthma disparities among populations ...
- Goal 6: Establish and maintain a comprehensive surve...
- Goal 7: Evaluate and monitor AAP and modify statewid...
- Goal 8: Maintain the infrastructure of the Alabama A...

Add Progress

Intervention Goal Statement:

***Progress Period:**

***Objective's Target Status:**

***Current Measurement:** Unknown at this time
 Known

***Describe Progress:**
Characters: 0 / Maximum: 3000

***Factors Facilitating Success:**
Characters: 0 / Maximum: 3000

***Barriers/Issues Encountered:**
Characters: 0 / Maximum: 3000

***Plans to Overcome Barriers/Issues Encountered:**
Characters: 0 / Maximum: 3000

Unanticipated Outcomes Resulting from the Objective:
Characters: 0 / Maximum: 3000

EVALUATION

EVALUATION – EDIT STRATEGIC EVALUATION

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Strategic Evaluation | Individual Program Evaluation

2012-2013 Evaluation

*Required

Edit Strategic Evaluation

Last Updated:

*Strategic Evaluation Plan Status:

Select one Select one
Revision in Progress
Planning Stage
In Progress
Completed

*Date of Most Recently Revised Strategic Evaluation Plan:

02/2013
mm/yyyy

*Strategic Program Evaluation Plan:

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EVALUATION - INDIVIDUAL PROGRAM EVALUATION

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Strategic Evaluation | Individual Program Evaluation

2012-2013 Individual Program Evaluation

*Required

Add Individual Program Evaluation

*Program Area Being Evaluated: Partnerships

*Program Evaluation Name/Purpose:

Characters: 0 / Maximum: 500

*Individual Evaluation Plan Status: Select one

*Primary Responsibility for Conducting Evaluation:
 Contractor
 Asthma Program Staff Select one
 Other (specify):

*Evaluation Data Collection Method/Instrument:
Select all that apply.
 Surveys Select one
 Interviews Select one
 Informal Discussion or Feedback Select one
 Focus Groups Select one
 Observations Select one
 Surveillance Data
 Document Review/Abstraction Select one
 Other(specify)

*How Results Will Be Disseminated:
Select all that apply.
 Journal Article and/or Peer Reviewed Publication
 Personal Discussions
 Posts to Website(s)
 Presentations (In Person or Video)
 Web Conferences or Teleconferences
Other (Specify):

*Recipients of Evaluation Results:
Select all that apply.
 Asthma Program Staff and Other Health Department Staff
 Funders
 General Public
 Other State Asthma Programs
 Partners
Other (Specify):

*How Evaluation Results Will be Used:
Select all that apply.
 Assess process and practice as it is implemented
 Develop standardized tools
 Develop strategies to make necessary changes to operations
 Garner political support by demonstrating effectiveness of a program
 Identify areas for future research and evaluation
Other (Specify):

*Lessons Learned:

Characters: 0 / Maximum: 500

*Individual Evaluation Plan:
 Browse...
File size cannot exceed 10MB.

Program Evaluation Products:
(such as reports, summaries, and presentations)
 Browse...
File size cannot exceed 10MB.

Save Cancel

REPORTS

REPORTS – INTERIM REPORT

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[Interim Report](#) | [Annual Report](#)

2012-2013 Reports

Year:

Interim Report - DRAFT

[Print Report](#)

Process	Status
Step 1: Review Errors in Current Work Plan	
Step 2: Transfer Information	
Step 3: Review Errors in New Work Plan	
Step 4: Update Report Narrative and Status	DRAFT

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2012-2013 Reports

Interim Report - DRAFT

Step 4 of 4: Update Narrative and Report Status

[edit](#)

Surveillance

Describe your progress during the past six months toward meeting your goals and objectives related to asthma surveillance. For items previously described in the Work Plan section above, do not repeat the same information. Simply explain how they are related to the Work plan.

If applicable, identify activities that were significantly revised or deleted from your original surveillance plan and explain the reasons for these changes.

Partners

List any new partners within the past six months and include the organization name, expertise, roles and the partner's responsibilities.

Program Evaluation

If your 5-year strategic evaluation plan was not yet completed as of 08/31/2010, then describe your progress toward completing the five-year strategic evaluation plan. Include information on the composition of the evaluation planning team, role(s) of coalition members or stakeholders not housed in the state health department, and a timeline for completion of the plan. Identify any barriers encountered and ways you will work to overcome them.

Describe any additional evaluation activities conducted during the past six months. If provided in the Work Plan section above, do not repeat the same information. Simply refer to these activities by number and full name.

If applicable, identify activities that were significantly revised or deleted from your strategic evaluation plan and explain the reasons for these changes.

Management and Staffing

Discuss any significant changes to your agency's organizational structure or the management and staffing of the asthma program during the past six months.

Document Production and Dissemination

Provide the following information for any documents or reports that you produced during the past six months, except for surveillance documents which were reported under the Surveillance tab: Document title, topic, product type (such as a newsletter, journal article, report, web table, fact sheet, oral presentation, poster, etc.) and distribution method (such as email, website postings, US mail, conference, etc.), target audience (such as stakeholders, health care providers, etc.).

Lessons Learned

Discuss any insights or experiences that occurred during the past six months that may be useful to your program or other grantees in the future.

Key Accomplishments

Highlight key accomplishments of your program during the past six months.

Continuation Report

Surveillance

Provide a brief summary of your asthma surveillance activities planned for the next budget period. Note: Grantees are expected to collect data annually for the Minimum Required Core Data Sets.

Indicate your plans to update the surveillance burden report at least once between September 1, 2009 and August 31, 2014. If the burden report has been updated since September 1, 2009, include the date of publication.

Describe plans to develop analysis/reports during the next budget period and explain how the documents will be disseminated.

Partners

Describe any changes to the primary roles and responsibilities of partners in the next budget period.

Interventions

Describe how new interventions are consistent with the 2007 update of the Guidelines for the Diagnosis and Management of Asthma. Indicate which of the following components are being addressed with the new interventions: Inhaled Corticosteroids; Asthma Control; Asthma Action Plan; Follow up Visits; Asthma Severity; Allergen and Irritant Exposure Control.

Describe plan to sustain new interventions beyond the five-year project period.

Program Evaluation

Describe how your strategic evaluation plan will be implemented in the next budget year.

Describe how the results of your evaluation activities for the next budget year will be used by the asthma program and other stakeholders.

Management and Staffing

Describe any changes to the primary roles and responsibilities of staff members in the next budget year. Note that the proposed staffing plan must meet the minimum requirements described in Funding Opportunity Announcement number EH09-901 "Addressing Asthma from a Public Health Perspective."

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Interim Report | **Annual Report**

2012-2013 Reports

Year:

Annual Report - DRAFT

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Process	Status
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Step 2: Transfer Information	
Step 3: Update Report Narrative and Status	DRAFT

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REPORTS – ANNUAL REPORT (COTN....)

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2012-2013 Reports

Annual Report - Finalized for submission to CDC

Step 4 of 4: Update Narrative and Report Status

[edit](#)

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