**Data Collection Strategy**

Community Health Workers or other staff from the grantee organization will complete an Excel® Spreadsheet including the following fields on a monthly basis about program activities at the implementation site and about all clients/patients who have participated in the program.

**Public Burden Statement:** 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. The OMB control number for this project is 0915-XXXX. Public reporting burden for this collection of information is estimated to average 4 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

| **Data Element** | **Response Options** |
| --- | --- |
| **Information about Clients Active during the month Data will be collected using one row per participant.** |
| Client (Medicare) Identification Number |  |
| Qualifying Chronic Condition | Mark all that are applicable:* Diabetes Mellitus Type II (DM)
* Cardiovascular Disease (CVD) including hypertension
* Congestive Heart Failure (CHF)
* Coronary Artery Disease (CAD)
* Chronic Obstructive Pulmonary Disease (COPD)
 |
| Payer | Mark all that are applicable:* Medicare
* Medicaid
* Private/commercial insurer
* Other (open text)
* None
 |
| Intervention Start Date |  |
| Intervention Goal |  |
| Intervention Activities/ Design |  |
| Update on achievement of goal |  |
| Partners involved in intervention |  |
| Did the intervention involve any resources beyond that supplied by the grant? | Mark all that apply* None
* Financial – source (open text)
* Equipment – describe and source (open text)
* Volunteer work – explain (open text)
 |
| Intervention Completion Date | Date |
| Reason for Completion | * Achieved intervention goal
* Loss of interest by client
* Moved
* Death
* Other (open text)
 |
| **Grant Design and Implementation during MonthThese data will be collected using one row per program site** |
| Client recruitment attempts |  |
| Source of attempts |  |
| Method of recruitment  |  |
| Number of new enrollments |  |
| Understood reason(s) for unsuccessful attempts |  |
| Total hours spent by CHWs on program |  |
| Did the overall program (not including specific interventions) require any resources beyond that supplied by the grant? | Mark all that apply* None
* Financial – source (open text)
* Equipment – describe and source (open text)
* Volunteer work – explain (open text)
 |