



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 45 or more minutes of inactivity requires that you log in again.
- After 5 unsuccessful attempts to log in, your account will be temporarily locked for 15 minutes.

State Oral Disease Prevention Program Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0739

Expiration Date: MM/DD/YYYY

Public reporting burden of this collection of information varies from 3 to 13 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 (0920-0739)

Program Information: Contact 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: Same as Program Mailing Address
 Address Line 1
 Address Line 2
 City, State Zip -

Business/Financial Official:
 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:

[Help](#) [Log Out](#)

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

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:



Characters: 0 / Maximum: 5000

Resources: Personnel

2012-2013 Resources

*Required

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)

*Personnel Member is a Subject Matter Expert in: Evaluation % of Time Allocated
 Local Implementation % of Time Allocated
 Policy, System and Environmental (PSE) Approaches % of Time Allocated
 Not Applicable

*Personnel Member Competencies: Coalition and Partnership Development
 Communications (Public Relations, Media Relations, Social Media)
 Fiscal and Resource Management
 Health Care System Interventions
 Professional Development
 Strategic Planning
 Surveillance, Epidemiology and Utilization of Health Data
 Not applicable
 Other(specify)

*Related Program Involvement and Program Time Allocation:
 Comprehensive Cancer Control (DP12-1205) %
 Comprehensive Cancer Control (DP12-1205) %
 Comprehensive Cancer Control (DP07-703) %
 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 %
 Community Transformation Grants
 Community Transformation Grants (CTG) %
 CTG - National Dissemination and Support
 Public Prevention Health Fund: National Dissemination and Support for Community Transformation Grants %
 Diabetes Vulnerable Populations %
 Diabetes Vulnerable Populations %
 Consolidated FOA - Pacific Island Jurisdictions
 Affiliated Pacific Island Collaborative Performance Agreement %
 Coordinated Chronic Disease Prevention and Health Promotion %
 Coordinated Chronic Disease Prevention and Health Promotion %

Resources: Partnership/Coalition

2012-2013 Resources

*Required

Edit Partnership/Coalition

Last Updated: 09/25/2012

*Partnership/Coalition Name:

*Chairperson Name:

*Chairperson Phone: ext.

*Chairperson Email:

Co-Chairperson Name:

Co-Chairperson Phone: ext.

Co-Chairperson Email:

*Is this Partnership/Coalition part of a 501c3 Organization? Yes No

501c3 Executive Director Name:

501c3 Executive Director Phone: ext.

501c3 Executive Director Email:

*Is this Partnership/Coalition Legislatively Mandated? Yes No Authorizing Official/Body: Date Established:

*Member Composition:

CDC Chronic Disease Programs

- Colorectal Cancer Control Program
- Community Transformation Grant (CTG)
- Coordinated Chronic Disease Program
- Demonstrating Capacity to Implement Policy and Environmental Cancer Control Interventions
- Diabetes Prevention and Control Program
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- National Heart Disease and Stroke Prevention Program
- National Program of Cancer Registries (NPCR)
- National Tobacco Control Program
- Nutrition and Physical Activity Program to Prevent Obesity and other Chronic Disease
- REACH
- State Public Health Approaches to Improving Arthritis Outcomes
- WiseWoman
- Other (specify)
- Other (specify)
- Other (specify)

Other Public Health Programs

- Breast and cervical cancer screening
- Colorectal Cancer Program
- Environmental Health
- Immunization
- Local/Tribal health Departments
- Maternal and child health
- Nutrition
- Physical activity
- SEER Cancer Registry
- State/Tribe/Territory/Pacific Island Jurisdiction CCC
- State/Tribe/Territory/Pacific Island Jurisdiction Health Commissioners
- State/Tribe/Territory/Pacific Island Jurisdiction Health Departments
- State/Tribe/Territory/Pacific Island Jurisdiction Office of Minority Health
- Tobacco control
- Urban Indian Health Centers
- Other (specify)

Other Government Entities

- Bureau of Indian Affairs
- City Planning and Land Use
- Department of Agriculture (e.g., Cooperative Extension Programs)
- Health Resources and Services Administration (HRSA)
- Human services agencies (specify)
- Indian Health Service
- Parks and Recreation
- Quality Improvement Organization for Medicare
- State/Tribe/Territory/Pacific Island Jurisdiction Education agencies
- State/Tribe/Territory/Pacific Island Jurisdiction Medicaid Agency
- Transportation Department
- Other (specify)

Professional Associations/Organizations

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Cancer Society
- American College of Obstetrics and Gynecology
- American College of Physicians
- American College of Surgeons
- American Society of Clinical Oncology
- Association of American Indian Physicians
- Foundation
- Hospital associations
- Intercultural Cancer Council
- Nurses associations
- Rural health organizations
- State/Tribe/Territory/Pacific Island Jurisdiction Medical Societies/Associations
- Other (specify)

Resources: Partnership/Coalition (continued)

- Academic/Medical Institutions
- Clinical Community oncology programs
 - Community cancer centers
 - Federally Qualified Health Centers (FQHC)
 - For-profit hospitals (that are not Cancer Centers)
 - Historically Black Colleges and Universities
 - Hospice organizations
 - Individual physicians
 - Major Health System Organizations (e.g., HMO, Regional Hospitals)
 - Medical Schools
 - Minority Commissions
 - NCI Designated Cancer Centers
 - Prevention Research Centers
 - Primary Health Care Facilities
 - Schools of public health
 - Tribal Colleges and Universities
 - Other academic institutions
 - Other (specify) _____

- Business/Industry
- Corporations or Businesses
 - Environmental Organizations
 - Fitness/Health
 - Food and Beverage Industry
 - Health plans/insurance companies
 - Pharmaceutical companies
 - Other (specify) _____

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

- Community-Based Organizations
- Civic Organizations
 - Community board members
 - Faith-based organizations
 - Minority organizations
 - Survivor Groups
 - Other (specify) _____

- Other
- Advisory Board
 - All Tribes in the region
 - Education (e.g., School Districts, After School Programs, Preschool)
 - Individual Survivors
 - Legal/Policy Experts
 - Media
 - Resource Centers
 - Other (specify) _____
 - Other (specify) _____
 - Other (specify) _____

*Workgroups in Partnership/Coalition:

- Breast
- Cervical
- Colorectal
- Data and Surveillance
- Diagnosis/Treatment (Clinical Trials Survivorship)
- Diagnosis/Treatment (General)
- Evaluation
- Health Disparities
- Lung
- Primary Prevention: General
- Primary Prevention: Nutrition/Physical Activity/Obesity
- Primary Prevention: Tobacco
- Policy, System and Environmental Change Approaches
- Skin
- Survivorship
- Other (specify) _____
- Other (specify) _____
- Other (specify) _____

Resources: Partnership/Coalition (continued)

*Race, Ethnicity and Geographic Representation:

Racial Populations
 African American or Black
 American Indian or Alaskan Native
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian (specify)

Native Hawaiian or Other Pacific Islander
 Guamanian or Chamorro
 Samoan
 White
 Other (specify)

Ethnic Populations
 Hispanic or Latino
 Non-Hispanic or Latino

Geography
 Frontier
 Rural
 Urban

*Number of Organizations in Partnership/Coalition:

*Number of Individuals in Partnership/Coalition:

*Date of Last Partnership Assessment:

Association to Action Plan	Time Frame
No activities assigned.	

Resources: Partnership/Coalition (continued)

2012-2013 Resources

*Required

Add Partnership/Coalition Attachment

*Document Title:

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

*Date Revised:

*Type:

By laws or operating procedures
 Member roster
 Partnership/Coalition Evaluation Results
 Partnership/Coalition Structure or Organization Chart
 Other (specify)

Resources: Partners

2012-2013 Resources

*Require

Add Partner

*Status:

Active Inactive

Search for Existing Partner

Find Partner:

[Reset Name & Details](#)

*Partner Name:

Partner Details

*Programs Involved:

- Comprehensive Cancer Control (DP12-1205)
- Comprehensive Cancer Control (DP12-1205)
- Comprehensive Cancer Control (DP07-703)
- 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
- Community Transformation Grants
- Community Transformation Grants (CTG)
- CTG - National Dissemination and Support
- Public Prevention Health Fund: National Dissemination and Support for Community Transformation Grants
- Diabetes Vulnerable Populations
- Diabetes Vulnerable Populations
- Consolidated FOA - Pacific Island Jurisdictions
- Affiliated Pacific Island Collaborative Performance Agreement
- Coordinated Chronic Disease Prevention and Health Promotion
- Coordinated Chronic Disease Prevention and Health Promotion
- Demonstrating Capacity to Implement PSE Interventions (DP10-1017)
- Demonstrating Capacity to Implement PSE Interventions (DP10-1017)
- CTG Small Communities (DP12-1216PPHF12)
- CTG Small Communities (DP12 - 1216PPHF12)
- REACH (DP12-1209)
- REACH (DP12-1209)
- REACH DEMO (DP12-1217)
- REACH DEMO (DP12-1217)
- Tribal Commercial Tobacco Abuse Prevention Program (DP10-1002)
- Tribal Commercial Tobacco Abuse Prevention Program (DP10-1002)

*Partner Type:

Partner Agreement/MOU/MOA:

File size cannot exceed 10MB
Note: Attaching a second file will overwrite the existing file.

Financial: Leveraged Funds

- FOAs & Recipients
- Program Information
- Resources
- Financial**
- Planning
- Action Plan
- Reports
- Search

Leveraged Funds | [In Kind](#)

2012-2013 Financial

• **Required**

Add Leveraged Funds

*Source of Funds:

*Organization Type:

Other (specify):

*Amount of Funds: \$

*Description:

ABC

Characters: 0 / Maximum: 1500

Financial: In-Kind

- FOAs & Recipients
- Program Information
- Resources
- Financial**
- Planning
- Action Plan
- Reports
- Search

Leveraged Funds | In Kind

2012-2013 Financial

*Required

Edit In-Kind Contributions

Summary of Contributions:	Meeting/Conference Support	<input type="text" value="0"/>
	Media/Publishing	<input type="text" value="0"/>
	Personnel	<input type="text" value="0"/>
	Printing	<input type="text" value="0"/>
	Supplies	<input type="text" value="0"/>
	Travel	<input type="text" value="0"/>
	Other(specify)	<input type="text" value="0"/>
	Other(specify)	<input type="text" value="0"/>
	Other(specify)	<input type="text" value="0"/>
	Total Contributions:	\$0

Attach Additional Details: File size cannot exceed 10MB

Attached:
Note: Attaching a second file will overwrite the existing file.

Planning: Plans and Logic Models


2012-2013 Planning

*Required

Add Plans and Logic Models

*Document Title:

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

*Date Revised: 

*Type:

- Burden Report
- Dissemination Plan
- Environmental PSE Scan & Report
- Logic Model
- Media/Communication Plan
- Media Tracking Report
- Needs Assessment
- Policy Agenda
- Resource Plan
- State Plan
- Stories from the Field
- Strategic Plan
- Sustainability Plan
- Other (specify)

Planning: Evaluation


2012-2013 Planning

*Required

Edit Evaluation

*Do you have an Evaluation Plan?

Yes

*Plan Date 

*Attach Evaluation Plan

File size cannot exceed 5MB


*Evaluation Plan includes description of the following:

- Data collection and analysis methods
- How the goals/objectives link to outcomes
- Intermediate measures of success
- Long term measures of success
- Mixed methods that yield both quantitative and qualitative data
- Plans for communication and utilization of findings
- Potential effects of selected activities
- Short term measures of success
- Stakeholder involvement

*Evaluation Plan assess the following:

- Cancer Plan
- Coalition/Partnership
- Program Interventions

No

*Expected Date of Completion 


*Explain Barriers or Issues:

test

Characters: 4 / Maximum: 2000

*Have you created an Evaluation Report?

Yes

*Report Date 


*Attach Evaluation Report

File size cannot exceed 5MB

*Evaluation Report addresses the following:

- Evaluation Methods
- Limitations
- Recommendations
- Results

No

*Expected Date of Completion 

*Explain Barriers, Issues or Interim Approach:

test

Characters: 4 / Maximum: 2000

Planning: Evaluation (continued)

*Were the evaluation results disseminated?

Yes

*Enter Date of Dissemination

*Describe how evaluation results were disseminated:

test

Characters: 4 / Maximum: 2000

No

*Expected Date of Dissemination

*Explain Barriers or Issues:

Characters: 0 / Maximum: 2000

*Were enhancements made based on the evaluation findings?

Yes No

*Describe enhancements or barriers:

test

Characters: 4 / Maximum: 5000

*After clicking the Save button, select the "Evaluation Documents" link at the top of the page to upload additional evaluation products.

2012-2013 Planning

*Required

Add Evaluation Documents

*Document Title:

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

*Date:

*Is this one of the four required evaluation dissemination documents? Yes No

*Was this document published in a peer review journal?

Yes

*Journal Name

*Publication Date

Pending

*Anticipated Publication Date

No

Action Plan: Project Period Objective

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

2011-2012 Action Plan

Year: 2011-2012

Action Plan Summary

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

- Progress (0)
- AO: 1.1 - 1
- AO: 1.10 -
- AO: 1.15 -
- PPO: 2.1 -

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:
<input type="text" value="Select"/>	<input type="text" value="Select"/>

What will be measured?

Characters: 0 / Maximum: 300

Baseline:	Target:
<input type="text"/>	<input type="text"/>

Unknown

Data Source:

Other (specify):

Timeframe: Start Date: End Date:

Action Plan: Project Period Objective Progress

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 -

Add Project Period Objective Progress

Related Project Period Objective: **CTG_PPO_001**

*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

2011-2012 Action Plan

Year: 2011-2012

Action Plan Summary

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

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

Add Annual Objective

<p>Related Project Period Objective: CTG_PPO_001 - Increase the percent of timeframe test from 1% to 2% by September 2016.</p> <p>*Objective ID: <input type="text"/></p> <p>*Related FOA Recipient Activity:</p> <ul style="list-style-type: none"><input type="checkbox"/> Capacity Building<input type="checkbox"/> Fiscal Management<input type="checkbox"/> Leadership Team & Coalition<input type="checkbox"/> Community Health Assessment and Planning<input type="checkbox"/> Capacity Building Plan<input type="checkbox"/> Performance Monitoring and Evaluation <p>Implementation</p> <ul style="list-style-type: none"><input type="checkbox"/> Program Infrastructure/Staff<input type="checkbox"/> Fiscal Management<input type="checkbox"/> Leadership Team and Coalition<input type="checkbox"/> Selection of Strategies <p>*For innovative or other strategy, describe the evidence/practice base for the strategy:</p> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> <p>Characters: 0 / Maximum: 2000</p> <p>*Describe the objective and how it will impact the problem:</p> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> <p>Characters: 0 / Maximum: 2000</p> <p>*Setting:</p> <ul style="list-style-type: none"><input type="checkbox"/> Community<input type="checkbox"/> Community Institution/Organization<input type="checkbox"/> Health Care<input type="checkbox"/> School<input type="checkbox"/> Work Site<input type="checkbox"/> Statewide<input type="checkbox"/> Other <p>*Population Focus:</p> <p><input type="radio"/> General Population <input type="radio"/> Specific Population</p> <p>*Measurement: (This section creates the SMART Objective Statement)</p> <p>Direction of Change: <input type="text" value="Select"/> Unit of Measurement: <input type="text" value="Select"/></p> <p>What will be measured?</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Characters: 0 / Maximum: 300</p> <p>Baseline: <input type="text"/> Target: <input type="text"/></p> <p><input type="checkbox"/> Unknown</p> <p>Data Source: <input type="text" value="Select"/></p> <p>Other (specify): <input type="text"/></p>	<p>Timeframe: Start Date: <input type="text" value="9/30/2011"/> End Date: <input type="text" value="9/29/2012"/></p> <p style="text-align: right;"><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>
--	---

Action Plan: Annual Objective Progress

2011-2012 Action Plan

Year: 2011-2012

Action Plan Summary

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

- [-] 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: **CTG_PP0001_AO_0 -**

*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 Product

2011-2012 Action Plan

Year: 2011-2012

Action Plan Summary

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

- 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 Product

Related Annual Objective: **CTG_PP0001_AO_0 -**

*Product Title:

*Product Description:
Characters: 0 / Maximum: 1500

*Product Type:
Other (specify):

Attachment:
File size cannot exceed 10MB

Environmental Assessment

Edit Environmental Assessment: General Information

* Assessment Title:

* Date of Assessment:

 / (MM/YYYY)

* Summarize Opportunities Identified (Findings):

ABC ↕

Characters: 13

* Identify stakeholders involved in the developing, conducting, analyzing or evaluating the assessment:

ABC ↕

Characters: 13

Environmental Assessment (Continued)

2012-2013 Planning

Edit Environmental Assessment: Structures and Process

* Has the Structure and Process Assessment been completed? Yes No

A. Governor's Office	Rating	Comments
1. Champion for Oral Health in Governor's Office	Select one	
2. Planning process (Governor, administration etc.)	Select one	
3. Governor's agenda	Select one	
B. Legislature	Rating	Comments
1. Champion for Oral Health in Legislature	Select one	
2. Legislative planning process.	Select one	
3. Legislative agenda	Select one	
4. Legislature leadership supportive of Oral Health	Select one	
C. Health Department/Agency (HD)	Rating	Comments
1. Champion for Oral Health in the Health Department	Select one	
2. Health Department planning process	Select one	
3. Health Department agenda/mission	Select one	
4. Health Department policy	Select one	
5. Reporting lines of authority between the Oral Health unit and the Health Department	Select one	
6. Health Department leadership	Select one	
7. State chronic disease coordinator	Select one	
8. State public health officer	Select one	
9. Oral Health placement in agency organizational chart	Select one	
10. Stability of organization-chart (re-organization happens often or not)	Select one	
11. Ability to collaborate with other chronic disease areas	Select one	
12. Competition for visibility and dollars among chronic disease programs	Select one	
13. Medicaid agenda/policy	Select one	
14. Hiring process/policy	Select one	
15. Health Department budget and fiscal priorities	Select one	
D. Oral Health Unit/Department (OHU)	Rating	Comments
1. Visible champion for ORAL HEALTH in the Oral Health Unit	Select one	
2. Succession planning for state dental director	Select one	
3. Location of Oral Health staff (centralized or decentralized)	Select one	
4. Oral Health distance from state health officer -- lines of reporting and access to	Select one	
5. Expertise (staff) needed to move Oral Health forward is present within the Oral Health Unit	Select one	
6. Relations between the Oral Health unit and the Water department (or unit responsible for fluoridation)	Select one	
7. Web presence	Select one	

Environmental Assessment (Continued)

E. Local Health Departments	Rating	Comments
1. State Health Department authority over local Health Departments	Select one <input type="button" value="v"/>	<input type="text"/>
2. Support for Oral Health issues at the local Health Department level	Select one <input type="button" value="v"/>	<input type="text"/>
F. Partners	Rating	Comments
1. External champions for Oral Health	Select one <input type="button" value="v"/>	<input type="text"/>
2. Non-traditional partner support	Select one <input type="button" value="v"/>	<input type="text"/>
3. Oral Health advocacy groups	Select one <input type="button" value="v"/>	<input type="text"/>
4. Private foundation support	Select one <input type="button" value="v"/>	<input type="text"/>
5. Other chronic disease areas support	Select one <input type="button" value="v"/>	<input type="text"/>
6. Other (Specify) <input type="text"/>	Select one <input type="button" value="v"/>	<input type="text"/>
G. Legislation/Policy	Rating	Comments
1. Mandated ORAL HEALTH program	Select one <input type="button" value="v"/>	<input type="text"/>
2. Practice Act	Select one <input type="button" value="v"/>	<input type="text"/>
3. Mandatory screening	Select one <input type="button" value="v"/>	<input type="text"/>
4. Loan repayment programs	Select one <input type="button" value="v"/>	<input type="text"/>
5. Fluoridation requirements	Select one <input type="button" value="v"/>	<input type="text"/>
6. Other (Specify) <input type="text"/>	Select one <input type="button" value="v"/>	<input type="text"/>
H. Other	Rating	Comments
1. Geography of your state	Select one <input type="button" value="v"/>	<input type="text"/>
2. Population (urban/rural/frontier)	Select one <input type="button" value="v"/>	<input type="text"/>
3. Ability to address special populations in your state	Select one <input type="button" value="v"/>	<input type="text"/>

Environmental Assessment (Continued)

2012-2013 Planning

Edit Environmental Assessment: Resources

* Has the Resources Assessment been completed? Yes No

A. Financial	Rating	Comments
1. Financial resources for Oral Health unit	Select one	
2. Diversity of sources for financial support	Select one	
3. Stability of financial support	Select one	
4. Ratio of grants to state funds	Select one	
5. Ability to successfully apply for grants	Select one	
B. Human Resources	Rating	Comments
1. Presence of dental director	Select one	
2. Adequate professional staff	Select one	
3. Adequate support staff	Select one	
4. Access to dental consultants	Select one	
5. Fiscal department human resources	Select one	
6. Number of contract employees v. number of state staff	Select one	
7. Ability to contract for additional assistance	Select one	
8. Other (Specify)	Select one	
C. Infrastructure (state level)	Rating	Comments
1. Comprehensive burden document	Select one	
2. Comprehensive state plan	Select one	
3. Diverse, state-wide coalition	Select one	
4. Evaluation capacity and use	Select one	
5. Surveillance system/measures that provide the data needed for stakeholders, evaluation, and program growth	Select one	
6. Fluoridation program management	Select one	
7. Fluoridation equipment	Select one	
8. School-based/linked dental sealant programs	Select one	
9. External expertise available to impact Oral Health (MPH programs, dental/hygiene schools, evaluation consultants etc)	Select one	

Save Cancel

Environmental Assessment (Continued)

2012-2013 Planning

Edit Environmental Assessment: Climate/Culture

* Has the Climate/Culture Assessment been completed? Yes No

A. Appreciate Data	Rating	Comments
1. Legislature history of using data to direct policy and fiscal decisions	Select one	
2. Oral Health unit history of using data to direct program and fiscal decisions	Select one	
3. Health Department history of using data to direct program and fiscal decisions	Select one	
B. Prevention/Intervention Focus	Rating	Comments
1. Legislature focus on intervention v. prevention programs	Select one	
2. Health Department focus on intervention v. prevention programs	Select one	
3. Oral Health Unit focus on intervention v. prevention programs	Select one	
4. Partner focus on intervention v. prevention programs	Select one	
C. Perception of Value of Oral Health	Rating	Comments
1. Attitudes towards public health efforts in general within the general population	Select one	
2. Public norms and values (high valuation of Oral Health as part of overall health)	Select one	
3. Public education/awareness of Oral Health and disease	Select one	
4. Public support for a change in Oral Health policy/legislation/systems etc	Select one	
5. General state government value of Oral Health as a public health issue	Select one	
6. Legislature value of Oral Health as a public health issue	Select one	
7. Ability to recognize that Oral Health services are a part of primary care by those outside of the Oral Health Unit, within the Health Department	Select one	
8. Oral Health is on the "radar screen" of health issues with decision makers and opinion leaders	Select one	
9. Oral Health Unit alignment with other disease areas that share more of the current "limelight".	Select one	
10. Media perception Oral Health as a part of overall health and newsworthy topic	Select one	
D. Opinion of Oral Health Program	Rating	Comments
1. Public perception of the state Oral Health program and presence in the state	Select one	
2. Media perception of the state Oral Health program and presence in the state	Select one	
3. Decision maker perception of the state Oral Health program and presence in the state	Select one	
4. Health Department decision makers perception of the state Oral Health program and presence in the state	Select one	
5. Presence of emergent issues or controversy around Oral Health or Oral Health organizations within the state	Select one	
6. Presence of recent non-successful attempts to pass legislation related to Oral Health	Select one	
7. Presence of those likely to oppose Oral Health related legislation/policy proposals	Select one	
8. Presence of competing priorities among partner groups	Select one	
9. Partner perception that change in Oral Health is an urgent issue	Select one	
E. Open Communication/Relations	Rating	Comments
1. Between Oral Health Unit and governor's office/staff	Select one	
2. Between Oral Health Unit and legislature	Select one	
3. Between Oral Health Unit and state public health officer	Select one	
4. Between Oral Health Unit and state chronic disease coordinator	Select one	
5. Between Oral Health Unit and local boards of health or Health Department's	Select one	
6. Between Oral Health Unit and other Oral Health organizations in the state	Select one	
7. Between Oral Health Unit and general public	Select one	
8. Between Oral Health Unit and private care providers	Select one	
9. Between Oral Health Unit and state dental society	Select one	
10. Between Oral Health Unit and state hygiene society	Select one	
11. Between state dental society and legislature	Select one	
12. Between state dental hygiene society and legislature	Select one	
13. Between partner groups and the legislature	Select one	
F. Other	Rating	Comments
1. Prospect for increased Oral Health support in the next year?	Select one	

Save Cancel