Login

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.

Session Time Out Warning
For your security, your CDMIS session will time out after 45 minutes of inactivity. Any information that has not been saved will be lost. After 35 minutes of inactivity, you will receive a pop-up message indicating your remaining time. If you choose to continue your session, your time will be extended by 45 additional minutes.

State Oral Disease Prevention Funding Opportunity Announcement OMB Information:
Form Approved: OMB 0920-0739
Expiration Date: 5/31/2017

Public reporting burden of this collection of information varies from 3 to 15 hours with an estimated average of 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0739)

Technical Assistance

Technical Assistance Notes

Add Technical Assistance Note

*Description:

Characters: 0 / Maximum: 2000

Save   Cancel

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 [ ] Select [▼] [ ] - [ ]

*Program Shipping Address: ☐ Same as Program Mailing Address
- *Address Line 1 [ ]
- Address Line 2 [ ]
- *City, State Zip [ ] Select [▼] [ ] - [ ]

Principal Investigator:

☐ Same as Program Mailing Address
- Address Line 1 [ ]
- Address Line 2 [ ]
- City, State Zip [ ] Select [▼] [ ] - [ ]

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

Contact Information | **Program Summary**

2016-2017 Program Information

Edit Program Summary

*Grantee Type: ⦿ State/District of Columbia

*Funding Level: ◯ Component 1 - Basic Capacity for Collective Impact
⦿ Component 2 - Preventive Interventions and Access to Clinical Preventive Services

*Executive Summary:

Characters: 10 / Maximum: 5000

Note: After clicking the Save button, select the "Success Stories" link at the top of the page to upload Success Stories.

Save   Cancel

Program Information: Success Stories

2016-2017 Program Information

Add Success Story

*Title: [   ]

*Description:

```
[ABC]
[                                    ]
Characters: 0 / Maximum: 500
```

*Attach Success Story: [   ] [Browse...]
File size cannot exceed 10MB

*Date: [   ] 🔲 (mm/dd/yyyy)

[Save]   [Cancel]

📄 📊 📝 How do I view PDF, Excel & Word Files on this site?

Resources: Personnel

2016-2017 Resources

Add Personnel

Position Details

*Position: Select one ▼

Program/Project Coordinator/Specialist Type: Select one ▼

*Position Status: ○Vacant   ●Filled

*Position Description:

ABC✓

Characters: 0 / Maximum: 500

Search for Existing Personnel

Find Personnel: Type First Name or Last name to see matching Personnel

Personnel Details

*Salutation: Select one ▼

*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) [   ]

Resources: Personnel (continued)

*Indicate all roles performed by this Personnel Member and the percent of Overall Program Time Allocation for each role:

(The total of all roles FTE must add up to the overall program time allocation)

% of Overall FTE

☐ Administrative Support
☐ Agency Manager
☐ Budget Manager
☐ Coalition Coordinator
☐ Community Developer
☐ Computer Technology Support
☐ Coordinator
☐ Data Analyst
☐ Data Manager
☐ Dental Consultant
☐ Dental Director
☐ Dental Sealant Coordinator
☐ Epidemiologist
☐ Evaluation Specialist
☐ Fluoridation Engineer
☐ Fluoridation Specialist / Coordinator
☐ Health Educator
☐ MIS Contact
☐ Policy Developer
☐ Principal Investigator
☐ Program Coordinator
☐ Program Manager
☐ Regional Consultant
☐ Web Designer
☐ Other (specify)

*Is the primary role's overall FTE 100% funded by CDC DOH?

○ Yes
○ No

*What other sources fund this Personnel member's salary?

☐ CDC/DOH supplemental dollars
☐ CDC prevention block grant
☐ Foundation dollars
☐ HRSA dollars
☐ Maternal Child Health block grant
☐ Medicaid dollars
☐ One-time only state dollars
☐ Permanent state dollars
☐ Other (specify)

*Related Program Involvement and Program Time Allocation:

Oral Health (DP13-1307)
☐ State Oral Disease Prevention Program [   ] %

Comprehensive Cancer Control (DP07-703)
☐ Comprehensive Cancer Control [   ] %

Healthy Communities ACHIEVE
☐ ACHIEVE [   ] %

Resources: Partnerships/Coalitions

2016-2017 Resources

Edit Partnership/Coalition	Last

Partnership/Coalition Name: ☐

Chairperson Name: ☐

Chairperson Phone: ☐ ☐ ☐ ext. ☐

Chairperson Email: ☐

Co-Chairperson Name: ☐

Co-Chairperson Phone: ☐ ☐ ☐ ext. ☐

Co-Chairperson Email: ☐

Coalition Coordinator Name: ☐

Coalition Coordinator Phone: ☐ ☐ ☐ ext. ☐

Coalition Coordinator Email: ☐

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

501c3 Executive Director Name: ☐

501c3 Executive Director Phone: ☐ ☐ ☐ ext. ☐

5013c Executive Director Email: ☐

Member Composition:

Other Public Health Programs
- ☐ Breast and cervical cancer screening
- ☐ Central cancer registry
- ☐ Colorectal Cancer Program
- ☐ Environmental Health
- ☐ Immunization
- ☐ Local/Tribal health Departments
- ☐ Maternal and child health
- ☐ Nutrition
- ☐ Physical activity
- ☐ SEER Cancer Registry
- ☐ State Office of Minority Health
- ☐ Tobacco control
- ☐ Tribal health Departments
- ☐ (Tribes only) State CCC
- ☐ Urban Indian Health Centers
- ☐ Other (specify)

Other Government Entities
- ☐ Cooperative Extension Programs
- ☐ Health Resources and Services Administration (HRSA)
- ☐ Indian Health Service
- ☐ Interagency and/or interdepartmental steering committee
- ☐ Quality Improvement Organization for Medicare
- ☐ Social services
- ☐ State Department of Education
- ☐ State Medicaid agency
- ☐ Tribal Government
- ☐ Other (specify)

Professional Associations/Organizations
- ☐ Advocacy groups (other than ACS and the medical groups listed)
- ☐ Dental Associations
- ☐ Dental Hygiene Associations
- ☐ Hospital associations
- ☐ Nurses associations
- ☐ Rural health organizations
- ☐ School nurse associations
- ☐ State/territory medical societies
- ☐ State water association
- ☐ Other (specify)

Academic/Medical Institutions
- ☐ Allied health school
- ☐ Dental and dental hygiene school
- ☐ For-profit hospitals (that are not Cancer Centers)
- ☐ Hospice organizations
- ☐ Individual physicians
- ☐ Medical Schools
- ☐ Nursing school
- ☐ Prevention Research Centers
- ☐ Primary Health Care Facilities
- ☐ Schools of public health
- ☐ Other academic institutions
- ☐ Other(specify)

Education
- ☐ Head Start
- ☐ Parent teacher association
- ☐ Public/Private School Administrator
- ☐ Regional staff
- ☐ School Districts
- ☐ Other(specify)

Resources: Partnerships/Coalitions (continued)

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
- [ ] Legislators or staff
- [ ] Other political leaders (mayors, city council, judges, etc.)
- [ ] Tribal Health administrators
- [ ] Tribal/Indigenous Leaders
- [ ] Other (specify)

Public
- [ ] Consumer advocate
- [ ] General public
- [ ] Organizations that promote improved quality of life
- [ ] Organizations that promote oral health
- [ ] Patient care advocate
- [ ] Other(specify)

Community-Based Organizations
- [ ] Business leader
- [ ] Community - based clinic
- [ ] Community water supervisor / manager
- [ ] Faith-based organizations
- [ ] Foundation
- [ ] Minority Commissions
- [ ] Minority organizations
- [ ] Other (specify)

Providers
- [ ] Dental hygienist
- [ ] Dentist
- [ ] Hospital and respective associations
- [ ] Physician
- [ ] Other(specify)

Third Party Providers
- [ ] Insurance
- [ ] Managed care
- [ ] Medicaid
- [ ] Other(specify)

Other
- [ ] All Tribes in the region
- [ ] Consumer advocate
- [ ] General public
- [ ] Legal/Policy Experts
- [ ] Media
- [ ] Organizations that promote improved quality of life
- [ ] Organizations that promote oral health
- [ ] Patient care advocate
- [ ] Resource Centers
- [ ] Other (specify)

*Workgroups in Partnership/Coalition:
- [ ] CDC Cooperative Agreement
- [ ] Data and Surveillance
- [ ] Evaluation
- [ ] Fluoridation
- [ ] Health Disparities
- [ ] Policy, System and Environmental Change Approaches
- [ ] Sealants
- [ ] State Plan
- [ ] Other (specify)

Resources: Partnerships/Coalitions (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

Regional Representation:

Number of Regions: [   ]

Number of Regions with Member Organization Located in Region: [   ]

Number of Organizations in Partnership/Coalition: [   ]

Number of Individuals in Partnership/Coalition: [   ]

Date of Last Partnership Assessment: [   ] 📅

Coalition Focus Areas:
- ☐ Access
- ☐ Adolescents
- ☐ Adults
- ☐ Aging population
- ☐ Assessment
- ☐ Caries
- ☐ Children
- ☐ Communications/marketing
- ☐ Disparity
- ☐ Education
- ☐ Evaluation
- ☐ Fluoridation
- ☐ Funding
- ☐ Infants and toddlers
- ☐ Infection control
- ☐ Infrastructure
- ☐ Injury prevention
- ☐ Older adults
- ☐ Oral and systemic disease
- ☐ Oral cancer
- ☐ Periodontal disease
- ☐ Policy
- ☐ Program/system sustainability
- ☐ Sealants
- ☐ Surveillance
- ☐ Tobacco cessation
- ☐ Work force
- ☐ Other (specify) [   ]

Meeting Frequency:
- ○ Monthly
- ◉ Quarterly
- ○ Semi-annually
- ○ Annually
- ○ Other
  [   ]

Funding Sources:
- ☐ Business/Industry
- ☐ CDC Cooperative Agreement
- ☐ Faith-based Organization
- ☐ Federal Grant
- ☐ Foundation
- ☐ Healthcare Organization
- ☐ Individual Donations
- ☐ Nonprofit Organization
- ☐ Partnerships/Coalition
- ☐ Professional Organization
- ☐ State Appropriations
- ☐ Other (specify) [   ]

Resources: Partnerships/Coalitions (continued)

2016-2017 Resources

Add Partnership/Coalition Attachment

*Document Title:

*File Name and Location: [   ] Browse...   File size cannot exceed 10MB

*Date Revised: [   ] 🔲

*Type:
- ○ By-laws
- ○ Clerical staff support
- ○ Established internal communication network
- ○ Evaluation of coalition and coalition activities
- ○ Funding and institutionalization
- ○ Letter of support
- ○ Leveraging resources
- ○ Meeting minutes/schedules
- ○ Membership maintenance/list
- ○ Memorandum of agreement/understanding
- ○ Policy development
- ○ Products and impact
- ○ SMART action plan development and implementation
- ○ Visibility
- ○ Written priorities/plans/strategies
- ○ Written vision/mission statements
- ○ 501c3 status
- ○ Other (specify) [   ]

Save   Cancel

Resources: Partners

2016-2017 Resources

Add Partner

*Status: ○ Active [   ] 📅   ○ Inactive [   ] 📅

Search for Existing Partner

Find Partner: [Type Partner Name to see matching Partners   ]   Reset Name & Details

*Partner Name: [   ]

Partner Details

*Programs Involved: Oral Health (DP13-1307)
                                ☐ State Oral Disease Prevention Program

                                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)

                                Comprehensive Cancer Control (DP12-1205)
                                ☐ Comprehensive Cancer Control (DP12-1205)

                                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)

                                DELTA FOCUS (CE13-1302)
                                ☐ DELTA FOCUS

*Partner Type: [Select one   ▼]

Partner Agreement/MOU/MOA: [   ] [Browse...]
                                File size cannot exceed 10MB
                                Note: Attaching a second file will overwrite the existing file.

                                [Save] [Cancel]

Resources: Contracts/Consultants

2016-2017 Resources

Add Contract

*Contract Status: ○Awarded ○Not Awarded

*Primary Role in Program: [Select one   ▼]

*Organization Name: [   ]

*Organization Type: [Select one   ▼]

*Organization's Status on Contract: ○Active ○Inactive

*Is contract funded by this FOA?   ○Yes   Amount of Contract Funded by this FOA: $[   ]
                                             ○Fully Funded
                                             ○Partially Funded
                                             Describe Other Funding Sources:

                                             Characters: 0 / Maximum: 500

                                     ○No

                                             Describe Other Funding Sources:

                                             Characters: 0 / Maximum: 500

                                     [Save] [Cancel]

Financial: Leveraged Funds

2016-2017 Financial

Add Leveraged Funds

*Source of Funds: [Select one ▾]

*Organization Type: [Select one ▾]

*Amount of Funds: $[_____]

*Description:
```
┌────────────────────────────────────────┐
│ ABC                                     │
│                                        ^ │
│                                        | │
│                                        | │
│                                        v │
├────────────────────────────────────────┤
│ Characters: 0 / Maximum: 1500           │
└────────────────────────────────────────┘
```

[Save] [Cancel]

Financial: In-kind

2016-2017 Financial

Add In-kind Contributions

Summary of Contributions:

Equipment	[0_____]
Meeting/Conference Support	[0_____]
Media/Publishing	[0_____]
Monetary support	[0_____]
Personnel	[0_____]
Printing	[0_____]
Supplies	[0_____]
Travel	[0_____]

Other(specify)
[_____]   [0_____]
Other(specify)
[_____]   [0_____]
Other(specify)
[_____]   [0_____]

Total Contributions: $0

Attach Additional Details: [_____] [Browse...] File size cannot exceed 10MB
Attached:
Note: Attaching a second file will overwrite the existing file.

[Save] [Cancel]

Planning: Standard Data Sources

*Standard Data Sources: **Most Recent Data Set Year**

- ☐ Adult Tobacco Survey (ATS)
- ☐ American Indian Adult Tobacco Survey (AIATS)
- ☐ Behavioral Risk Factor Surveillance System (BRFSS)
- ☐ Centers for Medicare and Medicaid Services (CMS)
- ☐ Chronic Disease Indicators
- ☐ Community Health Assessment and Group Evaluation (CHANGE)
- ☐ Community Health Status Indicators (CHSI)
- ☐ Head Start BSS
- ☐ Health Plan Employer Data and Information Set (HEDIS)
- ☐ Hospital Discharge Data
- ☐ Indian Health Service
- ☐ Kaiser Foundation
- ☐ National Adult Tobacco Survey
- ☐ National Cancer Data Base (NCDB)
- ☐ National Health and Nutrition Examination Survey (NHANES)
- ☐ National Health Interview Survey (NHIS)
- ☐ National Immunization Survey (NIS)
- ☐ National Program of Cancer Registries
- ☐ National Survey of Children's Health
- ☐ National Youth Tobacco Survey (NYTS)
- ☐ Orofacial Cleft Registry
- ☐ Pregnancy Risk Assessment Monitoring System (PRAMS)
- ☐ REACH Risk Factor Surveillance System
- ☐ School Health Education Profile
- ☐ State HANES
- ☐ State Health Interview Survey
- ☐ Surveillance Epidemiology and End Results (SEER) Program
- ☐ Third Grade Basic Screening Survey (3rd Grade BSS)
- ☐ U.S.Census
- ☐ Uniform Data System (UDS) (HRSA)
- ☐ Vital statistics
- ☐ Vulnerable Seniors BSS
- ☐ Water Fluoridation Reporting System (WFRS)
- ☐ Women, Infants, and Children (WIC)
- ☐ Youth Risk Behavior Surveillance System (YRBSS)
- ☐ Other (specify)

Planning: Other Data Sources

2015-2016 Planning

Add Other Data Source

*Data Source Name:

*Population Sampled:

Characters: 0 / Maximum: 1500

*Collection Methods:

Characters: 0 / Maximum: 1500

*Frequency: ○Ongoing Collections   ○Single Collection

*Most Recent Year Collected: [   ] (YYYY)

Save   Cancel

Planning: Evaluation

Edit Evaluation

*Do you have an Evaluation Plan?   ○ Yes
                                                *Plan Date [_____] ▦

                                                *Attach Evaluation Plan
                                                [_____] Browse...

                                                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
                                                [_____] Browse...

                                                File size cannot exceed 5MB

                                                *Evaluation Report addresses the following:
                                                ☐ Evaluation Methods
                                                ☐ Limitations
                                                ☐ Recommendations
                                                ☐ Results

                                                ◉ No
                                                *Expected Date of Completion [3/29/2013] ▦
                                                *Explain Barriers, Issues or Interim Approach:

                                                test

                                                Characters: 4 / Maximum: 2000

Planning: Evaluation (continued)

*Were the evaluation results disseminated?

⦿ Yes
*Enter Date of Dissemination 2/24/2013 🔲

*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.

Save   Cancel

Planning: Evaluation (continued)

*Were enhancements made based on the evaluation findings?   ⦿Yes ○No
*Describe enhancements or barriers:

ABC
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.

[Save] [Cancel]

2012-2013 Planning   *Required

Add Evaluation Documents

*Document Title: [   ]

*File Name and Location: [   ] [Browse...] File size cannot exceed 10MB

*Date: [   ] 🔲

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

*Was this document published in a peer   ○Yes
review journal?   *Journal Name [   ]
                                               *Publication Date [   ] 🔲

                                               ○Pending
                                               *Anticipated Publication Date [   ] 🔲

                                               ○No

[Save] [Cancel]

Planning: Plans and Logic Models

Add Plans and Logic Models

*Document Title:

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

*Date Revised:

*Type:
- ○ Burden Report
- ○ Dissemination Plan
- ○ Environmental PSE Scan & Report
- ○ Evaluation Plan
- ○ Logic Model
- ○ Media/Communication Plan
- ○ Media Tracking Report
- ○ Needs Assessment
- ○ Outcome Assessment
- ○ Policy Agenda
- ○ Resource Plan
- ○ State Plan
     Active Period for State Oral
     Health Plan (e.g., 2013-2018)
- ○ Stories from the Field
- ○ Strategic Plan
- ○ Sustainability Plan
- ○ Surveillance Plan
- ○ Other(Specify)

Web Address:

Save   Cancel

Action Plan: Project Period Objective

Add Project Period Objective

*Objective ID: [   ]

*Strategy:
(Must select 1 Strategy)

Component 2 Strategies

Component 2 Strategy 1. Maintain Component 1 strategies and enhance program leadership and staff capacity
○ Component 1 Strategy 1. Develop program leadership and staff capacity
○ Component 1 Strategy 2a. Develop and coordinate partnerships with a focus on prevention interventions
○ Component 1 Strategy 2b.Establish and sustain a diverse statewide oral health coalition
○ Component 1 Strategy 2c.Collaborate and integrate with disease prevention programs
○ Component 1 Strategy 3. Develop or enhance oral health surveillance
○ Component 1 Strategy 4. Build evaluation capacity
○ Component 1 Strategy 5. Assess facilitators/barriers to advancing oral health
○ Component 1 Strategy 6. Develop plans for state oral health program and activities
○ Component 1 Strategy 7. Implement communications activities to promote oral disease prevention

○ Component 2 Strategy 2. Coordinate /Implement school-based/linked sealant programs, targeting low-income and/or rural settings
○ Component 2 Strategy 3. Collect and report sealant program data to track program efficiency and reach
○ Component 2 Strategy 4. Collect and report program data and track policy changes on community water fluoridation
○ Component 2 Strategy 5. Educate on the benefits of community water fluoridation
○ Component 2 Strategy 6. Promote and provide support for quality control and management of fluoridated water systems
○ Component 2 Strategy 7. Implement strategies to affect the delivery of targeted clinical preventive services and health systems changes

*Process and Outcome Performance Measures:

Type:
[Select ▾]

Performance Measure:
[Select ▾]

Baseline: [   ]   Target: [   ]
☐ Unknown

Timeframe:
Start Date: [   ] 🔲 End Date: [   ] 🔲

[Add Performance Measure] [Cancel]

Type	Performance Measure	Baseline	Target	Timeframe	
No measures selected.					

Action Plan: Project Period Objective (continued)

*Priority Area: ☐ Not Applicable

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

[ABC ✓]

Characters: 0 / Maximum: 2000

*Domain:
☐ Domain 1: Epidemiology and Surveillance
☐ Domain 2: Environmental Approaches to Promote Health
☐ Domain 3: Health Systems Interventions
☐ Domain 4: Community-Clinical Linkages
☐ Cross-cutting Issue - Applies to All Domains

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

Direction of Change: [Select ▾]   Unit of Measurement: [Select ▾]

What will be measured?

[ABC ✓]

Characters: 0 / Maximum: 300

Baseline: [   ]   Target: [   ]
☐ Unknown

Data Source:
[Select one ▾]

Timeframe: 09/01/2013 - 08/31/2018

[Save]   [Cancel]

Action Plan: Project Period Objective Progress

Add Project Period Objective Progress

Related Project Period Objective: C1S1 - Maintain the number of Qualified staff with competence to perform public health functions from 4 to 4 by August 2018.

Progress Period: March 1, 2015 - February 29, 2016

*Objective's Target Met: ◯ Yes ◯ No ◯ Ongoing

*Current Measurement: [＿＿＿＿＿] ☐ Unknown at this time

*Performance Measures:
(Select edit to update progress for each performance measure)

Performance Measure	Baseline	Target	Actual	Target Met?	Sources of Evidence	
Evidence of oral health programmatic staff support	4.00	4.00				edit

Performance Measure:

Baseline:

Target:

Actual This Period: [＿＿＿＿＿＿＿＿] ☐ Unknown at this time

Target Met:
◯ Yes
◯ No
◯ Ongoing

Sources of Evidence:
☐ CDMIS - Program Information
☐ CDMIS - Resources - Personnel
☐ CDMIS - Resources - Partners
☐ CDMIS - Resources - Partnerships/Coalition
☐ CDMIS - Resources - Contracts/Consultants
☐ CDMIS - Financial - Leverage Funds
☐ CDMIS - Financial - In-Kind
☐ CDMIS - Planning - Evaluation
☐ CDMIS - Planning - Plans and Logic Models
☐ CDMIS - Action Plan - PPO Progress
☐ CDMIS - Action Plan - AO Progress
☐ CDMIS - Action Plan - Activity
☐ CDMIS - Action Plan Products
☐ Other (specify) [＿＿＿＿＿＿]

[Save] [Cancel]

Action Plan: Project Period Objective Progress (continued)

*Describe Progress:

Characters: 0 / Maximum: 5000

*Facilitating Factors of Success:

Characters: 0 / Maximum: 5000

Action Plan: Project Period Objective Progress (continued)

*Barriers/Issues Encountered:
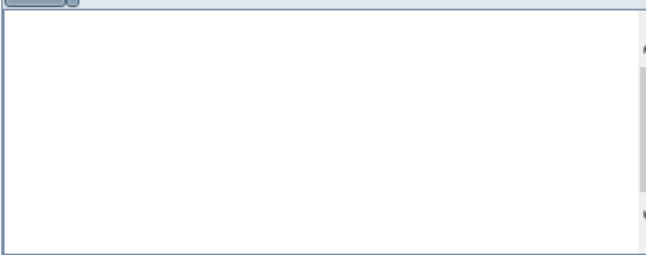
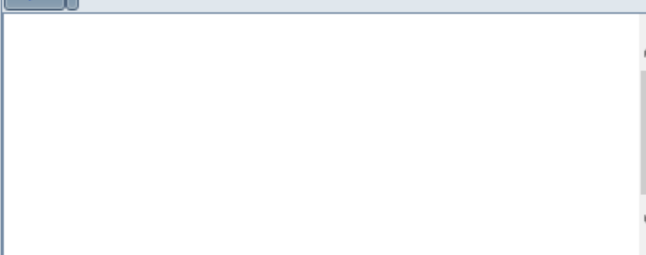Characters: 0 / Maximum: 5000

*Plans to Overcome
Barriers/Issues Encountered:

Characters: 0 / Maximum: 5000

Unanticipated Outcomes
Resulting from the Objective:

Characters: 0 / Maximum: 5000

Save   Cancel

Action Plan: Annual Objective

Add Annual Objective

Related Project Period Objective: **C1S1** - Maintain the number of Qualified staff with competence to perform public health functions from 4 to 4 by August 2018.

*Objective ID:

*Related FOA Recipient Activity: ☐ Not Applicable

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

Characters: 0 / Maximum: 2000

*Setting:
☐ Child and Adult Care Program
☐ Community
☐ Community Institution/Organization
☐ Community-based Institution
☐ Faith-based
☐ Health Care
☐ Not Applicable
☐ School
☐ Statewide
☐ Work Site
☐ Other (specify)

Action Plan: Annual Objective (continued)

*Population Focus:
    ◯ General Population
    ◯ Specific Population

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

Direction of Change:
Select ▼

Unit of Measurement:
Select ▼

What will be measured?

Characters: 0 / Maximum: 300

Baseline:

☐ Unknown

Target:

Data Source:
Select one ▼

Timeframe: 09/01/2015 - 08/31/2016

Save   Cancel

Action Plan: Annual Objective Progress

Add Annual Objective Progress

Related Annual Objective: **C1S1.01** - Maintain the number of core staff FTEs (1.0 FTE program director, 1.0 program administrator, 1.0 analyst, 0.5 fluoridation specialist, 0.5 dental sealant specialist) from 4 to 4 by August 2016.

Progress Period: March 1, 2015 - February 29, 2016

*Objective's Target Met: ◯Yes ◯No ◯Ongoing

*Current Measurement: [＿＿＿＿＿] ☐Unknown at this time

*Describe Progress:

Characters: 0 / Maximum: 5000

*Describe specific partner contributions including activities that supported this progress:

*Is this objective related to a PSE Change? ◯Yes ◯No

*Status: [Select one ▾]

*Title: [＿＿＿＿＿＿＿＿＿＿]
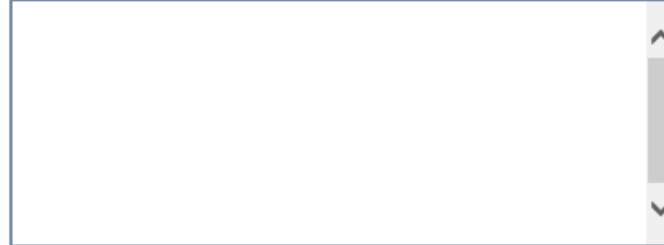
*Estimated number of people reached: [＿＿＿＿]

*Data Source: [＿＿＿＿＿＿＿＿＿]

*Most recent data set year: [＿＿]

Action Plan: Annual Objective Progress (continued)
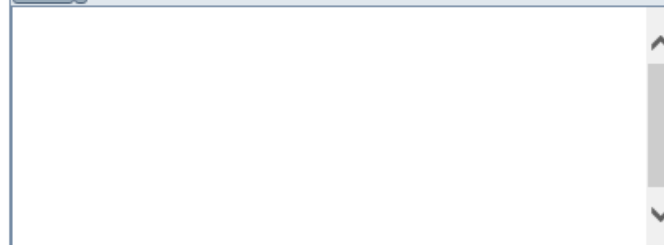
*Facilitating Factors of Success:
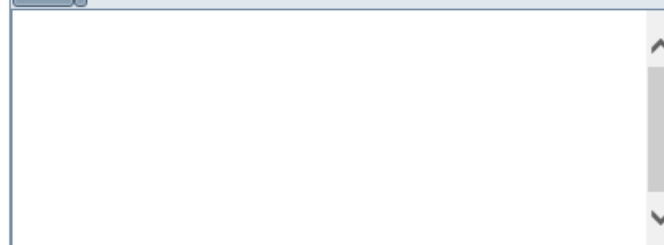
Characters: 0 / Maximum: 5000

*Barriers/Issues Encountered:
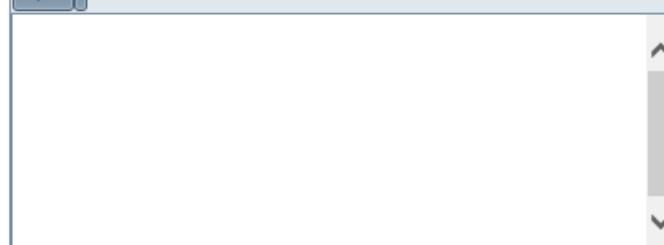
Characters: 0 / Maximum: 5000

*Plans to Overcome
Barriers/Issues Encountered:

Characters: 0 / Maximum: 5000

Unanticipated Outcomes
Resulting from the Objective:

Characters: 0 / Maximum: 5000

Save   Cancel

Action Plan: Annual Objective Activity

Add Annual Objective Activity

Related Annual Objective: **C1S1.01** - Maintain the number of core staff FTEs (1.0 FTE program director, 1.0 program administrator, 1.0 analyst, 0.5 fluoridation specialist, 0.5 dental sealant specialist) from 4 to 4 by August 2016.

*Activity ID:

*Activity Title:

*Activity Description:

Characters: 0 / Maximum: 2000

*Lead Personnel Assigned: Select

*Key Contributing Partners: ☐ No partners assigned

Available
- American Academy of Pediatrics - Ver
- Bennington Oral Health Coalition
- Bi-State Primacy Care Association
- Department of Vermont Health Access
- Earth Water Specialists, Inc.
- Ottauquechee Health Foundation
- University of Vermont Medical Center
- University of Vermont/VCHIP

Selected

[>] [>>] [<] [<<]

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

Available
- Aquaterra
- Association of State and Territorial Denta
- Bennington Oral Health Coalition
- Health Resources in Action
- HMC Advertising
- JSI Research & Training, Inc.

Selected

[>] [>>] [<] [<<]

*Timeframe:
Start Date: Select
End Date: Select

[Save] [Cancel]

Action Plan: Annual Objective Products

Add Annual Objective Product

Related Annual Objective: **C1S1.01** - Maintain the number of core staff FTEs (1.0 FTE program director, 1.0 program administrator, 1.0 analyst, 0.5 fluoridation specialist, 0.5 dental sealant specialist) from 4 to 4 by August 2016.

*Product Title:

*Product Description:

Characters: 0 / Maximum: 1500

*Product Type: Select one

Attachment: Browse...
File size cannot exceed 10MB

Save   Cancel

Reports: Annual Performance Report

Annual Performance Report - DRAFT: Past Due   🖶 Print this page

Step 2 of 5: Enter Report Narrative

*Please describe the most significant accomplishments during the reporting period:

```
ABC✓
```

Characters: 4145 / Maximum: 5000

*Please describe the most significant challenges during the reporting period:

```
ABC✓
```

Characters: 2958 / Maximum: 5000

*Describe how CDC could help you overcome challenges to achieving objectives and performance measures:

```
ABC✓
```

Characters: 1426 / Maximum: 5000

Save   Cancel