Submission Template



***What’s Working* Database**

**USE THIS TEMPLATE TO:**

* *Draft an entry for submission online* (click “Submit to Database” at the top of the What’s Working landing page at: <http://www.chronicdisease.org/?DatabasePublic> and then cut & paste into online submission form)

**--OR--**

* *Submit the entry on this template* to jpatton@chronicdisease.org

All submissions are reviewed by the administrator before publication online.

Complete all fields in the template, if possible. If not, complete the fields marked by \*

Fields with an asterisk\* are character-limited for the purpose of generating a success story, where applicable, and may be edited for length.

\* Entry Type

☐ Initiative

☐ Success Story

☐ Both Initiative & Success Story

\* **State/territory**

Click here to enter text.

\* **Title of entry**[Limited to 75 characters & spaces]

Click here to enter text.

\* **Domain Addressed- Check all that apply**

☐ Epidemiology & Surveillance

☐ Environmental Approaches

☐ Health System Interventions

☐ Clinical -Community Linkages

\* **Funding Source**

 **Part 1: Funding source statement on success story entry**

 A statement about funding will appear on your final entry. Please select all that apply:

 ☐CDC

 ☐NACDD

 ☐State/local sources

 ☐Private sources

 **Part 2: Specific Funding Source (*for internal NACDD purposes only*; *does not appear on final entry*)**

 *CDC Funding - please specify:*

 ☐(1305) State Public Health Actions to Prevent and Control Diabetes, Heart Disease,

 Obesity and Associated Risk Factors and Promote School Health

 ☐(DP14-1422) State and Local Public Health Actions to Prevent Obesity, Diabetes and

 Heart Disease

 ☐DP09-9010301PPHF11 Prevention and Public Health Fund Coordinated Chronic

 Disease Prevention and Health Promotion Program Department of Health and

 Human Services

 ☐Preventive Health and Health Services Block Grant

 ☐CDC-RFA-DP12-1210, State Public Heath Approaches to Improving Arthritis Outcomes

 ☐DP11-1113-National Organizations to Support Arthritis Programs and Policy

 ☐Other CDC Funding

 ☐NA

 *Other Federal funding - please specify:*

 ☐AHRQ ☐FDA

 ☐ATSDR ☐HRSA

 ☐CMS ☐IHS

 ☐DOT ☐USDA

*Other funding:*

 ☐State Funding ☐Private Funding

 ☐Local Funding ☐Don't Know

 ☐NACDD Funding

\* **Public Health Issue**

[Why is it important to people with chronic disease that you address this issue? Local statistics, community survey results, and similar information are useful here]

Click here to enter text.

\* **Program Action**

[What steps did you take to attack the problem?]

Click here to enter text.

**Project Objective(s)**

[What outcome(s) are you trying to achieve?]

Click here to enter text.

**Data/Other Information Collected**

[What data/info are you collecting to gauge impact?]

Click here to enter text.

**\* Impact/Accomplishments**

[This is the part most readers are interested in - the more specific you can be, the better. If you’re still in the early stages, describe what you’ve accomplished so far. If you have results to share, describe what has changed as a result of the effort – people’s health, the effectiveness of programs, etc. ]

Click here to enter text.

**Challenges/Lessons Learned**

Click here to enter text.

**Next Steps (if ongoing)**

Click here to enter text.

**Web Link (if available)**

Click here to enter text.

**Project Photos**

Photos can be uploaded through the online database submission process or submitted with the form as described on page 1.

Only upload image files (.png, .gif, .jpg, .jpeg) with a maximum width and height of 400px.

**Supports the National Diabetes Prevention Program**

⬜ Yes (or leave blank)

⬜ No

\* **State Contact Information:**

Name: Click here to enter text.

Agency: Click here to enter text.

Phone Number: Click here to enter text.

E-mail: Click here to enter text.