

Chronic Disease Collaborative Worksheet

Program Name: _____
Your Name: _____ Phone: _____ Email: _____

1. Does this program address the following chronic diseases (please check all that apply)?

Arthritis: Yes No

Asthma: Yes No

Cancer: Yes No If yes, please specify cancer type: _____

Cardiovascular Disease: Yes No

Diabetes: Yes No

Stroke: Yes No

Other, please specify: _____

2. Does this program address the following determinants of health (please check all that apply)?

Overweight/Obesity: Yes No

Lack of Physical Activity: Yes No

Tobacco Use: Yes No

3. Does this program encompass the following focus areas (please check all that apply)?

Behavior Change: Yes No

Environmental: Yes No

Policy: Yes No

Systems Change: Yes No

4. Which of the following groups are responsible for the intervention(s) (please check all that apply)?

Grantee: Yes No

Illinois Department of Public Health: Yes No

Local Health Department: Yes No

NGO: Yes No

University: Yes No

Workgroup: Yes No

Other, please specify: _____

5. What is the overall objective/goal? _____

6. What are the target populations? _____

7. What goals in your program state plan are addressed by this program/intervention (please indicate if you don't have an up to date program state plan)? _____

8. What is the funding source for this program/intervention? _____

9. Does this intervention target any of these populations (please check all that apply)?

Elderly: Yes No

LGBT: Yes No

Low Income/SES: Yes No

Persons with Disabilities: Yes No

Racial/Ethnic Minorities: Yes No

Youth/Children: Yes No

Other populations, please specify: _____

10. Describe the program/intervention: _____

11. Describe partnerships: _____

12. Are the following intervention sites (please check all that apply)?

Community: Yes No

Daycare: Yes No

Faith-Based Organization: Yes No

Health Care: Yes No

NGO: Yes No

School: Yes No

Worksite: Yes No

Other, please specify: _____

13. How does this program currently integrate with other chronic disease programs? _____

14. What health education model is used (e.g., Health Belief Model, Stages of Change, etc.) ? _____

15. What is the evaluation methodology? _____

16. What program components are measured? _____

17. What supportive data resources do you use for program purposes? _____

18. Describe the evaluation outcome results: _____

19. Describe strengths, weaknesses, opportunities, threats or major accomplishments: _____

20. Describe barriers/lessons learned to improve performance: _____

The End

Please email completed survey to Sarah Schillie: sarah.schillie@illinois.gov – thank you!