## Success Story Submission

"\*" Indicates required fields

**Post Title**\***:**

**Entry Type:** Check ONLY if submission is also a Case Study as well as a Success Story.

* Case Study

**State/Territory:**

What state or territory are you submitting this on behalf of?
**List all states involved in this Success Story.**

**Domain Addressed**\*

* Health Promotion
* Health Systems Strategies
* Policy, Systems, & Environmental Change
* Community-Clinical Linkages
* Epidemiology and Surveillance
* Environmental Approaches
* Health Equity

**Program Areas:**

* Healthy Communities (general)
* Hearing
* Hearth Disease and Stroke
* Islander Health
* Lupus
* Mental Health/Substance Use
* Obesity
* Oral Health
* Public Heath Practice
* Social Determinants of Health
* Tobacco
* Vision and Eye Health
* Worksite Health
* Other .
* Adverse Childhood Experience (ACES)
* Alzheimer’s/Healthy Aging
* Arthritis
* Biomarkers
* Building Resilient Inclusive Communities
* Building Healthy Military Communities
* Cancer
* Center for Advancing Healthy Communities
* Coordinating Center for Public Health Practice
* COVID-19
* Diabetes
* Environmental Public Health
* Epidemiology and Surveillance
* Epilepsy
* Health Equity and Cultural Competency

### Funding

**Funding Source (Please Check all that Apply)**

* State/local sources
* Private Source
* CDC
* NACDD
* Other .

### Funding Continued

**CDC Funding\***

* Yes
* No

**Grant Number and Title**

Please include the formal or full grant number and title

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**ORY**

**Other Federal Funding\* ~please select all that apply**

* AHRQ
* ATSDR
* CDC (non CSTLTS)
* CMS
* DOD
* DOT
* FDA
* HRSA
* HIS
* USDA
* SAMHSA
* Other:
* N/A

**Other Funding\***

* State funding
* Local funding
* NACDD funding
* Private funding
* Other:

### Success Story Content

**Describe the Issue**

Describe the problem identified and why it’s important to people with chronic disease that you address it. Local statistics, community survey results, and similar information help readers understand the need for your effort. Use language that everyone can understand.

Character limit: 750

**.**

**Project Objectives**
What outcome(s) are you trying to achieve?

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**Program Action**

Briefly explain how your effort attacks the problem. Include partners; target group,

if any; and major steps taken by the state. You may want to identify funding sources. Add information on if/how this project works to address health equity

or racial injustice. Character limit: 750

**.**

**Data / Other Information Collected**

What data/info are you collecting to gauge impact? Include cost data, if available.

Character limit: 750

**.**

**Impact / Accomplishments**

Describe what has changed as a result of the effort – people’s health, the effectiveness of programs, etc. - the accomplishments. Include economic impact/ROI, if available. If in the early stages, describe what you’ve accomplished so far. Character limit: 750

**.**

**Challenges / Lessons Learned**

List significant challenges/barriers to implementation and important lessons learned. Describe how challenges were overcome. Character limit: 750

**.**

**Next Steps**

Are there plans to compile results or extend to other sites? What are the critical steps for moving forward? Character limit: 750

**.**

### Contact Information

**Primary web link for more information\***

Add a link to project/program information, if available. Please enter one web address per line.

**State/Territory:**

**Name:**

**Agency:**

**Phone:**

**Email:**

**Board President's Challenge**

Is this Success Story part of the NACDD Board President’s Challenge?

* Yes
* No

**Organization's Social Media Links**

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**Image: Please Attached or Submit Online**

Accepted file types: jpg, pdf, png, jpeg, Max. file size: 500 MB, Max. files: 1.