

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*

- | | |
|--|--|
| <input type="checkbox"/> Community-Clinical Linkages | <input type="checkbox"/> Health Promotion |
| <input type="checkbox"/> Epidemiology and Surveillance | <input type="checkbox"/> Health Systems Strategies |
| <input type="checkbox"/> Environmental Approaches | <input type="checkbox"/> Policy, Systems, & Environmental Change |
| <input type="checkbox"/> Health Equity | |

Program Areas:

- | | |
|---|--|
| <input type="checkbox"/> Adverse Childhood Experience (ACES) | <input type="checkbox"/> Health Equity and Cultural Competency |
| <input type="checkbox"/> Alzheimer's/Healthy Aging | <input type="checkbox"/> Healthy Communities (general) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Biomarkers | <input type="checkbox"/> Islander Health |
| <input type="checkbox"/> Building Resilient Inclusive Communities | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Building Healthy Military Communities | <input type="checkbox"/> Mental Health/Substance Use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Center for Advancing Healthy Communities | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Coordinating Center for Public Health Practice | <input type="checkbox"/> Public Health Practice |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Environmental Public Health | <input type="checkbox"/> Vision and Eye Health |
| <input type="checkbox"/> Epidemiology and Surveillance | <input type="checkbox"/> Worksite Health |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other _____. |

Funding

Funding Source (Please Check all that Apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> CDC | <input type="checkbox"/> State/local sources |
| <input type="checkbox"/> NACDD | <input type="checkbox"/> Private Source |
| <input type="checkbox"/> Other _____. | |

Funding Continued

CDC Funding*

- Yes
- No

Grant Number and Title

Please include the formal or full grant number and title

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: 900 with spaces

Project Objectives

What outcome(s) are you trying to achieve? Character limit: 900 with spaces

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: 900 with spaces

Data / Other Information Collected

What data/info are you collecting to gauge impact? Include cost data, if available. Character limit: 900 with spaces

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: 900 with spaces

Challenges / Lessons Learned

List significant challenges/barriers to implementation and important lessons learned. Describe how challenges were overcome. Character limit: 900 with spaces

Next Steps

Are there plans to compile results or extend to other sites? What are the critical steps for moving forward? Character limit: 900 with spaces

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

Image: Please Attached or Submit Online

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