

Success Story Submission Template

"*" 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 |

Program Areas:

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

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

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: _____

Grant Number* (Please include the formal or full grant number and title.) _____

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?

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.
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: _____

Organization's Social Media Links

Image: Please Attach or Submit Online

Accepted file types: jpg, pdf, png, jpeg, Max. file size: 950k.