

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!