

## Viewable PDF of the CDPP Partner "Request for Interest" Survey

**IMPORTANT:** This is a courtesy copy of the online CDPP Partner "Request for Interest" Survey and should be used as a reference only. All submissions should be done online using the DHS CDPP-provided Alchemer survey link. Do not submit this PDF nor copy or duplicate it.

1. Organization name: \*

Who Responds?  
All

2. First, enter the contact information for who will serve as the primary point of contact for CDPP communication and this interest survey.

○ Green circle indicates "all" should respond to this question – this question does not appear based on the answer to another question. Hover over this green circle with your cursor to view details.

9. What county(ies) does your organization's work and/or influence reach? Select all that apply. \*

Who Responds?  
If Q6 = "Countywide"

|                                   |                                    |                                  |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Ashland  | <input type="checkbox"/> Iowa      | <input type="checkbox"/> Polk    |
| <input type="checkbox"/> Barron   | <input type="checkbox"/> Iron      | <input type="checkbox"/> Portage |
| <input type="checkbox"/> Bayfield | <input type="checkbox"/> Jackson   | <input type="checkbox"/> Price   |
|                                   | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Racine  |

■ Blue box indicates this question is dependent and will only appear based on the answer to another question as indicated. Hover over this blue box with your cursor to view details.

17. Please briefly explain how you would approach implementing or expanding each of the strategies/sub-strategies of interest selected with a policy, systems, and environmental change lens. \*

If Q3 = "Community" or "Statewide Organization" then answer Q17-25

Other, colored text boxes indicate the entire page or section is dependent and will only appear based on the answer to another question as indicated. There is not a hover over feature for these text boxes.

**Note:** Community and statewide organizations should answer questions 17-25; health systems should answer questions 26-31.

# CDPP Partner "Request for Interest" Survey

## Introduction and Organization Overview

---

### Page description:

The purpose of this survey is to identify potential partnerships for Centers for Disease Control and Prevention (CDC) Chronic Disease Notice of Funding Opportunities (NOFOs) to be released in early 2023. By completing this survey, organizations are expressing their interest in developing new or expanding existing partnership with the Wisconsin Department of Health Services (DHS) Chronic Disease Prevention Program (CDPP) and being written into NOFOs applications and workplans.

**Please note:** This is an *interest* survey only. We are not able to guarantee any funding amounts at this time, and funding amounts available may change once CDC provides the Notice of Awards. We cannot guarantee funding or inclusion in the NOFOs for all interested parties.

**Timeline:** Complete this interest survey by Friday, December 30, 2022.

**Questions:** If you have any questions, please contact DHS CDPP at [DHSChronicDiseasePrevention@dhs.wisconsin.gov](mailto:DHSChronicDiseasePrevention@dhs.wisconsin.gov).

### Quick, Survey Tips:

- Depending on your scope of work and interest, the time it takes to complete this survey will vary. Therefore, we recommend you working "offline" until you're ready to complete the survey in full.
- The required questions are highlighted by an asterisk (\*) and must be answered to continue to the next page.
- Use the navigation buttons at the bottom of the page instead of your internet browser's navigation.
- You will not be able to navigate to any previous responses once "Submit" is selected on the last page.
- Complete this survey in one sitting. You will not be able to return to your earlier responses.
- Be mindful that some of the questions have a 250 word limit. This is noted below the open-ended, text box field where applicable.



1. Organization name: \*



2. First, enter the contact information for who will serve as the primary point of contact for CDPP communication and this interest survey.

Next, provide the contact information for any other team members who should also receive follow up communication from CDPP. To do this, select the 'Add Team Member' button. \*

First Name

Last Name

Title

Email

Phone

Add Team Member

3. Type of organization/sector: \*

- Community
- Health System
- Statewide Organization

4. Describe your organization's mission and vision. \*

5. Organization website (if applicable):

**Organization's Reach**

---



6. Which of the following best describes the reach of your organization's work and/or influence? Select one. \*

- Statewide
- Regional
- Tribal
- Countywide
- City/neighborhood/ZIP code(s)
- Other, please specify:

DRAFT





8. What tribal nation(s) does your organization's work and/or influence reach?  
Select all that apply. \*

- Bad River Band of Lake Superior Chippewa
- Ho-Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac du Flambeau Band of Lake Superior Chippewa
- Menominee Tribe of Wisconsin
- Oneida Nation
- Forest County Potawatomi
- Red Cliff Band of Lake Superior Chippewa
- St. Croix Chippewa
- Sokaogon Chippewa (Mole Lake)
- Stockbridge-Munsee



9. What county(ies) does your organization's work and/or influence reach?

Select all that apply. \*

- |                                      |                                    |                                      |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams       | <input type="checkbox"/> Iowa      | <input type="checkbox"/> Polk        |
| <input type="checkbox"/> Ashland     | <input type="checkbox"/> Iron      | <input type="checkbox"/> Portage     |
| <input type="checkbox"/> Barron      | <input type="checkbox"/> Jackson   | <input type="checkbox"/> Price       |
| <input type="checkbox"/> Bayfield    | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Racine      |
| <input type="checkbox"/> Brown       | <input type="checkbox"/> Juneau    | <input type="checkbox"/> Richland    |
| <input type="checkbox"/> Buffalo     | <input type="checkbox"/> Kenosha   | <input type="checkbox"/> Rock        |
| <input type="checkbox"/> Burnett     | <input type="checkbox"/> Kewaunee  | <input type="checkbox"/> Rusk        |
| <input type="checkbox"/> Calumet     | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Saint Croix |
| <input type="checkbox"/> Chippewa    | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Sauk        |
| <input type="checkbox"/> Clark       | <input type="checkbox"/> Langlade  | <input type="checkbox"/> Sawyer      |
| <input type="checkbox"/> Columbia    | <input type="checkbox"/> Lincoln   | <input type="checkbox"/> Shawano     |
| <input type="checkbox"/> Crawford    | <input type="checkbox"/> Manitowoc | <input type="checkbox"/> Sheboygan   |
| <input type="checkbox"/> Dane        | <input type="checkbox"/> Marathon  | <input type="checkbox"/> Taylor      |
| <input type="checkbox"/> Dodge       | <input type="checkbox"/> Marinette | <input type="checkbox"/> Trempealeau |
| <input type="checkbox"/> Door        | <input type="checkbox"/> Marquette | <input type="checkbox"/> Vernon      |
| <input type="checkbox"/> Douglas     | <input type="checkbox"/> Menominee | <input type="checkbox"/> Vilas       |
| <input type="checkbox"/> Dunn        | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Walworth    |
| <input type="checkbox"/> Eau Claire  | <input type="checkbox"/> Monroe    | <input type="checkbox"/> Washburn    |
| <input type="checkbox"/> Florence    | <input type="checkbox"/> Oconto    | <input type="checkbox"/> Washington  |
| <input type="checkbox"/> Fond du Lac | <input type="checkbox"/> Oneida    | <input type="checkbox"/> Waukesha    |
| <input type="checkbox"/> Forest      | <input type="checkbox"/> Outagamie | <input type="checkbox"/> Waupaca     |
| <input type="checkbox"/> Grant       | <input type="checkbox"/> Ozaukee   | <input type="checkbox"/> Waushara    |
| <input type="checkbox"/> Green       | <input type="checkbox"/> Pepin     | <input type="checkbox"/> Winnebago   |
| <input type="checkbox"/> Green Lake  | <input type="checkbox"/> Pierce    | <input type="checkbox"/> Wood        |





10. What city(ies), neighborhood(s), and/or ZIP code(s) does your organization's work and/or influence reach? \*

### Strategy Areas and Sub-Strategies

---

#### Page description:

- There are several sub-strategies within each of the five strategy areas.
- You must select at least one strategy area and one sub-strategy.



11. Please select which strategy area(s) your organization is interested in working on. Select all that apply.

Reminder: You must select at least one strategy area. \*

- Prediabetes and Diabetes
- Heart Disease
- Nutrition
- Physical Activity
- Breastfeeding/Chestfeeding



12. Now, select at least one sub-strategy within the 'Prediabetes and Diabetes' strategy area. \*

- Community health worker (CHW) care team integration
- CHW workforce development
- CHW workforce sustainability and reimbursement structures
- Community engagement
- Community-clinical linkages
- Developing Screening-Testing-Referral processes
- Family Healthy Weight Programs
- Health payer engagement
- Health system engagement
- Increasing referrals to Diabetes Self-Management Education and Support (DSMES) and National Diabetes Prevention Program (National DPP)
- Insurance coverage/provided benefit for DSMES, National DPP, and/or other related prediabetes/diabetes programs
- Pharmacy/Pharmacist care team integration
- Provider education
- Resource and program promotion
- Strategic partnerships with organizations addressing social determinants of health (e.g., food/nutrition security, housing, etc.)
- Training and technical assistance
- Utilizing electronic health record (EHR) data to identify and address health disparities
- Other, please specify:

\*



13. Now, select at least one sub-strategy within the 'Heart Disease' strategy area. \*

- Blood pressure (BP) cuff prescriptions
- Community health worker (CHW) care team integration
- CHW workforce development
- CHW workforce sustainability and reimbursement structures
- Community engagement
- Community-clinical linkages
- Health payer engagement/coverage for BP cuffs
- Pharmacy/Pharmacist care team integration
- Provider education
- Referrals for Self-Measured Blood Pressure (SMBP)
- Resource and program promotion
- Self-measured blood pressure programs in community-based settings
- Strategic partnerships with organizations addressing social determinants of health (SDOH) (e.g., food/nutrition security, housing, etc.)
- Training and technical assistance
- Utilizing electronic health record (EHR) data to identify and address health disparities
- Other, please specify:

\*

14. Now, select at least one sub-strategy within the 'Nutrition' strategy area. \*

- Access to healthy food and beverages
- Family Healthy Weight Programs
- Food Service Guidelines/Nutrition Standards
- Healthy nutrition environments
- Nutrition policy
- Policy and programming in early care and education (ECE) settings
- Other, please specify:

\*

15. Now, select at least one sub-strategy within the 'Physical Activity' strategy area. \*

- Access to places for physical activity (PA)
- Active transportation and activity-friendly routes to everyday destinations
- Community campaigns
- Family Healthy Weight Programs
- Policy and programming in early care and education (ECE) settings
- School and youth programs
- Social supports and prompts to encourage PA
- Other, please specify:

\*

16. Now, select at least one sub-strategy within the 'Breastfeeding/Chestfeeding' strategy area. \*

- Community health worker (CHW)/Doula workforce development
- Community peer counselors and support groups
- Continuity of care and referral systems
- Evidence-based maternity care practices
- Policy and programming in early care and education (ECE) settings
- Private lactation spaces in public venues and worksites
- Other, please specify:

### Previous or Current Work and Accomplishments

---

**Page description:**

For each sub-strategy you selected, please briefly describe your organization's work.

Briefly describe any previous or current work and accomplishments related to the strategy area(s) and sub-strategies of interest.

Strategy area selected: Prediabetes and Diabetes

Sub-strategy selected: [question('piped value')] \*



Briefly describe any previous or current work and accomplishments related to the strategy area(s) and sub-strategies of interest.

Strategy area selected: Heart Disease

Sub-strategy selected: [question('piped value')] \*



Briefly describe any previous or current work and accomplishments related to the strategy area(s) and sub-strategies of interest.

Strategy area selected: Nutrition

Sub-strategy selected: [question('piped value')] \*



Briefly describe any previous or current work and accomplishments related to the strategy area(s) and sub-strategies of interest.

Strategy area selected: Physical Activity

Sub-strategy selected: [question('piped value')] \*



Briefly describe any previous or current work and accomplishments related to the strategy area(s) and sub-strategies of interest.

Strategy area selected: Breastfeeding/Chestfeeding

Sub-strategy selected: [question('piped value')] \*

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25

## Systems Change, Partnerships, and Populations [Community and Statewide Organizations]

---

### Page description:

We know chronic disease is greatly influenced by social determinants of health, or the social, economic, and physical conditions in the environment in which people are born, live, learn, play, work, and age. CDPP's work seeks to emphasize policy, systems, and environmental changes that support healthy communities (i.e., infrastructure and resources), rather than individual-focused health education or one-time events.

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25

17. Please briefly explain how you would approach implementing or expanding each of the strategies/sub-strategies of interest selected with a policy, systems, and environmental change lens. \*

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25

18. Please describe any existing partnerships and collaborations (e.g., coalitions, local agencies, health care systems, community-based organizations, etc.) relevant to chronic disease prevention and community health promotion. \*

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25

19. Have you identified priority population(s)\* in your community for focused chronic disease prevention and control efforts?

*\*Defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [CDC definition] \**

- Yes
- No





20. Which population(s) did you identify? Select all that apply. \*

- Adults ages 18–44
- Adults ages 45–64
- Adults aged 65+
- People who have Medicare
- People who have Medicaid
- People who are uninsured/underinsured
- American Indian/Native American people
- Asian people
- Black/African American people
- Hispanic/Latinx people
- Immigrant/refugee people
- Lesbian, gay, bisexual, and transgender/nonbinary people
- People experiencing low income
- Disabled people/people with cognitive, sensory, or physical disability(ies)
- People with mental health conditions
- People with substance use disorders or addiction
- People who live in rural-underserved areas
- People who live in urban-underserved metropolitan areas
- People who live in underserved or under resourced neighborhoods or census tracts
- People with limited English language proficiency
- Other, please specify:

\*

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25

21. Briefly describe how you identified these populations. \*

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25

22. Are you able to identify priority populations\* in your community and focus efforts to reach these groups?

*\*Defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [CDC definition] \**

- Yes
- No

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25

23. Does your organization engage in health equity practices (e.g., paying community members to “be at the table,” adjusting meeting times for greater community participation, developing non-traditional partnerships) so your work better reflects the perspectives and experiences most impacted by health inequities? \*

- Yes
- No

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25



24. Briefly describe any examples from your current programs or initiatives. \*

If Q3 = 'Community' or 'Statewide Organization' then answer Q17-25



25. Is this a priority for your work in the future? \*

Yes, please explain:

No, please explain:

If Q3 = 'Health System' then answer Q26-31

## Systems Change, Partnerships, and Populations [Health Systems]

### **Page description:**

We know chronic disease is greatly influenced by social determinants of health, or the social, economic and physical conditions in the environment in which people are born, live, learn, play, work, and age. CDDP's work seeks to emphasize policy, systems, and environmental changes that support healthy communities (i.e., infrastructure and resources). In a clinical space, this includes organizational "systems change" to chronic disease prevention and screening (i.e., creation or modification of policies or procedures).

If Q3 = 'Health System' then answer Q26-31

26. Please briefly explain how you would approach implementing or expanding the strategies/sub-strategies of interest selected with a systems change lens \*

If Q3 = 'Health System' then answer Q26-31

27. Please describe any existing partnerships and collaborations (e.g., coalitions, local agencies, health systems, community-based organizations, etc.) that your organization participates in related to chronic disease prevention and community health promotion. \*

If Q3 = 'Health System' then answer Q26-31

28. Does your organization engage in practices (i.e., offer culturally appropriate care and resources) to reflect the perspectives and experiences most impacted by health inequities in your work? \*

- Yes
- No

If Q3 = 'Health System' then answer Q26-31



29. Please briefly describe the practices your organization engages in. \*

30. Are you using your electronic health record (EHR) system to identify priority populations\* and focus efforts to reach these groups?

*\*Defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. [CDC definition] \**

- Yes
- No

31. Please briefly describe how you use your EHR system to identify priority populations\* and focus efforts to reach those groups. \*

### **Potential Funding and Final Comments**

---

**Page description:**

Note: CDPP cannot guarantee funding to all interested partners and will not know final funding amounts available until formal Notice of Awards are received. Any organization funded greater than \$100,000 (across all DHS programs) needs to submit an annual audit.

32. Which of the following ranges best indicates your desired funding amount? \*

No funding requested (\$0)

\$1–\$9,999

\$10,000–\$19,999

\$20,000–\$29,999

\$30,000–\$39,999

\$40,000–\$49,999

\$50,000–\$59,999

\$60,000–\$69,999

\$60,000–\$69,999

\$70,000–\$79,999

\$80,000–\$89,999

\$90,000–\$99,999

\$100,000 or more

33. Are you willing to provide a letter of support for the CDC grant applications? \*

- Yes
- No

34. What other comments or questions would you like to share with the Chronic Disease Prevention Program?

**Thank You!**

---

Thank you for completing the interest survey. The Chronic Disease Prevention Program will be in touch with you soon.

DRAFT