

	TI-: (T)	XX7 - XX7211 TO	T- D- 1	XX/L2-1 X/* 11	XX/:41, 7D1 *
	Using These	We Will Engage in	To Produce	Which Yield	With This
	RESOURCES	These ACTIVITIES	These_OUTPUTS	These OUTCOMES	Ultimate IMPACT
Component			-	├	
CI :	State Health Department	Identify shared risk	State infrastructure		DOI C
Chronic	Programs *	factors for chronic disease	(programmatic and IT)	Coordination of services at local	ROI for prevention
Disease	• Tobacco	and injury prevention	that supports program	level in response to community	
. .	• Diabetes	Tobacco use	integration planning,	health priorities, by agencies and	State capacity that
Injury	Health Statistics	• Nutrition	implementation and	community groups.	supports an
Prevention		 Physical Activity 	evaluation		integrated approach
** 1.1	Local health departments or			Coordination of efforts to	to program:
Health	community based coalitions	Address health equity	Agency wide spending	implement policy and systems	• Planning
Promotion		• Minority	plans that facilitate	changes that support healthy	• Implementation
	State Agencies*	 Low literacy 	program coordination and	behaviors by agencies and	Data collection
	Medicaid	• Low income	integration	community groups.	• Evaluation
	• Aging	 Disability 			
		• Rural	Standardized grant and	Implementation of strategies that	Sustained policy &
	Federal Agencies*		RFA templates	impact the social determinants of	environmental
	• CDC	Improve utilization of		health	changes to support
		data to provide broader	Grantees practice program		healthy behaviors.
	State and Federal Data	picture of health status	integration	Fostered systems approach to	
	Sources*			improving access to health services	
	• BRFSS	Use data to inform	Streamlined and		
	• YTS	program planning and	coordinated data collection	Increased coordination and sharing	
		funding opportunities for	and reporting for states	of resources	
	Health Professional	specific targets.	and communities		
	Organizations/Associations*			Increased utilization of data and	
	 Family Medicine 	Revise grant		information to develop best	
		opportunities and		practices.	
	Voluntary /Not for Profit	contracts to fund evidence			
	Organizations*	based policy and systems		Coordination of health resources	
	Heart/Lung/Cancer	interventions in schools,		along spectrum of primary and	
		municipalities, worksites		secondary prevention in an efficient	
		and health care systems		and effective manner	
	Non traditional partners*				
	 Employers 	Pursue additional		Facilitation of cross cutting	
		funding opportunities		surveillance, epidemiology and	
				evaluation.	

^{*}The examples of resources listed under each component are intended to be illustrative, not a complete list of all possibilities. States may wish to amend this or other components to customize its own version of a Program Integration Logic Model.