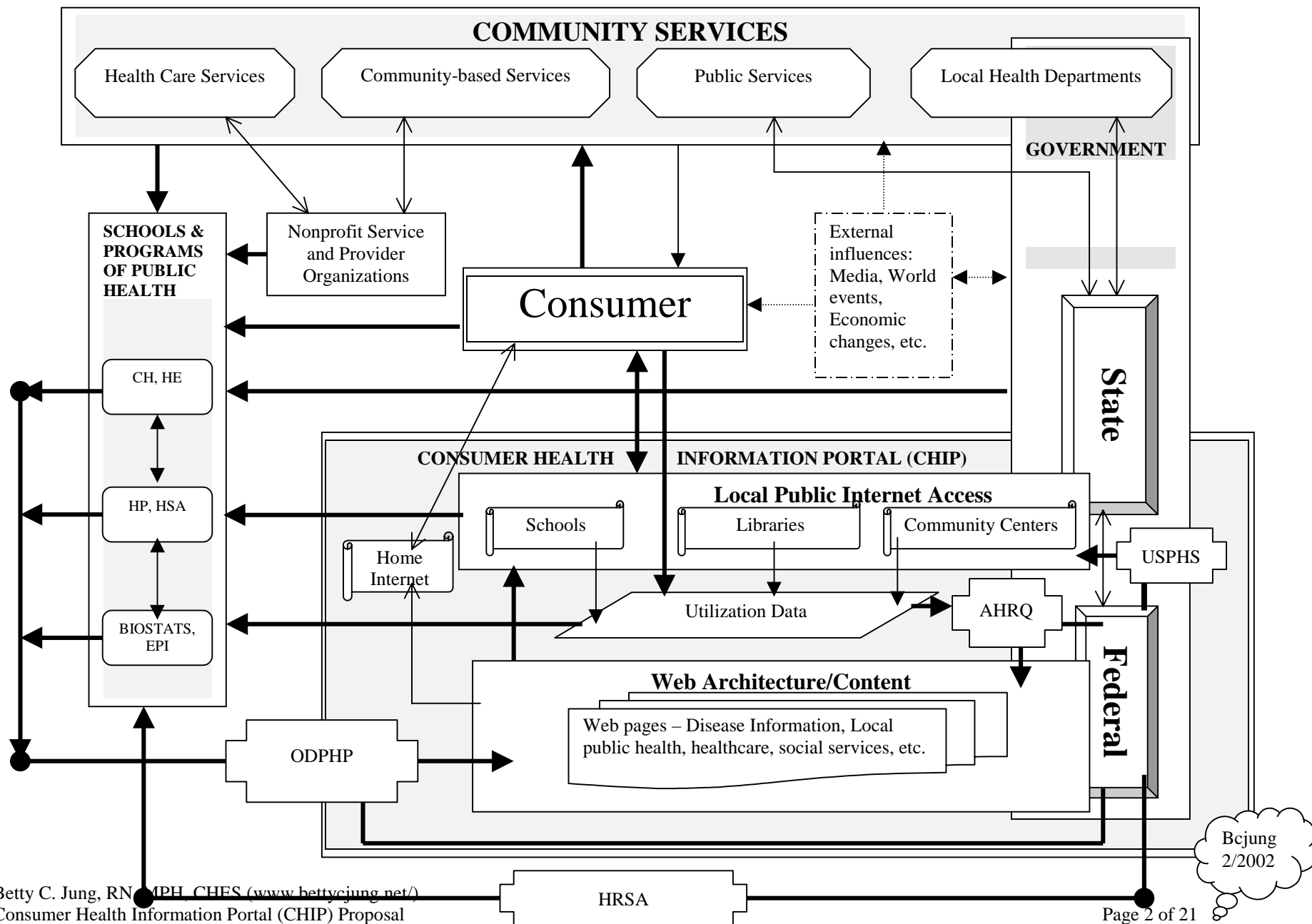


A Proposal To Develop A Web-Based Consumer Health Information Portal (CHIP) For Firstgov.Gov That Would Achieve, Through Information Dissemination, Healthy People 2010’s Goal To Reduce Health Disparities

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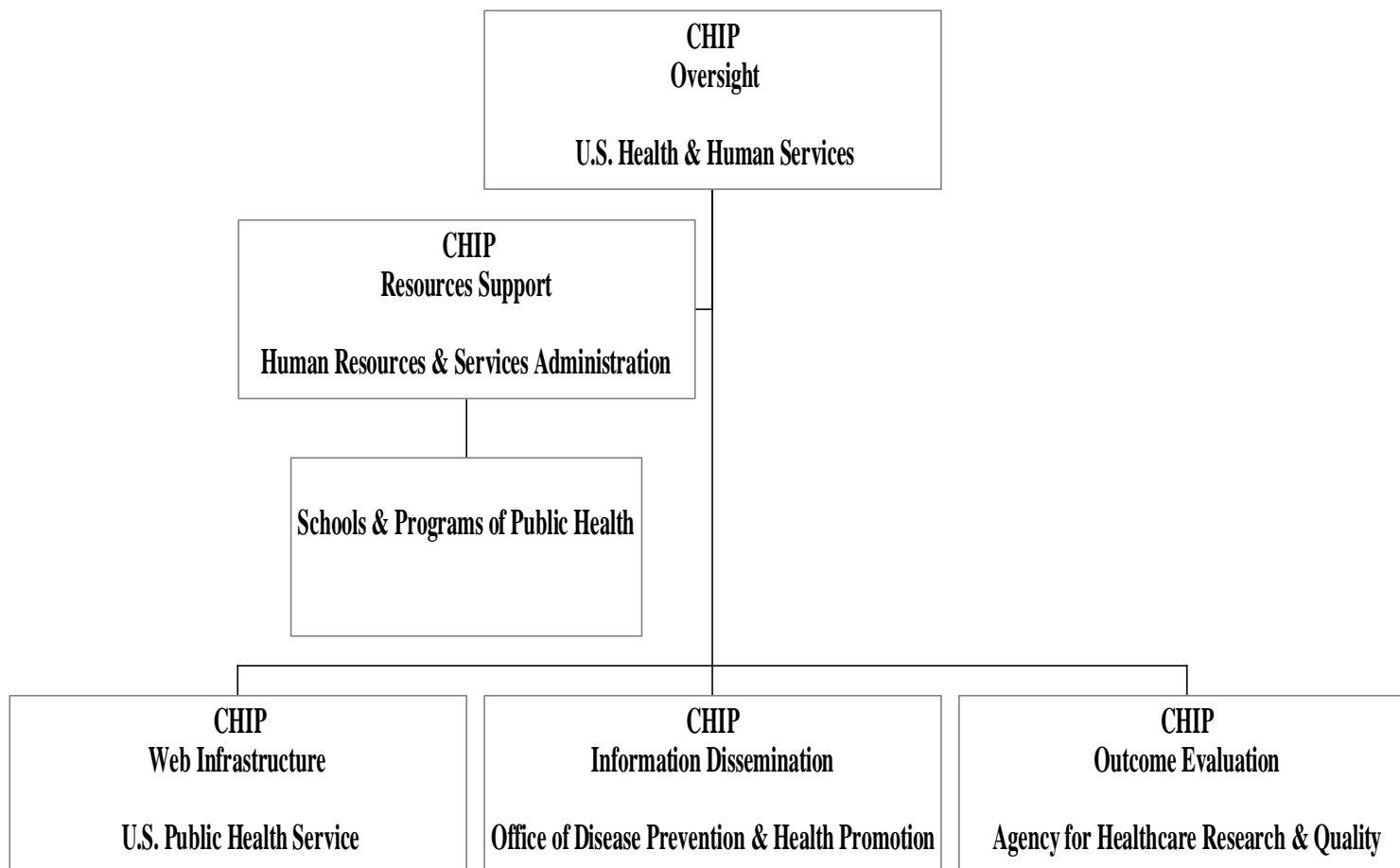
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Appendix A - Consumer Health Information Portal (Lead Agency – USHHS) – Structure, Process, Outcome



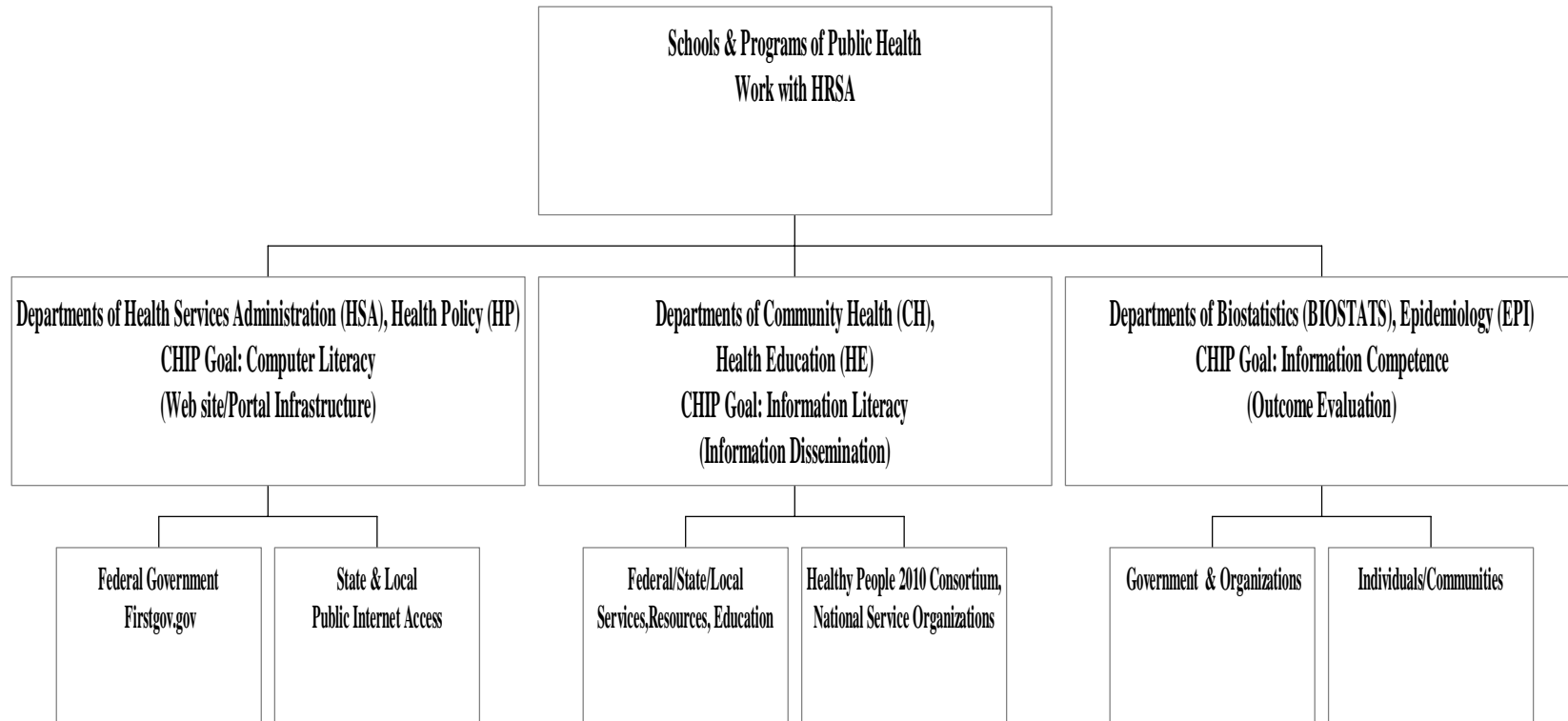
Appendix B – CHIP Federal Organizational Table

Consumer Health Information Portal (CHIP) Organizational Table



Appendix C – CHIP School & Programs of Public Health Organizational Table

Consumer Health Information Portal (CHIP) - Role of Schools & Programs of Public Health



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Appendix D – Proposed Stakeholders (U.S.H.H.S. – CHIP Lead Agency)

Appendix D1: CHIP Structure Stakeholders

Structure Goal	Federal	National	State	Local	Community
Computer Literacy (Web site/Portal Infrastructure)	<ul style="list-style-type: none"> • Lead Agency: U.S. P.H.S. • HP 2010 Lead agencies • HP 2010 Information Access Project • Firstgov.gov /GSA.gov 	<ul style="list-style-type: none"> • Healthy People 2001 • Consortium members • National nonprofit associations 	<ul style="list-style-type: none"> • Governor’s Office • State information systems agency • State health, social service and other service agencies • State affiliates of national nonprofit organizations • State-based nonprofit agencies 	<ul style="list-style-type: none"> • Mayor’s Office • Community Centers • Public Libraries • Public Schools • Other public facilities 	<ul style="list-style-type: none"> • Health & social service providers • Health & social service organizations • Health & social service facilities (VNA, hospitals, nursing homes, hospice, residential centers, etc.) • Academic institutions offering health and human services curricula (i.e., medical, nursing, allied health schools)
	HRSA.gov	Accredited Schools & Programs of Public Health			
Consultants: WWW3.org; Web technology experts; Web architecture experts					
External Influences: Media, world events, economic changes, technology changes, advocacy groups, etc.					

Note:

The dotted box Entities and phenomena not directly involved with the planned processes, but their impact must be considered

Appendix D2: CHIP Process Stakeholders

Process Goal	Federal	National	State	Local	Community
Information Literacy (Dissemination of information)	<ul style="list-style-type: none"> • Lead agency: Office of Disease Prevention & Health Promotion • Healthfinder.gov • Health.gov • U.S. Department of Education • National Library of Medicine 	<ul style="list-style-type: none"> • Healthy People Consortium; • Public health professional organizations (i.e., Public Health Foundation) • Professional Public Health Education Associations (i.e., Council of Accredited MPH Programs [CAMP]; Council on Education for Public Health [CEPH]; National Council for Health Education [NCHEC]; Society for Public Health Education [SOPHE]) • National library, teachers, health and service provider associations 	<ul style="list-style-type: none"> • State health, service and education agencies • State/regional library networks 	<ul style="list-style-type: none"> • Community centers • Public schools • Public libraries • Public local TV 	Community groups Consumer groups Residents
	HRSA.gov	Accredited Schools & Programs of Public Health			
Consultants: WWW3.org; Information technology experts; Education experts					
External Influences: Media, world events, economic changes, technology changes, advocacy groups, etc					

Note:

The dotted box Entities and phenomena not directly involved with the planned processes, but their impact must be considered

Appendix D3: CHIP Outcome Stakeholders

Outcome Goal	Federal	National	State	Local	Community
Information Competence (Utilization Evaluation)	<ul style="list-style-type: none"> • Lead agency: Agency for Healthcare Research and Quality • HP 2010 Health Information Access Project 	<ul style="list-style-type: none"> • Non-profit consumer, evaluation, health, policy, research organizations • NCQA.Org • Quality improvement, quality assurance organizations 	State education, health, social service agencies	<ul style="list-style-type: none"> • Community centers • Public libraries • Public schools • Other public facilities 	<ul style="list-style-type: none"> • Community groups • Consumer groups • Parent/teacher associations • Residents
	HRSA.gov	Accredited Schools & Programs of Public Health			
Consultants: Health services researchers; Program evaluation experts;					
External Influences: Media, world events, economic changes, technology changes, advocacy groups, etc					

Note:

The dotted box Entities and phenomena not directly involved with the planned processes, but their impact must be considered

Appendix E – A Simple Conceptual Model for Web site Evaluation

COMPONENT	GOAL	OBJECTIVE	ATTRIBUTE
Structure	Computer Literacy	Site technical quality	Can be used by anyone with access to a computer
Process	Information Literacy	Site friendliness	Inability to get lost
Outcome	Information Competence	Site usefulness	Maximum 3-page drill down from Portal Page

Reference and Samples of Applied Criteria:

Health on the Net

<http://www.hon.ch/HONcode/Conduct.html>

Jung, B.C. (August 31, 2000). Healthy People 2010 Objective 11.4 Statement for this Web site.

<http://www.bettyjung.net/Hp114.htm>

Jung, B.C. (September 28, 1999). The Quality of Health Information on this Web site.

<http://www.bettyjung.net/Quality.htm>

Jung, B.C. (November 17, 2000). Web site Evaluation Templates.

<http://www.bettyjung.net/Wseval.htm>

Appendix F – In-depth Evaluation and Outcome Data Collection Plan

Appendix F1: CHIP Evaluation & Outcome Data for Computer Literacy

Goal	Structure Objectives		Process Objectives		Outcome Objectives	
	Federal	National	State	Local	Communities/ Individuals	
STRUCTURE						
Computer Literacy <ul style="list-style-type: none"> • Portal Infrastructure Concept • Content organization <p>Attributes (From Health on the Net Conduct Code)</p> <ul style="list-style-type: none"> • Authority • Complementarity 	<ul style="list-style-type: none"> • Portal Site Map • Link organization • Internal search engine • Coordinated network of consumer health information & local service access 	Portal organization	<ul style="list-style-type: none"> • State Site Map • Coordinated network of public Internet access sites • Physical sites of access in state facilities 	<ul style="list-style-type: none"> • Town Site Map • Coordinated network of local service organizations & sites • Physical sites of access in public facilities 	Provide input regarding what kinds of information should be made available, services used, services desired, problems with accessing information	
Structure Performance Measures/ Data (Healthy People 2010 Focus Area 23 - 8-17)	<ul style="list-style-type: none"> • Confidentiality • Attribution • Justifiability • Transparency of Authorship • Transparency of Sponsorship • Honesty in advertising & editorial policy 	<ul style="list-style-type: none"> • Number of hits for accessing CHIP from search engines • Browser stats • Java-disabled stats • Frequency of search topics, keywords 	<ul style="list-style-type: none"> • Expected/ Actual referral patterns • Patterns of use among content pages 	<ul style="list-style-type: none"> • Percent of state facilities with public Internet access • Number of people using public Internet access (# hits by town/city/site) 	<ul style="list-style-type: none"> • Percent of local public facilities with public Internet access • Number of people using public Internet access (# hits, by site) 	<ul style="list-style-type: none"> • Active collection: Focus groups, surveys • Passive collection via Web: Local internal referral statistics, online satisfaction survey, number of hits to local service providers

Appendix F2: CHIP Evaluation & Outcome Data for Information Literacy

Goal	Structure Objectives		Process Objectives		Outcome Objectives	
	Federal	National	State	Local	Communities/ Individuals	
PROCESS						
Information Literacy <ul style="list-style-type: none"> • Dissemination of information • Layout & Design 	<ul style="list-style-type: none"> • Dissemiation of information • Layout & Design 	Standard and distinct design for portal pages at the federal, state, local and community levels	<ul style="list-style-type: none"> • Portal content • Literacy level of Web page content • Site and page navigability 	<ul style="list-style-type: none"> • State fund training on how to use computers to obtain information • Develop and maintain a coordinated network of state’s service organizations and providers 	<ul style="list-style-type: none"> • Town provide training in schools, public libraries, communities centers • Recruit cooperation of local service organizations & providers to provide content 	Provide input about what makes for easier navigation; feedback regarding ease of use – getting the information needed to stay well and seek locally available services
Process Performance Measures/ Data (Healthy People 2010 Focus Area 11-1-6)	Attributes (From HP 2010, Focus Area 11 - Health Communication): <ul style="list-style-type: none"> • Accuracy • Availability • Balance • Consistency • Cultural competence • Evidence base • Reach • Reliability • Repetition • Timeliness • Understandability 	<ul style="list-style-type: none"> • Number of pages hit per visit • Patterns of navigation 	Number of hits to content pages from CHIP homepage	<ul style="list-style-type: none"> • Training evaluation forms • Percent of service listings that is current 	<ul style="list-style-type: none"> • Number of training programs available • Number of people who want to be trained • Percent of people who want to be trained and do get trained, regardless of ability to pay 	<ul style="list-style-type: none"> • Active collection: Interviews/focus groups of community groups • Educational needs assessments • Satisfaction surveys • Passive collection: Web traffic – referral patterns

Appendix F3: CHIP Evaluation & Outcome Data for Information Competence

Goal	Structure Objectives		Process Objectives		Outcome Objectives	
	Federal	National	State	Local	Communities/ Individuals	
OUTCOME						
Information Competence	Evaluation of CHIP Utilization in reducing health disparities Attributes (From CDC's Surveillance Systems Evaluation Guidelines) <ul style="list-style-type: none"> • Simplicity • Flexibility • Acceptability • Sensitivity • Predictive Positive Value • Representative - ness • Timeliness • Data Quality • Stability 	To enable all American citizens to access the Internet for health information.	To increase access to available services at the local level by raising awareness of their availability.	To ensure all state residents have access to the Internet for health information.	<ul style="list-style-type: none"> • To ensure all local residents find health information on the Internet to stay healthy and to find services to stay healthy, or get well. • Anyone and everyone can use a computer to access the Internet for health information. 	To know how to use a computer to access the Internet for health information
Outcome Performance Measures/ Data (Healthy People 2010 Focus Area 23-1-7)		<ul style="list-style-type: none"> • Number of hits to CHIP from inner cities • Number of towns/cities that access CHIP 	Number of people who have been referred to a local service provider by accessing CHIP	Percent of public facilities with public Internet access	Percent of residents with Internet access	Percent of people who use CHIP to obtain health information to make health care decisions and to stay healthy

APPENDIX G – Computer Access – Internet Research (January 2002)

Table 1 Total Number of Web Pages Found Using Google.com, by Topics of Universal Interest

Rank	Topic	# Web Pages	Rank	Topic	# Web Pages	Rank	Topic	# Web Pages
1	Sex	84,500,000	9	Death	23,100,000	17	Evil	6,880,000
2	Good	79,800,000	10	Opportunity	17,500,000	18	Joy	6,180,000
3	Life	69,400,000	11	Understanding	13,900,000	19	Diet	5,730,000
4	Health	68,700,000	12	Peace	11,500,000	20	Satisfaction	4,750,000
5	Love	47,200,000	13	Justice	10,900,000	21	Quality of Life	3,990,000
6	Money	44,200,000	14	Truth	9,740,000	22	Public Health	3,960,000
7	Quality	36,400,000	15	Exercise	9,730,000	23	Happiness	2,410,000
8	Food	32,400,000	16	Freedom	8,950,000	24	Healthcare Quality	2,350,000

Table 2 Total Number of Web Pages Found, Per Search Engine By Search Terms

Search Term	Alltheweb. com	Altavista. Com	AOL. com	Google. com	MSN. com	Netscape. com	Yahoo. com
Health Information	571,704	194,446,921	13,789,828	4,530,000	3,204	76,337	1,330,000
Consumer Health Information	16,035	236,444,518	1,475,656	1,960,000	83	8,656	3,160,000

Table 3 Total Number of Web Pages Found Using Google.com for Search Topics “Health Information” and “Consumer Health Information” for Two States and Two Cities

Search Term	For California	For CA	For Connecticut	For CT	For Los Angeles, California	For Bridgeport, Connecticut
Health Information	2,000,000	2,080,000	873,000	884,000	539,000	17,100
Consumer Health Information	532,000	523,000	158,000	167,000	81,500	3,800

Table 4 Total Number of Web Pages Found Using Google.com for Search Topic “Consumer Health Information in Spanish” (N = 253,000)

For California	For Connecticut	For Los Angeles, California	For Hartford, Connecticut	For New York, New York
56,300	10,900	13,400	1,720	76,500
For CA	For CT	For Los Angeles, CA	For Hartford, CT	For New York, NY
39,800	9,460	9,210	1,570	16,600

Table 5 1990 Adult Literacy and Basic Demographic Statistics for Los Angeles, CA; Hartford, CT; New York, NY (Source: <http://www.casas.org/lit/litcode/>)

City (Population)	Education				Employed	Race		
	<9 th grade	9-12 th grade	HS grad	HS & less		White	Black	Other
Los Angeles, CA (2,712,344)	18%	17%	20%	55%	62%	53%	14%	33%
Hartford, CT (105,367)	15%	23%	29%	67%	54%	40%	39%	21%
New York, NY (5,817,015)	13%	18%	27%	58%	56%	52%	29%	19%

Table 6 Number of Web Pages Found, By the Top Causes of Death

Rank	Cause Of Death	Rank By Page Frequency	Cause Of Death	# Web Pages
1	Heart Disease	1	Cancer	11,500,000
2	Cancer	2	Diabetes	3,910,000
3	Stroke	3	Stroke	3,310,000
4	Lung Diseases	4	Suicide	2,700,000
5	Accidents	5	Accidents	2,090,000
6.1	Pneumonia	6	Heart Disease	2,040,000
6.2	Influenza	7	Liver Disease	793,000
7	Diabetes	8	Influenza	637,000
8	Suicide	9	Pneumonia	610,000
9	Nephritis	10	Lung Diseases	567,000
10.1	Liver Disease	11	Cirrhosis	233,000
10.2	Cirrhosis	12	Nephritis	63,100

(Source for Top Ten Causes of Death: <http://www.technopolitics.com/topten6-19.html>)

APPENDIX H - How the CHIP Addresses Healthy People 2010 Focus Area 11 - Health Information Objectives (See Appendix F2)

HEALTHY PEOPLE 2010 OBJECTIVE	HOW CHIP ADDRESSES THE OBJECTIVE
11-1. Increase the proportion of households with access to the Internet at home.	Rather than increase the number of households, the CHIP would increase the number of public facilities offering free Internet access.
11-2. (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.	The CHIP improves health literacy by addressing the need to develop computer and information literacy to achieve information competence in the use of health information on the Internet.
11-3. (Developmental) Increase the proportion of health communication activities that include research and evaluation.	The development of the CHIP, as delineated in this proposal is research-based, includes a comprehensive approach to ongoing evaluation. It also includes the participation of accredited schools and programs of Public Health that would allow students to complete degree requirements through community service projects that benefit the community while reducing health disparities. The data collection, as proposed, would gather community-based data that can be used to research strategies for improving health status at the community level.
11-4. (Developmental) Increase the proportion of health-related World Wide Web sites that disclose information that can be used to assess the quality of the site.	The CHIP proposes to involve representatives from every sector of society in the development, maintenance and evaluation of the CHIP, thus ensuring everyone will be able to assess the quality of the CHIP. Similarly, because the development of CHIP has been carefully planned to permeate every community, reaching all individuals, the proportion of quality Web sites providing health information would increase. Finally, the 3 reports that would be issued as a result of this proposal would be public record that could be used to assess the quality of the CHIP.
11-5. (Developmental) Increase the number of centers for excellence that seek to advance the research and practice of health communication.	The CHIP proposes to include all accredited schools and programs of Public Health and national organizations in the development, ongoing maintenance and evaluation of the CHIP would provide the basis with which these schools and programs of Public Health and national organizations can be the centers of excellence, as envisioned in Healthy People 2010.
11-6. (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communications skills.	The CHIP will provide an avenue by which people can report on the communications skills of providers over the Internet. The CHIP will also improve communication by providing information people can use before seeing their providers, and providers can use the CHIP as an educational resource for their patients.

(HP 2010 Objective source: <http://www.health.gov/healthypeople/Document/HTML/Volume1/11HealthCom.htm>)

APPENDIX I - How the CHIP Addresses the Healthy People 2010 Focus Area 23 - Public Health Infrastructure Objectives (See Appendices F1, 3)

HEALTHY PEOPLE 2010 OBJECTIVE	HOW CHIP ADDRESSES THE OBJECTIVE
23-1. (Developmental) Increase the proportion of Tribal, State, and local public health agencies that provide Internet and e-mail access for at least 75% of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.	The CHIP seeks to increase computer access for all people through public Internet access, and increase information literacy with the establishment of state-level training for all residents who want it.
23-2. (Developmental) Increase the proportion of Federal, Tribal, State, and local health agencies that have made information available to the public in the past year on the Leading Health Indicators, Health Status Indicators, and Priority Data Needs.	This objective would be accomplished with the establishment of the CHIP.
23-3. Increase the proportion of all major national, state, and local health data systems that use geocoding to promote nationwide use of geographic information systems (GIS) at all levels.	This could be built into the CHIP once the assessments, as proposed, are completed.
23-4. Increase the proportion of population-based Healthy People 2010 objectives for which national data are available for all population groups identified for the objective.	The CHIP can provide the national network with which such data can be collected, organized and presented to the general public.
23-5. (Developmental) Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data-especially for select populations-are available at the Tribal, State, and local levels.	The CHIP, as proposed, would allow for the dissemination of this information over the Internet and reach the public at the same time.
23-6. Increase the proportion of Healthy People 2010 objectives that are tracked regularly at the national level.	Because the CHIP would be a national network that reaches society at the community level, tracking objectives would be enhanced, and would complement the utilization data being collected as part of the outcome evaluation component of the CHIP.
23-7. Increase the proportion of Healthy People 2010 objectives for which national data are released within 1 year of the end of data collection.	Once the CHIP is established, such information would be easily made available to anyone (policymakers and the public) who has access to a computer with Internet access.
23-8. (Development) Increase the proportion of Federal, Tribal, State,	The structure, process and outcome components of the

HEALTHY PEOPLE 2010 OBJECTIVE	HOW CHIP ADDRESSES THE OBJECTIVE
and local agencies that incorporate specific competencies in the essential public health services into personnel systems.	CHIP strive to enable the development of information competence through the provision of computer access and enhancing information literacy through training. The Public Health discipline of Health Education includes all the competencies to make the most of information technology. With this proposal, graduate students in accredited schools and programs of Public Health will have hands-on experience in developing the skills they will need to keep up with technological advances in health communication.
23-9. (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.	The CHIP proposal will provide ample opportunities for ALL accredited schools and programs of public health to test their curricula against Public Health Practice as it exists today. Students will have the opportunity to apply what they learn in the field and help to eliminate an important public health problem – health disparities.
23-10. (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.	In working on the CHIP activities, health agency employees will have the opportunity to develop the competencies they need by working with faculty and students of accredited schools and programs of Public Health.
23-11. (Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.	The CHIP will allow public health agencies to develop performance measures with their participation in the assessment, development, maintenance and evaluation of the CHIP.
23-12. Increase the proportion of Tribes, States, and the District of Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.	In developing the infrastructure for the CHIP, states would be required to work closely with local jurisdictions to ensure that health information about a state and its towns and cities are current and accurate. The information gathered could contribute to a state health improvement plan by facilitating the collection of town/city level data that would serve several purposes.
23-13. (Developmental) Increase the proportion of Tribal, State, and	The CHIP can assist in achieving this objective through

HEALTHY PEOPLE 2010 OBJECTIVE	HOW CHIP ADDRESSES THE OBJECTIVE
local health agencies that provide or assure comprehensive laboratory services to support essential public health services.	rapid dissemination of important health information at the local and community levels.
23-14. (Development) Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.	The CHIP can assist in achieving this objective through rapid dissemination of important health information at the local and community levels.
23-15. (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.	The collection of community-level data in the utilization of CHIP can provide information about what people are looking for in public health services. These data can be used to evaluate how well a local jurisdiction is doing in assuring the delivery of essential public health services to its constituencies.
23-16. (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that gather accurate data on public health expenditures, categorized by essential public health service.	By looking at the CHIP utilization data, local jurisdictions can better gauge the needs of the population they serve. The CHIP can provide health education more efficiently over the Internet and would save on the cost of developing materials that get rapidly outdated.
23-17. (Developmental) Increase the proportion of Federal, Tribal, State, and local health agencies that conduct or collaborate on population-based prevention research.	By participating in the assessments proposed, health agencies will be actively involved in learning about the communities and people they serve. The community-specific utilization data that would be collected by the CHIP will help health agencies to address whatever health disparities may exist in their jurisdictions.

(Objective source: <http://www.health.gov/healthypeople/Document/HTML/Volume2/23PHI.htm>)

APPENDIX J – Strategic Plan Timeline (within Healthy People 2010 Timeline)

Project	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
CHIP Assessment									
CHIP Implementation									
CHIP Maintenance									
CHIP Evaluation									
Data Collection									

APPENDIX K – Proposal’s In-depth Timeline

PROJECT	YEAR 1	YEAR 2	YEAR 3
CHIP Assessment	<ul style="list-style-type: none"> • Establishment of oversight and management infrastructure • Assessment of existing electronic infrastructure and service networks • Coalition building among government, non-profit sector and academia • Establishment of schools and programs of Public Health networks for data collection • Product: USPHS Computer Literacy Assessment Report 	<ul style="list-style-type: none"> • Implement formal assessment data collection strategies – to be conducted by schools and programs of public health – of government, national, state, local entities • Product: ODPHP Information Literacy Assessment Report 	<ul style="list-style-type: none"> • Product: USHHS prepares final report on status of: <ul style="list-style-type: none"> ○ Federal/state/local electronic infrastructure ○ National/state/community service networks ○ Computer/information literacy and competence of the general public
CHIP Implementation			<ul style="list-style-type: none"> • Fed/Nat- Modify existing infrastructures based on data gathered • State/Local- Formalize public Internet access networks, establish computer training plans • Fed/State/Local – Develop new components (Web pages) based on assessment findings • Nat/State/Comm – Formalize networks for exchanging information • Schools/programs of Public Health – formalize network for continuous collection of data
CHIP Evaluation			<ul style="list-style-type: none"> • AHRQ assess and prepares plan for the evaluation of the implementation of CHIP
Data Collection	<ul style="list-style-type: none"> • Assessment and evaluation of existing data collection strategies • Development of research plan for collecting data to accomplish the 3 goals of CHIP • Conduct qualitative data collection with individuals and communities (community assessment) • Development of data collection tools (e.g., Web-based) for gathering data from government, national, state, local entities. • Gather and analyze data for USPHS Computer Literacy Assessment Report 	<ul style="list-style-type: none"> • Analyze and report on results from qualitative data collection of communities • Refine tools development and conduct data collection for development of infrastructure, data dissemination and outcome evaluation (government, national, state, local entities) • Gather and analyze data for ODPHP Information Literacy Assessment Report 	<ul style="list-style-type: none"> • Establish data collection strategies for the evaluation of the structure, process and outcome of the CHIP • AHRQ provides analyses of: <ul style="list-style-type: none"> ○ Performance measurement assessment ○ CHIP utilization data

APPENDIX L – Budget

	SPECIFICS	Base Salary	USHHS (8)	HRSA (10)	USPHS (6)	ODPHP (6)	AHRQ (9)	TOTAL (N=39)
Salaries	Associate Administrator	125K	125k					
	Assistant Administrator	115K		115K	115K	115K	115K	
	Statistician	76K		76K			(2)152K	
	Webmaster/Network Administrator	76K	76K		76K	76K	76K	
	Public Health Analyst	76K	(2)152K	76K	76K	76K	76K	
	Program Analyst	66K	66K	(2)132K	(2)132K	(2)132K	(2)132K	
	Information Management Specialist	66K	66K	(2)132K			66K	
	Secretary	40K	40K	40K	40K	40K	40K	
	Budget Technician	32K	32K	(2)64K				
	SALARY SUBTOTAL		557K	635K	439K	439K	657K	
Fringe Benefits		25%	139.25K	158.75K	109.75K	109.75K	164.25K	
Travel		\$30/day	2K	7.5K	5K	7.5K	1K	
Equipment	Computers, etc.		8K	10K	6K	6K	9K	
Publication Costs	3 reports (USHHS, USPHS, ODPHP)		25K	5K	15K	15K	7.5K	
Materials & Supplies	Data collection instruments, research supplies		2.5K	5K	5K	7.5K	2.5K	
Participant Costs			5K	10K	7.5K	10K	5K	
Consultants/ Contractual	Accredited schools & programs of public health (76)	@35K		2660K				
	SUBTOTAL		738.75K	3491.25K	587.25K	594.75K	846.25K	
Indirect Costs		58.6%	432.91K	2045.87K	344.13K	348.52K	495.90K	
In-Kind Contributions	USHHS & USPHS * OHPDP ** AHRQ ***		40K	20K	40K	40K	40K	
								GRAND TOTAL
	TOTAL (1 YEAR)		1211.66K	5557.12K	971.38K	983.27K	1382.15K	10105.58K (per year)
	TOTAL (3 YEARS)		3634.98K	16671.36K	2914.14K	2949.81K	4146.45K	30316.74 (for 3 years)

*USHHS & USPHS – Agency experts in information systems, web technology

**OHPDP – Agency experts in information systems, information dissemination, health education

***AHRQ – Agency experts in program evaluation, health services research, Web database technology