

**Maryland Department of Health and Mental Hygiene (DHMH)
Center for Cancer Surveillance and Control (CCSC)
Cigarette Restitution Fund Program
Revised October 2007**

**Cancer Education/Outreach Database Procedures:
Instructions for Using the Forms and Entering into the Web-Based Database**

Introduction

The purpose of the Cancer Education Database (EDB) is to capture and document information relating to the activities that the local health programs engage in directly or indirectly to educate and inform groups of individuals about targeted cancers and other cancers under the Cancer Prevention, Education, Screening and Treatment (CPEST) Program of the Cigarette Restitution Fund Program. Targeted cancers include: breast, cervical, colorectal, lung, melanoma, oral, and prostate. Data entry should be in accordance with the cancers as stated for education under the local program Cancer Prevention, Education, Screening, and Treatment (CPEST) grant under the Cigarette Restitution Fund Program. Only those cancers stated in your grant should be included in the database. Cancers declared in the grant for education and, therefore, entered in the database should be accompanied by performance measures in the grant.

The EDB captures information about education to groups in more formal settings, education sessions of individuals one-on-one (e.g., client intake, door-to-door educational campaign, telephone calls) or as brief interactions (e.g., display tables, health fairs) [Form 1]. The database also captures outreach efforts such as mass mailings to patients or providers and broad-based information such as media events or ad campaigns that were implemented [Form 2], materials developed [Form 3], and if desired, non-educational, administrative or professional development efforts that support educational initiatives such as solicitation, attending conferences, sub-vendor monitoring, or staff assignments [Form 4].

The EDB is a non-confidential Internet-based application with password protection. The Website URL (Internet address) is: <http://www.fha.state.md.us/cancer/edb/>. Users can log onto the Website with a pre-assigned user ID and password that is obtained by completing a user account form (refer to Health Officer Memo # 07-27). One can choose to enter information collected on one of the education database forms 1 through 4 or directly into the Web-based database.

The purpose of these guidelines is to assist users of the database with:

- Accessing the Cancer Education Database
- Understanding the uses of the database
- Using the forms appropriately
- Defining variables on the forms and database
- Collecting and entering data
- Reporting data

Revision History

- The June 2003, 2nd revision (HO Memo #03-33) of the guidelines better defined “Types of Audiences” and further delineated how to capture data/numbers such as with health fairs that may be recorded on more than one form.
- This revision provides updates relating to: highlighting features of the re-designed EDB, specifying details for topic and place fields such that they can be identified in both the EDB and progress reports, completing fields when information is not known or applies only under certain conditions, and expanding definitions to facilitate selection of responses consistent among categorical fields. In addition, due to the revised EDB application, some fields or field selections have been added, renamed, or revised as noted below:

Form 1: Age \geq 50 replaced with Age Group category

Form 2: Revised Type of Activity selections (renamed some; combined some)
Added Lead Educator Affiliation fields

Form 3: Added new “In Use” field
Revised Type of Item selections (added some- PowerPoint, billboard, letter)

Form 4: Revised Category of Type of Activity selection (to be more specific)
Added Lead Educator Affiliation fields

Purpose/Use of EDB and Use of Forms 1-4

The EDB has several uses and applications for CPEST program evaluation. DHMH uses this information captured in the EDB for legislators, commissioners, coalitions, fiscal personnel, and program directors regarding the number and characteristics of persons educated about cancer under CPEST program. Listed below are other ways in which the Local Programs and the Surveillance and Evaluation Unit in CCSC have used Cancer EDB data:

- Progress Reports (accomplishments and highlights on coalitions, public, minority, and provider education and outreach)
- Site visit program updates (sharing of current or evolving educational initiatives)
- Local and statewide reports prepared for administrators, program directors, and legislators
- Tracking trends in performance measures, Managing For Results, fiscal year accomplishments
- Fiscal summary - monitoring where the funds are spent (e.g., programmatically, subvendors)
- Informational exchange among CPEST programs
- Program management tool (e.g., tracking staff outreach, administrative/recruitment efforts)
- Sub-vendor contract monitoring
- Employee performance evaluations

The purpose of each form is as follows:

Form 1 Education Sessions

This set of fields captures information on the number of people who were formally educated in group sessions (such as presentations), individual sessions (such as with 1:1 education), or brief encounters (such as at display tables). These types of sessions include those directed to the general public, health care professionals/providers, and trainers or educators (i.e., training “trainers”). This form is used to capture the cancer type and demographics of the persons educated statewide and by jurisdiction. If an education session is conducted and materials are disseminated at the session, the education session should be entered on Form 1 only, as distribution of material is part of the education session. Education sessions or outreach activities that involve re-education or distribution of materials describing clinical issues (e.g., recall, case management) can be entered in Form 1.

Form 2 Media/Resource Activity Implemented

This set of fields captures information on **media activities or campaigns through public service announcements (PSAs) or press releases aired, print media (ads, articles, newsletters), and other broad activities involving the public at large (such as at health fairs) or specific dissemination of resource materials (targeted mailings).** This form is used to capture the cancer type and the estimated number of persons targeted/reached by types of activities conducted statewide and by jurisdiction. This includes activities that have been implemented for spreading informational messages in Maryland about the disease, symptoms, associated risks, and/or the prevention of cancer.

Form 3 Media/Resource Materials Developed

This set of fields **documents items, materials, or resources that have been developed by the CRF/CPEST Program. Examples include: brochures, presentations, videos, billboards, Website information.** This component is shared statewide as a resource directory.

Form 4 Other Related Education or Outreach Activity (FOR LHD USE-Optional)

This is an **optional form for local use only**; DHMH does not analyze these entries; however, DHMH reviews them for appropriateness. This form was developed for programs who wish to **document additional activities that may be administrative, promotional, or professional in nature**, such as scheduling, volunteer recruitment, attending conferences and administrative support functions, but not for the purpose of education.

Form vs. Record

- Form: hard copy data collection tool (Form 1, Form 2, etc.)
- Record: row of data in the database containing information from a form

Form 1/record represents an educational session conducted

Form 2/record represents an educational activity implemented

Form 3/record represents an item/material developed as an educational tool

Form 4/record represents an administrative/professional/promotion session conducted

Special Notes:

- One event or activity may, in certain circumstances, be recorded on more than one form. **Please reserve Form 1 for recording activities in which there was an actual educational encounter** between staff and persons educated, and *not* to record the total number of people who *attended* a health fair where your program staffed a display booth, or who were simply provided with program literature or brochures. When your program represents itself at events such as **health fairs** where attendance may be large, create a means by which you differentiate between “education” (Form 1) versus “distribution of literature” or “attendance at a fair” (Form 2). Have separate counts for each situation, and enter those numbers on appropriate forms.
- An individual may, in certain circumstances, be entered more than once on EDB forms. Such is the case when someone participating in a Group Presentation or in a Brief Interaction identified on Form 1, returns to seek out staff for purposes of one-to-one education. In this case, you can complete a second Form 1, where the method of education is “Individual Session.” Individual education sessions can be added together and documented on one form for a given day or week provided the Type of Cancer, Type of Audience, and Place of Event are the same. For example, one form can be used to record 10 education sessions conducted on an individual basis by one or multiple staff.
- When selecting “Type of Audience,” consider the *composition* of the group being addressed and the *intention* of the education session. General Public includes any audience (e.g., lay public) for whom the education is intended to increase personal information or awareness. “Health Care Professionals” refers to providers of health services (e.g., clinical personnel). “Trainers or Educators” applies to those for whom the education session is aimed at having those in attendance conduct future, CPEST-sponsored education sessions, activities, or outreach and that are referred to as “Train-the-Trainers” sessions.

EDB Resources/References

Help Link

The Help link can be accessed from the Main Menu of the EDB. This link connects to instruction and procedures files. Click the “Help?” link at the top of the Main Menu to view the Help page.

EDB Help/Support

To report problems with the EDB system, email EDBHelp@dhmh.state.md.us.

Documents

Please refer to the following documents for additional guidance:

- EDB Access Request Form (Health Officer Memo #07-27)
- HO Memo #07-37 Web-based Training at:
http://www.fha.state.md.us/cancer/pdf/Web_EDB_Training_Presentation_06-19-07.ppt
- EDB Help Documents
- EDB Field Abbreviations.doc
- EDB Flow and Uses.xls
- EDB Forms_1_2_3_4---01-09-07.doc
- EDB Guidelines.doc
- EDB Report Descriptions.doc
- Health Officer Memo #07-12 Information about the New Release 1
- EDB User’s Guide

Data Entry: Required Fields

Required (Must Enter) fields must be completed in order to proceed to the next field and save a record. These fields are identified in **bold** on the hard copy form and with an **asterisk** in data entry mode on the screen. Built-in validation messages appear for data that is required or inappropriate (e.g., date fields).

Accessing the Cancer Education/Outreach Database via the Internet

1) Education Database Access Request Forms

- Obtain from CCSC, Surveillance and Evaluation Unit
- Complete forms with original signatures and mail to: CCSC/Surveillance & Evaluation Unit, Maryland Department of Health & Mental Hygiene, 201 West Preston Street, Room 406A, Baltimore, MD 21201

2) Go to the Internet Site and Database

- Open your Internet web browser (e.g., Internet Explorer, Netscape)
- Type address: <http://www.fha.state.md.us/cancer/edb/>
- Type login: (*pre-assigned*)
- Type password: (*pre-assigned*); a temporary password is given to you that will have to be changed the first time you login. Your password must be between six and twelve characters and cannot match any of your previous five passwords. It will never expire.
- Click **login** button
- At the prompt for system to remember your password, choose yes or no as desired
- After you login with the pre-assigned password, please change your password: click on the **Change Password under General Functions** in the main menu and follow instructions on *to change your password*.

Defining Variables and Entering Data

The definitions (“description”) of variables (“field name”) and the instructions for data entry directly into the computerized database or onto the written forms are found in the tables that follow. Tables 1, 2, 3, and 4 correspond, respectively, to Forms 1, 2, 3, and 4. Variables that are listed in Table 1 are not repeated in Tables 2, 3, and 4, therefore, one should refer to Table 1, for variables that are found in Forms 2 through 4 but are not listed in their respective tables.

Table 1: Form 1 Fields (required fields are bold)

Field Name	Description	Instructions
Jurisdiction	Jurisdiction is the name of the county/jurisdiction program that conducts the educational session or event.	On the form: Write the name of the county (e.g., Anne Arundel) or jurisdiction (e.g., Baltimore City JHMI). In the database, the jurisdiction name is automatically assigned based on the user account information.
Date of Session	Date of Session is the date that the education session or event took place. If stream-lining entry, this might indicate the first date in a range of days (e.g., sessions occurring for a given week).	Write the date of session on the form in the “mm/dd/yyyy” format; Type the date using “mm/dd/yyyy” format or write; date mask will add slashes.
Form 1 ID (system generated)	Form 1 ID is a unique numeric variable that is automatically generated each time a record is entered, regardless of the jurisdiction and time of entry. Form 1 ID number is not assigned sequentially to a jurisdiction. Rather, it is assigned a unique sequential number that reflects the next record entered in the database. This unique number is displayed on the confirmation page once the user saves a record.	Note the Form ID number that is automatically assigned to that record, and record it on the hard copy form.
Form 1 Local ID	Form 1 Local ID is an optional variable that can be assigned by the program to identify the record. The county can assign the ID value to the session as desired.	Enter the characters/number (up to 25) for Form 1 ID.
Type of Cancer (system - generated)	Type of Cancer represents eight (8) cancer categories that are system-generated based cancer-specific user selections. These are: Breast, Cervical, Colorectal, Lung, Oral, Other/Multiple, Prostate, and Skin. When more than one cancer, a non-targeted cancer, or general cancer is selected, these are recoded into an Other/Multiple Cancer category for reporting purposes.	Check all that apply. If a cancer type is not available, check “Type of Cancer = Other, specify,” and write the name(s) of the cancers on the form. In the database, Select the appropriate cancer(s) from the available list box by clicking on the cancer and then the forward arrow to move the selection(s) over into selected box. Double-clicking the appropriate cancer(s) will also move the selection(s) over into the selection box.

Field Name	Description	Instructions
Specific Cancer (user picks)	<p>Specific Cancer represents the specific cancer(s) that are chosen for each session. Fourteen (14) cancer selections are available: Bladder, Breast, Cervical, Colorectal, Endometrial, General, Liver, Lung, Oral, Ovarian, Prostate, Skin, Testicular, and Thyroid. You can select one or more cancers per session.</p> <p>Note: The “General” cancer category should be used for topics more general in nature, non-specific, prevention or cancer-related information (e.g., screening, prevention, detection, diagnosis, treatment, or other cancer-related topics such as Nutrition, Physical Activity, Obesity).</p>	
Topic/Description	<p>Topic/Description is a text field that should provide a description of what the session/event represented and the targeted audience, not just type of cancer addressed. It should include specific information such as title of the presentation and the targeted audience (e.g., Train-the-Trainer Workshop, risk and resource education presented at St. Paul’s Health Fair, African American Men and Cancer, Breast Cancer presentation at Women’s Health Symposium, Colorectal Cancer Awareness for the Elderly, Wellness event for Minority Health Council, Skin education at Golf Tournament).</p> <p>Verbal discussion with clients (i.e., general public) or health care professionals/providers on clinical issues that are related to recall or case management (e.g., bowel prep, exam adequacy, recall interval, suboptimal prep) can be entered.</p>	<p>Write the appropriate information on the hard copy form. Type the topic/description of the session/event in the text box in the EDB.</p> <p>Be specific; describe the session/event, particularly when Type of Cancer = “General Cancer” or “Other/Multiple Cancers.” The topic/description should reflect the nature of the event/session such that they can be identified in both the progress reports and EDB.</p>
Method of Education	<p>Method of Education categorizes the nature/format of the session. For this form “Education” is interpreted as any intervention involving the oral/spoken transmission of <i>cancer program information</i>, defined as communication about cancer, cancer risk, symptoms, prevention, screening, diagnosis, treatment or other elements of the CPEST program.</p>	<p>Check the appropriate box on the form. Choose the method of education by determining which category the session should be classified and select one of the choices provided in the drop down list box in the database.</p> <p>Note: enter only one method of education per form.</p>

Field Name	Description	Instructions
<p>Method of Education</p>	<p>The three types of education methods are described below:</p> <p>1) Brief Interaction</p> <p>This type of educational communication is typically of short duration (e.g., at a display table or an exhibit booth) and can occur with individuals or small groups. The setting is usually a public event or location. Examples include: health fair, neighborhood and community events, medical center screening, company wellness day, and exhibits/displays at a business or store. Brief interaction can also be used to classify a short, verbal informational exchange with between an educator and a client for intake purposes.</p> <p>At large events such as health fairs, numbers reported in Form 1 should represent <u>only</u> those to whom spoken <i>cancer program information</i> was provided, and <u>not</u> the total number of persons attending the event. Data reported on this form should <u>not</u> include occasions where written cancer program literature is distributed <u>without</u> staff having verbally engaged an individual or group for purposes of sharing <i>cancer program information</i>. A “greeting” alone of a passerby, in the process of disseminating literature, does <u>not</u> constitute an educational intervention; do not report these numbers on Form 1. They should, however, be reported on Form 2. This requires separate tallies for purposes of distinguishing between these two activities (education vs. targeted distribution), and in order to accurately enter data on Form 1 and on Form 2.</p> <p>2) Group Presentation</p> <p>This type of educational communication is conducted in a more formal face-to-face educational presentation and usually implies a didactic presentation to a group of people, without respect to length or duration. Examples include presentations to: AARP groups, health care providers, senior citizen meeting, and Lion’s club meeting.</p>	<p>If an outreach worker is 'educating' a potential client, that information can be entered in the database; you can consider it as a 'brief' session (for method) depending on what/how much is covered. When the nurse provides more extensive education, this can be considered 'individual' method. In this way, your education efforts are documented, though there is 'double counting' in these instances. But that is ok. The Form should be completed by the person collecting the data. Separate forms should be completed for different methods of education.</p>

Field Name	Description	Instructions
	<p>3) Individual Session (1:1)</p> <p>This type of educational communication is typically longer in duration than a brief interaction. It is generally conducted face-to-face, but can take place over the phone, allowing for an interactive two-way exchange with individuals. The setting can be in the local health department, a private home, or in another location where the educational exchange can be conducted. Examples include “one on one” (1:1) sessions or client education at intake, door-to-door sessions at an apartment complex where sustained dialogue takes place. This may also include encounters at health fairs when more detailed information is requested, requiring more time. Individual education sessions can collectively be streamlined and documented on one form for a given day or week, for example. One form can be used to document 10 education sessions done on more than one day and entered at the end of the week by one or multiple staff. Combined collection of 1:1 sessions are permitted when the type of cancer(s), type of audience, and place of event are the same. The same lead educator is optional.</p>	
<p>Place of Event</p>	<p>Place of Event is the name and/or description of the location where the education session took place (e.g., Somerset County Health Department, Hometown Lions Club). This text field should provide the location along with the audience, if different from the location (e.g., Talbot County Health Department - trainers from minority churches, Lion Club Group meeting at the local firehouse, in-person visits to physician/HCP offices to provide CPEST program updates on screening protocols).</p> <p>To help distinguish sessions, place of event should describe the location AND can describe who the event was intended for (i.e., Housing complex for, seniors, Latino Health Fair in Rockville, MD).</p>	<p>Write the appropriate information on the form; Type the name of the location of the educational session/event in the text box.</p> <p>If several Places of Events were visited on one day, combine only those places that represent the same category of place of event (e.g., CVS, nail salons are businesses; YMCA, senior community center, fire and rescue are Community Service Agencies). If the Type of Audience is different, the form and session entry should be separate.</p>
<p>Category of Place of Event</p>	<p>Category of Place of Event represents the group to which entry in “Place of Event” belongs. The categories and examples are:</p> <p>1) Academic Institution: education setting (e.g., school, college, university)</p>	<p>Check the appropriate box on the hard copy form. In the EDB, Choose the category that corresponds to the “Place of Event” above by selecting one of the choices provided in the drop down list box in the database.</p> <p>Category of Place of Event should be selected</p>

Field Name	Description	Instructions
	<p>2) Business: commercial setting usually for profit (e.g., store, mall, factory)</p> <p>3) Business Organization or Association: group of business professionals who provide a service to others (e.g., American Heart Association, American Cancer Society, MOTA, NAACP, AARP)</p> <p>4) Community Service Agency: public, private, local, state, or federal government offices that offer services to the community (e.g., YMCA, social services, fire and rescue, shelter, senior center, chamber of commerce, post offices, libraries, parks; includes profit and non-profit service agencies). This includes for-profit and non-profit service agencies.</p> <p>5) Faith-based: (e.g., church, synagogue, mosque, temple)</p> <p>6) Fraternal Organization or Service Club: groups where members pay dues and provide a service to the community (e.g., Lion's Club, VFW, Ruritan)</p> <p>7) Health Care Setting: location where health care is delivered (e.g., doctor's office, hospital, nursing home)</p> <p>8) Local Program represents your local health department or program</p> <p>9) Private Home (residential community clubhouse, apartment complexes, retirement settings)</p> <p>10) Other, specify _____</p>	<p>consistently (i.e., different categories should not be entered for the same place). For example, community service centers should not be categorized as both Community Service Agency and Health Care Setting.</p> <p>If multiple category of place of events are visited, record entries should be separate in Form 1's (e.g., business entries should not be entered on the same form/record as a faith-based site) in order to 'classify' the category more accurately.</p> <p>Entries coded as "Other" often belong to existing categories (schools, malls, shelters, churches, apartment, library, community centers, parks, fairgrounds). Please consider existing categories before selecting "Other."</p>
<p>Type of Audience</p>	<p>Type of Audience is a categorization designed to distinguish between the types of persons in the audience (or its majority) at whom the education session/event is targeted. Separate forms and records should be entered if the type of audience is different. When making your selection, <i>consider the intention of the educational session</i>. The following categories are available from the list box:</p> <p>1) General Public: includes any audience (professional or non-professional) for whom education primarily is intended to increase personal or professional information or awareness about cancer, and motivate them to get screened.</p> <p>2) Health Care Professionals: implies health care providers as well as health care-related professionals; includes</p>	<p>Check the appropriate box on the form. Choose the category that corresponds to the make-up of the primary audience from the drop down list box.</p>

Field Name	Description	Instructions
	<p>audiences of clinical and non-clinical personnel (e.g., doctors, nurses, physician assistants, etc.). In the case of presentations to physicians' offices or social service personnel, audiences include all the providers' support staff, health department staff, or social service agency staff. Physicians, nurses, or other program staff who attend conferences should not be entered in Form 1.</p> <p>3) Trainers or Educators: includes any audience that would be considered "training of trainers" or training of educators, outreach workers, sub-vendors, health promoters, or volunteers. In these sessions, education primarily is aimed at having the audience conduct future, CPEST-sponsored education sessions (such as training church volunteers to provide outreach to church members, or training health promoters to educate the public in the neighborhoods or organizations to which they belong.</p>	
Duration of Session (in minutes)	<p>Duration of Session is the length of time of the session/event in minutes. This refers to total time for the session/event. For example, 5 individual encounters of 15 minutes each equals a duration time of 75 minutes.</p> <p>An actual or estimated number should be entered. Avoid using zeros or blanks.</p>	<p>Write the number on the form. Type in the number of minutes that it took to conduct the session; convert hours to minutes.</p>
Number of Educators	<p>Number of Educators is the number of persons that conducted the training and/or education session.</p>	<p>Write the number on the form. Type in the number of persons who conducted the educational session.</p>
First Name of Lead Educator	<p>First Name of Lead Educator is the first name of the primary educator. This field is designed to capture the last name of only one individual, even if co-facilitated.</p> <p>If a subvendor is used to conduct the educational session, the subvendor's name should be entered, not the LHD/CRF program</p>	<p>Write the name on the form. Type in the first name only of the lead educator.</p>

Field Name	Description	Instructions
Last Name of Lead Educator	Last Name of Lead Educator is the last name of the primary educator's affiliation. This field is designed to capture the first name of only one individual, even if co-facilitated.	Write the name on the form. Type in the last name only of the lead educator.
Lead Educator Affiliation	Lead Educator Affiliation is the name of the agency, business, or organization of the person listed as the lead educator (e.g., Anne Arundel County Health Department, American Cancer Society, Asian American cancer Program, Latino Health Initiative, Carroll Hospital Center, and New Life Faith Center).	Write the name on the form. Type the name of the affiliation of the person who was the lead educator of the session.
Category of Affiliation	<ol style="list-style-type: none"> 1) Academic Institution: education setting (e.g., school, college, university) 2) Business: commercial setting usually for profit (e.g., store, mall, factory) 3) Business Organization or Association: group of business professionals who provide a service to others e.g., American Heart Association, American Cancer Society, MOTA, NAACP, AARP, Rotary International 4) Community Service Agency: public, private, local, state, or federal government offices that offer services to the community (e.g., YMCA, social services, fire and rescue, shelter, senior center, chamber of commerce, post offices, libraries, parks; includes profit and non-profit service agencies). This includes for-profit and non-profit service agencies. 5) Faith-based: (e.g., church, synagogue, mosque, temple) 6) Fraternal Organization or Service Club: groups where members pay dues and provide a service to the community (e.g., Lion's Club, VFW, Ruritan) 7) Health Care Setting: location where health care is delivered (e.g., doctor's office, hospital, nursing home) 10) Local Program; can include non-CRF staff, or other LHD staff (BCCP, Oral Health, Tobacco program) conducting education as part of the local CPEST program 11) Other, specify _____ 	Check the appropriate box on the form. Choose the category that corresponds to the "Lead Educator Affiliation" by selecting one of the choices provided in the drop down list in the database.

Field Name	Description	Instructions
Total Number of Participants	<p>Total Number of Participants is the number of persons educated at a session. Note: at large events such as health fairs, numbers reported should represent only those to whom spoken cancer program education was provided, and not the total number of persons attending the event.</p> <p>This number should sum to the total number of males and females.</p>	<p>Write the number on the form. Type the number of participants in attendance or the number of recipients of the educational session.</p>
Number of Male Participants	<p>Number (or Estimate) of Male Participants is the number of males attending the session or the number of male recipients of the educational session/event. An approximation of the number is acceptable when the actual number is unknown.</p> <p>An actual or estimated number should be entered. Enter zero (0) if you know there are none. If unknown, check Unknown.</p>	<p>For General Public audiences, write the number on the form. Type the number (or estimate) of male participants or the number of male recipients of the educational session.</p>
Number of Female Participants	<p>Number (or Estimate) of Female Participants is the number of females attending the session or the number of female recipients of the educational session/event. An approximation of the number is acceptable when the actual number is unknown.</p> <p>An actual or estimated number should be entered. Enter zero (0) if you know there are none. If unknown, check Unknown.</p>	<p>For General Public audiences, write the number on the form. Type the number (or estimate) of female participants or the number of female recipients of the educational session.</p>
Number of Minorities	<p>Number (or Estimate) of Minorities is the number of racial and/or ethnic minorities attending the session or the number of minority recipients of the educational session/event. An approximation of the number is acceptable when the actual number is unknown, but you are able to make this determination based on knowledge of the audience.</p> <p>An actual or estimated number should be entered. Enter zero (0) if you know there are none. If unknown, check Unknown.</p>	<p>For General Public audiences, write the number on the form. Type the number (or estimate) of minority participants or the number of minority recipients of the educational session.</p>

Field Name	Description	Instructions
Number of Low Income Participants	<p>Number (or Estimate) of Low Income Participants is the number of persons attending the session or recipients of the educational session/event who fall within the county's income eligibility requirements for this CRF program. An approximation of the number is acceptable when the actual number is unknown, but you are able to make this determination based on knowledge of the audience.</p> <p>An actual or estimated number should be entered. Enter zero (0) if you know there are none. If unknown, check Unknown.</p>	For General Public audiences, write the number on the form. Type the number (or estimate) of low-income persons in attendance or number of low-income persons who received the educational session.
Age Group (primary)	<p>Age Group represents the category that reflects the primary age group of persons attending the session or recipients of the educational session/event.</p> <p>3) Children/Youth 4) Younger Adults (18-39) 5) Older Adults (≥ 40) 6) Adults, any age 7) All Ages 8) Unknown</p>	Check the appropriate box on the form. Choose the category that corresponds to primary age group by selecting one of the choices provided in the drop down list box in the database.
For Colorectal Cancer Only: (applies only to the following 4 fields)		
Were participants offered FOBT / FIT?	<p>Were participants offered FOBT/FIT determines if persons were offered an FOBT (fecal occult blood test) or FIT (Fecal Immunochemical Test) at this education session/event. Available choices include:</p> <p>1) No (means none given at this session) 2) Yes 3) Not using FOBT/FIT or Not Applicable (e.g., CRC program does not use FOBTs or does not conduct colonoscopies)</p>	Check the appropriate box on the form. Choose the response by clicking on the appropriate button.
If yes, number of kits given Out	<p>If yes, number of kits given out is the number of FOBT/FIT kits distributed to individuals at a session/event. Please note: Use "0" (zero) if offered but none given.</p>	If participants were offered FOBT/FIT kits at this session/event (i.e., you answered "Yes" in above field called "Were participants offered FOBT/FIT?," then write the number on the form; type the number of FOBT kits given out.

Field Name	Description	Instructions
Were participants offered the opportunity to sign up for screening by FOBT/FIT, sigmoidoscopy, colonoscopy at future date?	<p>Were participants offered the opportunity to sign up for screening by FOBT, Sigmoidoscopy, Colonoscopy at future date determines if persons were offered screening that would be performed at a future date. Available choices include:</p> <ol style="list-style-type: none"> 1) No 2) Yes 3) N/A (e.g., program not conducting CRC screening) 	<p>Check the appropriate box on the form. Choose the response by clicking on the appropriate button</p>
If yes, number who signed up at this event	<p>If yes, number who signed up at this event indicates the number of individuals who signed up for screening by FOBT/FIT, sigmoidoscopy, or colonoscopy at a future date. Please note: Use “0” (zero) if offered but none signed up.</p>	<p>If participants were offered screening at a later date at this session/event (i.e., you answered “Yes” in above field called “Were participants offered the opportunity to sign up for screening by FOBT/FIT, sigmoidoscopy, colonoscopy at future date,” then write the number on the form; type the number who signed up.</p>
Questions/Comments	<p>Questions/Comments is a text field to enter questions asked or comments made by participants.</p>	<p>Write any questions or comments on the form. Type any questions or comments made by the participants.</p>
Overall Comments/Suggestions	<p>Overall Comments/Suggestions is a text area where comments made by either the audience/recipients of the educational session/event or those involved in the promotion/administration of the event (such as the educators) can be included.</p>	<p>Write any comments/suggestions on the form. Type any comments/suggestions provided by participants or educators.</p>
Local Field 1	<p>Local Field 1 is a text field designed to capture information not captured elsewhere on the form. It is intended for local health department use only and is optional. One should assign the variable name and keep the variable name consistent from record to record. Examples of names that can be assigned to “Local Field 1” are: zip code, vendor completing the form or number of Hispanic/Latino minorities.</p>	<p>Write the text of the information that you wish to capture; type it in the text box in the database. Note: try to keep data entry as consistent as possible for analysis purposes.</p> <p>Note: you may alter the hard copy of the questionnaire to reflect the name of the variable/field; the computer database field name can be customized by DHMH.</p>
Local Field 2	<p>Local Field 2 is a text field designed to capture information not captured elsewhere on the form. It is intended for local health department use only and is optional. One should assign the variable name and keep the variable name consistent from record to record. Examples of names that</p>	<p>Write the text of the information that you wish to capture; type it in the text box in the database. Note: try to keep data entry as consistent as possible for analysis purposes.</p>

Field Name	Description	Instructions
	can be assigned to “Local Field 2” are: zip code, vendor completing the form or number of Hispanic/Latino minorities. (Different from Local Field 1)	Note: you may alter the hard copy of the questionnaire to reflect the name of the variable/field; the computer database field name can be customized by DHMH
Local Field 3	Local Field 3 is a text field designed to capture information not captured elsewhere on the form. It is intended for local health department use only and is optional. One should assign the variable name and keep the variable name consistent from record to record. Examples of names that can be assigned to “Local Field 3” are: zip code, vendor completing the form or number of Hispanic/Latino minorities. (Different from Local Field 1, 2)	Write the text of the information that you wish to capture; type it in the text box in the database. Note: try to keep data entry as consistent as possible for analysis purposes. Note: you may alter the hard copy of the questionnaire to reflect the name of the variable/field; the computer database field name can be customized by DHMH.
Local Field 4	Local Field 4 is a text field designed to capture information not captured elsewhere on the form. It is intended for local health department use only and is optional. One should assign the variable name and keep the variable name consistent from record to record. Examples of names that can be assigned to “Local Field 4” are: zip code, vendor completing the form or number of Hispanic/Latino minorities. (Different from Local Field 1, 2, 3)	Write the text of the information that you wish to capture; type it in the text box in the database. Note: try to keep data entry as consistent as possible for analysis purposes. Note: you may alter the hard copy of the questionnaire to reflect the name of the variable/field; the computer database field name can be customized by DHMH.

Table 2: Fields only on Form 2 that are Not on Form 1 or have a different connotation (see Table 1, above, for fields that are on both forms) (required fields are bold)

Field Name	Description	Instructions
Date of Activity	Date of Activity is the beginning date that the educational activity was implemented. For example, if an advertisement ran in the newspaper over a 3-day period, indicate the date it first appeared.	Write the date of activity on the form; Type the date using “mm/dd/yyyy” format. If the actual Date of Activity is not obtainable, an estimated date of occurrence should be used as a proxy. This will prevent sessions from being excluded when analysis is conducted by reporting periods.
Form 2 ID (system generated)	Form 2 ID is a unique numeric variable that is automatically generated each time a record is entered, regardless of the jurisdiction and time of entry. Form 1 ID number is not assigned sequentially to a jurisdiction. Rather, it is assigned a unique sequential number that reflects the next record entered in the database. This unique number is displayed on the confirmation page once the user saves a record.	Note the Form ID number that is automatically assigned to that record, and record it on the hard copy form.
Form 2 Local ID	Form 2 Local ID is an optional variable that can be assigned by the program to identify the record. The county can assign the ID value to the session as desired.	Enter the characters/number (up to 25) for Form 2 ID.
Topic/Description	Topic/Description is a text field that should provide a description of what the activity represented. This text field should include specific information such as title of the activity and the targeted audience (e.g., Holiday CRC Mailing, YMCA Safe 'N Healthy Kids Day, What every man should know about prostate cancer, Walk the Walk for Cancer, Fall Newsletter focusing on Breast and Prostate cancers distributed to libraries, legislators, etc., table displays Hispanic Fair for B/C cancer, Internet listings for CRF resources, CRC Video on 'Name' Radio or TV Station, 50th birthday post card mailing to BCCP recalls, Display tables on CRC for Make a Difference Day).	Write the appropriate information on the form. Type the topic/description of the activity in the text box. Be specific; describe the activity, particularly when Type of Cancer = “General Cancer” or “Other/Multiple Cancers.” The topic/description should reflect the nature of the activity such that they can be identified in both the progress reports and EDB.

Field Name	Description	Instructions
<p>Type of Activity/Resource Implemented</p>	<p>Type of Activity/Resource Implemented is a listing of activities executed by the CRF/CPEST program that reflect examples of education/outreach activity. Available choices include:</p> <ol style="list-style-type: none"> 1) Aired PSA, press release (radio or TV media) 2) Conducted media interview over radio or TV that reached a large number of people (not a 1:1 interview or intake) 3) Displayed billboard, bulletin, table display, marquee, sign 4) Distributed brochure, flyer, poster, information sheet, postcard, insert, etc. 5) Distributed resource directory, material 6) Distributed video, CD, DVD, audio, other audiovisual 7) Mailed information 8) Posted Web site information and ‘hits’ made 9) Published ad, article, journal, newsletter, etc. (print media) 10) Other, specify _____ (e.g., health fair) 	<p>Check the appropriate box on the form. Choose the category that corresponds to the Type of Activity implemented by selecting one of the choices provided in the drop down list in the database</p> <p>When “Other” is checked for “Type of Activity/Resource Implemented,” write the appropriate response on the form; type the appropriate response in the text box. Entries coded as "Other" often belong to existing categories. Please consider existing categories before selecting “Other.”</p> <p>Note: enter only one activity/resource implemented per form.</p>
<p>Place of Activity</p>	<p>Place of Activity is the name and/or description of the location where the educational activity took place (e.g., Somerset County Health Department, retail businesses). This text field should provide the location along with the audience, if different from the location. When symposiums, fairs, festivals, conferences, trainings, coalitions, etc. are coded as the place of activity, please include where these events were held (i.e., provide name of location/ facility in which the activity took place). Name the newspaper, TV or radio station, place where billboard was displayed or brochure distributed or mailed).</p>	<p>Write the appropriate information on the form; Type the name of the location of the educational activity in the text box.</p> <p>Only if the type of activity is distribution or display of information/materials, several places of activity that were visited on one day can be combined and entered as a single entry in one record regardless if the same category of place of activity applies (e.g., businesses, community service agencies, health care settings, etc.). If the Type of Audience is different, the form and session entry should be separate.</p>

Field Name	Description	Instructions
Category of Place of Activity	<p>Category of Place of Activity is the grouping of the entries in “Place of Activity” above. The categories and examples are:</p> <ol style="list-style-type: none"> 1) Academic Institution: educational setting (e.g., school, college, university) 2) Business: commercial setting usually for profit (e.g., store, mall, factory) 3) Business Organization or Association: group of business professionals who provide a service to others (e.g., American Heart Association, American Cancer Society, MOTA, NAACP, AARP, Rotary International) 4) Community Service Agency: public, private, local, state, or federal government offices that offer services to the community (e.g., YMCA, social services, fire and rescue, shelter, senior center, chamber of commerce post offices, libraries, parks; profit and non-profit service agencies). This includes for-profit and non-profit service agencies. 5) Faith-based (e.g., church, synagogue, mosque, temple) 6) Fraternal Organization or Service Club: groups where members pay dues and provide a service to the community (e.g., Lion’s Club, VFW, Ruritan) 7) Health Care Setting: location where health care is delivered (e.g., doctor’s office, hospital, nursing home) 8) Local Program represents your local health department or program 9) Private Home (residential community clubhouse, apartment complexes, retirement settings) 10) Other, specify _____ 	<p>Check the appropriate box on the form. Choose the category that corresponds to the “Place of Activity” above by selecting one of the choices provided in the drop down list box in the database.</p> <p>Category of Place of Activity should be selected consistently (i.e., different categories should not be entered for the same place). For example, community service centers should not be categorized as both Community Service Agency and Health Care Setting.</p> <p>If multiple categories of places of activity are visited for dissemination of materials (Form 2) and the predominant places visited fall under one category (Health Care Settings), one record can be entered in these instances. The number targeted/reached must reflect the sum of the number of persons reached for all settings.</p> <p>Entries coded as "Other" often belong to existing categories (schools, malls, shelters, churches, apartment, library, community centers, parks, fairgrounds). Please consider existing categories before selecting “Other.”</p>
Length of Time to Implement Activity (in Minutes)	<p>Length of Time to Implement Activity (in Minutes) is the amount of time it required to complete the activity. Hours should be converted to minutes. Enter an actual or estimated number. If unknown, leave it blank.</p>	<p>Write the number on the form. Type in the number of minutes; convert hours to minutes.</p> <p>The “length of time” field is not used by DHMH, and should be defined by the local program if used (e.g., time it took to plan and implement an activity or time to conduct the activity). This field should reflect what best suits your program’s needs.</p>

Field Name	Description	Instructions
Number or Estimate of Persons Targeted/Reached	<p>Number or Estimate of Persons Targeted/Reached is the number of person either reached through the activity (such as number of brochures distributed or number of flyers mailed) or targeted by the activity (such as a radio announcement listenership or newspaper subscribership). For example, if the publication is monthly, enter it monthly. Use the number from the publisher of readership for the month. An actual or estimated number should be entered. If unknown, leave it blank.</p> <p>Radio, TV, and newspaper offices can be contacted to get the number of people who represent their projected listenership or subscribership at the time the ad was circulated or the PSA was aired, and on what basis (daily, weekly, monthly). Reader boards placed at various locations in the county and the estimated number of persons reached by these can be obtained through the State Highway Department of Traffic Control, who monitors traffic flow and volume for particular locations.</p>	Write the number on the form. Type in the number of persons reached or the estimate of numbers reached.
Comments	Comments is a text area to enter any comments, suggestions, or additional information the CRF program directors or educators want to capture.	Write any comments on the form. Type any comments or suggestions.

Table 3: Fields only on Form 3 that are Not on Forms 1 or 2 (see Tables 1 and 2, above, for fields that are on other forms) (required fields are bold)

Field Name	Description	Instruction
Form 3 ID (system generated)	Form 3 ID is a unique numeric variable that is automatically generated each time a record is entered, regardless of the jurisdiction and time of entry. Form 1 ID number is not assigned sequentially to a jurisdiction. Rather, it is assigned a unique sequential number that reflects the next record entered in the database. This unique number is displayed on the confirmation page once the user saves a record.	Note the Form ID number that is automatically assigned to that record, and record it on the hard copy form.
Form 3 Local ID	Form 3 Local ID is an optional variable that can be assigned by the program to identify the record. The county can assign the ID value to the session as desired.	Enter the characters/number (up to 25) for Form 3 ID.
Date Developed	Date Developed is the date on which the development of the resource item or material was completed. If actual Date of Development is not obtainable, enter an estimated date of occurrence. This will prevent items developed from being excluded when analysis is conducted by reporting periods.	Write the date on the form. Type in the date using the “mm/dd/yyyy” format. If the actual Date of Activity is not obtainable, an estimated date of occurrence should be used as a proxy. This will prevent sessions from being excluded when analysis is conducted by reporting periods.
Type of Item/Material Developed	Type of Item/Material Developed is a listing of resources developed by the CRF/CPEST program to provide cancer education/outreach, regardless of implementation. Available choices include: <ol style="list-style-type: none"> 1) Ad, article, journal, newsletter, etc. (print media) 2) Billboard, display, poster, marquee, sign, etc. 3) Brochure, flyer, postcard, insert, etc. 4) Letter, form, correspondence 5) PowerPoint presentation 6) PSA, press release (radio, TV) 7) Resource directory, material 8) Video, CD, DVD, audio or other AV 9) Web site information 10) Novelty, trinket, etc. 11) Other, specify_____ 	Check the appropriate box on the form. Choose the category that corresponds to the “Type of Item” developed by selecting one of the choices provided in the drop down list box in the database. When “ Other ” is checked for “Type of Item/Material Developed,” write the appropriate response on the form. Type the appropriate response in the text box. Entries coded as "Other" often belong to existing categories. Please consider existing categories before selecting “Other.” Note: enter only one item/material per form.

Field Name	Description	Instruction
Is Type of Item In Use?	This field is not on the hard copy form, but is on the data entry screen. As of 1/29/07, the rollout of the new EDB, this field was filled with “Yes” as the response for all items/records.	Please review records for your jurisdiction. Should any be obsolete, please edit this field to display “No.”
Brief Description of Item	Brief Description of Item is the text field that should describe what the item is, such as the topic of the video, name of brochure, dimensions, color (e.g., trifold color brochure on screening for seniors).	Write the description on the form. Type the description in the text box.
Primary Message	Primary Message is the text field that should specify what the item/material says (e.g., “Get Screened for Colon Cancer” or “Should I be tested for prostate cancer.”)	Write the message on the form. Type the primary message in the text box.
Language	Language denotes the primary language of the resource material. Available choices include: 1) English 2) Spanish 3) Other, specify _____	Check the appropriate box on the form. Choose the language category by selecting one of the choices provided in the drop down list box in the database. When “ Other ” is checked for “Language,” write the other language on the form. Type the other language in the text box.
Are other programs allowed to copy item?	Are other programs allowed to copy item? provides information about the copyright status of the document. Choices include: 1)Yes, 2) No.	Check the appropriate box on the form. Choose a response from the dropdown list box in the database.
List any special copyrights or restrictions	List any special copyrights or restrictions is a text field that specifies the copyright provisions or restrictions.	Write the appropriate information on the form. Type the information in the text box.
Contact Information First name Last name Affiliation Telephone E-mail address	Contact Information is the section that provides five text fields to capture the name, affiliation, telephone, and e-mail address for the person who can be contacted about the activity/resource.	Write the information on the form. Type the information in the text boxes.
Other Information/Comments	Other Information/Comments is a text field that allows for the entry of additional information about the resource material not captured in the other fields on the form.	Write the information on the form. Type the information in the text box.

Table 4: Fields (Optional) only on Form 4 that are Not on Forms 1, 2, or 3 (see Tables 1, 2, and 3, above, for fields that are on other forms) (required fields are bold)

Field Name	Description	Instructions
Form 4 ID (system generated)	Form 4 ID is a unique numeric variable that is automatically generated each time a record is entered, regardless of the jurisdiction and time of entry. Form 1 ID number is not assigned sequentially to a jurisdiction. Rather, it is assigned a unique sequential number that reflects the next record entered in the database. This unique number is displayed on the confirmation page once the user saves a record.	Note the Form ID number that is automatically assigned to that record, and record it on the hard copy form.
Form 4 Local ID	Form 4 Local ID is an optional variable that can be assigned by the program to identify the record. The county can assign the ID value to the session as desired.	Enter the characters/number (up to 25) for Form 4 ID.
Type of Activity	Type of Activity is a text field to describe the nature of the activity/session. For example, dialogue for partnership to recruit trainers, team planning meeting with subvendors for upcoming events, attended conferences, symposiums, etc.	Write the appropriate information on the form. Type the information in the text box.
Category of Type of Activity	Category of Type of Activity is the field that captures activity that is more administrative, profession, promotional in nature or does not appropriately fit into Forms 1, 2, or 3. Available choices include: 1) Distribution of FOBT kits or other clinical materials to health care providers 2) Promotion of presentation or education session (e.g., visit to business or telephone call to schedule appointment with business or providers – no education conducted) 3) Outreach (administrative) 4) Professional development (e.g., attend meetings, conferences) 5) Recruitment of trainers, volunteers, or other persons who will deliver educational messages about cancer 6) Other, specify _____	Check the appropriate box on the form. Choose the category that corresponds to the “Category of Type of Activity” by selecting one of the choices provided in the drop down list box in the database. Entries coded as "Other" often belong to existing categories. Please consider existing categories before selecting “Other.” When “ Other ” is checked in “Category of Type of Activity,” type the appropriate response in the text box; write the appropriate response on the form.