

## **Local Public Health Authority Plan Planning Instructions - Annual -**

The Conference of Local Health Officials (CLHO) has approved a revised process for the Local Public Health Authority (LPHA) Plan submission. This process includes two components to the plan:

1. An annual version due May 1
2. A comprehensive plan due three months prior to the LPHA's triennial review.

Elements of the annual and triennial comprehensive plan have been constructed to avoid duplication. What follows is for the annual version.

### **Background:**

The requirement for an AP is in statute (ORS 431.375–431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14). OAR 333-014-0060(2)(a) refers to CLHO Standards program indicators as part of the AP. The AP is an opportunity for the LPHA (Local Public Health Authority) to describe for both the state public health agency and the local community the goals and strategies to fulfill statutory, contractual, and locally driven obligations. The local dialogue and the discussion with the state are important aspects of the AP process.

A copy of ORS Chapter 431 can be found at  
<http://www.leg.state.or.us/ors/431.html>.

A copy of OAR Chapter 333 Division 14 can be found at  
[http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_014.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_014.html).

A copy of the Minimum Standards for Local Health Departments can be found at  
<http://oregon.gov/DHS/ph/lhd/reference.shtml>

**Instructions:**

Respond to each item listed.

If you have documents prepared for the local process that cover a section (or part of a section), you may attach them as your response for that section, provided they are current. If you use this method for some areas, please reference the attachments so we can find the elements.

Some sections may require your anticipation of state funding. In that case use the current amount of funding the LPHA (Local Public Health Authority) receives from the state.

The plan must be submitted in an electronic format.

The Department of Human Services is required to approve or disapprove the AP. Return the plan electronically to the Department at [tom.r.Engle@state.or.us](mailto:tom.r.Engle@state.or.us) (Mail address: Tom Engle, 800 NE Oregon St., Ste 930, Portland, OR, 97232) by May 1.

Questions concerning the Annual Plan should be directed to Tom Engle at the Department of Human Services, 1-971-673-1222, or at [tom.r.Engle@state.or.us](mailto:tom.r.Engle@state.or.us). Responses to questions that would be of interest to all counties will be sent to all the Health Administrators to their email address.

## I. Executive Summary

1 page maximum

This section is **required**.

Use this section to provide a summary of the findings and recommendations of the entire plan.

## II. Assessment

A complete assessment is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write a complete assessment, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

## III. Action Plan

Except for some portions of section B and updates, this section is **optional**.

If you write specific action plans, consider that an action plan should include:

- a. **Current condition or problem**: State the current conditions of the county that are relevant to this particular component of the plan.
- b. **Goals**: Describe what the activity will accomplish in the short and long run.
- c. **Activities**: Describe the activity and how the activity will get to the goal. These activities should describe the target population, who will do the activity, what they will do, and how long it will take. The reader should be able to clearly understand what you are going to do.
- d. **Evaluation**: Describe the evaluation plan for each area, including the outcome measures.

You may use a narrative format that is best suited to your community. However, it must be clear to the reader that key components (problem,

goal, activities, and evaluation) are present for each required element. The reader should be able to clearly understand what you are working on, what you want to accomplish, how you will get there, and how you will know the degree of your success.

Appendix A contains a blank table format you may use if you do not want to use a narrative format for the Action Plan sections.

### **A. Epidemiology and control of preventable diseases and disorders**

A complete plan is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write an action plan for this section, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

### **B. Parent and child health services, including family planning clinics as described in ORS 435.205**

Except for the items noted below, a complete plan is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write an action plan for this section, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

Additionally:

1. **Immunization:** Agencies are **required** to review their current plan, submit a report about this year, and revise the plan as necessary.

See the instructions in Appendix B.

2. **WIC:** Agencies are **required** to submit Nutrition Education plans and reports.

Complete the forms in Appendix C.

3. Family Planning: Agencies are **required** to have a plan for each of the following two goals.
  - A. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
  - B. Reduce risk of unintended pregnancy in local community

For the two goals do either of:

- a. Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> and either submit a statement stating that plan is current or provide an update to that plan; or
  - b. Submit a new plan using the problem, goals, activities, and evaluation format noted above.
4. Maternal and Child Health Programs: Agencies are **required** to have a plan or report for this program area. Plans should be based on the following priority state and national goals. Select one goal from the 27 listed in i through v below. For the selected goal do either of:
  - a. Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> and either submit a statement stating that plan is current or provide an update to that plan; or
  - b. Submit a new plan using the problem, goals, activities, and evaluation format noted above.

i. Perinatal Health

- a. Increase access to early and adequate prenatal care
- b. Decrease preterm delivery
- c. Decrease low birth weight
- d. Decrease prenatal tobacco use

- e. Decrease prenatal alcohol or drug abuse
- f. Increase breastfeeding to six months
- g. Increase access to medical home
- h. Decrease HIV infection & transmission
- i. Increase access to adequate food and clothing
- j. Decrease intimate partner violence

ii. Infant and Child Health

- a. Infants will be breastfed until 6 months of age
- b. Infants diagnosed with hearing loss will be enrolled in early intervention before 6 months of age
- c. Infants and children have nurturing care givers
- d. Infants will be placed on their back to sleep
- e. Children will have healthy and safe childcare
- f. Eliminate children's exposure to second hand smoke (SHS)
- g. Prevent early childhood cavities
- h. Children will have access to care for optimal health
- i. Infants and young children with development delay will receive intervention

iii. Adolescent Health

- a. Improve access to primary care and preventive health or mental health care for adolescents
- b. Increase rates of adolescents 10-24 who receive the recommended annual well-adolescent visit
- c. Improve public knowledge and understanding of critical health objectives for adolescent health

iv. Oral Health

- a. Increase prevention of early childhood caries
- b. Increase school-based/linked dental sealant programs.
- c. Increase access to community water fluoridation.
- d. Increase number of pregnant women and children with a dental home.

v. Nutrition and Physical Activity

- a. Improve healthy eating, daily physical activity, and healthy weight among Oregon women.

### **C. Environmental health**

A complete plan is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write an action plan for this section, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

### **D. Health statistics**

A complete plan is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write an action plan for this section, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

### **E. Information and referral**

A complete plan is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write an action plan for this section, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

### **F. Other Issues**

A complete plan is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write action plans for this section, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

#### **IV. Additional Requirements**

Agencies are **required** to include an organizational chart of the local health department with the annual plan.

#### **V. Unmet needs**

This section is **optional** in that it is included in the triennial comprehensive plan. If the LPHA wishes to write an action plan for this section, refer to the comprehensive plan guidance.

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

#### **VI. Budget**

For purposes of this plan use your most recent Financial Assistance Contract to project funding from the state.

In early July of each year we will send you Projected Revenue sheets to be filled out for each program area.

Provide name, address, phone number, and if it exists, web address, where we can obtain a copy of the LPHA's public health budget.

Agencies are not required to submit a budget as part of the annual plan, they are **required** to submit the Projected Revenue information and the budget location information.

## VII. Minimum Standards

Agencies are **required** to complete this section.

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

### Organization

1. Yes \_\_\_ No \_\_\_ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes \_\_\_ No \_\_\_ The Local Health Authority meets at least annually to address public health concerns.
3. Yes \_\_\_ No \_\_\_ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes \_\_\_ No \_\_\_ Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes \_\_\_ No \_\_\_ Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes \_\_\_ No \_\_\_ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes \_\_\_ No \_\_\_ Local health officials develop and manage an annual operating budget.
8. Yes \_\_\_ No \_\_\_ Generally accepted public accounting practices are used for managing funds.
9. Yes \_\_\_ No \_\_\_ All revenues generated from public health services are allocated to public health programs.
10. Yes \_\_\_ No \_\_\_ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes \_\_\_ No \_\_\_ Personnel policies and procedures are available for all employees.
12. Yes \_\_\_ No \_\_\_ All positions have written job descriptions, including minimum qualifications.

13. Yes \_\_\_ No \_\_\_ Written performance evaluations are done annually.
14. Yes \_\_\_ No \_\_\_ Evidence of staff development activities exists.
15. Yes \_\_\_ No \_\_\_ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes \_\_\_ No \_\_\_ Records include minimum information required by each program.
17. Yes \_\_\_ No \_\_\_ A records manual of all forms used is reviewed annually.
18. Yes \_\_\_ No \_\_\_ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes \_\_\_ No \_\_\_ Filing and retrieval of health records follow written procedures.
20. Yes \_\_\_ No \_\_\_ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes \_\_\_ No \_\_\_ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes \_\_\_ No \_\_\_ Health information and referral services are available during regular business hours.
23. Yes \_\_\_ No \_\_\_ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes \_\_\_ No \_\_\_ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes \_\_\_ No \_\_\_ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes \_\_\_ No \_\_\_ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes \_\_\_ No \_\_\_ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes \_\_\_ No \_\_\_ A system to obtain reports of deaths of public health significance is in place.

29. Yes \_\_\_ No \_\_\_ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes \_\_\_ No \_\_\_ Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes \_\_\_ No \_\_\_ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes \_\_\_ No \_\_\_ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes \_\_\_ No \_\_\_ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes \_\_\_ No \_\_\_ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes \_\_\_ No \_\_\_ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes \_\_\_ No \_\_\_ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

### **Control of Communicable Diseases**

37. Yes \_\_\_ No \_\_\_ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes \_\_\_ No \_\_\_ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes \_\_\_ No \_\_\_ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes \_\_\_ No \_\_\_ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes \_\_\_ No \_\_\_ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes \_\_\_ No \_\_\_ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes \_\_\_ No \_\_\_ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes \_\_\_ No \_\_\_ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes \_\_\_ No \_\_\_ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes \_\_\_ No \_\_\_ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes \_\_\_ No \_\_\_ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes \_\_\_ No \_\_\_ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes \_\_\_ No \_\_\_ Training in first aid for choking is available for food service workers.
50. Yes \_\_\_ No \_\_\_ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes \_\_\_ No \_\_\_ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes \_\_\_ No \_\_\_ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes \_\_\_ No \_\_\_ Compliance assistance is provided to public water systems that violate requirements.
54. Yes \_\_\_ No \_\_\_ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes \_\_\_ No \_\_\_ A written plan exists for responding to emergencies involving public water systems.
56. Yes \_\_\_ No \_\_\_ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes \_\_\_ No \_\_\_ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes \_\_\_ No \_\_\_ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes \_\_\_ No \_\_\_ School and public facilities food service operations are inspected for health and safety risks.
60. Yes \_\_\_ No \_\_\_ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes \_\_\_ No \_\_\_ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes \_\_\_ No \_\_\_ Indoor clean air complaints in licensed facilities are investigated.
63. Yes \_\_\_ No \_\_\_ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes \_\_\_ No \_\_\_ The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes \_\_\_ No \_\_\_ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes \_\_\_ No \_\_\_ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes \_\_\_ No \_\_\_ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes \_\_\_ No \_\_\_ The health department provides and/or refers to community resources for health education/health promotion.

69. Yes \_\_\_ No \_\_\_ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes \_\_\_ No \_\_\_ Local health department supports healthy behaviors among employees.
71. Yes \_\_\_ No \_\_\_ Local health department supports continued education and training of staff to provide effective health education.
72. Yes \_\_\_ No \_\_\_ All health department facilities are smoke free.

### **Nutrition**

73. Yes \_\_\_ No \_\_\_ Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes \_\_\_ No \_\_\_ WIC
  - b. Yes \_\_\_ No \_\_\_ Family Planning
  - c. Yes \_\_\_ No \_\_\_ Parent and Child Health
  - d. Yes \_\_\_ No \_\_\_ Older Adult Health
  - e. Yes \_\_\_ No \_\_\_ Corrections Health
75. Yes \_\_\_ No \_\_\_ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes \_\_\_ No \_\_\_ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes \_\_\_ No \_\_\_ Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes \_\_\_ No \_\_\_ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes \_\_\_ No \_\_\_ A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes \_\_\_ No \_\_\_ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes \_\_\_ No \_\_\_ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

### **Parent and Child Health**

82. Yes \_\_\_ No \_\_\_ Perinatal care is provided directly or by referral.
83. Yes \_\_\_ No \_\_\_ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes \_\_\_ No \_\_\_ Comprehensive family planning services are provided directly or by referral.
85. Yes \_\_\_ No \_\_\_ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes \_\_\_ No \_\_\_ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes \_\_\_ No \_\_\_ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes \_\_\_ No \_\_\_ There is a system in place for identifying and following up on high risk infants.
89. Yes \_\_\_ No \_\_\_ There is a system in place to follow up on all reported SIDS deaths.
90. Yes \_\_\_ No \_\_\_ Preventive oral health services are provided directly or by referral.
91. Yes \_\_\_ No \_\_\_ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes \_\_\_ No \_\_\_ Injury prevention services are provided within the community.

### **Primary Health Care**

93. Yes \_\_\_ No \_\_\_ The local health department identifies barriers to primary health care services.
94. Yes \_\_\_ No \_\_\_ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes \_\_\_ No \_\_\_ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes \_\_\_ No \_\_\_ Primary health care services are provided directly or by referral.
97. Yes \_\_\_ No \_\_\_ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes \_\_\_ No \_\_\_ The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

99. Yes \_\_\_ No \_\_\_ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes \_\_\_ No \_\_\_ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes \_\_\_ No \_\_\_ The local health department assures that advisory groups reflect the population to be served.
102. Yes \_\_\_ No \_\_\_ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

### **Health Department Personnel Qualifications**

- 103. Yes \_\_\_ No \_\_\_ The local health department Health Administrator meets minimum qualifications:**

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

**104. Yes \_\_\_ No \_\_\_ The local health department Supervising Public Health Nurse meets minimum qualifications:**

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

**105. Yes \_\_\_ No \_\_\_ The local health department Environmental Health Supervisor meets minimum qualifications:**

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

**106. Yes \_\_\_ No \_\_\_ The local health department Health Officer meets minimum qualifications:**

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

Agencies are **required** to include with the submitted Annual Plan:

**The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.**

\_\_\_\_\_  
Local Public Health Authority

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

## Appendix A

### Optional Table

<b>Time Period:</b>				
<b>GOAL:</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A.				
B.				
<b>Time Period:</b>				
<b>GOAL:</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A.				
B.				
<b>Time Period:</b>				
<b>GOAL:</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A.				
B.				

## **Appendix B**

### Immunization FY 2006 Progress Report Form

The following are instructions for completing the first year report of your FY 2006-2008 Immunization Program Triennial Plan submitted in 2005. This report includes:

- A. Summary of FY 2006 Objectives, Activities, and Outcomes; and
- B. Any additions or changes to the two remaining years of the FY 2006-08 Plan.

Please review your plan and all of your plan objectives. If you do not have an electronic copy of your own plan, the State Immunization Program can provide one for you.

For questions or assistance completing your progress report, please contact your Immunization Health Educator at 971 673-0300.

#### **Instructions:**

Using your existing FY 06 – 08 plan (which looks like the Sample Immunization Table below), complete the following steps:

- 1) Review the Goal statement and columns 1-3. You do not need to fill in these sections, you did that last year.
- 2) Report on your county's progress in achieving your Year 1 objectives by completing Column 4, "Outcome Measure(s) Results." Report the data results of the outcome measures specified in Column 3.
- 3) Complete Column 5 of your Plan's Report Table: "Progress Notes." Include information about the success of your objectives to date, as well as any challenges (e.g. barriers to completion, etc.) you had or continue to experience. Also note any assistance from DHS Immunization program that would have helped, or will help you meet any objective you have not yet been able to successfully complete.
- 4) Review Years 2 and 3 Objectives, Methods/Tasks and Outcome Measures, i.e. columns 1, 2, and 3 for those years, and make any

modifications needed to complete these objectives. If you have been unable to complete a Year 1 objective, you may roll it into Year 2 for completion. If you do so, be sure to note this in your Year 1 progress notes along with a date for completion and justification for the extension.

5) Return by May 1, 2006.

If you have questions, contact Susan Weiner, MSW, Immunization Health Educator, [susan.weiner@state.or.us](mailto:susan.weiner@state.or.us) , (971) 673-0315.

Sample Immunization Report Table:

<b>Time Period:</b>				
<b>GOAL:</b>				
<b>1. Objectives</b>	<b>2. Plan for Methods/ Activities/Practice</b>	<b>3. Outcome Measure(s)</b>	<b>4. Outcome Measure(s) Results</b>	<b>5. Progress Notes</b>
A.				
B.				

## Appendix C

### FY 2006 - 2007 WIC Nutrition Education Plan Form

County/Agency:  
Person Completing Form:  
Date:  
Phone Number:  
Email Address:

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to write the nutrition education plan(s) for the fiscal year 2006 – 2007.

Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

#### Activity 1: Required

Assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.

#### Implementation Plan:

#### Timeline:

#### Activity 2: Required

Make available to clients a 2<sup>nd</sup> nutrition education opportunity to increase physical activity.

#### Implementation Plan:

#### Timeline:

#### Activity 3: Optional

Participate in an organized "Turn off the TV Week" campaign April 2007.

Implementation Plan:

Timeline:

Activity 4: **Optional**

Participate in a community event that promotes physical activity.

Implementation Plan:

Timeline:

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Activity 1: **Required**

Assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

Implementation Plan:

Timeline:

Activity 2: **Required**

Develop and implement client-centered activity or event by June 2007 in recognition of 5 A Day.

Implementation Plan:

Timeline:

Activity 3: **Optional**

Participate in a community event that promotes consumption of fruits and vegetables.

Implementation Plan:

Timeline:

Activity 4: **Optional**

Develop and implement a staff activity or event that promotes fruit and vegetable consumption.

Implementation Plan:

Timeline:

Goal 3: Increase client participation in 2<sup>nd</sup> nutrition education contacts.

Activity 1: **Required**

Explore options for developing innovative partnerships for providing nutrition education to clients in your agency.

Implementation Plan:

Timeline:

Activity 2: **Required**

Assess your agency's 2<sup>nd</sup> nutrition education offerings and make changes as needed to improve your show rates.

Implementation Plan:

Timeline:

Activity 3: **Optional**

Participate in a community event that promotes nutrition education.

Implementation Plan:

Timeline:

Activity 4: **Optional**

Conduct a needs assessment of your community to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population.

Implementation Plan:

Timeline:

Goal 4: Increase breastfeeding duration rates among WIC participants.

Activity 1: Required

Assess breastfeeding resources available in your community and create and/or update a resource list for clients.

Implementation Plan:

Timeline:

Activity 2: Required

Implement at least one new strategy to support clients' breastfeeding goals.

Implementation Plan:

Timeline:

Activity 3: Optional

Participate in World Breastfeeding Week to raise the awareness of the importance of exclusively breastfeeding for the first 6 months of life and continue as long as the mother and baby mutually desire.

Implementation Plan:

Timeline:

Activity 4: Optional

Implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services.

Implementation Plan:

Timeline:

Annual Report Form - WIC  
Evaluation of Nutrition Education Plan FY 2005-2006

WIC Agency: \_\_\_\_\_  
Person Completing the Form \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to evaluate the nutrition education plan(s) you implemented during fiscal year 2005 - 2006. Answer the questions in “Outcome Evaluation” where a “response” is requested.

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 2 (i.e. 2005 – 2006) Objective. If your agency was unable to complete an activity, please indicate why.

Goal 1:        Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

Year 2 Objective:

During plan period, all WIC families will be provided information on the increasing rates of overweight children and adults and be able to make positive lifestyle choices to decrease the risk of overweight.

Activity 1: Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- What is one result from the client assessments that you have applied in your agency?

**Response:**

Activity 2: Using results from staff and client surveys, identify or develop, and implement at least one clinic activity to promote increased physical

activity and increase awareness of the prevalence of overweight among staff and clients. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- Identify 3 barriers or ideas you learned from the staff and client surveys.
- What clinic activities did you develop to promote physical activity?
- How did the activities address the barriers or concerns identified in the surveys?

**Response:**

Activity 3: Participate in an organized “Turn off the TV Week” campaign April 2006. This activity was **optional**.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency participate in “Turn Off the TV Week”? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

**Response:**

Activity 4: Participate in a community event that promotes physical activity. This activity was **optional**.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency participate in a community event to promote physical activity? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?

- What advice might you give to other WIC agencies if they were to try this?

**Response:**

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Year 2 Objective:

During plan period, staff will assess and promote client consumption of fruit and vegetables.

Activity 1: Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- What is one result from the client assessments that you have applied in your agency?

**Response:**

Activity 2: Develop and implement a client centered activity or event during September 2005 in recognition of 5 A Day Month. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- What client centered activity or event did your agency implement for 5 A Day month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

**Response:**

Activity 3: Use client fruit and vegetable survey results to develop or modify individual or group nutrition education activities to promote fruit and vegetable consumption. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- Identify 3 client attitudes or behaviors you learned from the surveys.
- What nutrition education activities did your agency develop or modify to promote fruit and vegetable consumption?
- How did the activities address the results from the surveys?

**Response:**

Activity 4: Develop and implement a staff activity or event during September 2005 in recognition of 5 A Day Month. This activity was **optional**.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency implement a staff activity or event for 5 A Day month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

**Response:**

Goal 3: Increase client participation in 2<sup>nd</sup> nutrition education contacts.

Year 2 Objective:

Assess clients' attitudes, wants, needs and barriers regarding attendance to nutrition education opportunities; develop guidelines for nutrition education in your agency; and develop strategies to increase client participation in nutrition education. During the planning process, consider the impact of implementation of multiple month food instrument issuance (FLPP).

Activity 1: Assess client attitudes, needs, and barriers to attendance related to 2<sup>nd</sup> nutrition education using state provided tool.

Outcome Evaluation: Please address the following questions in your response. This activity was **required**.

- What is one result from the client assessments that you have applied in your agency?

**Response:**

Activity 2: Compare results of client and staff surveys to state nutrition education minimum standards and develop guidelines for quality nutrition education in your agency. Minimum standards will be set in the areas of availability, accessibility, topic, content, delivery methods, marketing, assessment, and evaluation. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- Identify 5 attitudes, needs, and or barriers you learned from the surveys.
- What guidelines did you develop for quality nutrition education?
- How did the guidelines address the results of the surveys?

**Response:**

Activity 3: Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2<sup>nd</sup> nutrition education offering in preparation for multiple month food instrument issuance. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- When did you and your Nutrition Consultant review your guidelines?
- How did your 2<sup>nd</sup> nutrition education plan offerings meet these guidelines?
- Have your 2<sup>nd</sup> nutrition education offerings been scheduled?

**Response:**

Activity 4: Assure staff who teach nutrition education classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- Have all staff who teach nutrition education completed the Providing Group Nutrition Education module and the appropriate Level 2 training modules?

**Response:**

Activity 5: Explore options for developing innovative partnerships for providing nutrition education to clients in your agency. This activity was **optional**.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency begin a process for developing innovative partnerships for providing nutrition education?
- What did you use to begin the process?
- What will you need to continue?

**Response:**

Goal 4: Increase breastfeeding duration rates among WIC participants by decreasing barriers to breastfeeding.

Year 2 Objective:

During plan period, WIC staff will assess client attitudes, beliefs, and barriers regarding continuing breastfeeding to at least 6 months of age, and implement strategies to support client breastfeeding goals.

Activity 1: WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- Have all staff completed role-appropriate sections of the revised Breastfeeding Module?

**Response:**

Activity 2: WIC staff will assess client beliefs, attitudes and barriers regarding continuing breastfeeding to at least 6 months of age by using state provided assessment tool. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- What is one result from the client assessments that you have applied in your agency?

**Response:**

Activity 3: The WIC agency will implement at least one strategy to support client breastfeeding goals. This activity was **required**.

Examples of possible strategies:

- WIC Certifiers will use the 3-Step Counseling Strategy to help mother's identify their barrier(s) to breastfeeding 6 months.
- Effective open-ended questions.
- Affirming statements.
- Education/counseling strategies.
- Include a goal setting objective that all prenatal women who indicate they plan to breastfeed will identify a goal related to breastfeeding 6 months.
- Include a participant activity during the Breastfeeding Class wherein participants identify at least one barrier they face to breastfeeding at least 6 months. As a group, identify strategies to address these barriers.
- Institute a system for follow-up calls or written messages at critical periods of time when breastfeeding challenges may arise.
- 

Outcome Evaluation: Please address the following questions in your response.

- Did your agency implement at least one strategy to support breastfeeding goals?
- How did the strategy address the identified issue?

**Response:**

Activity 4: The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services. This activity was **optional**.

Outcome Evaluation: Please address the following questions in your response.

- Did the agency receive the designation of Breastfeeding Mother-Friendly?
- If not, were there components that were achieved?

**Response:**