

Local Public Health Authority Annual Plan Planning Instructions 2012 - 2013

All plans are due December 1st. LPHAs may request an extension to January 15th. This Plan covers the period July 1, 2012 – June 30, 2013.

Background:

The requirement for an Annual Plan (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 (Conference of Local Health Officials) Standards program indicators as part of the AP.

At the May 2011 CLHO meeting CLHO agreed to a December 1 due date for 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/pages/rules/oars_300/oar_333/333_tofc.html

A copy of the Minimum Standards for Local Health Departments can be found at
<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/reference.aspx>

Excerpted from the Minimum Standards:

The Conference of Local Health Officials agrees that the minimum required activities of ORS 431.416 include:

- A. Control and epidemiology of preventable diseases and conditions
 - Communicable disease investigation and control
 - Tuberculosis case management
 - Tobacco prevention, education, and control activities (TPEP)
- B. Parent and child health
 - Immunizations
 - Maternal child health services (MCH block grant and home visiting services)
 - Family planning
 - Women, infants, and children nutrition services (WIC)
- C. Environmental health
- D. Public health emergency preparedness
- E. Vital records
- F. Information and referral

Instructions:

Respond to each item listed.

Please do not duplicate work you are doing for another cause.

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. For example, the LPHA may have documents that are used in the local budget process that cover areas needed in this AP.

A number of LPHAs are working on accreditation. If you have documents that cover areas needed for this AP, attach them as your response for that section of the AP.

If the documents are available on line, you may insert the Web Address.

If you use this method for some areas, please provide pointers, indexing, references, etc., so we can find the elements. Remember that the AP is a document that is available to the public.

Some sections may require your anticipation of state funding. In that case use the current amount of funding the LPHA receives from the state.

The plan must be submitted in an electronic format.

The Oregon Health Authority is required to approve or disapprove the AP.

Return the plan electronically to the Department at thomas.r.engele@state.or.us (Mail address: Tom Engle, 800 NE Oregon St., Ste 930, Portland, OR, 97232) by December 1. If you need an extension to January 15th, please send a request to Tom Engle.

Questions concerning the Annual Plan should be directed to Tom Engle at the Oregon Health Authority, 1-971-673-1222, or at thomas.r.engele@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

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

II. Assessment

Include the following in this section:

1. A description of the public health issues and needs in your community.

Describe the relevant demographic and public health indicators for your community.

When possible, this assessment of the community should utilize existing data sources, describe relevant trends in the data, and include both qualitative and quantitative components.

Appendix A contains a list of assessment topics that might be of interest.

Appendix B contains links to data sources.

2. A description of the adequacy of the local public health services.
3. A description of the extent to which the local health department assures the five basic services contained in statute (ORS 431.416) and rule.
 - a. Epidemiology and control of preventable diseases and disorders;
 - b. Parent and child health services, including family planning clinics as described in ORS 435.205;
 - c. Collection and reporting of health statistics;
 - d. Health information and referral services; and
 - e. Environmental health services.

Note that Rule, i.e. OAR Chapter 333, Division 14, has more detailed definitions.

Review the definitions and Page 6 of the Minimum Standards for Local Health Departments before responding.

4. A description of the adequacy of other services of import to your community. This might include some of the services listed in OAR 333-014-0050 (3): Dental, Health Education and Health Promotion, Laboratory Services, Medical Examiner, Nutrition, Older Adult Health, Primary Health Care, and Shellfish Sanitation. This might include other issues such as injury prevention, accreditation processes, work that anticipates the arrival of the Coordinated Care Organization milieu, etc.

III. Action Plan

Consider that an action plan should include:

a. Current condition or problem: The current conditions of the county that are relevant to this particular component of the plan.

b. Goals: What the activity will accomplish in the short and long run.

c. Activities: 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: The evaluation plan for each area, including the outcome measures.

You may use a narrative or other 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.

If you have submitted materials for any portion of this AP to another section of the Public Health Division, you do not need to include it

here. Instead note in the appropriate section below to whom the documents were submitted so the reader can find them if the need arises.

Appendix C 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

Include the following in this section:

1. A description of the problems, goals, activities, and evaluations related to diseases and conditions from OAR 333-014-0050 (2) (a) and ORS 431.416 (2) (a).
2. A description of the problems, goals, activities, and evaluations related to your contract (program elements) with the OHA. The reader should be able to understand your approach to providing the services in your contract.
3. A description of the plan to detect, investigate and control communicable diseases and the control and epidemiology of preventable diseases and conditions. This section is where the LPHA will address receiving disease reports 24/7/52, investigating outbreaks, and investigating, responding, and implementing control measures for reportable diseases as specified in the investigative guidelines.

This section is where the LPHA will address the approved minimum standards

Communicable disease investigation and control,
Tuberculosis case management, and
Tobacco prevention, education, and control
(see Minimum Standards for Local Health Departments in
Oregon page 6)

4. Please review your timeliness of attention to communicable diseases. If improvement is needed, use this section to describe your improvement plan.
5. Depending on the assessment of your community, include a description of plans for other public health issues such as obesity, asthma, and diabetes.

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

1. Use this section to describe problems, goals, activities, and evaluations related to parent and child health from OAR 333-014-0050 (2) (b) and ORS 431.416 (2) (b).

This section is where the LPHA will address the approved minimum standards

Immunizations

Maternal child health services (MCH block grant and home visiting services)

Family planning

Women, infants, and children nutrition services (WIC)

(see Minimum Standards for Local Health Departments in Oregon page 6)

2. Use this section to describe problems, goals, activities, and evaluations related to your contract (program elements) with the OHA. The reader should be able to understand your approach to providing the services in your contract.

3. WIC: Look for instructions under separate cover to the WIC Agency Coordinators. You will submit Nutrition Education (NE) plans and reports **For FY2012 Only**. WIC Program Progress Plans for Year 3 of the current plan will be due on May 1, 2012. The Instructions for this will be sent directly to WIC Agency Coordinators and County Health Administrators in February 2012. Starting with FY 2013 Plans, a new 3-year cycle will begin for WIC NE Plans and will be submitted with the new cycle in December 2012.

4. Immunization: Submit a progress report and update. Electronic versions of these instructions, templates, sample plans and other materials are on the OIP website:

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/LHD.aspx> .

Use the online template to complete all new plans. Remember to complete the Outcome Measure Results and Progress Notes sections of your current plan when you submit your progress report.

5. Family Planning: The Plan Instructions and Templates are included with this Annual Plan template. County Family Planning Coordinators have received this information separately and are working on this portion of the AP. See Appendix E.

6. Maternal, child, and adolescent health services: Review Program Element 42 (approved by CLHO 9/21/11) at:

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/program-elements.aspx>

This portion of the AP is derived from sections 3.b.i and 3.b.ii of PE 42.

This MCAH Plan is a population-based assessment and comprehensive plan including annual objectives.

Describe population needs or services that support optimal health outcomes for women, infants, children, and adolescents, including one or more of the following:

- a. Preconception health services: preventive health and health risk reduction services such as screening, counseling and referral for safe relationships, domestic violence, alcohol, substance and tobacco use and cessation, and maternal depression and mental health.
- b. Perinatal health services: OMC Services, MCM Services, CPC Services; or other preventive services that improve pregnancy outcomes and health.
- c. Infant and child health services including but not limited to: B1st! and NFP Services, Child Care Consultation, Sudden Infant Death Syndrome/Sudden Unexplained Infant Death Follow-up, Oral Health including dental sealant services; or other services that improve health outcomes for infants and young children; and

- d. Adolescent health services: School-Based Health Centers; or adolescent clinic health services; teen pregnancy prevention; or other adolescent preventive health services or programs.
7. Depending on the assessment of your community, include a description of your plans for other public health issues such as domestic violence, child injury prevention, breast and cervical cancer, and genetics.

C. Environmental health

Include the following in this section:

1. A description of the problems, goals, activities, and evaluations related to environmental health from OAR 333-014-0050 (2) (e) and ORS 431.416 (2) (e).
2. A description of the problems, goals, activities, and evaluations related to your contract (program elements) with the OHA. This will include any items not fully captured above. The reader should be able to understand your approach to providing the services in your contract.
3. A description of how the program will accomplish the following program requirements. This will, in part, be a description of your management and staffing plan.
 - a. Licensure, inspection and enforcement of facilities under ORS 624, 448, and 446.
 - b. Consultation to industry and the public on environmental health matters
 - c. Investigation of complaints and cases of foodborne illness.
 - d. Staff access to training and satisfaction of training requirements.
 - e. Reduction of the rate of health and safety violations in licensed facilities and reduction of foodborne illness risk factors in food service facilities.
4. Depending on the assessment of your community, include a description of plans for other environmental public health issues such as air and water quality, exposure to chemicals, climate change, etc.

D. Health statistics

Use this section to describe your approach to the collection and reporting of health statistics. Review the requirements from OAR 333-014-0050 (c) and ORS 431.416 (2) (c). This will include, at least in part, a description of your plan for birth and death reporting.

E. Information and referral

Use this section to describe your approach to information and referral. Review the requirements from OAR 333-014-0050 (d) and ORS 431.416 (2) (d). If you have a stand alone information and referral program, describe it here. If you have described your approach to information and referral in above sections, simply note so here, otherwise describe your approach.

F. Public Health Emergency Preparedness

This section is where the LPHA will address emergency preparedness (see Minimum Standards for Local Health Departments in Oregon page 6). LPHAs have a comprehensive Program Element and program review process. Use this section to complement, not duplicate, current planning and reporting to OHA.

G. Other Issues

Use this section to describe problems, goals, activities, and evaluations related to diseases and conditions not addressed above.

Use this section to describe problems, goals, activities, and evaluations related to your contract (program elements) with the OHA that have not been described. The reader should be able to understand your approach to providing the services in your contract.

IV. Additional Requirements

1. Include an organizational chart of the local health department with the annual plan.
2. Use this section to briefly describe the Board of Health. We know that ORS 431.410 provides: “The governing body of each county shall constitute a board of health ex officio for each county of the state...” We want to know how your Board in a formal way handles this designation. Think about these questions. Are there formal meetings of a Board of Health that are described as such for public notice? Does the Board of Commissioners periodically announce and sit as the

BOH? Does the Health Administrator make a report to the BOH? How often does the BOH meet? Is there obvious differentiation between BOH meetings and Board for County Commissioner meetings?

3. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities.

4. If you have triennial review compliance findings that are past resolution date or you have repetitive findings, use this section to describe how you will improve your compliance.

5. Senate Bill 555: If the LPHA is not the governing body that oversees the local commission on children and families, include in the AP a brief section that describes the coordination of this plan with the local comprehensive plan for children aged 0-18. If the LPHA is the governing body for the local commission, we assume that governance achieves the needed coordination.

V. Unmet needs

Use this section to describe the unmet needs regarding public health in your community. It is important that we understand what gaps will remain after these strategies are implemented. We will use this information to understand what initiatives we, as a system, should be pursuing.

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. The Projected Revenue form will be distributed in July.

VII. Minimum Standards

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

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: _____

- | | |
|---|----------------|
| Does the Administrator have a Bachelor degree? | Yes ___ No ___ |
| Does the Administrator have at least 3 years experience in public health or a related field? | Yes ___ No ___ |
| Has the Administrator taken a graduate level course in biostatistics? | Yes ___ No ___ |
| Has the Administrator taken a graduate level course in epidemiology? | Yes ___ No ___ |
| Has the Administrator taken a graduate level course in environmental health? | Yes ___ No ___ |
| Has the Administrator taken a graduate level course in health services administration? | Yes ___ No ___ |
| Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? | Yes ___ No ___ |

a. Yes ___ No ___ The local health department Health Administrator meets minimum qualifications:

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

b. 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.

c. 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.

d. 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.

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

Assessment Categories

Aging Issues
Air Quality
Alcohol & Drug use
Birth defects
Births
Cancer morbidity and mortality
Chronic disease
Communicable disease
Deaths and causes of death
Dental
Diabetes
Domestic Violence
Elevated blood lead levels
Emergency preparedness
Environmental Health
Food borne illness reports
Immunizations
Incidence of fecal-oral transmission of disease
Injury morbidity and mortality
Liquid and solid waste issues in the area
Low birth weight
Mental health
Obesity
Physical activity, diet, and obesity
Population by
 Gender
 Age
 Race
 Geography
 Socio-economic status
Premature birth
Prenatal care
Safe drinking water
Safety net medical services
Teen pregnancy
Tobacco use
Unintended pregnancy
Underage drinking

Appendix B Data Links

1. Population pyramid, by age and sex:

http://www.censusscope.org/us/s41/chart_age.html

2. Oregon population center:

<http://www.pdx.edu/prc/>

3. Federal census center:

<http://quickfacts.census.gov/qfd/states/41000.html>

4. County facts:

<http://bluebook.state.or.us/local/counties/clickmap.htm>

5. Reportable diseases by county, and other disease surveillance data:

<http://public.health.oregon.gov/DISEASES/CONDITIONS/COMMUNICABLE/DISEASE/DISEASESURVEILLANCEDATA/Pages/index.aspx>

6. State data and statistics:

<http://public.health.oregon.gov/DataStatistics/Pages/index.aspx>

7. Environmental Health licensed facility inspection report:

<http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/status.aspx>

8. Benchmark county data:

http://egov.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark%20County%20Data%20Books

9. Detailed census tables:

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

10. Alcohol and Drug County Data

<http://oregon.gov/DHS/addiction/data/main.shtml#ad>

11. Web-based software for public health assessment

<http://public.health.oregon.gov/birthdeathcertificates/vitalstatistics/vistaphw/pages/vistaphw.aspx>

12. Environmental Public Health Tracking

<http://www.oregon.gov/DHS/ph/epht/index.shtml>

Appendix C

Optional Table

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

Appendix D

Section List

Executive Summary

Assessment

Action Plan

Epi and preventable conditions, including:

Communicable disease investigation and control

Tuberculosis case management

Tobacco prevention, education, and control

Parent and child health, including:

WIC

Immunization

MCH block grant

Family planning

Environmental health

Health Statistics

Information and referral

Public health emergency preparedness

Other issues

Additional Requirements

Organizational Chart

Board of Health

Advisory Board

Triennial Review

SB 555

Unmet Needs

Budget

Minimum Standards

Appendix E

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR FY 2013

July 1, 2012 to June 30, 2013

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound). In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1:** Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.
- Goal 3:** Promote awareness and access to long acting reversible contraceptives (LARCs).
- Goal 4:** Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

1. **Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county to be addressed by that particular goal. The data provided may be helpful with this.

2. Objective(s) – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.

3. Planned Activities – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).

4. Evaluation – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

Specific agency data will be provided to the local FP coordinator. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2013**

July 1, 2012 to June 30, 2013

Agency: _____

Contact:

Goal #___

Problem Statement	Objective(s)	Planned Activities	Evaluation

Goal #_____

Problem Statement	Objective(s)	Planned Activities	Evaluation

- Objectives checklist:
- Does the objective relate to the goal and needs assessment findings?
 - Is the objective clear in terms of what, how, when and where the situation will be changed?
 - Are the targets measurable?
 - Is the objective feasible within the stated time frame and appropriately limited in scope?

Progress on Goals / Activities for FY 2012
(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

Goal / Objective	Progress on Activities

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