

# **Local Public Health Authority Annual Plan Planning Instructions 2009 - 2010**

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

1. An annual version due May 1
2. A comprehensive plan due every three years on May 1 of that county's year.

Sections are labeled “**Annual**”, “**Comprehensive**”, or “**Both**”.

All LPHAs complete the “**Both**” sections.

LPHAs completing a Comprehensive plan this year are: Benton, Clatsop, Columbia, Crook, Douglas, Grant, Harney, Jackson, Jefferson, Marion, Morrow, Polk, and Wallowa. These LPHAs complete the “**Comprehensive**” and the “**Both**” sections. See Appendix D.

Remaining LPHAs complete the “**Annual**” and the “**Both**” sections. Annual LPHAs may complete any of the Comprehensive sections they choose. See Appendix D.

All plans are due May 1<sup>st</sup>.

## **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 Standards program indicators as part of the AP. Statute requires the plan submission on May 1. 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 the documents are available on line, you may insert the Web Address. If you use this method for some areas, please reference the attachments in the body 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.engele@state.or.us](mailto:tom.r.engele@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.engele@state.or.us](mailto:tom.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 - Both**

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 – Annual**

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.

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

Appendix B contains links to data sources.

## **II. Assessment - Comprehensive**

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 provides 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.

### III. Action Plan

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.

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** **Annual**

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.

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

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 DHS. 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. 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**

**Annual**

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.

1. **WIC:** Agencies are **required** to submit Nutrition Education plans and reports. Complete the forms in Appendix E. Check first with your WIC coordinator. That person has probably already received and is working on the plan.
2. **Immunizations:** Agencies are **required** to submit an update. Electronic versions of these instructions, templates, sample plans and other materials are on the OIP website: <http://www.oregon.gov/DHS/ph/imm/>. Please use the online template to complete all new plans.

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

**Comprehensive**

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).
2. Use this section to describe problems, goals, activities, and evaluations related to your contract (program elements) with the DHS. The reader should be able to understand your approach to providing the services in your contract.
3. **WIC:** Agencies are **required** to submit Nutrition Education plans and reports. Complete the forms in Appendix E. Check first with your WIC coordinator. That person has probably already received and is working on the plan.
4. **Immunization:** Agencies are **required** to submit a plan. Electronic versions of these instructions, templates, sample plans and

other materials are on the OIP website:

<http://www.oregon.gov/DHS/ph/imm/>. Please use the online template to complete all new plans.

5. This section is where the LPHA will address other areas from the approved minimum standards

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

Family Planning

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

6. 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**

### **Annual**

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.

## **C. Environmental health**

### **Comprehensive**

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 DHS. 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 public health issues such as air and water quality.

### **C. Health statistics**

#### **Annual**

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**

#### **Comprehensive**

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**

### **Annual**

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**

### **Comprehensive**

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  
Annual**

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. Public Health Emergency Preparedness  
Comprehensive**

This section is where the LPHA will address emergency preparedness (see Minimum Standards for Local Health Departments in Oregon page 6).

**G. Other Issues**

**Annual**

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.

**G. Other Issues**

**Comprehensive**

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 DHS that have not been described. The reader should be able to understand your approach to providing the services in your contract.

## **IV. Additional Requirements**

### **Both**

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

Use this section to briefly describe the Board of Health. For example: are there formal meetings of a Board of Health that are described as such for public notice? Does the Health Administrator report to the BOH? How often does the BOH meet?

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.

Senate Bill 555: If the LPHA is not the governing body that oversees the local commission on children and families, include in the LPHAP 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**

### **Both**

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**

### **Both**

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

### Both

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

### 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.**

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**

### **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](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://oregon.gov/DHS/ph/acd/stats.shtml>

6. County data book:

<http://oregon.gov/DHS/ph/chs/data/cdb.shtml>

7. Chronic disease data:

<http://oregon.gov/DHS/ph/hpcdp/pubs.shtml>

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

8. Environmental Health licensed facility inspection report:

<http://www.dhs.state.or.us/publichealth/foodsafety/stats.cfm>

9. Youth surveys:

<http://oregon.gov/DHS/ph/chs/youthsurvey/>

10. Benchmark county data:

[http://egov.oregon.gov/DAS/OPB/obm\\_pubs.shtml#Benchmark%20County%20Data%20Books](http://egov.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark%20County%20Data%20Books)

11. Detailed census tables:

[http://factfinder.census.gov/servlet/DatasetMainPageServlet?\\_program=DEC&\\_lang=en&\\_ts](http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en&_ts)

12. Alcohol and Drug County Data

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

13. Web-based software for public health assessment

<http://www.oregon.gov/DHS/ph/lhd/vista/vista.pdf>

14. Center for Health Statistics

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

15. Environmental Public Health Tracking

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

## Appendix C

### 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 D

Benton, Clatsop, Columbia, Crook, Douglas, Grant, Harney, Jackson, Jefferson, Marion, Morrow, Polk, and Wallowa complete the following:

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

SB 555

Unmet Needs

Budget

Minimum Standards

Remaining counties – see the next page.

The remaining counties complete the following:

Executive Summary – must complete

Assessment – *update if there are substantial changes from previous plan*

Action Plan

Epi and preventable conditions, including:

Communicable disease investigation and control – *update...*

Tuberculosis case management – *update...*

Tobacco prevention, education, and control – *update...*

Parent and child health, including:

WIC – must complete

Immunization – must complete

MCH block grant – *update...*

Family planning – *update...*

Environmental health – *update...*

Health Statistics – *update...*

Information and referral – *update...*

Public health emergency preparedness – *update...*

Other issues – *update...*

Additional Requirements

Organizational Chart – must complete

SB 555 – must complete

Unmet Needs – must complete

Budget – must complete

Minimum Standards – must complete

## **Appendix E**

### **WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)**

#### **INFORMATION SHEET**

#### **WIC NUTRITION EDUCATION PLAN**

The Oregon WIC Program Nutrition Education Plan is designed to support and promote a comprehensive approach in the delivery of WIC services. This structure involves a three-year strategy focusing on providing quality nutrition services including nutrition assessment and education in preparation for the federally mandated implementation of the Value Enhanced Nutrition Assessment (VENA) project also known as Oregon WIC Listens. The multi-year plan will continue to support the Oregon Statewide Nutrition and Physical Activity Plan, Breastfeeding Promotion, and MCH Title V National Performance Measures.

#### **VENA Background**

VENA is a nationwide WIC nutrition education initiative. It is a part of a larger national initiative to revitalize quality nutrition services (RQNS) in WIC. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved, targeted, client centered nutrition education. The six competency areas for WIC nutrition assessment include Principles of life-cycle nutrition; Nutrition assessment process; Anthropometric and hematological data collection techniques; Communication; Multicultural awareness; and Critical thinking. VENA is to be implemented in all WIC Programs across the United States by October 1, 2009.

#### **Year One – FY 2007-2008**

The primary mission of the WIC Program is to improve the health outcomes of our participants. The first year of the WIC Nutrition Education Plan will be devoted to building staff skills and technical knowledge regarding nutrition assessment and quality nutrition education in order to help facilitate healthy behavior change. The focus of Year One will involve conducting a

thorough assessment in order to appropriately target nutrition education, then identifying the key nutrition messages appropriate to the client's personal, cultural and socioeconomic preferences. Activities for WIC staff will include completion of the new Oregon WIC Nutrition Risk Module, implementation of the dietary assessment module revisions and understanding Oregon WIC's key nutrition messages. The desired outcome is Oregon WIC staff can appropriately assess clients' risks, concerns, and dietary preferences to deliver quality nutrition education tailored to the client's need.

### **Year Two – FY 2008-2009**

The second year of the WIC Nutrition Education Plan will be devoted to increasing staff nutrition knowledge related to the revised WIC food packages and Oregon WIC's Key Nutrition Messages. The focus of Year Two will be assessing and evaluating where staff are in providing participant centered services and supporting A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012.

### **Year Three – FY 2009-2010**

The third year of the WIC Nutrition Education Plan will continue to be devoted to enhancing staff knowledge related to the revised WIC food packages – Fresh Choices. Year Three will also be devoted to enhancing and sustaining staff skills with participant centered services – Oregon WIC Listens. The focus of Year Three will be to assure successful implementation of Fresh Choices and to support the foundation for health and nutrition of all WIC families.

General guidelines and procedures for the Nutrition Education Plan are described in Policy 850 of the Oregon WIC Policy and Procedure Manual. USDA requires each local agency to complete an annual Nutrition Education Plan [7 CFR 246.11(d)]. Even though we are focusing on specific goals, WIC agencies should plan to continue to provide a quality nutrition education program as outlined in the WIC Program Policy and Procedure Manual and the Oregon WIC Nutrition Education Guidance.

**Materials included in the FY 2009-2010 Oregon WIC Nutrition Education Plan:**

- FY 2009-2010 WIC Nutrition Education Plan Goals, Objectives and Activities
- FY 2008-2009 Evaluation of WIC Nutrition Education Plan (return to state by May 1, 2009)
- FY 2009-2010 WIC Nutrition Education Plan Form (return to state by May 1, 2009)
- Attachment A – WIC staff Training Plan (return to state by May 1, 2009)

**Instructions:**

1. Review the FY 2009-2010 Oregon WIC Nutrition Education Plan materials and Policy 850 – Nutrition Education Plan.
2. Evaluate the objectives and activities from your FY 2008-2009 Nutrition Education Plan.
3. Describe the implementation plan and timeline for achieving your FY 2009-2010 objectives and activities using the FY 2009-2010 WIC Nutrition Education Plan Form.
4. Return your completed FY 2008-2009 Evaluation of WIC Nutrition Education Plan by May 1, 2009.
5. Return your completed FY 2009-2010 WIC Nutrition Education Plan Form by May 1, 2009.
6. Return Attachment WIC A – WIC Staff Training Plan by May 1, 2009.

**Return the WIC 2008-2009 Evaluation and 2009-2010 Plan Form electronically to [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) Or by fax or mail to:**

**Sara Sloan, MS RD  
800 NE Oregon Street #865  
Portland, OR 97232  
Fax – (971) 673-0071**

## **FY 2009 - 2010 WIC Nutrition Education Plan Goals, Objectives & Activities**

***Overall Mission/Purpose:*** *The Oregon WIC Program aims to provide public health leadership in promoting the health and improved nutritional status of Oregon families by providing:*

- Nutrition Education
- Breastfeeding Promotion
- Supplemental Nutritious Foods
- Partnerships With and Referrals to Other Public and Private Community Groups

**Goal 1:** **Oregon WIC staff will have the knowledge to provide quality nutrition education.**

**Year 3 Objective:** During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

***Activity 1:*** Staff will complete the appropriate sections of the new Food Package Assignment Module (to be released summer 2009) by December 31, 2009.

***Activity 2:*** Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

State provided resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

***Activity 3:*** Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure

consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

**Example:** Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

**Activity 4:** Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment WIC A by May 1, 2010.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the participants' needs.**

**Year 3 Objective:** During planning period, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

**Activity 1:** Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

**Examples:** Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

**Activity 2:** Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

**Examples:** Using the information from Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

**Goal 3: Improve the health outcomes of WIC participants and WIC staff in the local agency service delivery area.**

**Year 3 Objective:** During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

*Breastfeeding is a gift of love.*

*Focus on fruit.*

*Vary your veggies.*

*Make half your grains whole.*

*Serve low-fat milk to adults and children over the age of 2.*

***Activity 1:*** Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by August 1, 2009.

***Example:*** Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

***Activity 2:*** Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

***Example:*** Your agency is a cooperative partner in a state led evaluation of the new food package changes such as hosting focus groups or administering questionnaires with participants.

**Goal 4: Improve breastfeeding outcomes of participants and staff in the local agency service delivery area.**

**Year 3 Objective:** During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

***Activity 1:*** Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and

weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

State provided resources will include the Oregon WIC Breastfeeding Study data, the assessment tool and technical assistance for using the tool.

Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

**Activity 2:** Each agency will implement at least one identified strategy from Activity 1 in their agency by April 30, 2010.

## FY 2009 - 2010 WIC Nutrition Education Plan Form

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

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
by May 1, 2009  
Sara Sloan, 971-673-0043

**Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.**

**Year 3 Objective:** During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

**Activity 1:** Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

**Resources:** Food Package Assignment Module to be released summer 2009.

### **Implementation Plan and Timeline:**

**Activity 2:** Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new food WIC food packages by December 31, 2009.

**Resources:** Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

## **Implementation Plan and Timeline**

**Activity 3:** Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will not longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

## **Implementation Plan and Timeline:**

**Activity 4:** Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment WIC A by May 1, 2009.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

**Year 3 Objective:** During planning , each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

**Activity 1:** Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

**Examples:** Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

## **Implementation Plan and Timeline:**

**Activity 2:** Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

**Examples:** Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

**Implementation Plan and Timeline:**

**Goal 3:      Improve the health outcomes of clients and staff in the local agency service delivery area.**

**Year 3 Objective:** During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

*Breastfeeding is a gift of love.*

*Focus on fruit.*

*Vary your veggies.*

*Make half your grains whole.*

*Serve low-fat milk to adults and children over the age of 2*

**Activity 1:** Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

**Example:** Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

### **Implementation Plan and Timeline:**

**Activity 2:** Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

**Example:** Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

### **Implementation Plan and Timeline:**

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

**Year 3 Objective:** During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

**Activity 1:** Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

**Resources:** State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool, and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

### **Implementation Plan and Timeline:**

**Activity 2:** Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

### **Implementation Plan and Timeline:**

**WIC Attachment A**  
**FY 2009-2010 WIC Nutrition Education Plan**  
**WIC Staff Training Plan – 7/1/2009 through 6/30/2010**

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1			
2			
3			
4			

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2008-2009**

WIC Agency: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2009

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year Two Objectives. If your agency was unable to complete an activity please indicate why.

**Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

**Year 2 Objective:** During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

*Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.*

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

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response:

*Activity 2: By March 31, 2009, staff will review the proposed food package changes and:*

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*
- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to change.*

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

*Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.*

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

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

**Year 2 Objective:** During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

*Activity 1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.*

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response:

*Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.*

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response:

**Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.**

**Year 2 Objective:** During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will

select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

*Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

Response:

*Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response:

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

**Year 2 Objective:** During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

*Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response: