

Local Public Health Authority Annual Plan Planning Instructions 2011 - 2012

The Conference of Local Health Officials (CLHO) and State Public Health Division approved process for the Local Public Health Authority (LPHA) Plan submission anticipates changing the annual due date to December 15th for the planning cycle after this one.

No LPHAs are required to complete a Comprehensive plan this year. The LPHA may choose to do so.

LPHAs may complete any of the Comprehensive sections they choose. These sections are marked “**Optional**”.

Required items are marked “**Required**”. For a summary see Appendix D2.

All plans are due May 1st.

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.

A copy of the Minimum Standards for Local Health Departments can be found at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/reference.aspx>

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 Oregon Health Authority (OHA) is required to approve or disapprove the AP. Return the plan electronically to the Agency at tom.r.engele@state.or.us (Mail address: Tom Engle, 800 NE Oregon St., Ste 930, Portland, OR, 97232) by **May 15**.

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

Note – The OHA web pages are migrating. Some links may not work well for a few more days. We will send you improved links as they are developed.

I. Executive Summary - Required

1 page maximum

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

II. Assessment - Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

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 - Optional

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.

III. Action Plan

Sections A- G

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
Required

1. Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

2. Review your records of your timeliness of attention to communicable diseases, i.e. investigation, reporting, follow up, etc. If improvement is needed, use this section to describe your improvement plan. If no improvement is needed based on your analysis of your data, then indicate no change is needed.

A. Epidemiology and control of preventable diseases and disorders
Optional

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. Review your records of your timeliness of attention to communicable diseases, i.e. investigation, reporting, follow up, etc. If improvement is needed, use this section to describe your improvement plan. If no improvement is needed based on your analysis of your data, then indicate no change is needed.

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

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

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. Immunization Instructions – See Appendix F, pages 58-60.

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

Optional

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 OHA. 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 Instructions – See Appendix F, pages 58-60.

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

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

C. Environmental health

Optional

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

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

D. Health statistics

Optional

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

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

E. Information and referral

Optional

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
Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

F. Public Health Emergency Preparedness
Optional

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

G. Other Issues

Required

1. Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

G. Other Issues

Optional

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

Required

1. Agencies are required to include an organizational chart of the local health department with the annual plan.
2. Use this section to briefly describe the Board of Health (BOH). 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?
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. 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

Required

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

Required

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.

Budget Availability: 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 above mentioned Projected Revenue information and the budget location information.

VII. Minimum Standards

Required

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

I. 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.

II. Health Department Personnel Qualifications

Required

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

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.oregon.gov/DHS/ph/foodsafety/stats.shtml>

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

11. Detailed census tables:

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

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 D1

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Appendix D2

Sections

Executive Summary – Required

*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 – Required

Immunization – See Appendix F

*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 – Required

Board of Health – Required

Advisory Board – Required

SB 555 – Required

Unmet Needs – Required

Budget – Required

Minimum Standards – Required

* Update if there are substantial changes from the previous plan.

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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 education and enhancing participant centered services also known as Oregon WIC Listens. The multi-year plan will be reflective of the VENA philosophy and continue to support Breastfeeding Promotion, the Nutrition Services Standards, 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.

Year One – FY 2010-2011

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 continuing to build staff skills with participant centered services focusing in the area of group settings. Year One will involve staff completion of the Participant Centered Education e-Learning Modules posttest and increasing staff understanding of the factors influencing health

outcomes. The desired outcome is Oregon WIC staff can consistently use participant centered skills for quality nutrition and breastfeeding services in both individual and group activities.

Year Two – FY 2011-2012

The second year of the WIC Nutrition Education Plan will be devoted to implementing participant centered nutrition education activities consistently in group settings. Year Two will also focus on enhancing breastfeeding education, promotion and support by incorporating specific participant centered skills and strategies in breastfeeding counseling. This second year of the plan will continue to promote strengthening partnerships with organizations that also serve WIC populations. The desired outcome is Oregon WIC staff build confidence in using participant centered skills and strategies in both individual and group settings.

Year Three – FY 2012-2013

The third year of the WIC Nutrition Education Plan will continue to be devoted to sustaining staff competencies with participant centered services. The focus of Year Three will include developing community partnerships with other organizations providing nutrition and breastfeeding education.

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 2011-2012 Oregon WIC Nutrition Education Plan:

- **FY 2011-2012 WIC Nutrition Education Plan Goals, Objectives and Activities**
- **FY 2010-2011 Evaluation of WIC Nutrition Education Plan (return to state by May 1, 2011)**
- **FY 2011-2012 WIC Nutrition Education Plan Form (return to state by May 1, 2011)**
- **Attachment A – WIC staff Training Plan (return to state by May 1, 2011)**

Instructions:

- 1. Review the FY 2011-2012 Oregon WIC Nutrition Education Plan materials and Policy 850 – Nutrition Education Plan.**
- 2. Evaluate the objectives and activities from your FY 2010-2011 Nutrition Education Plan.**
- 3. Describe the implementation plan and timeline for achieving your FY 2011-2012 objectives and activities using the FY 2011-2012 WIC Nutrition Education Plan Form.**
- 4. Return your completed FY 2010-2011 Evaluation of WIC Nutrition Education Plan by May 1, 2011.**
- 5. Return your completed FY 2011-2012 WIC Nutrition Education Plan Form by May 1, 2010.**
- 6. Return Attachment A – WIC Staff Training Plan by May 1, 2011.**

Return the WIC 2010-2011 Evaluation and 2011-2012 Plan Form electronically to sara.e.sloan@state.or.us Or by fax or mail to:

Sara Sloan, MS RD

Oregon WIC Program

800 NE Oregon Street #865

Portland, OR 97232

Fax – (971) 673-0071

FY 2011 - 2012 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 continue to develop their knowledge, skills and abilities for providing quality participant centered services.**

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Activity 2: Each agency will modify at least one nutrition education group lesson

plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd nutrition education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and postpartum time period.

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer

Counseling Program – Group Prenatal Series Guide, and/or Breastfeeding Basics - Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics - Grow and

Glow Training, complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Note: Specific Breastfeeding Basics Grow and Glow Training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a staff in-service to address the factors influencing health outcomes by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff and sent out to Local Agencies by July 1, 2011.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Activity 3: Identify your agency training supervisor(s) and projected quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1 , 2011.

FY 2011 - 2012 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
by May 1, 2011
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline including possible staff who will attend a regional training:

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Goal 3: Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline:

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Note: Specific Breastfeeding Basics - Grow and Glow training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

Implementation Plan and Timeline:

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Attachment A
FY 2011-2012 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned program initiatives, 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, 2011 – June 30, 2012. 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 2010-2011

WIC Agency: _____

Person Completing Form: _____

Date: _____ Phone: _____

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2011

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

Goal 1: Oregon WIC staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the online Participant Centered Education Module by July 31, 2010.

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response:

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31,2010.

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response:

Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.

Evaluation criteria: Please address the following question in your response.

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response:

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by December 31, 2010.

Evaluation criteria: Please address the following questions in your response:

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to strengthen partnerships with these organizations by offering opportunities for nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional group Participant Centered Education training fall 2010.

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response:

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module.

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response:

Activity 2: Identify your agency training supervisor(s) and projected staff in-service dates and topics for FY 2010-2011. Complete and return attachment A by May 1, 2011.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>

Appendix F Immunization

Memorandum

To: Local Health Department Immunization Coordinators
Local Health Department Administrators

From: Lorraine Duncan, Manager
Oregon Immunization Program

Date: March 4, 2011

Subject: Comprehensive Triennial Plans and Progress Reports

May 1, 2011 is the due date for all Local Health Departments (LHDs) to submit annual plans to the State. For your immunization programs, this normally includes a new triennial plan if your agency is having a triennial review in 2011, and for all LHDs, a progress report and update of immunization work completed in 2010.

This year, due to possible cuts in the Governor's budget, the State Immunization Program is uncertain how much impact there will be on funding passed through to county immunization programs. We do not want to ask LHDs to design and implement any new planning until we know more about what the outcome will be, budget-wise.

Until we know the results of the budget cuts, we are only requiring LHD immunization programs to submit their annual progress report update for 2010 activities. Once the 2011-13 state budget is finalized we will request new plans from counties in a triennial review year.

For counties in a triennial review year, to meet requirements you must still have an active immunization plan. Please update your current triennial plan and extend it through 2011.

Instructions for Completing a New Immunization Comprehensive Triennial Plan (CTP) and Yearly Progress Report

May 1, 2011 is the due date for all Local Health Departments (LHDs) to submit annual plans to the State. For your immunization programs, this normally includes a new triennial plan if your agency is having a triennial review in 2011, and for all LHDs, a progress report and update of immunization work completed in 2010.

This year, due to possible cuts in the Governor's budget, the State Immunization Program is uncertain how much impact there will be on funding passed through to county immunization programs. We do not want to ask LHDs to design and implement any new planning until we know more about what the outcome will be, budget-wise.

Until we know the results of the budget cuts, we are only requiring LHD immunization programs to submit their annual progress report update for 2010 activities. Once the 2011-13 state budget is finalized we will request new plans from counties in a triennial review year.

For counties in a triennial review year, to meet requirements you must still have an active immunization plan. Please update your current triennial plan and extend it through 2011.

**ALL PROGRESS REPORTS ARE DUE MAY 1, 2011.
Contact your OIP Health Educator for Technical Assistance**

INSTRUCTIONS FOR IMMUNIZATION CTP & PROGRESS REPORT

1. ANNUAL PROGRESS REPORTS:

All Local Health Department (LHD) Immunization Programs are required to review their current Comprehensive Triennial Plan (CTP) annually and submit a Progress Report detailing the outcome(s) of the past year's activities for calendar year 2010 (January 1 through December 31, 2010). Agencies will complete the "Outcome Measure Results" and "Progress Notes" columns on their CTPs.

- Annual Progress Reports must reflect the activities and outcomes of your 2010 work. Outcome measures *should be specific and include data* to support the work you have done. The Progress Report column is where to add narrative describing your activities, progress towards meeting your objective(s) or information on why objectives were not met. It is also the place to report on changes or modifications to your plan (objectives, activities or outcomes) for 2011.
- **LHDs must submit an electronic version** (in Word format via email) to susan.weiner@state.or.us by May 1, 2011. Progress reports will be forwarded to your OIP health educator for review and approval.
- Agencies must also submit their immunization progress report along with their County Annual Plan to the State Community Liaison's office on May 1, 2011.

2. NEW COMPREHENSIVE TRIENNIAL PLANS (CTP):

Local Health Departments that have triennial reviews in the 2011 calendar year are normally required to write a new Comprehensive Triennial Plan this year.

This year, due to possible cuts in the Governor's budget, the State Immunization Program is uncertain how much impact there will be on funding passed through to county immunization programs. We do not want to ask LHDs to design and implement any new planning until we know more about what the outcome will be, budget-wise.

Until we know the results of the budget cuts, we are only requiring LHD immunization programs to submit their annual progress report update for 2010 activities. Once the 2011-13 state budget is finalized we will request new plans from counties in a triennial review year.

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