

## Health Promotion and Chronic Disease Prevention Programs LPHA Triennial Site Review Tool

**COUNTY:**  
**ADMINISTRATOR:**  
**DATE:**  
**REVIEWER:**  
**PARTICIPANTS:**

REQUIRED ACTIVITIES				QUALITY ASSURANCE RECOMMENDATIONS
<i>Community partnerships</i>	<i>In Compliance? Yes/No</i>	<i>Follow-up Date</i>	<i>Comments/ Documentation/ Explanation/ Timelines</i>	<i>Not required, but demonstrates enhanced performance</i> Example: Participation in regional or statewide partnerships, such as Strategic Plan Steering Committee
<b>PE13: TPEP</b> <i>1.a. Facilitation of Community Partnerships:</i> Accomplish movement toward tobacco-free communities through a coalition or other group dedicated to the pursuit of agreed upon tobacco control objectives. Community partners should include non-governmental entities as well as community leaders.				

- Program Element 13: Tobacco Prevention and Education Program (TPEP) Agreed to by CLHO 11/03
- Program Element 14: Tobacco-Related and Other Chronic Disease Programs (HEALTHY COMMUNITIES) Phase I—Building Capacity Agreed to by CLHO 02/08
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<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b>  <i>2. b. Collaborating with Community Partners.</i>                  Convene and facilitate partnerships with community and health organizations representing various population groups to promote and support tobacco use prevention, increased physical activity, healthy eating, early detection of risk factors and chronic diseases, and availability of resources for management of chronic diseases and risk factors, primarily through policy and environmental change.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>  <i>1.b. Facilitation of Community Partnerships:</i>                  Accomplish movement toward establishment of policies, environments and systems that support healthy communities through a coalition or other group dedicated to the pursuit of agreed upon best and promising practice objectives based on HC community assessments. Community partners should include nongovernmental entities as well as community leaders.</p> <p><i>1.c. Development of Local Champions:</i>                  Foster ongoing communication and education with community leaders, including elected leaders, on effective, comprehensive strategies for reducing the burden of tobacco-related and other chronic diseases in communities, schools, worksites, and health systems through establishment of policies and sustainable system</p>				

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<p>change. Coordinate with statewide partners for strategic planning for the purpose of developing and sustaining a county and statewide infrastructure for tobacco-related and other chronic disease prevention and health promotion.</p>				
<p><i>Coordination of tobacco prevention and other chronic disease activities</i></p>	<p><i>In Compliance? Yes/No</i></p>	<p><i>Follow-up Date</i></p>	<p><i>Comments/ Documentation/ Explanation/ Timelines</i></p>	<p><i>Not required, but demonstrates enhanced performance</i> Example: TPEP and HC coordinate comprehensive policy change at target institutions.</p>
<p><b>PE13: TPEP</b> <i>1.f. Reducing the Burden of Tobacco-Related Chronic Disease:</i> Address tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for tobacco-related chronic diseases including cancer, asthma, cardiovascular disease, stroke, and oral cancer.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b> <i>1.g. Integrate tobacco use reduction in all Tobacco-related and Other Chronic Disease interventions:</i> Conduct tobacco use reduction strategies in all HC Program activities in partnership with Tobacco</p>				

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<p>Prevention &amp; Education Programs. Utilize the experience and accomplishments gained from TPEP to build HC policy and systems change in the broader contexts of other risk factors and chronic conditions including arthritis, asthma, cancer, diabetes, heart disease, and stroke.</p>				
<p><b><i>Integrate and Promote Self-Management and Tobacco Cessation</i></b></p>	<p><b><i>In Compliance?</i></b> <b><i>Yes/No</i></b></p>	<p><b><i>Follow-up Date</i></b></p>	<p><b><i>Comments/ Documentation/ Explanation/ Timelines</i></b></p>	<p><b><i>Not required, but demonstrates enhanced performance</i></b> Example: Developing a coordinated referral system for Quit Line and Living Well.</p>
<p><b>PE13: TPEP</b> <i>1.d. Promoting Quitting Among Adults and Youth:</i> Integrate the promotion of the Oregon Tobacco Quit Line into other tobacco control activities.</p>				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b> <i>2.e. Promoting the Quit Line and Other Evidence Based Chronic Disease Self-Management Programs:</i> Integrate the promotion of the Oregon Tobacco Quit Line and other chronic disease self-management programs into prevention, early detection, and management strategies for tobacco-related and other chronic diseases where people live, work, play, learn, and receive health care.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b> <i>1.f. Facilitate Development of Chronic Disease Self-Management Networks and Systems:</i> Promote optimal availability of and access to chronic disease self-</p>				

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<p>management programs in communities, schools, worksites, and health systems through the establishment of policies, environments and local delivery systems for chronic disease self-management. Promote the Quit Line in all activities. Establish sustainable evidence-based self-management programs, including comprehensive, chronic disease management programs tailored to specific chronic conditions including arthritis, asthma, cancer, diabetes, heart disease, and stroke. Incorporate the promotion of tobacco cessation, healthy eating and physical activity into chronic disease management systems.</p>				
<p><b><i>Create and Promote Healthy Environments</i></b></p>	<p><b><i>In Compliance?</i></b> <b><i>Yes/No</i></b></p>	<p><b><i>Follow-up Date</i></b></p>	<p><b><i>Comments/ Documentation/ Explanation/ Timelines</i></b></p>	<p><b><i>Not required, but demonstrates enhanced performance</i></b> Example: Pass policies and conduct evaluation of their impact and outcomes.</p>
<p><b>PE13: TPEP</b> <i>1.b. Creating Tobacco-Free Environments:</i> Promote the adoption of tobacco policies, including voluntary policies in schools, workplaces and public places. Enforce local tobacco-free ordinances and the Oregon Indoor Clean Air Act.</p>				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b> <i>2.d. Developing an Implementation Plan for Phase II:</i> Using the community assessment and local data, conduct a planning process that results in a community action</p>				

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<p>plan to implement best-practice interventions addressing prevention, early detection, and management of tobacco-related and other chronic diseases where people live, work, play, or receive care. Components of an implementation plan shall include: i. evaluation, ii. policy, iii. environmental and system changes, and v.i. identifying and addressing disparities.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>  <i>1.d. Promotion of Healthy Food and Physical Activity:</i>          Promote healthy food choices and physical activity opportunities for chronic disease prevention and risk reduction through the establishment of policies and sustainable systems change that supports healthy communities, schools, worksites, and health systems.</p>				

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<i>Counter Unhealthy Influences</i>	<i>In Compliance? Yes/No</i>	<i>Follow-up Date</i>	<i>Comments/ Documentation/ Explanation/ Timelines</i>	<i>Not required, but demonstrates enhanced performance Example: Pass policies and conduct evaluation of their impact and outcomes.</i>
<p><b>PE13: TPEP</b>  <i>1.c. Countering Pro-Tobacco Influences:</i>                      Reduce the promotion of tobacco on storefronts, in gas stations, at community events and playgrounds in the community. Counter tobacco industry advertising and promotion. Reduce youth access to tobacco products, including working with retailers toward voluntary policies.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>  <i>1.e. Countering Unhealthy Food and Tobacco Influences:</i>                      Promote protection from exposure or access to secondhand smoke, tobacco products, unhealthy foods, and the advertising and promotions of tobacco and unhealthy food through establishment of policies and sustainable systems change that supports healthy communities, schools, worksites, and health systems. Promote and connect to arthritis, asthma, cancer, diabetes, heart disease, and stroke chronic disease self-management and the Quit Line in all</p>				

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activities.				
<b>HEALTHY COMMUNITIES Assessment</b>	<b><i>In Compliance? Yes/No</i></b>	<b><i>Follow-up Date</i></b>	<b><i>Comments/ Documentation/ Explanation/ Timelines</i></b>	<b><i>Not required, but demonstrates enhanced performance</i></b> Example: Publish and/or publicize assessment findings.
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b>  <i>2.c. Completing a Community Needs Assessment.</i> In collaboration with community partners, use the assessment tools provided through the Training Institute to conduct a robust community needs assessment using local data, interviews, and observations (see Gathering and Using Local Data below). i. Gathering and Using Local Data for the Community Needs Assessment: Use various sources of data that will inform the community about chronic disease prevalence, risk factors, management, quality of life, disparities, morbidity, mortality, and economic burden. Sources may include: (a.) survey data (Behavioral Risk Factor Surveillance System and Oregon Healthy Teens) (b.) focus group (c.) community-generated surveys or data (d.) health insurance claims data (e.) clinical data from a disease registry, or (f.) electronic medical records, and hospital data. ii. The needs assessment will focus on best practices and population-based approaches to prevention, early detection, and management of chronic diseases in settings where people live, work, play, learn, and receive health care.</p>				

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<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>  <i>1.a. Application of HEALTHY COMMUNITIES Assessment and Capacity-Building Efforts:</i>                  In coordination with the Tobacco Prevention and Education Program (TPEP), implement prioritized objectives based on the local plan developed through the HC Training Institutes. Implementation of prioritized objectives should incorporate prevention, risk reduction and management activities related to arthritis, asthma, cancers, diabetes, heart disease and stroke.</p>				
<p><b>Enforcement</b></p>	<p><i>In Compliance?</i>                  Yes/No</p>	<p><i>Follow-up Date</i></p>	<p><i>Comments/ Documentation/ Explanation/ Timelines</i></p>	<p><i>Not required, but demonstrates enhanced performance</i></p>
<p><b>PE13: TPEP</b>  <i>1.e. Enforcement:</i>                  Assist, through formal agreements with OPHD, with the enforcement of statewide tobacco control laws, including minors’ access to tobacco and restrictions on smoking.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>  <i>1.h. Enforcement:</i>                  Assist, through formal agreements with OPHD, with the enforcement of statewide chronic disease prevention and control laws.</p>				

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<b>PROCEDURAL &amp; OPERATIONAL REQUIREMENTS</b>				
<i>Local Program Plan</i>	<i>In Compliance? Yes/No</i>	<i>Follow-up Date</i>	<i>Comments/ Documentation/ Explanation/ Timelines</i>	<i>Not required, but demonstrates enhanced performance</i>  <i>Example: Exceed the number of required program plan objectives.</i>
<p><b>PE13: TPEP</b>                      2.a. LPHA must have on file with the Department an approved Local Program Plan no later than January 30, 2008 in year one and by June 30 in year 2 and thereafter. The Department will supply the required format and current service data for use in completing the plan. LPHA shall implement its TPEP activities in accordance with its approved Local Program Plan. Modifications to this plan may only be made with Department approval.</p>				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b>                      3.a. LPHA shall implement its HC activities in accordance with this Program Element.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>                      2.a. LPHA must have on file with the Department an approved Local Program Plan developed in response to a Request for Applications or Proposals that specifies</p>				

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<p>minimum requirements for which funding is available no later than July 30 in year one and by July 30 in year 2 and thereafter. The Department will supply the required format and current service data for use in completing the plan. LPHA shall implement its HC activities in accordance with its approved Local Program Plan. Modifications to this plan may only be made with Department approval.</p>				
<p><b>Staffing</b></p>	<p><i>In Compliance? Yes/No</i></p>	<p><i>Follow-up Date</i></p>	<p><i>Comments/ Documentation/ Explanation/ Timelines</i></p>	<p><i>Not required, but demonstrates enhanced performance</i></p> <p>Example: program staffed at FTE greater than required.</p>
<p><b>PE13: TPEP</b> 2.b. LPHA must assure that its local tobacco program is staffed at the appropriate level, depending on its level of funding, as specified in the award of funds for this Program Element.</p>				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b> 3.b. LPHA must assure that its local HC program is staffed at the appropriate level to address subsections 2.a. through 2.e. of this Program Element. Funds for this program element are to be directed to personnel and travel expenses in support of subsections 2.a. through 2.e.</p>				

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<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>                  2.b. LPHA must assure that its HC program is staffed at an appropriate level, depending on its level of funding, as specified in the award of funds for this Program Element as indicated in the Request for Applications or Proposals.</p>				
<p><i>Budget</i></p>	<p><i>In Compliance? Yes/No</i></p>	<p><i>Follow-up Date</i></p>	<p><i>Comments/ Documentation/ Explanation/ Timelines</i></p>	<p><i>Not required, but demonstrates enhanced performance</i>                  Example: LPHA provides in-kind funding.</p>
<p><b>PE13: TPEP</b>                  2.c. LPHA must use the funds awarded to LPHA under this Agreement for this Program Element in accordance with its budget as approved by Department and attached to this Program Element as Attachment 2 and incorporated herein by this reference. Modifications to the budget may only be made with Department approval. Funds awarded for this Program Element may not be used for treatment, other disease control programs, or other health-related efforts not devoted to tobacco prevention and education.</p>				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b>                  3.c. LPHA must use the funds awarded to LPHA under this</p>				

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<p>Agreement for this Program Element in accordance with its budget as approved by Department and attached to this Program Element as Attachment 1 and incorporated herein by this reference. Modifications to the budget may only be made with Department approval. Funds awarded for this Program Element may not be used for treatment, or other health-related efforts not devoted to tobacco-related chronic diseases and other risk factors.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>                  2.c. LPHA must use the funds awarded to LPHA under this Agreement for this Program Element in accordance with its budget as approved by Department and attached to this Program Element as Appendix D and incorporated herein by this reference. Modifications to the budget may only be made with Department approval. Funds awarded for this Program Element may not be used for medical treatment, delivery of cessation services, or other health-related efforts not devoted to HC as determined by the Department.</p>				
<p><i>Meeting Attendance</i></p>	<p><i>In Compliance? Yes/No</i></p>	<p><i>Follow-up Date</i></p>	<p><i>Comments/ Documentation/ Explanation/ Timelines</i></p>	<p><i>Not required, but demonstrates enhanced performance</i></p> <p>Example:                  Participation in Training Task Force or provision of trainings to peers.</p>
<p><b>PE13: TPEP</b>                  2.d. LPHA must attend all TPEP meetings, as reasonably required by Department. LPHA must participate in HC</p>				

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Program evaluation activities, as reasonably required by the Department.				
<b>PE14: HEALTHY COMMUNITIES-Phase 1</b> 3.d. LPHA must attend all HC Training Institute Meetings (approximately four, one and a half to two day meetings), and at least two other related Health Promotion and Chronic Disease Prevention meetings or seminars as reasonably required by Department.				
<b>PE15: HEALTHY COMMUNITIES-Phase 2</b> 2.d. LPHA must attend all HC Program meetings, as reasonably required by the Department. LPHA must participate in HC Program evaluation activities, as reasonably required by the Department.				
<i>Compliance with Department Guidelines and Policies</i>	<i>In Compliance? Yes/No</i>	<i>Follow-up Date</i>	<i>Comments/ Documentation/ Explanation/ Timelines</i>	<i>Not required, but demonstrates enhanced performance</i> Example: Provide input to department on guidelines and policies.
<b>PE13: TPEP</b> 2.e. LPHA must comply with Department’s TPEP Program				

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Guidelines and Policies				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b>  <i>3.e.</i> LPHA must comply with Department’s Health Promotion and Chronic Disease Prevention Program Guidelines and Policies.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>  <i>2.e.</i> LPHA must comply with Department’s HC Program Guidelines and Policies, including as amended from time to time.</p>				
<i>Coordination with other Grantees</i>	<i>In Compliance? Yes/No</i>	<i>Follow-up Date</i>	<i>Comments/ Documentation/ Explanation/ Timelines</i>	<i>Not required, but demonstrates enhanced performance Example: Helps facilitate regional or statewide</i>

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				collaborative efforts with coordinated workplans.
<p><b>PE13: TPEP</b>                  2.f. LPHA must coordinate its TPEP activities and collaborate with other entities receiving TPEP funds or providing TPEP services.</p>				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b>                  3.f. LPHA must coordinate its HC activities and collaborate with other entities receiving HC funds including, Tribes, School Districts, and other LPHAs.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>                  2.f. LPHA must coordinate its HC Program activities and collaborate with other entities receiving HC Program funds or providing HC services.</p>				
<b>REPORTING REQUIREMENTS</b>	<i>In Compliance?</i> Yes/No	<i>Follow-up Date</i>	<i>Comments/ Documentation/ Explanation/ Timelines</i>	<i>Not required, but demonstrates enhanced</i>

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				<p><i>performance</i>                  Example: Providing additional documentation of program outcomes, such as written policies, additional narrative, etc.</p>
<p><b>PE13: TPEP</b>                  3. LPHA must submit quarterly Local Program Plan reports on a schedule to be determined by Department. The reports must include, at a minimum, LPHA’s progress during the quarter in completing activities described in its Local Program Plan. LPHA must submit the following upon request by Department: outcomes reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments of tobacco use.</p>				
<p><b>PE14: HEALTHY COMMUNITIES-Phase 1</b>                  4. LPHA must submit the result of the community needs assessment and the implementation plan for Phase II at the end of the training institutes.</p>				
<p><b>PE15: HEALTHY COMMUNITIES-Phase 2</b>                  3. LPHA must submit quarterly Local Program Plan reports on a schedule to be determined by Department. The reports must include, at a minimum, LPHA’s progress during the quarter in completing activities described in its Local Program Plan. LPHA must submit the following upon request by Department: outcomes reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments included in the Local Program Plan. LPHA must participate in coordinated HC</p>				

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Program evaluation activities, as reasonably required by the Department.				
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