

Program Element #14: Healthy Communities (HC) (formerly “Tobacco-Related and Other Chronic Disease Programs”); Phase I – Building Capacity

1. **Description.** Funds provided under the Financial Assistance Agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, to build capacity in support of tobacco-related and other chronic disease prevention, early detection, and management within a county.
2. **Local Activities in Support of Phase I.** Local Public Health Authorities (LPHA’s) will focus efforts on the activities described in subsections 2.a. through 2.e. below. Together, these activities will support participating LPHA’s in the development of a work plan to address the local burden of chronic diseases related to tobacco use, physical inactivity, and poor nutrition.
 - a. **Participating in a Chronic Disease Training Institute.** The Training Institute is a series of required trainings on best-practice interventions that address tobacco use reduction and other health promotion strategies known to decrease the burden of chronic diseases through a population-based approach. During the training participants will review current policy and environmental changes that best support chronic disease prevention, early detection, and management where people, live, work, play, learn, and receive health care. At the conclusion of the training, local public health authorities will have the knowledge and skills required to assess and evaluate the community’s needs and health outcomes, and provide leadership for integrating chronic disease prevention, early detection, and management into community planning.
 - b. **Collaborating with Community Partners.** 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.
 - c. **Completing a Community Needs Assessment.** 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.

d. **Developing an Implementation Plan for Phase II:** Using the community assessment and local data, conduct a planning process that results in a community action 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
- iv. identifying and addressing disparities.

e. **Promoting the Quit Line and Other Evidence Based Chronic Disease Self-Management Programs:** 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.

3. **Procedural and Operational Requirements.** By accepting and using the financial assistance funding provided by Department under the Financial Assistance Agreement and this Program Element, LPHA agrees to conduct HC activities in accordance with the following requirements:

- a. LPHA shall implement its HC activities in accordance with this Program Element.
- 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.
- 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 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.
- 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.
- e. LPHA must comply with Department's Health Promotion and Chronic Disease Prevention Program Guidelines and Policies.
- f. LPHA must coordinate its HC activities and collaborate with other entities receiving HC funds including, Tribes, School Districts, and other LPHAs.

g. In the event of any omission from, or conflict or inconsistency between, the provisions of the Budget (as set forth in Attachment 1) and the provisions of the Agreement and this Program Element, the provisions of the Agreement and this Program Element shall control.

4. **Reporting Requirements.** LPHA must submit the result of the community needs assessment and the implementation plan for Phase II at the end of the training institutes.

5. **Performance Measures.** LPHA's that complete fewer than 75% of the planned activities in its Local Program Plan for two consecutive calendar quarters in one state fiscal year will not be eligible to receive funding under this Program Element in the next state fiscal year.

Attachment 1
HC Phase I – Approved Local Budget

[Reserved]