

## Appendix O

### Calendar of Required Reports for District & Local Health Offices

| Report   | Channel  | Due Date  |
|--|--|---|
| Education/Outreach Data Form<br>(Formerly Progress Report Grid)                | LHO to State Office  | Quarterly:<br>April 15<br>July 15<br>October 15<br>January 15 |
| Training Needs Assessment  | See instructions in cover letter   | Feb. 15   |
| Client Survey  | See instructions in cover letter   | March 31  |
| Service Site Information<br>(Office schedule and projected<br>number of users) | LHO to State Office  | April 15  |
| Fee Collection Reports   | One copy to Financial Control<br>Office<br>One copy to State FP Office<br>(See Appendix B of Protocol) | 5th of every month  |
| Equipment Needs  | See Appendix M of Protocol   | Accepted anytime – compiled<br>12/31                          |

## Definitions for Family Planning Program Progress Report Education/Outreach Data Form

### FAMILY PLANNING PROGRAM OBJECTIVES:

- Objective 1: By the year 2010, to reduce (or maintain) pregnancies among girls age 15-19 to no more than 50 per 1,000 adolescents.
- Objective 2: By the year 2010, reduce to no MORE than 30% the proportion of all pregnancies that are unintended in women 13-44 at risk of unintended pregnancy.
- Objective 3: By the year 2010, reduce the prevalence rate of chlamydia trachomatis among young women under the age of 25 to no MORE than 5%.

**Session:** A defined period of time dedicated to a specific issue or topic

**Male involvement:** Activities that address the specific needs of men in reproductive health/family planning

**Hard to serve population:** A group of people who often face barriers to accessing health services. This includes:

- teens
- homeless
- males
- migrants
- incarcerated
- undocumented
- substance abusers

**High risk population for pregnancy:**

- teens
- women > 35
- uninsured

**Faith-based contacts:**

- synagogue
- mosque
- temple
- church
- religious charity

### Notes:

Use a **separate form** for each Contact, Educational Presentation, Media Activity or Community Event.

Put a **v** or **X** in the row for each topic that was discussed at the presentation.

Choose the column, or columns, that match the objective of the presentation, to reduce teen pregnancies, reduce unintended pregnancies or reduce the prevalence rate of chlamydia.

When completing the form for any media activities, use an **N** for newspaper article, **P** for public service announcement or **F** for flyers/posters instead of a **v** or **X**.

When completing the form for health fairs and community events put in the # of contacts by topic are instead of a **v** or **X**.

Fill in the number of participants for educational presentations.

**Family Planning Program Progress Report  
Education/Outreach Data Form**

(Please print)

Local Health Office: \_\_\_\_\_

Site Code: \_\_\_\_\_

Presenter: \_\_\_\_\_

Date of Presentation or Contact: \_\_\_\_\_

Name of Organization Presented to or Contacted: \_\_\_\_\_

**Type of Organization/Group:** (circle one) SCHOOL Community Health Council Detention Center Faith-Based Org  
 Health Fairs High Risk Population Local Physicians MCH Council Mental Health Org  
 Shelter Other \_\_\_\_\_

|   |                               |                  |                                 |
|---|-------------------------------|------------------|---------------------------------|
| <b>Check the topic of the educational presentation or the reason for the contact/outreach</b> in the column under the heading for the Family Planning Program objective that was targeted with this activity. |                               |                  |                                 |
| <b>Objective targeting: Reducing</b>  |                               |                  |                                 |
| <b>Teen Pregnancies</b>   | <b>Unintended Pregnancies</b> | <b>Chlamydia</b> | <b>Topic</b>                    |
|   |                               |                  | alcohol                         |
|   |                               |                  | communication skills            |
|   |                               |                  | contraception, abstinence       |
|   |                               |                  | domestic violence               |
|   |                               |                  | FP services (networking)        |
|   |                               |                  | healthy relationships           |
|   |                               |                  | HIV/AIDS                        |
|   |                               |                  | male involvement                |
|   |                               |                  | media influence                 |
|   |                               |                  | parent-child communication      |
|   |                               |                  | safer sex                       |
|   |                               |                  | sexual responsibility           |
|   |                               |                  | sexually transmitted infections |
|   |                               |                  | teen pregnancy issues           |
|   |                               |                  | Other (please specify)          |
| <b>MEDIA</b><br>For <b>Media</b> activities specify if <b>Newspaper article (N)</b> , <b>Public Service Announcement (P)</b> or <b>Flyers/Posters (F)</b> in the appropriate column/row                       |                               |                  |                                 |

|                            |   |
|----------------------------|---|
| # Females (all ages) _____ | # Participants age 15-17 _____                              |
| # Males (all ages) _____   | Length of Session (in minutes) _____                        |
| Total # Participants _____ | <i>Please include numbers for educational presentations</i> |

For health fairs and other community events include the number of contacts by topic.

**One Contact, Educational Presentation, Media Activity or Community Event per form**

**Total Sheet**

**Education/Outreach Data Form**

Date sent: \_\_\_\_\_

Person completing total sheet: \_\_\_\_\_

Name of health office: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Office hours: \_\_\_\_\_

\_\_\_\_\_

Clinic hours: \_\_\_\_\_

\_\_\_\_\_

Expansion of service hours: \_\_\_\_\_

\_\_\_\_\_

# of EOD forms this quarter: \_\_\_\_\_

Completed for:

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Quarter 1 January 1 - March 31    |
| <input type="checkbox"/> | Quarter 2 April 1 – June 30       |
| <input type="checkbox"/> | Quarter 3 July 1 – September 30   |
| <input type="checkbox"/> | Quarter 4 October 1 – December 31 |