

## FY 19 Consolidated Agreement Changes:

### Section A.10

#### Current Language:

10. The Department shall provide to the Local Technical Assistance and Training (LTAT) Branch Head or designee:

a. A comprehensive community health assessment (CHA), prepared at least once every four years and provided by the first Monday of March, for each county or health district. The CHA should be a collaborative effort with local partners such as hospitals, community partners, and the local Healthy Carolinians Partnership (if such exists), and shall include collection of primary data at the county or district level, and secondary data from the State Center for Health Statistics and other sources. The CHA shall include a list of community health problems based on the assessment and an analysis of the data. Each identified problem shall be prioritized and described in the narrative. The CHA will include data analysis of those indicators listed in the Accreditation Self-Assessment Inventory, Benchmark 1, Activity 1.1.

b. An action plan, due no later than the first Monday in September following the completion of the comprehensive community health assessment (CHA) in March. The action plan incorporates three community health problems identified in the CHA process as three priorities. An action plan is written for each priority.

1) Two of the three priorities must be from the 13 Healthy North Carolina 2020 (HNC 2020) focus areas. Each of the two priorities from the 13 HCNC 2020 focus areas must implement two new evidence-based strategies (EBS) each time they are identified as one of the three priorities. If the Department desires to continue implementing an EBS associated with the previous CHA cycle, the Department must show evidence that it is expanding the target population and must request an exception. Requests for exceptions shall be made to the LTAT Branch Head or designee. All EBS shall include a plan for staffing, training, implementation, monitoring and evaluation.

2) The third priority requires an action plan but the intervention or interventions are not required to be evidence-based. Only one intervention is required.

c. A state of the county or district health report (SOTCH) for each of the interim years between community assessments. The SOTCH is due by the first Monday of March in years when the CHA is not provided.

d. Refer to CHA tools at <http://publichealth.nc.gov/lhd/cha/resources.htm>.

#### REVISED Language:

10. The Department shall provide to the Local Technical Assistance and Training (LTAT) Branch Head or designee:

a. A comprehensive community health assessment (CHA) at least every four years, for each county or health district. The CHA should be a collaborative effort with local partners such as hospitals, businesses and community partners and/or the local Healthy Carolinians Partnership (if such exists), and shall include collection and analysis of primary data at the county/district level, secondary data from the State Center for Health Statistics (SCHS) and other sources, and an assessment and analysis of community resources. The CHA shall include an analysis of the primary and secondary data and community resources. The CHA shall identify a list of community health problems based on the assessment. Each identified problem shall be prioritized and described in the narrative. The CHA will include data analysis of those indicators listed in the Accreditation Self-Assessment Inventory, Benchmark 1, Activity 1.1. The CHA is due on January 15, or the first business day thereafter, following the year of assessment.

- b. Community Health Improvement Plans (CHIPs) no later than two months after the completion of the comprehensive community health assessment (CHA). The CHIPs are due by March 15, or the first business day thereafter, following the year of assessment.
  - i. A CHIP is written for each of two prioritized health problems.
  - ii. One CHIP can be short term in nature (focus for 1-3 years), but the second CHIP must be long term (focus for 5-10 years).
  - iii. Each CHIP should use best evidence interventions targeting health behaviors, the physical environment, social and economic factors, and/or clinical care.
  - iv. The long-term CHIP must be represented in either the CDC 6/18 Initiative, HI- 5 Interventions or be one of the 13 Healthy North Carolina 2020 (HNC 2020) focus areas.
  - v. The long-term CHIP should include short-term and long-term interventions with a goal of improving population health indicators (morbidity and mortality).
  - vi. The long-term CHIP could potentially persist for several CHA cycles. With each CHA cycle, the CHIP must be updated to demonstrate that the
    1. health problem persists and continues to be a priority, that
    2. current interventions are effective, or that new interventions are needed, and that
    3. interventions need to be expanded to a new target population.
  - vii. All CHIPs shall include a plan for staffing, training, implementation, monitoring, evaluating, and sustaining.
2. A state of the county/district health report (SOTCH) each of the interim years between community assessments. The SOTCH shall include progress made on each CHIP evaluation measure. The SOTCH is due by January 15 or the next business day thereafter, when the CHA is not submitted.
3. Requests for variances in submission of documents should be made in writing in advance of the required date of submission. Emails may be sent to the Director, Community Health Assessment, Local Technical Assistance and Training Branch (LTAT). PROVIDE GENERIC EMAIL
4. Refer to CHA tools at <http://publichealth.nc.gov/lhd/cha/>

#### Section B.14.c

##### CURRENT Language:

- a. A one-time mileage allocation per two REHSs from the same county per training session is based on one of the four geographical areas they are employed. Reimbursement requires successful completion of the course and requests must be filed by the Department within **one year** of the course completion.

##### REVISED Language:

- b. A one-time mileage allocation per two REHSs from the same county per training session is based on one of the four geographical areas they are employed. Reimbursement requires successful completion of the course and requests must be filed by the Department within **60 days** course completion.