

Key Points/Changes to CHA/SOTCH Process

Community Health Assessment:

Submit on time, **first Monday in March**, unless you have asked for and been granted an extension; submit both an electronic copy and a paper copy. Submit e-copies to beth.murray@dhhs.nc.gov and send paper copies to her at 1916 Mail Service Center, Raleigh, NC 27699-1916.

- Follow Guidelines on what should be included/use headers to facilitate review
- Use primarily “validated” data sources from the list, <http://publichealth.nc.gov/lhd/cha/resources.htm> and focus on analysis (i.e., what does the data tell you about your population, currently or over time; who is most affected; etc.)
- Select 3 top priorities for Action Plans. If more than 3 priorities are selected make sure community partners are going to assume the lead on the others.
- Assure surveys are from a representative number and sample (i.e., they mirror your population) of your community; the expectation that every LHD do 500 has been deleted
- When surveying your community, you may wish to add the questions about your Health Department that are needed for Accreditation (e.g., 27.1, 30.8)
- Make sure that you clearly identify the priorities selected for which you will be submitting Action Plans (this can be in Executive Summary or at the end of explanation on how priorities were selected)
- Changes to format:
 - o The CHA should be no more than 50 pages and should include summary/ies of the data with a focus on analysis
 - o If no priorities identified by the community are selected as one of final top 3 priorities for the county, include rationale
 - o Other information should be included in Appendices
 - ♣ Databook
 - ♣ Resource Book
 - ♣ Community Survey/other instruments to include process, tool, and data gathered

Action Plans: NOTE that for those on which the LHD is the lead, they may be incorporated into your Strategic Plan for purposes of accreditation

- Use the DPH provided format
- Follow the Guidelines on what to include
- Note new requirements in the Consolidated Agreement per the *NCIOM Report, Improving North Carolina’s Health: Applying Evidence for Success*, to include for each evidence-based strategy in the Action Plans, a plan for staffing, training, implementation and monitoring/evaluation
- Include an Action Plan for the 3 priority areas identified in the Community Health Assessment. If between the time your CHA is submitted and the Action Plans are submitted the group

decides to narrow the focus within a priority (e.g. priority in CHA was “chronic disease” but the group decides to focus initially on diabetes, explain that so reviewer will see why it is different from what was originally listed in the CHA)

- LHD does not have to be the lead or even have a participatory role in some priorities (e.g., improving high school graduation rate, increasing the availability of affordable housing, improving the economy by bringing jobs to the community, etc.) This type of priority should be the community’s Action Plan showing how, collectively, you will address the priority.
- Make your actions appropriate, effective and measurable (things that will have an impact on the objectives you set.) For example, in a county of 50,000 people where diabetes is one of the top 3 leading causes of death, do not set an objective to decrease the deaths from diabetes by 2% and then develop an Action Plan to enroll 50 people into a Diabetes Self-Management Program or working with school children to reduce obesity. These types of activities do not match the action or objective.

If you have other questions or need clarification/assistance, contact your LTAT Nurse Consultant.

<http://publichealth.nc.gov/lhd/docs/NurseCons-050516.pdf>

Outline of CHA Document

- Title Page, Table of Contents and Acknowledgements - in CHA
- Executive Summary (no more than 3 pages) – in CHA
- Background and Introduction – in CHA Describe process of selecting team or why an existing group was used; how they functioned during the entire process; and key partnerships that were formed or strengthened as a result of process.
- Brief County Description – in CHA Health Data Collection Process – in CHA
- Health Data Results – in CHA Include the highlights of data that are important for the county and the meaning (analysis) of that data for the CHA
- Data tables, maps and graphs on Mortality, Morbidity/Diseases, Mental Health, Health Care, Determinants of Health - in Databook Appendix
- Prevention and Health Promotion Needs and Resources Results – in CHA
- Data tables, maps and graphs on Prevention and Health Promotion (screenings, educational programs, etc.) - in Databook Appendix
- Community Concerns/Priorities Results/Summary – in CHA
- Survey tool, results of survey, comparison of survey group with community population stats – in Community Survey Appendix
- Process of selecting final priorities and what those are – in CHA

Checklist for Review of Community Health Assessment for Accreditation and Agreement Addenda Compliance

County:

Date:

Accreditation	Consolidated Agreement	Met	Not Met	Comments
Activity 1.1 – LHD shall conduct a comprehensive CHA at least every 48 months that includes	The Community Health Assessment process shall: (CHA is due the first Monday in March unless a different submission date was negotiated and approved through Phyllis Rocco, Head LTAT.)			
1.1.a Evidence of community collaboration in planning/ conducting assessment	<ul style="list-style-type: none"> be a collaborative effort with local partners such as hospitals, community partnerships or the local Healthy Carolinians Partnerships (if such exists) 			
1.1.b Reflect the demographic profile of population				
1.1.c Describe socioeconomic, educational & environment factors that affect health				
1.1.d Assemble/analyze secondary data to describe community health status	<ul style="list-style-type: none"> Include secondary data from the State Center for Health Statistics 			
1.1.e Collect/analyze primary data to describe community health status	<ul style="list-style-type: none"> Include collection of primary data at the county level 			
1.1.f Compile/analyze trend data to describe changes in community health status and factors affecting health				
1.1.g Use scientific methods for collecting/analyzing data				
1.1.h Identify population groups at risk				
1.1.i Identify existing and needed health resources				
1.1.j Compare selected local data with data from other jurisdictions				
1.1.k Identify leading community health problems	<ul style="list-style-type: none"> list of three community health priorities based on CHA findings. 			
	<ul style="list-style-type: none"> at least 2 of the 3 priorities must align with the Healthy NC 2020 Objectives. 			
	<ul style="list-style-type: none"> include a narrative about each health problem/priority chosen. 			
Action plans will be: <ul style="list-style-type: none"> on the form provided by DPH be from identified priorities of the CHA; targeted to identified at-risk groups; 	<ul style="list-style-type: none"> Community Health Action Plans are due the first Monday in the September following the March submission. Include community action 			

<ul style="list-style-type: none"> aligned with the 2020 objectives and have multi-level interventions. 	<p>plans to address three priority issues chosen.</p> <ul style="list-style-type: none"> The action plans corresponding to the HNC 2020 Objectives must contain 2 Evidence Based Strategies in each plan OR expand an existing Evidence Based Strategy to a new target population. The Evidence Based Strategies shall be identified in the Action Plan and include a plan for: <ul style="list-style-type: none"> Staffing Training Implementation Monitoring progress Evaluation 			
<p>Activity 1.2 LHD shall update the CHA with an annual State of the County's Health Report only for the years in which the CHA is not done.</p> <p>The report shall demonstrate that the LHD is:</p> <ul style="list-style-type: none"> tracking priority issues identified in CHA, Review major morbidity and mortality data for the county (annual review of county level data book on SCHS website) identify emerging issues, Identify new initiatives. 				

SOTCH

- Submit on time, **first Monday of September**, unless you have asked for and been granted an extension; submit both an electronic copy and a paper copy. Submit e-copies to beth.murray@dhhs.nc.gov and send paper copies to her at 1916 Mail Service Center, Raleigh, NC 27699-1916.
- Use the headers in the Accreditation Checklist so reviewers (and citizens) can easily find information (e.g., New and Emerging Issues, Progress within Last Year, New Initiatives, etc.)
- SOTCH Reports are limited to **no more than 10 pages**.
- The priorities in the SOTCH should be those which were selected during the CHA process and for which Action Plans were submitted.
- For “progress made in last year” discuss what parts of the Action Plans have been implemented, any other activities (not known at the time or listed in the Action Plan) addressing the priority that are occurring, etc.
- For “changes in data” section: During the first year after your CHA, there may not be updated data on the outcomes you are trying to achieve, but you may have data from the full year in which your CHA was submitted that was not available when you submitted that (even though that will not reflect impact of your Action Plans, it should be included.) You can also include any numbers you do have (e.g., 75 people have attended a Diabetes Self-Management Class and are showing improved A1C, 100 high school students have participated in a session on “safe dating/bullying prevention/etc.)
- For “review of major morbidity and mortality data” there should be 1 additional year of data available from the SCHS, even though that will not reflect the impact of your Action Plans. Make sure to include at least some key morbidity and mortality indicators.

The following table assesses the [county name] [year] SOTCH report according to health department accreditation standards and state requirements:

Accreditation	Consolidated Agreement	Met	Not Met	Comments
Activity 1.2 LHD shall update CHA with an annual interim State of the County's Health Report annually. The report shall:				
<ul style="list-style-type: none"> Demonstrate that the LHD is tracking priority issues identified in CHA 	<ul style="list-style-type: none"> List the health concerns selected as priorities 			
	<ul style="list-style-type: none"> State progress made in the last year on the selected priorities 			
	<ul style="list-style-type: none"> Review any changes in the data that guided the selection of priorities 			
<ul style="list-style-type: none"> Identify emerging issues 	<ul style="list-style-type: none"> Include new and emerging issues that affect community's health status 			
	<ul style="list-style-type: none"> Review major morbidity and mortality data for the county (annual review of county level data book on SCHS website) 			
<ul style="list-style-type: none"> Identify new initiatives 	<ul style="list-style-type: none"> Include any other changes in your county that affect health concerns (such as economic or political changes, new funds or grants) 			

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