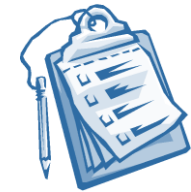




Community Health Improvement Plan Checklist

NC Local Health Department Accreditation



CHA/CHNA Year:

Local Health Department:

		Intent: The health department, in cooperation with both community leaders and providers, is to develop a plan to meet the unmet needs. The needs may be met by community providers or the health department.	Met ✓	Not Met (X)	CAP Needed (Yes/No)
	<p>Benchmark 22: Agency Healthcare Services - The local health department shall serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.</p> <p>Activity 22.1: When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.</p>	<p>Guidance: As documentation for this activity, the Community Health Improvement Plans (CHIPs) from the most recent CHA are used to demonstrate how the health department will address unmet needs. As a part of the CHA, unmet health care needs should be assessed and/or analyzed. This information will become part of the basis on which to develop a plan on how to meet these needs. CHIPs can include a newly developed plan that is not yet fully implemented. If the CHIPs are new, evidence of implementation within the year due can be provided as evidence if available or evidence from implementation of CHIPs generated from the previous CHA can be provided.</p>			
	The Community Health Improvement Plans will be:				
A.	<ul style="list-style-type: none"> on the form provided by NCDPH 	Yes/No			
B.	<ul style="list-style-type: none"> from identified priorities of the community health assessment 	Page/s:			
C.	<ul style="list-style-type: none"> targeted to identified at-risk groups 	Page/s:			

D.	<ul style="list-style-type: none"> aligned with Healthy N.C. 2020 objectives 	Page/s:			
E.	<ul style="list-style-type: none"> reflective of multilevel interventions 	Page/s:			
Additional Comments					



Community Health Improvement Plan Checklist NC DHHS/DPH: Consolidated Agreement



CA-FY18 CA-FY19	Community Health Improvement Plans (CHIPs) no later than six months after the completion of the comprehensive community health assessment (CHA). The CHIPs are due by the first Monday in September following the year of assessment.	Date received:			
10. b. 1	CHIP is written for each of two prioritized health problems.	Name of two priorities:			
10. b. 2	One CHIP can be short term in nature (focus for 1-3 years)	Name, if applicable:			
10. b. 2	Second CHIP must be long term (focus for 5-10 years)	Name:			
10. b. 3	Each CHIP should use best evidence interventions targeting health behaviors, the physical environment, social and economic factors, and/or clinical care.	Comments:			
10. b. 4	Long-term CHIP must be represented in either the CDC 6/18 Initiative, HI- 5 Interventions, be one of the 13 Healthy North Carolina 2020 (HNC 2020) focus areas or in other evidence-based health status indicators.	See alignment			
10. b. 5	Long-term CHIP should include short-term and long-term interventions with a goal of improving population health indicators (morbidity and mortality).	See measures			
10. b. 6	Long-term CHIP could potentially persist for several CHA cycles. Is this a continuing CHIP? With each CHA cycle, the CHIP must be updated to demonstrate that health problem persists and continues to be a priority, and	Yes/No			
	<ul style="list-style-type: none"> current interventions are effective and/or 				

	<ul style="list-style-type: none"> • new interventions are needed, and/or 				
	<ul style="list-style-type: none"> • interventions need to be expanded to a new target population 				
10. b. 7	CHIPs shall include a plan for staffing, training, implementation, monitoring, evaluating, and sustaining.	Comments:			
13.	Refer to CHA tools at https://publichealth.nc.gov/lhd/				
Additional Comments:					
OFFICE USE ONLY: Date of Review: Date of letter stating SOTCH meets content requirements: Date of letter stating that CAP(s) have been accepted: Reviewer(s): Date marked complete (filings/review/submission/emails verified):					