

Division of Public Health

Agreement Addendum

FY 19-20

Chatham County Public Health Department
Local Health Department Legal Name

North Carolina Office of
 Minority Health and Health Disparities
DPH Section / Branch Name

474 CLAS Standards Advancing Health Equity
Activity Number and Description

Tanya Bass, 919-707-5043,
 tanya.bass@dhhs.nc.gov
DPH Program Contact
 (name, phone number, and email)

06/01/2019 – 05/31/2020
Service Period

DPH Program Signature **Date**
 (only required for a negotiable agreement addendum)

07/01/2019 – 06/30/2020
Payment Period

- Original Agreement Addendum**
 Agreement Addendum Revision # _____

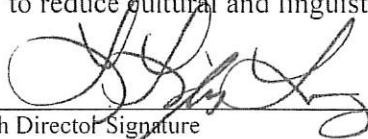
I. Background:

The goal of the North Carolina Office of Minority Health and Health Disparities (NC OMHHD) Culturally and Linguistically Appropriate Services Training Program is to provide training for agencies and programs to increase cultural and linguistic competence through the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

North Carolina ranks in the bottom third in terms of life expectancy in the United States. In 2017, it was ranked 37 out of 50 states and the District of Columbia. In fact, over the past two decades, North Carolina has ranked in, or close to, the bottom third of all states for many major health indicators, including obesity, smoking, premature death, infant mortality, and cardiovascular death.

Based on the most recent state data (2016), the leading causes of death for minorities in North Carolina are cardiovascular disease, cancer, and diabetes. Communities of color were 9.4 times more likely to die from HIV, 2.4 times more likely to die from diabetes, and 1.2 times more likely to die from cancer (State Center for Health Statistics, NC DHHS). According to the Robert Wood Johnson Foundation (2017), if all residents of North Carolina had the same health opportunities there may be fewer adults with diabetes and other chronic illness, fewer uninsured and fewer deaths due to preventable diseases and conditions.

NC OMHHD is working throughout the state to bridge the health status gap between racial/ethnic minorities and the general population, and advocates for policies and programs that improve access to public health services for underserved populations. The evidence-based CLAS Training Program seeks to reduce cultural and linguistic barriers to care by providing local health departments (LHDs), tribal


 Health Director Signature (use blue ink)

3-7-19
 Date

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: <u>Michael Sulik</u>	
	Phone number with area code: <u>(919) 545-8466</u>	
	Email address: <u>Michael.Sulik@chathamnc.org</u>	

Signature on this page signifies you have read and accepted all pages of this document.

governments, health care organizations, Division of Public Health (DPH) staff, community-based and faith-based organizations, and policy makers with the training, skills, information and resources needed to address the changing demographics and health care needs of North Carolinians.

To improve delivery of services, NC OMHHD efforts for culturally and linguistically appropriate services has implemented the program in 10 LHDs and will expand it by approximately 10 LHDs per year, spreading this best practice to all 84 LHDs over a five- to eight-year timeframe. The adoption and execution of the National CLAS Standards by LHDs will also align with state and national public health accreditation standards.

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Reference: <https://www.thinkculturalhealth.hhs.gov/clas/standards> (Office of Minority Health, 2004)

II. Purpose:

This Agreement Addendum outlines the essential steps that the Local Health Department must take in order to become familiar with, adopt, implement, and assess itself against the National CLAS Standards. This Activity enables the Local Health Department to implement the National CLAS Standards and improve health equity. The expected outcome is that the Local Health Department will provide all its clients with culturally and linguistically appropriate services to improve equity and eliminate health care disparities.

III. Scope of Work and Deliverables:

The Local Health Department shall:

1. **Implement the 15 CLAS Standards** by working collaboratively with internal and external partners to help organizations and other local health departments understand the role of delivering services to customers in a culturally and linguistically competent way.
2. **Identify a Local Health Department designee** to serve as the primary contact and implementation of the CLAS program. The designee will plan and coordinate meetings, support assessment and data review activities and reports, and other activities related to the CLAS program. **(CLAS standards 1-4)**
3. **Convene and maintain a health equity workgroup, committee or advisory council** which shall be responsible for advising and assisting Local Health Department staff to provide high quality services to participants, reviewing proposed policy and support assessments to ensure appropriateness for the community, review materials and signage, and actively promote CLAS and health equity in the community. **(CLAS standards 1-4; 13-15)**
 - a. This group will consist of the staff from the Local Health Department including the Local Health Director or appointee, a health educator, a social worker, a nurse, an administrative staff, and translation/interpreter staff; additional members should include but are not limited to members representing at least seven community agencies (such as public school system, college or university, hospital, Department of Social Services, Cooperative Extension, mental health services, transportation services, food bank/food agencies, other local businesses and local health agencies).
 - b. The group shall meet at least every month.
4. **Submit a plan and budget** that demonstrates partnership with the existing health access infrastructures in the Local Health Department's service area (e.g., CBO, FBO, CCNC networks, hospitals, FQHC, Rural Health Centers, Farmworker programs, and Indian Health Services) and members of the health equity workgroup, committee or advisory council to the NC OMHHD's DPH Program Contact by 5:00 pm on July 31, 2019. **(CLAS Standard 1)**
 - a. The plan shall identify community partners who will assist the Local Health Department with advancing health equity, address the social determinants of health, reduction of health disparities and implementation of the CLAS standards.
 - b. The plan will include two clear objectives for the inclusion and implementation of the CLAS standards.
 - c. The plan will list a timeline of steps through May 31, 2020, toward meeting two health equity specific objectives.

- d. The plan must include coordination of a community forum or discussion of program activities.
5. Ensure that a minimum of 20% of the Local Health Department staff and all members of the health equity workgroup, committee or advisory council participate in mandatory meetings and training sessions provided by the NC OMHHD, including but not limited to a minimum of 8 hours of training on the following topics (**CLAS Standard 1-4**):
 - a. An Introduction to Culturally and Linguistically Appropriate Services (CLAS)
 - b. Health Equity in Context
 - c. Understanding the Social Determinants of Health
 6. Ensure that a minimum of 15% of the Local Health Department staff and all members of the health equity workgroup, committee or advisory council, and all newly hired Local Health Department staff participate in external training sessions, supported by the NC OMHHD funding, including but not limited to (**CLAS Standard 1-4**):
 - a. At least one of the following:
 1. The Racial Equity Institute (REI) Racial Equity Workshop Phase I, Phase II, Groundwater presentation, Latino Challenges Workshop.
 2. A customized training provided by REI.
 3. Training provided by OpenSource Leadership Strategies, an agency that addresses the leadership and organization development needs across the nation and globe.
 4. Trainings provided by the Government Alliance on Race and Equity (GARE), a national network of government entities working to achieve racial equity and advance opportunities for all.
 5. Trainings provided by the Transgender Training Institute.
 6. Trainings provided by the SisterSong, Women of Color Reproductive Justice Collective.
 7. Trainings provided by Social Designs Consulting.
 8. Trainings provided by AccessMatters including: Diversity and Equity, Transgender and Genderfluid Cultural Competency, LGBTQ Health Disparities, and LGBTQ Cultural Competency.
 - b. Health equity, racial equity, social justice, reproductive justice, inclusion intellectual developmental disabilities, and cultural competency training sessions identified by the health equity workgroup, committee or advisory council, that are “approved” by NC OMHHD.
 7. **Collect, review, assess, and report CLAS-related patient/client data** according to the federal DHHS Office of Minority Health’s recommendations and to Section 4302 of the Affordable Care Act recommendation about national data collection efforts. This shall include information on race, primary language, ethnicity, disability status, gender identity and DHHS-recommended data. When available, it shall also include religion, education, mobility needs, income, sexual orientation, occupation, gender identity and expression, family size and relationships. (**CLAS Standard 10-15**)
 - a. Ensure the Local Health Department designee will work with the health equity workgroup, committee or advisory council to complete the Agency CLAS Assessment and collect the data.
 - b. Ensure the Local Health Department designee will develop a summarized report to be submitted electronically to the NC OMHHD DPH Program Contact by May 31, 2020.
 8. **Conduct CLAS-related assessments** to include the individual assessment, the agency assessment and the Health Equity Impact Assessment (HEIA), provide a summary report for each assessment to the NC OMHHD, and share findings with the local community as needed. (**CLAS Standard 9-15**). Ensure the Local Health Department designee will:

- a. Coordinate the completion of the Individual Assessment through the Cultural Competency Survey, collect the data, and develop a summarized report to be submitted electronically to the NC OMHHD's DPH Program Contact by May 31, 2020.
 - b. Work with the health equity workgroup, committee or advisory council to complete the Agency CLAS Assessment, collect the data, and develop a summarized in a report to be submitted electronically to the NC OMHHD's DPH Program Contact by May 31, 2020.
 - c. Work with the health equity workgroup, committee or advisory council to complete the Health Equity Impact Assessment (HEIA) related to two specific policies, programs, or services included in the initial project plan. The HEIA's data will be summarized in a report submitted electronically to the NC OMHHD's DPH Program Contact by May 31, 2020.
 - d. Submit an interim summary program progress report by April 15, 2020 and a final report by June 28, 2020 to the DPH Program Contact. A template will be provided by the NC OMHHD. The reports shall include:
 1. CLAS-related demographic data summary report
 2. Cultural Competency Survey data summary report
 3. HEIA data summary report
 4. Information regarding program measures, outcomes, challenges, and strategies for program success.
9. **Establish a materials review team** which shall be responsible for advising and assisting Local Health Department staff to assess the needs for and provide high quality, easy to understand print, multimedia materials and signage in languages used by the service area. This includes ensuring access to language services, translation of materials, use of interpreters for languages including American Sign Language (ASL), and review of literacy levels of materials for low literacy clients. The team will review a minimum of two educational and promotional materials developed by the local health department to ensure appropriateness for the community. **(CLAS Standard 5-8)**

IV. Performance Measures/Reporting Requirements:

The Local Health Department shall:

1. Identify a staff designee to serve as the primary contact for the implementation of the CLAS program.
 - a. The health director will serve as coordinator of the program or appoint a staff designee.
 - b. The designee name, position and email address will be submitted by July 31, 2019 and will communicate directly with the NC OMHHD's DPH Program Contact.
 - c. The designee will submit a plan that demonstrates partnership with the existing health access infrastructures in the local area with members of the health equity workgroup, committee or advisory council to the NC OMHHD's DPH Program Contact by 5:00 pm on July 31, 2019. The plan shall identify community partners who will assist the lead agency with advancing health equity and implementing the CLAS Standards. The plan will detail steps and actions to meet two clear objectives for the inclusion and implementation of the CLAS standards.
2. Prepare a membership roster and conduct monthly meetings of the health equity workgroup, committee or advisory council. The membership roster is to include names, agency and position of all members and is to be provided by July 31, 2019.
 - a. Representatives must be from the Local Health Department including the Local Health Director or a designee, a health educator, social worker, nurse, an administrative staff and translation/interpreter staff.

- b. Representation must be from at least seven community agencies (such as public school system, college or university, hospital, Department of Social Services, Cooperative Extension, mental health services, transportation services, food bank/food agencies, other local businesses and local health agencies).
 - c. Conduct a meeting every month and record minutes for each meeting, including attendance. Submit the minutes electronically to the NC OMHHD contact within 15 days of each meeting.
3. Agency staff and members of the health equity workgroup, committee or advisory council will participate in mandatory meetings and training sessions sponsored by NC OMHHD.
 - a. At least 30% of the agency staff and all members of the health equity workgroup, committee or advisory council participate in mandatory meetings and training sessions sponsored by NC OMHHD.
 - b. At least 30% of the agency staff and all members of the health equity workgroup, committee or advisory council will participate in a minimum of 16 hours of CLAS trainings provided by the North Carolina Office of Minority Health and Health Disparities.
 - c. Record attendance and submit sign-in sheets electronically after each session to the NC OMHHD contact within 15 days of each meeting.
 - d. Complete registration and follow-up evaluations as provided by the NC OMHHD.
 4. Agency staff and all newly hired staff will participate in external training sessions supported by the NC OMHHD funding.
 - a. At least 30% of the agency staff and all members of the health equity workgroup, committee or advisory council, limited will participate in the approved trainings and conferences.
 - b. Record attendance/registrations and submit sign-in sheet or list of registrants/participants electronically after each training or conference to the NC OMHHD DPH Program Contact within 15 days of each meeting.
 - c. Complete registration and follow up evaluations as provided by the NC OMHHD.
 5. Administer, summarize and report the data from the CLAS and health equity assessments provided by the NC OMHHD, to identify areas that need improvement to advance health equity.
 - a. The designee will work with Local Health Department staff to collect, assess and summarize CLAS-related data to include information on race, primary language, ethnicity, disability status, gender identity, and DHHS-recommended data. When available, collected data shall also include religion, education, mobility needs, income, sexual orientation, occupation, gender identity and expression, family size, and relationships. Data will be summarized in a report submitted to the NC OMHHD by May 31, 2020.
 - b. The designee will work with the health equity workgroup, committee or advisory council to complete the Agency CLAS Assessment; its data will be summarized in a report submitted electronically to the DPH Program Contact by January 31, 2020.
 - c. Local Health Department staff will complete the Individual Assessment through the Cultural Competency Survey; its data will be summarized in a report submitted electronically to the DPH Program Contact by January 31, 2020.
 - d. The designee will work with the health equity workgroup, committee or advisory council to complete the Health Equity Impact Assessment (HEIA) related to two specific policies, programs, or services included in the initial project plan; its data will be summarized in a report submitted electronically to the NC OMHHD DPH Program Contact by May 31, 2020.

- e. The designee will submit an interim summary progress report by January 15, 2020 and a final report by June 28, 2020 to the NC OMHHD's DPH Program Contact. A template will be provided by the NC OMHHD. These reports shall include:
 1. CLAS-related demographic data strategies
 2. Cultural Competency Survey data summary
 3. HEIA data summary
 - f. The designee will work with the health equity workgroup, committee or advisory council to communicate, summarized in a report for the community, using infographics or other presentation methods during a community forum.
6. Coordinate and implement a minimum of one community training on health equity and CLAS information by May 31, 2020.
 - a. Create and distribute a marketing flyer or an invitation for community members and submit it electronically to the NC OMHHD's DPH Program Contact within two weeks prior to the event date.
 - b. Submit a final report of the community forum or discussion by June 28, 2020 to the NC OMHHD's DPH Program Contact. A template will be provided by the NC OMHHD. This report shall include:
 1. Number of attendees
 2. Strategies developed
 3. Agenda, and
 4. Summarized action steps and training evaluations
 7. Conduct one community forum or community discussion on health equity, presentation of CLAS-related data and other local data by May 31, 2020.
 - a. Create and distribute a marketing flyer or an invitation for community members and submit it electronically to the NC OMHHD's DPH Program Contact within two weeks prior to the event date.
 - b. Submit a final report of the community forum or discussion by June 28, 2020 to the NC OMHHD DPH Program Contact. A template will be provided by the NC OMHHD. This report shall include:
 1. Number of attendees
 2. Strategies developed
 3. Agenda, and
 4. Summarized action steps
 8. Share progress with the community and Local Health Department staff through social media, printed materials, newsletters, emails, presentations and website postings; submit all documents and website links electronically to NC OMHHD's DPH Program Contact by June 28, 2020.
 9. Provide a roster of Local Health Department staff serving on the materials review team to include names and positions.
 - a. Materials developed, and services implemented to increase access to language services, translation of materials, use of interpreters for languages including American Sign Language (ASL) will be logged and submitted electronically to the NC OMHHD's DPH Program Contact.

- b. Materials will be reviewed for literacy levels for low literacy clients. A minimum of two educational and promotional materials reviewed will be send to the NC OMHHD's DPH Program Contact electronically.
- c. The review team which provide quarterly updates to the health equity workgroup, committee or advisory council to ensure the provision of high quality, easy to understand print, multimedia material, forms and signage in languages used by the service area.

V. **Performance Monitoring and Quality Assurance:**

The NC OMHHD will monitor the Local Health Department by conducting site visits and audits (minimum of one per year) and reviewing the required reports to determine if program deliverables are being met. The Local Health Department will be visited at least once during the service period of this Agreement Addendum.

The NC OMHHD's DPH Program Contact shall monitor the completion of all deliverables specified in Section III and all performance measures specified in Section IV of this Agreement Addendum by reviewing the reported program data and summary reports. The site visit shall include a review of Local Health Department programmatic policies, fiscal policies, records. The NC OMHHD's DPH Program Contact will attend at least one meeting of the health equity workgroup, committee or advisory council, and shall conduct additional monitoring and technical assistance via ongoing communication by phone and email.

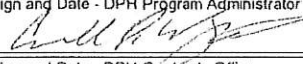
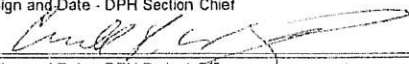
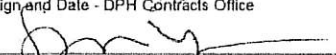
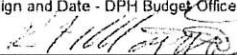
If deliverables are not being met, the NC OMHHD will request a written response from the Local Health Department that documents the barriers that are preventing the Local Health Department from meeting the deliverables. If the Local Health Department is deemed out of compliance, the NC OMHHD shall provide technical assistance and funds may be withheld until the Local Health Department is back in compliance with deliverables. If technical assistance does not prove beneficial, the Agreement Addendum may then be terminated. Funds will be re-allocated if milestones included in implementation plan are not achieved in a reasonable timeframe.



VI. **Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with 2 *CFR* §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. The Local Health Department shall submit Itemization Reports on a monthly basis by email to the NC OMHHD's DPH Program Contact no later than the tenth day of the following month.

Activity 474	AA	1262 4181 00	Proposed Total	New Total
Service Period		06/01-05/31		
Payment Period		07/01-06/30		
01 Alamance		0	0	0
D1 Albemarle		0	0	0
02 Alexander		0	0	0
04 Anson		0	0	0
D2 Appalachian		0	0	0
07 Beaufort		0	0	0
09 Bladen		0	0	0
10 Brunswick		0	0	0
11 Buncombe		0	0	0
12 Burke		0	0	0
13 Cabarrus		0	0	0
14 Caldwell		0	0	20,000
16 Carteret		0	0	0
17 Caswell		0	0	0
18 Catawba		0	0	0
19 Chatham		0	0	20,000
20 Cherokee		0	0	0
22 Clay		0	0	0
23 Cleveland		0	0	0
24 Columbus		0	0	20,000
25 Craven		0	0	0
26 Cumberland		0	0	0
28 Dare		0	0	0
29 Davidson		0	0	0
30 Davie		0	0	0
31 Duplin		0	0	0
32 Durham		0	0	20,000
33 Edgecombe		0	0	0
34 Forsyth		0	0	0
35 Franklin		0	0	0
36 Gaston		0	0	20,000
38 Graham		0	0	0
D3 Gran-Vance		0	0	0
40 Greene		0	0	0
41 Guilford		0	0	0
42 Halifax		0	0	0
43 Harnett		0	0	0
44 Haywood		0	0	0
45 Henderson		0	0	0
46 Hertford		0	0	0
47 Hoke		0	0	20,000
48 Hyde		0	0	0
49 Iredell		0	0	0
50 Jackson		0	0	0
51 Johnston		0	0	0
52 Jones		0	0	0
53 Lee		0	0	0
54 Lenoir		0	0	0
55 Lincoln		0	0	0
56 Macon		0	0	0
57 Madison		0	0	0
D4 M-T-W		0	0	0
60 Mecklenburg		0	0	0
62 Montgomery		0	0	0
63 Moore		0	0	0
64 Nash		0	0	0
65 New Hanover		0	0	0
66 Northampton		0	0	0
67 Onslow		0	0	20,000
68 Orange		0	0	20,000

69 Pamlico		0	0	0
71 Pender		0	0	0
73 Person		0	0	0
74 Pitt		0	0	0
76 Randolph		0	0	0
77 Richmond		0	0	0
78 Robeson		0	0	0
79 Rockingham		0	0	0
80 Rowan		0	0	0
D5 R-P-M		0	0	0
82 Sampson		0	0	0
83 Scotland		0	0	20,000
84 Stanly		0	0	0
85 Stokes		0	0	0
86 Surry		0	0	0
87 Swain		0	0	0
D6 Toe River		0	0	0
88 Transylvania		0	0	0
90 Union		0	0	20,000
92 Wake		0	0	0
93 Warren		0	0	0
96 Wayne		0	0	0
97 Wilkes		0	0	0
98 Wilson		0	0	0
99 Yadkin		0	0	0
Totals		0	0	200,000

Sign and Date - DPH Program Administrator 	Sign and Date - DPH Section Chief 
Sign and Date - DPH Contracts Office  11/28/19	Sign and Date - DPH Budget Officer  11/29/19

 11/29/19
 11/3/19

190
11/29/19