

## **Community Health Assessment Related Accreditation Benchmarks for Local Health Departments**

**Benchmark 1- Activities 1.1 and 1.2 are the only activities that are reviewed regarding CHA and SOTCH. However the rest of the selected Benchmarks below are either connected to or may be related to the CHA process and reviewed solely by the Accreditation Team.**

**STANDARD: AGENCY CORE FUNCTIONS AND ESSENTIAL SERVICES**

**FUNCTION: ASSESSMENT**

**ESSENTIAL SERVICE 1: Monitor health status to identify community health problems.**

**Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments.**

**Activity 1.1:** The local health department shall conduct a comprehensive community health assessment every 48 months. The community health assessment must fulfill each of the following requirements:

- Provide evidence of community collaboration in planning and conducting the assessment.
- Reflect the demographic profile of the population.
- Describe socioeconomic, educational and environmental factors that affect health.
- Assemble and analyze secondary data (collected by someone other than the health department) to describe the health status of the community.
- Collect and analyze primary data (collected by the health department) to describe the health status of the community.
- Compile and analyze trend data to describe changes in community health status and in factors affecting health.
- Use scientific methods for collecting and analyzing data.
- Identify population groups at risk for health problems
- Identify existing and needed health resources.
- Compare selected local data with data from other jurisdictions (e.g., local to state, local to local).
- Identify leading community health problems.

**Documentation:** Copy of Community Health Assessment (CHA) conducted within the last 48 months AND letter from NC Division of Public Health stating CHA meets content requirements described above. If applicable, a letter from DPH stating that Corrective Action Plan (CAP) has been accepted.

**Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments.**

**Activity 1.2:** The local health department shall update the community health assessment with an interim "State of the County's Health" report (or equivalent) annually. The report shall demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.

**Documentation:** Copy of State of the County's Health (SOTCH) report, dated within the past 12 months AND letter of SOTCH receipt by NC Division of Public Health If the Community Health Assessment was completed within the past 12 months, the SOTCH must be dated within the past 24 months.

**Re-Accreditation Documentation:** Since the previous site visit, provide copies of the three State of the County's Health (SOTCH) reports produced AND the three letters of SOTCH acceptance from the NC Division of Public Health.

**Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments.**

**Activity 1.3:** The local health department shall disseminate results of the most recent community health assessment and “State of the County’s Health” report to the local health department’s stakeholders, community partners and the general population.

**Documentation:** Evidence of CHA AND State of the County’s Health report (SOTCH) dissemination efforts by at least two methods (e.g., website, newsletters, news releases, meeting minutes describing a presentation) directed to stakeholders/community partners AND to the general population.

**There will be 8 pieces of evidence:**

- CHA – Stakeholders – 2 methods
- SOTCH – Stakeholders – 2 methods
- CHA – General Population – 2 methods
- SOTCH – General Population – 2 methods

**STANDARD: AGENCY CORE FUNCTIONS AND ESSENTIAL SERVICES**

**FUNCTION: POLICY DEVELOPMENT**

**ESSENTIAL SERVICE 4: Mobilize community partnerships to identify and solve health problems.**

**Benchmark 11: The local health department shall convene key constituents and community partners to identify, analyze, and prioritize community health problems/issues.**

**Activity 11.1:** The local health department shall participate in a collaborative community steering committee to identify health issues and needs.

**Documentation:** Steering Committee membership list AND one of the following: meeting minutes, action plan, or report from steering committee demonstrating the local health department’s role.

**Benchmark 11: The local health department shall convene key constituents and community partners to identify, analyze, and prioritize community health problems/issues.**

**Activity 11.2:** The local health department shall involve community members in assessing, setting priorities and establishing desired outcomes for addressing community health issues and needs.

**Documentation:** One of the following: Recommendations from community survey, focus group, or other community forum; meeting minutes or committee reports reflecting community input.

**Benchmark 12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.**

**Activity 12.1:** The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.

**Documentation:** One of the following: Evidence of a current collaborative intervention, minutes of collaboration meeting reflecting discussion of strategies, or written report citing collaboration’s consideration of strategies.

**Re-Accreditation Documentation:** One of the following: Evidence of a current collaborative process, minutes of collaboration meeting reflecting discussion of strategies, or written report citing collaboration’s consideration of strategies AND evidence of implementation of strategies for which the health department is responsible.

**Benchmark 12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.**

**Activity 12.3:** The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.

**Documentation:** One of the following: meeting minutes, media release, program report, brochure, program materials, web site, reports to grantors that indicate evidence of collaboration in the implementation of a program.

**Benchmark 13: The local health department shall identify and build upon community assets and direct them toward resolving health problems.**

**Activity 13.1:** The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.

**Documentation:** Documentation of two targeted outreach and training activities with community partners, e.g. meeting minutes, description of grassroots development activity; evidence of local health department's participation on external committee, coalition, or community board demonstrating efforts to increase awareness of public health.

**STANDARD: AGENCY CORE FUNCTIONS AND ESSENTIAL SERVICES**

**FUNCTION: ASSURANCE**

**ESSENTIAL SERVICE 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**

**Benchmark 19: The local health department shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.**

**Activity 19.1:** The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process.

**Documentation:** Data on utilization of agency services by underserved, at-risk and vulnerable populations AND one of the following relating to utilization rates for that same population: communications with health care providers, minutes of health access task force meetings, or community care network meetings.

**Re-Accreditation Documentation:** Data on utilization of agency services by underserved, at-risk and vulnerable populations, AND evidence of annual review of utilization data.

**Benchmark 21: The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.**

**Activity 21.1:** The local health department shall make available to the general public a current, comprehensive list of community health and wellness resources.

**Documentation:** Copy of current resource list or directory AND policy or mechanism for dissemination of list AND examples of dissemination of list (e.g., website, brochures, flyers, media reports).

**Benchmark 22: 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.**

**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.

**Documentation:** Community Action Plans from most recent Community Health Assessment (CHA).

**Re-Accreditation Documentation:** Community Action Plans from most recent Community Health Assessment (CHA) AND evidence of implementation and results of community action plans. Community Action Plans can include a newly developed plan that is not yet fully implemented. If the community action plans are new, there should be some evidence of implementation by November 1st of the year due. If plans are less than one year, provide results from Community Actions Plans from previous CHA.

#### **STANDARD: GOVERNANCE**

**Benchmark 38: The local board of health shall participate in the establishment of public health goals and objectives.**

**Activity 38.1:** The local board of health shall annually review reports provided by the local health department on the community's health.

**Documentation:**

Minutes reflecting board of health's review of annual reports related to the community's health.

**Activity 38.2:** The local board of health shall review community health assessment data and citizen input used to plan and monitor progress toward health-related goals.

**Documentation:** Board of health minutes reflecting discussion of specific aspects of Community Health Assessment (CHA) data AND the approval of action plans to address health related goals.

**Activity 38.3:** The local board of health shall assure that individuals, agencies, and organizations have the opportunity to participate in the development of goals, objectives and strategies for community health improvement.

**Documentation:**

Board of health policy regarding public participation in the development of goals, objectives and strategies for community health improvement AND board of health minutes reflecting that public participation occurred or agenda indicating allocated time to encourage public participation.

**Refer to the full Health Department Self-Assessment Instrument (HDSAI) Interpretation Document for detailed information. Version 4.2  
Effective May 20, 2011**

[http://nciph.sph.unc.edu/accred/health\\_depts/materials/HDSAIInterpretation06-15-11.pdf](http://nciph.sph.unc.edu/accred/health_depts/materials/HDSAIInterpretation06-15-11.pdf)