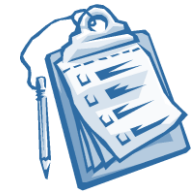




Community Health Assessment Checklist NC Local Health Department Accreditation



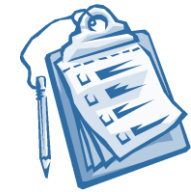
CHA/CHNA Year:

Local Health Department:

| | Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments | Intent: The CHA report is the primary source of information used by the LHD in developing its strategic plan and in guiding new programs and services. | Met ✓ | Not Met (X) | CAP Needed (Yes/No) |
|-----------------------------|--|---|-----------------|-----------------------|-------------------------------|
| 1.1 | Conducted at least every 4 years (48 months) | Previous CHA/CHNA: | | | |
| 1.1 a | Provide evidence of community collaboration in planning and conducting the assessment | Page/s: | | | |
| 1.1 b | Reflect the demographic profile of population | Page/s: | | | |
| 1.1 c | Describe socioeconomic, educational and environmental factors that affect health | Page/s: | | | |
| 1.1 d | Assemble and analyze secondary data (collected by someone other than the health department) to describe the health status of the community. | Page/s: | | | |
| 1.1 e | Collect and analyze primary data (collected by the health department) to describe the health status of the community. | Page/s: | | | |
| 1.1 f | Compile and analyze trend data to describe changes in community health status and in factors affecting health. | Page/s: | | | |
| 1.1 g | Use scientific methods for collecting and analyzing data | Page/s: | | | |
| 1.1 h | Identify population groups at risk for health problems | Page/s: | | | |
| 1.1 i | Identify existing and needed health resources. | Page/s: | | | |
| 1.1 j | Compare selected local data with data from other jurisdictions (e.g., local to state, local to local). | Page/s: | | | |
| 1.1 k | Identify leading community health problems. | Page/s: | | | |
| Additional Comments: | | | | | |



Community Health Assessment Checklist NC DHHS/DPH: Consolidated Agreement



| | | | | | |
|--------------------|--|-----------------------|--|--|--|
| CA-FY18 CA-FY19 | The Department shall provide to the Local Technical Assessment and Training Branch Head or designee: | | | | |
| 10. a | Comprehensive community health assessment (CHA) at least every four years, for each county or health district | Previous CHA/CHNA: | | | |
| 10. a | CHA should be a collaborative effort with local partners inclusive of hospitals, businesses, community partners, and the local Healthy Carolinians Partnership (if such exists) | Page/s: | | | |
| 10. a | Collection and analysis of primary data at the county and district level (if such exists), secondary data from the State Center for Health Statistics (SCHS) and other sources | Page/s: | | | |
| 10. a | Assessment and analysis of community resources | Page/s: | | | |
| 10. a | Identify a list of community health problems based on the assessment | Page/s: | | | |
| 10. a | Each identified problem shall be prioritized and described in the narrative. | Page/s: | | | |
| 10. a | CHA will include data analysis of those indicators listed in the Accreditation Self-Assessment Inventory, Benchmark 1, Activity 1.1. | Page/s: | | | |
| 10. a | CHA is due on the first Monday in March following the year of assessment | Date received: | | | |
| 12. | Requests variances in submission of documents 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) cha.sotch@dhhs.nc.gov | Date of request: | | | |
| 13. | Refer to CHA tools at https://publichealth.nc.gov/lhd/ | | | | |
| DPH Website | Executive Summary | Page/s: | | | |
| | Documentation | Style: | | | |

OFFICE USE ONLY:

Date of Review:

Date of letter stating CHA meets content requirements:

Date of letter stating that CAP(s) have been accepted:

Reviewer(s):

Date marked complete (filings/review/submission/emails verified):