PHAB Requirements Checklist: Community Health Assessment

Purpose: The community health assessment (CHA) helps health departments learn about the health status of the population it serves. In addition to describing the health status of the population, CHAs identify areas for health improvement, determine factors that impact health outcomes, and identify assets and resources that can be mobilized to address population health improvement. The CHA will be used as the basis for developing the community health improvement plan.

PHAB requires evidence of the following:

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| **Process** | | |
| **Yes?** | **Requirements – Does the health department provide…** | **Notes/Recommendations** |
|  | The CHA development process included partners outside the health department that represent state/Tribal/community populations and health challenges.  Sectors to be included, as appropriate: local government, for-profits, not-for-profits, community foundations and philanthropists, voluntary organizations, health care providers (including hospitals), academia, other health departments located in the health department’s jurisdiction (state, Tribal, or local), and military installations located in the health department’s jurisdiction.  There should be evidence that two or more populations that are at higher health risk or have poorer health outcomes are represented in the partnership.  Documentation could be a membership list and meeting attendance records |  |
|  | Documentation that the partnership meets and communicates on a regular basis to consider new data sources, review newly collected data, consider assets and resources that are changing, and conduct additional data analysis.  Documentation could be meeting agendas, meeting minutes, and copies of emails. Documentation could also be reports or other documents that show meeting frequency. |  |
|  | Documentation of the collaborative process used to identify and collect data and information, identify health issues, and identify existing assets and resources to address health issues. (i.e. MAPP, ACHI CHA Toolkit, etc.) |  |

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| **CHA** | | |
| **Yes?** | **Requirements – Does the CHA include…** |  |
|  | CHA is dated within the last 5 years. Date must include the month and the year. |  |
|  | Data and information from various sources, including evidence that comprehensive, broad-based data and information from a variety of sources were used to contribute to the health assessment. Information on how data were obtained must also be included. |  |
|  | Utilizes both qualitative and quantitative data. |  |
|  | Includes both primary and secondary data. |  |
|  | Description of the demographics of the population served by the health department.  For example: gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, immigration status, sexual orientation, etc. |  |
|  | Description of health issues and specific descriptions of population groups with particular health issues and inequities. Should be based on the analyses of data described in the CHA.  Must address the existence and extent of health inequities between and among specific populations or areas of the state/community: populations with an inequitable share of poor health outcomes must be identified. |  |
|  | Description of factors that contribute to the populations’ health challenges, including, for example: behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies, injury, maternal and child health issues, infectious and chronic disease, resource distribution, and the unique characteristics of the community that impact on health status.  Multiple determinants of health, particularly social determinants, must be included. Health disparities and high health-risk populations must be addressed. Factors that contribute to higher health risks and poorer health outcomes in specific populations must be considered. |  |
|  | List or description of existing assets or resources that can be used to address health issues. These must include other sectors. |  |
|  | Documentation that shows the preliminary findings of the assessment were distributed to the community at large and that the community’s input was sought. Examples may include: publication of a summary of the findings in local press with feedback or comment forms, publication on the health department’s web page and website comment form, community/town forums, listening sessions, newsletters, presentations and discussions at other organizations’ meetings, etc.)  Two examples from within the past five years are required. |  |
|  | Documentation of ongoing monitoring, refreshing, and adding data and data analysis, including ongoing monitoring of data regarding populations and/or geographic areas where health inequities and poorer health indicators were identified in the health assessment. Additional data analysis is expected to be neighborhood/community specific in order to understand health inequities and the factors that create them.  Documentation could be reports of data and their analysis, findings from a focus group, meeting minutes where health issues or needs were discussed, reports of open forums, etc.  Documentation of the information gathered and analyzed is required.  Two examples from the previous twelve months are required. If the CHA is two or more years old, then examples must be from two different years. |  |

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| **Accessibility of CHA to agencies, organizations, and the general public (for after the assessment is complete –the following is needed as evidence for PHAB)** | | |
| **Yes** | **Does the health department provide…** | **Notes/Recommendations** |
|  | Two examples of how the health department informs partners, stakeholders, other agencies, associations, and organizations of the availability of the community health assessment  Documentation could be emails to partners and stakeholders providing information on how to access the assessment; announcement in department newsletters; articles in newspapers; digital media, health department tweet or Facebook; public service announcements; or local news announcement. |  |
|  | Two examples of how the CHA results were available and communicated to the public.  Documentation could be: evidence of distribution of the assessment to libraries or the publication of the health assessment on the department’s website. Summaries of findings could be, for example, published in newspapers, outlined in the department’s newsletter, linked to from the department’s Facebook page, or published on the department’s website. |  |