**Table 3. Description of Documentation Used by Health Departments to Meet Accreditation Measures**

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| **Domain 1: Conduct and disseminate assessments focused on population health and public health issues facing the community.** |
| **Standard 1.1: Participate in or conduct a collaborative process resulting in a comprehensive community health assessment.** |
| **Measure** | **Required Documentation** | **City of Nashua, DPHCS** | **Davidson County Health Department** |
| Measure 1.1.1L/T: Participate in or conduct a Tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department. | Participation of representatives of various sectors of the Tribal or local community | A CHA Advisory Board composed of over 25 agencies including the acute care hospitals and social service agencies was established. To plan the CASPER, the Advisory Board created a Health Survey Subcommittee. The acknowledgement section of the CHA outlines the individual partners and the sign-in sheets were collected at meetings.  | A CHA Planning Team (14 members representing 6 agencies/ organizations) and a Healthy Communities Coalition Steering Committee (32 members representing 25 agencies/ organizations were formed. To conduct the CASPER, the Planning Team utilized the Healthy Carolinians Community Health Assessment tool as a template. The appendices of the CHA report list all partners. |
| Regular meetings | The Health Survey Subcommittee met at least three times prior to the survey to coordinate the event. The group met post event to analyze the data and develop an after action report. The subcommittee reported back to the Advisory Board which met monthly. The sign-in sheets, agendas and minutes were documented for all meetings. | The Planning Team met in-person monthly for 3 months and more frequently via conference call to plan the survey and data collection. Afterwards, data was analyzed and presented to the Steering Committee, which also met monthly. Attendance was documented via sign-in sheets. |
| Description of the process used to identify health issues and assets | Healthy People 2020 was used to guide the collaborative process and identify health issues for the CHA. CASPER was incorporated into this process and assisted in the collection of health issues and assets. | Healthy Carolinians Community Health Assessment documents and Healthy North Carolina 2020 focus areas were used to guide the selection of questions for the CHA.  |
| Measure 1.1.2T/L: Complete a Tribal/local community health assessment. | A Tribal or local community health assessment dated within the last five years that includes:Documentation that data and information from various sources contributed to the community health assessment and how the data were obtainedA description of contributing causes of community health issuesA description of existing community or Tribal assets or resources to address health issues | To fulfill the primary data requirement, CASPER and two focus groups were held. The information was incorporated into the CHA with secondary data from state-based or national databases. A list of data sources is included in the CHA.In the survey residents were asked to identify the top health concerns which provide a description of the contributing causes of the community health issues in Nashua.In the survey residents were asked where they obtain health information which enhances the list of assets that residents utilize in the Nashua community.  | To fulfill the primary data requirement, CASPER and six focus groups were held. The information was incorporated into the CHA with secondary data from state-based or national databases. A list of data sources is included in the CHA.In the survey residents were asked to identify the top health problems and the top community issues that have the greatest effect on quality of life in Davidson County. |
| Documentation that the Tribal or local community at large has had an opportunity to review and contribute to the assessment. | A conference was held at a local community college to review the findings of the CHA and to receive input on the data. Data from CASPER was shared at the conference. The presentations, sign-in sheets and the agenda were kept as documentation. | Four community health forums were held at locations across the county to provide residents with an opportunity to share their opinions and inform the CHA priority-setting process. Recruitment materials, sign-in sheets, and agendas were kept as documentation. |