# **The Provider will develop a CHA report which incorporates all of the aspects under Standards 1.1 & 1.2 as required for public health re-accreditation. Must be a professional document for public audiences of print quality.**

An example of a previous CHA can be found online at: <https://hillsborough.floridahealth.gov/programs-and-services/community-health-planning-statistics/improvement-planning/_documents/hillsborough-cha-5-15-2020.pdf>

# Standard 1.1- Participate in a lead or a collaborative process resulting in a comprehensive community health assessment.

**Measure 1.1.1 A: Develop a community health assessment.**

1. **Partner Collaboration**
	* A list of participating partners involved in the CHA Process. (1.1.1. RD1 a)
		+ At least two organizations must represent sectors other than governmental public health.
		+ At least two community members or organizations must represent populations disproportionately affected by conditions that contribute to poorer health outcomes.
	* A description of the process for how partners collaborated in developing the CHA, such as meetings and focus groups. (1.1.1. RD1 b)
2. **Comprehensive Broad-Based Data**
	* The CHA must include data from the following (1.1.1. RD1 c):
		+ Primary data for which collection is conducted, contracted, or overseen by the health department or CHA partnership.
		+ Secondary data from ***two or more different sources.***

Resources: [FLHealthCHARTS health summary](https://www.flhealthcharts.gov/charts/QASpecial.aspx#HS) reports such as County Health Dashboard, County Health Status Summary Profile, County State Profile, Mortality Dashboard, Leading Causes of death Profile, and others.

* + **Demographic Analysis**
		- A description of the demographics of the population served by the health department, which must, at minimum, include (1.1.1. RD1 d):
			* The percent of the population by race and ethnicity.
			* Languages spoken within the jurisdiction.
			* Other demographic characteristics as appropriate for the jurisdiction.

Resources: [Population Dashboard](https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=PopAtlas.PopulationAtlasDASHBOARD)

*Note: The Department is developing a new CHARTS indicator with languages spoken by county with a detailed race breakout, including American Indian, Hawaiian, Asian, etc.*

* + **Health Challenges**
		- A description of health challenges experienced by the population served by the health department based on primary or secondary data collected. This must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following:
			* Health Status
			* Health Behaviors

(1.1.1. RD1 e)

*Resources:*

[*Health Equity Profile*](https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report)*, use of statistics such as rate ratios to illustrate disparities*

*Health behaviors:* [*Behavioral Risk Factor Surveillance Survey*](https://www.flhealthcharts.gov/charts/Brfss.aspx) *Data*

[*Youth Risk Behaviors from the Youth Tobacco Survey*](https://www.flhealthcharts.gov/charts/YouthTobacco.aspx)

* + **Health Equity, which may include Social Determinants of Health**
		- A description of inequities in the factors that contribute to health challenges (required element e) must include social determinants of health or built environment. (1.1.1. RD1 f)

*Resources:* [*Health Equity Profile*](https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=HealthEquity.Report)*, use of statistics such as rate ratios to illustrate disparities*

* + **Community assets and resources**
		- Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.
* A section may be dedicated to assets or resources as a list or narrative, or they may be woven throughout the document.

*Resources: FLHealthCHARTS* [*Health Resources Availability*](https://www.flhealthcharts.gov/charts/HealthResourcesAvailability/default.aspx)

# Standard 1.2- Collect and share data that provide information on conditions of public health importance and on the health status of the population.

**Measure 1.2.1 A: Collect non-surveillance population health data.**

1. **Primary population health data collected for the purpose of further understanding health status in the jurisdiction, including:**
* One example of CHD’s collection of primary quantitative data and reasoning. For example, closed-ended CHA surveys of priority groups (e.g., teenagers and residents of a neighborhood with higher risks of poor health outcomes)
* One example of CHD’s collection of primary qualitative data and reasoning. For example, key informant or group interviews, open-ended survey questions, asset mapping, focus groups, listening groups, etc.
* The collected data must provide information about the health status of the population or the factors contributing to the health status.

**Measure 1.3.1 A: Analyze data and draw public health conclusions.**

1. **Data from multiple sources analyzed with findings shared. Each example must include:**
* At least some data specific to the population served by the health department.
* At least two (2) data sources per example. At least one (1) example will include qualitative data.
* The analytic process used.
* Conclusions drawn from data analysis
* Engagement with external stakeholders about findings.
* One example must include the health department’s governing entity or advisory board.