

Community Health Improvement Planning Annual Review
 Note: Completion of items 1, 2, 3, and 8 are required annually

	A	B	C	D	E	F	G
1	Category	Item #	Criteria	Reference Documents (e.g., rules, policy, statute)	As Evidenced by (supporting documents, findings)	Perf. Level Yes/No	Comments
2	Essential Service: Develop Policies and Plans that Support Individual and Community Health						
3		1	CHD has established a comprehensive, systematic process for community health improvement planning	(e.g., Director's performance standards)	(e.g., CHD strategic plan)		
4		2	CHD conducted or participated in a comprehensive community health assessment within the past four years (write in date in comments section)	(e.g., QI standards)	(e.g., summary report on assessment, newspaper articles)		
5		3	CHD has designated contact person for community health assessment (write in name or position, e.g., Nursing Director, in comments section)		(e.g., CHD organization chart)		
6	Essential Service: Monitor Health Status to Identify Community Health Problems						
7			CHD implements or participates at least every four years in a comprehensive community health assessment process that includes: (items 4-7 and 9-10 to be completed in years when comprehensive community health assessment process was completed):	(e.g., FL MAPP model)			
8		4	Identification of community themes (issues) and strengths		(e.g., meeting minutes)		
9		5	Assessment of the local public health system	(e.g., NPHPS)			

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10		6	Assessment of community health status resulting in the development of a community health profile document	(e.g., FL MAPP model)	(e.g., Community Health Status Profile Report)		
11			Community health status profile document includes, at a minimum, data and interpretive narrative for your county on the following indicators:				
12		6a	Socio-demographics				
13		6b	Socio-economics:				
14		6c	Communicable diseases				
15		6d	Chronic disease				
16		6e	Maternal and child health				
17		6f	Environmental health				
18		6g	Injury, Death, Illness				
19		6h	Social and mental health				
20		6i	Health resource availability				
21		6j	Behavioral risk factors				
22							
23		7	Identification of potential forces of changes (threats and opportunities)				
24							
25		8	CHD conducts annual review of the following community health indicators, at a minimum, for their county:				
26		8a	Socio-demographics				
27		8b	Socio-economics				
28		8c	Communicable diseases				
29		8d	Chronic disease				
30		8e	Maternal and child health				
31		8f	Environmental health				
32		8g	Injury, Death, Illness				
33		8h	Social and mental health				
34		8i	Health resource availability				
35		8j	Behavioral risk factors				

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36							
37	Essential Service: Mobilize community partnerships to identify and solve health problems						
38		9	CHD organizes and participates in community partnerships				
39		9a	CHD assures coordination of public health activities through existing partnerships				
40		9b	CHD establishes/participates in broad-based community partnerships for community health improvement planning				
41		9c	CHD assesses effectiveness of community partnerships				
42							
43		10	CHD, with community partners, produces action plans to address community health issues				
44		10a	CHD, with community partners, identifies strategic issues, goals and strategies				
45		10b	Action plans include evaluative component with process, impact and/or outcome objectives				
46							
47		11	CHD demonstrates linkage of strategic plan with community health improvement planning process				