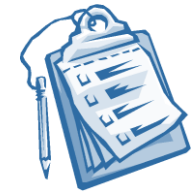




SOTCH Checklist

NC Local Health Department Accreditation



SOTCH Year:

Local Health Department:

		Intent: Show how the agency is continuing to use the data of the CHA in its work, and as a report to the community on this work. The State of the County's Health (SOTCH) report also will use any data/statistics that the LHD wishes to report and will include new programs that may have been implemented by the LHD. For this activity, the department is required to update the community health assessment using a SOTCH report that is produced annually.	Met ✓	Not Met (X)	CAP Needed (Yes/No)
	<p>Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments.</p> <p>Activity 1.2. The local health department shall update the community health assessment with an interim "State of the County's Health" report (or equivalent) annually. The report shall demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.</p>				
1.2	SOTCH report or Equivalent	Progress based upon CHA/CHNA Year: If equivalent, explain:			
1.2	Demonstrate that the local health department is tracking priority issues identified in the community health assessment	Page/s:			
1.2	Identify emerging issues	Page/s:			
1.2	Identify new initiatives	Page/s:			
Additional Comments:					



SOTCH Checklist

NC DHHS/DPH: Consolidated Agreement



CA-FY18	The Department shall provide a state of the county or district health report (SOTCH) during each of the interim years between community assessments.			
CA-FY19				
11.	SOTCH shall include progress made on each CHIP evaluation measure.	Page/s:		
11.	SOTCH is due by the first Monday in March during the years a CHA is not submitted.	Date received:		
13.	Refer to CHA tools at https://publichealth.nc.gov/lhd/			
<p>OFFICE USE ONLY:</p> <p>Date of Review:</p> <p>Date of letter stating SOTCH meets content requirements:</p> <p>Date of letter stating that CAP(s) have been accepted:</p> <p>Reviewer(s):</p> <p>Date marked complete (filings/review/submission/emails verified):</p>				