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| **Worksheet** | **2.1b Review Existing Assessments** |
| **County** |  |
| **Meeting Date** |  |
| **Meeting Location** |  |
| **Assessment Cycle** |  |

As a County Health Assessment Team, review any pre-existing CHAs, CHNAs, or reports relevant to your county and/or communities within your county. As a CHA Team, answer the following questions:

1. Does the existing CHA prioritize any of the Vital Signs or other areas of interest? Are those priorities still relevant to the county today?

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1. When was the assessment completed? Are the results still relevant?

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1. Who was involved in the assessment/planning process? Which stakeholders were involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What did the lead organization/s do for follow up? What additional steps did they pursue?

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1. Were priorities set? If yes, how were they set? What priorities were selected?

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|  |  |  |  |  | KIDS COUNT Data Center | **Find your Peer County** | Drive your County to the Top 10 | **Title** |
|  |  |  |  |  | Aggregated | **County Health Rankings** | Tennessee Department of Health | **Agency** |
|  |  |  |  |  | ‘18 | **‘17** | ‘17 | **Year** |
|  |  |  |  |  | Focuses on children and youth | Needs depended on County | Needs depended on County | **Includes / Priority Needs** |