

## Documentation Selection Tools – Programmatic Documentation Selection

### Introduction

The *Standards and Measures* include more than twenty different measures that require documentation from a programmatic area. The **purpose of the Selecting Programmatic Documentation Tool** is to assist LHDs as they determine which programmatic areas (e.g., Environmental Health, Maternal and Child Health, Chronic Disease, etc.) best meet the PHAB measures, and to efficiently organize documentation from the selected programs. According to the PHAB Guidance to Standards and Measures:

*“Documentation that is drawn from programs should be selected from a variety of programs to illustrate department-wide activity. Documentation should include programs that address chronic disease and should address the needs of the population in the jurisdiction that the health department has authority to serve.”*

Below is a table that lists **all the measures** in the *PHAB Standards and Measures Version 1.0* that REQUIRE PROGRAMMATIC DOCUMENTATION. This table also includes the **required documentation** and **guidance** around these measures.

### When to use this tool:

This tool can be used at any point in the documentation identification and gathering process:

1. At the beginning, as a means to capture all documentation possibilities from all of the program areas. For example, the accreditation coordinator could assemble a team of program leads and discuss possible documentation.
2. If you have already started identifying documentation, you can populate the narrative section and assess to ensure best possible documentation is being used (or use this opportunity to see if other programmatic staff have documentation that more closely meets the measure)

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Below are some suggestions for using these tools as you select programmatic documentation. Feel free to use this tool in any way that facilitates group discussion around documentation selection. These are not meant to be instructions, but general guidance.

- Create a list of all your agency’s program areas (on a separate sheet of paper) (Note: PHAB requires programmatic documentation that reflects the breadth and depth of your agency, so include all programmatic areas in the list- even those that you do not anticipate will contribute to documentation).
- Representatives from these programmatic areas can explain the documentation available through their work. As you go through the table below, representatives can decide where their documentation can fit. You can also hyperlink to the potential documentation examples.

Make notes about possible document descriptions as you enter documentation possibilities. PHAB’s instructions for document descriptions are: “provide a short narrative for each document as a means to explain why the health department believes the documentation demonstrates conformance with the measure. The narrative will also describe any larger document from which the documentation is derived. In addition, the narrative will direct the site visit team to the exact part of the uploaded documentation that demonstrates conformity.”

### Notes:

- Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or guidance for each measure
- For some measures, PHAB requires one example come from a specific area (chronic disease or infectious disease)
- Sometimes, measures require documentation that may, but is not required to, come from program areas. These measures are marked with an asterisk (\*) below
- LHD = local health department; LGE = local governing entity (i.e. board of health or board of commissioners)

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The following highlighted measures are captured in this tool.

1.1.1 T/L	2.2.2 A	4.1.1 A	6.1.1 A	8.1.1 T/L	11.1.2 A
1.1.2 T/L	2.2.3 A	4.1.2 T/L	6.1.2 A	8.2.1 A	11.1.3 A
1.1.3 A	2.3.1 A	4.2.1 A	6.2.1 A	8.2.2 A	11.1.4 A
1.2.1 A	2.3.2 A	4.2.2 A	6.2.2 A		11.1.5 A
1.2.2 A	2.3.3 A		6.2.3 A	9.1.1 A	11.1.6 A
1.2.3 A	2.3.4 A	5.1.1 A	6.3.1 A	9.1.2 A	11.1.7 A
1.2.4 L	2.4.1 A	5.1.2 A	6.3.2 A	9.1.3 A	11.2.1 A
1.3.1 A	2.4.2 A	5.1.3 A	6.3.3 A	9.1.4 A	11.2.2 A
1.3.2 L	2.4.3 A	5.2.1 L	6.3.4 A	9.1.5 A	11.2.3 A
1.4.1 A		5.2.2 L	6.3.5 A	9.2.1 A	11.2.4 A
1.4.2 T/L	3.1.1 A	5.2.3 A		9.2.2 A	
	3.1.2 A	5.2.4 A	7.1.1 A		12.1.1 A
2.1.1 A	3.2.1 A	5.3.1 A	7.1.2 A	10.1.1 A	12.1.2 A
2.1.2 T/L	3.2.2 A	5.3.2 A	7.1.3 A	10.2.1 A	12.2.1 A
2.1.3 A	3.2.3 A	5.3.3 A	7.2.1 A	10.2.2 A	12.2.2 A
2.1.4 A	3.2.4 A	5.4.1 A	7.2.2 A	10.2.3 A	12.3.1 A
2.1.5 A	3.2.5 A	5.4.2 A	7.2.3 A		12.3.2 A
2.2.1 A				11.1.1 A	12.3.3 A

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PHAB Required Documentation	Potential Documentation	Description notes
<b>DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community</b>		
<p><u>1.2.3A: Collect additional primary and secondary data on population health status</u></p> <p><b>2. Documentation of standardized data collection instruments</b> The health department must provide <b>two examples of standardized data collection instruments that they have used. These two examples must collect data in two different program areas.</b> Standardized instruments are those that are recognized as national, state-wide, or local collection tools. They may also be standardized from the standpoint that the same tool was used with all respondents, such as a local survey developed and distributed to a representative sample of potential respondents. The tool may collect quantitative or qualitative data. The health department can provide the tools used for the required documentation listed under the first required documentation for this measure. Or they can be examples from different data collection activities, showcasing four different data sets.</p>		
<p><u>1.2.4 L: Provide reports of primary and secondary data to the state health department and Tribal health departments in the state</u></p> <p><b>1. Reports of data to the state health department and to a Tribal health department (if one or more is located in the state)</b> The local health department must submit <b>two examples of reports of primary and secondary data that it has provided to the state health departments and one report of primary and secondary data that it has provided to local Tribal health departments.</b> Local health departments that do not have jurisdictions that overlap with the Tribal health departments do not have to demonstrate that they share local data with Tribes, but must provide documented evidence that there is no jurisdictional overlap. Data distributed may be in electronic or hard copy format. Examples include: registries, such as cancer registries or immunization registries; vital records reports; environmental public health data; or data in web-based communicable disease reporting systems. The reports may also address social conditions that affect the</p>		

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<p>health of the population served, such as unemployment, poverty, or lack of accessible facilities for physical activity. Documentation showing distribution of these reports to state and Tribal health departments may include distribution lists, distribution protocols, email confirmation of receipt of reports, etc.</p>		
<p><u>1.3.1A: Analyze and draw conclusions from public health data</u>  <b>1. Reports containing analysis of data collected and conclusions from review of the data with the following characteristics: a. Reports are within defined timelines based on policy guidelines and/or evidence-based practice; b. Reports compare data to other agencies and/or the state or nation, and/or other Tribes, and/or similar data over time to provide trend analysis</b></p> <p>The health department must provide two examples of reports, each containing analysis and conclusions drawn from data. Data reports used in the analysis are not required, but evidence of the health department’s analysis and conclusions is required. Examples of reports include: epidemiologic reports, workplace fatality or disease investigation reports, cluster identification or investigation reports, outbreak investigation reports, environmental and occupational public health hazard reports, population health status or key health indicator reports, community survey results and conclusions, outbreak after action reports, reports of hospital data, reports of non-profit organizations’ data (for example, poison control center data or child health chart book), health disparities reports, environmental justice reports, and community health indicator reports. <b>Program examples could include an After Action Report for an H1N1 outbreak, an investigation report for a food borne disease outbreak involving a local restaurant, environmental hazard trends with arsenic in well water, or a trends report of all reported communicable diseases over the past five years.</b> The reports may also point out social conditions that have an impact on the health of the population served, such as unemployment, poverty, or lack of accessible facilities for physical activity. a. Data used in the report must be distinct to a specific time period, such as fiscal year 08-09, calendar year 2008, years 2003-</p>		

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<p>2007. The type of analytic process used must be stated in the report and/or be evidence-based with the citation available. The intent is to have conclusions based on solid analysis, not just collections of data.</p> <p>b. The analysis and conclusions must have the quality of comparability. The reports should compare data to (1) other similar socio-geographic areas, sub-state areas, the state, or nation, or (2) similar data for the same population gathered at an earlier time to establish trends. Examples of trend analysis are conclusions based on rates of sexually transmitted diseases over the past five years, or childhood immunization rates over the past eight quarters.</p>		
<p><u>1.4.1A: Use data to recommend and inform public health policy, processes, programs, and/or interventions</u></p> <p><b>1. Data used to inform public health policy, processes, programs and/or interventions</b></p> <p>The health department must provide <b>documentation that public health data has been used to impact the development of policy, process, program or intervention or the revision or expansion of an existing policy, process, program or intervention.</b> Examples could include: minutes of a meeting, changes to the health department web site, documented program improvements, or a revised or new policy and procedure. Examples could also include: Tribal Council resolutions and Health Oversight Committee meeting minutes, which demonstrate that data was used to inform policy, processes, programs and/or interventions. The data used to inform the policy, process, program or intervention should also be included. The data alone will not serve as evidence for this measure. The health department must demonstrate the use of the data. The two examples used for this measure must show the use of two different data sets.</p>		
<p><b>DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community</b></p>		
<p><u>2.1.2L: Demonstrate capacity to conduct an investigation of an</u></p>		

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<p>infectious or communicable disease</p> <p><b>1. Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols</b></p> <p>The Tribal/local health department must provide <b>two examples of audits, programmatic evaluations, case reviews, or peer reviews of investigation reports (as compared to written protocols)</b>. The documentation must reference the health department's capacity to respond to outbreaks of infectious or communicable disease.</p>		
<p><b>DOMAIN 3: Inform and educate about public health issues and functions</b></p>		
<p><u>3.1.1A: Provide information to the public on protecting their health</u></p> <p><b>1. Documentation of the provision of information on health risks, health behaviors, prevention, or wellness</b></p> <p>The health department must provide two examples of information that it has shared with the public to address the listed message areas (health risks, health behaviors, prevention, or wellness). Information should be accurate, accessible, and actionable. Health literacy should be taken into account, and information should be provided in plain language with everyday examples. The two examples can relate to the same message area, such as two items addressing prevention issues. <b>The two examples must, however, be from different program areas, one of which must address a chronic disease program, such as diabetes, obesity, heart disease or cancer.</b> Documentation may include a public presentation, press release, media communications, brochures, flyer, or public service announcement. Documentation should note the target group or audience, the program area, the date the information was shared or distributed, and the purpose for the information.</p> <p><b>2. Documentation that indicates how information was gathered from the target group during the development of the educational material/message</b></p> <p>The health department must document one example of steps taken to solicit input from the target audience during the development of the message and material to help shape the final content. <b>This example must come from one of the two program areas from which</b></p>	<p>Must include an example from CD</p>	

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<p><b>documentation was provided in 1, above.</b> Documentation may include: findings from a focus group, key informant interviews, or pull-aside testing. It could also include minutes from a town meeting with the target population or a meeting of an advisory group representing the target population.</p>		
<p><u>3.1.2A: Implement health promotion strategies to protect the population from preventable health conditions</u></p> <p><b>1. Documentation of implemented health promotion strategies</b>  <b>The health department must provide two examples of health promotion strategies. The examples must come from two different program areas, one of which must address a chronic disease.</b> The documentation must show how the strategies:</p> <ul style="list-style-type: none"> <li>• Correspond to public health priorities identified through a health improvement plan.</li> <li>• Are evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice.</li> <li>• Use social marketing methods</li> </ul> <p>Documentation could be a portion of a written program plan, a portion of a program strategic plan, minutes of a program planning meeting, part of a report developed for submission to a funding agency, or other official description of the strategy. Due to the limited availability of evidenced-based practices or promising practices in Tribal communities,</p> <p><b>2. Documentation that indicates how input and/or feedback was gathered from the target audience during the development of the health promotion strategy</b></p> <p>The health department must provide one example of steps taken to solicit input and/or feedback from the target audience during the development of the health promotion strategy. <b>The example must be from one of the two program areas from which documentation was provided in 1, above.</b> Documentation may include: findings from a focus group, key informant interviews or pull-aside testing. It may also include minutes from a town meeting with the target population or a meeting of an advisory group representing the target population.</p> <p><b>3. Documentation that strategies have been implemented in</b></p>	<p>Must include an example from CD</p>	

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<p><b>collaboration with stakeholders and/or partners</b>  <b>The health department must provide documentation that the strategies identified in 1 above were implemented in collaboration with stakeholders and/or partners.</b> The stakeholders and partners associated with the strategy must be listed. The documentation must define the stakeholders’ or partners’ relationship and role to the strategy. The role could be to distribute written information, include information in newsletters, or to reinforce the message in some way through other programs or services. Documentation may be minutes of a program review meeting, a portion of a report developed for submission to a funding agency, an annual report, or other official description of the implementation of the strategy.</p>		
<p><u>3.2.1A: Provide information on public health mission, roles, processes, programs and interventions to improve the public’s health</u>  <b>1. Documentation of providing information to the public about what public health is, its value, and/or on the health department’s roles, processes, programs, and interventions</b>  The health department must <b>submit two examples of information it provides to the public about the role and value of public health and/or the health department’s role, mission, and scope of processes, programs and interventions.</b> Documentation could include: a copy of a presentation, advertisements or newspaper inserts, web posting, email or fax list-serve, fax cover sheet, brochure, services directory, or program flyers. The documentation must describe how the information was distributed, dates of distribution (or range of dates), and the purpose of the information.</p>		

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<p><u>3.2.2 A: Establish and maintain communication procedures to provide information outside the health department</u></p> <p><b>2. Dissemination of public health messages outside the health department</b></p> <p>The health department must submit two examples of the department following their communications procedures listed in 1, above. The two examples must come from two different program areas, one of which is a chronic disease program. Documentation could be a press release, email between the public information officer and the media, or other written communication to the media.</p>	<p>Must include an example from CD</p>	
<p><u>3.2.4A: Make information available through a variety of methods</u></p> <p><b>1. Website or web page that contains current information on the following issues:</b></p> <ul style="list-style-type: none"> <li>a. 24/7 contact number for reporting health emergencies</li> <li>b. Notifiable/reportable conditions line or contact number</li> <li>c. Health data</li> <li>d. Links to public health related laws</li> <li>e. Information and materials from program activities</li> <li>f. Links to CDC and other public health related federal, state, or local agencies, as appropriate</li> </ul> <p>The health department may have its own website or be part of another government website or internet domain. Documentation may be submitted by providing a link to web pages that have the information requested in each of the elements listed.</p>		
<p><u>3.2.5A: Provide accessible, accurate, actionable, and current information in culturally sensitive and linguistically appropriate formats for populations served by the health department</u></p> <p><b>4. Materials that are culturally appropriate, in other languages, at low reading level, and/or address a specific population that may have difficulty with the receipt or understanding of public health communications</b></p> <p>The health department must provide two examples of materials, currently in use, which are appropriate for a population who may have</p>		

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<p>difficulty with the receipt or understanding of public health communications. Examples are materials that are in a language other than English, written for individuals with low English literacy, communicated for the hearing impaired, or unique to address cultural differences in a population. <b>The two examples must be from different program areas.</b></p>		
<p><b>DOMAIN 4: Engage with the community to identify and address health problems</b></p>		
<p><u>4.1.1A: Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations</u>  <b>1. Documentation of current collaborations that address specific public health issues or populations</b>          The health department must provide two examples of current collaborations in which it is an active member. <b>Each collaboration must address a particular public health issue or population.</b> Examples include: an anti-tobacco coalition, a maternal and child health coalition, an HIV/AIDS coalition, a childhood injury prevention partnership, child labor coalition, immigrant worker/community coalition, newborn screening advisory group, and a partnership to decrease childhood obesity. The collaboration must focus on public health issues. These include: an already established program area; a newly identified issue; an issue identified by the health assessment; a strategy or action included in a health improvement plan; a potential public health threat or hazard; a population with particular health needs; and/or goals of the health department, community, region, or state. These collaborations may be convened by the health department, by another organization, or by community members. The health department must actively participate. Examples must be from current productive partnerships, and not partnerships that have completed their tasks and disbanded. Documentation could include a summary or report of the coalition, indicating on-going activities, meeting minutes, agendas, etc.</p>		

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DOMAIN 6: Enforce public health laws		
<p><u>6.2.1A: Maintain agency knowledge and apply public health laws in a consistent manner</u></p> <p><b>1. Documentation of staff training in laws to support public health interventions and practice within the last two years</b></p> <p>The health department must document that the staff are trained in laws that support public health interventions and practice. The training agenda is not specified and can include both general and specific aspects of public health law. <b>Staff must be trained on the specific aspects of the law for which they are programmatically responsible. For example, a communicable disease nurse should be trained on the law that addresses communicable disease reporting; he or she would not be required to know specific elements on public water laws.</b> The training must have been provided to staff within the prior two years. Documentation could be training agendas, minutes of training meetings, HR lists of personnel trained and the date of the training, or links to online training required for staff completion and documentation that it was completed.</p>		
<p><u>6.3.1A: Maintain current written procedures and protocols for conducting enforcement actions</u></p> <p><b>1. Documentation of authority to conduct enforcement activities</b></p> <p>The health department must provide the documentation of authority to conduct enforcement activities. <b>Two examples are required. The health department may select the areas or programs.</b> This authority may be located in a state or local code, MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations. In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity that conducts enforcement.</p>		

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<p>6.3.2A: Conduct and monitor inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities</p> <p><b>1. Protocol/algorithm for scheduling inspections of regulated entities</b>  <b>The health department must provide the schedule for inspections for two programs. The health department may select the areas or programs.</b> The selected schedules should be, but may not be, in programs where the health department has authority to conduct an inspection of the regulated entity.          In some cases, these schedules are mandated. In other cases, the department may provide a protocol or an algorithm for scheduling inspections. For example, rules requiring restaurant inspections on a specified schedule or a schedule for return inspections after a violation may be submitted. These may be documents provided by another agency that has enforcement responsibilities.</p> <p><b>2. Database or log of inspection reports with actions, status, follow-up, re-inspections, and final disposition</b>          To show that inspections have met defined frequencies, the health department must provide a database or log of inspection reports with actions taken, current status, follow-up, return inspections and final disposition. <b>This documentation of inspections must relate to the same programs for which schedules were provided in 1 above.</b> In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases the health department must provide documentation of the authority of the other entity that conducts enforcement. The health department must provide documentation that it is informed of inspection protocols and reports showing the results of inspection.</p>		
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<p><u>6.3.3A: Follow procedures and protocols for both routine and emergency situations requiring enforcement activities and complaint follow-up</u></p> <p><b>1. Data base or log of actions with analysis and standards for follow-up at each level</b></p> <p>The health department must document actions taken through investigations or follow up of complaints, as well as analysis of the situation and standards for follow up. <b>Documentation must be provided for two programs. The health department may select the areas or programs.</b> The standards for follow-up may be within the procedure and protocols and does not have to be a part of the log. If separate, the standards must be included with the database or log for the documentation.</p>		
<p><u>6.3.4A: Determine patterns or trends in compliance from enforcement activities, and complaints</u></p> <p><b>1. Annual report summarizing complaints, enforcement activities, and compliance</b></p> <p><b>The health department must provide annual reports from two enforcement programs that summarize complaints, enforcement activities, and compliance.</b> The health department may select the enforcement programs. Reports must include patterns, trends, and compliance.</p>		
<p><b>DOMAIN 7: Promote strategies to improve access to health care services</b></p>		
<p><u>7.2.2A: Collaborate to implement strategies to increase access to health care services</u></p> <p><b>1. Documentation of collaborative implementation of mechanisms or strategies to assist the public in obtaining access to health care services</b></p> <p>The health department must provide two examples of collaborative implementation of strategies to improve access to services for those who experience barriers. Partners may include: community service providers, schools, health care providers, migrant health clinics, social service organizations, transportation providers, and employers.</p>		

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<p>Documentation that could be submitted includes:</p> <ul style="list-style-type: none"> <li>• A signed Memoranda of Understanding (MOU) between partners to list activities, responsibilities, scope of work, and timelines</li> <li>• A documented cooperative system of referral between partners that shows the methods used to link individuals with needed health care services.</li> <li>• Documentation of outreach activities, case findings, case management, and activities to ensure that people can obtain the services they need.</li> <li>• Documentation of assistance to eligible beneficiaries with application and enrollment in Medicaid, workers’ compensation, or other medical assistance programs.</li> <li>• Documentation of <b>coordination of service programs</b> (e.g., common intake form) and/or co-location (e.g., WIC, Immunizations and lead testing) to optimize access.</li> <li>• Grant applications submitted by community partnerships that address increased access to health care services.</li> <li>• Subcontracts in the community to deliver health care services in convenient and accessible locations.</li> <li>• <b>Program/work plans</b> documenting that strategies developed collaboratively have been implemented.</li> </ul>		
<p><b>DOMAIN 9: Evaluate and continuously improve health department processes, programs, and interventions</b></p>		
<p><u>9.1.3A: Use a process to determine and report on achievement of goals, objectives, and measures set by the performance management system</u></p> <p><b>1. Written goals and objectives which include time frames for measurement</b></p> <p>The health department must provide two examples that demonstrate implementation of the performance management system in monitoring and evaluating achievement of goals and objectives with the identified time frames. <b>One example must be from a programmatic area</b> and the other from an administrative area. These examples could be provided in narrative table, or graphic form, depending on the chosen reporting</p>		

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<p>method.</p> <p><b>2. Demonstration of a process for monitoring of performance of goals and objectives</b></p> <p>The health department must demonstrate that actual performance towards the <b>two objectives cited in 1) above</b> was monitored. Evidence can come from run charts, dashboards, control charts, flowcharts, histograms, data reports, monitoring logs, or other statistical tracking forms demonstrating analysis or progress in achieving measures. Also useful: statistical summaries and graphical presentations of performance on the measures, such as run charts, control charts, and meeting minutes from a quality team.</p> <p><b>3. Demonstration of analysis of progress toward achieving goals and objectives, and identify areas in need of focused improvement processes</b></p> <p>The health department must provide evidence that actual performance <b>of the two objectives identified in 1) above</b> was analyzed according to the time frames. Evidence for determining opportunities for improvement can be shown through the use of tools and techniques, such as root cause analysis, cause and effect/Fishbone, force; or interrelationship digraphs or other analytical tools.</p> <p><b>4. Documentation of results and next steps</b></p> <p>The health department must provide evidence that actual performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported.</p>		
<p><u>9.1.4 A: Implement a systematic process for assessing customer satisfaction with health department services</u></p> <p><b>1. Description of the process used to collect and analyze feedback from two different customer groups</b></p> <p>Using a broad, customer/stakeholder identification list developed as part of a strategic planning or health improvement planning process, the health department must provide two examples of how customer/stakeholder feedback was collected and analyzed from <b>two different types of customers</b> (e.g., vital statistics customers; food establishment operators; individuals receiving immunizations,</p>		

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<p>screenings, or other services; partners and contractors; elected officials, etc.). Examples of documentation to collect customer/stakeholder satisfaction could include: forms, surveys, or other methods. Results and conclusions could be in a report, memo, or other written document.</p>		
<p><u>9.2.2A: Implement quality improvement activities</u>  <b>1. Documentation of quality improvement activities based on the QI plan</b>          The health department must provide two examples that demonstrate implementation of quality improvement activities. <b>One example must be from a program area</b> and the other from an administrative area. The examples should illustrate the health department’s application of its process improvement model. The examples should demonstrate:</p> <ul style="list-style-type: none"> <li>• How staff problem-solved and planned the improvement,</li> <li>• How staff selected the problem/process to address and described the improvement opportunity,</li> <li>• How they described the current process surrounding the identified improvement opportunity, how they determined all possible causes of the problem and agreed on root cause(s), and</li> <li>• How they developed a solution and action plan, including time-framed targets for improvement.</li> </ul> <p>The example should also demonstrate what the staff did to implement the solution or process change. It should also show how they reviewed and evaluated the result of the change, and how they reflected and acted on what they learned. Examples of acceptable documentation include quality improvement project work plans or storyboards that identify achievement of objectives and include evidence of action and follow-up. The health department’s documentation should demonstrate ongoing use of an improvement model, including showing the tools and techniques used during application of the process improvement model. Documentation should also describe: actions taken, improvement practices and interventions, data collection tools and analysis, progress reports, evaluation methods, and other activities and products that resulted from implementation of the plan.</p>		

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<p><b>DOMAIN 10: Contribute to and apply the evidence base of public health</b></p>		
<p><u>10.1.1A: Identify and use applicable evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions</u></p> <p><b>1. Two examples from within the past three years of evidence-based or promising practices, including:</b></p> <p><b>a. Source of evidence-based or promising practice</b></p> <p><b>b. Description of how evidence based or promising practice was implemented in agency processes, programs, and/or interventions</b></p> <p>The health department must provide two examples of the incorporation of an <b>evidence-based or promising practice in a public health process, program, or intervention</b>. The examples must have occurred within the previous three years. <b>Examples must come from two different program areas, one of which is a chronic disease program.</b></p> <p>a. The health department must show the source of the information concerning the evidence-based or promising practice. The source of the practice could be (1) The Guide to Community Preventive Services, (2) the result of an information search (web, library, literary review), or (3) result of interaction with consultants, academic faculty, researchers, other health departments, or other experts.</p> <p>b. The health department must provide a description of how the evidence-based or promising practice identified in (a) above was incorporated into the design of a new or revised process, program, or intervention. Documentation may be in the form of internal memos, annual reports, program descriptions in public information (reports, newsletters), or other program descriptions written by the department.</p>	<p>Must include an example from CD</p>	
<p><b>DOMAIN 11: Maintain administrative and management capacity</b></p>		
<p><u>11.1.3A: Maintain socially, culturally, and linguistically appropriate approaches in health department processes, programs, and interventions, relevant to the population served in its jurisdiction</u></p> <p><b>2. Demonstration of providing two different processes, programs or interventions in culturally or linguistically competent manner, including application of social marketing activities</b></p>		

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<p>The health department must provide two examples of a process, program, or intervention that is culturally or linguistically appropriate, as defined above. The examples should demonstrate the use of social marketing methods. <b>The two examples must come from different program areas of the health department and may be selected by the department.</b> Oral communication is integral to many Tribal cultures. If oral communication is used to ensure that programs, processes, and interventions are culturally competent, the health department must provide documentation of its use, such as plans, protocols, or objectives for focus groups, community gatherings, roundtables, talking circles, digital storytelling, or other activities.</p>		
<p><u>11.1.6A: Use information systems that support the health department mission and workforce by providing infrastructure for data collection/analysis, program management, and communication</u> <b>1. Demonstration of the use of technology to support public health functions</b></p> <p>The health department must provide two examples of how technology supports functions of the department. <b>The two examples must be from different program areas.</b> The health department may select the programs. Examples that will meet this measure include: a scanning system to preserve records, an electronic billing and/or grant system, standard employee computer hardware and software package, an educational kiosk, vital records systems, program (such as WIC) information systems, licensing information systems, electronic medical records, a client self-check in, patient registries, and on-line data services.</p>		
<p><u>11.2.1A: Comply with external requirements for the receipt of program funding</u> <b>2. Two program reports</b></p> <p>The health department must provide <b>two program reports</b> that it has submitted to funding organizations. Program reports that will meet this standard include: compliance reports to federal funders, reports to legislatures or local city/county/Tribal councils, and reports to foundations. Also acceptable: program reports, monitoring reports, or</p>		

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<p>corrective action plans that show compliance with funding requirements. Contracts or agreements between States, Local and/or Tribal health departments to provide services may show the expectations for funding but may not show the compliance with requirements. If such contracts are used, they must be combined with follow-up reports that validate the compliance.</p>		
<p><u>11.2.2A: Maintain written agreements with entities providing processes, programs and/or interventions delegated or purchased by the public health department</u>  <b>1. Current written contracts/MOUs/ MOAs for processes, programs and/or interventions</b>          The health department must provide two examples of current contracts or MOU/MOAs. <b>The examples must be from two different program/administrative areas featuring written agreements with different entities.</b> The agreements must be current, having been executed (or updated) in the past two years. Agreements used as documentation must still be in effect and must contain the financial provisions. <b>Local health departments may provide a written agreement with the state health department for one of the examples. The other example must be with another agency or organization.</b></p>		
<p><u>11.2.4A: Seek resources to support agency infrastructure and processes, programs, and interventions</u>  <b>1. Grant applications and or examples of leveraging funds to increase resources</b>          The health department must provide two examples of grant applications (funded or unfunded) or documentation of leveraging funds to obtain additional resources.  <b>2. Appropriate communications with others concerning the need for improvement in public health</b>          The health department must provide two examples of communicating the need for additional investment in public health. Examples could be articles or letters to the editor of a newspaper, presentations to the community, or testimony. Letters, articles, presentations, or testimony can be issue specific or may address public health in general.</p>		

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<p><b>DOMAIN 12: Maintain capacity to engage the public health governing entity</b></p>		
<p><u>12.1.1A: Provide mandated public health operations, programs, and services</u>  <b>2. Description of operations that reflect authorities</b>          The health department must provide a written description that shows how the health department implements the mandated responsibility through a process, <b>program</b>, or intervention. Documentation can be service descriptions, annual reports, meeting minutes, reports to governance, functional descriptions, organizational descriptions, or other written material.</p>		
<p><u>12.3.1A: Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department</u>  <b>1. Two examples of communications with the governing entity regarding important public health issues and/or recent actions of the health department</b>          The health department must provide two examples of information exchange between the health department and the governing entity. Communication exchanges include discussions or dialogue with the governing entity regarding public health issues. These could be demonstrated through reports, testimonies, formal meeting minutes, meeting summaries, <b>program updates</b>, reports on identified public health hazards, Tribal/state/community health assessment findings, community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails), and other informal approaches.</p>		
<p><u>12.3.3A: Communicate with the governing entity about assessing and improving the performance of the health department</u>  <b>1. Two examples of communication with the governing entity concerning assessment of the health department’s performance</b>          The health department must provide two examples of communications with the governing entity on its plans and process for improving health department performance. The health department should select its</p>		

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<p>documentation for this measure based on the model of governance in place for the health department. Examples of improvement efforts could include: <b>program reviews</b>, accreditation efforts, quality improvement projects, and other performance improvement activities. Documentation could be meeting minutes, reports, presentations, memos, or other discussion records.</p> <p><b>2. Two examples of communication with the governing entity concerning the improvement of the health department’s performance</b></p> <p>The health department must provide two examples of communication with the governing entity on its performance improvement as a result of performance improvement processes and/or activities. The health department should select its documentation for this measure based on the model of governance in place for the health department. Documentation could include: annual reports, department dashboards, <b>program reviews</b>, meeting minutes, reports, presentations, memos, or other record of discussion.</p>		
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