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Documentation Selection Tools – Selecting Programmatic Documentation

Introduction

PHAB's *Standards and Measures Version 1.5* include more than twenty different measures that require documentation from a programmatic area. The **purpose of the Selecting Programmatic Documentation Tool** is to assist local health departments as they determine which programmatic areas (e.g., Environmental Health, Maternal and Child Health, Chronic Disease, etc.) may demonstrate compliance with the PHAB measures, and to efficiently organize documentation from the selected programs. According to the *PHAB Standards and Measures Guidance* document:

> *"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 **the measures** in the *PHAB Standards and Measures Version 1.5* 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.

- Create a list of all your agency's program areas (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).
- Identify representatives from these programmatic areas to explain what documentation may be available through their work. Working through the table below, representatives can suggest where their documentation may fit.

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); CD = chronic disease

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The following highlighted and underlined measures are captured in this tool.

1.1.1 T/L
1.1.2 T/L
1.1.3 A
1.2.1 A
1.2.2 A
1.2.3 A
1.2.4 L
1.3.1 A
1.3.2 L
1.4.1 A
1.4.2 T/L

2.1.1 A
2.1.2 T/L
2.1.3 A
2.1.4 A
2.1.5 A
2.2.1 A
2.2.2 A
2.2.3 A
2.3.1 A
2.3.2 A
2.3.3 A
2.3.4 A
2.4.1 A
2.4.2 A
2.4.3 A

3.1.1 A
3.1.2 A
3.1.3 A
3.2.1 A
3.2.2 A
3.2.3 A
3.2.4 A
3.2.5 A
3.2.6 A

4.1.1 A
4.1.2 T/L
4.2.1 A
4.2.2 A

5.1.1 A
5.1.2 A
5.1.3 A
5.2.1 L
5.2.2 L
5.2.3 A
5.2.4 A
5.3.1 A
5.3.2 A
5.3.3 A
5.4.1 A
5.4.2 A

6.1.1 A
6.1.2 A
6.2.1 A
6.2.2 A
6.2.3 A
6.3.1 A
6.3.2 A
6.3.3 A
6.3.4 A
6.3.5 A

7.1.1 A
7.1.2 A
7.1.3 A
7.2.1 A
7.2.2 A
7.2.3 A

8.1.1 T/L
8.2.1 A
8.2.2 A
8.2.3 A
8.2.4 A

9.1.1 A
9.1.2 A
9.1.3 A
9.1.4 A
9.1.5 A
9.2.1 A
9.2.2 A

10.1.1 A
10.2.1 A
10.2.2 A
10.2.3 A

11.1.1 A
11.1.2 A
11.1.3 A
11.1.4 A
11.1.5 A
11.1.6 A
11.1.7 A
11.2.1 A
11.2.2 A
11.2.3 A
11.2.4 A

12.1.1 A
12.1.2 A
12.2.1 A
12.3.1 A
12.3.2 A
12.3.3 A

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PHAB Required Documentation	Potential Documentation	Description notes
DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community		
*1.3.1A: Data analyzed and public health conclusions drawn **1. Analysis of data and conclusions drawn with the following characteristics: a. the inclusion of defined timelines; b. a description of the analytic process used to analyze the data or a citation of another's analysis; c. the inclusion of the comparison of data to other agencies and/or the state or nation, and/or other Tribes, and/or similar data over time to provide trend analysis** The health department must document the analysis of data with conclusions drawn from data. The provision of data used in the analysis is not required, but evidence of the health department's analysis and conclusions is required. Data to be analyzed can include qualitative and/or quantitative, primary and/or secondary data, or combinations of data. Examples include: epidemiologic data, vital statistics, workplace fatality or disease investigation results, cluster identification or investigation results, outbreak investigation results, environmental and occupational public health hazard data, population health or key health indicator data, community survey/focus group results and conclusions, outbreak after action reports, analysis of hospital data, analysis of non-profit organizations' data (for example, poison control center data or child health chart book), health disparities data, environmental data, health disparities data, environmental data, socioeconomic data, stratified racial and ethnic health disparities data, and community health indicator data. Other examples include results of an investigation of a food borne disease outbreak, environmental hazard trends with arsenic in well water, or a trends of reported infectious diseases over the past five years. The data may point out social conditions that have an impact on the health of the population served, for example, unemployment, poor housing, lack of transportation, high crime residential areas, poor education, poverty, or lack of accessible facilities for physical activity. A. Data used in the report must be distinct to a specific time period, for example, fiscal year		

08-09, calendar year 2008, years 2003-2007. B. The type of analytic process used must be stated and/or be evidence-based with the citation available. The intent is to have conclusions based on solid analysis, not just collections of data. C. The analysis and conclusions must have the quality of comparability. That is, the data can be compared with (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 include conclusions based on rates of sexually transmitted diseases over the past five years, childhood immunization rates over the past eight quarters, unemployment rates over the past five years, or crime rates over the past two years, etc.		
*1.4.1A: Data used to recommend and inform public health policy, processes, programs, and/or interventions **1. The use of data to inform public health policy, processes, programs and/or interventions** The health department must document that public health data have been used to impact the development of policy, processes, programs or interventions or the revision or expansion of existing policies, processes, programs or interventions. The data used to inform the policy, process, program, or intervention must also be included. The data alone will not serve as evidence for this measure. The health department must demonstrate the use of the data. Documentation could be, for example, documented program improvements, or a revised or new policy and procedure. Documentation could also be Tribal Council resolutions and Health Oversight Committee meeting minutes, which demonstrate that data was used to inform policy, processes, programs and/or interventions.		

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community		
2.1.2T/L: Capacity to conduct an investigation of an infectious disease **1. Reviews of investigation reports against procedures** The Tribal/local health department must provide **audits (internal or external), programmatic evaluations, case reviews, or peer reviews of investigation reports (as compared to written procedures).** The documentation must reference the health department's capacity to respond to outbreaks of infectious disease.		
DOMAIN 3: Inform and educate about public health issues and functions		
3.1.1A: Information provided to the public on protecting their health **1. The provision of information to the public on health risks, health behaviors, prevention, or wellness** The health department must document the provision of information to the public to address health risks, health behaviors, prevention, and/or wellness. Information must be accurate, accessible, and actionable. The need for cultural competence and consideration of health literacy must be taken into account. Information is expected to be provided in plain language with everyday examples. Documentation must note the target group or audience, the program area, the date the information was shared or distributed, and the purpose for the information. Documentation could be, for example, a public presentation, distribution of a press release, media communications, brochures, flyer, or public service announcement. The two examples can relate to the same message area, such as two items addressing disease prevention issues. *The two examples must, however, be from different program areas, one of which must address a chronic disease program, for example, diabetes, obesity, heart disease, HIV, or cancer* **2. Consultation with the community and target group during the development of the educational material/messages.** The health department must document steps taken to solicit input from the target audience during the development of the messages and materials. Input is intended to help shape the final content, cultural competence,	Must include an example from chronic disease	

language, and real life situations of the target audience. The role of social and environmental factors must be addressed (rather than focusing primarily on the individual). Documentation could be, for example, a report of findings from a focus group, key informant interviews, or pull-aside testing. Documentation could also be minutes from a town meeting with the target population or a meeting of an advisory group representing the target population. *One example must come from one of the two program areas from which documentation was provided in 1, above*		
3.1.2A: Health promotion strategies to mitigate preventable health conditions **2. Development and implementation of health promotion strategies** **The health department must document the development and implementation of health promotion strategies.** The documentation must show how the strategies: +Are evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice. +Were developed with engagement of the community, including input, review, and feedback from the target audience +Focus on social and environmental factors (such as air quality or the built environment) that create poor health, discourage good health, or encourage individual behavioral factors that impact negatively on health +Use various marketing or change methods including, for example, digital media and social marketing, as appropriate +Were implemented in collaboration with stakeholders, partners, and the community **3. Engagement of the community during the development of the health promotion strategy** The health department must document that it solicited review, input, and/or feedback from the target audience during the development of the health promotion strategy. *The example must be from one of the two program areas from which documentation was provided in 2, above.* Documentation must include a description of the process and	Must include an example from chronic disease	

the results. Documentation could be, for example, 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. **3. Implementation of strategies in collaboration with stakeholders, partners, and/or the community** The health department must document that implementation of the strategies was in collaboration with stakeholders, partners, and/or the community. The stakeholders and partners associated with the strategy must be listed or community described. The documentation must define the stakeholders' or partners' or community's 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 could 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. **One of the examples must be from one of the two program areas from which documentation was provided in 2, above.**		
3.2.1A: Information on public health mission, roles, processes, programs and interventions to improve the public's health provided to the public **1. The provision of information to the public about what public health is, its value, and/or on the health department's roles, processes, programs, and interventions** The health department must document the distribution of information 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. The documentation must describe how the information was distributed, dates of distribution (or range of dates), and the purpose of the information. Documentation could be, for example, 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.		

3.2.3 A: Communication procedures to provide information outside the health department **2. Implementation of communications procedures** The health department must document the department's implementation of the communications procedures listed in 1, above. The health department must provide public health messages disseminated outside the health department. 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.	Must include an example from chronic disease	
3.2.5A: Information available to the public through a variety of methods **1. Website or web page that contains current information on the following issues:** **a. 24/7 contact number for reporting health emergencies** **b. Notifiable/reportable conditions line or contact number** **c. Health data** **d. Links to public health related laws** ***e. Information and materials from program activities*** **f. Links to CDC and other public health related federal, state, or local agencies, as appropriate** **g. the names of the health department's leadership** The health department may have its own website or be part of another government website or internet domain. Documentation could be screen shots of the pages that contain information required in each of the elements listed		
3.2.6 A: Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for populations served by the health department **4. Public health 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**		

The health department must provide materials that are appropriate for a population who may have difficulty with the receipt or understanding of public health communications. Methods that target low-literacy individuals could include, for example, audio-visual formats and/or written materials that include images to support text. Documentation could be, for example materials that are culturally or linguistically appropriate, or communicated for the hearing impaired. *The two examples must be from different program areas.*		
DOMAIN 4: Engage with the community to identify and address health problems		
4.1.1A: Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations **1. Collaborative partnerships with others to address public health issues** The health department must document a current, ongoing comprehensive community partnership or coalition in which it is an active member. The purpose of the partnership or coalition must be to improve the health of the community and, therefore, must be engaged in various issues and initiatives. A comprehensive community partnership, in this context, is a partnership that is not topic or issue specific. It is a community partnership that addresses a wide range of community health issues. The comprehensive partnership or coalition may be organized into several committees or task forces to address specific issues, for example, teenage pregnancy, social determinants of health, health equity, or increased opportunities for physical activities. This partnership or coalition may be the same group that developed the community health assessment and community health improvement plan. This partnership or coalition may work on various issues addressed in the Standards and Measure, such as access to care (Domain 7). Alternatively, the health departments must document their involvement in several current ongoing partnerships or coalitions that address specific public health issues. In this case, each collaboration		

must address a particular public health issue or population. Examples of collaborative partnerships 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, integrated chronic disease prevention coalition, and a partnership to decrease childhood obesity. Partnerships addressing issues that impact on health, for example, housing, transportation, or parks and recreation are acceptable. These partnerships or coalitions 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, active partnerships and not partnerships that have completed their tasks and disbanded. Partnerships must include representation of the community impacted. Documentation could be a summary or report of the partnership(s) or coalition(s), indicating on-going activities; meeting minutes and agendas: progress reports; evaluations, etc. Documentation must be *1 broad community partnership or coalition addressing at least 4 health issues*; or *4 examples of issue specific partnership or coalitions*; or a mix of a partnership addressing 1 to 4 issues and single issue partnerships addressing the remaining number, for a total of four issues. **3. Community, policy, or program change implemented through the partnership(s) or coalition(s)** The health department must document a change in the community, a change in policy, or a new or revised program that was implemented through the work of the partnership(s) or coalition(s) identified in Required Documentation 1, above. Examples could be an increase in the number and types of locations where tobacco use is not permitted, an increase in the number of miles of bike paths, a local zoning change, the removal of soda vending machines from public schools, an increase in the frequency of restaurant inspections, an increase in the number of community police stations, policies that address social determinants of health, etc.		

DOMAIN 6: Enforce public health laws		
6.2.1A: Department knowledge maintained and public health laws applied in a consistent manner **1. Provisions of training staff in laws to support public health interventions and practice** 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**. Staff must be trained on the specific aspects of the law for which they are programmatically responsible. For example, an infectious 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.** Documentation could be, for example, training agendas, minutes of training meetings, HR lists of personnel trained and the date of the training, or screenshots of links to online training required for staff completion and documentation that it was completed.		
6.3.1A: Written procedures and protocols for conducting enforcement actions **1. Authority to conduct enforcement activities** The health department must document its authority to conduct enforcement activities. 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.		

6.3.2A: Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities **1. Protocol/algorithm for scheduling inspections of regulated entities** The health department must provide schedules for inspections. The health department may select the areas or programs. The selected schedules must be in programs where the health department has authority to conduct an inspection of the regulated entity, unless the health department has no such authority. In some cases, schedules for inspection 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. **2. Inspections that meet defined frequencies with reports of actions, status, follow-up, re-inspections, and final disposition** The health department must document a database or provide a log of inspection reports with actions taken, current status, follow-up, return inspections and final disposition. *This documentation of inspections must relate to the same programs for which schedules were provided in 1 above.* 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.		

6.3.3A: Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow-up **1. Actions taken in response to complaints** The health department must document actions taken as a result of investigations or follow up of complaints, as well as analysis of the situation and standards for follow up. *Documentation must be provided for two programs.* Documentation could be, for example, a database or log with analysis and standards for follow-up at each level. The standards for follow up may be within the procedure and protocols. If separate, the standards must be included with the database or log for the documentation.		
6.3.4A: Patterns or trends identified in compliance from enforcement activities and complaints **1. Annual report summarizing complaints, enforcement activities, and compliance** *The health department must provide annual reports that summarize complaints, enforcement activities, or compliance.* If the department operates an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan, then one of the examples must be from that program.	If the department operates an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan, then one of the examples must be from that program.	
DOMAIN 7: Promote strategies to improve access to health care services		
7.2.2A: Implemented strategies to increase access to health care services **1. Collaborative implementation of mechanisms or strategies to assist the public in obtaining access to health care services** The health department must provide two examples of collaborative implementation of strategies to improve access to services for those who experience barriers. Documentation could be, for example: • A signed Memoranda of Understanding (MOU) between partners to list activities, responsibilities, scope of work, and timelines • A documented cooperative system of referral between partners that shows the methods used to link individuals with needed health care services.		

• Documentation of outreach activities, case findings, case management, and activities to ensure that people can obtain the services they need. • Documentation of assistance to eligible beneficiaries with application and enrollment in Medicaid, workers' compensation, or other medical assistance programs. • Documentation of coordination of service programs (e.g., common intake form) and/or co-location (e.g., WIC, Immunizations and lead testing) to optimize access. • Grant applications submitted by community partnerships that address increased access to health care services. • Subcontracts in the community to deliver health care services in convenient and accessible locations. • Program/work plans documenting that strategies developed collaboratively have been implemented • Documentation of transportation programs		
DOMAIN 9: Evaluate and continuously improve health department processes, programs, and interventions		
9.1.3A: Implemented performance management system **2. Goals and objectives** The health department must document setting of goals and objectives with the identified time frames for measurement. *One example must be from a programmatic area* and the other from an administrative area. Examples of administrative areas where performance management might be appropriate include contract management (e.g., looking at the contract approval process or how contracts are tracked for compliance), vital records (e.g., processing birth and death certificates or evaluating their accuracy), human resources functions (e.g., the performance appraisal system), staff professional development (e.g., effectiveness of the professional development process), workforce development (e.g., appropriateness of employee wellness program), or financial management system (e.g., the financial data development, analysis, and communication process). Documentation could be provided in narrative, table, or graphic form, depending on the chosen reporting method.		

3. Implementation of the process for monitoring the performance of goals and objectives The health department must document the monitoring of performance towards the *two objectives cited above*. Documentation could be, for example, from run charts, dashboards, control charts, flowcharts, histograms, data reports, monitoring logs, or other statistical tracking forms demonstrating analysis or progress in achieving measures; or meeting minutes from a quality team. **4. Analysis of progress toward achieving goals and objectives, and identify areas in need of focused improvement processes** The health department must document that performance of the *two objectives identified in 2) above* 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. **5. Identification of results and next steps** The health department must document that performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported.		
9.1.4 A: Implement a systematic process for assessing customer satisfaction with health department services **1. Collection, analysis, and conclusions of feedback from customer groups** 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 two different types of customers* (e.g., vital statistics customers; food establishment operators; individuals receiving immunizations, screenings, or other services; partners and contractors; elected officials, etc.). Special effort to address those who have a language barrier, are disabled, or are otherwise disenfranchised must be included. Examples of instruments to collect customer/stakeholder satisfaction include forms, surveys, focus		

groups, or other methods. Documentation could be a report, memo, or other written documentation that describes the process and the results and conclusions of the analysis of the feedback.		
9.2.2A: Implemented quality improvement activities **1. Quality improvement activities based on the QI plan** The health department must document implementation of quality improvement activities and the health department's application of its process improvement model. *One example must be from a program area* and the other from an administrative area. Examples must demonstrate: • How staff problem-solved and planned the improvement, • How staff selected the problem/process to address and described the improvement opportunity, • How they described the current process surrounding the identified improvement opportunity, • How they determined all possible causes of the problem and agreed on contributing factors and root cause(s), • How they developed a solution and action plan, including time-framed targets for improvement, • What the staff did to implement the solution or process change, and • How staff reviewed and evaluated the result of the change, and how they reflected and acted on what they learned. Documentation must demonstrate ongoing use of an improvement model, including showing the tools and techniques used during application of the process improvement model. Documentation must 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. Documentation could be, for example, quality improvement project work plans or storyboards that identify achievement of objectives and include evidence of action and follow-up.		

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DOMAIN 10: Contribute to and apply the evidence base of public health		
10.1.1A: Applicable evidence-based and/or promising practices identified when implementing new or revised processes, programs and/or interventions **1. The use of evidence-based or promising practices, including:** **a. Documentation of the source of evidence-based or promising practice** **b. Documentation of how evidence based or promising practice was incorporated into the design of a new or revised process, program, or intervention** The health department must document the incorporation of an evidence-based or promising practice in a public health process, program, or intervention. a. The health department must document 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) an Initiative listed in the NACCHO Model Practices Database, (3) the result of an information search (web, library, literary review), or (4) result of interaction with consultants, academic faculty, researchers, other health departments, or other experts. 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. Incorporation of the evidence-based or promising practice must be appropriate to the particular group or community or it must be modified to be appropriate. Documentation could be, for example, internal memos, annual reports, program descriptions in public information (reports, newsletters), or other program descriptions written by the department. *Examples must come from two different program areas, one of which is a chronic disease program or program that seeks to prevent chronic disease.*	Must include an example from chronic disease	

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DOMAIN 11: Maintain administrative and management capacity		
11.1.4 A: Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes **2. Processes, programs or interventions provided in culturally or linguistically competent manner** The health department must document the provisions of processes, programs, or interventions that are culturally or linguistically appropriate, as defined above. *The two examples must come from different program areas of the health department.*		
*11.1.6A: Information management function that supports the health department's mission and workforce by providing infrastructure for data storage, protection, and management; and data analysis and reporting **1. Information technology infrastructure that supports public health functions** The health department must provide document that information technology supports public health and administrative functions of the department. *The two examples must be from different areas. They maybe be program and/or administrative areas.* Documentation could be, for example, a scanning system to preserve records, a grant management system, vital records systems, program (such as WIC) information systems, licensing information systems, inspections and violations records, and on-line data services.		
11.2.1A: Financial and programmatic oversight of grants and contracts **2. Program reports** The health department must provide program reports that it has submitted to funding organizations. Documentation could be, for example, compliance reports to federal funders, reports to legislatures or local city/county/Tribal councils, and reports to foundations. Monitoring reports or corrective action plans that show compliance with funding requirements are also acceptable. Contracts or agreements between state, local, and/or Tribal health departments to provide services may show the expectations for funding but might not		

show the compliance with funding agency requirements. If such contracts are used, they must be combined with follow-up reports that validate compliance.		
11.2.2A: Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, or interventions **1. Contracts/MOUs/ MOAs or other written agreements for the provision of services, processes, programs, and/or interventions.** The health department must provide contracts or MOU/MOAs that have been executed with other organizations or departments. *The examples must be from two different program/administrative areas featuring written agreements with different entities. 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.*		
*11.2.4 A: Resources sought to support agency infrastructure and processes, programs, and interventions **1. Formal efforts to seek additional financial resources** The health department must provide grant applications (funded or unfunded) or must document the leveraging of funds to obtain additional resources (for example, providing matching funds) **2. Communications concerning the need for financial support to maintain and improve public health infrastructure and services** The health department must document its communication concerning the need for additional investment in public health. Communication could address a specific issue or address public health in general. Documentation could be, for example, articles or letters to the editor of a newspaper, presentations to the community, or testimony to elected officials.		
DOMAIN 12: Maintain capacity to engage the public health governing entity		
12.1.1A: Mandated public health operations, programs, and services provided **2. Operations that reflect authorities**		

The health department must document how it implements its mandated processes, programs, or interventions. Documentation could be, for example, service descriptions, annual reports, reports to the governing entity, meeting minutes, reports to governance, functional descriptions, organizational descriptions, or other written material.		
*12.3.1A: Information provided to the governing entity about important public health issues facing the community, the health department and/or the recent actions of the health department **1. Communication with the governing entity regarding important public health issues and/or recent actions of the health department** 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, program updates, 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.		
*12.3.3A: Communication with the governing entity about health department performance assessment and improvement **1. Communication with the governing entity concerning assessment of the health department's performance** 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 will select its documentation for this measure based on the model of governance in place for the health department. Communication efforts could include, for example, program reviews, accreditation efforts, quality improvement projects, and other performance improvement activities. Documentation could be, for example, meeting minutes, reports, presentations, memos, or other discussion records.		

Documentation Selection Tools – Selecting Programmatic Documentation

2. Communication with the governing entity concerning the improvement of the health department's performance The health department must document communication with the governing entity on its performance improvement as a result of performance improvement processes and/or activities. The health department will select its documentation for this measure based on the model of governance in place for the health department. Documentation could be, for example, annual reports, department dashboards, program reviews, meeting minutes, reports, presentations, memos, or other record of discussion.		