**Introduction**

The *PHAB Standards and Measures Version 1.0* includes more than twenty different measures that require documentation from a programmatic area. The **purpose of the Programmatic Documentation Matrix Tool** is to assist LHDs 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 chart that lists **the measures** in the *PHAB Standards and Measures Version 1.0* that REQUIRE PROGRAMMATIC DOCUMENTATION. This chart allows you to capture a visual depiction of program areas from which pieces of documentation are being submitted to PHAB

**When to use this tool:**

This tool is a checklist of sorts, and can be used alone or in combination with **the Selecting Programmatic Documentation Tool**. Begin by entering all of the agency’s programs along the top row. Even for program areas that you don’t anticipate will contribute required documentation, it’s important to include them here to provide an accurate picture of the variety of programs in the health department relative to the variety represented in the accreditation application.

Use a checkmark or other notation to indicate which program areas will be contributing documentation to each measure. When completed, accreditation coordinator can then quickly analyze the chart to ensure that documentation will be provided by a sufficient variety of programs.

* Once possible documentation has been identified (from the Selecting Programmatic Documentation Tool or otherwise), analyze this chart to consider the following questions:
  + Which measures are missing documentation?
  + Which programs are over-represented? Under-represented?
  + Are some examples repetitive? If so, is this intentional? You can choose to submit similar documentation to PHAB or your agency might want to express more variation.
* Revise the documentation plan as needed to best meet PHAB’s direction that it “be selected from a variety of programs to illustrate department-wide activity.”
* Use the charts in any way that works for your agency. Remember this is meant to generate discussion amongst your accreditation team around which documentation is the best to submit.

**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

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**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Agency Programmatic Areas** | | | | | | | | |
| **DOMAIN 1: Conduct and disseminate assessments focused on population health status**  **and public health issues facing the community** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| \*1.3.1 A: reports from up to 2 programs |  |  |  |  |  |  |  |  |  |
| \*1.4.1 A: data used in up to 2 programs |  |  |  |  |  |  |  |  |  |
| **DOMAIN 2: Investigate health problems and environmental public health hazards to**  **protect the community** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 2.1.2 L: 2 program evaluations/audits |  |  |  |  |  |  |  |  |  |
| **DOMAIN 3: Inform and educate about public health issues and functions** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 3.1.1 A: provision of health information from 2 programs | Must include an example from CD |  |  |  |  |  |  |  |  |
| 3.1.2 A: 2 implemented health promotion strategies (implementation and engagement of community) | Must include an example from CD |  |  |  |  |  |  |  |  |
| 3.2.1 A: provision of information to the public about public health |  |  |  |  |  |  |  |  |  |
| 3.2.3 A: Communications procedures | Must include an example from CD |  |  |  |  |  |  |  |  |
| 3.2.5 A: website showing program activity |  |  |  |  |  |  |  |  |  |
| 3.2.6 A: culturally appropriate info from 2 programs |  |  |  |  |  |  |  |  |  |
| **DOMAIN 4: Engage with the community to identify and address health problems** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 4.1.1 A: collaboration(s) to address at least 4 health issues |  |  |  |  |  |  |  |  |  |
| **DOMAIN 6: Enforce public health laws** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 6.2.1 A: evidence of staff training on program laws |  |  |  |  |  |  |  |  |  |
| 6.3.1 A: authority to conduct enforcement in 2 programs; protocols for 2 programs |  |  | Must include an example from ID |  |  |  |  |  |  |
| 6.3.2 A: schedule of inspection for 2 (enforcement) programs; documentation of action |  |  |  |  |  |  |  |  |  |
| 6.3.3 A: follow-up and analysis of inspections/ complaints for 2 programs |  |  |  |  |  |  |  |  |  |
| 6.3.4 A: annual reports from 2 programs |  |  |  |  |  |  |  |  |  |
| **DOMAIN 7: Promote strategies to improve access to health care services** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| \*7.2.2 A: collaboratively addressing gaps in healthcare services |  |  |  |  |  |  |  |  |  |
| **DOMAIN 9: Evaluate and continuously improve health department processes,**  **programs, and interventions** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 9.1.3 A: using performance management system to monitor goals/objectives (one from program) |  |  |  |  |  |  |  |  |  |
| 9.1.4 A: collecting feedback from two different types of customers |  |  |  |  |  |  |  |  |  |
| 9.2.2 A: QI activities based on QI plan (one from program) |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DOMAIN 10: Contribute to and apply the evidence base of public health** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 10.1.1 A: evidence of incorporating evidence-base into 2 programs | Must include an example from CD |  |  |  |  |  |  |  |  |
| **DOMAIN 11: Maintain administrative and management capacity** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 11.1.4 A: examples of 2 programs that are culturally appropriate |  |  |  |  |  |  |  |  |  |
| \*11.1.6 A: IT infrastructure that supports public health in 2 different areas |  |  |  |  |  |  |  |  |  |
| 11.2.1 A: 2 program funding reports |  |  |  |  |  |  |  |  |  |
| 11.2.2 A: contracts or MOUs from 2 programs |  |  |  |  |  |  |  |  |  |
| \*11.2.4 A: 2 grant applications or fund-leveraging documentation examples |  |  |  |  |  |  |  |  |  |
| **DOMAIN 12: Maintain capacity to engage the public health governing entity** | Chronic Disease | MCH/ Adolescent/ WIC | Infectious Disease | Emergency Prep | Epidemiology Statistics | HIV / AIDS | Environmental Health |  |  |
| 12.1.1 A: authority to conduct public health services and description of how agency implements |  |  |  |  |  |  |  |  |  |
| \*12.3.1 A: 2 examples of communicating with the LGE around public health issues |  |  |  |  |  |  |  |  |  |
| \*12.3.3 A: 2 examples of communicating with the LGE around LHD performance |  |  |  |  |  |  |  |  |  |