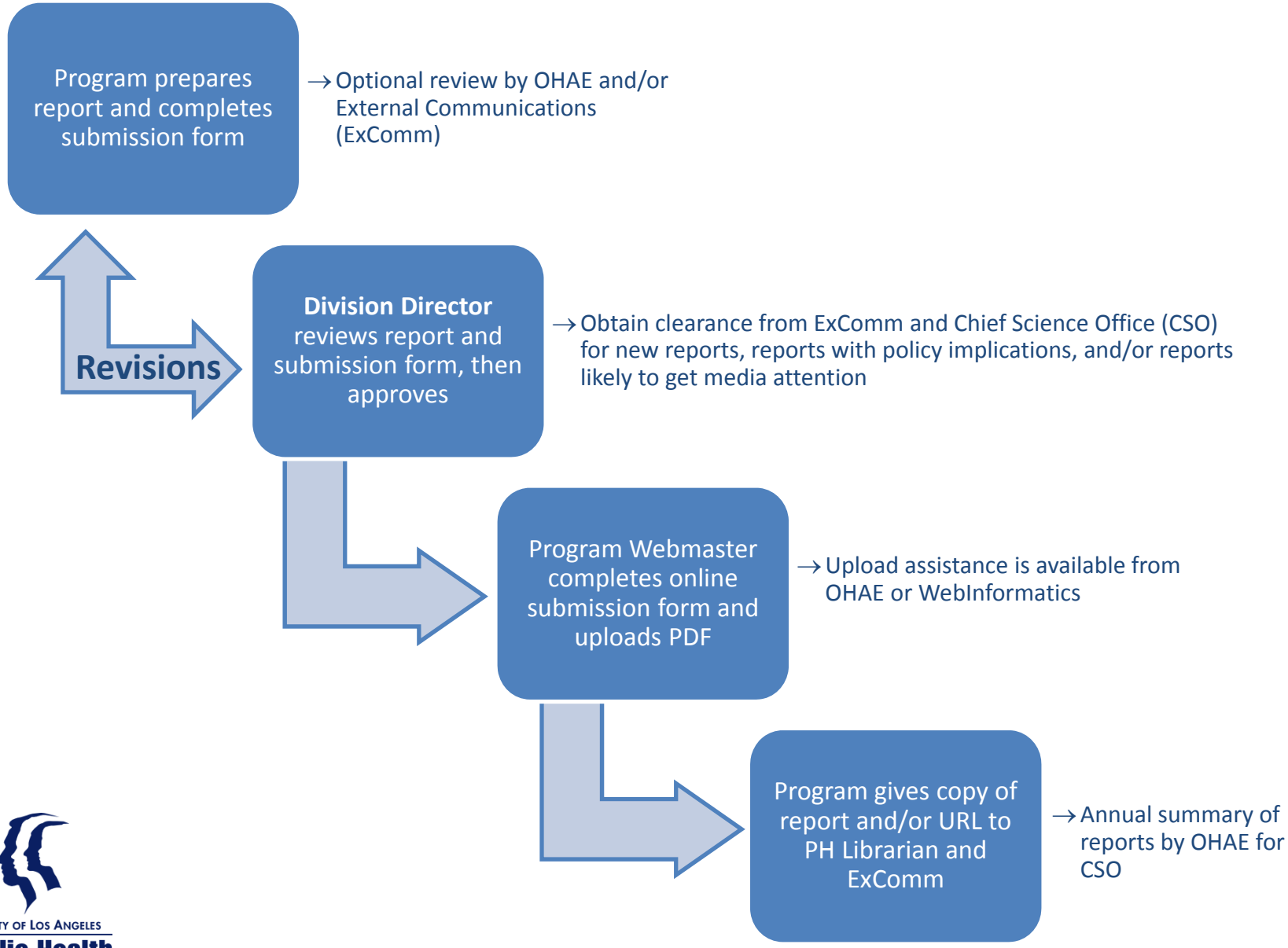
DPH Surveillance Report Approval Process



County of Los Angeles
Public Health

OHAE 5/9/13

DPH Surveillance Report Checklist

1. REPORT IDENTIFICATION

Program name: _____ Division: _____

Contact's name: _____ E-mail address: _____

Report title: _____

Report number: _____ Date report issued: MM/YYYY _____/_____

Primary data year: _____ Range of data years *(if applicable)*: From _____ To _____

2. REPORT ELEMENTS *Check all that apply*

Essential

- ☐ Introduction and background
- ☐ Description and significance of the disease/condition under surveillance
- ☐ Description of surveillance methods
- ☐ Descriptive data analysis
- ☐ Discussion of policy implications and recommendations
- ☐ Proper format and layout (DPH and County logos, title, publication date, image guidelines, suggested citation, contact information)

Suggested

- ☐ Message from the Director
- ☐ Executive summary or data highlights
- ☐ Graphs, tables, and maps
- ☐ Adjusted rates and statistical analyses, when appropriate
- ☐ Discussion of limitations
- ☐ Links to evidence-based interventions
- ☐ References and resources

3. CATEGORIES FOR WEB DISPLAY

Subject categories *Select up to 3*

☐Behavioral ☐Environmental ☐Injury and violence ☐Oral health ☐Animal diseases
☐Chronic diseases ☐Infant/child health ☐Medical care ☐Substance abuse
☐Demography ☐Infectious diseases ☐Mental health ☐General/other

Age/gender groups *Check all that apply (not applicable for animal diseases)*

☐All ☐Children ☐Adults, males ☐Adults, all
☐Infants ☐Adolescents ☐Adults, females

Geographic areas *Check all that apply*

☐Countywide ☐Health district ☐Zip code ☐Political
☐SPA ☐City ☐Census tract ☐Other, specify _____

4. APPROVALS

Program Director: _____ Date: _____

Division Chief: _____ Date: _____

External Communications*: _____ Date: _____

Chief Science Officer*: _____ Date: _____

*****_Approval required if the report is new or substantially changed, has new recommendations, contains policy implications, or may generate media attention._

Date uploaded: _____ URL _____