The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.

This document summarizes what PHAB has learned about how health departments (HDs) are addressing measures related to public health research. In particular, it focuses on the reasons that health departments struggled with 4 of the measures in Domain 10. It also includes findings from Section II of accredited HDs' Annual Reports.

Below is a summary of the distribution of assessments for measures in Domain 10. These data are for 303 HDs, including 179 HDs assessed under Version 1.0 and 124 HDs assessed under Version 1.5. The assessments are from the Site Visit Report written by the peer reviewers. HDs may have been required to address these measures prior to accreditation (as part of an Action Plan) or following accreditation (as part of an Annual Report). As such, the data reflect HDs at a point in time in their accreditation journey; HDs may have strengthened their capacity in these areas as part of their accreditation work.

<table>
<thead>
<tr>
<th>Measure</th>
<th>%Fully Demonstrated</th>
<th>%Largely Demonstrated</th>
<th>%Slightly Demonstrated</th>
<th>%Not Demonstrated</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1.1</td>
<td>76.2%</td>
<td>16.2%</td>
<td>5.0%</td>
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<td>303</td>
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<td>10.1.2 S</td>
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<tr>
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<tr>
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<td>19.5%</td>
<td>4.9%</td>
<td>4.9%</td>
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</table>

To better understand HDs' performance on these Measures, PHAB conducted an analysis of the conformity comments of HDs that were assessed as Not or Slightly Demonstrated (ND/SD) in at least 5% of the first 303 Site Visit Reports. The results of those analyses are shown below. For each Measure, the most common reasons for the assessment are listed, including the number of HDs for which that reason was indicated. One HD could have multiple reasons listed. The reasons are linked to specific required documentation listed in the PHAB Standards and Measures. For reference, please see: https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf.
Measure 10.1.1: Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions
Among the 23 HDs assessed as ND/SD, the most common challenges were:
- Documentation did not describe incorporation of Evidence-Based Practice (EBP) into the design of a new or revised process, program, or intervention (14 HDs)
- Examples provided were out of PHAB’s scope of authority (12 HDs)
- Documentation was outside appropriate timelines (6 HDs)

Measure 10.2.2: Access to expertise to analyze current research and its public health implications
Among the 16 HDs assessed as ND/SD, the most common challenges were:
- Unclear documentation of expertise from job descriptions, etc. (8 HDs)
- Documentation provided was not about research analysis/interpretation (7 HDs)
- Relationship not formalized by an MOU/agreement for extremal support (5 HDs)

Measure 10.2.3: Communicated research findings, including public health implications
Among the 62 HDs assessed as ND/SD, the most common challenges were:
- Documentation provided was not research as defined by PHAB (e.g., documentation provided was CHA data) (46 HDs)
- Findings were not shared with the state/Tribal/local health department (35 HDs)
  - Primary issue was local HDs not sharing with state
- Documentation lacked evidence of distribution/presentation/communication of findings (15 HDs)

Measure 10.2.4S: Consultation or technical assistance provided to Tribal and local health departments and other public health system partners in applying relevant research results, evidence-based and/or promising practices
Among the 4 HDs assessed as ND/SD, the most common challenge of this state-only measure was:
- Deficiencies documenting the provision of TA for application of research, evidence-based and/or promising practices (TA may have been provided, but for something other than research application) (4 HDs)

Annual Reports
A total of 349 Annual Reports (ARs) submitted by 192 HDs that had completed at least one Annual Report by December 2018 were reviewed. Although research is not a central focus of the Annual Reports, a review of these reports yields some insights about the topic. For example, 48 HDs indicated they had published an article related to accreditation/QI. This is just one way that HDs may be contributing to the public health evidence base. (It is important to note that they might also be publishing on other topics that would not be captured in this question.)

In addition, the Annual Reports were searched for references to “academic health departments.” These references most commonly occurred in a part of the Annual Reports that asks about emerging public health issues. Nineteen HDs specifically mention being an academic health department or working towards it. These partnerships with academia take many different forms, including:
- Fostering innovation;
- Participating in core elements of accreditation requirements, including quality improvement, performance management, strategic plans, community health assessments, community health improvement plans;
- Participating in internship programs; and
- Engaging in project specific work, with examples related to climate change and healthcare-associated infections.