



*Advancing
public health
performance*

Analysis of PHAB Annual Reports

Section II Data

June 2021

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Introduction

The Public Health Accreditation Board (PHAB) seeks to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. Initial accreditation is awarded for five years, and health departments are required to submit Annual Reports in between accreditation cycles (annually) to provide updates to PHAB on their continuing improvement journey. This report looks at data provided in the PHAB Annual Report Section II, which asks questions about activities related to quality improvement and performance management, continuing processes, and emerging public health issues and innovations. The Annual Report questions are also designed to help health departments begin to consider reaccreditation requirements.

This report consists of data generated through PHAB Annual Reports Section II, with data from 276 PHAB accredited health departments in Annual Reports submitted between January 2015 and December 2020. It begins with details on the Annual Report requirements and the methodology for this report and then shares findings about performance management and quality improvement, collaboration and sharing, and emerging public health issues. The report ends with insights on the feedback that health departments receive from PHAB on their Annual Reports and a look forward about how data from the Annual Reports can inform future improvements.

Key findings from analysis of PHAB Annual Report Section II include:

- Common facilitators of quality improvement (QI) and performance management (PM) in 2020 included training and/or conferences and performance management systems.
- Common constraints of quality improvement and performance management in 2020 included COVID-19 and turnover/staff shortages.
- In Cycle 1 of accreditation, 64% of health departments reported that need for a quality improvement project was determined by staff suggestion.
- The most common quality improvement tools and implementation method is PDCA/PDSA.
- “Programs” is the most common focus area for QI projects when looking at data across all four Cycles, regardless of year. “Data” is the most common focus area for QI projects when looking specifically at data from 2020.
- The most common areas that health departments requested guidance for include diffusing QI throughout the health department, gaining buy-in for QI, and finding and/or providing training on PM/QI.
- Giving a presentation at a meeting was the most commonly stated approach health departments used to share their resources and expertise.
- Overall, emergency preparedness is the emerging public health topic most often addressed by health departments. However, in 2020, health equity was the topic most often addressed by health departments.
- In more than half of the Annual Reports, health departments reported using the feedback they had received from PHAB from the previous year’s Annual Report.

Annual Report Requirement and Methodology

As part of the PHAB accreditation process, health departments are required to submit an Annual Report, which includes two or three sections depending on the particular health department's cycle in the accreditation journey. When we use the word "cycle," we mean how long a health department has been accredited – health departments complete Cycle 1 of the Annual Report when they have been accredited one year, Cycle 2 when they have been accredited two years, etc. All data in this report was collected during Cycles 1-4, unless otherwise specified.

Section I requires each health department to describe any circumstances that would potentially jeopardize continued conformity with the Standards and Measures, which includes leadership or budget changes. In addition, Section I asks the health department to continue reporting on any specific measures identified by the Accreditation Committee when the health department received accreditation or reaccreditation. Health departments are also asked to disclose if they have received any adverse findings or communications related to oversight from federal or state funding agencies.

Section II, which provides the data for this report, asks about activities related to improvement, continuing processes, and emerging public health issues and innovations. To synthesize the data from PHAB Annual Reports Section II (see Appendix), PHAB staff first compiled all data from January 2015 through December 2020, which health departments entered into e-PHAB, PHAB's electronic accreditation system, as part of the Annual Report process. Data were downloaded and then cleaned in Microsoft Excel before analysis for this report was performed. For free-response questions, PHAB staff identified common themes and coded the responses to indicate which responses included each theme. This report indicates what percentage of Annual Reports included a response to a closed-response question or included one of the themes. Some tables specify that the data are just from the most recent year (2020). Other tables compare data from multiple years or across multiple cycles (i.e., to show if there are differences as health departments are farther along in their accreditation/reaccreditation journey). In addition, we have included quotes from Annual Reports to illustrate some of the quantitative findings. We removed the names of health departments from those quotes.

PHAB's review of Section II of the Annual Report is overseen by PHAB's Evaluation and Quality Improvement (EQI) Committee. This review is aimed at supporting the maintenance and advancement of a quality improvement culture in accredited health departments. The health department receives feedback on Section II, focused on quality improvement. Recommendations from the EQI Committee are advisory only. After the Committee's review form has been uploaded in e-PHAB, health departments receive an automated email letting them know that the feedback is available through e-PHAB.

Section III is required for health departments completing Annual Reports after reaccreditation and is focused on the population health outcomes that health departments track in their community.¹ As previously described, this report focuses on Section II only.

All responses in Annual Reports are self-reported by health departments. The questions asked for each cycle of reporting differ slightly to reflect the health department's progression as it prepares for reaccreditation. As

¹ A report on Population Health Outcomes will be available in July 2021 on phaboard.org.

part of the supplemental guidance produced by PHAB due to the COVID-19 pandemic, several questions were made optional starting August 1, 2020 (See Appendix COVID Revised Annual Reports). All data that were optional due to the supplemental guidance are noted in this report with an asterisk next to the name of the table. Additionally, the supplemental guidance allowed health departments a 90-day extension with which to complete their Annual Reports. This resulted in some Annual Reports that would have been submitted in 2020, if not for the supplemental guidance, to be submitted in the first quarter of 2021. All data provided in this report are from Annual Reports submitted by December 2020.

Key Findings: Performance Management and Quality Improvement

PHAB Annual Report Section II asks health departments several questions related to performance management (PM) and quality improvement (QI). Responses to these sections are intended to solicit information on the PM and QI work a health department undertakes and challenges to this work. Responses also provide insights about the role accreditation may, or may not, play in facilitating PM and QI work.

Facilitators and Constraints

In Section II, accredited health departments were asked to describe facilitators and constraints to performance management and quality improvement in their health departments. Answers were submitted in paragraph format, coded by theme by PHAB staff, and then tabulated to determine the most common responses. Findings demonstrate that quality improvement and performance improvement contribute to continuous improvement. As a local health department shared:

“Effective quality improvement programs in public health departments have the potential to manage the public’s resources effectively and efficiently, build public trust, and improve staff morale.”

Table 1 details the most common facilitators. Specific comments highlighted creating internal divisions dedicated to performance management and/or quality improvement, creating specific positions for quality improvement, and including staff at all levels as facilitators of successful quality improvement.

Several health departments noted the role accreditation plays in facilitating PM and QI:

“Going through the PHAB accreditation process and becoming accredited greatly helped our public health staff understand, apply, and support the essential services and core functions of public health. While the time spent in preparing for accreditation was laborious at times, becoming PHAB accredited provided motivation in maintaining/making progress on standards and measures that were noted as needing improvement from the PHAB site visit.”

Staff buy-in and engagement was one of the most frequently cited facilitators. To successfully implement QI, staff must engage in the work, feel like their voice can be heard, and understand the role. Staff who feel like QI is a part of their everyday work, rather than an additional task, had more buy-in and were more committed to the process.

“Increasing the number of employees involved in quality improvement (QI) projects and performance management (PM) has benefited [Health Department] and ultimately our clients and community.”

In 2020, the COVID-19 pandemic brought challenges to all levels of health departments. However, several accredited health departments described the pandemic as a facilitator of quality improvement:

“COVID-19 has presented several opportunities for [Health Department] to engage in rapid quality improvement processes. While more informal, at the end of the day, [there] are process issues that need a different approach and we are using the QI principles to implement change. Embracing QI as a normal practice has been a challenge over the years for us as an organization. What COVID has demonstrated is that QI is embedded in our culture which is a huge win in relation to the accreditation process and the work we’ve done to make CQI a success.”

“Despite setbacks, we have found the value of accreditation throughout the pandemic response. We have been able to implement informal QI projects throughout the response to quickly correct issues with our processes and procedures. Our community partnerships have been leveraged to ensure an appropriate response in the community. Most importantly, our agency is seen as the expert on public health matters and the COVID-19 response in [County].”

Table 1: Facilitators of Quality Improvement and Performance Management*

	2020
Training and/or conferences	44
Performance Management System	42
Additional/new staff	27
Staff buy-in	27
Strategic/internal plan	27
Regular QI meetings/check-ins/feedback	22
Support from partners (state, national organizations, etc.)	19
Organizational changes	11
Use of external resources (NACCHO assessments, etc.)	11
Other	32
<ul style="list-style-type: none"> • Accreditation • COVID-19 • Grant Requirements • Recognition/Awards (internal or external) • Staff Retention 	
Skipped Question	19
Number of Health Departments	137

Table 2 details the most common constraints in quality improvement and performance management work. Only one health department indicated that they experienced no constraints. In 2020, unsurprisingly, the biggest barrier to quality improvement and performance management was the COVID-19 pandemic.

“The recent and ongoing Covid-19 pandemic has been a challenge and [has] put a strain on many operations of [health department] as we have had to shift from normal activities to an emergency

response situation. However, our agency is choosing to see this as an opportunity to learn, grow and improve our operations as we go. There have been many situations recently where processes have been put in place only to need to be changed soon thereafter to adapt to an ever evolving situation. Additionally, the need to act quickly and efficiently has illuminated many internal processes that need improved or changed.”

In addition to the pandemic, staff turnover and hiring challenges, difficulties with tracking or using performance management systems, and capacity were often described as barriers to implementing successful quality improvement processes.

“Since becoming accredited, there have been three primary internal factors that have constrained [Health Department’s] progress in Performance Management and Quality Improvement: ability of the Performance Management System to identify potential Quality Improvement projects, leadership belief and buy-in for the value-add of these activities, and the “too busy to improve” mindset.”

While infrequent, accreditation and the lack of funding to support it was cited as a constraint to performance management and quality improvement work.

“Factors that constrained the progress of PM/QI is the exhaustion from going through the accreditation process. [Health department] is a small department and the whole staff was involved in the complete process. External factors are the lack of understanding from State and local entities on what accreditation means. Local and some state entities are not familiar with the process of accreditation and all that is entailed in becoming accredited. Being accredited has improved [health department] performance but it has yet to increase the funding necessary to maintain accreditation in the long term. There has been no financial benefit to accreditation at this point. This lack of funding for accreditation work may impact the initial support from the county commissioners and other policy makers. If there is no financial impact and with a potential increase in the cost of accreditation it will become difficult to garner support for continued accreditation. The department continues to identify funding from more non-traditional public health funding sources to fund the QI and PM work.”

Table 2: Constraints to Quality Improvement and Performance Management*

	2020
COVID-19	61
Turnover/staff shortages	43
Performance Management System (absent/faulty/new)	24
Lack of time/more pressing priorities (not COVID related)	22
Lack of buy-in	18
Organizational changes	18
Limited funds	10
Other	14
<ul style="list-style-type: none"> • Accreditation • Difficult to track progress/outside limitations • Health department location moved or damaged • Political climate 	
Skipped Question	12
Number of Health Departments	137

QI Projects

For Cycles 1 and 3 of PHAB’s Annual Report Section II, health departments are instructed to select one formal QI project to describe in greater detail.

Table 3 illustrates how the need for this QI project was determined, with health departments instructed to select all that apply from a list of options. Staff suggestion is the most commonly selected option by far, demonstrating the value placed upon internal recommendations and staff buy-in by many health departments.

Table 3: How was the Need for the Quality Improvement Project Determined?

	Cycle 1
Staff suggestion	64.41%
Health status gathered through community statistics, focus groups, etc.	28.81%
Performance management system	27.12%
Customer feedback	22.03%
Other	22.03%
Site Visitors/Site Visit Report	18.64%
Accreditation Committee letter about accreditation status	1.69%
Number of Health Departments	59

Table 4 shows what tools and implementation methods were used for the QI project. This information is provided within a narrative written by the health department about the QI project and is then coded by PHAB staff. The first three tools and/or methods included in the narrative are then extracted to create this dataset.

PDCA/PDSA (Plan-Do-Check-Act/Plan-Do-Study-Act) is the most used method, followed by fishbone/cause and effect diagrams, and then flowchart/process mapping.

Table 4: Quality Improvement Tools and Implementation Methods

	Cycle 1	Cycle 3
PDCA/PDSA	64.41%	63.44%
Fishbone/cause and effect diagram	35.59%	24.73%
Flowchart/process mapping	25.42%	27.96%
Root cause	15.25%	27.96%
Brainstorming	5.08%	11.83%
Lean	10.17%	8.60%
Five whys	8.47%	7.53%
Value stream mapping	0.0%	3.23%
Prioritization matrix	1.69%	1.08%
Storyboard	1.69%	1.08%
Impact matrix/impact-effort diagram	0.0%	2.15%
Six Sigma	0.0%	2.15%
Forcefield analysis	1.69%	0.0%
Gantt chart	1.69%	0.0%
Affinity diagram	0.0%	1.08%
Control/influence diagram	0.0%	1.08%
Kaizen	0.0%	1.08%
Pareto chart	0.0%	1.08%
Rapid process improvement	0.0%	1.08%
Number of Health Departments	59	93

Focus Areas

As part of the Annual Report process, all health departments are instructed to track their QI projects over the course of the year, categorizing them by the focus areas included in Tables 5 and 6, selecting all that apply. When looking at the data across all four Cycles, regardless of year, “programs” is the most common focus area for QI projects. When looking specifically at data from 2020, “data” is the most common focus area.

Across all accreditation cycles and the year 2020, governance is consistently the focus area with the least engagement (See Tables 5 and 6).

Table 5: Tracked Quality Improvement Project Focus Areas by Cycle in the Accreditation Process*

	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Programs	84.75%	67.69%	75.27%	73.53%
Other administrative/management	42.37%	66.15%	54.84%	69.12%
Data	47.46%	40.0%	50.54%	55.88%
Workforce	47.46%	44.62%	44.09%	44.12%
Community engagement	45.76%	36.92%	50.54%	23.53%
Financial management	35.59%	30.77%	39.78%	38.24%
Health Equity	25.42%	20.0%	43.01 %	30.88%
Other	11.86%	15.38%	17.2%	13.24%
Governance	10.17%	10.77%	15.05%	7.35%
Number of Health Departments	59	65	93	68

Table 6: Tracked Quality Improvement Project Focus Areas in 2020*

	2020
Data	67
Programs	51
Other administrative/management	41
Workforce	38
Community engagement	32
Health equity	28
Financial management	26
Other	23
Governance	11
Number of Health Departments	137

Requested Guidance

The Annual Report Section II provides an opportunity for health departments to identify topics related to PM and QI where they would appreciate guidance, selecting all that apply. Table 7 shows that diffusing QI throughout the health department, gaining buy-in for QI, and finding and/or providing training on PM/QI are areas that health departments requested the most guidance for, and may need additional support through future technical assistance opportunities.

Table 7: Requested Guidance for Performance Management and Quality Improvement by Cycle*

	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Diffusing QI throughout health department	37.29%	46.15%	52.69%	36.76%
Finding and/or providing training on PM/QI	50.85%	46.15%	38.71%	33.82%
Gaining buy-in for QI	30.51%	38.5%	46.24%	32.35%
Selecting performance measures	33.90%	43.1%	37.63%	30.88%
Tracking performance measures over time	23.73%	35.38%	27.96%	32.35%
Sharing PM/QI information with staff and governing entity	28.81%	27.69%	31.18%	26.47%
Determining when to implement a QI project	20.34%	24.61%	15.05%	20.59%
Working with data	22.03%	23.1%	15.05%	20.59%
Identifying resources	15.25%	23.1%	21.5%	11.76%
Assessing QI culture	15.25%	21.54%	11.83%	20.59%
Developing or revising QI plan	8.47%	21.54%	20.43%	10.29%
Implementing QI projects	5.08%	13.85%	15.05%	16.18%
Did not provide a response	1.69%	1.54%	9.68%	25%
Other	6.78%	7.69%	3.23%	2.94%
Number of Health Departments	59	65	93	68

In Annual Report Section II Cycles 1-4, accredited health departments are asked “What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here.” In 2020, most health departments chose not to submit a question or comment, but Table 8 details the themes of the most common questions or comments, which were similar to the questions shared below:

- How can we sustain continuous support and buy in amongst staff for PM/QI initiatives across the department?
- What are new and innovative best practices on implementing QI in local public health?
- How do we provide training without a budget?

Table 8: Specific Questions about Performance Management/Quality Improvement in 2020*

	2020
Resources/templates	7
Buy-in	6
Performance Management System	5
Sharing info	4
Training	4
Monitoring	3
Technical assistance	2
Questions specific to their health department	12
Skipped/No Questions	101
Number of Health Departments	137

Key Findings: Collaboration and Sharing

To encourage cooperation and collaboration, all Annual Reports present health departments with the opportunity to explain how they have provided support to other health departments or shared their experiences with others outside of the department, related to quality improvement, performance management, or accreditation. In the Annual Report, health departments are instructed to select all that apply from a list of potential sharing opportunities. Options are listed in Table 9.

Giving a presentation at a meeting was the most commonly stated way health departments shared their resources and expertise. Numbers for sharing and collaboration overall were down in 2020, likely due to concerted efforts to combat COVID-19.

Table 9: Sharing Health Department Work by Method in 2020*

	2020
Gave a presentation at a meeting	54
Provided one-time consultation to staff at another health department	47
Provided ongoing assistance to staff at another health department	46
Submitted an example to a national database of best practices	9
Published an article in a journal	12
None/Did not provide a response	17
Submitted a story to Accreditation Works!	3
Other	4
Number of Health Departments	137

Key Findings: Emerging Public Health Issues

PHAB encourages accredited health departments to consider how their work addresses emerging public health issues and subsequently requests that they provide information on whether they have conducted work on any of the public health issues in Table 10. The list of issues provided has evolved over time with new topics added as they are identified by the Evaluation and Quality Improvement (EQI) Committee and supplemented by findings from think tanks and expert panels convened by PHAB.

Overall, emergency preparedness is the emerging public health topic most often addressed by health departments. However, in 2020, health equity was the topic most often addressed by health departments. While many health departments have included health equity as a priority in the past, existing racial inequities highlighted by the COVID-19 pandemic in addition to increased attention to high-profile murders of Black people as a result of police violence led to increased awareness of systemic racism. In 2020, the United States saw a rise in the number of governmental health departments that declared racism a public health crisis.²

“The social justice protests following George Floyd’s death occurred at the same time we were seeing some of our most significant health disparities with COVID-19 infections (the proportion of COVID-19 infections in Blacks was nearly three times their proportion of the general population). [Health

² Racism is a public health crisis. American Public Health Association website. Accessed May 23, 2021. <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>

Department] formed a work group to look into what we could do, as a public health agency, to address racism. The work group included the Medical Director, a staff person with expertise in strategic communications and the team lead for Building Inclusive Communities, a training program from [City] staff. This work group spoke to a variety of staff members, in particular racial minority staff members and those who work on programs/projects that work to address health inequities, about what we could do to address the situation. As a result, our first action was to have a period of silence for 8 minutes and 46 seconds. [...] [Health Department] staff were invited to participate, as well as members of the community. This was followed by a social media campaign explaining why racism is a public health issue. [Health Department] has also added a position to our COVID-19 Incident Command System (ICS) specifically to address disparities in minority populations.”

“The COVID-19 pandemic highlighted the need for health equity by shining a light on health and healthcare disparities more than any other time in recent history. This emphasis facilitated our health department’s progress in QI by fostering increased access to health equity trainings, specifically touching on racial disparities and COVID-19 mitigation efforts.”

Table 10: Emerging Public Health Issues by Topic over Time

	2015	2016	2017	2018	2019	2020
Emergency preparedness (other than COVID-19) †	93.44%	89.13%	88.97%	91.10%	82.55%	75.18%
Health equity	70.49%	71.74%	75.86%	86.91%	77.18%	85.40%
Data for decision making	65.57%	57.61%	60.69%	65.45%	81.21%	78.10%
Public health/health care integration	73.77%	67.39%	74.48%	71.20%	51.01%	52.55%
Public health financing modernization	45.90%	36.96%	42.76%	34.03%	34.90%	28.47%
Climate change	37.70%	29.35	29.66%	32.46%	31.54%	18.98%
Behavioral health*	0.0%	0.0%	0.0%	0.0%	63.09%	55.47%
Emerging infectious diseases (other than COVID-19)* †	0.0%	0.0%	0.0%	0.0%	60.40%	50.36%
Community resilience*	0.0%	0.0%	0.0%	0.0%	47.65%	48.18%
Health strategist*	0.0%	0.0%	0.0%	0.0%	42.95%	43.07%
Public health systems transformation*	0.0%	0.0%	0.0%	0.0%	41.61%	37.23%
Adoption of emerging technology*	0.0%	0.0%	0.0%	0.0%	27.52%	24.82%
COVID-19**	0.0%	0.0%	0.0%	0.0%	0.0%	39.42%
Environmental bio-monitoring*	0.0%	0.0%	0.0%	0.0%	16.12%	19.71%
Anti-Racism**	0.0%	0.0%	0.0%	0.0%	0.0%	12.41%
Genomics*	0.0%	0.0%	0.0%	0.0%	6.04%	5.12%
Number of Health Departments	61	92	145	191	149	137

*added as a topic in 2019

**added as a topic in 2020

† “other than COVID-19” added to topic in August 2020

Key Findings: PHAB Feedback

In the PHAB Annual Report Section II, health departments are asked an optional question regarding PHAB feedback: “Did you use feedback from the Annual Report that you received last year? If so, how did you use it?”

If not, how could it be improved?” Table 11 includes responses to the question. Feedback provided by the EQI Committee focuses on responses to quality improvement and performance management questions in Section II and may consist of additional resources and address specific questions from the Annual Report.

Some health departments provided details on ways they used the feedback, including:

“We also reviewed feedback about additional staff opportunities in QI and staff training. Through this we created a strong training section in our QI Plan that includes multiple training types and levels of QI throughout our organization.”

“The feedback from last year’s Annual Report was extremely helpful and a great way to segue to complete this report. It gave us the ability to reference what we said we wanted to do and then identify how we followed our intentions.”

Table 11: Health Department Use of PHAB Feedback by Year*

	2019	2020
Yes	80	47
No/Not answered	38	61
Number of Health Departments (Minus those in Cycle 1)	118	108

Accredited Health Department Stories

PHAB Annual Report Section II includes several questions with space for text response. In addition to providing details on QI and PM progress, responses in these sections highlight health departments’ work related to being a strategic community health development organization, emerging public health issues, and public health innovation.

A few highlights from 2019 and 2020 Annual Report Section II are below. These stories demonstrate health departments’ efforts to achieve the PHAB Standards & Measures advance and transform public health practice:

- Collaboration and continuous improvement: *“The [State Specific Office] established a new [State Specific Title] Public Health Improvement Community of Practice (PHICoP). The purpose of PHICoP is to convene a diverse group of public health practitioners from [State; Number of Accredited Health Departments] local public health districts who have a shared focus on best-practices, tools, resources, stories and experiences regarding quality improvement, performance management and/or accreditation and other topics including data and health equity. The CoP will continue to strengthen a collaborative working relationship to create a more robust and sustainable public health infrastructure while preparing health districts for PHAB accreditation or reaccreditation efforts. [State Specific Office] staff met with individual health districts prior to the first convening of the CoP to discuss the health district’s statuses and capacity related to QI, PM and accreditation; as well as determine additional resource, training and technical assistance the district’s may require. The CoP meets on a quarterly basis; with each meeting focusing on a specific topic relevant to QI, PM or accreditation. As a result of*

this convening, the district staff have also requested the initiation of the district level Health Equity Workgroup.”

- *Health equity: “One innovation the health department wants to highlight is the [Name]. [Name] is a program staffed by diverse community members to encourage residents to adopt and practice safe habits. Instead of traditional public health education, which may be done through press releases, news outlets, and social media, [Name] members visit public locations throughout the city and speak to people in person, in real-time. They serve as a resource to the community by providing masks and hand sanitizer to those who need it, and they can answer or redirect any questions people may have. They also advertise the city’s flu clinics and COVID-19 testing and provide staff support at these events. Members are required to attend weekly professional development meetings to stay up to date on the data and debrief their experiences. Although [Name] was originally founded in response to COVID-19, its long-term goal is to build community resilience. This program may be used in the future to assist with climate change outreach, heat emergencies, and other community challenges. Although in-person communication may seem counterintuitive during a pandemic, this crisis has revealed how relying on technology causes us to miss those with fewer resources.”*
- *Cost savings: The [Health Department] has achieved over \$5 million in soft savings through process improvements to date. Staff implemented a ground-breaking soil reuse practice and landfill reduction by creating a Soil Reuse Guidance Document and standardized the form in city development contracts. This simple innovation saved taxpayers \$1.9 million in one year.*

Looking Forward

Since its founding, PHAB has been committed to building an evidence base around public health practice. This commitment includes continuous improvement, evaluation, and transparency in our research practice. In 2020, PHAB furthered this work by launching the PHAB Data Visualization tool (phabdata.org), which includes some of the data from Section III of the Annual Reports. PHAB recognizes several ways in which the data from the Annual Reports can support improvement of the accreditation process as a whole and of the Annual Reports and will continue to evaluate ways to use this data.

As this report demonstrates, accredited health departments provide a wealth of data and insights into their efforts to demonstrate the Standards & Measures that can be used to inform future public health practice. PHAB is sharing these learnings with the field and using the data to inform future Version 2022 of the Standards and Measures (anticipated release in early 2022). For example, during some of the think tanks and townhalls held to gather feedback for the Standards revisions, findings from the Annual Reports were highlighted. These can be seen in the “What We’ve Learned from Accredited Health Departments” documents posted on phaboard.org/version-2022, some of which contain findings from the Emerging Issues section of the Annual Reports.

As one component of Version 2022, PHAB will revise the Annual Report process. The goal of the next Annual Report revision is to make reporting as efficient and valuable as possible. This may include changes to the submission format and questions asked to streamline the reporting process. These changes are consistent with PHAB’s current strategic plan.

Analysis of PHAB Annual Reports Section II revealed opportunities for improvement in the process. The Annual Report process, because it entails a series of document uploads, does not facilitate tracking progression longitudinally in a way that highlights accredited health departments' progression throughout their accreditation journey. In the revised Annual Report process, PHAB must consider how the information shared can best be tracked over time to inform the field and help health departments communicate the value of accreditation. For example, is there a better way to display the information from the past year's annual report when health departments are completing the current year to allow them to reflect on whether they followed through on some of their plans for the upcoming year? This report also spurs the question: how can the Annual Report process better prepare health departments for reaccreditation? As PHAB works to revise the Annual Reports, we will consider how to build on our learnings to develop a useful tool to support health departments' continued improvement.

As PHAB strives to achieve their mission to “advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation,” data will be collected and evaluated to inform changes needed to best support health departments on their accreditation journey.

To view additional PHAB research priorities, view the updated PHAB Research Agenda and Logic Model at phaboard.org/r-e-overview.

Appendix

Cycle 1: First Annual Report After Initial Accreditation



PHAB Annual Report
Section II
First Annual Report After Initial Accreditation
Approval Date: September 2018; Effective Date: January 1, 2019

On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form. This version of Section II of the Annual Report goes into effect for health departments starting Section I of their Annual Reports on or after January 1, 2019.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you were accredited?
2) What internal and/or external factors have constrained your health department's progress in PM/QI since you were accredited?

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below to indicate the concrete steps the health department has taken since you were accredited to improve each element listed, the results of those steps, and one step it plans to take next year.

Elements	Steps health department has taken since you were accredited	Results of those steps	Steps health department plans to take before next year's Annual Report
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

4) Did your health department track any QI projects related to the following areas since you were accredited? <i>(Select all that apply. Place an X in the column to the left of the area.)</i>	
<input type="checkbox"/>	Data
<input type="checkbox"/>	Financial management
<input type="checkbox"/>	Workforce
<input type="checkbox"/>	Governance
<input type="checkbox"/>	Other administrative/management
<input type="checkbox"/>	Community engagement
<input type="checkbox"/>	Health equity
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Other: please describe

Description of One QI Project
Select one formal QI project to describe in greater detail below.

5) How was the need for the QI project determined? Check all that apply.

<input type="checkbox"/>	Site Visitors/Site Visit Report
<input type="checkbox"/>	Accreditation Committee letter about accreditation status
<input type="checkbox"/>	Customer feedback
<input type="checkbox"/>	Performance management system
<input type="checkbox"/>	Health status gathered through community statistics, focus groups, etc.
<input type="checkbox"/>	Staff suggestion
<input type="checkbox"/>	Other: please describe

6) What is the existing effort or gap for which improvement is needed? What was the aim statement, including the specific measurable targets set for the activity?
If you have a storyboard that addresses all the following questions, you can upload the storyboard rather than responding questions 6-9 in this section.

--

7) What tools and implementation methods were used? Please describe what approach you used (e.g., PDCA, Lean), what tools you used (e.g., process mapping, fishbone diagram), how you determined root causes, and if you conducted a pilot.

--

8) What are the outcomes of the QI project, including progress towards the measurable targets that were set? Please provide specific data.

--

9) To which PHAB Reaccreditation measure(s), if any, does this QI project apply?

--

10) What PM/QI topics would you like guidance on? (Optional)

<input type="checkbox"/>	Gaining buy-in for QI
<input type="checkbox"/>	Finding and/or providing training on PM/QI
<input type="checkbox"/>	Sharing PM/QI information with staff and governing entity
<input type="checkbox"/>	Developing or revising QI plan
<input type="checkbox"/>	Assessing QI culture
<input type="checkbox"/>	Diffusing QI throughout health department
<input type="checkbox"/>	Determining when to implement a QI project
<input type="checkbox"/>	Implementing QI projects
<input type="checkbox"/>	Selecting performance measures
<input type="checkbox"/>	Tracking performance measures over time

Identifying resources
Working with data
Other: please describe
11) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)

Continuing Processes to Prepare for Reaccreditation

12) Describe how your health department has strengthened its collaborative working relationships. Provide one example of how you have strengthened relationships either

- With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or
- With other levels of public health departments (Tribal, state, and local)?

13) Describe the ongoing community collaborative process for continuous enhancement of the community health assessment. In particular:

- How does the health department determine which specific population groups with greater or particular health issues and health inequities to address? (Measure 1.1 RD2.b)
- How does the health department identify and analyze factors that contribute to specific populations' health issues (including social determinants of health and community factors or contributors)? (Measure 1.1 RD2.c & Measure 1.3 RD5)

14) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. (Select all that apply. Place an X in the column to the left of the activity.)

<input type="checkbox"/>	Submitted an example to a national database of best practices	<input type="checkbox"/>	Gave a presentation at a meeting
<input type="checkbox"/>	Provided one-time consultation to staff at another health department	<input type="checkbox"/>	Provided ongoing assistance to staff at another health department
<input type="checkbox"/>	Published an article in a journal	<input type="checkbox"/>	None
<input type="checkbox"/>	Submitted a story to Accreditation Works!	<input type="checkbox"/>	Other (please specify):

15) Please describe one of the activities above (question 14) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below.

Emerging Public Health Issues and Innovations

16) Has the health department conducted work in any of the following areas? (Select all that apply. Place an X in the column to the left of the issue.)

<input type="checkbox"/>	Data for decision making	<input type="checkbox"/>	Emerging infectious diseases
<input type="checkbox"/>	Health equity	<input type="checkbox"/>	Climate change
<input type="checkbox"/>	Health strategist	<input type="checkbox"/>	Behavioral health
<input type="checkbox"/>	Public health financing modernization	<input type="checkbox"/>	Environmental bio-monitoring

	Public health systems transformation		Genomics
	Public health/health care integration		Adoption of emerging technology (specify)
	Emergency preparedness and response		Other (please specify):
	Community resilience		

17) If the health department is engaged in work in an emerging area, please tell the story of the health department’s work in one area.

18) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department’s approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements

19) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)

What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Reminders about Reaccreditation Preparation

Year 1: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Read reaccreditation guide (<http://www.phaboard.org/wp-content/uploads/PHABGuideReacc.pdf>)
- Watch training modules on Bridge, PHAB’s online learning center
- Begin building support for reaccreditation among the health department director and staff
- Continue to review the comments in the Site Visit Report from Initial Accreditation
- Review requirements that are new to Version 1.5 (<http://www.phaboard.org/wp-content/uploads/Version-1.5-changes-and-clarifications-FINAL1.pdf>)
- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge)
- Read the template for the Annual Report for 2nd year after initial accreditation

Cycle 2: Second Annual Report After Initial Accreditation



PHAB Annual Report Section II Second Annual Report After Initial Accreditation Approval Date: September 2018; Effective Date: January 1, 2019

On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form. This version of Section II of the Annual Report goes into effect for health departments starting Section I of their Annual Reports on or after January 1, 2019.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you submitted last year's Annual Report Section II?
2) What internal and/or external factors have constrained your health department's progress in PM/QI since you submitted last year's Annual Report Section II?

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below to indicate the concrete steps the health department has taken since you submitted last year's Annual Report Section II to improve each element listed, the results of those steps, and one step it plans to take next year.

Elements	Steps health department has taken since you submitted last year's Annual Report Section II	Results of those steps	Steps health department plans to take before next year's Annual Report
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

4) Please describe how you you've used your performance management system for decision-making. This may include how you have used the performance management system to identify and prioritize QI projects. Please describe the overall process you use to do this. (Measure 9.1 RD1.h & RD2.5 & Measure 9.2 RD2.c)

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5) Describe how the performance management system measures link to any of the following: CHIP, strategic plan, workforce development plan, and quality improvement plan. (Measure 9.1 RD1c)

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6) Provide an example of how the performance management system informed, steered, or guided quality improvement. (Measure 9.2 RD3)

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7) Provide an example of how quality improvement efforts influenced or affected the performance management system (e.g., adding measures to the performance Management System based on QI work). (Measure 9.2 RD3)

--

8) Did your health department track any QI projects related to the following areas since you submitted last year's Annual Report Section II? (Select all that apply. Place an X in the column to the left of the area.)

	Data
	Financial management
	Workforce
	Governance
	Other administrative/management
	Community engagement
	Health equity
	Programs
	Other: please describe

9) What PM/QI topics would you like guidance on? (Optional)

	Gaining buy-in for QI
	Finding and/or providing training on PM/QI
	Sharing PM/QI information with staff and governing entity
	Developing or revising QI plan
	Assessing QI culture
	Diffusing QI throughout health department
	Determining when to implement a QI project
	Implementing QI projects
	Selecting performance measures
	Tracking performance measures over time
	Identifying resources
	Working with data
	Other: please describe

10) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)

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Continuing Processes to Prepare for Reaccreditation

11) Describe how your health department has strengthened its collaborative working relationships. Provide one example of how you have strengthened relationships either

- a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or
- b. With other levels of public health departments (Tribal, state, and local)?

--

12) Describe how the health department develops or improves department program efforts to promote the public’s health (Measure 3.1). In particular:

- a. How does the health department identify the target population that is at higher risk for poorer health outcomes in order to address health inequities? (RD1.b)
- b. How does the health department ensure the inclusion of health equity factors for specific populations? (RD1.c)
- c. How does the health department develop strategies specific to factors that contribute to populations’ higher health risks and poorer health outcomes, or health inequity? (RD3)
- d. How does the health department address social change, social customs, community policy, level of community resilience, and/or the community physical environment to impact on health inequities and create conditions that promote health? (RD4)

--

13) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. (Select all that apply. Place an X in the column to the left of the activity.)

	Submitted an example to a national database of best practices		Gave a presentation at a meeting
	Provided one-time consultation to staff at another health department		Provided ongoing assistance to staff at another health department
	Published an article in a journal		None
	Submitted a story to Accreditation Works!		Other (please specify):

14) Please describe one of the activities above (question 13) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below.

--

Emerging Public Health Issues and Innovations

15) Has the health department conducted work in any of the following areas? (Select all that apply. Place an X in the column to the left of the issue.)

	Data for decision making		Emerging infectious diseases
	Health equity		Climate change
	Health strategist		Behavioral health
	Public health financing modernization		Environmental bio-monitoring
	Public health systems transformation		Genomics

	Public health/health care integration		Adoption of emerging technology (specify)
	Emergency preparedness and response		Other (please specify):
	Community resilience		

16) If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area.

17) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements

18) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)

What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Feedback from PHAB

19) Did you use feedback from the Annual Report that you received last year? If so, how did you use it? If not, how could it be improved? (Optional)

Reminders about Reaccreditation Preparation

Year 2: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Consider what population health outcomes you will report on and reference the population health outcomes tip sheet and other resources on Bridge, PHAB's online learning center
- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge)
- Review comments from last year's Annual Report
- Continue building support for reaccreditation among the health department director and staff
- Begin discussing reaccreditation with the appointing authority and the governing entity
- Assemble your reaccreditation team and develop a work plan to prepare for reaccreditation
- Start practicing writing narratives
- Read the template for the Annual Report for 3rd year after initial accreditation

Cycle 3: Third Annual Report After Initial Accreditation



PHAB Annual Report
Section II
Third Annual Report After Initial Accreditation
Approval Date: September 2018; Effective Date: January 1, 2019

On this form, you will report on the health department’s activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form. This version of Section II of the Annual Report goes into effect for health departments starting Section I of their Annual Reports on or after January 1, 2019.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department’s progress in PM/QI since you submitted last year’s Annual Report Section II?
2) What internal and/or external factors have constrained your health department’s progress in PM/QI since you submitted last year’s Annual Report Section II?

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below to indicate the concrete steps the health department has taken since you submitted last year's Annual Report Section II to improve each element listed, the results of those steps, and one step it plans to take next year.

Elements	Steps health department has taken since you submitted last year's Annual Report Section II	Results of those steps	Steps health department plans to take before next year's Annual Report
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

4) Did your health department track any QI projects related to the following areas since you submitted last year's Annual Report Section II? (Select all that apply. Place an X in the column to the left of the area.)	
<input type="checkbox"/>	Data
<input type="checkbox"/>	Financial management
<input type="checkbox"/>	Workforce
<input type="checkbox"/>	Governance
<input type="checkbox"/>	Other administrative/management
<input type="checkbox"/>	Community engagement
<input type="checkbox"/>	Health equity
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Other: please describe

Description of One QI Project

Select one formal QI project to describe in greater detail below. The example must be a program area that focuses on population-based health promotion, protection, or improvement efforts to address a community health issue.

5) How was the need for the QI project determined? Check all that apply.

<input type="checkbox"/>	Site Visitors/Site Visit Report
<input type="checkbox"/>	Accreditation Committee letter about accreditation status
<input type="checkbox"/>	Customer feedback
<input type="checkbox"/>	Performance management system
<input type="checkbox"/>	Health status gathered through community statistics, focus groups, etc.
<input type="checkbox"/>	Staff suggestion
<input type="checkbox"/>	Other: please describe

6) What is the existing effort or gap for which improvement is needed? What was the aim statement, including the specific measurable targets set for the activity?
If you have a storyboard that addresses all the following questions, you can upload the storyboard rather than responding to questions 6-9 in the section.

--

7) What tools and implementation methods were used? Please describe what approach you used (e.g., PDCA, Lean), what tools you used (e.g., process mapping, fishbone diagram), how you determined root causes, and if you conducted a pilot.

--

8) What are the outcomes of the QI project, including progress towards the measurable targets that were set? Please provide specific data.

--

9) To which PHAB Reaccreditation measure(s), if any, does this QI project apply?

--

10) What PM/QI topics would you like guidance on? (Optional)

<input type="checkbox"/>	Gaining buy-in for QI
<input type="checkbox"/>	Finding and/or providing training on PM/QI
<input type="checkbox"/>	Sharing PM/QI information with staff and governing entity
<input type="checkbox"/>	Developing or revising QI plan
<input type="checkbox"/>	Assessing QI culture
<input type="checkbox"/>	Diffusing QI throughout health department
<input type="checkbox"/>	Determining when to implement a QI project
<input type="checkbox"/>	Implementing QI projects

Selecting performance measures
Tracking performance measures over time
Identifying resources
Working with data
Other: please describe
11) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)

Continuing Processes to Prepare for Reaccreditation

12) Describe how your health department has strengthened its collaborative working relationships. Provide one example of how you have strengthened relationships either	
<ul style="list-style-type: none"> a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or b. With other levels of public health departments (Tribal, state, and local)? 	
13) Describe how the health department is a strategic community health development organization (Measure 5.1). In particular:	
<ul style="list-style-type: none"> a. What methods does the health department use in its role as a leader and advocate for addressing social determinants of health and health equity? (RD1) b. How does the health department provide leadership in public policy setting to ensure evidence-based public health practice, cultural competence, health equity, system level changes, and effectiveness in community engagement in public health policy? (RD2) 	
14) As part of reaccreditation, you will be asked to provide details about 5-10 population health outcomes. Please provide an example of one now. (See page 66 of the Guide to Reaccreditation and visit Bridge for a specific tip sheet and additional resources.)	
Broad area:	
Topic:	
Objective:	
Target:	
Baseline Year:	
Baseline Data:	
Most Recent Year:	
Most Recent Data:	
Data Source:	
Source of Benchmark Data:	
Reaccreditation Standards/ Measures:	
Please put an X in the column to the right if this objective is addressed in your CHA/CHIP or strategic plan.	
CHA:	
CHIP:	
Strategic Plan:	

15) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. (Select all that apply. Place an X in the column to the left of the activity.)

<input type="checkbox"/>	Submitted an example to a national database of best practices	<input type="checkbox"/>	Gave a presentation at a meeting
<input type="checkbox"/>	Provided one-time consultation to staff at another health department	<input type="checkbox"/>	Provided ongoing assistance to staff at another health department
<input type="checkbox"/>	Published an article in a journal	<input type="checkbox"/>	None
<input type="checkbox"/>	Submitted a story to Accreditation Works!	<input type="checkbox"/>	Other (please specify):

16) Please describe one of the activities above (question 15) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below.

Emerging Public Health Issues and Innovations

17) Has the health department conducted work in any of the following areas? (Select all that apply. Place an X in the column to the left of the issue.)

<input type="checkbox"/>	Data for decision making	<input type="checkbox"/>	Emerging infectious diseases
<input type="checkbox"/>	Health equity	<input type="checkbox"/>	Climate change
<input type="checkbox"/>	Health strategist	<input type="checkbox"/>	Behavioral health
<input type="checkbox"/>	Public health financing modernization	<input type="checkbox"/>	Environmental bio-monitoring
<input type="checkbox"/>	Public health systems transformation	<input type="checkbox"/>	Genomics
<input type="checkbox"/>	Public health/health care integration	<input type="checkbox"/>	Adoption of emerging technology (specify)
<input type="checkbox"/>	Emergency preparedness and response	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Community resilience	<input type="checkbox"/>	

18) If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area.

19) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements

20) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)
What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Feedback from PHAB
21) Did you use feedback from the Annual Report that you received last year? If so, how did you use it? If not, how could it be improved? (Optional)

Reminders about Reaccreditation Preparation

Year 3: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge, PHAB’s online learning center)
- Review comments from last year’s Annual Report
- Maintain support for reaccreditation among the health department director, staff, and appointing authority
- Institute a regular process for briefing the governing entity on progress towards reaccreditation
- Convene your reaccreditation team and monitor progress on your work plan for reaccreditation
- Continue practicing writing narratives; remember that for each narrative you will be asked to describe your plans for continued advancement in your work in the particular area addressed by the requirement
- Read the template for the Annual Report for 4th year after initial accreditation

Cycle 4: Fourth Annual Report After Initial Accreditation



PHAB Annual Report
Section II
Fourth Annual Report After Initial Accreditation
Approval Date: September 2018; Effective Date: January 1, 2019

On this form, you will report on the health department’s activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form. This version of Section II of the Annual Report goes into effect for health departments starting Section I of their Annual Reports on or after January 1, 2019.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department’s progress in PM/QI since you submitted last year’s Annual Report Section II?
2) What internal and/or external factors have constrained your health department’s progress in PM/QI since you submitted last year’s Annual Report Section II?

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below to indicate the concrete steps the health department has taken since you submitted last year's Annual Report Section II to improve each element listed, the results of those steps, and one step it plans to take next year.

Elements	Steps health department has taken since you submitted last year's Annual Report Section II	Results of those steps	Steps health department plans to take before you apply for reaccreditation
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

4) Describe how the health department's operations support it being a performance based health department, including the effective assignment of responsibilities, efficient flow of program and performance information, and collaboration on efforts across the department. (Measure 9.1 RD2)	
5) Describe the process the health department uses to assess the effectiveness of the quality improvement plan and activities. (Measure 9.2, RD2f.)	
6) Did your health department track any QI projects related to the following areas since you submitted last year's Annual Report Section II? (Select all that apply. Place an X in the column to the left of the area.)	
<input type="checkbox"/>	Data
<input type="checkbox"/>	Financial management
<input type="checkbox"/>	Workforce
<input type="checkbox"/>	Governance
<input type="checkbox"/>	Other administrative/management
<input type="checkbox"/>	Community engagement
<input type="checkbox"/>	Health equity
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Other: please describe

7) What PM/QI topics would you like guidance on? (Optional)	
<input type="checkbox"/>	Gaining buy-in for QI
<input type="checkbox"/>	Finding and/or providing training on PM/QI
<input type="checkbox"/>	Sharing PM/QI information with staff and governing entity
<input type="checkbox"/>	Developing or revising QI plan
<input type="checkbox"/>	Assessing QI culture
<input type="checkbox"/>	Diffusing QI throughout health department
<input type="checkbox"/>	Determining when to implement a QI project
<input type="checkbox"/>	Implementing QI projects
<input type="checkbox"/>	Selecting performance measures
<input type="checkbox"/>	Tracking performance measures over time
<input type="checkbox"/>	Identifying resources
<input type="checkbox"/>	Working with data
<input type="checkbox"/>	Other: please describe
8) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)	

Continuing Processes to Prepare for Reaccreditation

9) Describe how your health department has strengthened its collaborative working relationships. Provide one example of how you have strengthened relationships either
a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or
b. With other levels of public health departments (Tribal, state, and local)?

10) Describe how populations' access to care has been collaboratively assessed and strategies to increase access to health care for those who experience barriers to care have been collaboratively developed and adopted (Measure 7.1). In particular:

- a. What is the collaborative process for identifying gaps in and/or barriers to care?
- b. What is the collaborative process for identifying the causes of gaps and/or barriers?
- c. What is the collaborative process for developing strategies for the unserved or underserved to access care from health care providers?

11) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. *(Select all that apply. Place an X in the column to the left of the activity.)*

<input type="checkbox"/>	Submitted an example to a national database of best practices	<input type="checkbox"/>	Gave a presentation at a meeting
<input type="checkbox"/>	Provided one-time consultation to staff at another health department	<input type="checkbox"/>	Provided ongoing assistance to staff at another health department
<input type="checkbox"/>	Published an article in a journal	<input type="checkbox"/>	None
<input type="checkbox"/>	Submitted a story to Accreditation Works!	<input type="checkbox"/>	Other (please specify):

12) Please describe one of the activities above (question 11) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below.

Emerging Public Health Issues and Innovations

13) Has the health department conducted work in any of the following areas? *(Select all that apply. Place an X in the column to the left of the issue.)*

<input type="checkbox"/>	Data for decision making	<input type="checkbox"/>	Emerging infectious diseases
<input type="checkbox"/>	Health equity	<input type="checkbox"/>	Climate change
<input type="checkbox"/>	Health strategist	<input type="checkbox"/>	Behavioral health
<input type="checkbox"/>	Public health financing modernization	<input type="checkbox"/>	Environmental bio-monitoring
<input type="checkbox"/>	Public health systems transformation	<input type="checkbox"/>	Genomics
<input type="checkbox"/>	Public health/health care integration	<input type="checkbox"/>	Adoption of emerging technology (specify)
<input type="checkbox"/>	Emergency preparedness and response	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Community resilience	<input type="checkbox"/>	

14) If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area.

15) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements
<p>16) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)</p> <p><i>What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.</i></p>
Feedback from PHAB
<p>17) Did you use feedback from the Annual Report that you received last year? If so, how did you use it? If not, how could it be improved? (Optional)</p>

Reminders about Reaccreditation Preparation

Year 4: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Watch reaccreditation videos again
- Maintain support for reaccreditation among the health department director, staff, and appointing authority
- Maintain a regular process for briefing the governing entity on progress towards reaccreditation
- Prepare reaccreditation documents that need to be dated within 2 years (see reference document on Bridge)
- Review comments from last year’s Annual Report
- Convene your reaccreditation team and monitor progress on your work plan for reaccreditation
- Start finalizing narratives



PHAB Annual Report
Section II
First Annual Report After Initial Accreditation
Approval Date: July 2020; Effective Date: August 1, 2020

Due to the COVID-19 pandemic, the Annual Report template has been modified.

- Eight questions are completely optional. If you don't have the time or capacity to address/answer these questions, please do not feel obligated to do so. It will not be held against the health department in any way.
- Questions 5-9 ask for a QI project, if you have a project related to your COVID-19 response, you can include it here.
- For questions such as 16, 17, 18, 19 – you can include descriptions of your current COVID-19 efforts. Perhaps some of those responses can be modified from documents/press releases/board of health reports that have already been created.

Your Annual Report will be reviewed, and you will receive feedback specific to your health department's responses to this form. In addition, in order to help facilitate learning among accredited health departments, PHAB may take what we are learning from you and your peers, particularly related to COVID-19 response, to develop resources that are shared with all accredited health departments (for example, PHAB may develop resources identifying how COVID-19 related examples could be used for reaccreditation documentation).

On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you were accredited? (Optional)
2) What internal and/or external factors have constrained your health department's progress in PM/QI since you were accredited? (Optional)

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below, to the best of your ability, to indicate the concrete steps the health department has taken since you were accredited to improve each element listed, the results of those steps, and one step it plans to take next year. If PM/QI activities have decreased due to COVID-19, please indicate if any work has been completed or planned.

Elements	Steps health department has taken since you were accredited	Results of those steps	Steps health department plans to take before next year's Annual Report
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

4) Did your health department track any QI projects related to the following areas since you were accredited? (Select all that apply. Place an X in the column to the left of the area.)	
	Data
	Financial management
	Workforce
	Governance
	Other administrative/management
	Community engagement
	Health equity
	Programs
	Other: please describe

Description of One QI Project
Select one formal QI project to describe in greater detail below.

5) How was the need for the QI project determined? Check all that apply.

	Site Visitors/Site Visit Report
	Accreditation Committee letter about accreditation status
	Customer feedback
	Performance management system
	Health status gathered through community statistics, focus groups, etc.
	Staff suggestion
	Other: please describe

6) What is the existing effort or gap for which improvement is needed? What was the aim statement, including the specific measurable targets set for the activity?
If you have a storyboard that addresses all the following questions, you can upload the storyboard rather than responding questions 6-9 in this section.

--

7) What tools and implementation methods were used? Please describe what approach you used (e.g., PDCA, Lean), what tools you used (e.g., process mapping, fishbone diagram), how you determined root causes, and if you conducted a pilot.

--

8) What are the outcomes of the QI project, including progress towards the measurable targets that were set? Please provide specific data.

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9) To which PHAB Reaccreditation measure(s), if any, does this QI project apply?

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10) What PM/QI topics would you like guidance on? (Optional)

	Gaining buy-in for QI
	Finding and/or providing training on PM/QI
	Sharing PM/QI information with staff and governing entity
	Developing or revising QI plan
	Assessing QI culture
	Diffusing QI throughout health department
	Determining when to implement a QI project
	Implementing QI projects
	Selecting performance measures
	Tracking performance measures over time
	Identifying resources

Working with data
Other: please describe
11) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)

Continuing Processes to Prepare for Reaccreditation

12) Describe how your health department has strengthened its collaborative working relationships. The health department may provide narrative describing collaborative working relationships that have been established or maintained due to COVID-19. Provide one example of how you have strengthened relationships either a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or b. With other levels of public health departments (Tribal, state, and local)?
13) Describe the ongoing community collaborative process for continuous enhancement of the community health assessment. In particular: a. How does the health department determine which specific population groups with greater or particular health issues and health inequities to address? (Measure 1.1 RD2.b) b. How does the health department identify and analyze factors that contribute to specific populations' health issues (including social determinants of health and community factors or contributors)? (Measure 1.1 RD2.c & Measure 1.3 RD5) If CHA activities have decreased due to COVID-19, please indicate if any work has been completed or planned.

14) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. (Select all that apply. Place an X in the column to the left of the activity.) (Optional)	
<input type="checkbox"/> Submitted an example to a national database of best practices	<input type="checkbox"/> Gave a presentation at a meeting
<input type="checkbox"/> Provided one-time consultation to staff at another health department	<input type="checkbox"/> Provided ongoing assistance to staff at another health department
<input type="checkbox"/> Published an article in a journal	<input type="checkbox"/> None
<input type="checkbox"/> Submitted a story to Accreditation Works!	<input type="checkbox"/> Other (please specify):

15) Please describe one of the activities above (question 14) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below. (Optional)

Emerging Public Health Issues and Innovations	
16) Has the health department conducted work in any of the following areas? (Select all that apply. Place an X in the column to the left of the issue.)	
<input type="checkbox"/> Data for decision making	<input type="checkbox"/> Emerging infectious diseases (other than COVID-19)

Health equity	Climate change
Health strategist	Behavioral health
Public health financing modernization	Environmental bio-monitoring
Public health systems transformation	Genomics
Public health/health care integration	Adoption of emerging technology (specify)
Emergency preparedness and response (other than COVID-19)	COVID-19
	Anti-racism
Community resilience	Other (please specify):

17) If the health department is engaged in work in an emerging area, such as COVID-19, please tell the story of the health department's work in one area.

18) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements

19) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)

What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Reminders about Reaccreditation Preparation

Year 1: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Read reaccreditation guide (<http://www.phaboard.org/wp-content/uploads/PHABGuideReacc.pdf>)
- Watch training modules on Bridge, PHAB's online learning center
- Begin building support for reaccreditation among the health department director and staff
- Continue to review the comments in the Site Visit Report from Initial Accreditation
- Review requirements that are new to Version 1.5 (<http://www.phaboard.org/wp-content/uploads/Version-1.5-changes-and-clarifications-FINAL1.pdf>)
- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge)
- Read the template for the Annual Report for 2nd year after initial accreditation



PHAB Annual Report
Section II
Second Annual Report After Initial Accreditation
Approval Date: September 2018; Effective Date: January 1, 2019

On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form. This version of Section II of the Annual Report goes into effect for health departments starting Section I of their Annual Reports on or after January 1, 2019.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you submitted last year's Annual Report Section II?
2) What internal and/or external factors have constrained your health department's progress in PM/QI since you submitted last year's Annual Report Section II?

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below to indicate the concrete steps the health department has taken since you submitted last year's Annual Report Section II to improve each element listed, the results of those steps, and one step it plans to take next year.

Elements	Steps health department has taken since you submitted last year's Annual Report Section II	Results of those steps	Steps health department plans to take before next year's Annual Report
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

4) Please describe how you you've used your performance management system for decision-making. This may include how you have used the performance management system to identify and prioritize QI projects. Please describe the overall process you use to do this. (Measure 9.1 RD1.h & RD2.5 & Measure 9.2 RD2.c)

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5) Describe how the performance management system measures link to any of the following: CHIP, strategic plan, workforce development plan, and quality improvement plan. (Measure 9.1 RD1c)

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6) Provide an example of how the performance management system informed, steered, or guided quality improvement. (Measure 9.2 RD3)

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7) Provide an example of how quality improvement efforts influenced or affected the performance management system (e.g., adding measures to the performance Management System based on QI work). (Measure 9.2 RD3)

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8) Did your health department track any QI projects related to the following areas since you submitted last year's Annual Report Section II? (Select all that apply. Place an X in the column to the left of the area.)

	Data
	Financial management
	Workforce
	Governance
	Other administrative/management
	Community engagement
	Health equity
	Programs
	Other: please describe

9) What PM/QI topics would you like guidance on? (Optional)

	Gaining buy-in for QI
	Finding and/or providing training on PM/QI
	Sharing PM/QI information with staff and governing entity
	Developing or revising QI plan
	Assessing QI culture
	Diffusing QI throughout health department
	Determining when to implement a QI project
	Implementing QI projects
	Selecting performance measures
	Tracking performance measures over time
	Identifying resources
	Working with data
	Other: please describe

10) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)

--

Continuing Processes to Prepare for Reaccreditation

11) Describe how your health department has strengthened its collaborative working relationships. Provide one example of how you have strengthened relationships either
 a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or
 b. With other levels of public health departments (Tribal, state, and local)?

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12) Describe how the health department develops or improves department program efforts to promote the public’s health (Measure 3.1). In particular:
 a. How does the health department identify the target population that is at higher risk for poorer health outcomes in order to address health inequities? (RD1.b)
 b. How does the health department ensure the inclusion of health equity factors for specific populations? (RD1.c)
 c. How does the health department develop strategies specific to factors that contribute to populations’ higher health risks and poorer health outcomes, or health inequity? (RD3)
 d. How does the health department address social change, social customs, community policy, level of community resilience, and/or the community physical environment to impact on health inequities and create conditions that promote health? (RD4)

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13) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. (Select all that apply. Place an X in the column to the left of the activity.)

	Submitted an example to a national database of best practices		Gave a presentation at a meeting
	Provided one-time consultation to staff at another health department		Provided ongoing assistance to staff at another health department
	Published an article in a journal		None
	Submitted a story to Accreditation Works!		Other (please specify):

14) Please describe one of the activities above (question 13) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below.

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Emerging Public Health Issues and Innovations

15) Has the health department conducted work in any of the following areas? (Select all that apply. Place an X in the column to the left of the issue.)

	Data for decision making		Emerging infectious diseases
	Health equity		Climate change
	Health strategist		Behavioral health
	Public health financing modernization		Environmental bio-monitoring
	Public health systems transformation		Genomics

	Public health/health care integration		Adoption of emerging technology (specify)
	Emergency preparedness and response		Other (please specify):
	Community resilience		

16) If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area.

17) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements

18) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)
What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Feedback from PHAB

19) Did you use feedback from the Annual Report that you received last year? If so, how did you use it? If not, how could it be improved? (Optional)

Reminders about Reaccreditation Preparation

Year 2: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Consider what population health outcomes you will report on and reference the population health outcomes tip sheet and other resources on Bridge, PHAB's online learning center
- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge)
- Review comments from last year's Annual Report
- Continue building support for reaccreditation among the health department director and staff
- Begin discussing reaccreditation with the appointing authority and the governing entity
- Assemble your reaccreditation team and develop a work plan to prepare for reaccreditation
- Start practicing writing narratives
- Read the template for the Annual Report for 3rd year after initial accreditation



PHAB Annual Report
Section II
Third Annual Report After Initial Accreditation
Approval Date: July 2020; Effective Date: August 1, 2020

Due to the COVID-19 pandemic, the Annual Report template has been modified.

- Nine questions are completely optional. If you don't have the time or capacity to address/answer these questions, please do not feel obligated to do so. It will not be held against the health department in any way.
- Questions 5-9 ask for a QI project, if you have a project related to your COVID-19 response, you can include it here.
- For questions such as 17, 18, 19, 20 – you can include descriptions of your current COVID-19 efforts. Perhaps some of those responses can be modified from documents/press releases/board of health reports that have already been created.

Your Annual Report will be reviewed, and you will receive feedback specific to your health department's responses to this form. In addition, in order to help facilitate learning among accredited health departments, PHAB may take what we are learning from you and your peers, particularly related to COVID-19 response, to develop resources that are shared with all accredited health departments (for example, PHAB may develop resources identifying how COVID-19 related examples could be used for reaccreditation documentation).

On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you submitted last year's Annual Report Section II? (Optional)
2) What internal and/or external factors have constrained your health department's progress in PM/QI since you submitted last year's Annual Report Section II? (Optional)

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below, to the best of your ability, to indicate the concrete steps the health department has taken since you submitted last year's Annual Report Section II to improve each element listed, the results of those steps, and one step it plans to take next year. If PM/QI activities have decreased due to COVID-19, please indicate if any work has been completed or planned.

Elements	Steps health department has taken since you submitted last year's Annual Report Section II	Results of those steps	Steps health department plans to take before next year's Annual Report
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

4) Did your health department track any QI projects related to the following areas since you submitted last year's Annual Report Section II? (Select all that apply. Place an X in the column to the left of the area.)	
<input type="checkbox"/>	Data
<input type="checkbox"/>	Financial management
<input type="checkbox"/>	Workforce
<input type="checkbox"/>	Governance
<input type="checkbox"/>	Other administrative/management
<input type="checkbox"/>	Community engagement
<input type="checkbox"/>	Health equity
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Other: please describe

Description of One QI Project
 Select one formal QI project to describe in greater detail below. The example may be a program area that focuses on population-based health promotion, protection, or improvement efforts to address a community health issue. (Note: for reaccreditation, one of the examples must be from one of those program areas.)

5) How was the need for the QI project determined? Check all that apply.	
<input type="checkbox"/>	Site Visitors/Site Visit Report
<input type="checkbox"/>	Accreditation Committee letter about accreditation status
<input type="checkbox"/>	Customer feedback
<input type="checkbox"/>	Performance management system
<input type="checkbox"/>	Health status gathered through community statistics, focus groups, etc.
<input type="checkbox"/>	Staff suggestion
<input type="checkbox"/>	Other: please describe

6) What is the existing effort or gap for which improvement is needed? What was the aim statement, including the specific measurable targets set for the activity?
If you have a storyboard that addresses all the following questions, you can upload the storyboard rather than responding to questions 6-9 in the section.

--

7) What tools and implementation methods were used? Please describe what approach you used (e.g., PDCA, Lean), what tools you used (e.g., process mapping, fishbone diagram), how you determined root causes, and if you conducted a pilot.

--

8) What are the outcomes of the QI project, including progress towards the measurable targets that were set? Please provide specific data.

--

9) To which PHAB Reaccreditation measure(s), if any, does this QI project apply?

--

10) What PM/QI topics would you like guidance on? (Optional)	
<input type="checkbox"/>	Gaining buy-in for QI
<input type="checkbox"/>	Finding and/or providing training on PM/QI
<input type="checkbox"/>	Sharing PM/QI information with staff and governing entity
<input type="checkbox"/>	Developing or revising QI plan
<input type="checkbox"/>	Assessing QI culture
<input type="checkbox"/>	Diffusing QI throughout health department
<input type="checkbox"/>	Determining when to implement a QI project
<input type="checkbox"/>	Implementing QI projects

Selecting performance measures
Tracking performance measures over time
Identifying resources
Working with data
Other: please describe
11) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)

Continuing Processes to Prepare for Reaccreditation

<p>12) Describe how your health department has strengthened its collaborative working relationships. The health department may provide narrative describing collaborative working relationships that have been established or maintained due to COVID-19. Provide one example of how you have strengthened relationships either</p> <p>a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or</p> <p>b. With other levels of public health departments (Tribal, state, and local)?</p>	
<p>13) Describe how the health department is a strategic community health development organization (Measure 5.1). In particular:</p> <p>a. What methods does the health department use in its role as a leader and advocate for addressing social determinants of health and health equity? (RD1)</p> <p>b. How does the health department provide leadership in public policy setting to ensure evidence-based public health practice, cultural competence, health equity, system level changes, and effectiveness in community engagement in public health policy? (RD2)</p>	
<p>14) As part of reaccreditation, you will be asked to provide details about 5-10 population health outcomes. Please provide an example of one now. (See page 66 of the Guide to Reaccreditation and visit Bridge for a specific tip sheet and additional resources.)</p>	
Broad area:	
Topic:	
Objective:	
Target:	
Baseline Year:	
Baseline Data:	
Most Recent Year:	
Most Recent Data:	
Data Source:	
Source of Benchmark Data:	
Reaccreditation Standards/ Measures:	
<p>Please put an X in the column to the right if this objective is addressed in your CHA/CHIP or strategic plan.</p>	
CHA:	
CHIP:	

Strategic Plan: _____

15) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. (Select all that apply. Place an X in the column to the left of the activity.) (Optional)

<input type="checkbox"/>	Submitted an example to a national database of best practices	<input type="checkbox"/>	Gave a presentation at a meeting
<input type="checkbox"/>	Provided one-time consultation to staff at another health department	<input type="checkbox"/>	Provided ongoing assistance to staff at another health department
<input type="checkbox"/>	Published an article in a journal	<input type="checkbox"/>	None
<input type="checkbox"/>	Submitted a story to Accreditation Works!	<input type="checkbox"/>	Other (please specify):

16) Please describe one of the activities above (question 15) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below. (Optional)

Emerging Public Health Issues and Innovations

17) Has the health department conducted work in any of the following areas? (Select all that apply. Place an X in the column to the left of the issue.)

<input type="checkbox"/>	Data for decision making	<input type="checkbox"/>	Emerging infectious diseases (other than COVID-19)
<input type="checkbox"/>	Health equity	<input type="checkbox"/>	Climate change
<input type="checkbox"/>	Health strategist	<input type="checkbox"/>	Behavioral health
<input type="checkbox"/>	Public health financing modernization	<input type="checkbox"/>	Environmental bio-monitoring
<input type="checkbox"/>	Public health systems transformation	<input type="checkbox"/>	Genomics
<input type="checkbox"/>	Public health/health care integration	<input type="checkbox"/>	Adoption of emerging technology (specify)
<input type="checkbox"/>	Emergency preparedness and response (other than COVID-19)	<input type="checkbox"/>	COVID-19
<input type="checkbox"/>		<input type="checkbox"/>	Anti-racism
<input type="checkbox"/>	Community resilience	<input type="checkbox"/>	Other (please specify):

18) If the health department is engaged in work in an emerging area, such as COVID-19 please tell the story of the health department's work in one area.

19) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements

20) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)

What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Feedback from PHAB
21) Did you use feedback from the Annual Report that you received last year? If so, how did you use it? If not, how could it be improved? (Optional)

Reminders about Reaccreditation Preparation

Year 3: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge, PHAB’s online learning center)
- Review comments from last year’s Annual Report
- Maintain support for reaccreditation among the health department director, staff, and appointing authority
- Institute a regular process for briefing the governing entity on progress towards reaccreditation
- Convene your reaccreditation team and monitor progress on your work plan for reaccreditation
- Continue practicing writing narratives; remember that for each narrative you will be asked to describe your plans for continued advancement in your work in the particular area addressed by the requirement
- Read the template for the Annual Report for 4th year after initial accreditation



PHAB Annual Report
Section II
Fourth Annual Report After Initial Accreditation
Approval Date: July 2020; Effective Date: August 1, 2020

Due to the COVID-19 pandemic, the Annual Report template has been modified.

- Nine questions are completely optional. If you don't have the time or capacity to address/answer these questions, please do not feel obligated to do so. It will not be held against the health department in any way.
- For questions such as 13, 14, 15, 16 – you can include descriptions of your current COVID-19 efforts. Perhaps some of those responses can be modified from documents/press releases/board of health reports that have already been created.

Your Annual Report will be reviewed, and you will receive feedback specific to your health department's responses to this form. In addition, in order to help facilitate learning among accredited health departments, PHAB may take what we are learning from you and your peers, particularly related to COVID-19 response, to develop resources that are shared with all accredited health departments (for example, PHAB may develop resources identifying how COVID-19 related examples could be used for reaccreditation documentation).

On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Month and Year Submitted

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you submitted last year's Annual Report Section II? (Optional)
2) What internal and/or external factors have constrained your health department's progress in PM/QI since you submitted last year's Annual Report Section II? (Optional)

3) The table below lists key components from the PHAB Rec accreditation Standards and Measures for Domain 9. Please complete the table below, to the best of your ability, to indicate the concrete steps the health department has taken since you submitted last year's Annual Report Section II to improve each element listed, the results of those steps, and one step it plans to take next year. If PM/QI activities have decreased due to COVID-19, please indicate if any work has been completed or planned.

Elements	Steps health department has taken since you submitted last year's Annual Report Section II	Results of those steps	Steps health department plans to take before you apply for reaccreditation
Staff ownership of the performance management system (Measure 9.1 RD2.1)			
Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)			
Leadership support for performance management (Measure 9.1 RD3)			
Revision of QI plan (Measure 9.2 RD1)			
QI training (Measure 9.2 RD2.b)			
Consideration of customer feedback (Measure 9.2 RD2.d)			
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)			
Institutionalized continuous quality improvement (Measure 9.2, RD5)			

The next two questions relate to performance management requirements in reaccreditation. If PM/QI activities have decreased due to COVID-19, please indicate if any work has been completed or planned.

4) Describe how the health department's operations support it being a performance based health department, including the effective assignment of responsibilities, efficient flow of program and performance information, and collaboration on efforts across the department. (Measure 9.1 RD2)	
5) Describe the process the health department uses to assess the effectiveness of the quality improvement plan and activities. (Measure 9.2, RD2f.)	
6) Did your health department track any QI projects related to the following areas since you submitted last year's Annual Report Section II? (Select all that apply. Place an X in the column to the left of the area.)	
<input type="checkbox"/>	Data
<input type="checkbox"/>	Financial management
<input type="checkbox"/>	Workforce
<input type="checkbox"/>	Governance
<input type="checkbox"/>	Other administrative/management
<input type="checkbox"/>	Community engagement
<input type="checkbox"/>	Health equity
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Other: please describe

7) What PM/QI topics would you like guidance on? (Optional)	
<input type="checkbox"/>	Gaining buy-in for QI
<input type="checkbox"/>	Finding and/or providing training on PM/QI
<input type="checkbox"/>	Sharing PM/QI information with staff and governing entity
<input type="checkbox"/>	Developing or revising QI plan
<input type="checkbox"/>	Assessing QI culture
<input type="checkbox"/>	Diffusing QI throughout health department
<input type="checkbox"/>	Determining when to implement a QI project
<input type="checkbox"/>	Implementing QI projects
<input type="checkbox"/>	Selecting performance measures
<input type="checkbox"/>	Tracking performance measures over time
<input type="checkbox"/>	Identifying resources
<input type="checkbox"/>	Working with data
<input type="checkbox"/>	Other: please describe
8) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)	

Continuing Processes to Prepare for Reaccreditation

9) Describe how your health department has strengthened its collaborative working relationships. The health department may provide narrative describing collaborative working relationships that have been established or maintained due to COVID-19. Provide one example of how you have strengthened relationships either a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or
--

b. With other levels of public health departments (Tribal, state, and local)?
10) Describe how populations' access to care has been collaboratively assessed and strategies to increase access to health care for those who experience barriers to care have been collaboratively developed and adopted (Measure 7.1). In particular:
<ul style="list-style-type: none"> a. What is the collaborative process for identifying gaps in and/or barriers to care? b. What is the collaborative process for identifying the causes of gaps and/or barriers? c. What is the collaborative process for developing strategies for the unserved or under-served to access care from health care providers?

11) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. (Select all that apply. Place an X in the column to the left of the activity.) (Optional)			
<input type="checkbox"/>	Submitted an example to a national database of best practices	<input type="checkbox"/>	Gave a presentation at a meeting
<input type="checkbox"/>	Provided one-time consultation to staff at another health department	<input type="checkbox"/>	Provided ongoing assistance to staff at another health department
<input type="checkbox"/>	Published an article in a journal	<input type="checkbox"/>	None
<input type="checkbox"/>	Submitted a story to Accreditation Works!	<input type="checkbox"/>	Other (please specify):
12) Please describe one of the activities above (question 11) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below. (Optional)			

Emerging Public Health Issues and Innovations			
13) Has the health department conducted work in any of the following areas? (Select all that apply. Place an X in the column to the left of the issue.)			
<input type="checkbox"/>	Data for decision making	<input type="checkbox"/>	Emerging infectious diseases (other than COVID-19)
<input type="checkbox"/>	Health equity	<input type="checkbox"/>	Climate change
<input type="checkbox"/>	Health strategist	<input type="checkbox"/>	Behavioral health
<input type="checkbox"/>	Public health financing modernization	<input type="checkbox"/>	Environmental bio-monitoring
<input type="checkbox"/>	Public health systems transformation	<input type="checkbox"/>	Genomics
<input type="checkbox"/>	Public health/health care integration	<input type="checkbox"/>	Adoption of emerging technology (specify)
<input type="checkbox"/>	Emergency preparedness and response (other than COVID-19)	<input type="checkbox"/>	COVID-19
<input type="checkbox"/>		<input type="checkbox"/>	Anti-racism
<input type="checkbox"/>	Community resilience	<input type="checkbox"/>	Other (please specify):

14) If the health department is engaged in work in an emerging area, such as COVID-19, please tell the story of the health department's work in one area.
15) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity.

Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

Overall Improvements

16) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)

What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Feedback from PHAB

17) Did you use feedback from the Annual Report that you received last year? If so, how did you use it? If not, how could it be improved? (Optional)

Reminders about Reaccreditation Preparation

Year 4: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Watch reaccreditation videos again
- Maintain support for reaccreditation among the health department director, staff, and appointing authority
- Maintain a regular process for briefing the governing entity on progress towards reaccreditation
- Prepare reaccreditation documents that need to be dated within 2 years (see reference document on Bridge)
- Review comments from last year's Annual Report
- Convene your reaccreditation team and monitor progress on your work plan for reaccreditation
- Start finalizing narratives