



**PHAB Annual Report  
Section I  
Release Date: January 8, 2014  
For Health Departments Accredited Under Version 1.0**

Accredited health departments are required to submit an annual report to PHAB. The health department will gain access to the Annual Report module in e-PHAB at the beginning of the quarter in which the Annual Report is due. The annual report is due at the end of the quarter in which the health department was accredited.

The Annual Report is comprised of two sections. Section I of the annual report is an opportunity for the health department to report on one or more of the following categories, as appropriate:

1. Circumstances that would potentially jeopardize continued conformity with the standards and measures under which accreditation was initially awarded;
2. Specific measures the Accreditation Committee requested that the health department address in its Annual Report; and
3. Adverse findings or communications related to oversight or control from federal or state funding agencies that indicate the health department is at risk for loss or reduction in those funds. For more information about the meaning of this category, see the definition of high risk grantee in the PHAB Glossary.

After Section I has been completed, the health department should upload it to e-PHAB to be reviewed by PHAB staff. The health department will receive notification that it has access to Section II of the Annual Report or may be requested to provide additional information. On Section II, the health department will provide information related to improvement activities; continuing processes; and emerging public health issues and innovations.

Instructions for Section I: If the health department has nothing to report for any one of those categories, place an X in the box to indicate that there is nothing to report and then skip the rest of the questions associated with that category.

Health Department Name
Maine Center for Disease Control and Prevention

<b>Category 1: Circumstances that would potentially jeopardize continued conformity with the standards and measures under which the accreditation was initially awarded.</b> (This would include updated health department profile information that includes leadership changes and any other changes, such as budget, personnel, governance, or program changes that potentially jeopardize the health department's ability to be in conformity with the standards and measures.)	
<b>Does the health department have anything to report on Category 1?</b> <i>(Place an X in the column to the left of the answer.)</i>	
<input checked="" type="checkbox"/> <b>Yes (Answer the questions below)</b>	<input type="checkbox"/> <b>No (Skip this section)</b>

Circumstance	Description of the change
<b>Leadership (e.g., changes in the Health Department Director) – Please provide name and job title</b>	Dr. Bruce Bates Maine CDC Director

<b>Budget</b>	\$136,036,337
<b>Number of FTE</b>	444
<b>Number of employees</b>	451
<b>Governance</b>	No change
<b>Structure (e.g., mergers, transition from stand-alone agency to superagency or vice versa)</b>	none
<b>Programs or services that the health department provided at the time accreditation was conferred that it does not provide now</b>	none
<b>Other circumstances</b>	none

**Please describe how the circumstances listed above might affect the health department's continued conformity with the standards and measures.**

None of the above circumstances should affect the health department's continued conformity with the standards and measures. The budget reflects a slight increase in funding, and meeting PHAB standards is continually prioritized and savings are focused on achieving efficiencies via process improvement. Our budget has not affected our ability to conform to PHAB standards to date. Other organizational changes did not change the broad scope of work being done.

<b>Category 2: Specific measures the Accreditation Committee requested that the health department address in its Annual Report</b>			
<b>Did the Accreditation Committee request that the health department address a specific measure?</b>			
<i>(Place an X in the column to the left of the answer.)</i>			
<input type="checkbox"/>	<b>Yes (Answer the questions below)</b>	<input checked="" type="checkbox"/>	<b>Yes, but the health department has already reported in a previous annual report that it has fully addressed the measure (Skip this section)</b>
<input type="checkbox"/>		<input type="checkbox"/>	<b>No (Skip this section)</b>

	<b>Response from Health Department</b>
<b>First Measure</b>	
Measure Number:	
Measure Text:	
Site Visit Report Comment on the Measure:	
Health Department Actions:	
<b>Second Measure</b>	
Measure Number:	
Measure Text:	
Site Visit Report Comment on the Measure:	
Health Department Actions:	
<b>Third Measure</b>	
Measure Number:	
Measure Text:	
Site Visit Report Comment on the Measure:	
Health Department Actions:	

**Category 3: Adverse findings or communications related to oversight or control from federal or state funding agencies that indicate the health department is at risk for loss or reduction in those funds**

**Has the health department received an adverse finding or communication related to oversight or control?**

*(Place an X in the column to the left of the answer.)*

	<b>Yes (Answer the questions below. If the health department received multiple adverse findings/communications, please complete a separate table for each.)</b>	<b>X</b>	<b>No (Skip this section)</b>
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**Adverse Finding/Communication #1**

**What is the name of the funding agency?**

**Summarize the concerns raised by the funding agency.**

**Describe the results of this adverse finding/communication. (Did the health department lose funding? What actions, if any, did the health department take in response?)**

**Adverse Finding/Communication #2**

**What is the name of the funding agency?**

**Summarize the concerns raised by the funding agency.**

**Describe the results of this adverse finding/communication. (Did the health department lose funding? What actions, if any, did the health department take in response?)**

**Adverse Finding/Communication #3**

**What is the name of the funding agency?**

**Summarize the concerns raised by the funding agency.**

**Describe the results of this adverse finding/communication. (Did the health department lose funding? What actions, if any, did the health department take in response?)**