Crosswalk between Public Health Accreditation Board's Standards and Measures and CDC's Public Health Emergency Preparedness and Response Capabilities

Introduction

The Centers for Disease Control and Prevention's (CDC) Center for Preparedness and Response (CPR) and Center for State, Tribal, Local and Territorial Support (CSTLTS) collaborated to develop a crosswalk that highlights potential linkages between CDC's public health preparedness and response capabilities and the population-based accreditation standards and measures for health departments established by the Public Health Accreditation Board (PHAB). The crosswalk can help health department preparedness and accreditation staff demonstrate specific examples of preparedness activities that help fulfill accreditation objectives and strengthen crosscutting health department performance improvement efforts.

This document illustrates the alignment between:

- PHAB's *Standards and Measures*[1] version 1.5 for voluntary accreditation of state, tribal, local, and territorial public health departments.

- CDC's 2018 *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*.[2]

Both sets of standards were initially released at approximately the same time (2010-11), were developed, or supported by CDC, and have continued to evolve. The preparedness and response capability standards and the accreditation standards are designed to advance the quality, performance, infrastructure, and effectiveness of public health departments. However, each serves a unique purpose.

The Public Health Accreditation Standards and Public Health Emergency Preparedness and Response Capabilities Crosswalk (Accreditation and Preparedness Crosswalk) is intended to assist public health department leaders, public health emergency preparedness program directors, and accreditation coordinators in recognizing areas where preparedness activities, procedures, and documentation might support PHAB accreditation efforts. Likewise, PHAB accreditation and quality improvement efforts may contribute to strengthening the capacity of public health departments to prepare for and respond to public health threats and emergencies.

The Accreditation and Preparedness Crosswalk is not intended to provide all definitive linkages between PHAB standards and measures and public health preparedness and response capability standards. Nor is it a guarantee of conformity to PHAB documentation requirements. Rather, the crosswalk is intended to support health department leaders, preparedness directors, accreditation and performance coordinators, and other program staff in recognizing important areas of connection.

Background

Public Health Accreditation for Health Departments

PHAB is a nonprofit organization established in 2007, with funding from CDC and the Robert Wood Johnson Foundation, to advance public health performance. PHAB oversees the voluntary national accreditation program for public health departments. The program's goal is to improve and protect the public's health by advancing the quality and performance of state, local, tribal, and territorial public health departments.

The program was formally launched in 2011 after several years of field-driven development and testing. The first health departments were accredited in 2013, and, as of July 2020, 82% of the U.S. population is served by an accredited health department.

National public health department accreditation was developed to improve service, value, and accountability to stakeholders. Accreditation can play an important role in standardizing public health practice, strengthening quality and performance, and driving change. PHAB accredits public health departments based on their conformity with an established set of standards. The PHAB Accreditation Standards are constructed on a framework of 12 domains, the first 10 of which are based on the *10 Essential Public Health Services*.[3] The domains and their associated standards and measures are intended to include the categorical work of a public health department but are not intended to be program specific. In 2011, PHAB released Version 1.0 of the *Standards and Measures;*[4] these were updated in 2014 through Version 1.5. Most recently, PHAB released reaccreditation requirements.[5]

PHAB accreditation is awarded for a period of five years. During those five years, public health departments must submit annual reports describing how they are addressing priority areas for improvement. The requirements and process for reaccreditation have been designed to ensure that accredited health departments continue to evolve, improve, and advance, thereby becoming increasingly effective at improving the health of the populations they serve.

Since exploratory work on accreditation began in 2004, CDC has served as a funder and partner in developing, establishing, and continuously improving the national accreditation program. CDC supports accreditation to enhance accountability and quality across the public health enterprise. Given CDC's mission and its commitment to excellence in public health, the agency plays an ongoing role in identifying connections and highlighting where accreditation standards bolster or reinforce programmatic efforts.[6]

Public Health Emergency Preparedness and Response Capabilities

In 2011, CDC established the *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, a set of 15 distinct, yet interrelated, capability standards designed to advance public health emergency preparedness and response capacity. These initial standards pioneered a national capability-based framework that assisted jurisdictional public health departments in accelerating their emergency preparedness and response planning, prioritizing preparedness investments, and further formalizing jurisdictional Emergency Support Function #8 (ESF 8) roles in partnership with emergency management agencies.

To support an "everyday use" model, the capability standards are designed to improve day-to-day effectiveness for a stronger foundation from which to surge when an emergency occurs. Public health agencies are encouraged to strategically incorporate, when applicable, routine public health activities into demonstration projects that test and evaluate jurisdictional capability to respond to public health threats and emergencies.

In 2017, CDC embarked on an initiative to update, clarify, and streamline the capability standards. The initiative included establishing individual work groups for each of the 15 capabilities and four crosscutting work groups to address at-risk populations, tribal populations, environmental health, and pandemic influenza. CDC released the updated version of *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health* in 2018. The updated capabilities better recognize the maturity and experience jurisdictional public health emergency preparedness and response programs have gained since 2011.[7]

History of Alignment between the Initiatives

An extensive history of collaboration exists between CDC staff supporting both public health emergency preparedness and response and public health department accreditation. This longstanding relationship exemplifies the continuing effort to strengthen connections, maintain congruency and alignment, and reduce or eliminate conflicting expectations. Following is a timeline of collaboration and coordination between the public health preparedness capabilities and PHAB accreditation efforts.

- 2011: CDC releases the public health preparedness capabilities, including citations throughout to the PHAB standards (then under development and testing).
- 2011: The PHAB program launches with input from CDC preparedness subject matter experts to finalize the preparedness-related PHAB standards and measures and selected terms in the PHAB glossary.
- 2011–2012: CDC develops an in-depth crosswalk between public health preparedness capabilities and PHAB *Standards and Measures* Version 1.0.
- 2012: A PHAB-preparedness "think tank" is held to explore connections and discuss new synergies.
- 2014: CDC authors a peer-reviewed publication highlighting connections between public health preparedness capabilities and PHAB standards.
- 2014: PHAB releases PHAB Version 1.5 *Standards and Measures,* including updates informed by the think tank, crosswalk, and CDC preparedness staff.
- 2018: PHAB releases PHAB reaccreditation requirements, with preparedness content informed by input from CDC preparedness staff.
- 2018: CDC releases updated public health preparedness capabilities, informed by comparative review with the PHAB standards by CDC accreditation staff.
- 2019: CPR and CSTLTS collaborate to develop a new crosswalk, highlighting both direct and indirect connections between preparedness capabilities and accreditation.
- 2020: CDC releases a new crosswalk of the updated preparedness capabilities and latest accreditation standards, the Accreditation and Preparedness Crosswalk.

Utility of the Crosswalk

The Accreditation and Preparedness Crosswalk is a high-level tool designed to assist public health department leadership and program staff in identifying intersections between both sets of standards. The crosswalk highlights many connections in areas such as surveillance and investigation, emergency response planning, communications, and partnership building. This crosswalk also identifies mutually reinforcing opportunities for collaboration between health department accreditation and public health preparedness and response programs. The value of leveraging linkages between these two sets of standards has been noted in recent national recommendations from the National Academies of Science, Engineering, and Medicine (NASEM).[8]

As illustrated through the crosswalk, areas of development for one program may frequently support the other. Aside from helping to identify connections and efficiencies, the crosswalk can aid in leveraging resources and reinforce consistent approaches for preparedness and response programmatic activities.

Specifically, the crosswalk can help to:

- Identify connections to help determine where public health resources can be leveraged for mutually beneficial purposes.
- Ensure consistent approaches for how preparedness and response activities are conducted or coordinated.
- Foster engagement between staff working on preparedness and response efforts and those coordinating the public health department accreditation efforts.
- Identify preparedness-related information that can be used in accreditation documentation.
- Recognize preparedness-related activities that can be described in the narratives required for reaccreditation.

Navigating the Crosswalk

The crosswalk's PDF table displays the PHAB domains and standards in the vertical axis and the preparedness and response capabilities and functions in the horizontal axis. To use the crosswalk, click on a cell containing a "D" or an "I" and it will highlight the direct or the indirect connection between the PHAB standard and the public health preparedness capability. Click on the associated PHAB standard on the left (in red) or the capability function at the top (in blue) to go to the related standard or function. Click on the button Return to Crosswalk at the bottom of a page to return to the crosswalk. You can also click on the back button in the upper left of the PDF portfolio.

Following are explanations of **direct** and **indirect** linkages between the PHAB standards and the preparedness capability functions.

- **Direct (D)** indicates strong alignment or connection between PHAB 1.5 *Standards and Measures* and CDC's 2018 *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*. Direct association may be attributable to significant consistency in language or expectations at varying levels, such as in the PHAB documentation guidance or at the function description, task, or resource element

level of the capability standards. For example, there is a direct connection between PHAB Standard 2.2 and public health preparedness Capability 3: Functions 1 and 2, and Capability 13: Functions 2, 3, and 4.

- PHAB Standard 2.2: "Contain/mitigate health problems and environmental public health hazards," addresses protocols for containment/mitigation of public health problems and environmental public health hazards (2.2.1), a process for determining when the all-hazards emergency operations plan will be implemented (2.2.2), and after-action reports. This standard is directly connected to numerous preparedness capabilities and functions, including:
    - Capability 3: Functions 1 and 2, which address conducting preliminary assessments to determine the need for activation of public health emergency operations and activating emergency operations, and
    - Capability 13: Functions 2, 3, and 4, which address conducting public health and epidemiological investigations; recommending, monitoring, and analyzing mitigation actions; and improving public health surveillance and epidemiological investigation systems.

- **Indirect (I)** indicates some degree of consistency, alignment, or conceptual affiliation between PHAB 1.5 *Standards and Measures* and CDC's 2018 *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*. Indirect association may be less exact or represent an implied connection (wording that does not directly relate but represents the same intent). Indirect connections may represent a potential for stronger alignment if a preparedness-focused activity can be related to a more broadly focused PHAB standard. For example, PHAB Standard 2.2 is indirectly connected with public health preparedness and response Capability 7 and Capability 9.

    - PHAB standard 2.2: "Contain/mitigate health problems and environmental public health hazards," addresses protocols for containment/mitigation of public health problems and environmental public health hazards (2.2.1), a process for determining when the all-hazards emergency operations plan will be implemented (2.2.2), and after-action reports. This standard was found to be indirectly connected to functions in several capabilities, including
        - Capability 7: Mass Care
        - Capability 9: Medical Materiel Management and Distribution

The connection is indirect because the PHAB standard and measures do not include specific documentation requirements related to mass care or materiel management, but existing jurisdictional protocols may include content to be used during applicable incidents that require mass care and the management of medical materiel.

Notes about Specific Standards

PHAB	Preparedness Capability	PHAB Standard Description	Connection
1.1	None	State/Community Health Assessment	No Connection

The state/community health assessment differs from preparedness assessments such as a jurisdictional risk assessment. However, data from state/community health assessments can be leveraged to inform other preparedness and response activities.

PHAB	Preparedness Capability	PHAB Standard Description	Connection
5.4	1, 3, 4	Maintain an All-Hazards/Emergency Operations Plan	Direct Connection

Direct connections: Preparedness Capabilities 1, 3, and 4 directly reflect many of the same expectations detailed in documentation requirements of PHAB Standard 5.4.

Indirect connections: All other preparedness capabilities were identified as indirect connections because PHAB Standard 5.4 does not emphasize scenario-specific planning or mitigation of specific consequences as described within many of the preparedness capabilities (for example, fatality management, mass care, and responder safety and health). Indirect connections may also represent an implied connection that is not visibly addressed in the current version of the PHAB standard (such as community recovery).

PHAB	Preparedness Capability	PHAB Standard Description	Connection
8.2	None	Ensure a Competent Workforce	Varies

Direct connections: Connections that were identified for preparedness capabilities and functions that specifically address providing training (such as Capability 1: Function 4, which addresses coordinating training to support community involvement).

Indirect connections: Connections that include a training component in the preparedness capability's resource elements and may provide examples useful in meeting the intent of the PHAB accreditation standards (for example, Capability 8: Function 1, which addresses the needs for personnel trained to dispense/administer medical countermeasures).

No connection: No connection was made if the preparedness capability's function did not specifically mention training.

Citations

[1] Public Health Accreditation Board. (2014). PHAB standards and measures, Version 1.5. Public Health Accreditation Board, Alexandria VA. Retrieved from www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf.

[2] Centers for Disease Control and Prevention. (2018). Public health emergency preparedness and response capabilities. Atlanta, GA: US Department of Health and Human Services. Retrieved from www.cdc.gov/cpr/readiness/capabilities.htm

[3] Centers for Disease Control and Prevention. (2018). The Public Health System and the 10 Essential Public Health Services. Atlanta, GA: US Department of Health and Human Services. Retrieved from www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

[4] Public Health Accreditation Board. (2011). PHAB standards and measures, Version 1.0. Alexandria VA: Public Health Accreditation Board. Retrieved from www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

[5] Corso L, Thomas C. Driving change and reinforcing expectations by linking accreditation with programmatic and strategic priorities. Supplement, Impact of Public Health Accreditation. J Public Health Manag Pract. 2018;24(suppl 3): S109–S113.

[6] Singleton CM, Corso L, Koester D, Carlson V, Bevc CA, Davis MV. Accreditation and emergency preparedness: linkages and opportunities for leveraging the connections. J Public Health Manag Pract. 2014 Jan-Feb;20(1):119-24.

[7]Martinez, D., Talbert, T., Romero-Steiner, S., Kosmos, C., & Redd, S. (2019). Evolution of the Public Health Preparedness and Response Capability Standards to Support Public Health Emergency Management Practices and Processes. *Health security*, *17*(6), 430–438. https://doi.org/10.1089/hs.2019.0076 .

[8]National Academies of Sciences, Engineering, and Medicine. (2020). Evidence-Based Practice for Public Health Emergency Preparedness and Response. National Academies Press, Washington CDC. Retrieved from www.nap.edu/catalog/25650/evidence-based-practice-for-public-health-emergency-preparedness-and-response