

Linkages, Gaps, and Crosswalks

Alignment of Public Health Accreditation Standards
with CDC Program Expectations in
Communicable Disease, including STD, HIV, and TB

By Lee Thielen and Kathy Vincent

This report was commissioned by the Public Health Accreditation Board with
funding from the Centers for Disease Control and Prevention.
June 2017

Linkages, Gaps, and Crosswalks

Alignment of Public Health Accreditation Standards with CDC Program Expectations in Communicable Disease, including STD, HIV, and TB

Purpose: This study looked at specific guidance for tuberculosis (TB), human immunodeficiency virus (HIV), and sexually transmitted diseases (STDs) under the umbrella of guidance related to the prevention of infectious diseases. While these diseases call for specific treatments and protocols, they share common elements and activities. The guidelines, frameworks, and essential components of these programs were reviewed against the Public Health Accreditation Board (PHAB) standards and, where appropriate, PHAB measures.

Summary of Results:

The review of program specific guidance and standards against PHAB standards and measures found that there are many required activities and program components that have a similarity or link to the guidance and required documentation of PHAB. Some of the linkages are clear; some are more nuanced or are more general than that which PHAB requires. However, the overall impression is that a large number of standards have some linkage with the program guidance and standards. Only 4 standards (9.1, 11.2, 12.1, and 12.3) did not show any linkage with the program expectations documents. The summary crosswalk shows how almost all standards have some relationship to these program elements.

One area where there is not congruence is in the management and operation of clinical services. For infectious diseases there are issues of treatment, screening, and case management. The assurance of care and the development and monitoring of a system for such activities may qualify under PHAB documentation guidelines, but clinical or individual patient care services are not acceptable.

Methodology

The authors reviewed the guidance documents for *Prevention of Infectious Diseases, Essential Components of Tuberculosis Prevention and Control Program, STD Program Core Components and Strategies, and HIV/AIDS Guidelines and Recommendations*. The elements and strategies in these documents were cross-walked against the PHAB standards (and measures where appropriate) to identify commonalities. The matches are not perfect, nor is the review exhaustive. The reviewers noted where the disease specific documents contained language that was consistent with the intent of the PHAB measures and the required documentation. For example, a program might have a component for an assessment that is similar to the process used for a community health assessment. That does not imply that the program assessment would be sufficient for documentation for the PHAB standards, or that the alignment will be exact. However, the incorporation of elements of the program assessment into a department-wide assessment would be appropriate. In other words, the noting of an alignment of a program expectation with a PHAB standard does not imply that the language in the program expectation will automatically mean that documentation from the program will be adequate for a particular

standard or measure or that the alignment is exact. In some cases, the expectation may have a similar intent or similar content to a measure, required documentation or guidance. While some of the program expectations show a strong match sufficient to meet the standard or measure, many will require additional detail or substance for full alignment.

The reviewers noted some specific gaps for certain standards. These gaps are not meant to be all-inclusive, but they provide information that can be used to improve alignment where elements of both documents are similar enough for comparison.

The study includes four crosswalks between the various program expectations and PHAB standards. A fifth chart is a summary table of the alignment between the PHAB standards and measures and the CDC program expectations for the four program areas.

PHAB and Program Expectations

The Public Health Accreditation Board (PHAB) has accredited 190 tribal, local and state health departments since its inception in 2011. The purpose of accreditation is to measure “health department performance against a set of nationally recognized, practice-focused and evidence-based standards.” (www.phaboard.org)

Accreditation standards define expectations for tribal, state and local health departments with a desire to “improve service, value, and accountability.” (www.phaboard.org)

Program expectations, standards and identification of required program components have also been developed for a key area of public health practice – control and prevention of infectious diseases, including additional specifications for Sexually Transmitted Diseases (STDs), Tuberculosis (TB), and Human Immunodeficiency Virus (HIV). These have been developed by the Centers for Disease Control (CDC) and other partners in the public health system.

This paper looks at the connections between PHAB standards and measures and the requirements set forth for various components of communicable disease. A stronger public health agency will lead to better program results. The standards addressing administrative and management capacity, as well as governance, are critical to the effectiveness of a viable communicable disease program. Stronger program practices are evidence of a properly functioning health department and support the expectations of PHAB accreditation.

Control and prevention of communicable diseases are basic responsibilities of public health. The three Public Health Functions of Assessment, Policy Development, and Assurance are all found in a functional program to control infectious diseases. A communicable disease program in a state or local health department will be involved in all 10 Essential Services of public health if it is operating in a comprehensive manner. Similarly, Communicable Disease Control Programs correspond to all of the areas of the Foundational Public Health Services Conceptual Framework.

Communicable/Infectious Disease Prevention and Control is the area where public health has made the most impact through history and in our current environment. Communicable

disease programs are all involved in infectious disease surveillance, laboratory detection and reporting, and investigations using the tools of epidemiology and statistics.

The Role of Program Standards and the Prerequisites for Accreditation

For successful disease prevention programs, public health agencies must be involved in policy – including public health law, enforcement regulations, and executive directives. Agencies must also be actively involved in creating and implementing overall program plans that include community and partner involvement and communication. Systems must be in place for the continuum of detection through treatment and contact tracing, where appropriate. Public health agencies have an important role in developing and monitoring those systems. Education and training are needed at all levels. This includes informing governing officials of issues and up to date information, using the media to spread important public health messages, and training both staff and partner employees on successful interventions and communication strategies. Standards addressing administrative and management capacity, as well as governance, are critical to the effectiveness of a viable communicable disease system. Stronger program practices are, in turn, evidence of a properly functioning health department and support the expectation of PHAB accreditation.

Overarching Gaps and Issues

Gaps

Gaps pertaining to a particular standard or measure are so noted in the crosswalk for each program area. Gaps that cross more than one of the communicable disease programs are included here.

Specific inclusion of efforts and activities in collaboration with the Tribes and tribal organizations would strengthen all programs within the overall communicable disease umbrella.

Guidelines for TB and STD may refer to participation of community groups and coalitions, or involvement with them, however the need for true community engagement and populations impacted by program policies exists.

Overarching Issues

Several overarching issues of particular importance to communicable disease programs are contained in Domain 11 of the PHAB standards and measures:

- Confidentiality of both individuals and of data systems are cornerstones of all communicable disease programs, so the standards and measures governing confidentiality are especially applicable.
- The measures concerning strategies for ethical decision making also connect to the core of policy development and program implementation for disease control programs, given the possibility of stigma, protection of privacy and need for services balanced with protection of the public's health.

- Finally, all communicable disease programs must be developed and operated in ways that are socially, culturally and linguistically appropriate.

While some of these areas are referenced in program expectation documents, especially confidentiality, increased focus throughout the documents and policies could both increase alignment with PHAB standards and benefit program operations.

Clinical Services Cannot be Used for Documentation

Some of the activities in the area of communicable disease are clinical. While these are vitally important and are components of the expectations by CDC of a program at the local, state, or federal level; these are not areas that can be used for documentation for accreditation. Assurance of health care is a public health responsibility. Thus, while clinical activities, such as “individual HIV testing, counseling and treatment” (PHAB Guidance document) are not considered part of the population-based activities that qualify for PHAB documentation against standards and measures; the policy and system development, implementation, and monitoring of those aspects of disease control through plans and policies are considered population-based health.

Infectious Diseases

A CDC Framework for Preventing Infectious Diseases, Sustaining the Essentials and Innovating for the Future (<https://www.cdc.gov/oid/docs/ID-Framework.pdf>) divides the key areas of infectious disease programs into three elements:

Elements 1, 2, and 3 are about strong public health fundamentals, high-impact interventions, and sound health policies. The document was developed to provide a roadmap to guide CDC’s activities and to guide collective public health action. (p.iii)

The First Element of the CDC Framework is “Strengthen public health fundamentals, including infectious disease surveillance, laboratory detection, and epidemiologic investigation.” (CDC, *A Framework for Preventing Infectious Diseases*, 2011) Surveillance and monitoring of the community’s health provide the information and impetus for public health action.

The Second Element of the CDC Framework is “Identify and implement high-impact strategies to reduce infectious diseases.” Guidance, policies, and procedures developed by the public health agency are all useful tools to implement this aspect of prevention. Therefore, while the clinical administration of these tools does not qualify as documentation for PHAB, the systems in which these tools are identified, promoted and moved into practice are composed of population-based strategies. Communication and training involved in promoting the high-impact strategies is part of the overall system that public health nourishes.

The Third Element of the CDC Framework is “Develop and advance policies to prevent, detect, and control infectious diseases.” This Element focuses on the use of sound data, policies in health care, public health, and global capacity; and creating a “strong, vigilant

U. S. public health system” through partnerships and education of the public. Again, policy development and implementation are key to public health agency success.

Tuberculosis Essential Components and Accreditation

Three documents were reviewed for TB Program components. Two of the documents are largely clinical, therefore, most of the review focused on the MMWR report titled *Essential Components of a Tuberculosis Prevention and Control Program, Recommendations of the Advisory Council for the Elimination of Tuberculosis*. (<https://www.cdc.gov/mmwr/pdf/rr/rr4411.pdf>)

This document is primarily designed for state and local health departments with a primary responsibility for preventing and controlling TB. It is meant to provide a “national standard for the assessment of individual TB control programs” (p.3). Some of the activities and responsibilities noted in the Essential Components include areas that fit the intent of PHAB documentation, such as planning, policies, procedures, advising local institutions, having appropriate laws and regulations, having an adequate infrastructure, and networking with community groups. Other areas, such as guidance on managing and operating clinical services do not qualify for PHAB documentation, although assuring that such a system is available and monitoring the quality of a care and screening system are public health activities that are applicable for PHAB documentation.

Sexually Transmitted Diseases Standards and Accreditation

The STD Program Core Components and Strategies – 2016/2017 document produced by the National Coalition of STD Directors (NCSA) was reviewed to identify areas of alignment. The chart sets forth the 10 essential public health services and corresponding core components of an STD program and program strategies. Here again a clinical focus is often present, but elements of population based services and the STD system of surveillance, treatment, planning and other components are also present.

One gap noted was the need for more engagement of the impacted population, governing entity, elected officials, and others to be required in planning and policy development particularly.

Human Immunodeficiency Virus (HIV) and Accreditation

The HIV/AIDS Guidelines cover 5 areas: HIV Screening/Testing; Prevention and Care for persons with HIV; Preventing New HIV Infections; HIV Surveillance and Program Management. The screening/testing section is largely comprised of clinical and laboratory guidance, outside the scope of PHAB. However, access to appropriate testing and screening services for specific populations in need could be addressed through Domain 7, and examples provided there. Also, the use of evidence-based practices regarding setting the state’s policies for testing could be used in Domain 10 examples.

Prevention and Care for Persons with HIV also has a clinical focus, however, the Summary for Health Departments and HIV Planning Groups provides guidance for population level services and could be used in developing policies and protocols required in Domains 1 and 2, as well as collaborating on the assessment of access to health care services and strategies in addressing gaps.

Preventing New HIV Infections addresses clinical guidelines for pre and post-exposure prophylaxis, partner services programs, screening and contraceptive use. HIV Surveillance outlines the clinical case definition for HIV/AIDS and also contains guidance on data collection, data security and confidentiality and developing community epidemiological profiles.

Program Management addresses data collection, security, confidentiality, and privacy; collaboration and coordination and contains implementation resources. Several areas around data and system development and collaboration are consistent with PHAB requirements. The *National Standards on Culturally and Linguistically Appropriate Services (CLAS)* are also presented.

Administrative and Management Capacity and Governance as Cross-cutting Requirements

Domains 11 and 12 of the PHAB Standards and Measures address overall administrative and management capacity and governance of local, state and tribal health departments. Successful and effective operation of a communicable disease system, including STD, TB and HIV/AIDS programs, depends on a strong operational infrastructure, including an effective financial management system. Thus the integration of Communicable Disease (CD) into these systems, and addressing any requirements unique or critical to CD programs is essential.

As mentioned earlier, confidentiality, strategies for ethical decision-making, and programs that are socially, culturally, and linguistically appropriate (Domain 11) are key to successful communicable disease prevention and control.

Findings and Recommendations

1. Addressing the gaps identified in this review could strengthen the alignment with the PHAB standards. These gaps include key program elements and activities such as community engagement, inclusion of tribes, integration of planning activities where appropriate and more specificity regarding measures noted in the crosswalks.
2. The inclusion of Tribes and tribal organizations was missing from all of the program documents. The recognition that the tribal health departments are key partners in disease prevention can be noted through the addition of these organizations in the program expectations and standards.
3. Clearly differentiating clinical services from population-based services would also assist in identifying those population-based activities where there is alignment with PHAB standards/measures. Some documents, such as the *Recommendations for HIV Prevention*

with Adults and Adolescents with HIV in the United States, 2014 - Summary for Health Departments and HIV Planning Groups, do identify such activities.

4. Use of Communicable Disease (STD, TB, HIV/AIDS) examples for the required documentation for numerous measures throughout the ten domains in PHAB standards could easily be accomplished. This was noted in several places within the crosswalks for each program.

5. While the CDC Framework for Preventing Infectious Diseases contains the underlying fundamentals and is conceptual in nature, operationalizing these critical themes for the tribal/state/local level will allow better alignment with the PHAB standards/measures. In addition, throughout the other program expectation documents, there are elements that are in agreement with the concepts underlying various PHAB standards and measures. In many of these situations, adding specificity to the concept presented would further align the program expectation with the PHAB guidance.

6. Guidelines for TB and STD may refer to participation of community groups and coalitions, or involvement with them. However, there is a need for guidelines on true community engagement and engagement with the populations impacted by program policies.

7. Articulating the specific role(s) of the governing entity related to communicable disease, especially for mandated services and reporting, enforcement, developing policies, educating the public and other critical activities would improve alignment with PHAB standards.

8. The integration of communicable diseases as appropriate into all assessments and plans including the Community Health Assessment/Community Health Improvement Plan/Strategic Plan and other supportive plans like workforce, Quality Improvement, and communications should occur and will reinforce the alignment of STD, TB and HIV/AIDS program efforts with PHAB domains, standards and measures.

References

1. CDC, A CDC Framework for Preventing Disease, Sustaining the Essentials and Innovating for the Future, October 2011.
<https://www.cdc.gov/oid/docs/ID-Framework.pdf>
2. CDC, Essential Components of a Tuberculosis Prevention and Control Program, Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations, Recommendations of the Advisory Council for the Elimination of Tuberculosis, MMWR, September 8, 1995. Vol. 44. No. RR-11.
<https://www.cdc.gov/mmwr/pdf/rr/rr4411.pdf>
3. CDC, HIV/AIDS Guidelines and Recommendations.
<https://www.cdc.gov/hiv/guidelines/index.html>
4. Hall, H. Irene and Eve D. Mokotoff for the Advisory Group for Technical Guidance on HIV/AIDS Surveillance. Setting Standards and an Evaluation Framework for Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Surveillance. Journal of Public Health Management and Practice, 2007, 13(5), 519-523.
5. National Coalition of STD Directors NCS. STD Program Core Components and Strategies – 2016/2017.
6. Public Health Accreditation Board. Standards and Measures, Version 1.5. December 2013.
7. Texas Department of State Health Services. Standards of Performance for the Prevention and Control of Tuberculosis, 10/14/2008. Publication Number E-12-11848
8. Public Health National Center for Innovations. Aligning Accreditation and the Foundational Public Health Capabilities. Summer 2016.