2021
VIRTUAL
PUBLIC HEALTH LAW
CONFERENCE
Building and Supporting
Healthy Communities
for All
September 21-23

Advancing Public Health Law through Health Department Accreditation and the Essential Public Health Services Framework

National Public Health Law Conference
September 22, 2021

PHAB

phnci

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CDC-PHLP Disclaimer

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PHAB

Vision	A high-performing governmental public health system that supports all people living their healthiest lives.
Mission	Advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation.

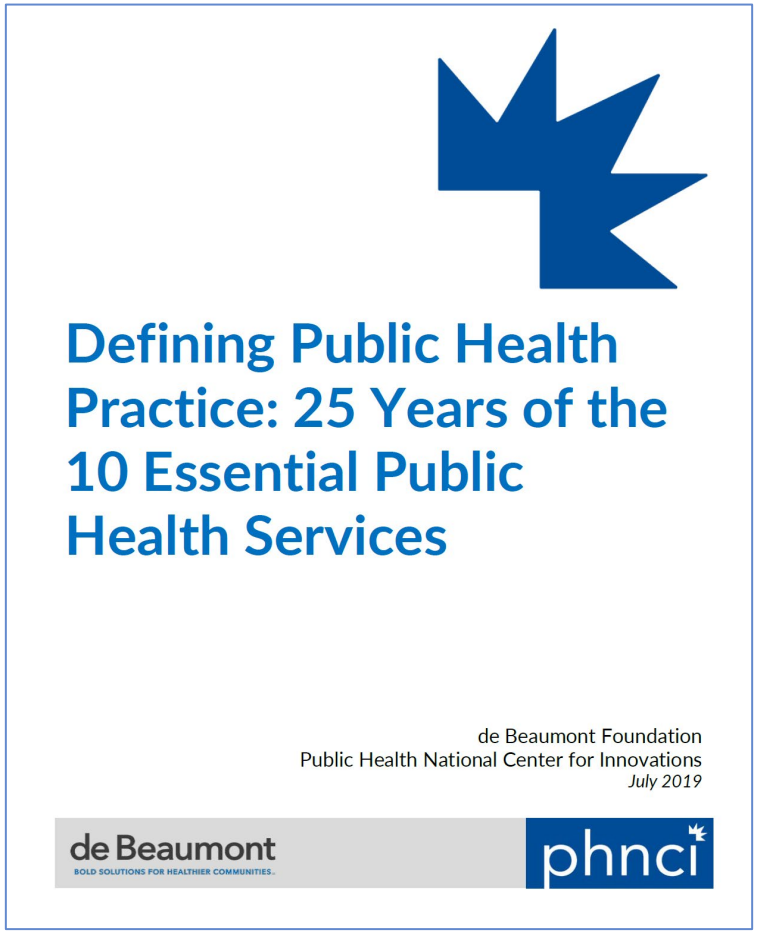
Strengthening Public Health Legal Capacity Through Alignment of Essential Public Health Services

EPHS: Background

- In spring of 2019, the de Beaumont Foundation and Public Health National Center for Innovations brought together a Task Force of public health experts and a plan to gather input from the field
- Throughout an 18-month period, the Task Force met, in-person and virtually, to work on the revision
  - During the pandemic, the Task Force decided it was more important than ever to continue the revision process, and adjusted the timeline accordingly to allow for additional input from the field
- Aimed at bringing the 10 EPHS national framework in line with current and future public health practice
  - Engage the public health community to assess the current state of use of the framework
  - Update/refresh the national framework, with the field

EPHS: Revision Process

- Environmental scan
- Task Force of experts
- Data collection in two phases
  - Phase 1: initial feedback
  - Phase 2: vetting of the draft revisions
- Data analysis for both phases
- Iterations of the revised framework
- Communications support and input
- Alignment documents

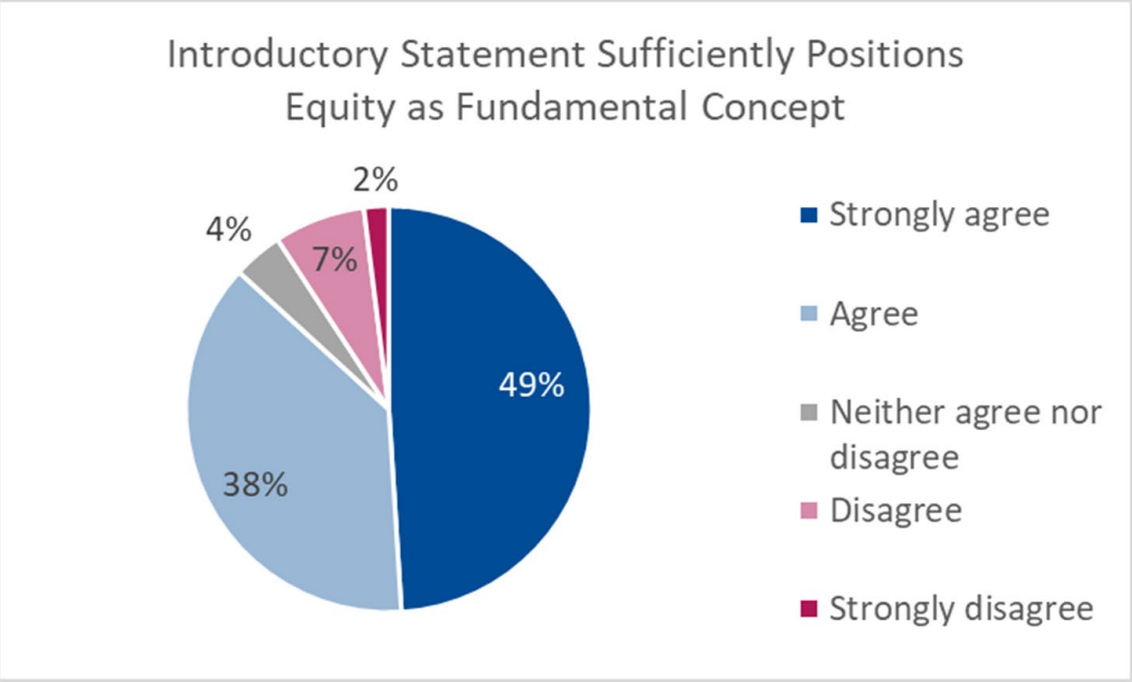


EPHS: Guiding Principles for Revision

- EQUITY-DRIVEN – The process will be guided by and is intentional about infusing equity to develop a framework that supports addressing inequities in areas such as poverty, racism, gender and other forms of oppression.
- TRANSPARENT – The process is guided by a Task Force that is varied and diverse in professional experience, areas of focus, identities, and backgrounds. The process is communicated through multiple channels, multiple times.
- INCLUSIVE – The process is aimed at engaging public health practitioners, researchers, educators, funders, and policymakers to update the 1994 definition of the practice of public health. All comments from all areas of public health are considered during various stages of the process, including a public vetting period.
- DATA-INFORMED/EVIDENCE-DRIVEN – The process is data-informed and evidence-driven, based on input and feedback from all areas of public health through a national, consensus-based approach.
- FUTURISTIC – The process is forward-looking, considering innovative approaches and emerging issues related to protecting and promoting the health of the public.
- RELEVANT – The process is aimed at driving public health practice regardless of the organizational structure, practice setting, or the geopolitical environment.

EPHS: Center Equity

- During Phase 2, participants were also asked about an equity statement:

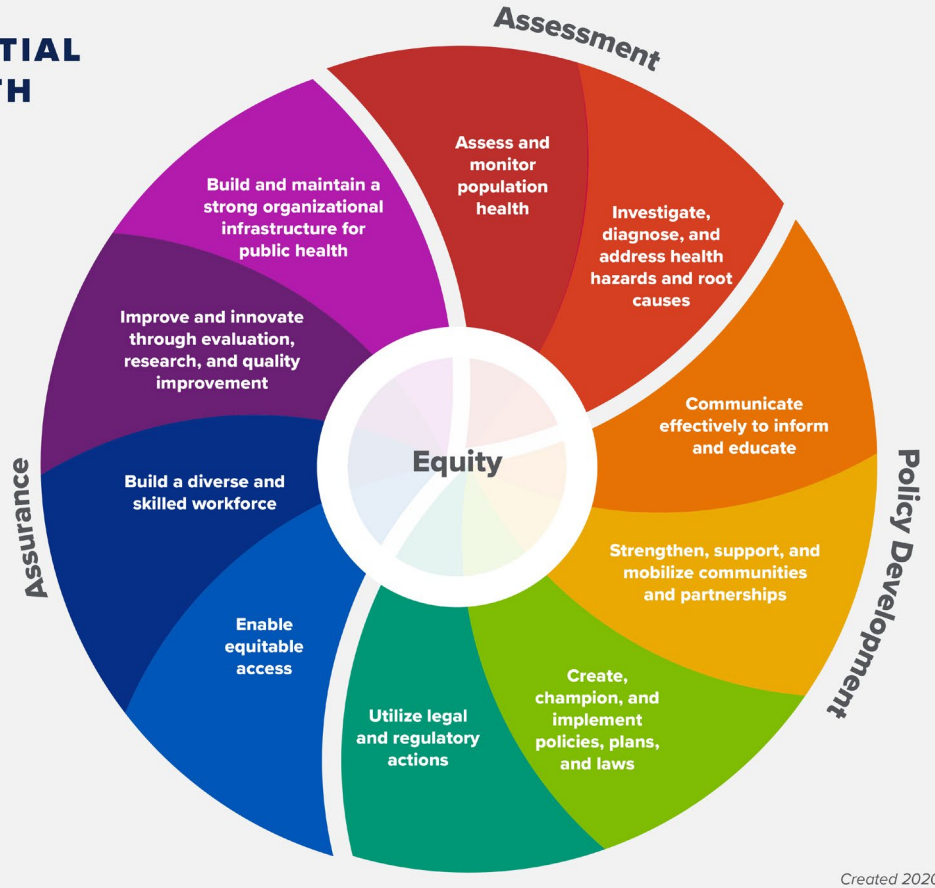


EPHS: Framework

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Created 2020

EPHS: Practice Implications

- Replaces the 1994 version (e.g. textbooks)
- Share widely
- Inform priorities of the system
- Communicating value and role of public health

Alignment

- Original EPHS and 2020 EPHS
- EPHS and foundational public health services
- EPHS and core competencies (coming soon!)
- EPHS and accreditation version 2022

The Futures Initiative: the 10 Essential Public Health Services
Aligning the 10 Essential Public Health Services and the Foundational Public Health Services
September 2020

field for the field and describe core elements of public health practice. There is significant alignment between the two as outlined in the following tables and the relevant components of each foundational capability and area (which may relate to more than one Essential Service) are included and aligned with the corresponding EPHS. Table 1 provides an overview of alignment at the statement level and Table 2 provides more details on the components of each foundational capability and area.

Table 1. Alignment Summary

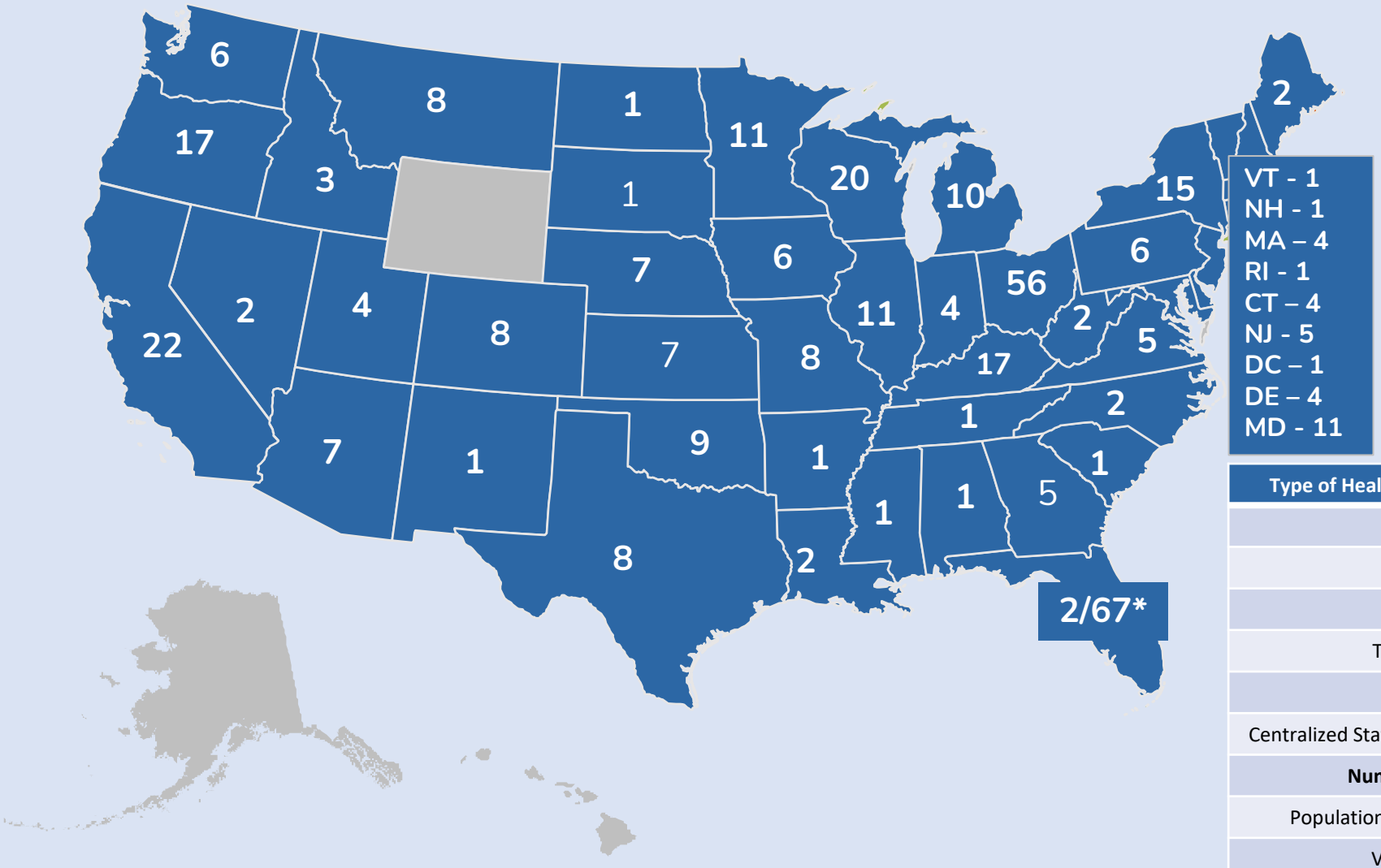
ES	Revised EPHS	Foundational Capability	Foundational Area
1	Assess and monitor population health status, factors that influence health, and community needs and assets	– Assessment/Surveillance – Emergency Preparedness and Response	– Chronic Disease and Injury Prevention – Communicable Disease Control – Environmental Public Health – Maternal, Child, and Family Health
2	Investigate, diagnose, and address health problems and hazards affecting the population	– Assessment/Surveillance – Emergency Preparedness and Response	– Chronic Disease and Injury Prevention – Communicable Disease Control – Environmental Public Health – Maternal, Child, and Family Health
3	Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it	– Communications – Emergency Preparedness and Response	– Chronic Disease and Injury Prevention – Communicable Disease Control – Environmental Public Health – Maternal, Child, and Family Health
4	Strengthen, support, and mobilize communities and partnerships to improve health	– Community Partnership Development	– Chronic Disease and Injury Prevention – Communicable Disease Control – Environmental Public Health – Maternal, Child, and Family Health
5	Create, champion, and implement policies, plans, and laws that impact health	– Policy Development and Support	– Chronic Disease and Injury Prevention – Communicable Disease Control – Environmental Public Health – Maternal, Child, and Family Health

EPHS: How the Revision Impacts Public Health Law

- Five Essential Public Health Law Services

Advancing Public Health Law through Health Department Accreditation

Accreditation Activity as of August 24, 2021



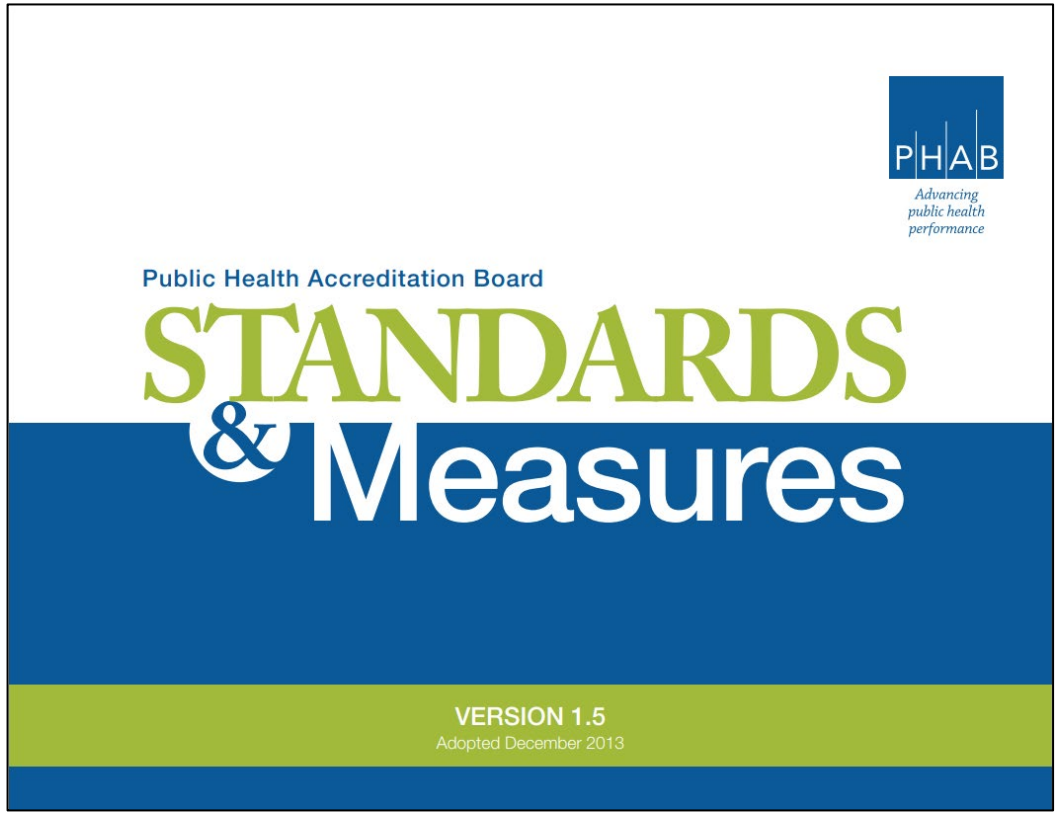
Numbers on the map represent the total number of accredited health departments and vital records and health statistics units in each state.

Type of Health Department/Unit	Accredited	In Process	Total in e-PHAB
Local	283	99	382
State	39	3	42
Tribal	5	4	9
Territorial	-	1	1
Army	2	3	5
Centralized States Integrated System*	1/67	-	1/67
Number of HDs	**330**	**110**	**440**
Population (Unduplicated)**	273,052,128	18,998,798	292,050,926
VRHS Unit	2	8	10

Applicant names are kept confidential

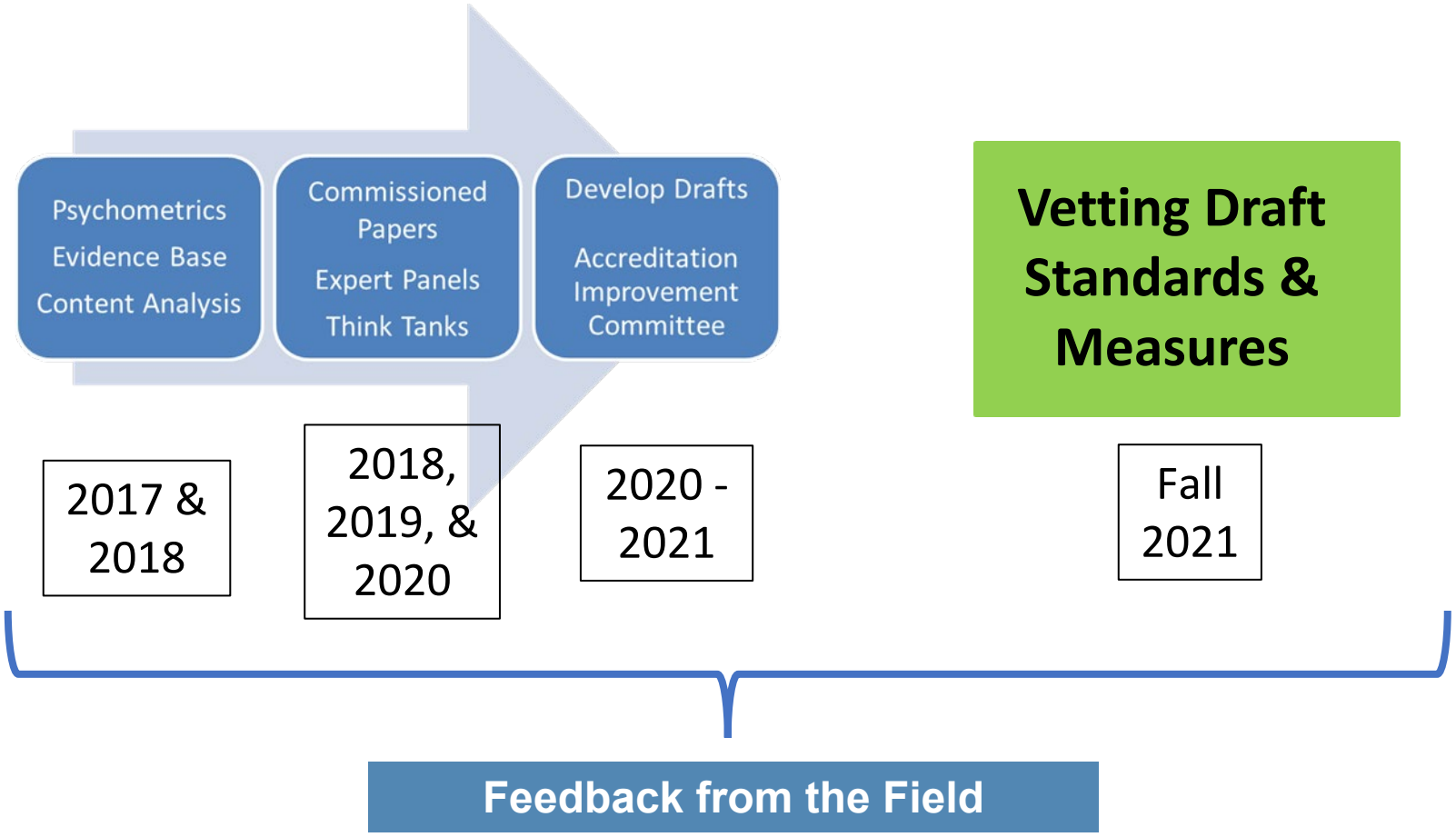
*Single accreditation for multiple health departments
**US population based on US Census Bureau 2010 of 308,745,538

Accreditation Background



- Step 1: Preparation
- Step 2: Registration & Application
- Step 3: Documentation Selection & Submission
- Step 4: Site Visit
- Step 5: Accreditation Decision
- Step 6: Reports
- Step 7: Reaccreditation

Version 2022 Timeline



Version 2022 Standards & Measures

- Goals
  1. **Reflect current aspirations of the field**, while being mindful not to raise the bar too high.
  2. **Focus on meeting the intent of the measures rather than on documenting it** by reducing duplication and streamlining requirements.
  3. **Promote accountability** so that stakeholders can feel confident that accredited health departments possess key capacities.
  4. **Clarify requirements** by adding more guidance and examples and consolidating the “must” requirements in the Required Documentation column.

Inputs into Version 2022

- Reflect current aspirations of the field
  - Learning from think tanks and commissioned papers;
  - Findings from surveys of health departments;
  - Lessons learned from the COVID-19 pandemic.
- View papers, think tank reports, data summaries, literature scans: https://phaboard.org/version-2022/

Public Health Law Expert Panel

- August 1, 2019
- Representatives from state & local health departments, CDC, national partners

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https://phaboard.org/wp-content/uploads/2.0_PublicHealthLawFinal.pdf

Public Health Law Expert Panel

Overarching themes

- The relationship between law and health equity
- The development of legal epidemiology

THE 10 GREAT PUBLIC HEALTH ACHIEVEMENTS

VACCINATION

MOTOR VEHICLE SAFETY

SAFER WORKPLACES

CONTROL OF INFECTIOUS DISEASES

DECLINE IN HEART DISEASE / STROKE

SAFER / HEALTHIER FOODS

HEALTHIER MOTHERS / BABIES

FAMILY PLANNING

FLUORIDATION OF DRINKING WATER

RECOGNITION OF TOBACCO AS A HEALTH HAZARD

LAW & THE 10 GREAT ACHIEVEMENTS

VACCINATION

School Vaccination Laws

Childhood Vaccination Programs

MOTOR VEHICLE SAFETY

Speed & Alcohol Limits

Seatbelt & Booster Seat Laws

Helmet Laws

Graduated Driver's License

SAFER WORKPLACES

Inspections for Unsafe Working Conditions

Minimum Standards for Workplace Safety,

CONTROL OF INFECTIOUS DISEASES

Sanitary Codes

Food Inspection

Drinking Water Standards

Quarantine, Isolation

DECLINE IN HEART DISEASE / STROKE

Education & Information Programs

Food Labeling

Complete Streets Laws

LAW & THE 10 GREAT ACHIEVEMENTS

SAFER / HEALTHIER FOODS

Inspections

Mandated Enrichment of Flour

HEALTHIER MOTHERS / BABIES

Milk Pasteurization

Drinking Water Codes

Vaccination

WIC; Medicaid

FAMILY PLANNING

Authorization of Birth Control Services

Prenatal and Post Natal Care to indigent Mothers

FLUORIDATION OF DRINKING WATER

Laws and Ordinances to Authorize Water Fluoridation

TOBACCO AS A HEALTH HAZARD

Excise Taxes

Restricted Sales to Minors

Lawsuits

Smoke Free Laws

But even these achievements could be undermined by an ongoing public health challenge:

The persistence of inequities that impact health

To consider these questions, we'll focus on a few examples from the CDC's list.

VACCINATION

SAFER WORKPLACES

SAFER / HEALTHIER FOODS

VACCINATION

In 2017-2018, 93%-95% of all kindergarten-aged children were vaccinated for measles, mumps, rubella; diphtheria and tetanus; and chickenpox.

Info Source: https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a3.htm;Image Source: https://phil.cdc.gov/Details.aspx?pid=23255

Vaccination coverage among adults has been described as suboptimal.

"Vaccination coverage was significantly lower among non-Hispanic blacks, Hispanics, and non-Hispanic Asians compared with non-Hispanic whites, with only a few exceptions."

Am J Prev Med. 2015 December ; 49(6 Suppl 4): S412–S425. doi:10.1016/j.amepre.2015.03.005.

Racial and ethnic disparities in vaccination coverage among adult populations

Peng-jun Lu, MD, PhD, Alissa O'Halloran, MSPH, Walter W. Williams, MD, MPH, Megan C. Lindley, MPH, Susan Farrall, MPH, and **Carolyn B. Bridges, MD**
Immunization Services Division, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Mail Stop A-19, Atlanta, GA 30333

SAFER WORKPLACES

"If today's workforce of approximately 130 million had the same risk as workers in 1933 for dying from injuries, then an additional 40,000 workers would have died in 1997 from preventable events."

Info Source: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4822a1.htm;
Image source: https://www.cdc.gov/nceh/ehs/elearn/ehter.htm

Workplace conditions have improved, but racial-ethnic gaps in injury and disability persist.

"[N]on-Hispanic white workers consistently had among the lowest risk of workplace injury, particularly at older ages. As a result, non-Hispanic black and Hispanic workers were more likely to experience a work-related disability, compared to white workers."

HEALTH AFFAIRS > VOL. 36, NO. 2: THE WORK/HEALTH RELATIONSHIP

Racial And Ethnic Differences In The Frequency Of Workplace Injuries And Prevalence Of Work-Related Disability

Seth A. Seabury, Sophie Terp, and Leslie I. Boden

AFFILIATIONS

PUBLISHED: FEBRUARY 2017 Free Access https://doi.org/10.1377/hlthaff.2016.118

SAFER / HEALTHIER FOODS

"[In] the early 20th century, contaminated food, milk, and water caused many foodborne infections, including typhoid fever, tuberculosis, botulism, and scarlet fever. . . . Once the sources and characteristics of foodborne diseases were identified . . . they could be controlled by handwashing, sanitation, refrigeration, pasteurization, and pesticide application."

Info Source: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4840a1.htm;

Food safety and nutrition have improved, but racial and socioeconomic gaps in access to healthy food persists

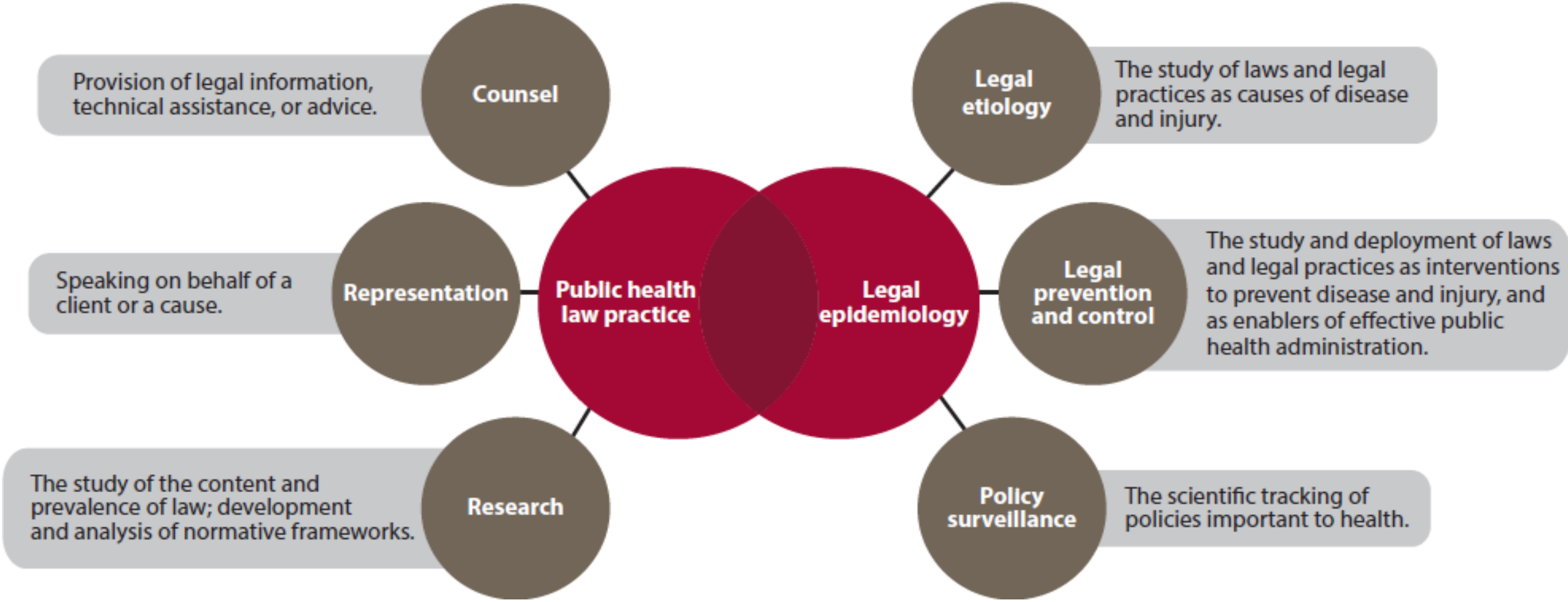
"Despite an overall improvement in diet quality among all US adults aged 20 years or older between 1999 and 2014, the overall diet quality of SNAP participants remained unchanged, and disparities persisted or worsened for most dietary components compared with income-eligible nonparticipants and higher-income individuals. Our findings highlight the need for evidence-based nutrition policies to help close these gaps and reduce diet-related health disparities in the United States."

Original Investigation | Nutrition, Obesity, and Exercise

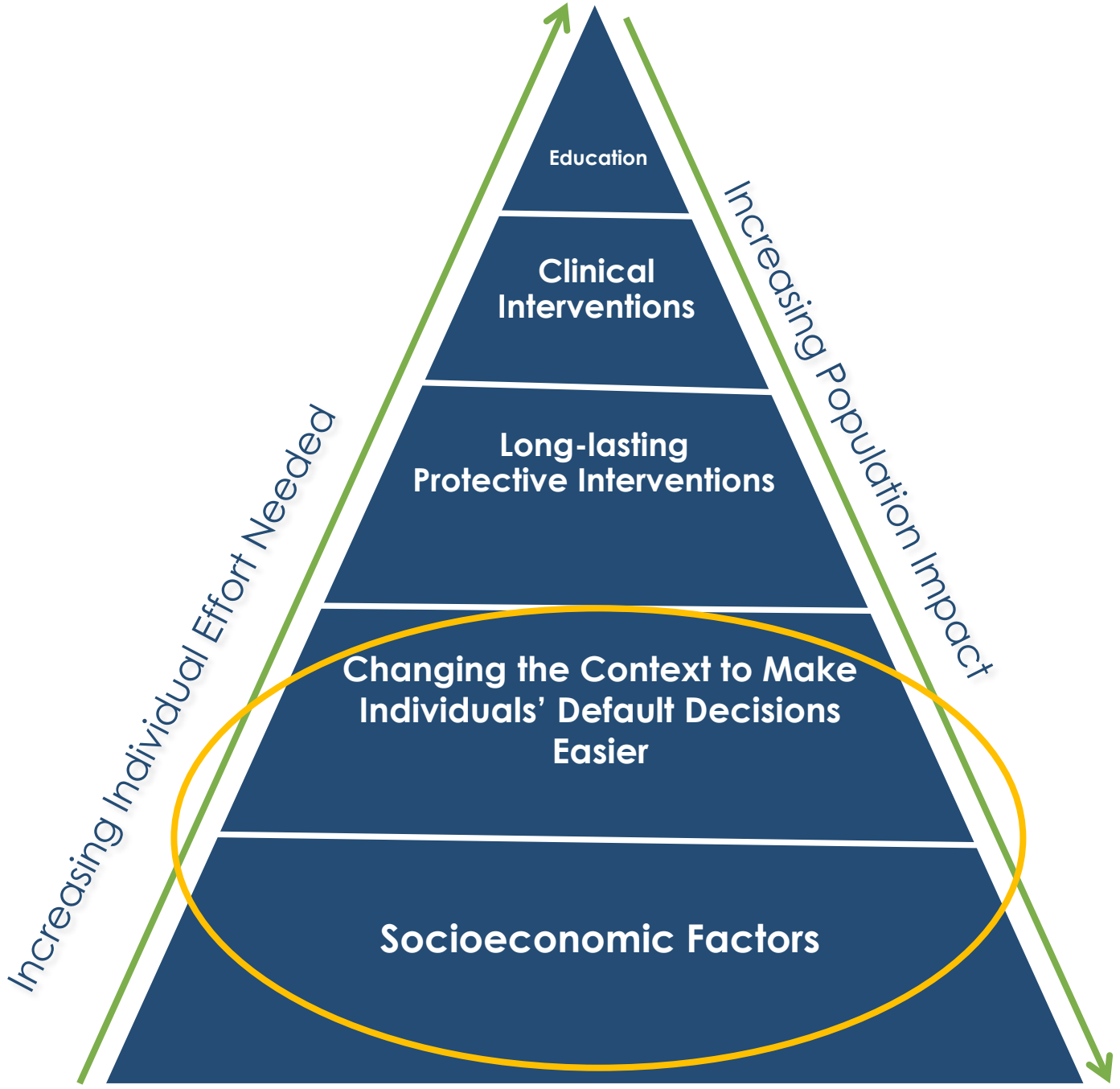
Trends and Disparities in Diet Quality Among US Adults by Supplemental Nutrition Assistance Program Participation Status

Fang Fang Zhang, MD, PhD; Junxiu Liu, PhD; Colin D. Rehm, PhD; Parke Wilde, PhD; Jerold R. Mande, MPH; Dariush Mozaffarian, MD, DrPH

Legal practice *applies* the law; legal epidemiology *measures* the law.



* A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology. Scott Burris, Marice Ashe, Donna Levin, Matthew Penn, and Michelle Larkin. Annual Review of Public Health, Vol. 37: (Volume publication date April 2016).



Health Impact Pyramid

Legal tools, methods, and interventions can play a key role in addressing the social determinants and advancing health equity.

WHAT IS LEGAL EPIDEMIOLOGY?

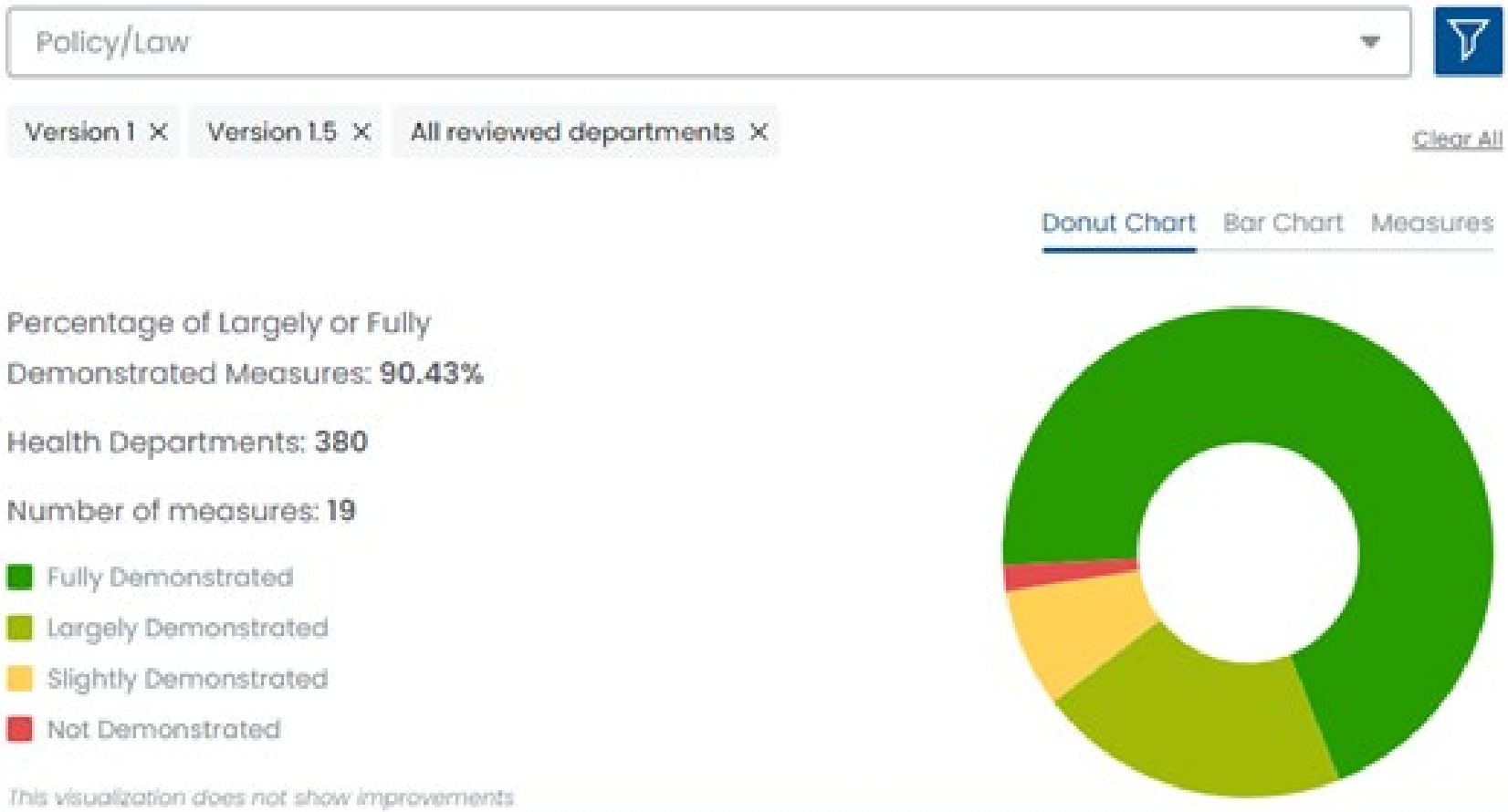
The study of law as a factor in the cause, distribution, and prevention of disease and injury.

It applies rigorous, scientific methods to translate complex legal language into data to be used to evaluate how laws affect population health.

Laws and policies *can be studied* through a public health lens to:

- Trace the relationship between racism (whether express or in effect), laws, and health outcomes
- Better identify root causes of inequitable health outcomes
- Provide greater context for findings in disparities research

Assessments on Law/Policy Measures



Challenging Requirements

- In analysis of performance against current Standards & Measures, these caused the most challenges:
  - Measure 6.1.1: Laws reviewed in order to determine the need for revisions
  - Measure 6.3.4: Patterns or trends identified in compliance from enforcement activities and complaints
  - Measure 6.3.5: Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns

Expert Panel Recommendations

- Reflect Health in All Policies concepts
- Consider role of legal epidemiology and legal council in reviewing laws and policies
- Consider equity in enforcement activities
- Focus on education and compliance, rather than punishment in enforcement activities

Version 2022 Highlights

- Standard 5.1: Serve as a primary and expert resource for establishing and maintaining health policies and laws
  - Maintain knowledge of discussions by those who set policies and practices that impact on public health
  - Review current/proposed laws, gather input from stakeholders, and share findings with those that set or influence policies
    - Evidence-based practices, promising, practices, or practice-based evidence
    - Impacts on health equity

* Subject to change as a result of feedback from public vetting.

Version 2022 Highlights, cont.

- Standard 6.1: Promote compliance with public health laws
  - Maintain knowledge of laws
  - Investigate complaints and conduct & monitor inspections of regulated entities
  - Conduct enforcement actions & coordinate notification
  - Inform public about enforcement activities
  - Identify and implement improvement opportunities to increase compliance
  - Reaccreditation: ensure investigations/enforcement activities are carried out collaboratively and equitably

Version 2022 Highlights, cont.

- Within Domain 10
  - Access and use legal services in planning, implementing, and enforcing public health initiatives
  - In reaccreditation, focus on timely legal services

Version 2022 Now Open for Feedback!

Deadline is Nov. 5

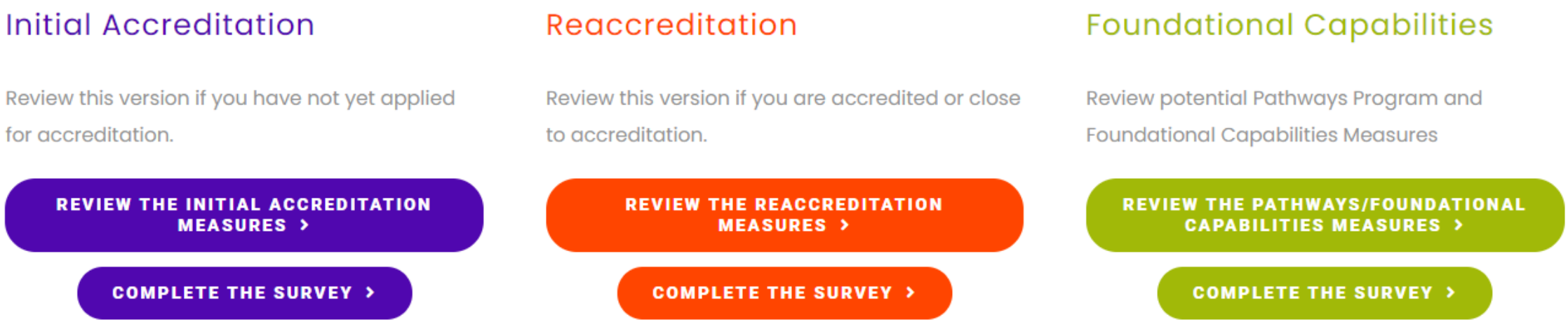
Version 2022 emphasizes health equity, aligns with the 10 Essential Public Health Services, and features updated requirements on preparedness. Review the Standards & Measures and share your feedback!

VERSION 2022 VETTING

Vetting

- We want to hear from you!
- Vetting open until November 5

https://phaboard.org/vetversion2022/



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