

Responsibilities of Public Health Departments to Control and Prevent TB in California



Purpose: Tuberculosis (TB) is a deadly airborne infectious disease. Half of those who develop TB disease in California are hospitalized and 1 in 7 persons with TB will die. This document articulates the activities that are the unique responsibility of local and state health departments for the control of TB and also outlines activities that involve close oversight by local health departments or that need to be done in concert with local health departments.

Audience: Policy makers, government agencies, and providers caring for patients at risk for TB

Framework

Health departments in general are charged with public safety and with advancing and protecting population health. Health departments are authorized by legal statutes to carry out many specific duties. International and national standards also define basic principles that guide health departments to ensure success in protecting populations from TB. While many entities perform activities that reduce TB spread (e.g., evaluating and treating TB infection and disease), actions that are taken by local health departments are time-sensitive, supported by a jurisdiction's legal authority and state statutes, and focus beyond the individual level on safeguarding the community.

Legal Authority

The unique scope of services and responsibilities of TB control programs is bound by a legal framework assigned to federal, state and local health departments. Legal authority for investigating persons with TB and persons exposed to TB, responding to TB outbreaks, enforcement of TB reporting, and issuing orders of isolation, evaluation, and treatment, each rest with health departments.

Health and safety

To ensure the spread of TB is interrupted, health department actions to protect the public from TB require a timely response to reports of suspected and confirmed TB, regardless of the medical provider, the payer source, or insurance status of the patient and those exposed.

Population health and partnership with health care

Health departments are responsible for the public health and safety of the entire community or population. In contrast, community medical providers are responsible for individuals under their care, but are not charged with the health of a jurisdiction's population. For example, the medical provider for a patient with TB disease is not responsible for ensuring spread of TB is interrupted or ensuring that the patient remains isolated if infectious. In addition, thorough contact tracing and ensuring that persons exposed to TB are fully evaluated is the responsibility of health departments.

Framework of health departments

- Charged with public safety and advancing population health
- Authorized and compelled by legal statutes
- Guided by national and international standards

Legal authority

The unique scope of services and responsibilities of TB control is bound by a legal framework assigned to federal, state and local health departments.

Population health

The entire population is the focus of health departments while non-health department medical providers are responsible for individuals under their care.

Not all who are diagnosed with TB infection or disease are able to access care in a community provider's office. Many individuals with latent TB infection (LTBI) and TB disease need safety net services. The safety net function of health departments ensures care for those who do not otherwise have access to TB care.

Span of activities of local health departments

To ensure that an individual does not spread TB to others, local health departments are required to monitor each patient closely, regardless of payer source or insurance status, and to make sure patients with TB receive effective treatment and are rendered noninfectious. Ensuring that there is access to TB medications for timely treatment is a basic role of public health departments, as is ensuring access to effective and rapid TB laboratory tests. TB patients are supported intensively by local health departments to continue treatment to cure. This may require housing, transportation, and interpreter services. To prevent the occurrence of the more costly drug-resistant form of TB, public health workers may deliver and directly observe TB medicine ingestion by patients. If an infectious TB patient abandons treatment, prompt measures are taken by local health departments to isolate them from others. When there is a case of infectious TB in the community, it is the local health department that is responsible to determine all persons exposed to TB who had contact with an infectious patient, locate those exposed, and facilitate access to evaluation and treatment services.

It is crucial that local health departments ensure all patients with TB, especially those with complicated TB, such as those with drug-resistant TB, receive effective treatment. The vast majority of clinicians now in practice have managed few cases of TB in their lifetime. As a result, state and local health departments serve as TB subject matter experts and function as a primary source for TB education and training for healthcare workers. Local health departments each provide oversight of care and case management. They may directly provide clinical care for TB cases and contacts in public health clinics or facilitate linkage to care through arrangements with local medical providers or other health departments.

Role of the state health department

The California Department of Public Health (CDPH) Tuberculosis Control Branch provides leadership, resources and subject matter expertise to support effective TB control and prevention throughout California. California's strong legal framework includes specific laws, statutes and regulations that underpin TB prevention and control. The state health department is the lead for TB control and prevention at the state level and supports and complements local health department TB program actions in multiple ways. The department provides funding to local TB programs to augment existing local funding, monitors and responds to TB drug supply

To ensure an individual does not spread TB to others, local health departments....

- Take prompt measures to isolate patients who are infectious
- Determine who was exposed to an infectious TB patient; locate them and facilitate evaluation and treatment of TB
- Ensure patients receive effective treatment and become noninfectious
- Monitor each patient closely, regardless of ability to pay
- Ensure there is an uninterrupted local drug supply and access to TB laboratory tests, with state aid as necessary
- Provide resources to keep patients in treatment such as, housing, transportation, and interpreters
- Deliver and directly observe patients take their TB medicine
- Provide or facilitate expert clinical consultation

interruptions, and connects programs to laboratory and state-level resources. CDPH is responsible for conducting statewide TB surveillance, data analysis, and epidemiologic investigations to monitor trends, guide interventions, and respond rapidly to adverse outcomes and emerging threats. The department develops and maintains information systems supporting management of persons with TB disease, exposure to TB, and LTBI. In addition, the state health department leads coordinated and rapid responses to TB transmission events, including outbreaks in high-risk settings, TB in organ transplantation, and multi-jurisdictional events. In coordination with local, state, and federal partners, CDPH provides expert technical assistance to ensure cross jurisdictional care coordination, timely contact investigation, and travel restrictions to protect public health. Using the most current scientific evidence, CDPH develops guidance and provides clinical expertise for complex TB care to support effective TB control across California. By providing training, education, and targeted testing and prevention initiatives, the department works to strengthen workforce capacity and raise awareness of TB prevention and health impacts.

Monitoring and oversight

To ensure safety from TB and achieve TB control in a jurisdiction, necessary actions are taken that are strategic and based on evidence from epidemiologic monitoring and analysis. Scientific information that takes into account both effectiveness and cost is considered. These actions are focused at the level of the jurisdiction's population, locally and statewide and include providing guidance, implementing population-based interventions, as well as ongoing monitoring and evaluation of the jurisdiction's TB cases and deaths. TB prevention strategies promoted by the health department are aimed at preventing TB in the first place, reducing costly treatment of TB disease and drug-resistant TB, and making progress towards TB elimination. The practices of physicians caring for TB patients and treatment outcomes of each TB patient are monitored locally in a jurisdiction from diagnosis to cure or death, as well as in aggregate at the state level. Effective discharge planning and post confinement follow-up of inmates and detainees are also a necessary component of TB control. The outcome of each person with TB and practices of each physician caring for TB patients make a difference for community safety.

It is the health department's unique function to actively monitor TB disease in aggregate in a jurisdiction to inform public health action. This involves receiving and investigating case reports, maintaining a case registry, examining data over time, and detecting spikes in cases. These tasks may be accomplished through external arrangements, such as agreements with other LHDs or regionalization of resources to perform these functions. In addition, state and local health departments proactively engage in investigation of health events that may impact the community (e.g., childhood TB clusters, TB deaths, outbreaks). These events may require health departments to alert the public and respond to media inquiries about

Monitoring and oversight

Actions taken by public health departments are focused at the level of the jurisdiction's population, including providing guidance, implementing population-based interventions and ongoing monitoring and evaluation.

The health department has the unique role to measure and evaluate outcomes in order to spot gaps and to improve the chances that TB transmission is prevented.

TB. Local health departments bear first and primary responsibility in their jurisdictions.

As stewards of public resources, health departments have an important charge to develop strategic and cost-effective prevention efforts based upon a jurisdiction's unique TB epidemiology. They create and share the evidence basis for public health policy decisions and provide TB control and prevention guidance for institutions and individual providers. To keep the nation safe from infectious agents such as TB, the essential public health activities afforded by laws are carried out and supported by local, state, and federal government programs; these activities benefit the entire community by protecting health and preventing disease.

Consequences when health departments lack effective TB control

In the U.S., public health departments, like fire departments, are charged with protecting public safety. If the fire department was not ready to respond to each fire, then each neighbor and surrounding community would be unprotected when a fire started in a single house. Similarly, when one person develops TB, disease can spread unless health departments take key steps. If these steps are not executed in a complete and timely manner, or if a patient with infectious TB remains undiagnosed, TB can spread leading to additional cases, outbreaks, and increased morbidity and mortality.

Opportunities

Many opportunities exist to increase the identification and treatment of TB infection by community providers, to prevent TB in the first place and drive down TB rates. These opportunities invite public health departments to initiate new partnerships and strengthen existing ones to enhance the public's health. TB can be cured and prevented, and future generations can have a chance of being spared death and disability from TB. This is possible only if each partner, public and private, state and local, work in concert.

Public health is public safety

Health departments, like fire departments, are an essential public service.

Table 1. Local Public Health Actions and Supporting Statutes, Regulations, and Public Health Accreditation Board Standards

Local Public Health Action(s) ¹	Supporting Statutes and Regulations	PHAB ² Standard
Report TB and Conduct Surveillance		
1. Receive and rapidly act on all reports of suspected and confirmed TB from health care providers, laboratories and schools, as required by law. Maintain a comprehensive TB case registry of patients with TB disease.	HSC³ §§121362, 121365 CCR⁴ Title 17 §§2500, 2502, 2504, 2508, 2509	2.1.1, 2.1.2
2. Facilitate timely and complete case reporting by all laboratories and health care providers in the jurisdiction.	HSC §§121361, 121362 CCR Title 17 §2500	2.1.1, 2.1.2
3. Report TB cases and TB outbreaks to the state, as required by law.	HSC §§120185, 120190 CCR Title 17 §§2501, 2502	1.2.2
4. Conduct epidemiologic analyses and monitor disease trends for jurisdiction’s population. Create and issue summary reports to inform community and health care providers about TB disease trends and actions to reduce disease spread.	HSC §120175	2.1.3, 7.1.1
5. Investigate unusual events: TB clusters, case spikes, pediatric TB, each TB death, adverse events associated with treatment requiring public health action	HSC §121365 CCR Title 17 §2501	2.1.2, 2.1.3
Diagnose and Treat TB Disease		
6. Ensure all patients with suspected or confirmed TB regardless of provider and payer source or ability to pay, receive timely diagnosis and effective treatment.	HSC §§120175, 121362, 121360 CCR Title 17 §2501	7.1.1, 7.1.2 T/L
7. Receive and follow-up on notifications of newly arriving immigrants with a TB condition (B-classification) and promptly arrange for TB evaluation to prevent spread of imported TB.	HSC §121365	
8. Ensure individuals with infectious TB in jurisdiction are rapidly isolated at home or in another secure setting, as required by law.	HSC §§120130, 120175, 120215, 121365	

¹ See also Cole B, Nilsen DM, Will L, Etkind SC, Burgos M, Chorba T. [Essential Components of a Public Health Tuberculosis Prevention, Control, and Elimination Program: Recommendations of the Advisory Council for the Elimination of Tuberculosis and the National Tuberculosis Controllers Association](#). *MMWR Recomm Rep* 2020;69(No. RR-7):1-27. DOI: <http://dx.doi.org/10.15585/mmwr.rr6907a1>.

² Public Health Accreditation Board standards, version 2022.

³ California Health and Safety Code.

⁴ California Code of Regulations.

Local Public Health Action(s)¹	Supporting Statutes and Regulations	PHAB² Standard
9. Review written treatment plan and approve health facility discharge of patients with suspected and confirmed TB to coordinate care and protect the safety of the public, as required by law.	HSC §§120175, 121361, 121362	
10. Take prompt action when patient prematurely stops treatment to ensure patient is not a threat to the public's health.	HSC §§120175, 121362	
11. Issue health officer orders for patient isolation, evaluation, treatment or detention, as needed, to protect the public from TB.	HSC §§120130, 120175, 120280, 121365, 121366, 121367	
12. Monitor and ensure patient-centered TB treatment and ensure they become noninfectious and complete treatment which may require directly observed treatment, food, shelter, incentives, transportation, and language services.	HSC §120175	
13. Provide or ensure access to consultation with a clinician who has expertise fluent with complex and drug resistant TB cases.	HSC §120175	7.1.1, 7.1.2 T/L
14. Engage with state and federal partners to investigate and mitigate drug shortages, laboratory insufficiencies and other resource gaps to diagnose and treat TB.	HSC §120175	1.2.2, 2.1.5
Find and Evaluate Persons Exposed to TB		
15. To interrupt spread of TB, promptly interview infectious TB patients to identify persons who were exposed, as required by law. Evaluate or arrange for evaluation individuals exposed, prioritizing those most vulnerable/at highest risk, as required by law.	HSC §§120175, 121363, 121365	
16. Issue health officer orders for patient examination, as needed, for directing preventive measures.	HSC §121364	
17. Ensure infected contacts are treated to reduce likelihood of developing disease.	HSC §§120175, 121363	7.1.1, 7.1.2 T/L
18. Investigate TB disease in children under age 5 to identify infectious source case and prevent further spread, as required by law.	HSC §§120175, 121365 CCR Title 17 §2501	
19. Take immediate action to investigate and contain TB spread in response to TB outbreaks, and large scale, complex exposures and exposures in vulnerable settings, as required by law.	HSC §§120175, 121365, 120195 CCR Title 17 §§2501, 2502	
Prevent TB in High-Risk Populations		
20. Examine local tuberculosis disease surveillance reports to identify populations at high risk for infection and progression to TB disease and recommend for targeted testing and treatment.	HSC §120175	2.1.1, 2.1.2, 2.1.3, 5.2.3, 6.1.4

Local Public Health Action(s)¹	Supporting Statutes and Regulations	PHAB² Standard
21. Prevent TB in high-risk groups through targeted testing and treatment. Build partnerships and collaborate with community agencies working with populations at high risk for TB to promote TB prevention and control.	HSC §121364	2.1.1, 2.1.2, 5.2.4, 7.1.1, 7.1.2 T/L
Educate the Community About TB and Assess Effectiveness of Interventions		
22. Educate the public on TB events by providing media alerts and responding to media inquiries. Develop and disseminate guidelines and evidence-based interventions.		1.3.2, 3.1.1, 3.1.3
23. Educate and train clinical providers and public health workforce on TB standards and practices, including prompt feedback when errors occur that put public at risk.		2.1.5, 6.1.4, 7.1.1
24. Monitor and evaluate TB control practices and effectiveness of interventions in halting transmission and decreasing new cases of TB disease.		9.1.4, 9.1.5, 9.2.1

Table 2. State Public Health Actions and Supporting Statutes and Regulations

State Public Health Actions	Supporting Statutes and Regulations
Provides Leadership and Subject Matter Expertise	
1. Provides leadership, oversight, subject matter expertise and resources and is the lead agency for tuberculosis control and prevention activities at the state level , as required by law.	HSC §121357
2. Maintains a state tuberculosis program for public safety from tuberculosis, as required by law.	HSC §121350
3. Advises and provides TB subject matter expertise to local programs.	HSC §131080
4. Provides subject matter and clinical expertise to officers of medical, correctional, and educational institutions on control of TB and care of TB patients.	HSC §121380
Provides Funding and Resources	
5. Provides funding to local health departments that maintain a TB program consistent with the department's standards and procedures.	HSC §121450
6. Monitors and responds to TB drug supply interruptions. Purchases and distributes TB drugs for statewide use.	HSC §121460
7. Links local health departments and regional networks to state TB laboratory services; Provides funds for state TB laboratory services.	HSC §121460
Conducts Statewide TB Surveillance and Epidemiologic Assessment	
8. Maintains a comprehensive state TB case registry; receives reports of TB and LTBI and ensures complete reporting, as required by law. Disseminates statewide surveillance data and creates data sets for local use. Provides information systems supporting management of cases, contacts, LTBI, and new arrivers.	CCR Title 17 §2505(e)(2), HSC §§120130, 121560
9. Examines data and trends to develop the most effective interventions to reduce disease spread, as required by law. Conducts evaluations, operational and epidemiologic studies and demonstration projects to advance TB control and prevention.	HSC §§120125, 131085
Monitors Disease Trends and Investigates Adverse Outcomes	
10. Monitors TB disease and infection trends and outcomes. Investigates and promptly responds to unusual events, such as spikes of disease, deaths, adverse outcomes, TB clusters, and sentinel events, as required by law.	HSC §§121375, 100325, 120185
Conducts Investigations of Outbreaks and Multi-jurisdictional TB Events	
11. Detects TB transmission events for timely public health action and promptly responds to exposures in sensitive settings (e.g., organ transplant TB; drug resistant TB in congregate settings), as required by law. Conducts investigations and provides technical assistance to support thorough outbreak detection and response and leads multi-jurisdictional outbreak responses, as required by law. Collaborates and coordinates with federal, state, and local entities on multi-state outbreaks involving California.	HSC §§120185, 131085, 100325, 120125

State Public Health Actions	Supporting Statutes and Regulations
Provides Technical Assistance on Care Access, Isolation, and Continuity of Care	
12. Supports coordination of care transfers and contact investigations across jurisdictions, states including binational care continuity; Facilitates travel restrictions of persons with infectious TB with local and federal partners.	HSC §§100325, 121357, 131085(a)
13. Facilitates identification of civil detention sites for isolation or completion of therapy for patients who are persistently non-adherent to treatment, as required by law.	HSC §121358
Develops and Disseminates Statewide Policy and Guidance	
14. Establishes standards and procedures for the operation of local TB control programs; analyzes and develops state laws supporting TB control and prevention.	HSC §121455
15. Examines evidence to inform strategy, policy and guidance to control and prevent TB. Develops and disseminates evidence-based statewide guidelines.	HSC §§131085(a), 100325, 120125
Conducts Training and Education	
16. Provides information on TB and its health consequences to state and federal agencies, as required by law.	HSC §100325
17. Provides education and training of local health department and healthcare system workforces; communicates information to the public on TB prevention.	HSC §131085

Appendix:

Statutes, Regulation and Public Health Standards/Measures

California Health and Safety Code (HSC)

Local Health Officers must submit reports of reportable diseases and conditions to the state public health department. Local health officers may require isolation for any case of contagious, infectious, or communicable disease when necessary to protect public health.

HSC §120130

Local Health Officers must take measures to prevent spread of communicable diseases or occurrence of additional cases.

HSC §120175

In the case of a local epidemic of disease, the health officer shall report at those times as are requested by the California Department of Public Health (CDPH) all facts concerning the disease, and the measures taken to abate and prevent its spread.

HSC §120185

Each health officer shall immediately report to CDPH every discovered or known case or suspect case of those diseases designated for immediate reporting by the Department. Within 24 hours after investigation each health officer shall make reports as the CDPH may require.

HSC §120190

Each health officer shall enforce all orders, rules, and regulations concerning quarantine or isolation prescribed or directed by the CDPH.

HSC §120195

Upon receiving notification of the existence of a contagious, infectious or communicable disease, the local health officer shall ensure adequate isolation of each case.

HSC §120215

Local health officer may detain persistently nonadherent tuberculosis (TB) patient in any appropriate facility, penal institution, or dwelling approved by the health officer after the District Attorney prosecutes the patient for violations of health orders as provided in HSC 121365.

HSC §120280

Pulmonary tuberculosis is an infectious and communicable disease, dangerous to the public health, and all proper expenditures that may be made by any county, pursuant to this chapter, are necessary for the preservation of the public health of the county.

HSC §121360

Local health officer must approve TB patient written treatment plan (within 24 hours of receipt of the

plan) when hospitalized inpatients are discharged or transferred (unless transfer is for higher level of care).

HSC §121361

Each health care provider must report suspected or active tuberculosis disease to the health department and shall promptly report to the local health officer when there are reasonable grounds to believe that a person with suspected or active tuberculosis ceases treatment (fails to keep appointments, relocates without transferring care, or discontinues care). In the case of a parolee under the jurisdiction of the California Department of Corrections and Rehabilitation, the local health officer shall notify the assigned parole agent, when known or the regional parole administrator when the parolee ceases treatment for tuberculosis.

HSC §121362

Each health care provider who treats a person with active TB disease shall examine, or cause to be examined, all household contacts or shall refer them to the local health officer for examination. When requested by the local health officer, a health care provider shall report the results of any examination related to tuberculosis of a contact.

HSC §121363

Within the territory under his or her jurisdiction, each local health officer may order examinations for TB infection for the purpose of directly preventive measures ...

HSC §121364

Each local health officer is directed to use every available means to ascertain the existence of, and immediately investigate all reported or suspected cases of active tuberculosis disease in the jurisdiction, and to ascertain the sources of those infections. The local health officer may issue any orders (TB examination, isolation, completion of appropriate treatment, directly observed therapy, detention, exclusion from attendance at the workplace if infectious) he or she deems necessary to protect public health or the health of any other person, and may make application to a court for enforcement of the orders.

HSC §121365

The local health officer may detain in hospital or other appropriate facility ...

HSC §121366

California Code of Regulations (CCR), Title 17, Public Health

Health care providers, clinics, health care facilities, labs and schools are required to report TB.

CCR Title 17 Section 2500

The local health officer is required to investigate and control TB cases & outbreaks.

CCR Title 17 Section 2501

The local health officer is required to prepare and send to CDPH individual TB case and outbreak reports.

CCR Title 17 Section 2502

Whenever a health care provider's identification of a case or suspected TB case includes laboratory findings from an out-of-state lab, the health care provider shall include those findings along with performed drug susceptibility testing.

CCR Title 17 Section 2504

It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report at once to the local health officer the presence or suspected presence of any of the communicable diseases.

CCR Title 17 Section 2508

The local health officer is required to maintain records as deemed necessary by CDPH.

CCR Title 17 Section 2509

Statutes and Regulations Supporting State Public Health Department

The department shall cause special investigations of the sources of morbidity and mortality and the effects of localities, employments, conditions and circumstances on the public health and the department shall perform other duties as may be required in procuring information for state and federal agencies regarding the effects of these conditions on the public health.

HSC §100325

The department shall examine into the causes of communicable disease in man and domestic animals occurring or likely to occur in this state.

HSC §120125

In the case of a local epidemic of disease, the health officer shall report at those times as are requested by the department all facts concerning the disease, and the measures taken to abate and prevent its spread.

HSC §120185

The department shall maintain a program for the control of tuberculosis. The department shall administer the funds made available by the state for the care of tuberculosis patients.

HSC §121350

The department may inspect and have access to all records of all institutions and clinics, both public and private, where tuberculosis patients are treated.

HSC §121375

The state department shall be the lead agency for all tuberculosis control and prevention activities at the state level.

HSC §121357

The department shall work with local health jurisdictions to identify a detention site for recalcitrant tuberculosis patients appropriate for each local health jurisdiction in the state...

HSC §121358(b)

The department may advise officers of state educational, correctional, and medical institutions regarding the control of tuberculosis and the care of tuberculosis patients.

HSC §121380

The department may distribute for the purpose of tuberculosis control an annual subvention, paid quarterly, to any local health department that maintains a tuberculosis control program consistent with standards and procedures established by the department. This annual subvention shall be used primarily for the strengthening of tuberculosis prevention activities by local health departments. Further, the department may allocate additional funds to selected local health departments based on high disease incidence, or other standards established by the department. These additional funds shall be expended primarily for the cost of diagnosis, treatment, and followup services required for an effective tuberculosis control program. Services rendered under this section may not be made dependent on status of residence.

HSC §121450

The department may establish standards and procedures for the operation of local tuberculosis control programs...

HSC §121455

Of the annual appropriation made to the department for tuberculosis control, the department may expend a sum not to exceed 7.5 percent of the total, for administrative costs. In addition, it may, if it deems necessary, withhold a portion of the appropriation to pay for the cost of regional laboratory services and regional hospitalization facilities for patients whose care cannot be reasonably accomplished in facilities available within a local health department, or it may contract with physicians to supervise the medical care of tuberculosis patients in areas where the specialized care is not available. Further, the appropriation shall be available to purchase materials or drugs used in tuberculosis control for distribution to local health departments.

HSC §121460

The department may advise all local health authorities, and, when in its judgment the public health is menaced, it shall control and regulate their action.

HSC §131080

The department may perform any of the following activities relating to the protection, preservation, and advancement of public health: (1) Studies. (2) Demonstrations of innovative methods. (3) Evaluations of existing projects. (4) Provision of training programs. (5) Dissemination of information.

HSC §131085(a)

CDPH is mandated to conduct surveillance of communicable disease including tuberculosis in accordance

with Title 17 of the California Code of Regulations (17 CCR § 2505(e)(2) and routinely receive information on these reportable conditions

CCR, Title 17, § 2505(e)(2)

Public Health Accreditation Board (PHAB) Standards and Measures, version 2022

Measures apply equally to both state and local health departments except where indicated.

Participate in data sharing with other entities.

PHAB Measure 1.2.2 Tribal/Local

Engage in data sharing and data exchange with other entities.

PHAB Measure 1.2.2 State

Share and review public health findings with stakeholders and the public.

PHAB Measure 1.3.2

Maintain surveillance protocols.

PHAB Measure 2.1.1

Communicate with surveillance sites.

PHAB Measure 2.1.2

Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental hazards.

PHAB Measure 2.1.3

Maintain protocols for investigation of public health issues.

PHAB Measure 2.1.4

Improve and collaboratively implement practices for investigation, containment and mitigation of health problems and environmental hazards.

PHAB Measure 2.1.5

Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.

PHAB Measure 2.1.6

Maintain procedures to provide on-going, non-emergency communication outside the health department.

PHAB Measure 3.1.1

Communicate what public health is, what the health department does, and why it matters.

PHAB Measure 3.1.3

Address factors that contribute to specific populations' higher health risks and poorer health outcomes.

PHAB Measure 5.2.4

Maintain knowledge of laws to promote and protect the public's health.

PHAB Measure 6.1.1

Investigate complaints pertaining to public health regulations.

PHAB Measure 6.1.2

Conduct enforcement actions.

PHAB Measure 6.1.4

Engage with health care delivery system partners to assess access to health care services.

PHAB Measure 7.1.1

Implement and evaluate strategies to improve access to health care services.

PHAB Measure 7.1.2 Tribal/Local

Establish a process that guides health department quality improvement efforts across the department.

PHAB Measure 9.1.4

Implement quality improvement projects.

PHAB Measure 9.1.5

Identify and use applicable research and practice-based information for program development and implementation.

PHAB Measure 9.2.1

Communicate research findings, including public health implications.

PHAB Measure 9.2.3

Manage operational policies including those related to equity.

PHAB Measure 10.2.1

Deliberate and resolve ethical issues.

PHAB Measure 10.3.1

Orient the governing entity and advisory board.

PHAB Measure 10.3.2

Communicate with governance routinely and on an as-needed basis.

PHAB Measure 10.3