Project Public Health Ready: History and Evolution of a Best Practice for Public Health Preparedness Planning

We review the history and evolution of Project Public Health Ready and demonstrate why it is considered a best practice in public health preparedness planning.

Previous articles on this program have described its impact on single health departments.

We provide background information, review successes and challenges to date, and inform public health practitioners about a vetted tool for local public health planners to develop capacity and capability in all-hazards planning and response. (*Am J Public Health*. 2017;107:S138–S141. doi:10.2105/AJPH.2017.303949)

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Assessment and evaluation are twin pillars in the evolution of public health emergency management. Measuring local health department planning and response efforts against national standards such as the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities,[1] Medical Countermeasure Operational Readiness Review,[2] and Public Health Accreditation Board (Public Health Accreditation Board) Standards and Measures[3] is an important step in creating a stronger, more cohesive public health preparedness system.

Project Public Health Ready (PPHR) is a criteria-based public health preparedness program that assesses local health department capability and capacity to prepare for, respond to, and recover from public health emergencies.[4] PPHR serves as a means of ensuring accountability for investments in local public health preparedness and is a best practice for quality improvement in public health. The program's aim is to protect the public's health and strengthen public health infrastructure by equipping local health departments with sustainable tools to plan, train, and exercise using a continuous quality improvement model. PPHR is a collaborative activity between the National Association of County and City Health Officials (NACCHO) and the CDC.

Independent research and evaluation demonstrates the benefits of participating in the PPHR process, including providing a consistent framework for preparedness planning, developing and strengthening community partnerships and partner communication, and demonstrating return on investment to local health department staff and external stakeholders through national recognition.[5–8] PPHR has three goals: a written all-hazards plan, a workforce development and training plan, and documentation of exercises or real-event responses.

Since 2004, more than 450 jurisdictions across the United States have been covered by an agency recognized as meeting the PPHR requirements (Table 1; Figure A, available as a supplement to the online version of this article at http://www.ajph.org).

BACKGROUND AND HISTORY

In 1999, NACCHO was working to address public health workforce challenges through the Workforce Advisory Committee of the NACCHO board. The initial focus of the Workforce Advisory Committee was to develop core general public health courses. However, two years later, in 2001, terrorist events created a sense of urgency to develop preparedness plans and procedures for emergency response at the national, state, and local levels as well as to prepare the emergency response and public health communities to perform effectively at the front lines in a public health emergency.[9]

NACCHO's Workforce Advisory Committee identified the need for a program such as PPHR to focus on training and workforce development on specific preparedness competencies. The committee shifted its priority from educating the workforce about general public health to educating and training the workforce for bioterrorism response.

PROJECT PUBLIC HEALTH READY THROUGH THE YEARS

PPHR accepted the first initial recognition applications for

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TABLE 1—US Jurisdictions Covered by an Agency That Has Met Project Public Health Ready Requirements, as of 2016

State (n = 27)	Jurisdictions Under a Recognized Agency (n = 465)	Example of Recognized Agency (Most Recent Year Recognized)
Arizona	15	Coconino County Health Department (2015)
California	5	Santa Clara County Public Health (2005)
Colorado	52	Tri-County Health Department (2016)
Connecticut	76	Region 3 Emergency Support Function 8—covering 18 local health jurisdictions (2012)
Florida	61	Florida Department of Health in Miami-Dade County (2016)
Georgia	14	East Central Health District—covering 13 local health jurisdictions (2005)
Idaho	7	Southeast District Health (2015)
Illinois	10	Northern Illinois Public Health Consortium—covering eight local health jurisdictions (2006)
Iowa	1	Cerro Gordo County Public Health Department (2008)
Kentucky	9	Barren River Health District—covering eight local health jurisdictions (2012)
Louisiana	21	New Orleans Health Department (2015)
Maryland	2	Prince George's County Health Department (2005)
Massachusetts	28	Boston Public Health Commission (2005)
Michigan	10	Macomb County Health Department (2015)
Minnesota	8	Hennepin County Human Services Department (2015)
Missouri	2	City of Independence Health Department (2015)
Montana	1	Gallatin City-County Health Department (2010)
New York	11	Erie County Department of Health (2016)
Oklahoma	1	Tulsa City-County Health Department (2004)
Oregon	3	North Central Public Health District (2011)
Pennsylvania	10	Philadelphia Department of Public Health (2016)
South Carolina	1	South Carolina Department of Health & Environmental Control-region 7 (2012)
Tennessee	64	Southeast Regional Health Office—covering 10 local health jurisdictions (2014)
Texas	5	Harris County Public Health and Environmental Services (2015)
Virginia	33	Thomas Jefferson Health District (2016)
Washington	2	Public Health Seattle and King County (2010)
Wisconsin	13	Milwaukee/Waukesha County Consortium—covering 13 local health jurisdictions (2012)

review in 2003. Because PPHR grew out of the workforce advisory committee, there was a natural tendency to emphasize how the three program goals would contribute to overall workforce capacity and capability development. By 2008, PPHR evolved to include a more comprehensive all-hazards–focused approach to public health preparedness planning in addition to the workforce development and training focus. On the basis of input from workgroup members and two independent evaluations, NACCHO applied a more comprehensive lens to PPHR criteria, focusing on a broader assessment of a local health department's written emergency operations plan as well as training and exercise documentation.

The structure of the PPHR criteria and underlying concept mirror that of a continuous quality improvement model; successful programs are "recognized" for achieving these goals. The three overarching criteria goals are as follows:

Goal 1: written all-hazards plan;
Goal 2: training assessment and workforce development plan;
Goal 3: demonstration of readiness through exercise or real response.

This sequential and iterative goal order of plan, train, and exercise is the same as the plan, do, check, and act cycle employed by continuous quality improvement models and processes.

PPHR recognition status lasts for five years. Applicants and workgroup members were aware that re-recognizing a former applicant after this initial five-year period presented an opportunity to incorporate greater focus on the demonstration and assessment of continuous quality improvement. Thus, the re-recognition criteria were created. Applicants for whom it has been five years or less since they were last recognized are eligible to use the re-recognition criteria. Although the re-recognition criteria are similar to the first-time criteria in that they call for planning elements in all three goals, those elements are limited and there is greater emphasis on the revisions and updates a local health department has made as a result of exercising its continuous quality improvement processes since its previous recognition. As of May 2017, 77 agencies have applied for re-recognition. As public health emergency management evolves, so does PPHR. PPHR continues to look to the future of public health emergency management and propose new models for assessing collaboration and support in a public health preparedness framework.

ALIGNMENT WITH NATIONAL PROGRAMS

One of the unique components of PPHR that makes it such a robust and enduring national standard for local preparedness

is the program's focus on alignment with other national standards–based programs. The Preparedness Planning Outcomes and Measurement workgroup at NACCHO updates the PPHR annually. The Preparedness Planning Outcomes and Measurement workgroup is composed of local preparedness subject matter experts from across the United States who come together to discuss issues of national importance to local health departments and make recommendations to NACCHO on the basis of their experience and expertise. These recommendations and updates ensure that PPHR standards continue to be a relevant and useful tool for local public health planners. The workgroup looks across national programs and preparedness trends such as Public Health Accreditation Board Standards and Measures and the CDC's Public Health Preparedness Capabilities to ensure that PPHR criteria reflect the most current information and standards in the preparedness community.

The PPHR criteria were referenced more than 100 times in the development of the CDC's preparedness capabilities document.[1,10] Alignment with these programs is important for many reasons, chief among them being the desire to reduce duplication of effort for health departments already struggling to meet multiple standards with shrinking staff and funding. Because all public health organizations are being asked to do more with less, it is vital that any program considered a best practice seek synergies and alignment with others wherever practicable and reasonable. To further this goal, NACCHO produces and updates crosswalk documents annually, which allows local health departments to use PPHR as a lens to look across multiple programs and use resources more efficiently and effectively.[10–12]

SUCCESSES

PPHR demonstrates great success in evaluating and building local public health preparedness capacity and capability. More than 450 jurisdictions are covered by local health agencies whose planning and response capability is strengthened through PPHR. As a testament to the success of the program in assisting local health departments achieve excellence in preparedness planning, the CDC allows Public Health Emergency Preparedness awardees to use program funds to support application costs associated with PPHR. The repository of best practices, tools, and templates gathered from 14 years of applications is an invaluable resource for planners from around the country.[13] Among the most downloaded tools in the PPHR toolkit are the Points of Dispensing Just-in-Time Training presentation and the Continuity of Operations Plan. The toolkit facilitates knowledge sharing and fosters a more collaborative, cohesive public health preparedness community where preparedness practitioners are continually learning and adapting current best practices into better and more efficient processes and procedures.

To highlight PPHR in action, NACCHO collaborates with local health departments to write stories from the field highlighting how the PPHR recognition process enables each agency to better prepare for, respond to, and recover from disasters in their communities. These stories are published on NACCHO's blog[14] and provide an opportunity for local health departments to demonstrate the value of PPHR as well as receive national exposure. Current PPHR stories on the blog feature local health departments in Michigan, Virginia, and Florida and discuss topics such as workforce development, preparedness partnerships, team building, workload management, and comprehensive preparedness plan revisions, including continuity of operations, all-hazards response, and communication.[14]

In addition to promoting and protecting public health infrastructure, the PPHR review process has established a community of emergency preparedness practitioners from across the nation. Reviewers are selected on the basis of their experience and demographic characteristics to ensure diverse, well-rounded review teams. Individuals from applicant agencies often become national reviewers and vice versa, demonstrating an ongoing commitment to the program and the benefits for individuals and local health departments alike. Once selected, reviewers are assigned to a three-person team to evaluate local health department applications' level of compliance with the PPHR criteria.[15] Because reviews are completed in three-person teams, PPHR provides a unique opportunity for preparedness experts to learn about other innovative practices in preparedness, network with colleagues from other states, and serve the local public health preparedness community.

CHALLENGES

As with any standards-based program, PPHR is not without challenges. The practice of public health is a complex interaction between local, state, and federal authorities; funding mechanisms; and personnel. Thus, there is a fundamental conflict between standardization and the variance in systems across jurisdictional and state lines. A fundamental reason PPHR is considered a best practice is the program's approach to balancing standardization with flexibility. PPHR is a tool and a framework that local health departments use to enhance preparedness capacity and capability rather than a prescriptive set of standards that must be met in a singular way.

National reviewers undergo a training and assessment process before scoring applications to help ensure consistency across and among review teams. By allowing criteria to be answered using each local health department's unique approach to preparedness on the basis of jurisdictional structure, history, and unique community characteristics, PPHR creates a space for local health departments to be creative and use the resources at hand to enhance preparedness. This flexibility, despite being a strength, continues to present challenges for the relevance of the PPHR program, as public health emergency management, especially at the local level, evolves to include new methods of coordination, communication, and partnership.

PPHR criteria for initial and subsequent re-recognition are grounded in the continuous quality improvement cycle. However, they do not contain specific measures explicitly dedicated to this practice. By contrast, Public Health Accreditation Board Standards and Measures Version 1.5 contains an entire domain dedicated to quality

improvement plans and processes.[3] Demonstrating and evaluating continuous quality improvement without specific measures dedicated to this practice is a challenge for applicants in demonstrating the iterative cycle of preparedness planning and, simultaneously, is difficult for reviewers to provide concrete feedback and scores on the elements of quality improvement that are lacking. To address these challenges, PPHR program staff continually strive to provide the best technical assistance to applicants and reviewers with respect to continuous quality improvement in preparedness.

Workforce competency in preparedness and ongoing quality improvement processes are difficult to maintain in the face of significant staff loss and turnover. Across the country, the public health preparedness workforce continues to fluctuate; in a 2015 survey, NACCHO found that on average, 22% of local health departments reported a decrease in staff. Close to half (44%) of local preparedness coordinators surveyed were in their current role five years or less.[16] These shrinking human capital resources make it a challenge for local health departments to maintain and grow their workforce capacity and capability. This staff loss and turnover is reflected in applications as well as the PPHR process, which is sustained both by applicants and reviewers with subject matter expertise and a historical perspective on what works in local public health emergency management.

Although PPHR recognized that agencies exist in more than half of the states (Figure A; Table 1) and more than 450 agencies across the United States, there is significant opportunity to expand the program to new states and jurisdictions. Expanding the program will require increased marketing and outreach to state and local jurisdictions to encourage jurisdictions to apply, as well as additional training, technical assistance, and capability among jurisdictions to be able to meet the PPHR criteria and requirements. To address these barriers, NACCHO has developed alternative cohort models and has worked with the CDC to allow the PPHR cost to be Public Health Emergency Preparedness reimbursable; it is currently working on adapting the PPHR criteria to align with new models of preparedness and response.

CONCLUSIONS

As emerging threats evolve, the PPHR criteria are continuously updated to incorporate current research and guidelines from key national programs, such as the CDC's Public Health Emergency Preparedness capabilities and Public Health Accreditation Board Standards and Measures. PPHR demonstrates great success in strengthening local health departments' preparedness capacity and capability through the plan, train, and exercise and respond cycle. Although PPHR faces challenges related to standardization, measurement, and shrinking resources, each of these is an opportunity to hone the standards and technical assistance the program offers. PPHR continues to strive to fully integrate local health departments into the response community. To learn more about PPHR, please visit www.naccho.org/pphr. AJPH

CONTRIBUTORS

M. J. Ferraro created Table 1. Both authors wrote the commentary.

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