POPULATION HEALTH, PREVENTION, EPIDEMIOLOGY, & OUTREACH PROTOCOL

Organizational Readiness Assessment: Public Health Agencies

Institutional Self-Audit for Population-Level Prevention, Surveillance, & Community Partnerships

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Public Health Agency Scope: Local, tribal, and state public health departments intersect with persons impacted by trafficking across maternal/child home visiting, sexual/reproductive health clinics, STI/HIV testing, communicable disease contact tracing, environmental/workplace inspections, and community health worker (CHW) outreach. Public health readiness requires upstream social-determinant prevention, non-punitive clinic protocols, and ethical data stewardship **(ACF, 2019; SAMHSA, 2014)**.

Public Health Department / Division Name: _____	**Assessment Date / Review Cycle:** _____
Public Health Director / Program Lead: _____	**Divisions Assessed (MCH, STI/HIV, Env. Health, CHW):** _____

Part 1: Public Health Self-Audit Standards

1. **Engage Clinic, Field Outreach, & Epidemiological Units:** Include public health nurses, disease intervention specialists (DIS), home-visiting staff, CHWs, environmental/labor inspectors, and data epidemiologists.
2. **Embed Upstream Social-Determinant Prevention:** Align anti-trafficking strategy with housing stability, occupational health equity, youth violence prevention, and harm-reduction programs.
3. **Protect Community Trust & Epidemiological Privacy:** Ensure public health encounters never function as immigration or law-enforcement surveillance.

Part 2: Public Health Agency Readiness Indicators

Mark **Met** (consistent department-wide practice), **Dev** (developing / inconsistent across divisions), **Gap** (priority institutional gap), or **N/A**.

Public Health Readiness Standard & Verification Focus	Met	Dev	Gap	N/A
Domain 1: Public Health Clinics, Home Visiting, & Field Outreach Safety				
1.1 Clinic & Home-Visiting Privacy Protocols: Sexual health, WIC, immunization, and maternal-child home-visiting staff enforce private individual check-ins away from companions/employers and use vetted independent interpreters. Creates safe disclosure opportunities during high-trust preventive and reproductive health visits.	☐	☐	☐	☐

Public Health Readiness Standard & Verification Focus	Met	Dev	Gap	N/A
1.2 Mobile Outreach, Harm Reduction, & Occupational Health Integration: Street outreach teams, CHWs, and environmental/workplace inspectors are trained to recognize both sex and labor trafficking indicators and distribute multilingual workplace-rights and hotline cards discreetly. Reaches agricultural, hospitality, domestic, and street-based populations who rarely visit brick-and-mortar clinics.	☐	☐	☐	☐
Domain 2: Ethical Data Surveillance & Non-Punitive Public Health Practice				
2.1 Non-Punitive Contact Tracing & Immigration Firewall: Disease intervention specialists and outreach staff separate public health care from law enforcement/immigration reporting and protect client identity during partner notification. Preserves community trust so marginalized individuals seek testing and care without fear of arrest or deportation.	☐	☐	☐	☐
2.2 Ethical Epidemiological Data & Needs Assessment: Public health surveillance tracks de-identified service utilization, occupational injury, and social-determinant trends ethically without exposing individual identities or stigmatizing neighborhoods. Supports evidence-based resource allocation while upholding strict privacy protections.	☐	☐	☐	☐
Domain 3: Cross-Sector Coalition Leadership & Upstream Prevention				
3.1 Multi-Agency Referral & Labor-Rights Partnerships: The department maintains formal referral pathways with anti-trafficking coalitions, wage-and-hour labor agencies, legal aid, housing authorities, and behavioral health providers. Connects public health screening directly to concrete legal, housing, and economic stabilization resources.	☐	☐	☐	☐
3.2 Upstream Prevention & Lived-Experience Advisory Input: Public health prevention campaigns address root structural drivers (youth housing instability, worker exploitation, economic inequity) and compensate lived-experience advisors in program design. Shifts agency response from downstream crisis reaction to primary population-level prevention.	☐	☐	☐	☐

Part 3: Public Health Agency Priority Action Matrix

Public Health Readiness Domain	Readiness Tier (1–4)	Key Division / Outreach Gap	Lead Owner & Target Date
1. Clinic Privacy & Field/Occupational Outreach			
2. Ethical Surveillance & Non-Punitive Firewall			
3. Cross-Sector Partnerships & Upstream Prevention			

Public Health Department Findings & 90-Day Action Plan

Practice Standards & References

1. Administration for Children and Families (ACF), Office on Trafficking in Persons. (2019). *Public Health Response to Human Trafficking: Organizational Readiness & Screening Guidance*. U.S. Department of Health and Human Services (Public Domain).
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services (Public Domain).
3. Trafficking Victims Protection Act of 2000 (TVPA), Pub. L. No. 106-386, 114 Stat. 1464 (2000) (codified as amended at 22 U.S.C. § 7102).

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