

## The Futures Initiative: the 10 Essential Public Health Services

### Task Force Meeting Summary

#### Overview

On Jan. 23, 2020 the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation convened the Task Force for [The Futures Initiative: The 10 Essential Public Health Services](#). The 29-member Task Force guides the work of the Futures Initiative, which is a field-driven revisit and refresh of the 10 Essential Public Health Services (EPHS). The aim of the meeting was to review the input collected during the nine-month data collection phase and provide additional input and guidance into the development of a revised draft framework for public vetting. The following information is a high-level summary of the meeting. Additional information about the Initiative, including the timeline and process, can be found at [www.phnci.org/national-frameworks/10-ephs](http://www.phnci.org/national-frameworks/10-ephs).

#### Purpose and Principles

The Task Force discussed a draft purpose statement and principles that guide the Initiative. After the meeting, based on this discussion and with input from a sub-group convened to further define the equity principle, the following purpose and principles were finalized.

The purpose of *The Futures Initiative: the 10 Essential Public Health Services* is to honor the wisdom of the 1994 work and build upon it to provide a refreshed framework for public health practice, research, education, funding, and policy.

*The Futures Initiative: The 10 Essential Public Health Services* process is driven by following principles.

- **EQUITY-DRIVEN** – The process will be guided by and is intentional about infusing equity<sup>1</sup> 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. A website provides updated information as it is available: [www.phnci.org/national-frameworks/10-ephs](http://www.phnci.org/national-frameworks/10-ephs).
- **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.

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<sup>1</sup> Equity is defined as a fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.

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When an updated framework is launched in June 2020, the Task Force intends that the framework honors the three core functions of public health; reflects the comments received from the field; is clearly and simply worded so that it can stand alone; updates and replaces the 1994 framework; and has been developed according to the principles guiding the process. The 2020 updated EPHS framework will be widely disseminated with messaging, education offerings, conference sessions, and other similar activities.

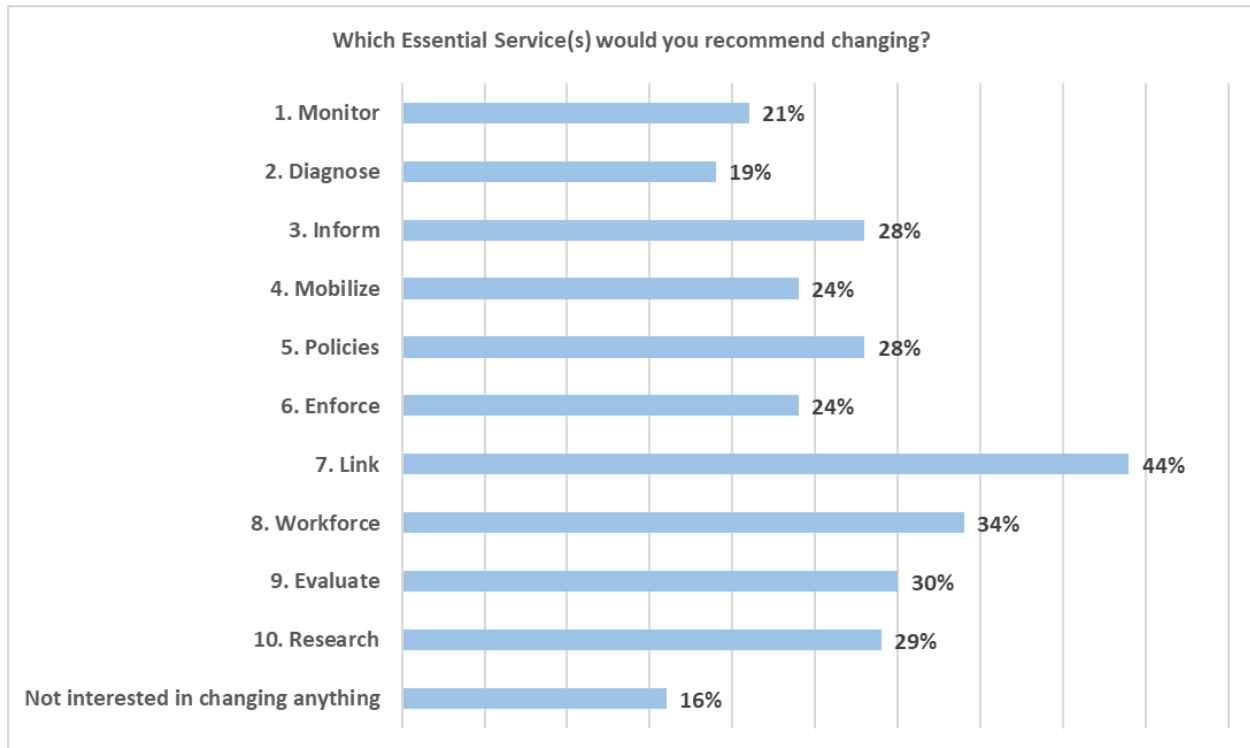
#### Data Summary

A [summary of the data collection process](#) and results was presented to the Task Force. Input from the public health community was collected from March 2019 to November 2019. There were 1,350 responses through an online survey and live polling at more than 20 in-person and online townhalls and meetings. Respondents represented health departments (local, state, and territorial), academia/research, non-profits or community-based organizations, federal agencies, and students.

- 455 responses from five virtual or in person town hall meetings
- 293 responses from 15 meetings or conference calls
- 602 responses via online questionnaire

When asked about the level of changes needed to the framework, approximately 35% of respondents indicated a desire to make major changes; 50% minor tweaks; 6% to keep it as it is; 1% to eliminate the framework and not replace it; and 8% to create a new model from scratch.

Respondents indicated that all of the services should be changed:



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The following topic-area themes emerged, each having more than 50 comments (across multiple data collection methods), regarding changes or additions needed to the EPHS: health equity, social determinants of health, community engagement, healthcare, policy, informatics, collaboration, business functions, and innovation. These themes served as the discussion items for the Task Force.

A report summarizing the data is forthcoming.

#### Recommendations

In addition to a detailed report on the collected data, the Task Force was presented with a list of topics for discussion based on themes that emerged from the data and where PHNCI and the de Beaumont Foundation specifically wanted their guidance. Members also had the opportunity to raise additional topics for consideration. A consensus-based approach drives the work of the initiative and the process, and informed the recommendations made by the Task Force, as detailed below.

- Revise the framework to reflect current public health practice and emerging trends in future practice. The framework should not only describe the current public health practice landscape and functions, but also incorporate areas that support public health's movement towards a future vision (e.g., towards Public Health 3.0, Healthy People 2030). The framework should not call out specific programmatic areas or issues that may become out of date moving forward.
- Consistent with the original framework's intent, the revised EPHS should be reflective of, and is for, public health practice generally, and not limited to governmental public health practice. However, the Task Force was clear that where appropriate, the EPHS should recognize the important role of governmental public health within the 10 EPHS.
- Equity must be added to the framework and is fundamental to the work of public health practice. Addressing equity is a strategy, and both a process and outcome. Equity should be both infused throughout every aspect of the framework and explicitly called out as an overarching theme. The revisions to the framework should be bold about public health's role in addressing equity, and not shy away from statements that may not resonate with certain audiences or that may cause discomfort.
- Social determinants of health (SDOH) and equity should not be conflated and must be attended to in different ways. SDOH are not necessarily strategy, rather understanding of SDOH should be context in which the framework is set and addressed within the 10 EPHS where appropriate.
- Linkages to and providing healthcare is an important component of public health and should remain in the framework. However, the role of healthcare should be clarified. The Task Force emphasized the need to keep this Essential Service in the framework to ensure areas where healthcare is being provided are recognized, to ensure there continue to be connections between healthcare and public health, and to continue the conversation between prevention and care.
- Clarify how workforce, research, and evaluation and quality improvement are characterized to ensure they are included as services and not limited to internal or administrative functions of agencies. Specifically, the Task Force recommends keeping workforce, research, and evaluation and quality improvement embedded within the framework.
- Some movement was recommended. Specifically: training of healthcare workforce from EPHS 8 to EPHS 7 and licensure of facilities from EPHS 8 to EPHS 6.
- Attend to the "system management" concept embedded in the EPHS graphic. The Task Force debated the intent of this concept, whether it was meant to describe the relationship of public health to other sectors and people or whether it was intended to describe the organizational

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capacities and infrastructure needed to accomplish the 10EPHS. The Task Force recommended that both concepts be included in the 10EPHS, either as a standalone service or within other services described.

#### Communications

McCabe Message Partners is providing communications support to the Futures Initiative. They participated in the meeting and facilitated a conversation focused on what information to share and how best to share it publicly with the field. To honor the principle of transparency, keep the field informed, and ensure a wide swath of the field has the opportunity to provide input, the Task Force discussed the development and dissemination of several materials to be shared. PHNCI and the de Beaumont Foundation have provided the Task Force with talking points to use in communication efforts, this meeting summary, and a factsheet that provides details on the Initiative, including the process and timeline. The launch of the final refreshed framework, taking place at PHNCI's Public Health Innovation Summit & Showcase on June 23, 2020, in Washington, DC, will be livestreamed and posted onto the PHNCI website for public access. The PHNCI website will be updated regularly with materials, data summaries, and more: [www.phnci.org/national-frameworks/10-ephs](http://www.phnci.org/national-frameworks/10-ephs). Task Force members have also committed to using their communications mechanisms to engage constituents during vetting and for dissemination.

A list of Task Force members is available on the PHNCI website at [www.phnci.org/uploads/resource-files/10-EPHS-Task-Force-Roster-January-2020.pdf](http://www.phnci.org/uploads/resource-files/10-EPHS-Task-Force-Roster-January-2020.pdf).

#### Next Steps

The Task Force is providing multiple rounds of review on a draft, revised framework, which will also be informed by McCabe Message Partners and made available for public vetting on March 2, 2020. After a 30-day vetting period, the Task Force will reconvene to consider the input, along with input from McCabe Message Partners, and a final framework will be shared on June 23, 2020, at the PHNCI Public Health Innovation Summit & Showcase.