# **10 Essential Public Health Services**

**Revised September 2020** 



**BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES** 

phnci

# Background

- Aimed at bringing the 10 Essential Public Health Services (10 EPHS) national framework in line with current and future public health practice
- The original 10 EPHS framework was developed in 1994 by a federal working group
- It serves as the description of the activities that public health systems should undertake in all communities
- Organized around the three core functions of public health assessment, policy development, and assurance
- Addresses governmental and non-governmental public health
- Public health systems can organize their work around the Essential Services framework, schools and programs of public health teach it, and the framework informs descriptions and definitions of practice

## The Futures Initiative: Purpose & Goals

- 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

# **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

Defining Public Health Practice: 25 Years of the 10 Essential Public Health Services

> de Beaumont Foundation Public Health National Center for Innovations July 2019

de Beaumont

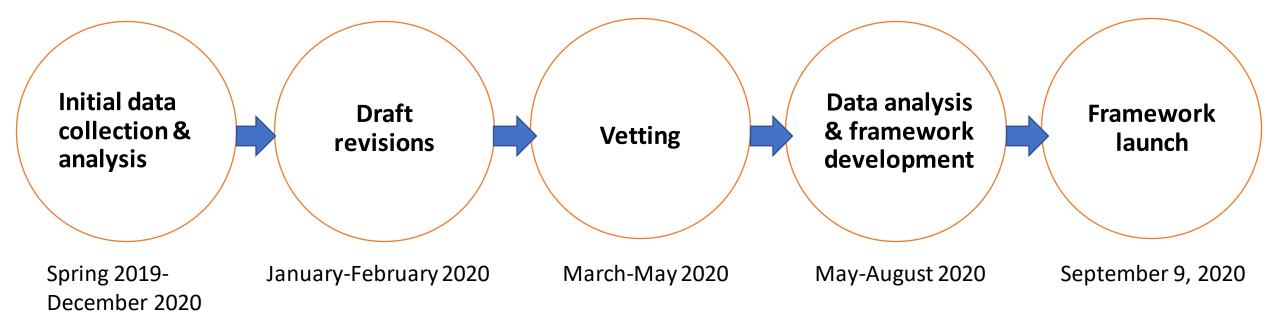


# **Task Force Members and Liaisons**

- John Auerbach, Trust for America's Health
- Georges Benjamin, APHA
- Ron Bialek, Public Health Foundation
- Caroline Brunton, W.K. Kellogg Foundation
- Renée Branch Canady, Michigan Public Health Institute
- Brian Castrucci, de Beaumont Foundation
- Liza Corso, CSTLTS, CDC
- Karen DeSalvo, Google
- Joe Finkbonner
- Mike Fraser, ASTHO
- Lori Tremmel Freeman, NACCHO
- **Sami Jarrah**, Philadelphia Department of Public Health (PA)
- Chrissie Juliano, Big Cities Health Coalition
- Laura Kavanagh, Maternal and Child Health Bureau, HRSA
- Jennifer Kertanis, Farmington Valley Health District (CT)
- Paul Kuehnert, Public Health Accreditation Board
- Joneigh Khaldun, Michigan Department of Health Human Services

- Boris Lushniak, University of Maryland School of Public Health
- Aletha Maybank, American Medical Association
- José Montero, CSTLTS, CDC
- Julie Morita, Robert Wood Johnson Foundation
- Shirley Orr, Association of Public Health Nurses
- Donna Petersen, University of South Florida, College of Public Health
- Lauren Powell, TIME'S UP Healthcare
- Josh Sharfstein, Johns Hopkins Bloomberg School of Public Health
- Monica Valdes Lupi, de Beaumont Foundation
- Nastassia Walsh, National Association of Counties
- Jonathan Webb, AMCHP
- Carter Blakey, Office of Disease Prevention and Health Promotion, USDHHS\*
- Anita Everett, SAMHSA\*
  - \* Denotes liaison role

## **Futures Initiative Timeline**



# **Guiding Principles for Revision**

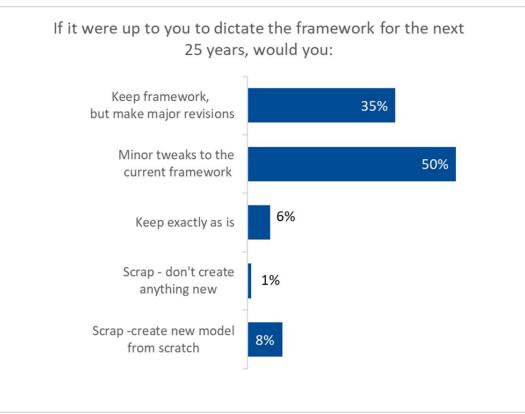
- EQUITY-DRIVEN The process will be guided by and is intentional about infusing equity to develop a framework that supports addressing inequities in areas such as poverty, racism, gender and other forms of oppression.
- **TRANSPARENT** The process is guided by a Task Force that is varied and diverse 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, consensusbased 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.

# **Initial Feedback**

- Five townhalls (n=455)
  - Three webinar townhalls
  - One webinar townhall for CDC
  - One, in-person townhall at APHA 2019
- Online questionnaire (n=602)
- Crowdsourcing events (n=293)
- Meetings with professional organizations and thought leaders

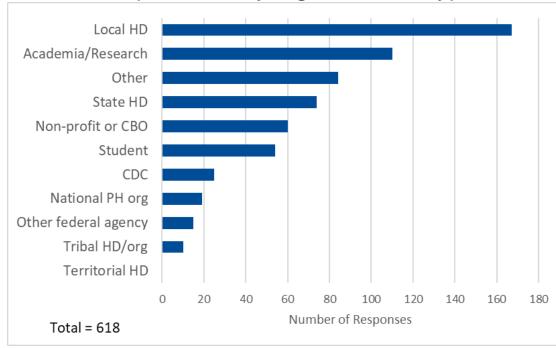
# **Phase 1: Initial Data Collection**

During the initial data collection phase, the public was asked several questions for feedback including:

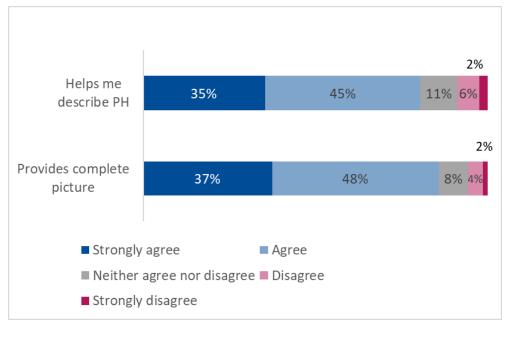


# **Phase 2: Data Collection - Vetting**

During the vetting phase, public health professionals provided feedback to the revisions process:



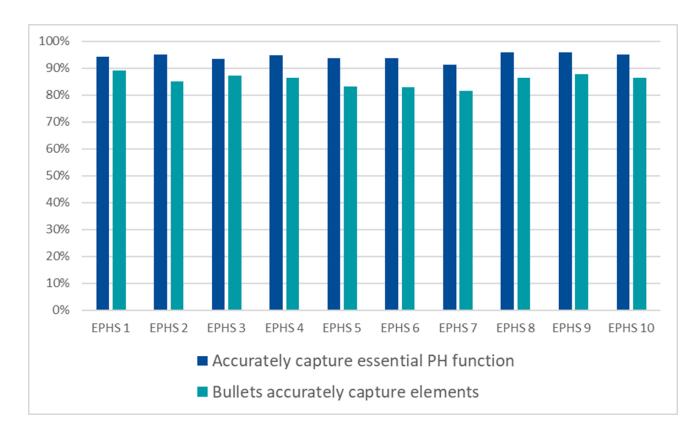
Respondents by organizational type



Assessment of framework as a whole

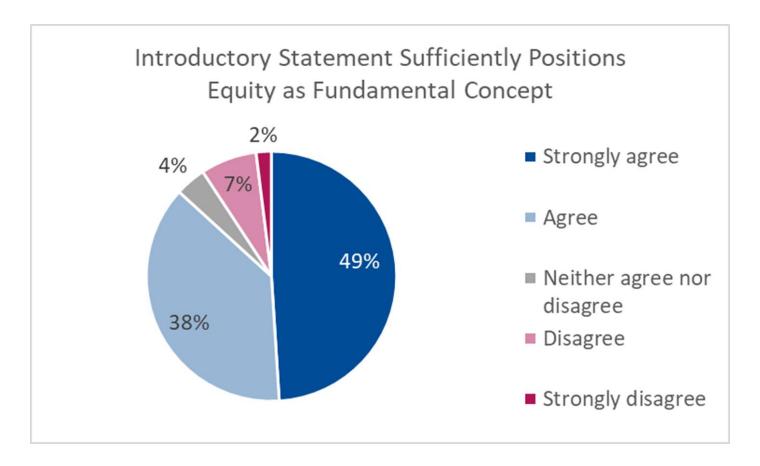
# **Overall Assessment: Statements & Bullet Points**

During the vetting process, public health professionals were surveyed on the accuracy of the framework and given an opportunity to provide comments for each service.



# **Centering Equity**

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



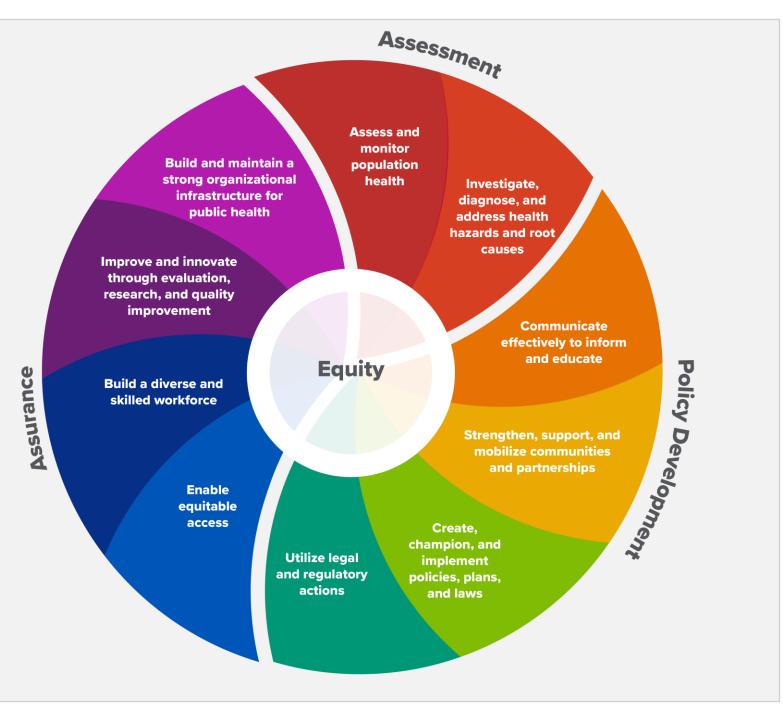
## **The Framework**

The 10 Essential Public Health Services graphic remains a recognizable symbol of the EPHS. In 2020, the graphic was updated to reflect the changes to the framework, including revolving the Essential Services around equity.

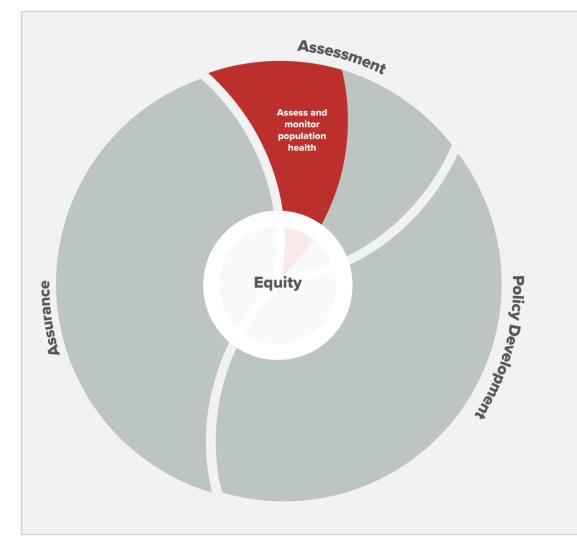
#### THE 10 ESSENTIAL PUBLIC HEALTH Services

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 equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

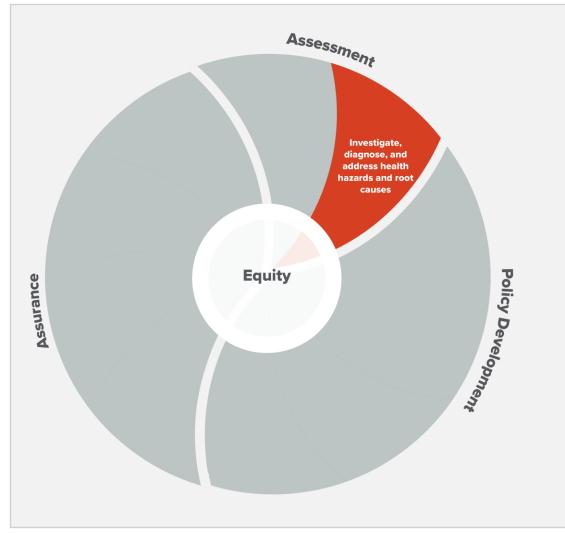


## Assess and monitor population health status, factors that influence health, and community needs and assets



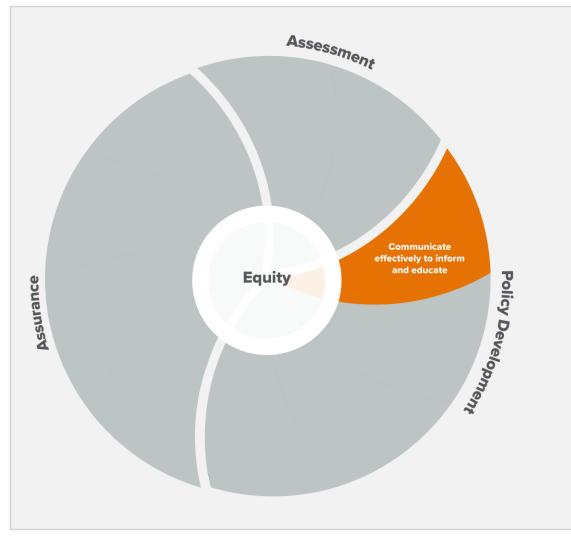
- Maintaining an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
- Using data and information to determine the root causes of health disparities and inequities
- Working with the community to understand health status, needs, assets, key influences, and narrative
- Collaborating and facilitating data sharing with partners, including multi-sector partners
- Using innovative technologies, data collection methods, and data sets
- Utilizing various methods and technology to interpret and communicate data to diverse audiences
- Analyzing and using disaggregated data (e.g., by race) to track issues and inform equitable action
- Engaging community members as experts and key partners

Investigate, diagnose, and address health problems and hazards affecting the population



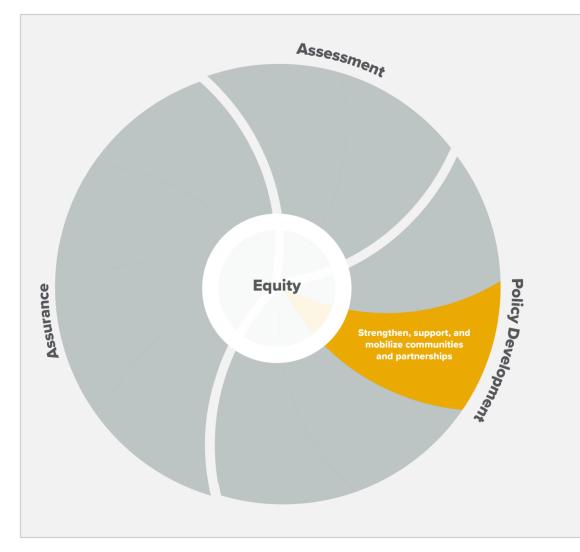
- Anticipating, preventing, and mitigating emerging health threats through epidemiologic identification
- Monitoring real-time health status and identifying patterns to develop strategies to address chronic diseases and injuries
- Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards
- Using public health laboratory capabilities and modern technology to conduct rapid screening and high-volume testing
- Analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root causes of health status
- ldentifying, analyzing, and distributing information from new, big, and real-time data sources

## **Communicate effectively to inform and educate** people about health, factors that influence it, and how to improve it



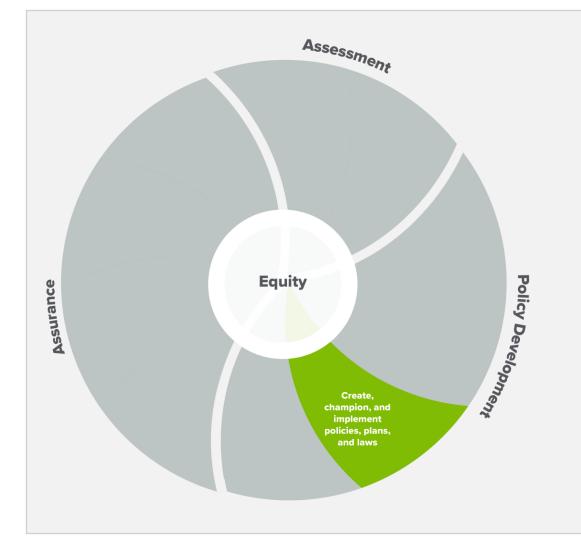
- Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners
- Communicating with accuracy and necessary speed
- Using appropriate communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations
- Developing and deploying culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials
- Employing the principles of risk communication, health literacy, and health education to inform the public, when appropriate
- Actively engaging in two-way communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies
- Ensuring public health communications and education efforts are asset-based when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations

#### Strengthen, support, and mobilize communities and partnerships to improve health



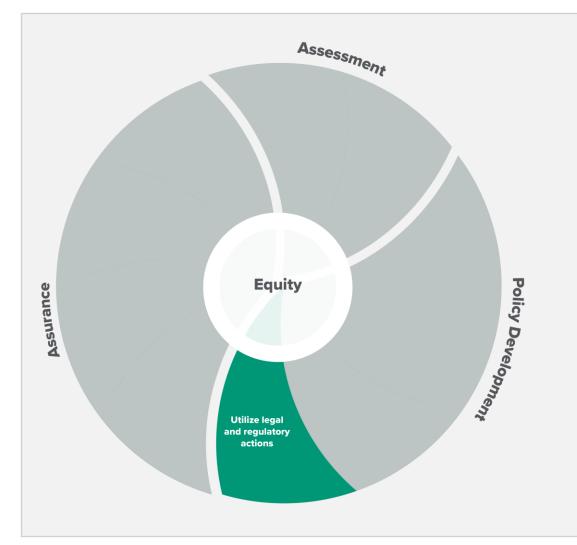
- Convening and facilitating multi-sector partnerships and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.)
- Fostering and building genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population
- Authentically engaging with community members and organizations to develop public health solutions
- Learning from, and supporting, existing community partnerships and contributing public health expertise

#### Create, champion, and implement policies, plans, and laws that impact health



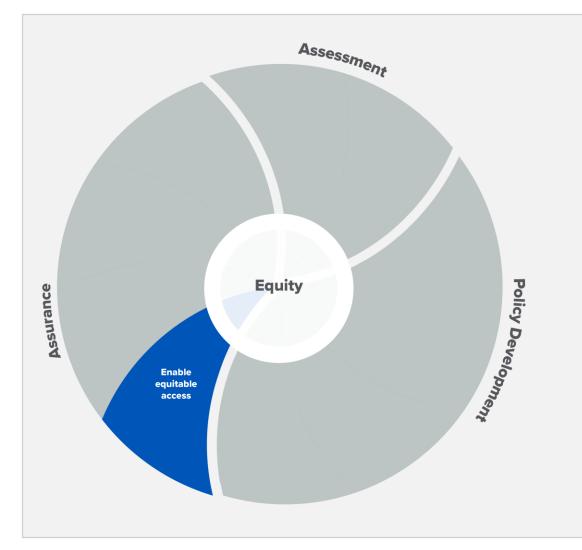
- Developing and championing policies, plans, and laws that guide the practice of public health
- Examining and improving existing policies, plans, and laws to correct historical injustices
- Ensuring that policies, plans, and laws provide a fair and just opportunity for all to achieve optimal health
- Providing input into policies, plans, and laws to ensure that health impact is considered
- Continuously monitoring and developing policies, plans, and laws that improve public health and preparedness and strengthen community resilience
- Collaborating with all partners, including multi-sector partners, to develop and support policies, plans, and laws
- Working across partners and with the community to systematically and continuously develop and implement health improvement strategies and plans, , and evaluate and improve those plans

#### Utilize legal and regulatory actions designed to improve and protect the public's health



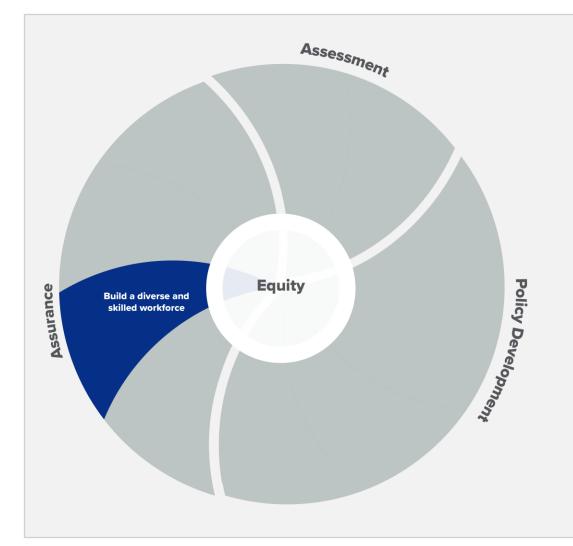
- Ensuring that applicable laws are equitably applied to protect the public's health
- Conducting enforcement activities that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
- Licensing and monitoring the quality of healthcare services (e.g., laboratory, nursing homes, and home healthcare)
- Reviewing new drug, biologic, and medical device applications
- Licensing and credentialing the healthcare workforce
- Including health considerations in laws from other sectors (e.g., zoning)

Assure an effective system that enables equitable access to the individual services and care needed to be healthy



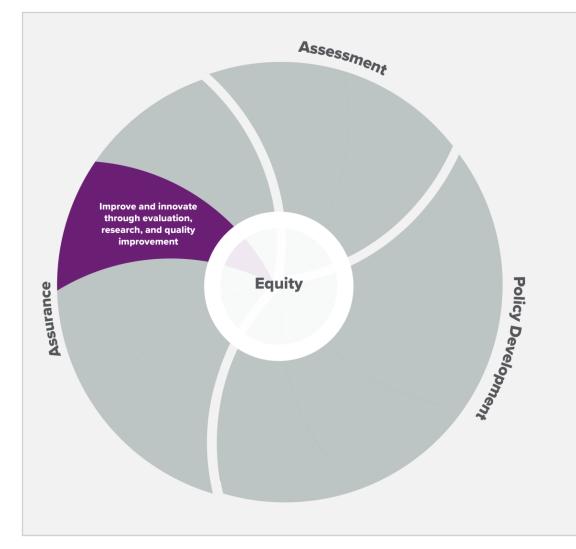
- Connecting the population to needed health and social services that support the whole person, including preventive services
- Ensuring access to high-quality and cost-effective healthcare and social services, including behavioral and mental health services, that are culturally and linguistically appropriate
- Engaging health delivery systems to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health
- Addressing and removing barriers to care
- Building relationships with payers and healthcare providers, including the sharing of data across partners to foster health and well-being
- Contributing to the development of a competent healthcare workforce

#### Build and support a diverse and skilled public health workforce



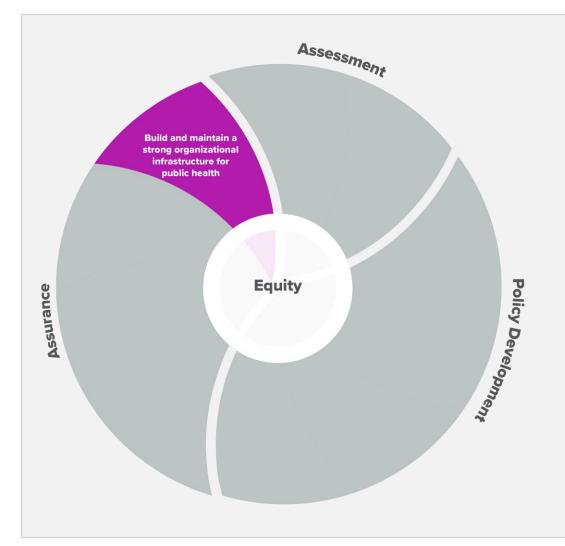
- Providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills
- Ensuring that the public health workforce is the appropriate size to meet the public's needs
- Building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility
- Incorporating public health principles in non-public health curricula
- Cultivating and building active partnerships with academia and other professional training programs and schools to assure community-relevant learning experiences for all learners
- Promoting a culture of lifelong learning in public health
- Building a pipeline of future public health practitioners
- Fostering leadership skills at all levels

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement



- Building and fostering a culture of quality in public health organizations and activities
- Linking public health research with public health practice
- Using research, evidence, practice-based insights, and other forms of information to inform decision-making
- Contributing to the evidence base of effective public health practice
- Evaluating services, policies, plans, and laws continuously to ensure they are contributing to health and not creating undue harm
- Establishing and using engagement and decision-making structures to work with the community in all stages of research
- Valuing and using qualitative, quantitative, and lived experience as data and information to inform decision-making

#### Build and maintain a strong organizational infrastructure for public health



- Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)
- Ensuring that appropriate, needed resources are allocated equitably for the public's health
- Exhibiting effective and ethical leadership, decision-making, and governance
- Managing financial and human resources effectively
- Employing communications and strategic planning capacities and skills
- Having robust information technology services that are current and meet privacy and security standards
- Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice

# **Thank You!**

For a free toolkit and EPHS resources, visit <a href="http://ephs.phnci.org/toolkit">http://ephs.phnci.org/toolkit</a>.