10 Essential Public Health Services

Revised September 2020

de Beaumont

phncci

BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.
The Info and the Follows...

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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.
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
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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
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

n=1350 responses
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 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.
On September 9, 2020, the de Beaumont Foundation, Public Health National Center for Innovations, and a Task Force of public health experts revealed a revised version of the 10 Essential Public Health Services. The framework now centers around equity, and incorporates current and future public health practice. Update your organization’s website materials, educational tools, and help spread the word today!

http://ephslaunch.phnci.org/toolkit
Assess and monitor population health status, factors that influence health, and community needs and assets

This service includes:

- 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.
This service includes:

- 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
- Identifying, analyzing, and distributing information from new, big, and real-time data sources
Assessment & COVID-19

• Gone so wrong in COVID-19
• Data systems are siloed and archaic
• Data reporting was uncoordinated
• There was no national testing strategy

• NOT ABOUT THE <<INSERT PROGRAM HERE>> data system
• ABOUT THE PUBLIC HEALTH DATA INFRASTRUCTURE
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

This service includes:

- 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

This service includes:

- 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
Essential Service 3 & 4 & COVID-19

• We weren’t communicating well
  • We need to lock down v. We need to open sooner & safer
  • We framed the debate of how you are going to die not whether you will die

• Our partnerships weren’t well developed
Essential Service 3 & 4 & COVID-19

John Snow, 206

less than a mile away

Interests include sanitation and epidemiology. Swipe right if you got your flu shot!
Essential Service 3 & 4 & COVID-19

Visit phrases.org to access the tools
ESSENTIAL PUBLIC HEALTH SERVICE #5

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

This service includes:

• 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
Essential Service 5 & COVID-19
Essential Service 5 & COVID-19
Essential Service 5 & COVID-19

Promoting Health and Cost Control in States: How States Can Improve Community Health & Well-being Through Policy Change

cityhealth
A project of the de Beaumont Foundation

url1: https://bit.ly/2E90tKz
url2: www.cityhealth.org

Changing the Context
Making the healthy choice the easy choice

Social Determinants of Health
Health Impact in 5 Years
Utilize legal and regulatory actions designed to improve and protect the public’s health

This service includes:

- 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)
Essential Service 6 & COVID-19

ASSESSING LEGAL RESPONSES TO COVID-19

August 2020
Produced by Public Health Law Watch, an initiative of the George Washington University

In cooperation with:
TEMPLE UNIVERSITY CENTER FOR PUBLIC HEALTH LAW RESEARCH
CUNY LAW SCHOOL
WILSON COLLEGE OF LAW
WELFARE LAW NETWORK FOR PUBLIC HEALTH LAW
CENTRAL FOR HEALTH POLICY & LAW, FREDERICKS UNIVERSITY HEALTH SCIENCES
WESTERN COUNCIL FOR HEALTH LAW, UNIVERSITY OF MICHIGAN
ASSOCIATION OF COMMISSIONERS OF HEALTH AND NURSES, INC.

Sponsorship:
deBeaumont Foundation
APHA

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

This service includes:

- 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

This service includes:

• 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
Essential Service 8 & COVID-19

A PUBLIC HEALTH MIRACLE

IMPROVED HEALTH OUTCOMES

THE PUBLIC HEALTH WORKFORCE
NEARLY HALF of the workforce is considering leaving their organization the next five years.

22% plan to retire in the next five years

25% plan to leave in the next year for reasons other than retirement.

Since 2014, there has been a 41% increase in employees planning to leave their organization.

Certain populations that are already underrepresented are poised to leave in large numbers in the next year:

- 32% of Millennials
- 34% of those with a degree in public health
- 31% of men
- 24% of women executives

TOP 5 REASONS FOR LEAVING

Inadequate Pay: 46%
Lack of Advancement: 40%
Workplace Environment: 31%
Job Satisfaction: 26%
Lack of Support: 26%

Visit debeaumont.org/phwins
Building Skills for a More Strategic Public Health Workforce: A Call to Action

National Consortium for Public Health Workforce Development

FIGURE 1.
Strategic Skills for the Governmental Public Health Workforce

SYSTEMS THINKING
CHANGE MANAGEMENT
PERSUASIVE COMMUNICATION
DATA ANALYTICS
PROBLEM SOLVING
DIVERSITY AND INCLUSION
RESOURCE MANAGEMENT
POLICY ENGAGEMENT

bit.ly/39HBD3x
Essential Service 8 & COVID-19
ESSENTIAL PUBLIC HEALTH SERVICE #9

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

This service includes:

- 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

This service includes:

- 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
CREATIVITY & INNOVATION IN PUBLIC HEALTH: THE MISSING LINK?

The health needs of American's communities are complicated and ever-changing, and nearly half of the public health workforce say they are considering leaving their agency in the next five years. Evidence suggests that health departments can improve morale, retention, and productivity by building a culture of creativity and innovation.

Creativity and innovation are increasingly recognized as critical traits for a successful organization. However, fewer than half of public health professionals say creativity and innovation are rewarded in their workplace.

Executives and non-supervisors disagree about whether creativity is rewarded.

67% of executives say creativity is rewarded
41% of non-supervisors say creativity is rewarded

U.S. workers say creativity has numerous benefits:

- 88% Investing in creativity increases employee productivity and morale.
- 86% Being creative makes people better leaders.
- 84% Being creative makes people better workers.

Worker satisfaction is significantly higher in health departments where creativity and innovation are rewarded.

- Job satisfaction is higher
- Organizational satisfaction is higher
- Pay satisfaction is higher
- Intent to leave is lower

What contributes to an innovative culture:
- A compelling vision and clear objectives
- Shared goals
- Tolerance for risk
- Openness to new ideas
- A commitment to excellence
- A cohesive team
- Strong communication and information-sharing

bit.ly/33jeW4P
Essential Service 10 & COVID-19

'Donald Trump is not qualified to be in the White House': Fauci

'To save lives, get partisanship out of public health science'

By BRIAN C. CASTRUCI / JULY 4, 2020

'NRA Karen' threatens to shoot man after he asked her to wear a face mask inside a Stater Bros grocery store

[Image of protests with signs]

[Image of Donald Trump and Anthony Fauci]
So what?

- Better reflects current practice and looks toward future
- Communicates public health’s dedication to equity
- Helps articulate importance of authentic community voices in all aspects of public health practice
- Makes the case for funding organizational infrastructure adequately
- Shows value of multisector partnerships
- Emphasizes data driven practice, using real-time and big data, in addition to more traditional public health data sources
- Provides rationale for funding critical functions of public health
What’s next

• USE IT!!!!!!!!!!!!!

• Update all the textbooks and references

• Reconvene in five years

• Reevaluate whether new changes are necessary

• Continue revisiting regularly to ensure relevance and accuracy
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