

# The 10 Essential Public Health Services

## FAQ

### PROCESS

**Q: What was the process to revise the 10 Essential Public Health Services (EPHS)? How were decisions made?**

A: From spring 2019 to September 2020, the [Public Health National Center for Innovations](#) (PHNCI) partnered with the [de Beaumont Foundation](#) to review and revise the 10 Essential Public Health Services. The *Futures Initiative* brought the national framework in line with current and future public health practice through convening a [Task Force](#) of public health professionals and employing a crowdsourced, field-driven process for public feedback and comment. The Task Force used data and feedback from the field to inform revisions. Additionally, McCabe Message Partners, a communications firm, provided expert consultation and developed the graphic with input from virtual focus groups.

**Q: What kind of feedback was requested and provided for vetting?**

A: Feedback was requested from the field in multiple stages. First, the field was invited to participate in providing feedback on whether and how the original EPHS should be revised. This feedback was collected through a series of town hall meetings, an online questionnaire, and during smaller meetings where participants were asked probing questions. The Task Force then used the feedback from the field to inform a draft, which was shared with the field for feedback through a three-month vetting process. Virtual focus groups provided feedback on the graphic. Data from the feedback and vetting process will be available in the full report in coming months.

**Q: Who is the framework meant to serve?**

A: The 10 EPHS are a roadmap for the entire public health field – governmental and non-governmental. Over the past 25 years, the framework has been used by health departments, academia, and more. It has even been used internationally and by disciplines who made it specific to their work. View an environmental scan [here](#), which describes the history of the development and use of the EPHS and highlights the scope and breadth of their impact on public health and beyond.

**Q: What is the importance of equity in the revised framework? How was health equity defined and considered within the process of developing the revised 10 EPHS?**

A: The revised framework centers equity – literally in the graphic, and throughout each service – embedding it as essential in the field in order to protect and promote the health of all people in all communities. Overwhelmingly, the field agreed that equity should have an increased focus in the revised framework. With this in mind, the EPHS Task Force formed a sub-group that focused on equity. Their work included adding an equity statement and defining equity in the framework. In the revised EPHS, “[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.”

**Q: The Centers for Disease Control and Prevention (CDC) had a long-time role with the original framework. Is there CDC support of the revised framework?**

A: CDC has played a role in supporting the essential services from the beginning. When the idea for the *Futures Initiative* was first floated, the de Beaumont Foundation and PHNCI reached out to engage CDC and form a partnership from the start. CDC participated in the revision process with staff members serving on the Task Force and worked to ensure CDC awareness and efforts through multiple efforts. Now that it is launched and live, the revised framework is on their [website](#).

**Q: Is there a plan to revise the 10 Essential Public Health Services again?**

A: The de Beaumont Foundation plans to convene a panel of public health experts and stakeholders in about five years to determine if any critical changes are needed. There is recognition that frequent changes would be challenging for implementation, but given that a lot can change in the field, there may need to be updates to the framework to better meet the needs of all people. After the first reconvening, a similar process will be implemented every five years to determine any necessary, if applicable, updates.

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### IMPLEMENTATION

**Q: How should we refer to the revised 10 EPHS?**

A: The revised framework is an update of the original 10 EPHS and is intended to replace the original framework, which served the public health field well for 25 years. For a complete citation of the framework, view the EPHS toolkit.

**Q: How can we encourage public health stakeholders to adopt and implement the revised 10 EPHS?**

A: The first step to widespread adoption and implementation is starting within your organization. Talk to your team about the framework and the steps you can take to ensure it is reflected in your work. Update your materials to reflect the revised 10 EPHS. Then, share your update with your community through newsletters, social media, your website, and personal emails and encourage them to update and implement the revised 10 EPHS within their work. A free [digital toolkit](#) is available to help with this process, including downloadable graphics, ready-to-use slide decks, documents comparing the original EPHS with the revised framework, and more.

**Q: How does the revised framework change on the ground public health work?**

A: In the 25 years since the original framework was released, public health work has evolved in many ways. The revised framework reflects many of the changes, such as the use of technology, data, and importance of equity, that did not exist when the original framework was written. Public health practitioners are already doing much of this work, and the framework now reflects it and has components that will allow for public health to continue to meet the needs of the field.

The EPHS framework can be used as a tool to describe the public health sector among practitioners, with external stakeholders and community members, and more, helping articulate how work fits together and providing a framework of what public health does collectively that can be useful in multi-sectoral work, especially with healthcare.

**Q: How can the 10 EPHS be used to communicate with elected officials, boards of health, state, national level, community organizations, etc.?**

A: Over the past 25 years, the EPHS successfully helped public health practitioners talk to the public and policymakers about public health without jargon. This revised framework can be a tool to talk about the key factors of public health and what they mean in people's everyday lives, something that has become evident to all during the COVID-19 pandemic.

### ALIGNMENT

**Q: How will the revised 10 EPHS impact the Public Health Accreditation Board's accreditation process and Standards and Measures for accredited health departments?**

A: Changes in the Standards and Measures will be informed by a number of inputs, including think tanks and expert panels, data from health departments' use of the current standards, and relevant evidence ([See Updates on the Development of PHAB's Standards and Measures Version 2.0](#)). You will also see the newly released EPHS reflected in the revised Standards and Measures. It is important to note that the concepts in the EPHS are already captured within the PHAB Standards and Measures (for example, equity now central to the EPHS model but has already been incorporated throughout the Standards and Measures and will continue to be emphasized as we revise the Standards and Measures). However, you may see those concepts organized a little differently in the revised Standards and Measures to more closely align with EPHS.

**Q: Will the revised framework change the PHAB annual reports or reaccreditation process?**

A: Health departments accredited under Version 1.5 should continue to use the current accreditation and reaccreditation requirements to prepare until the new version is released. PHAB will update the field about the timing for the vetting and release of the revised Standards and Measures.

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**Q: How does the revised 10 EPHS relate to, or support, Public Health 3.0?**

A: The concepts that emerged from Public Health 3.0 are intended to make sure the field is as relevant and effective as we can be and are also represented in the revised framework. A few strong points of alignment include an emphasis on real time, accurate data from multiple sources; multi-sector partnerships; working upstream and thinking about the root causes (e.g. combating racial injustice and racism as central to the work of public health); and listening to community voices and understanding that public health is fundamentally local. The emphasis on listening to and engaging those who are disproportionately affected is reflected more clearly in the revision than the original.

**Q: Is a side-by-side comparison of the revised 10 EPHS with the original EPHS available?**

A: The revised 10 EPHS is not a major redirection, but rather a shift in the orientation taken to addressing public health needs. The concepts are similar to what they were before, but the revised framework focuses on co-creating solutions with communities and partners and listening to community knowledge, and shifts how we approach finding solutions. The 10 EPHS toolkit has a document that compares the revised 10 EPHS with the original framework. View the comparison [here](#).

**Q: Are there any resources that compare the EPHS to the Foundational Public Health Services (FPHS)?**

A: The 10 EPHS and FPHS were developed for different reasons. The 10 EPHS was developed to describe the activities the public health system should undertake in all communities, while FPHS was developed as part of the IOM Minimum Package framework to represent a minimum package of governmental public health services to make the case for sustainable funding and to describe what is needed everywhere for public health to function anywhere. A complete alignment document comparing the EPHS and FPHS can be found [here](#).

**Q: How are the revised 10 EPHS reflected in Healthy People 2030?**

A: Updates to the 10 EPHS and [Healthy People 2030](#) were driven by similar discussions around the vision and development, including attention to social determinants of health, health equity, and multi-sector partnerships in both. One example of a connection between both is the content and objectives in the public health infrastructure topic area, which is related to accreditation and workforce, and mentions the EPHS. The revised EPHS also has strong language about public health being data driven, which has been at the heart of Healthy People from the beginning.

**Q: How is this framework different from other frameworks in the public health field?**

A: The 10 Essential Public Health Services is different than other frameworks because it was not given to us. There is not an author and it is not owned by any person or organization – it is the people’s framework. Public health practitioners built the EPHS and revised it. It is up to us to use it to ground our work and achieve what we want as a public health community. The EPHS framework aligns with our mission as public health practitioners. We are responsible for implementing it every day because we developed it together.