

The Essential Services of Public Health

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Background

In 1994, at both the national and the state levels, attempts to reform the health care system in the United States forced public health to reassess its mission and purpose. Despite the failure to pass national health care reform legislation, changes in financing and delivering health care still hold major implications for public health (Baker et al., 1994). The Institute of Medicine, in *The Future of Public Health* (1988), critically assessed the status of public health in the United States and formulated a three-part statement of its fundamental purpose. The "core functions" of public health were *assessment*, *policy development*, and *assurance*. The IOM study went further and found that the capacity of the nation's public agencies to fulfill these functions was seriously lacking and stated that the public health system was in "disarray."

When it became clear that the President's health care reform plan would be comprehensive—far beyond simple changes in the health insurance system by which private and public medical services are presently financed—public health leaders moved into action to ensure that the role of public health would be incorporated in the proposal. They quickly determined that the intelligibility of the three-part formulation of public health's role was limited. Though widely accepted among public health's policy and academic communities, the terms *assessment-policy development-assurance*, even with further explanation, failed to communicate any meaning to the public or policy makers who were drafting the blueprints for a reformed health system. Within the first three months after the Inauguration, efforts began to reformulate the basic definition of public health's functions in safeguarding and promoting the health of the nation. An initial version appeared as "Core Functions of Public Health" in Title III of the Health Security Act, which President Clinton forwarded to Congress in October 1993.

As the health reform debate progressed in 1994, improvements in the core functions of the "Clinton Plan" began to appear as public health advocates sought to inform and convince policy makers that a health care plan without public health would be a contradiction in terms. Slightly varying versions of this list appeared, including those formulated by the National Association of County Health Officials (1994), the Association of State & Territorial Health Officials, and the Office of the Assistant Secretary for Health. These were compared with other similar lists, developed previously, including the 10 basic public health practices (developed by the Centers for Disease Control and Prevention) (Roper et al., 1992) and a list of core functions developed by the Washington State Department of Health as part of that state's health reform (1993).

Clearly, one *single* list was needed to increase the likelihood that public health would "speak with one voice."

¹ Members of the *Essential Services Work Group* included representatives from the Association of State & Territorial Health Officials, National Association of County & City Health Officials, Institute of Medicine (National Academy of Sciences), Association of Schools of Public Health, Public Health Foundation, National Association of State Alcohol & Drug Abuse Directors, National Association of State Mental Health Program Directors, and Public Health Service.

Therefore, in the Spring of 1994, a working group on the core functions of public health, co-chaired by Dr. David Satcher (Director, Centers for Disease Control and Prevention) and Dr. J. Michael McGinnis (Deputy Assistant Secretary for Disease Prevention and Health Promotion), and composed of representatives of the Public Health Service's Agencies and the major public health organizations, noted the confusion caused by multiple versions of the "core functions." It charged a subgroup, co-led by the CDC's Public Health Practice Program Office and the Office of Disease Prevention and Health Promotion, to develop a consensus list of the "essential services of public health." This sub-working group met and teleconferenced during the summer to produce a statement entitled "Essential Services of Public Health." This statement was subsequently reviewed and revised by the Core Functions of Public Health Steering Committee, co-chaired by Dr. Philip R. Lee (Assistant Secretary for Health) and Dr. M. Joycelyn Elders (Surgeon General) and composed of PHS Agency Heads and presidents of major national public health organizations.

The consensus statement sets forth a definition intended to: (1) explain what public health is; (2) clarify the essential role of public health in the overall health system; and (3) provide accountability by linking public health performance to health outcomes.

The new statement on essential services provides a vision for public health in America—"Healthy People in Healthy Communities"—and states the mission of public health: "**Promote physical and mental health and prevent disease, injury, and disability.**" The statement includes two brief lists that describe: *what* public health seeks to accomplish in providing essential services to the public, and *how* it carries out these basic public responsibilities.

The Essential Services

What Public Health Does (The Purpose of Public Health)

The fundamental obligation of agencies responsible for population-based health is to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

These responsibilities describe and define the function of public health in *assuring* the availability of quality health services. Both distinct from and encompassing clinical services, public health's role is to assure the conditions necessary for people to live healthy lives, through community-wide prevention and protection programs.

How Public Health Serves (The Practice of Public Health)

Public health serves communities and individuals within them by providing an array of essential services. Many of these services are invisible to the public. Typically, the public only becomes aware of the need for public health services when a problem develops (e.g., an epidemic occurs). The *practice* of public health becomes the list of "essential services."

Monitor health status to identify and solve community health problems: This service includes accurate diagnosis of the community's health status; identification of threats to health and assessment of health service needs; timely collection, analysis, and publication of information on access, utilization, costs, and outcomes of personal health services; attention to the vital statistics and health status of specific groups that are at higher risk than the total population; and collaboration to manage integrated information systems with private providers and health benefit plans.

Diagnose and investigate health problems and health hazards in the community: This service includes epidemio-

logic identification of emerging health threats; public health laboratory capability using modern technology to conduct rapid screening and high volume testing; active infectious disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.

Inform, educate, and empower people about health issues: This service involves social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

Mobilize community partnerships and action to identify and solve health problems: This service involves convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and skilled coalition-building ability in order to draw upon the full range of potential human and material resources in the cause of community health.

Develop policies and plans that support individual and community health efforts: This service requires leadership development at all levels of public health; systematic community-level and state-level planning for health improvement in all jurisdictions; development and tracking of measurable health objectives as a part of continuous quality improvement strategies; joint evaluation with the medical health care system to define consistent policy regarding prevention and treatment services; and development of codes, regulations and legislation to guide the practice of public health.

Enforce laws and regulations that protect health and ensure safety: This service involves full enforcement of sanitary codes, especially in the food industry; full protection of drinking water supplies; enforcement of clean air standards; timely follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; monitoring quality of medical services (e.g. laboratory, nursing homes, and home health care); and timely review of new drug, biologic, and medical device applications.

Link people to needed personal health services and assure the provision of health care when otherwise unavailable: This service (often referred to as "outreach" or "enabling" services) includes assuring effective entry for socially disadvantaged people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; ongoing "care management"; transportation services; targeted health information to high risk population groups; and technical assistance for effective worksite health promotion/disease prevention programs.

Assure a competent public and personal health care workforce: This service includes education and training for personnel to meet the needs for public and personal health service; efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up; adoption of continuous quality improvement and life-long learning within all licensure and certification programs; active partnerships with professional training programs to assure community-relevant learning experiences for all students; and continuing education in management and leadership development programs for those charged with administrative/ executive roles.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and reshaping programs.

Research for new insights and innovative solutions to health problems: This service includes continuous linkage with appropriate institutions of higher learning and research and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

Conclusion

The essential services of public health must be provided to communities through the United States as a part of health system reform. Effectively provided, these services will reduce the substantial burden of preventable illness and injury. Further, costly medical services needed to treat preventable conditions are avoided. Prevention is not only cost-effective; it is fundamental to assuring quality of life for all Americans. While no definition of public health's essential role in our nation's health system will ever be final, this statement of essential services can be used by the field as a tool for moving forward with greater clarity of purpose in a time of challenging changes.

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