

# Equity centered in revised list of essential public health services

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The revised framework that lists and describes the 10 Essential Public Health Services is centered around equity and emphasizes a need for partnerships across community sectors to remove structural and systematic barriers to optimum health.

The new framework updates the list that was developed in 1994 by the Clinton administration and has been used for the last 25 years as a tool to explain public health to policymakers, to inform strategic planning, to shape education curricula and to measure the effectiveness of local public health efforts.

The revision was facilitated by the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation, a Bethesda, Maryland-based public health advocacy organization and philanthropy. It is intended as a transparent, actionable and inclusive document, informed by data and driven by evidence with updated terminology and a forward-looking thrust to keep it relevant for years to come.

AMA Chief Health Equity Officer Aletha Maybank, MD, MPH, served on the task force that developed the revision as well as a subcommittee that drafted a statement on and a definition of “equity.”

“Equity is defined as a fair and just opportunity for all to achieve good health and well-being,” the definition reads. “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.”

Dr. Maybank discussed how the 10 Essential Public Health Services are now centered around equity

during a conversation with AMA Chief Experience Officer Todd Unger that was part of a Sept. 9 “AMA COVID-19 Update” episode on understanding the context of public health to improve equity.

“We have to center equity, not only as an outstanding principle and moral and foundation of these services, but it has to be embedded throughout the entire services—all of them,” Dr. Maybank said. “I think during this time of COVID, I think it's even more critical to really understand this context of—not just public health as a framework—but public health as an infrastructure and a system—and how critical it is for it to be funded.”

## Explaining the revised list

Dr. Maybank also participated in a de Beaumont Foundation program introducing and explaining the revised 10 Essential Services, and she took part in an online panel discussion that followed.

Each of the 10 services was introduced by Dr. Georges Benjamin, an AMA member and executive director of the American Public Health Association.

“If you don’t know where you’re going, any road will get you there,” Dr. Benjamin said. “These 10 Essential Services give us the understanding of the public health capacities every community deserves to have.”

He also talked about how the services seek to remove systematic and structural barriers that result in health inequity, and he specifically named poverty, racism, gender discrimination and ableism as barriers.

Dr. Benjamin then presented the 10 Essential Public Health Services, which he said were designed to provide a framework for public health to protect and promote the health of all people in all communities:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public’s health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

## The importance of partnerships

During the program, each of the 10 services was further explained by a prominent public health authority who spoke about what else these services include.

Dr. Maybank introduced the fourth service, which emphasizes the importance of building partnerships and involves these subtasks:

- | 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.

“Our AMA mission explicitly includes a commitment to the ‘betterment of public health,’” Dr. Maybank said in her remarks. “I see the critical importance of health care and public health working together in greater coordination.”

She added that it was critical that health care and public health professionals “value the lived experience of people most marginalized as expertise equal to ours.”

## A field focusing on upstream factors

During the panel discussion, Dr. Maybank noted that in order to advance equity, there needs to be an appreciation and understanding of public health as a “field of medicine” that addresses the upstream factors that affect health such as education, housing and transportation.

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She also said that the AMA Center for Health Equity was investigating how to educate and support physicians in understanding public health and its structural drivers, the role technology can play, and to facilitate the engagement of physicians in vital cross-sector public health partnerships.

During her discussion with Unger, Dr. Maybank emphasized the link between equity and health, and she noted that the COVID-19 pandemic has highlighted the need for health care and public health communities to come together to close the “gaps of inequity.”

“I feel like it’s really hard to turn away from inequity and injustice as it relates to health—and it’s right in our faces,” Dr. Maybank said.

A PHNCI toolkit for physicians and public health departments is available with education and promotional materials. Learn more about AMA initiatives to improve public health.