

The core functions defined by the IOM are (1) assessment, (2) policy development, and (3) assurance (Institute of Medicine [IOM], 1988).

- Assessment includes obtaining data that define the health of the overall population and specific groups within the population, including defining the nature of new and persisting health problems.
- Policy development includes developing evidence-based recommendations and other analyses of options, such as health policy analysis, to guide implementation, including efforts to educate and mobilize community partnerships.
- Assurance includes governmental public health's oversight responsibility for ensuring that key components of an effective health system, including health care and public health, are in place even though the implementation will often be performed by others.

The three core functions, while useful in providing a delineation of responsibilities and an intellectual framework for the work of governmental public health

agencies, were not tangible enough to provide a clear understanding or definition of the work of public health agencies. Thus, in addition to the goals of public health, the Public Health in America statement defined a series of 10 essential public health services that build upon the IOM's core functions, guide day-to-day responsibilities, and provide a mechanism for evaluating whether the core functions are fulfilled. These 10 services have come to define the responsibilities of the combined local, state, and federal governmental public health system.

► What Are the 10 Essential Public Health Services?

TABLE 5-1 outlines the 10 essential public health services and organizes them according to which IOM core function they aim to fulfill (CDC, 2018). A description of each service is presented in column 2, and examples of these essential services are listed in column 3.

TABLE 5-1 10 Essential Public Health Services

Essential Service	Meaning of Essential Service	Examples
<i>Core function: assessment</i>		
1. 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 a higher risk than the total population; and collaboration to manage integrated information systems with private providers and health benefit plans.	Vital statistics Health surveys Surveillance, including reportable diseases
2. Diagnose and investigate health problems and health hazards in the community	This service includes epidemiologic identification of emerging health threats; public health laboratory capability using modern technology to conduct rapid screening and high-volume testing; active communicable disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.	Epidemic investigations CDC–Epidemic Intelligence Service State public health laboratories
<i>Core function: policy development</i>		
3. Inform, educate, and empower people about health issues	This service includes social marketing and media communications; providing accessible health information resources at community levels; active collaboration with personal healthcare providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.	Health education campaigns, such as comprehensive state tobacco programs

(continues)

TABLE 5-1 10 Essential Public Health Services

(continued)

Essential Service	Meaning of Essential Service	Examples
4. Mobilize community partnerships and action to identify and solve health problems	This service includes 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 to draw upon the full range of potential human and material resources in the cause of community health.	Lead control programs: testing and follow-up of children, reduction of lead exposure, educational follow-up, and addressing underlying causes
5. Develop policies and plans that support individual and community health efforts	This service requires leadership development at all levels of public health; systematic community and state-level planning for health improvement in all jurisdictions; tracking of measurable health objectives as a part of continuous quality improvement strategies; joint evaluation with the medical/healthcare system to define consistent policy regarding prevention and treatment services; and development of codes, regulations, and legislation to guide public health practice.	Newborn screening and follow-up programs for PKU and other genetic and congenital diseases
<i>Core function: assurance</i>		
6. 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 home, home health care); and timely review of new drug, biologic, and medical device applications.	Local: Fluoridation and chlorination of water State: Regulation of nursing homes Federal: FDA drug approval and food safety
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable	This service (often referred to as "outreach" or "enabling" services) includes ensuring effective entry for socially disadvantaged people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups; ongoing "care management"; and transportation.	Community health centers
8. Ensure the provision of a competent public and personal healthcare workforce	This service includes education and training for personnel to meet the needs of public and personal health services; efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up; adoption of continuous quality improvement and lifelong learning within all licensure and certification programs; active partnerships with professional training programs to ensure community-relevant learning experiences for all students; and continuing education in management and leadership development programs for those charged with administrative/executive roles.	Licensure of physicians, nurses, and other health professionals

9. 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.	Development of evidence-based recommendations
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All three IOM core functions

10. 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.	NIH, CDC, AHRQ, other federal agencies
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Abbreviations: Agency for Healthcare Research and Quality = AHRQ; Centers for Disease Control and Prevention = CDC; Food and Drug Administration = FDA; National Institutes of Health = NIH; pharmacy/monitoring = PHM.

Source: Data from Public Health in America. Essential public health services. Retrieved from <http://www.cdc.gov/nphsp/essentialservices.html>. Accessed October 26, 2015.

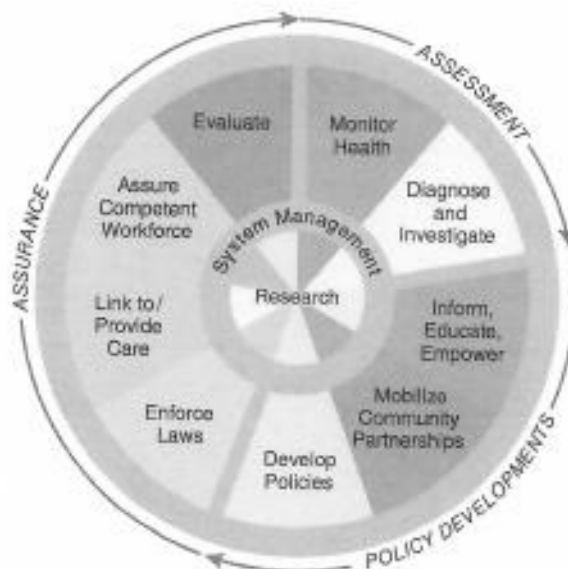


FIGURE 5-1 Essential Public Health Services and Institute of Medicine's Core Functions

Source: Centers for Disease Control and Prevention. (2017). The public health system & the 10 essential public health services. Retrieved from <https://www.cdc.gov/od/pd/publichealth/publichealthservices/essentialpublichealthservices.html>

FIGURE 5-1 then combines the core functions of public health with the essential services of public health agencies so that you can see the connections.

Public health services are delivered through a complex web of local and federal agencies, as well as through increasing involvement from global organizations. What follows is a description of the work of public health agencies at each of these levels.

FIGURE 5-2 provides a framework to guide our review of the delivery of public health services,



FIGURE 5-2 Framework for Viewing Governmental Public Health Agencies and Their Complicated Connections

It diagrams the central role of governmental public health agencies and the complicated connections required to accomplish their responsibilities. We begin by taking a look at the structure and function of governmental public health agencies at the local/state, federal, and global levels. We then examine the key connections with other governmental agencies, community organizations, and private organizations, and finally the connections with the healthcare delivery system.

► What Are the Roles of Local and State Public Health Agencies?

The U.S. Constitution does not mention public health. Because public health is not a delineated federal

responsibility, it is an authority retained by the states. States may retain their authority, voluntarily request or accept help from the federal government, or delegate their responsibility and/or authority to local agencies at the city, county, or other local levels.^b

BOX 5-2 briefly describes the history of public health agencies in the United States. It is a complex history and has resulted in more structures than there are states—more because large cities often have their own public health systems (Turnock, 2009). In addition, the District of Columbia and several U.S.

territories have their own systems and often have the authority to make public health system decisions as if they were states.

To understand the role of local health departments, it is useful to think of two models (Turnock, 2007). In the first model, which we will call the “home rule” or “local autonomy” model, authority is delegated from the state to the local health department. The local health department, or the local government, has a great deal of autonomy in setting its own structure and function and often raising its own funding.

BOX 5-2 Brief History of Public Health Agencies in the United States

An understanding of the history of U.S. public health institutions requires an understanding of the response of local, state, and federal governments to public health crises and the complex interactions among these levels of government.

The colonial period in the United States saw repeated epidemics of smallpox, cholera, and yellow fever, primarily focused in the port cities. These epidemics brought fear and disruption of commerce, along with accompanying disease and death. One epidemic in 1793 in Philadelphia, which was then the nation's capital, nearly shut down the federal government. These early public health crises brought about the first municipal boards of health, made up of respected citizens authorized to act in the community's interest to implement quarantine, evacuation, and other public health interventions of the day. The federal government's early role in combating epidemics led to the establishment in 1798 of what later became known as the U.S. Public Health Service.

Major changes in public health occurred in the last half of the 1800s, with the great expansion of the understanding of disease and the ability to control it through community actions. The Shattuck Commission in Massachusetts in 1850 outlined the roles of state health departments as responsible for sanitary inspections, communicable disease control, food sanitation, vital statistics, and services for infants and children. Over the next 50 years, the states gradually took the lead in developing public health institutions based on delivery of these services.

Local health departments did not exist outside of the largest cities until the 1900s. The Rockefeller Foundation stimulated and helped fund early local health departments and campaigns, in part to combat specific diseases, such as hookworm. There was no standard model for local health departments; they developed in different ways in the various states and were chronically underfunded.

The federal government played a very small role in public health throughout the 1800s and well into the 20th century. However, an occasional public health crisis stimulated federal action, often as a result of media attention. The founding of the FDA in 1906 resulted in large part from the journalistic activity known as “muckraking,” which exposed the status of food and drug safety. The early years of the 1900s set the stage for expansion of the federal government's role in public health through the passage of the 16th Amendment to the Constitution, which authorized federal income tax as a major source of federal government funding.

The Great Depression, in general, and the Social Security Act of 1935, in particular, brought about a new era in which federal funding became a major source of financial resources for state and local public health departments and NGOs. The founding of the CDC (which at that time stood for Communicable Disease Center) in 1946 led to a national (and eventually international) leadership role for the CDC, which attempts to connect and hold together the complex local, state, and federal public health efforts and integrate them into global public health efforts.

The Johnson administration's War on Poverty, as well as the Medicare and Medicaid programs, brought about greatly expanded funding for healthcare services and led many health departments to provide direct healthcare services, especially for those without other sources of care. The late 1980s and 1990s saw a redefinition of the roles of governmental public health, including the IOM definition of core functions and the development of the 10 essential public health services. These documents have guided the development of a broad population focus for public health and a move away from the direct provision of healthcare services by health departments.

The terrorism of September 11, 2001, and the subsequent anthrax scare moved public health institutions to the center of efforts to protect the public's health through emergency response and disaster preparedness. The development of flexible efforts to respond to expected and unexpected hazards is now a central feature of public health institutions' roles and funding. The success of these efforts has led to new levels of coordination of local, state, federal, and global public health agencies using state-of-the-art surveillance, laboratory technology, and communications systems.