

**Part One**  
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**Core Functions, Essential Services, and Core Competencies**

Three areas of public health theory and concept intersect in the day-to-day activities of public health. These are the **core functions**, **essential services**, and **core competencies** of public health. A review of these topics helps define what, why and how public health is to operate. Did you realize that these apply to environmental health programs as well as the traditional clinical and community programs of public health?

Many of us have read about the core functions of public health, as described by the Institutes of Medicine in their landmark 1988 document, *The Future of Public Health*. This publication attempted to describe the things public health should be doing in three broad, generic areas. *Assessment* includes all the actions needed to look at the community's health needs. *Policy development* pushes public health into making broad, science-based decisions with and for a community, which includes taking a lead role in developing public health policies (e.g., statutes and regulations). *Assurance* requires public health agencies to take the steps needed to connect all constituents with the services they need. This may be done by encouraging other entities to deliver needed services, by requiring actions through regulation, or by directly providing services to the public.

Because these are such broad general statements, some public health agencies and workers have a hard time applying them to their practice setting. Back in 1994 the Public Health Functions Steering Committee was formed to express more descriptive statements of the process public health should use. They began with vision and mission statements for public health –

“Healthy people in healthy communities” and “Promote physical and mental health, and prevent disease, injury, and disability.”

Next, they stated outcomes of public health practice- also thought of as “what public health does”. According to the Steering Committee, public health:

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages health behaviors
- Responds to disasters and assists communities in recovery, and
- Assures the quality and accessibility of health services

Finally, they drew up a list of ten essential public health services, listed below.

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people with needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care work force.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

This statement of services went a long way toward helping public health workers gain some focus on how their practice affects the health of the population they reach. It did little, however, to describe the skills or knowledge needed to successfully work in public health. So, no surprise, a new group came together to tackle the development of competency statements.

The Council on Linkages Between Academia and Public Health Practice is made up of representatives from just about every organization that has an interest in public health. They began meeting in the mid-1990’s and in 2001 adopted a set of consensus statements that describe

core competencies that all public health workers must demonstrate. Up to this time, the Council has identified nine broad skills areas (“domains”) of public health practice:

1. Analytic assessment,
2. Policy development/program planning,
3. Communication,
4. Cultural competency,
5. Community dimensions of practice,
6. Basic public health sciences,
7. Financial planning and management,
8. Leadership and systems thinking, and
9. Emergency preparedness

Each of these nine domains contains many, many sub-points that provide the detail to explain how they impact our work in public health settings. They also serve as a way of describing skills needed to qualify for work in public health. And finally, they can be used to assess areas of strength and weakness individually and collectively, so training needs can be identified, training programs developed, and training outcomes evaluated.

KDHE and its partners in public health hope to use these competencies for training development in Kansas. A questionnaire that was put together in Missouri has been modified for use here in Kansas, and has already been completed by many KDHE employees. Results of that survey are still pending. The next step will be to administer the questionnaire to all public health workers in local health departments so common areas of training need can be uncovered and dealt with efficiently.