

The Ten Essential Public Health Services: New Mexico's County and Tribal Health Councils

What are the Ten Essential Public Health Services? The *Ten Essential Public Health Services* serve as a description and definition of public health, as well as providing a framework for any public health activity at the local, state, and national levels. This framework was developed in 1994 by a committee of representatives from major national organizations and federal agencies involved in public health. Since then, the Ten Essential Services have been almost universally adopted throughout the United States as a way to think about, and to evaluate, the practice of public health, forming the core of the National Public Health Performance Standards Program. The Ten Essential Public Health Services are aligned with the three core public health functions—*Assessment, Policy Development, and Assurance*—developed in 1988 by the Institute of Medicine.

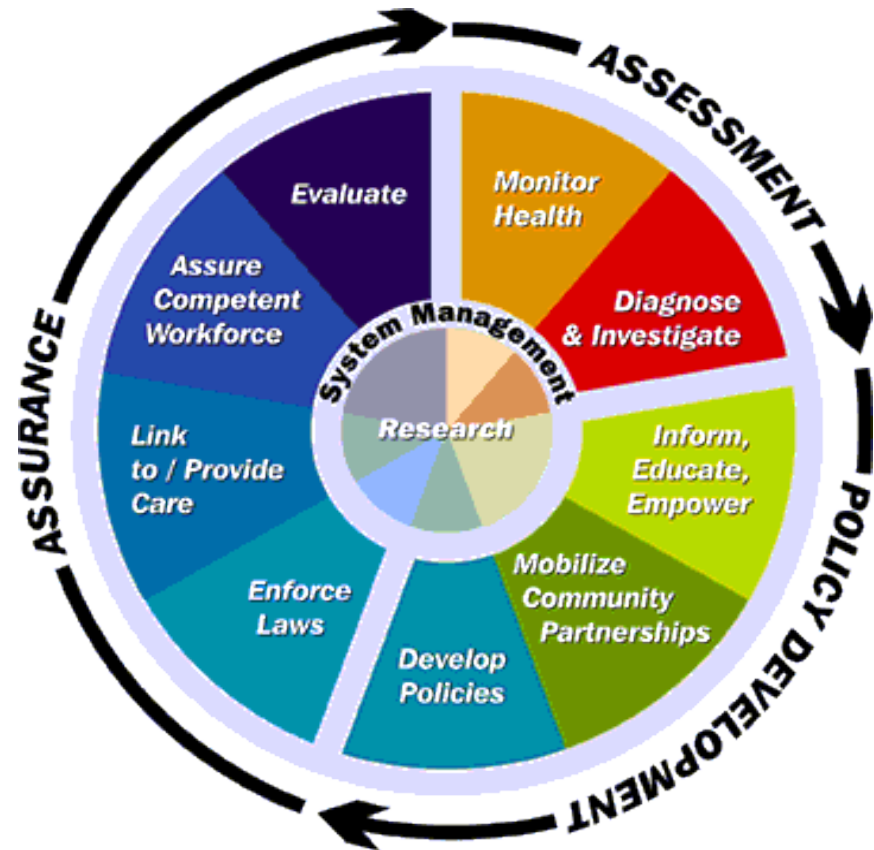
Why do they matter? The Ten Essential Services provide a roadmap for creating healthy communities. Public health is about keeping people healthy, by preserving and protecting the health of entire populations and communities. The *purpose* of public health is to:

- 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

Public health is everyone's business—not just the government's. It takes everyone working together to create communities that are clean and safe, where people can make healthy choices and not die prematurely from chronic diseases, accidents, environmental toxins, drugs, and violence.

How do the health councils fit in? New Mexico is one of 13 states that do not have systems of local health departments that can do local health planning and coordination. Instead, New Mexico has a centralized Department of Health, with regional offices around the state. We depend on local County and Tribal Health Councils to take on the critical functions of identifying local public health needs, developing local priorities, coordinating programs and services, and serving as health information clearinghouses. The health councils convene groups of citizens to tackle difficult problems like substance abuse, teen pregnancy prevention, suicide prevention, and bringing health care access to underserved areas.

How do the health councils perform the Ten Essential Public Health Functions? For twenty years, New Mexico's health councils have served as the hubs for public health in New Mexico, mobilizing their respective communities to address locally-identified public health needs. The following pages summarize some of those accomplishments, based largely on recent evaluation data, and organized by the Ten Essential Public Health Functions.



New Mexico's Health Councils and the Ten Essential Services in Public Health
Office of Community Health Partnerships, New Mexico Department of Health
July, 2011

Ten Essential Services in Public Health	Health Council Functions/Outcomes	Examples of Accomplishments: FY10 Evaluation Data
1. Monitor health status to identify community health problems	<ul style="list-style-type: none"> • Develop Community Health Profile: assessment of health needs, services, resources, disparities • Identify health priorities: e.g., obesity, diabetes, teen pregnancy, substance abuse, suicide, access to care • Monitor changes: health care, services, funding • Identify & address emerging health issues 	<ul style="list-style-type: none"> • 37 Community Health Profiles created • 37 Community Health Improvement Plans created • 102 council actions to assist in distribution of H1N1 vaccine or information about vaccination • 37 councils recognized as hub for information on community health • Health council priorities: <ul style="list-style-type: none"> • Access to care: 20 • Substance abuse: 18 • Teen pregnancy: 17 • Obesity: 14 • Interpersonal violence: 7 • Other: 9
2. Diagnose and investigate health problems and health hazards in the community	<ul style="list-style-type: none"> • Research & document potential health problems & health hazards • Advocate for environmental clean-up • Work with partners to investigate health problems 	<ul style="list-style-type: none"> • Study of prevalence & attitudes re: methamphetamine use in a rural county • Study of health impacts of uranium mining & processing • Efforts to clean up riverside site to convert to community trails
3. Inform, Educate, and Empower people about health issues	<ul style="list-style-type: none"> • Outreach & education: community forums, publications, website, health fairs, and presentations. • Community-wide health promotion campaigns, programs • Resource directories: print, on-line • Provide training & technical assistance to community • Develop community leadership to address health issues 	<ul style="list-style-type: none"> • 20 resource directories published in 2009-2010 • Other councils collaborated on <i>MyCommunityNM</i> on-line resource guide • 15 health council websites • Councils reported using newspapers, radio, TV, and internet, mass mailing campaigns, & newsletters

<p>Ten Essential Services in Public Health</p>	<p>Health Council Functions/Outcomes</p>	<p>Examples of Accomplishments: FY10 Evaluation Data</p>
<p>4. Mobilize community partnerships to identify and solve health problems</p>	<ul style="list-style-type: none"> • Organize partnerships: Develop, facilitate, & support community partnerships, networks, coalitions around local health priorities • Facilitate planning processes • Develop community initiatives in response to identified needs • Coordinate services and establish linkages to address identified needs, increase integration, reduce duplication of services • Convene forums, task forces, and groups to discuss community health issues, topics of concern, and priorities 	<ul style="list-style-type: none"> • Health councils participated in 1,114 shared planning projects in their communities in 2009-10, including: <ul style="list-style-type: none"> • After-school programs & new health education curricula • Diabetes screening in a community center • Teen smoking prevention education program • Town hall meeting about underage drinking • Helping to coordinate local emergency planning • Health councils engaged in establishing 2,955 new linkages among providers, schools, organizations, & agencies • Health councils established and supported community task forces to address alcohol and drug abuse, suicide prevention, teen pregnancy prevention, and health disparities • Health councils leveraged \$3.5 million in new funds in 2009-2010 to support health priorities. • Between 1999 and 2002, the councils received \$8.5 million in DOH funding and leveraged an additional \$27 million, raising over \$3 for each \$1 in DOH funding.*
<p>5. Develop policies and plans that support individual and community health efforts</p>	<ul style="list-style-type: none"> • Advise county & tribal governments on health policy • Assist governments, schools in implementing policies to improve health • Build constituencies for policy changes to improve health • Coordinate with the state public health systems • Advocate for evidence-based strategies to address priority health issues 	<ul style="list-style-type: none"> • 37 Community Health Improvement Plans created • Health councils reported: <ul style="list-style-type: none"> • 79 instances of initiating or backing policy initiatives • 189 discussions of policy initiatives by councils • 285 discussions of advocacy strategies in council meetings • Policy initiatives addressed by health councils included: <ul style="list-style-type: none"> • DWI policy regarding multiple offenders • Changing smoking policies for casinos • Changes in building codes and the build environment to encourage walking • Health education policies • Access to contraceptives • Medicaid application procedures

Health Councils & Ten Essential Services July, 2011

Ten Essential Services in Public Health	Health Council Functions/Outcomes	Examples of Accomplishments: FY10 Evaluation Data
6. Enforce laws and regulations that protect and ensure safety	<p><i>[Health councils do not have direct enforcement functions, although the councils often collaborate with law enforcement and other agencies charged with implementing public policies to ensure health and safety.]</i></p>	
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	<ul style="list-style-type: none"> • Publish & disseminate health resource directories • Identify & address gaps in services • Develop new programs & services as needed • Bring services to rural areas through health fairs, cooperative agreements • Facilitate cross-agency referrals, collaboration, integration of services • Raise and/or leverage funds to support new programs & services 	<ul style="list-style-type: none"> • 20 health councils established access to care as a top priority • 20 health councils published resource directories, while others used a common on-line directory (<i>MyCommunityNM</i>) • Health councils reported jointly developing 142 new or enhanced community programs, including exercise programs, smoking cessation, prevention programs, safety programs, parenting classes, healthy cooking, etc. • One health council spearheaded building a county health commons that houses medical, public health, and social services in one facility (as another health council had done previously)
8. Assure a competent public health and personal health care workforce	<ul style="list-style-type: none"> • Evaluate health workforce needs, gaps • Advocate for increased health care access • Organize training for community agencies, schools, providers • Leverage funding for workforce development & training (e.g., community health workers, diabetes educators, substance abuse counselors) 	<ul style="list-style-type: none"> • Workforce needs assessed as part of Community Health Profiles • Health councils continued to advocate for increased healthcare workforce and services (e.g., rural services, home visiting, community health workers, diabetes educators) • Health councils sponsored training programs for home visiting staff, others • One health council collaborated with a local community college and UNM on programs to encourage young people to enter health professions

Ten Essential Services in Public Health	Health Council Functions/Outcomes	Examples of Accomplishments: FY10 Evaluation Data
<p>9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services</p>	<ul style="list-style-type: none"> • Evaluate health service access & quality as part of community health assessment • Advocate for increased health care access & improved quality • Leverage funding for expanded services as needed • Facilitate cross-agency referrals, collaboration, integration of services 	<ul style="list-style-type: none"> • 37 health councils included assessment of health services as part of their Community Health Profiles, using both primary and secondary data • Health councils identified gaps in services and helped to establish new programs • Health councils leveraged \$3.5 million in new funds in 2009-10 to support programs and services in health priority areas
<p>10. Research for new insights and innovative solutions to health problems</p>	<ul style="list-style-type: none"> • Conduct community-based research (e.g., school wellness policies, community strategies, environmental changes) • Gather primary research data re: community needs, attitudes, barriers to access to care • Develop innovative programs, strategies, environmental changes • Research & document health disparities, inequities • Evaluate outcomes of local programs • Translate research into evidence-based practice 	<ul style="list-style-type: none"> • Work with DOH epidemiologists to research and document place-based health disparities and social determinants of health • Collaborative research project to identify barriers to implementation of school wellness policies • Community research project on methamphetamine production and use in a rural county • Developing and implementing best-practice programs, including a Community Infant Project and a Nurse-Family Partnership • Conducting Health Impact Assessments and promoting that as a best practice for public policy development

Notes:

1. The Ten Essential Services are taken from the National Public Health Performance Standards Program.
2. Health Council Functions/Outcomes are adapted from the *New Mexico Community Health Improvement Logic Model*, October 2008, developed jointly by the University of New Mexico Health Council Evaluation Project and the Office of Health Promotion & Community Health Improvement (now the Office of Community Health Partnerships), New Mexico Department of Health
3. Examples of Accomplishments are taken primarily from the New Mexico Health Council Evaluation Project, *Summary Evaluation Report*, October 15, 2010, with data from April 2009 – March 2010.
4. *”MCH Councils Leverage Significant Additional Funding,” Community Health Consulting Group, Anne Hays Egan with Ron Hale, March 2003

(Document compiled primarily by Ron Hale, Training & Resource Development Manager, Office of Community Health Partnerships, New Mexico Department of Health, telephone (505) 827-0247, e-mail: ron.hale@state.nm.us.)