Access to Influence: Characteristics of Emerging Public Health 3.0 Leaders

Elan D. Bridges

School of Health Sciences, Central Michigan University

MPH 654: Public Health Leadership

Prof. Mary Kushion

February 25, 2024

Access to Influence: Characteristics of Emerging Public Health 3.0 Leaders

At the core of public health practice has always been an element of improving conditions that affect community health. This is encompassed within the very definition, which emphasizes the actions undertaken to ensure the conditions that support improved health for all (DeSalvo, 2017). With the advent of the Public Health 3.0 model (PH 3.0), health improvement strategies no longer focus solely on individual behavior theory and include the factors of the social determinants of health. This shift from a sterile, clinical focus to a more expansive concept supports the development of community collaborations in areas of intersectional opportunities. PH 3.0 requires the creation of multi-sector connections and support for the success of individual interventions (Anderson and Burris, 2023). Deliberately creating an environment that supports the development of collaborative agreements and processes across health, non-health, and non-traditional community partner agencies is key to PH 3.0 leadership.

As funding for public health has begun to dwindle, many agencies are struggling to respond effectively to public health challenges resulting from the recession and COVID-19 pandemic. The traditional methods of public health practice are no longer effective because the use of evidence-based principles has shown that public health challenges are not just issues of individual well-being but require the assessment of the social determinants of health for the population served to receive equitable interventions (Artiga and Hinton, 2018). The social determinants of health (SDH) provide context for the conditions in which people are born, live, and work, which have a clear influence on their overall health and wellness. The inclusion of SDH within public health practice leads to more equitable collaborative solutions to impact the multi-faceted issues at play in each community.

The U.S. Department of Health and Human Services (DHHS) launched the PH 3.0 initiative in 2016, detailing the key components necessary to bring public health strategy into the modern era. As a result of the study's findings, PH 3.0 focuses on 5 overarching themes: 1) Development of strong leadership and workforce, 2) Development of strategic partnerships, 3) Securing flexible and sustainable funding, 4) Timely and locally relevant data, metrics, and analytics, and 5) Creation of foundational infrastructure. The research team put forth recommendations based on these themes that provide clear, actionable guidelines for public health leaders and professionals (DHHS, 2016).

Public Health 3.0 Research Recommendations

Based upon their research and fact-finding studies, DHHS' research team came up with action steps that will improve the overall function of community health while also supporting the creation of community partnerships to facilitate progress specific to their unique needs. Each of the recommendations aligns with the research team's chosen themes that capture the key players, behaviors, and actions that will align with equitable public health practice regardless of setting.

Strong Leadership and Workforce

In the leadership and workforce development theme, public health leaders should embody their role as Chief Health Strategists for the community they serve. This requires connections and working relationships with community partners that will address social determinants of health directly and interweave the importance of collaboration throughout the hiring, training, and retention of the public health workforce (DHHS, 2016). Public health leaders in a 3.0 world must see themselves as a connection access point. Through their role, they hold the keys to creating opportunities for equitable collaboration throughout the agency network (Balio et al., 2019).

Strategic Partnerships

The strategic partner theme emphasizes the need for public health departments to fully engage with community stakeholders from all sectors. The goal is to form structured, cross-sector partnerships that will inform and assist in the development of PH 3.0 initiatives that are supported by shared funding and collective action (DHHS, 2016). In creating the appropriate conditions for a sustainable strategic partnership, public health leadership can begin laying the foundations to influence positive, structural change to improve the overall health of the community. One of the most impactful factors in the creation of strategic partnerships is the clear identification of goals, roles, and expectations (Fraser et al., 2017). This can be challenging in communities without a great diversity of agencies, such as rural areas and states with low resources. In settings with a lack of community organizations, members of leadership must think outside of the box to ensure equity (Mahadevan and Houston, 2015). In comparison to a typical service area, the challenges of organizing can be quite different but can still be made effective by creating a scaled structure for collaboration.

Flexible and Sustainable Funding

In the sustainable funding theme, the focus rests primarily on accreditation and the application of the principles of best practice. The recommendation for the advancement of Public Health Accreditation Board criteria and processes for departmental accreditation is slightly more nebulous than previous recommendations. This is because not every health department is nationally accredited and depending on their standing and needs, may not be for some time. To be frank, accreditation is not an easy or simple undertaking, and if an agency has low resources due to funding limitations the process may or may not be feasible. The attention

to enhancing the quality of health departments ensures that every person in that community has access to quality care regardless of population demographics (DeSalvo, 2017).

Timely and Locally Relevant Data, Metrics, and Analytics

The qualitative data theme is focused on gathering accurate and appropriate data for specific areas. To address concerns, leadership must know what they are for that area. The more specific the data collection, the more accurate the intervention plan development will be. For example, in Kalamazoo, there is a project-based apartment complex called Fox Ridge. The complex has 211 units and secured over $1.5M in grants in the 2023 fiscal year (HUD, 2024). Fox Ridge is a designated low-income housing tax credit property (LIHTC), which due to the development requirements in 1986, required the original investors to maintain the affordability standards for 15 years (MSHDA, 2024). The LIHTC Tax Reform Act of 1986 was extended by Congress in 1989 when the affordability standard requirement was changed to 30 years. Generally, the funds raised to build and improve project-based sites were appropriate for the period and they were built to last until that time passed (NHLP, 2022). Now, those same sites have fallen into states of complete disrepair.

As sites like Fox Ridge no longer generate tax credits, there is very little incentive to repair and bring housing up to modern standards (NHLP, 2022). Despite the $1.5M secured in grants in the last fiscal year, Fox Ridge Apartments is one of the worst housing developments in the area. The frequent occurrences of rats and mice attempting to nest in crib mattresses, roaches of every size and description falling from light fixtures, and the environmental health hazards of mold, mildew, and bedbugs are specific to the apartment complex and even to certain buildings. There are health concerns specific to Fox Ridge that do not apply to the single-family homes on the next block or across the street. General area health information is simply not accurate

enough to address the conditions in which most of these families live. Data drives decisions and initiatives, so improving the accuracy and specificity of data collection will set the stage for more evidence-based and data-driven policies.

Foundational Infrastructure

The strengthening and improvement of foundational infrastructure is of high importance, specifically from a funding standpoint in PH 3.0. There is no single cause of poor health and funding that will support the infrastructure and inter-agency understanding of the social determinants of health is needed to address concerns at a community level. A single funding source cannot meet the needs of an entire community, but a combination of multiple funding sources can (Cassidy, 2016). To create true community collaboratives, the engagement of each sector is required for funding and hub development. Researching developing funding models and multi-agency innovations will improve the diversity of possible funding streams and partnerships (Jadhav et al., 2017). Expansive funding models allow for a more equitable dynamic between organizations and systems-level improvements. Creating adaptations in the collaborative framework can lead to improved fiscal stewardship, service utilization, and increased resource connections between agencies. The goal of this theme is to promote the tactic of addressing funding concerns through foundational infrastructure via the tools of diverse participation and expansive thinking.

Methods of Assessing and Addressing Barriers to Collaborative Systems of Care

Outreach

Community outreach is a simple term that encompasses many different aspects of public health, public administration, and policy development. Outreach has a wide range of possibilities depending on the focus and intent. In the case of an initiative for nutrition, outreach

could be convenience sampling the number of WIC participants using their Double Up Food Bucks at the farmer's market versus in the grocery store. For the same nutrition initiative, outreach possibilities could take the form of after-school programming that provides education and healthy snacks to families living in low-income housing. Before any program development takes place, leadership must be able to listen to the community members (Anderson and Burris, 2023). Instead of telling the population what they need, as was common in the standardization of PH 2.0, allowing the community members to openly discuss their concerns with leadership can build back much of the trust in public health authorities that has been lost over the years. Members of leadership must be capable of modeling the shift in perspective that accepts the individual as the authority in their life and co-creating solutions that will improve the community's quality of life.

Community Forums and Talkbacks

To know one's community, they must participate in it. Members of emerging leadership possess the ability to build trust and address the barriers to collaboration that veterans may not have had in their early careers due to the PH 2.0 framework, which was more restrictive. Now that the social determinants of health are at the forefront of public health practice on a national scale, leadership has more opportunities to be present and known in the community. As a concept, public health is largely invisible until something goes wrong, and the pandemic made this very clear. The amount of distrust that most people had when they were being given orders by a government agency that they had no connection to was understandable. PH 3.0 leadership can resolve the discomfort and distrust through the flexibility of community-based, community-led forums and talkbacks. Data points cannot compare to seeing and hearing community members explain their circumstances, what they believe will help, and how the leadership team

can facilitate the accomplishment of community health goals. Making the person-to-person connection and showing community members that public health leadership is action-based will go a long way to supporting overall health improvements.

Conclusion

The Public Health 3.0 model is simply that, a model. It is a directive for improving the development and application of public health improvement principles within the context of a specific community by collaborating to inform and co-develop solutions to the concerns as raised. Members of leadership must be familiar with and familiar to the community they serve for the building of trust to begin. Many of the factors that impact public health can be uncomfortable to talk about, such as socioeconomic status, reproductive health, and living conditions (DHHS, 2020). The average person prefers to keep matters like this private, not to mention someone who is struggling significantly. Trust in leadership is paramount in PH 3.0, and the only way to build it is by being present and accountable to the community members who direct and inform the work (DHHS, 2016).

Future Development Opportunities

Public Health 3.0 is an excellent framework for assessing what it means to live and work in a healthy community. PH 3.0 can assist in business development and available resources that can be allocated to a particular area (Bachrach et al., 2016). For instance, an initiative could be developed that would be able to provide alternative housing to Fox Ridge residents. This would require the commitment of land developers, contractors, real estate advisors, and area businesses to collaborate with the health department and state systems to create a pipeline to housing stability program for participants. Providing background and education on PH 3.0 and incentivizing the commitments from businesses and developers to improve the community's

high-need areas could lead to sweeping changes in the public health landscape. With the right funding sources, community partners, and emerging members of leadership, health, and socioeconomic disparities could be all but eliminated.

References

Anderson, E., & Burris, S. (2023). Which Skills Are Key to Public Health Leaders' Success in Crisis Management? *AMA Journal of Ethics*, *25*(3), E219-225. https://doi.org/10.1001/amajethics.2023.219

Artiga, S., & Hinton, E. (2018, May 10). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. *Racial Equity and Health Policy*. https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Bachrach, D., Guyer, J., & Levin, A. (2016, August 10). *Medicaid Coverage of Social Interventions: A Roadmap for States*. Manatt. https://manatt.com/insights/newsletters/manatt-on-health-medicaid-edition/medicaid-coverage-of-social-interventions-a-roadm

Balio, C. P., Yeager, V. A., & Beitsch, L. M. (2019). Perceptions of Public Health 3.0: Concordance Between Public Health Agency Leaders and Employees. *Journal of Public Health Management and Practice*, *25*, S103. https://doi.org/10.1097/PHH.0000000000000903

Cassidy, A. (2016). *Health Policy Brief: Medicaid and Permanent Supportive Housing*. Project HOPE. https://doi.org/10.1377/hpb20161014.734003

DeSalvo, K. B. (2017). Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Preventing Chronic Disease*, *14*. https://doi.org/10.5888/pcd14.170017

Fraser, M., Castrucci, B., & Harper, E. (2017). Public Health Leadership and Management in the Era of Public Health 3.0. *Journal of Public Health Management and Practice*, *23*(1), 90–92. https://www.jstor.org/stable/48517245

Jadhav, E. D., Holsinger, J. W., Anderson, B. W., & Homant, N. (2017). Leadership for Public Health 3.0: A Preliminary Assessment of Competencies for Local Health Department Leaders. *Frontiers in Public Health*, *5*, 272. https://doi.org/10.3389/fpubh.2017.00272

Mahadevan, R., & Houston, R. (2015). Supporting Social Service Delivery through Medicaid Accountable Care Organizations: Early State Efforts. *Center for Healthcare Strategies and the Commonwealth Fund*, 1–10.

Michigan State Housing Development Authority. (2024). *ARHD Data—Fox Ridge Apartments*. Affordable Rental Housing Directory. https://housing.state.mi.us/

National Housing Law Project. (2022, June 22). LIHTC Preservation and Compliance. *Resources*. https://www.nhlp.org/resources/lihtc-preservation-compliance/

U.S. Department of Health and Human Services. (2016). *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*. U.S. Department of Health and Human Services. https://www.naccho.org/uploads/downloadable-resources/Public-Health-3.0-White-Paper.pdf

U.S. Department of Health and Human Services. (2020). *Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America*. U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf

U.S. Department of Housing and Urban Development. (2024). *eGIS Community Assessment Reporting—Kalamazoo, Michigan* (Project-Based Rental Assistance). HUD. https://egis.hud.gov/cart/#