

# Change Leadership for Public Health 3.0

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UNC

GILLINGS SCHOOL OF  
GLOBAL PUBLIC HEALTH

# Objectives

- Describe differences in public health 1.0, 2.0 and 3.0
- Identify strategies for leading change under PH 3.0
- Communicate value of public health 3.0 to partners







## The Evolution of PH 1.0 to 3.0

Using Asthma as a  
Case Example



# Situation A

- Goals: Prevent and reduce communicable diseases
- Tools: immunizations, chest X-rays, laboratory examinations, clinical inspections, interview of infected persons and follow-up of exposed individuals



# Public Health 1.0: Late 19th – Late 20th Century

- Systematized sanitation
- Improved food and water safety
- Developed vaccines and antibiotics to help with prevention and treatment
- Expanded epidemiology and laboratory science



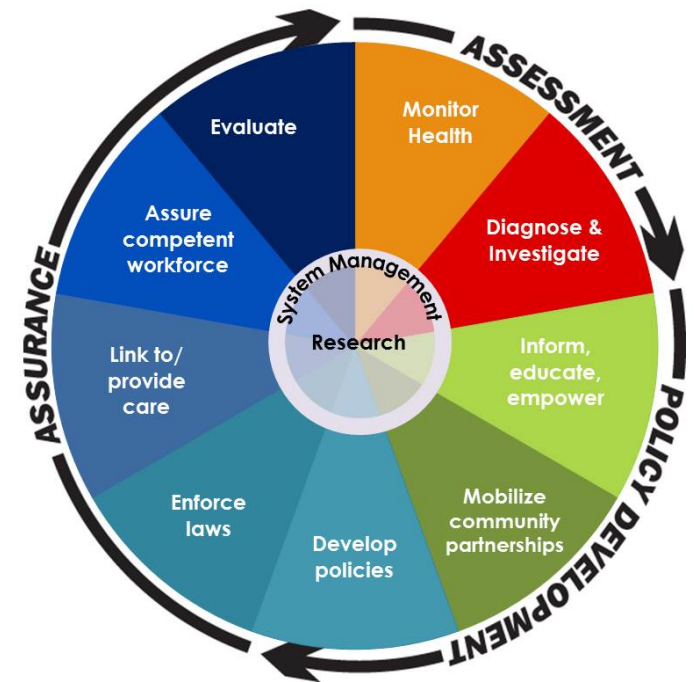
## Situation B

- Goals: Promote and contribute to the highest level of health possible
- Tools: Assessment, policy development, assurance and 10 essential health services



# Public Health 2.0: 1980s to Now

- Core functions: assessment, policy development, and assurance.
- Focus on prevention, management, and treatment of diseases
- Performance standards were established
- Public health agencies became increasingly professionalized





# Situation C

- Goals: Address determinants of health
- Tools: Screening for unmet health related resources, including food security, housing, transportation and interpersonal violence.

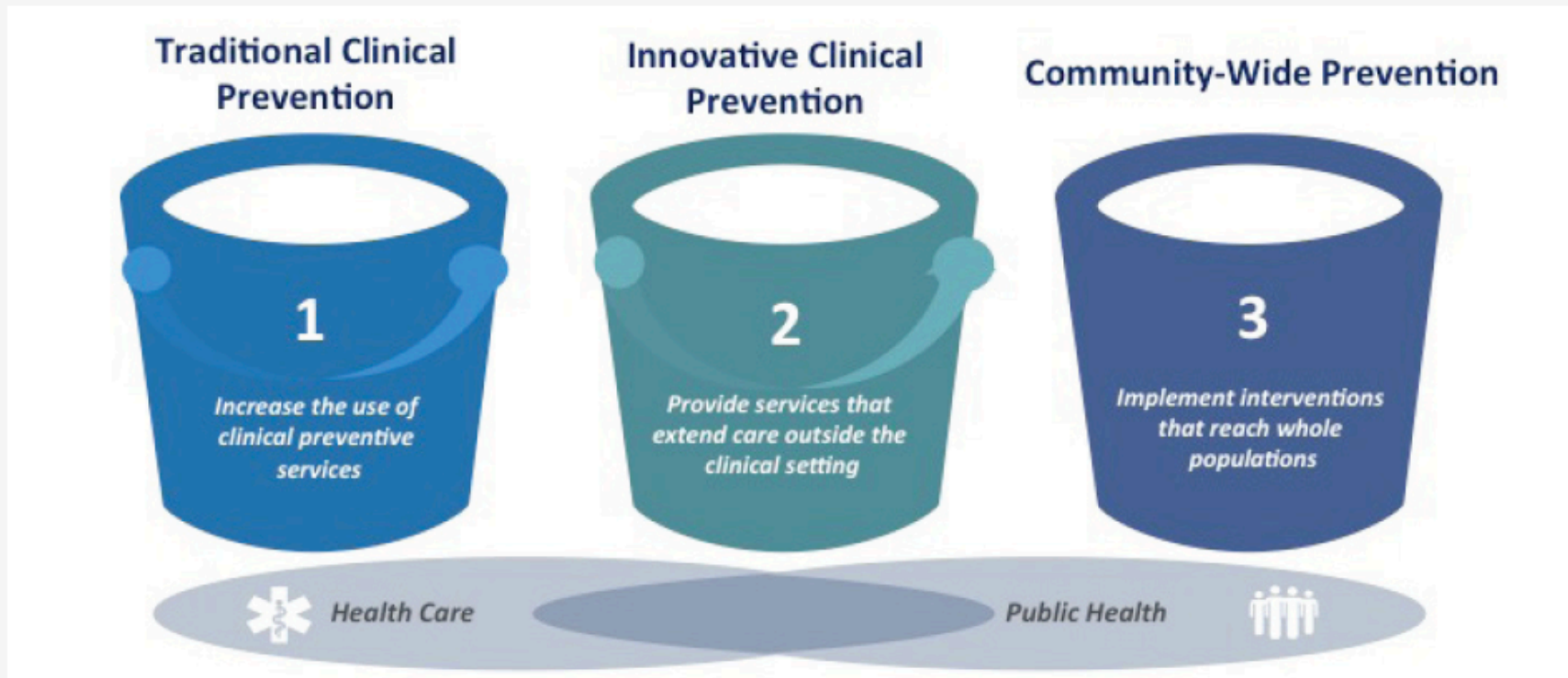


# Public Health 3.0: Now – Future

1. Act as Chief Health Strategists
2. Engage with cross-sector partnerships
3. Ensure that every person is served by nationally accredited health department
4. Provide quality data and clear metrics
5. Enhance funding



# Evolution of the Public Health System



Source: Auerbach, John. "The 3 buckets of prevention." *Journal of Public Health Management and Practice* 22.3 (2016):215-218



# PH 3.0 Challenge

- School-Based Programs to Increase Physical Activity
- School-Based Violence Prevention
- Safe Routes to School
- Motorcycle Injury Prevention
- Tobacco Control Interventions
- Access to Clean Syringes
- Pricing Strategies for Alcohol Products
- Multi-Component Worksite Obesity Prevention

Counseling and Education

Clinical Interventions

Long Lasting Protective Interventions



## Changing the Context

Making the healthy choice the easy choice

- Early Childhood Education
- Clean Diesel Bus Fleets
- Public Transportation System
- Home Improvement Loans and Grants
- Earned Income Tax Credits
- Water Fluoridation



## Social Determinants of Health

# HI-5

HEALTH **IMPACT** IN 5 YEARS



# HEALTH IN THE SDG ERA

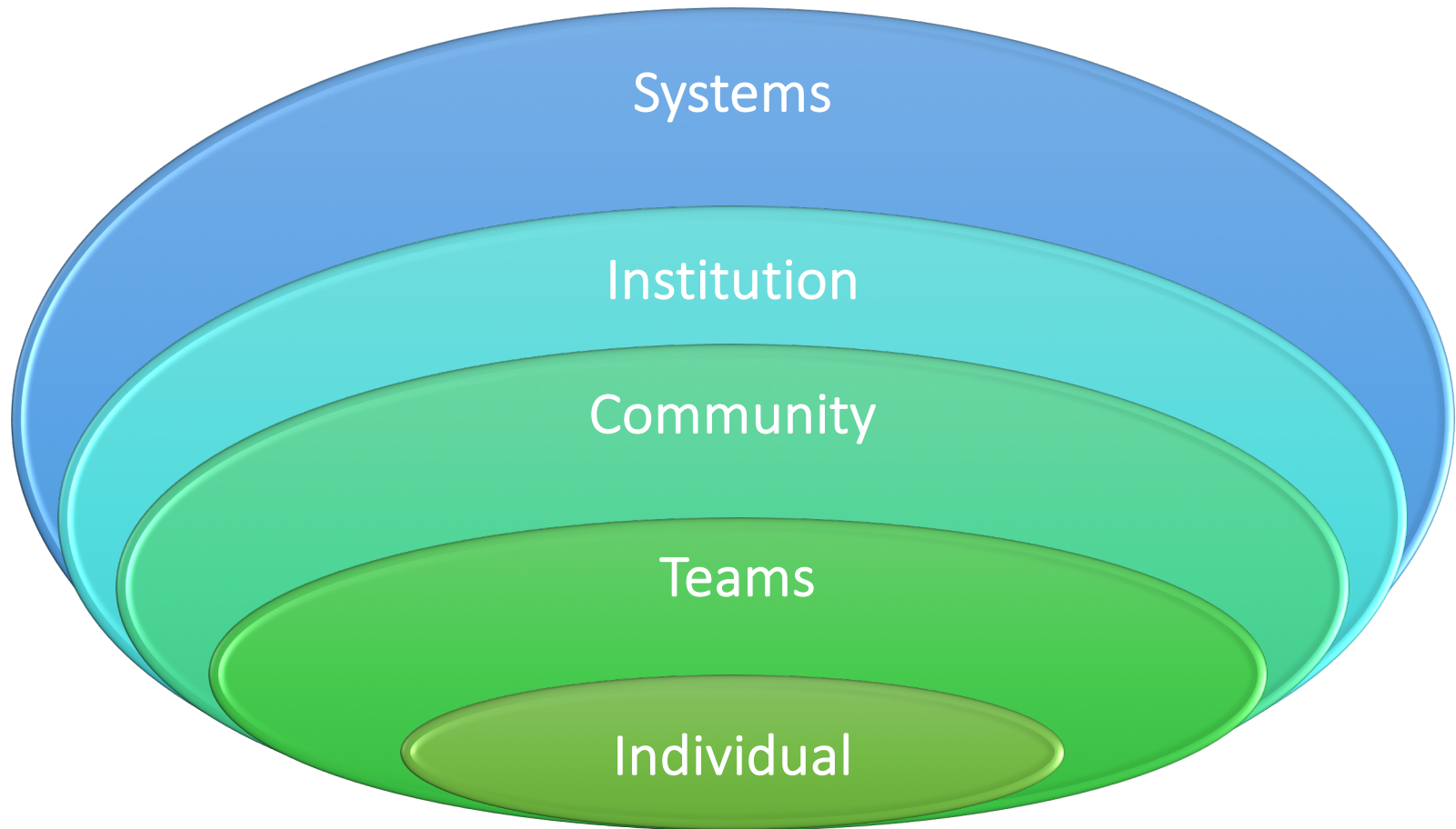


World Health  
Organization

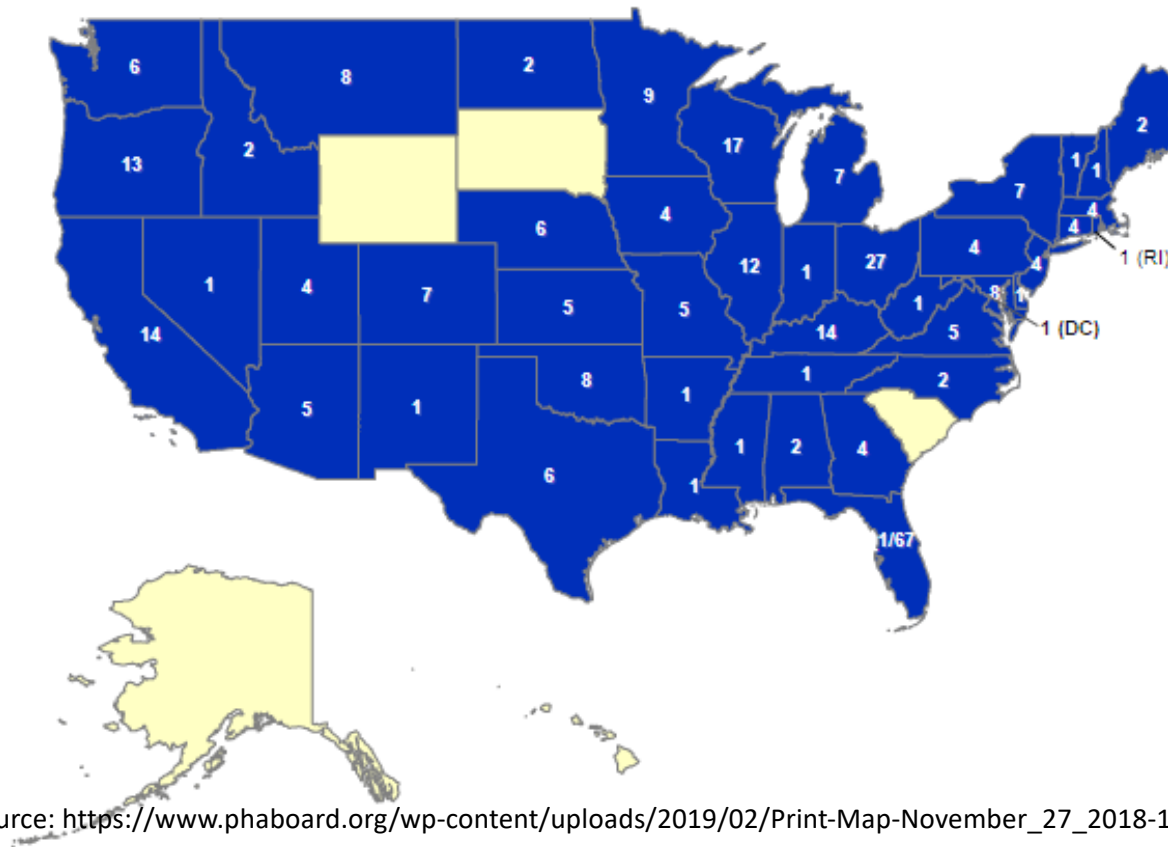
[WWW.WHO.INT/SDGS](http://WWW.WHO.INT/SDGS)



# Public Health 3.0 Strategic Partners



# PHAB Accreditation Activity as of Nov 27, 2018

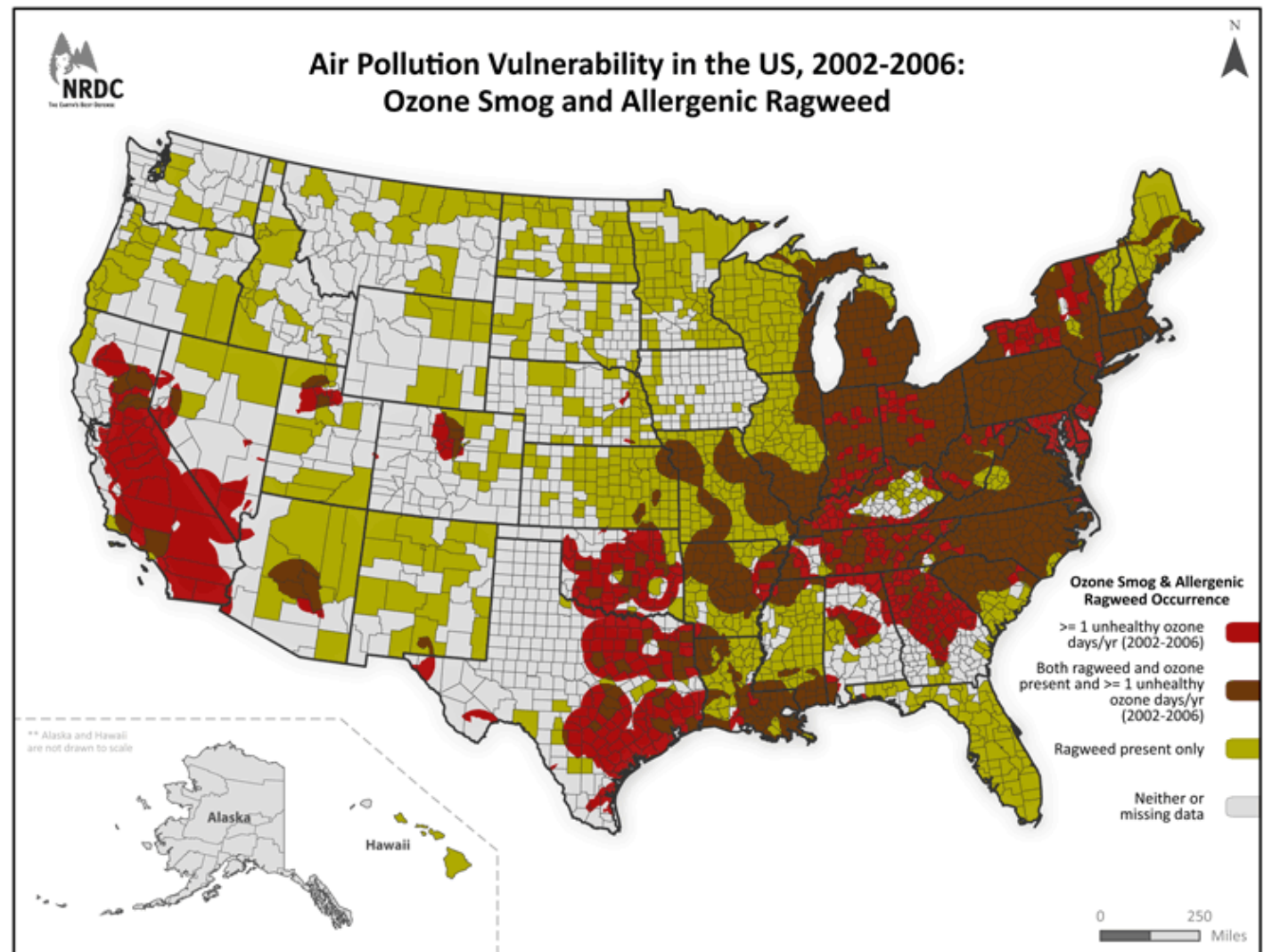


Source: [https://www.phaboard.org/wp-content/uploads/2019/02/Print-Map-November\\_27\\_2018-1.pdf](https://www.phaboard.org/wp-content/uploads/2019/02/Print-Map-November_27_2018-1.pdf)

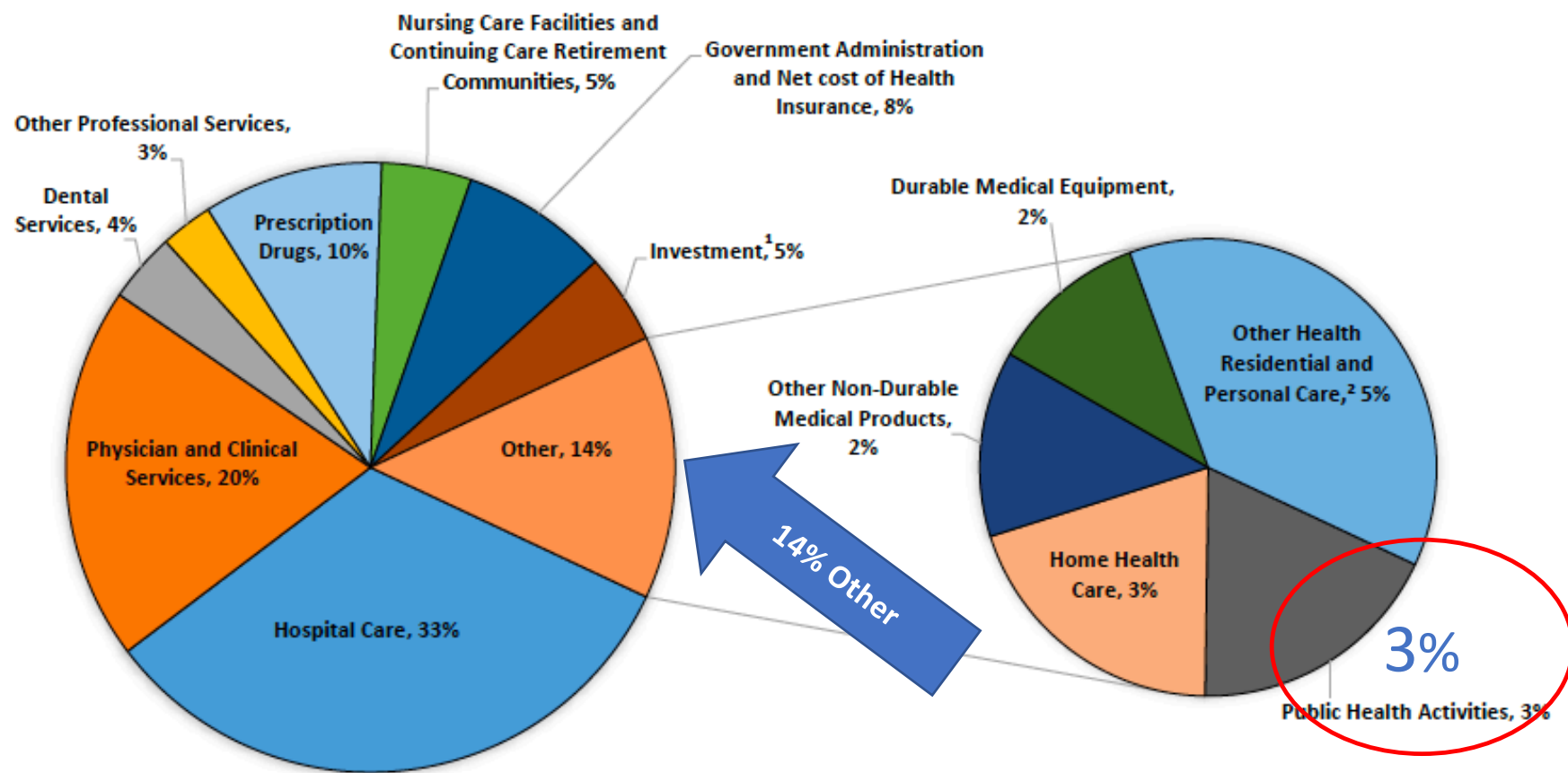


# Quality Data and Metrics

- Population level
- Multi-factor
- Granular
- Integrated



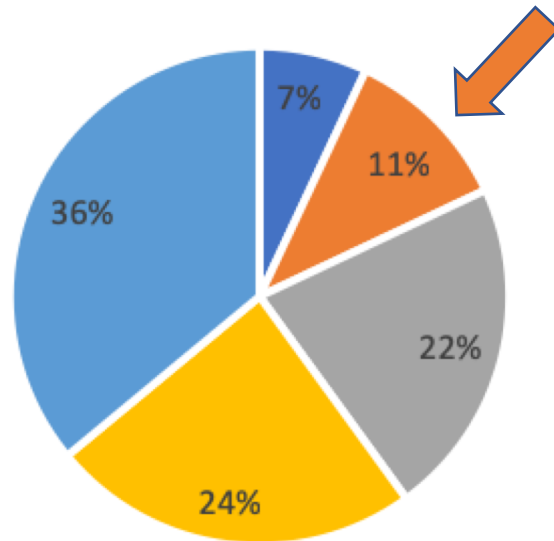
## THE NATION'S HEALTH DOLLAR (\$3.5 TRILLION), CALENDAR YEAR 2017, WHERE IT WENT



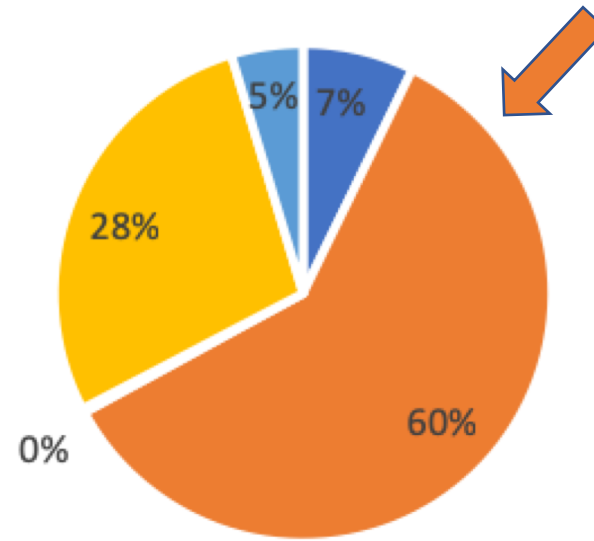
Source: Centers for Medicare and Medicaid Services

# Health Determinants Compared to Health Spending in US

**% Contribution to DoH**



**% of Spending**



■ Environment ■ Medical Care ■ Genetics/Biology ■ Social Circumstance ■ Individual Behavior

Source: <https://www.goinvo.com/vision/determinants-of-health/>

# DESIGNING CULTURE CHANGE





# Creating Conditions for Change

## Coherence

- Foundations are right
- Every part fits perfectly
- No redundancy
- New parts increase structural integrity
- **Every recall re-embeds the whole neural map**

## Decoherence

- Foundations aren't right
- Parts don't fit
- too many tools for the same purpose
- New parts make the whole noisier
- **Every recall reminds you the neural map is noisy**

Source: NLI, Guide to Cultural Change, 2018

# PHS Framework for Sustainable Change



Source: NLI, Guide to Cultural Change, 2018

# Set clear priorities



- Create a Growth Mindset
- Clarity and energy generate success
- Awareness of priorities is not enough for change

Source: NLI, Guide to Cultural Change, 2018

# Change in the Brain

## FIXED MINDSET

Threat

Distress

## GROWTH MINDSET

Challenge

Eustress

Source: NLI, Guide to Cultural Change, 2018

# Form New Habits



- Start small
- Enact the new habit daily
- Weave into existing processes

Source: NLI, Guide to Cultural Change, 2018

# Create Systems for Habits that Last



- Create annual innovation award
- Increase opportunities for feedback
- Measure quality over quantity

Source: NLI, Guide to Cultural Change, 2018

# COMMUNICATING VALUE OF PUBLIC HEALTH 3.0



# 1. Align



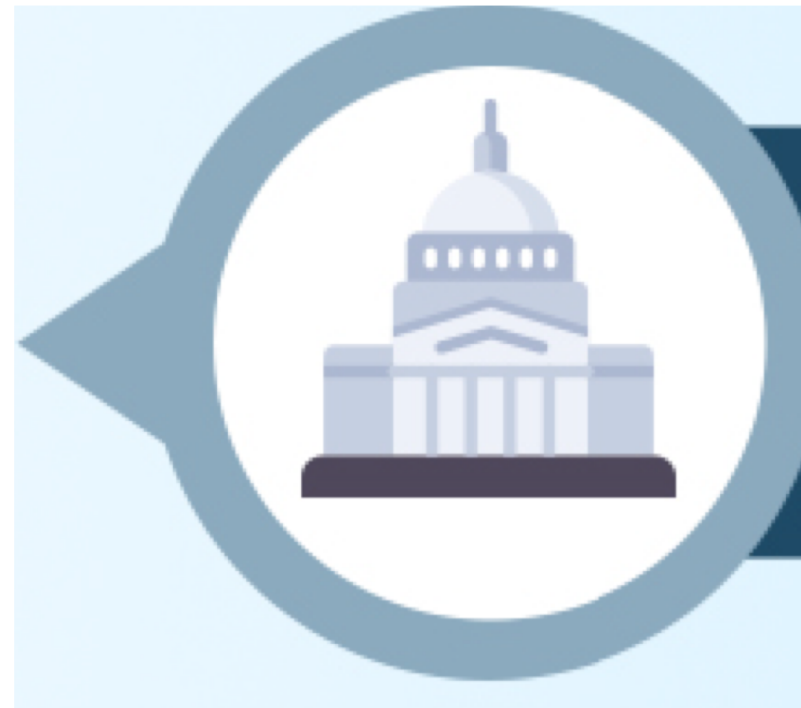
- Engage partners in health assessments and strategic planning
- Collaborate to enhance shared responsibility
- Maximize public resources and reduce duplication

<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>



## 2. Implement Health in All Policies (HiAP)

- Use governmental actions to coordinate horizontal and vertical efforts
- Embed health in decision-making across public and private sectors
- Convene, coordinate and enable



<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>

### 3. Support



- Back community initiatives that improve upstream conditions
- Emphasize placed-based interventions
- Give community voice a central role in setting priority and action plans

<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>

## 4. Translate

- Make evidence accessible and relevant
- Create a complete picture using multiple data sources across sectors
- increase insights on inequities and how to address them



<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>

## 5. Educate



- Increase skills for employees and collaborators to see and communicate to address cross-sector, systems-level challenges
- Cross sector collaboration and systems level thinking

<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>

## 6. Improve

- Use of evidence based models and strategies to reach high-risk groups
- Culturally competent services
- Patient centered access



## 7. Expand

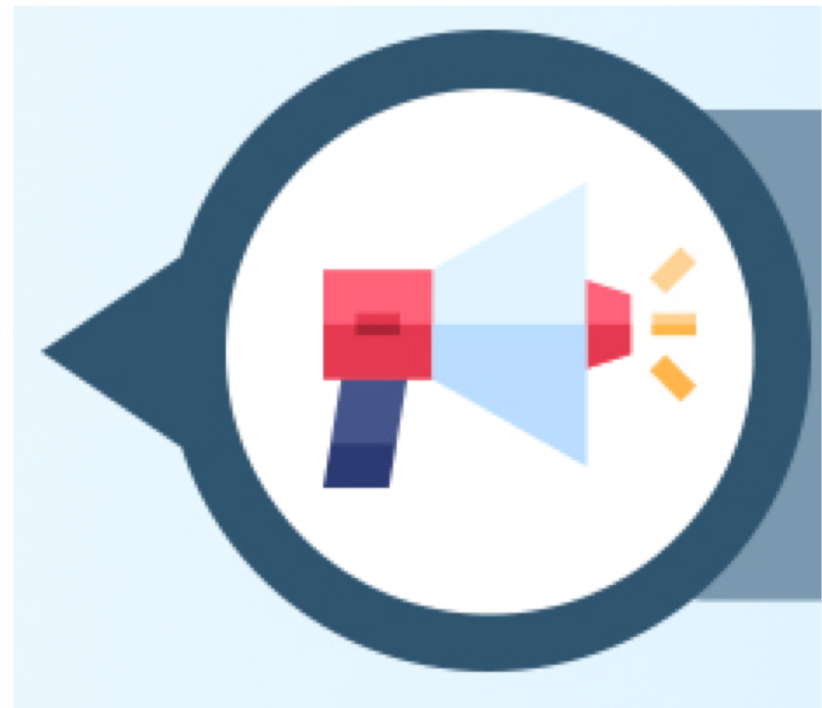


- Access to tele health [*shared site and mobile*] services
- Provider and policy coalitions who provide services
- Expertise on ways to expand service delivery

<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>

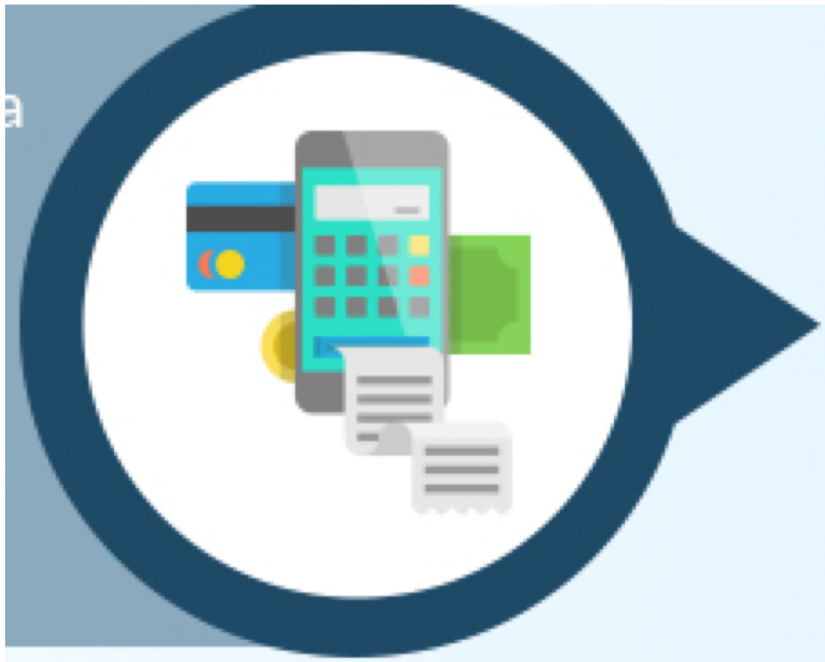
## 8. Promote

- Community Health Workers (CHW) as members of the care team
- Capacity, education and advocacy for front line care providers
- Enhanced certification, financing and professional networking



<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>

## 9. Explore



- New funding streams and coordinated upstream investments
- Direct funding and funders toward health determinants
- Coordination with housing, transportation or food security

<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>



# 10. Use

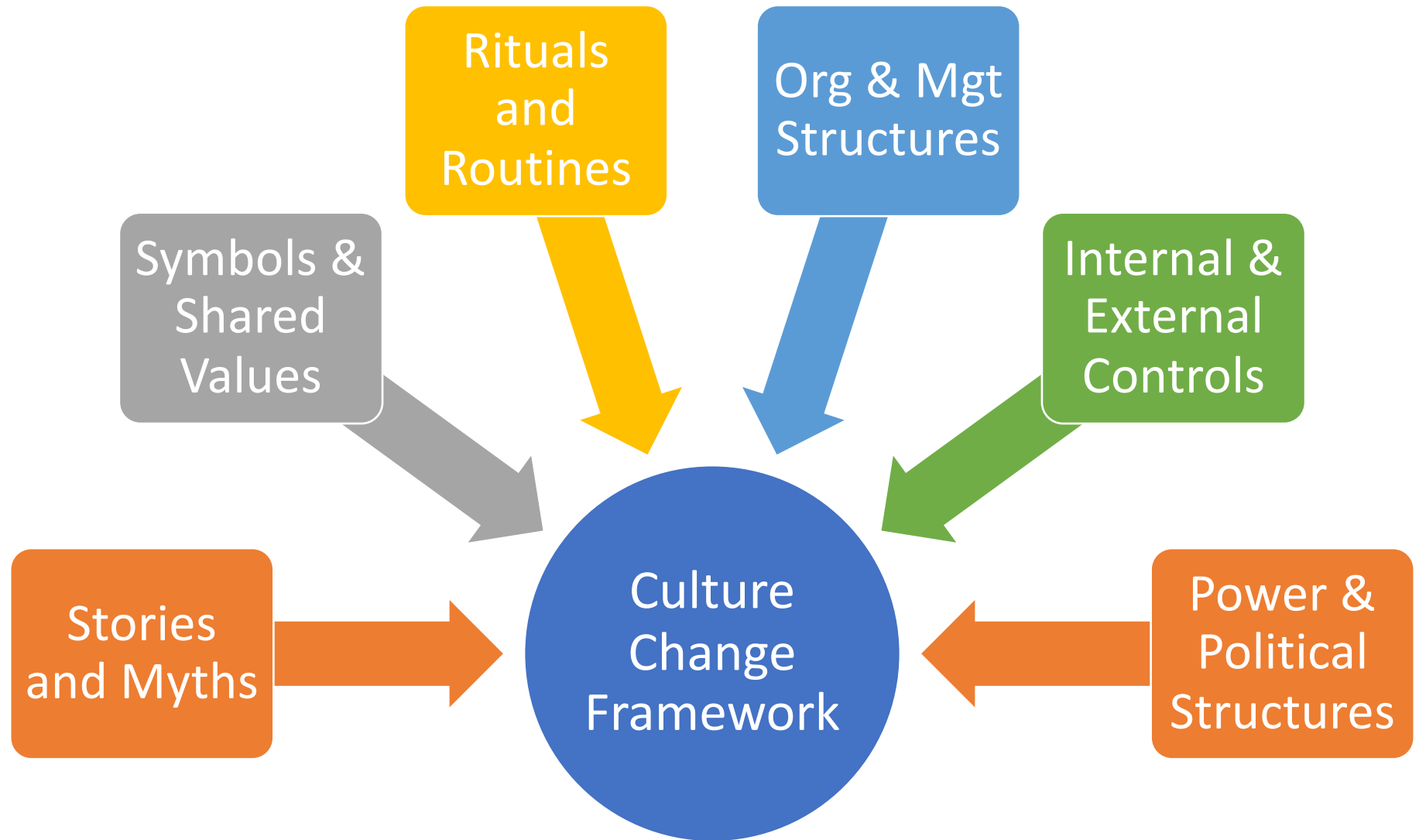
- Value-based payment and funding to incentivize evidence based interventions
- Foster financial accountability and shared savings
- Coordinate care to promote high value across the system



<http://www.astho.org/ASTHOBriefs/Top-10-Promising-Approaches-to-Improving-Population-Health/>

# Culture Change





# Your Leadership Toolbox

- Model values
- Inspire shared vision
- Challenge and learn
- Enable others to act
- Encourage and recognize
- Build and sustain systems



# Thank You

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# References

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