



NAVIGATING THE SHIFT

EARLY INSIGHTS AND RECOMMENDATIONS FOR PUBLIC HEALTH 3.0

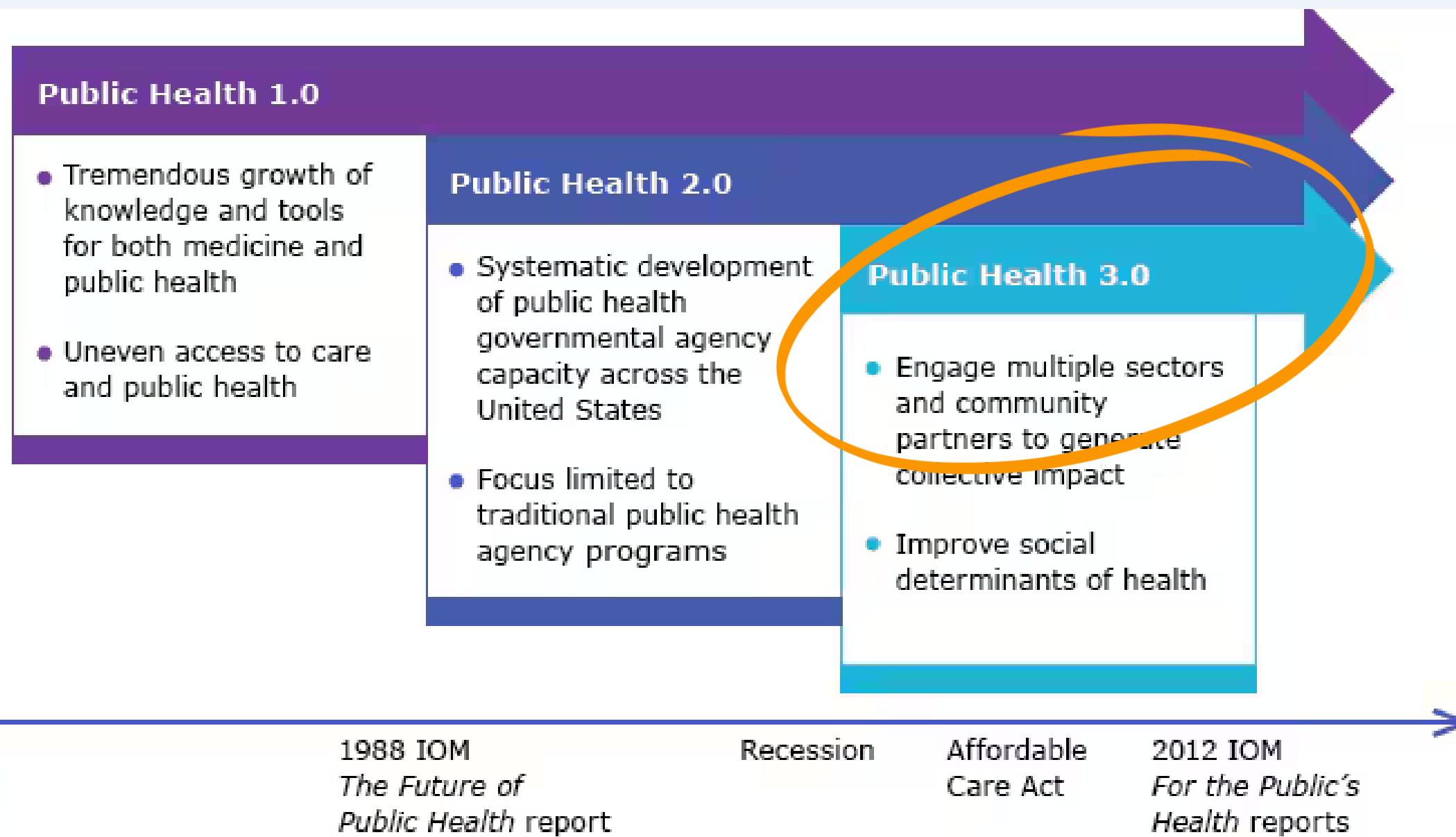
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Agenda

- Introduction/Background: What is Public Health 3.0?
- Methodology
- Program Data and Findings
- Discussion: Directions for the Shift
- Recommendations
- Limitations
- Conclusion & Next Steps

What is Public Health 3.0?

Over the last few centuries, public health efforts have contributed to significant increases in health, wellbeing and life expectancy for Americans (De Salvo, et al, 2017; NAACHO, 2016).



Public Health 1.0:

- Vaccines and sanitation

Public Health 2.0:

- “Assessment, policy development, and assurance”
- Services for uninsured, underinsured, and underserved
- Condition specific grants/programming

Public Health 3.0:

- Services → Systems
- Governmental public health role as "Chief Health Strategists"
- Building cross-sector partnerships and improving health equity

Why is Public Health 3.0 Important?

Traditional public health service models (condition-specific programming and strict funding requirements) are **limited in their ability** to effectively address complex, modern public health issues across the social determinants.

Public Health 3.0 allows for the examination these histories, conditions, and complexities and provides a framework to **effectively address them at the systemic level.**

Public Health 3.0 Critical Dimensions of Enhanced Public Health Practice



Strong Leadership and Workforce



Strategic Partnerships



Flexible and Sustainable Funding



Timely and Locally Relevant Data, Metrics, and Analytics



Foundational Infrastructure

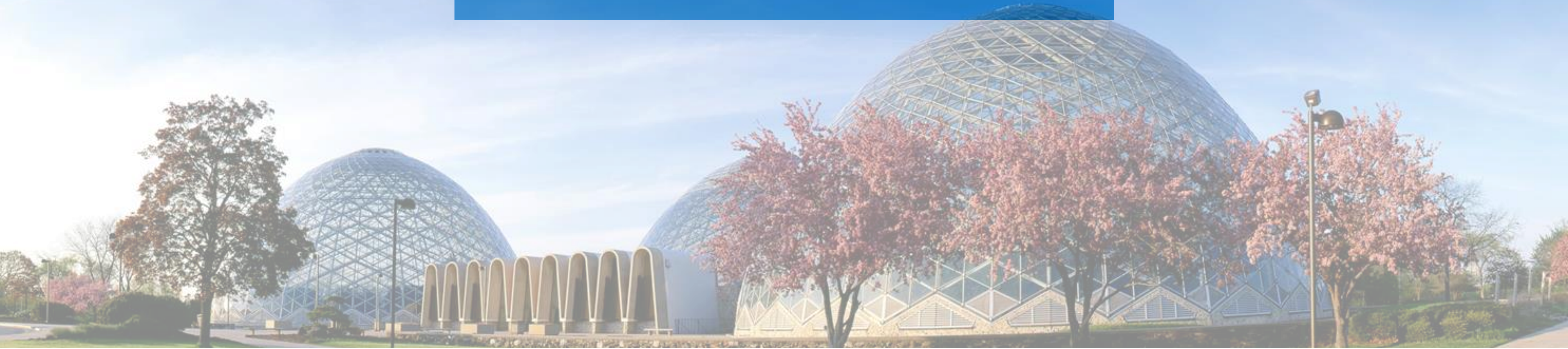
(Big Cities Health Inventory, n.d.)

Purpose of the Report

The Public Health 3.0 model helps MHD examine its existing community-facing programs to understand how they currently are meeting the modern-day needs of the community.

The report will help MHD understand:

- Initial understanding of where service gaps exist in programming
- Identify emerging needs
- Determine strategic areas for future collaboration within the community.
- Produce evidence-informed recommendations that will form the department's initial approach towards a Public Health 3.0



Methodology

A mixed methods approach was utilized for the analysis, all sorted by program as applicable

- **Quantitative data sources:**

- Population health indicators from public databases
 - Big Cities Health Coalition
 - Milwaukee Health Compass)
- Program background and participant demographics
 - Community Health Assessment
 - Community Health Improvement Plan
 - 2023 Annual Report
 - 2022 Civil Rights Compliance Plan
- Current key performance indicators (KPIs) and programmatic goals
 - MHD's Data and Evaluation team

- **Qualitative data collection included:**

- Excerpts from the 2023 Annual Report
- Staff focus group narratives
- Community partner feedback from the 2022 Clinical Operation's Assessment
- Written feedback from program managers was collected from the 2022 Civil Rights Compliance Plan
- Environmental scans for each program
 - Data was sourced from the Impact 211 website/phone calls

Program Data and Findings

Included analysis of 12 internal client-facing programs

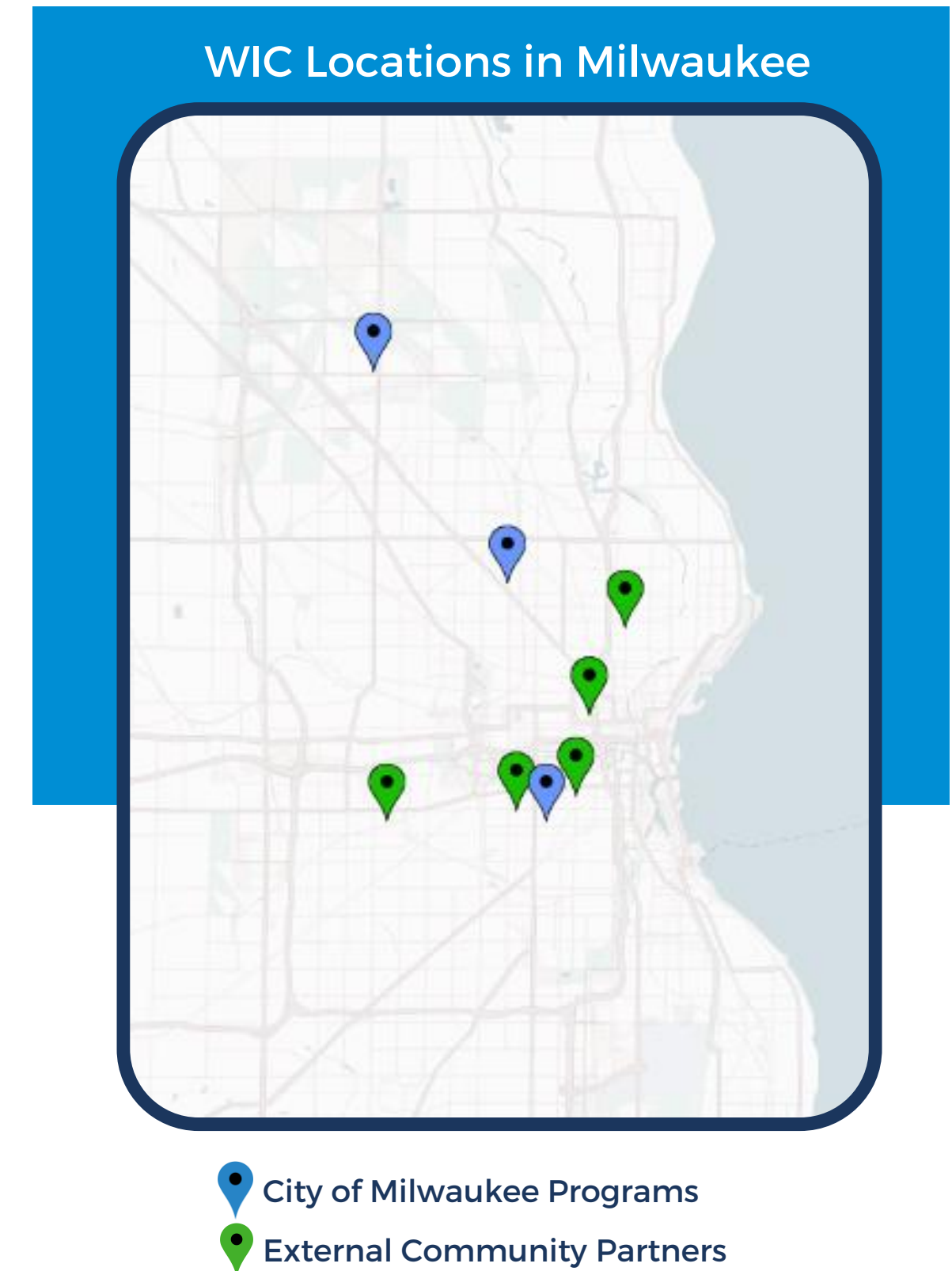
- *Women, Infants and Children (WIC)*
- *Empowering Families of Milwaukee (EFM)/Direct Assistance for Dads (DAD) Project*
- *Strong Baby/Cribs for Kids Programs*
- *Birth Outcomes Made Better (BOMB) Doula Program*
- *Sexual and Reproductive Health Program*
- *Home Environmental Health*
- *Community Health Access Program (CHAP)*
- *Communicable Disease/Immunizations*
- *Tuberculosis Treatment and Control*
- *Milwaukee Breast and Cervical Cancer Awareness Program*
- *Emergency Preparedness and Response*



Program Data and Findings

Each program analysis consisted of:

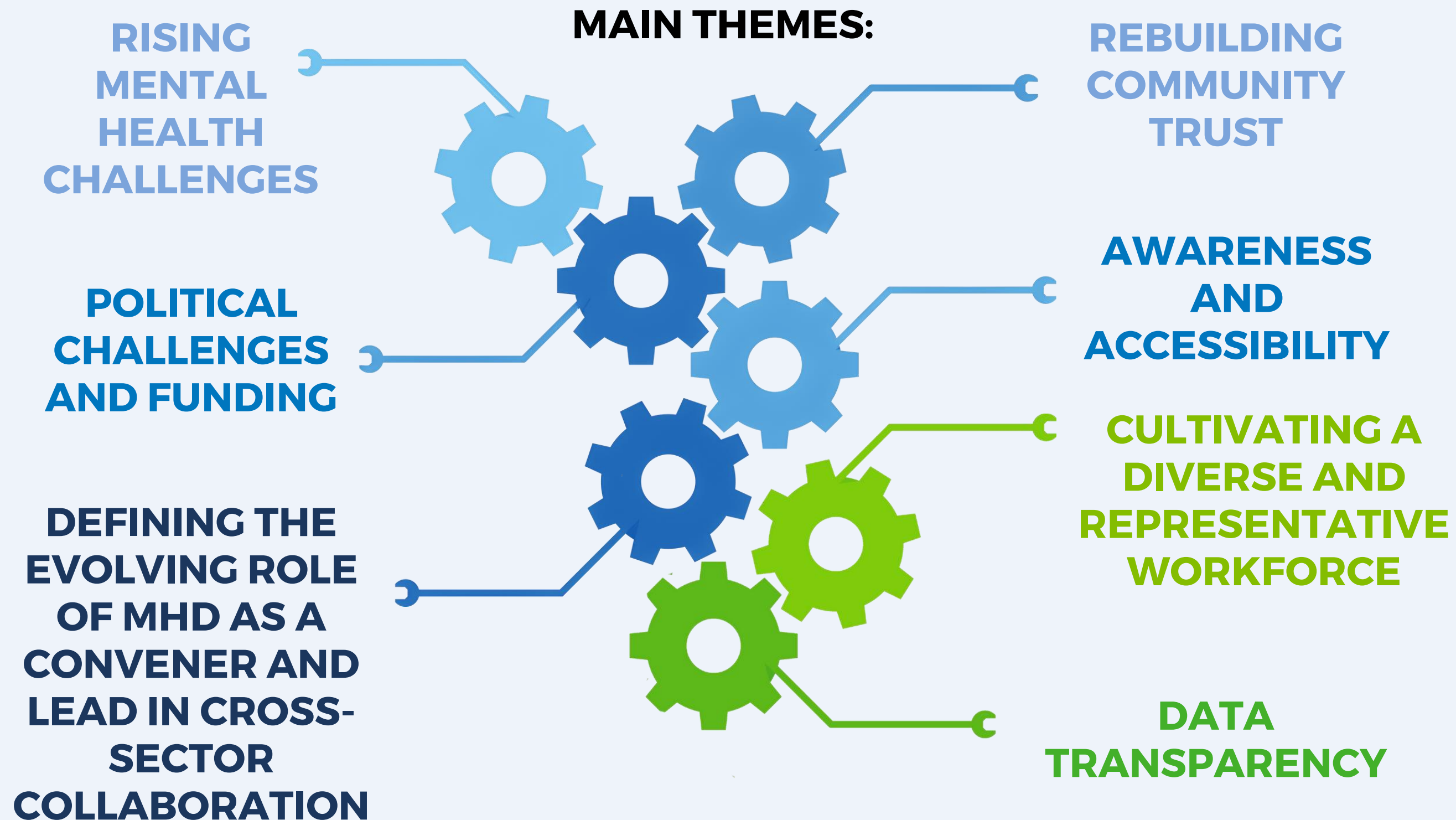
- **Program Overview**
 - Describing what the program does and who it serves
- **Environmental Scan**
 - A map of existing programs that provide similar programs in the community
- **Program-Related Health Outcomes**
 - Public health outcome data that relates to the program's scope of services
- **Program Demographics and Data**
 - Describing who is served in the program and other pertinent data related to the program's current services and operations
- **Voices and Vision**
 - Qualitative data from voices internally and externally and their vision for the program's future



Qualitative Non-Programmatic Thematic Analysis

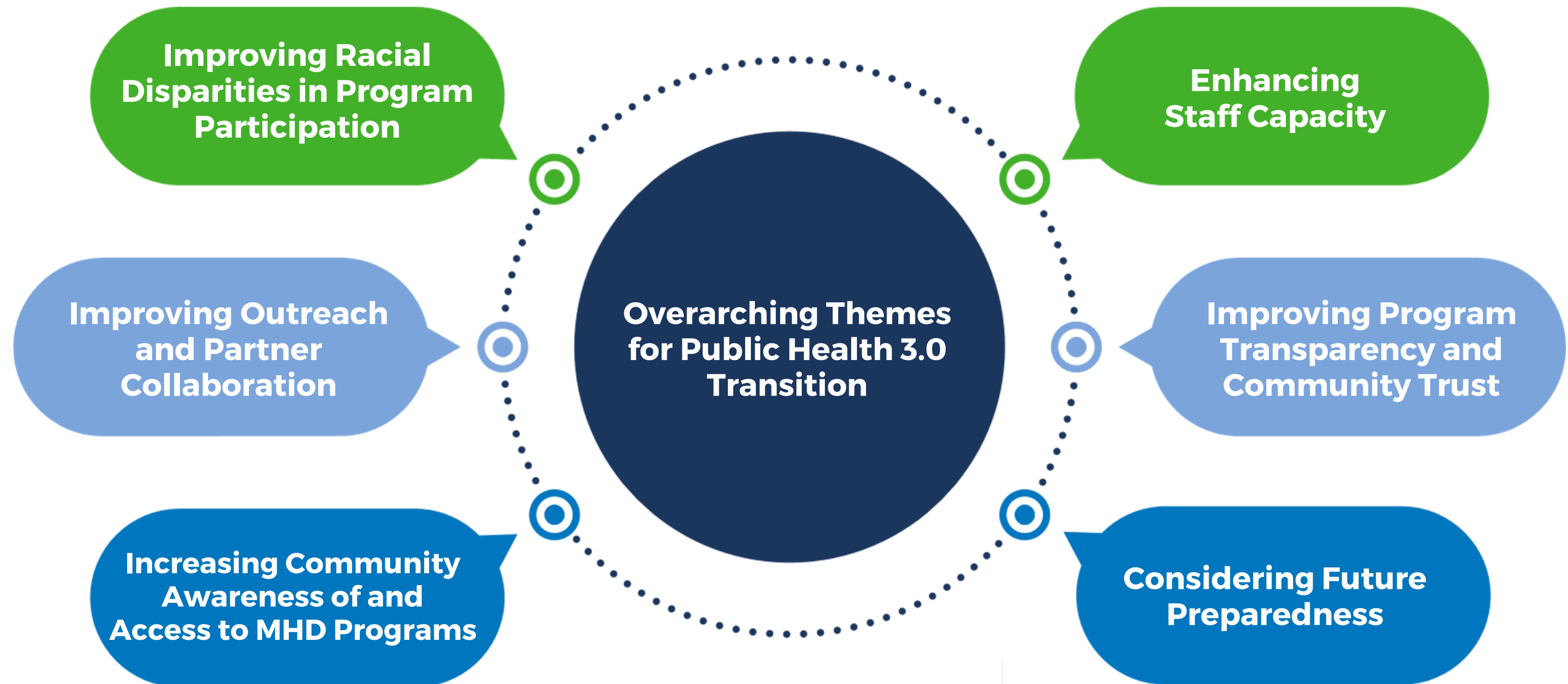
The following analysis discusses the themes found in the qualitative data from:

- Previously conducted focus groups of community partners (n=2),
- Key stakeholder interviews with the city's Board of Health (BOH) members (n=5)

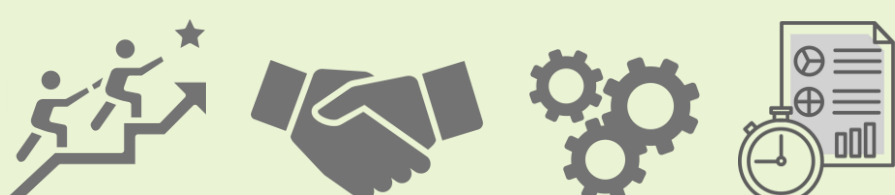
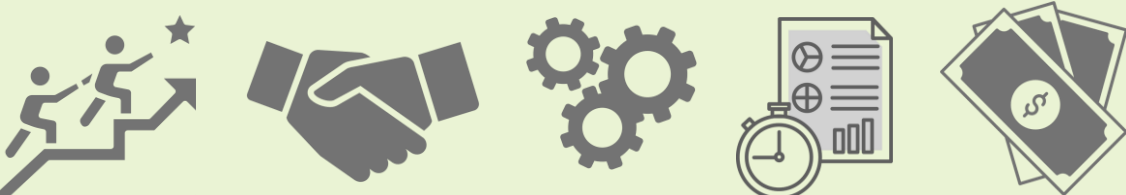


Discussion: Directions for the Shift

Through synthesis of the internal and external qualitative and quantitative data, this section includes recurring themes across programs and the organization as a whole. The overarching themes are included below.



Recommendations

Recommendation	Public Health 3.0 Critical Dimension Alignment:
Grow Faith-Based Community Collaborations	
Continue to Grow a Diverse and Representative Workforce	
Improve Communication and Address Misinformation	
Integrate Community-Based Participatory Research	
Support Evolution of Staff Roles	

Limitations

- **Convenience sampling** was used to gather data, significantly limiting the range and scope of the data.
 - The **qualitative data included mostly secondary**.
 - There were only five additional primary interviews of community members conducted for this project.
 - A wider perspective of the department, its gaps, and potential needs would likely have been more comprehensive with more interview participants.
 - Smaller sample sizes significantly increase the likelihood of bias within data, creating overrepresentation and/or underrepresentation of certain views
- Some of the **data was not able to be stratified by certain demographics**, and thus, may not have provided an entirely accurate picture of the program's impact, strengths and gaps, especially as it relates to racial disparities.
- **Completing the project over the end-of-year holidays**, presenting scheduling conflicts for some of the interviews the project had intended to include but were ultimately not able to be completed.

Conclusion

- The Public Health 3.0 model **supports the City of Milwaukee Health Department (MHD) in its vision** to help all Milwaukeeans to live their best life (City of Milwaukee, n.d.) through systems level change
- **Setting precedent and foundation** for subsequent steps, these five recommendations serve as a catalyst **for lasting, sustainable change to improve health outcomes and eliminate disparities**

Next Steps

- **Further analysis** in order to determine how the recommendations can be integrated into existing programs and where opportunities may lie outside of programs and/or with external partners
- **A formal workgroup and/or implementation plan** should be considered to monitor the progress and evolution of these and subsequent recommendations.



“

***If you’ve come to help me you’re
wasting your time. But if you’ve come
because your liberation is bound with
mine, then let us work together.***

”

-Lilia Watson

Indigenous Australian activist, artist, and academic

The transition to a Public Health 3.0 model signifies MHD’s recognition that the health and wellness of each community member is inherently interconnected. Moreover, it reflects the department’s fervent commitment to work together, with the community, to create a path towards a more equitable future for all.

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