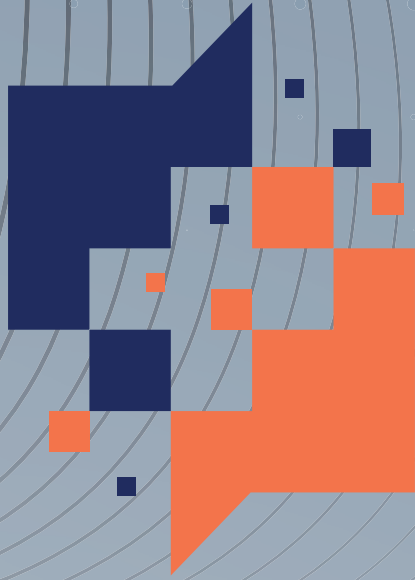


February 2026



# Creating and Communicating a Winning Value Proposition for Public Health

A Toolkit



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# Creating and Communicating a Winning Value Proposition for Public Health

## A Toolkit

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### Author

**Kevin A. Kovach, Dr.P.H., M.Sc.**

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### **Support for Foundational Public Health Services & Public Health Accreditation Board Standards and Measures**

This toolkit supports health departments in their pursuit of Foundational Public Health Services, specifically Accountability and Performance Management. Additionally, this work supports Public Health Accreditation Board (PHAB) Accreditation Standards and Measures Domain 10: Build and maintain a strong organizational infrastructure for public health, including:

- Standard 10.1: Employ strategic planning skills
- Standard 10.2: Manage financial, information management, and human resources effectively
- Standard 10.3: Foster accountability and transparency within the organizational infrastructure to support ethical practice, decision-making, and governance

February 2026

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### Fictional Scenario for Educational Purpose

The scenarios, stories and data included in this toolkit, including the character Larissa Peña and the Heartland Regional Health Department, is fictional and created solely for illustrative purposes. Any resemblance to real persons, organizations or events is purely coincidental and data should not be cited as factual.

# Helping Others See the Value of Public Health

#### **Imagine this scenario:**

*Larissa Peña is public health director for the Heartland Regional Health Department, a regional health department serving approximately 150,000 people. As she walks through her agency's building, she sees children waiting to receive early childhood immunizations before the school year begins and expectant mothers attending a prenatal clinic. Moving from the patient waiting area to the staff offices, she observes nurses counseling families on how to protect themselves after exposure to measles and other deadly infectious diseases. Nearby, epidemiologists and health educators are collaborating on the agency's upcoming community health assessment and improvement plan, which will help develop a shared vision for health in their jurisdiction.*

*As Larissa returns to her office, she's filled with a sense of pride, seeing firsthand the impact her agency has on the community. She knows her agency's work prevents disease and saves lives. Yet, beneath that pride, a hint of anxiety*

*creeps in about the persistent challenges that remain unmet. She has ideas for addressing these needs, but securing the support and buy-in necessary to sustain even their current work has been a struggle. Sitting at her desk, she thinks, "If only I could help others see the value I see – and the greater value we could provide."*

*Larissa's story may feel familiar to many public health leaders. Today's public health landscape is fraught with complex, deep-rooted challenges – declining life expectancy, entrenched health disparities, an escalating chronic disease epidemic and a resurgence of infectious diseases, such as measles, once thought to be under control.<sup>1-4</sup> The need for a strong, resilient public health system has never been more urgent. Yet leaders must also navigate chronic underfunding, weakened public trust and an increasingly divisive political climate. To meet this moment, public health leaders must bridge these gaps by creating and communicating a winning value proposition for their organizations – and for the entire public health system.*

This toolkit is designed to help public health leaders like you build a bridge – from knowing the impact of your work to helping others see, feel and invest in it. Inside, you'll find:

- A practical definition of public health value tailored for real-world use
- A strategic framework to create, capture and communicate value
- Interactive tools to map your programs against stakeholder priorities

- Storytelling examples of how one fictional leader – Larissa Peña – transformed her department's communication strategy and built long-term support for public health programs

Whether you're drafting a grant, briefing your county commissioners or motivating your team, this toolkit gives you the language, strategy and confidence to show why public health is not just important – but valuable.



# Constructing an Operational Definition of Value for Public Health

**Creating a value proposition** is not simply about articulating why a health department believes its work is important. It is about designing programs, policies and strategies that produce outcomes stakeholders recognize as meaningful.

In everyday use, “value” simply means how worthwhile or important something feels.<sup>5</sup> In public health, the word appears everywhere — yet most studies still define it through financial metrics such as cost-effectiveness or return on investment (ROI). While these are useful, they capture only part of what makes public health valuable.

Public health discussions about value often stop at dollars — cost-effectiveness, ROI or savings to the health care system.<sup>6-8</sup> These metrics matter, but they don’t capture the full picture of how health departments contribute to community well-being or organizational strength. Leaders also need a practical, strategic way to define and communicate value beyond money.<sup>9</sup>

To fill that gap, this toolkit offers an operational definition of value that public-health leaders can actually use in planning and communication — one that treats value as both impact for others and support for the agency that makes the impact possible.

## Unpacking the Term “Value”

To create and communicate a compelling value proposition for public health, leaders first need a clear and actionable understanding of what “value” means in this context. While the term may seem self-evident, it is viewed through many different lenses — economic, political, managerial and more — and few definitions are tailored to the realities of public health practice.

Economists describe “value” as the satisfaction derived from possessing a good,<sup>10</sup> while marketers often frame it as the trade-off between what one gives and what one gets.<sup>11</sup> Management theorists and systems designers emphasize the role of function, context and perceived marginal benefit.<sup>10</sup> Consumer research adds further nuance, identifying “value” as a multi-dimensional construct shaped by functional, emotional, social and economic considerations.<sup>12-14</sup>

Each of these perspectives captures important dimensions of value, but none fully encompasses the concept in a way that supports effective public health management and leadership. In practice, public health leaders must navigate a complex environment in which value is judged differently by stakeholders — from elected officials to community residents — and often in the absence of direct market signals.

To make the idea of a “value proposition” concrete, it helps to look at what drives people’s judgment of value. Frode Drevland and colleagues<sup>15</sup> describe several guiding principles that can be adapted for public-health practice:

- 1. Value is judged, not inherent.** What something is “worth” depends on who is assessing it.<sup>15</sup>
- 2. Value is based on people’s own values and priorities.** Different stakeholders may weigh value differently and this may conflict across groups.<sup>15</sup>

### 3. Information shapes how value is perceived.

Knowledge and understanding about a public health service can lead to a more informed and potentially higher valuation.

4. **Define the offer.** People cannot judge value if they do not understand the service being provided.<sup>15</sup>

5. **Value is comparative.** It is assessed against alternatives, including doing nothing or keeping the status quo.

6. **Value is a give versus get trade-off.** Stakeholders balance expected benefits against potential costs or sacrifices.<sup>11</sup>

7. **Value lives in the experience.** Worth is realized in users' interactions with the service, not in the service "by itself."<sup>12</sup>

8. **Value can change over time.** New contexts or information can shift how stakeholders perceive the value of a service.<sup>13</sup>

9. **Value is dynamic.** It changes as circumstances evolve or new information emerges.<sup>13</sup>

Through effective communication, framing and user experience, providers can shape stakeholders' perception of value.<sup>14</sup>

Taken together, these tenets offer a more actionable understanding of the value of public health, one that recognizes its subjective, contextual and evolving nature. They also align with insights from consumer value theory, which stresses that value is not singular or fixed, but experienced across multiple dimensions — including emotional reassurance, social standing, quality of service and efficiency.<sup>12,14</sup>

## Value Creation vs. Value Capture

Most frameworks for public health value emphasize the benefit to individuals, communities or systems. However, to sustain this value, organizations need to be able to convert this value into gains that build organizational capacity. This distinction is especially important for public health leaders, who often are

driven by the imperative to help as many people as possible. If benefits only flow outward with no return, agencies can end up stretched thin, under-resourced and overlooked — even when results are strong.

“Value creation” refers to generating outcomes that didn't previously exist, such as fewer preventable deaths, healthier communities and improved access to care. “Value capture,” by contrast, refers to the ability to translate some of that benefit into concrete support for the organization — support that can be reinvested to sustain and scale public health work.<sup>16,17</sup>

In business, “value capture” often means profit. But in public health, it takes a different form:

- **Funding:** Increased allocations or grants tied to demonstrated impact
- **Partnerships:** Collaborations that amplify capacity and influence
- **Public Support:** Trust, legitimacy and visibility that shape reputation
- **Policy Impact:** Political capital that supports favorable infrastructure and decisions

Each of these is a form of value that can be brought back into the health department to sustain its ability to serve.

Capturing value in public health is not about maximizing gain — it's about creating a feedback loop. As Joshua Gans and Michael D. Ryall argue, organizations exist within a web of stakeholder alternatives.<sup>18</sup> The ability to capture value is bounded: health departments can only secure what others perceive as attributable to them and not more than what those stakeholders might gain elsewhere. This reinforces the need to actively communicate and frame impact, ensuring that the department — not its downstream partners — gets recognized as the source of benefit.

Without such mechanisms, public health value can leak or slip away.<sup>17</sup> Other entities may receive credit, resources or influence that rightfully stemmed from public health work. Worse, the gains may remain invisible altogether. When this happens, public health agencies may be asked to do more

with less, rewarded for unrecognized success with flat or shrinking support. Over time, even highly effective programs may become unsustainable if the organization cannot bring value back in.

Building on this, a new dimension can be added to the operational definition of value in public health:

- **Value must be captured and reinvested.** To sustain value creation over time, public health organizations must capture support — financial, political or relational — that can be reinvested in their infrastructure, workforce and capacity.

Together, this dimension helps clarify that value in public health is not just about impact. It is also about building a system that can persist and grow.

## Private Value vs. Public Value

In the private sector, value is typically measured through financial returns and customer satisfaction. Companies succeed when they offer products or services that people are willing to pay for, and they capture value through profit.<sup>14</sup> This creates strong incentives to meet customer needs and demonstrate competitive advantage.<sup>19</sup> In this model, value creation and value capture are closely linked: customer demand drives both.

Public health operates differently. In the public sector, the “customers” are residents and communities, and the primary goal is not profit, but the advancement of the common good, in the form of outcomes such as improved population health, reduced disparities and safer, more equitable communities. Nevertheless, public organizations must still create value to secure the legitimacy, resources and support necessary to sustain their operations.

Mark Moore argues that public managers create value when they use public resources to produce results that are recognized by society (or some sectors of it) as desirable.<sup>20,21</sup> This value isn’t measured by profit but by improvements in collective well-being. To sustain their work, public health organizations must demonstrate that these outcomes align with what the public desires and merit continued investment.

Timo Meynhardt expands this idea by emphasizing that public value is rooted in the psychological experience of citizens and society.<sup>22</sup> He argues that

public value creation occurs when organizations address basic human needs and strengthen the social fabric. This perspective highlights a critical distinction: while private value often focuses on individual utility, public value must reflect pluralistic, often conflicting expectations within society.

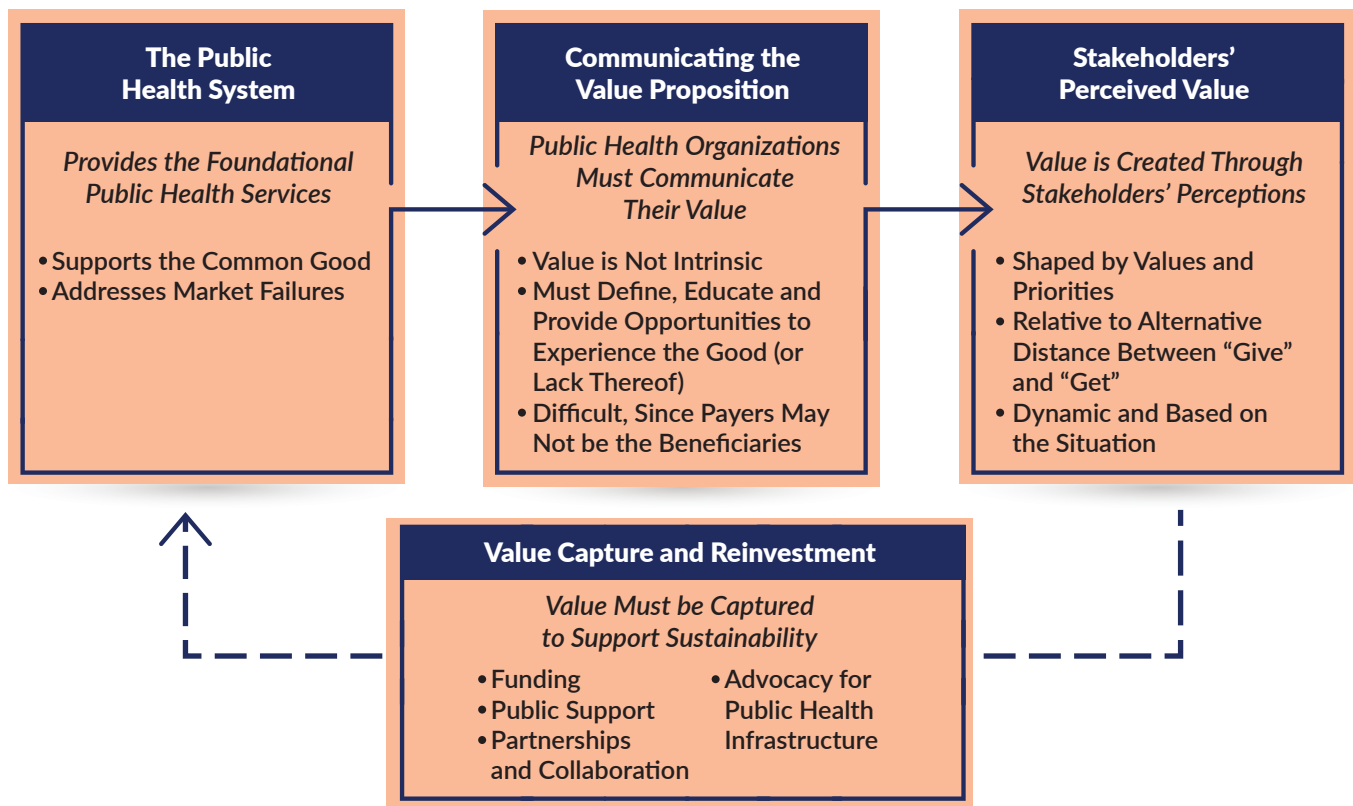
A further complexity is the decoupling of payer and beneficiary.<sup>20</sup> In private markets, the person who pays for a good typically consumes it. In public health, that is rarely the case.<sup>23</sup> A local health department may offer free prenatal care to an expectant mother, funded through taxes paid by others. A vaccination campaign may prevent a disease outbreak that benefits the whole community — many of whom may never interact directly with the health department. This makes the value created harder to observe and attribute, increasing the importance of deliberate communication and stakeholder engagement.

Public health also plays a critical role in **correcting market failures**. Many public health services — like disease prevention, sanitation and outbreak response — are public goods that the private market has no incentive to provide. Others generate long-term benefits that aren’t easily monetized, or that disproportionately support marginalized communities. By providing these services, public health organizations create value that the private sector cannot or will not deliver on its own.

Additions to the operational definition of value:

- **“Value” in the public sector supports the common good but must be justified to and supported by key stakeholders.** Public organizations must demonstrate that the value they produce aligns with shared societal goals and merits continued investment.
- **Value is often decoupled from payment, making it harder to observe and attribute.** Beneficiaries may not be payers, requiring deliberate communication to demonstrate impact and build support.
- **“Public value” includes addressing market failures and producing outcomes the private sector neglects.** Public health can create value not just by filling service gaps, but by promoting evidence-based practice, prevention, equity and community resilience.

Figure 1: Sustainable Value Creation in Public Health



Source: Kovach, KA. Towards a Conceptual Framework for Creating and Sustaining Public Health Value. *Journal of Public Health Management & Practice*; Nov. 24, 2025.

## An Operational Definition of Value for Public Health

The preceding sections introduced a comprehensive, operational definition of “value” tailored to the realities of governmental public health. Drawing from diverse literatures, including economics, marketing, public administration and systems leadership, this definition reflects the complex environments in which public health work is carried out and evaluated. Yet defining “value” is only the first step. To make it useful, leaders must understand how value is produced, perceived and sustained within the system they steward.

The accompanying model, Sustainable Value Creation in Public Health (*Figure 1*), illustrates how value flows through the public health system and is ultimately judged and reinforced — or overlooked and underfunded — based on stakeholder perception.<sup>24</sup> It operationalizes the definition by organizing the process into four interconnected components:

### 1. The Public Health System

Value creation begins with the delivery of the Foundational Public Health Services (FPHS), the essential capabilities that protect communities, prevent disease and promote health equity. These services address market failures, respond to collective needs and support the common good. However, the value of these services is not automatic or intrinsic.

### 2. Communicating the Value Proposition

Public health organizations must make the value of their work visible and relevant to stakeholders. Value must be defined, framed and communicated in ways that align with stakeholder priorities and allow them to understand and experience what is being offered. This is especially important in public health, where beneficiaries may not be the payers, and where the absence of disease or disaster can render success invisible. Communication is not an afterthought — it is a core part of value creation.

### 3. Stakeholder's Perceived Value

Value is ultimately created through stakeholder perception. It is shaped by personal and organizational priorities, judged relative to alternatives, evaluated based on perceived trade-offs, and influenced by the specific social and political context. This reinforces the idea that value is dynamic, not fixed, and that public health must be responsive and adaptive in how it engages with its authorizing environment.

### 4. Value Capture and Reinvestment

To sustain their work, public health organizations must capture a portion of the value they create — whether through funding, public support, policy backing or partnerships — and reinvest it into the

system. Without mechanisms for capturing and recycling value, even high-impact services may become unsustainable. In this sense, value creation is not linear but cyclical: it requires feedback, legitimacy and continued investment.

This model provides a practical framework for public health leaders seeking to strengthen their agency's strategic position. It transforms an abstract concept into a usable roadmap, showing that value in public health is not just something delivered, it is something constructed, communicated and continuously earned. By operationalizing value in this way, public health organizations can more effectively advocate for resources, build public trust and position their work as vital to the health and resilience of the communities they serve.



## Key Takeaways

- **Value in public health is not inherent but constructed.** It is shaped by stakeholders' judgments, knowledge and experiences, and by comparing alternatives.
- **Creating value is not enough; it also must be captured** through legitimacy, support and resources to sustain and scale impact.
- **Public health value is complex and often difficult to observe.** Because it benefits communities broadly — and those who fund services are not always the direct recipients — public health leaders must actively demonstrate value to key stakeholders.
- **Public health leaders can shape how stakeholders perceive value** through clear communication tailored to each stakeholder's priorities, strategic framing and engagement — strengthening support for their work.
- **A clear, actionable definition of value equips public health leaders** to communicate their impact, build support and advocate effectively in a challenging environment.



## Interactive Tool

The interactive tool on the next page will help you reflect on how you can communicate the value of a specific public health program using the operational definition of “value” in public health.

# Reflection: Using the Operational Definition of Value for Public Health

### Purpose of the Tool

This tool is designed to help you apply the operational definition of “value” in public health to strengthen communication and stakeholder engagement for a specific public health service or program.

### Instructions

- **Review the example table on the next page:** It illustrates how each dimension of the operational definition can inform communication and engagement strategies for a hypothetical public health program.
- **Reflect on your own program:** On a separate sheet or whiteboard, reflect individually or with your team on how you might use the operational definition to communicate the value of a selected public health service or initiative.
- **Record your insights:**
  - If working individually, jot down your reflections on paper.
  - If working as a team, capture group responses on a whiteboard or shared slide.
- **Discuss and apply:** After the reflection, discuss how your organization can more effectively communicate the value of its work to residents, partners and decision-makers.

## SCENARIO



## Applying the Framework: Exploring Value Across Two Public Health Programs

*As public health director for the Heartland Regional Health Department, Larissa Peña is constantly navigating decisions about how to allocate limited resources, demonstrate impact and build long-term support for her agency’s work. Two of her department’s most prominent initiatives – a Community Health Worker (CHW) Program and a Health in All Policies (HiAP) Coalition – are widely supported internally but evaluated very differently by external stakeholders.*

*Larissa knows both initiatives create real value. But in today’s environment, it’s not enough to believe in the importance of these efforts. She must be able to communicate, demonstrate and capture that value in ways that resonate with funders, policymakers and community members.*

*To help her leadership team think this through, Larissa turns to the Sustainable Value Creation in Public Health framework. She uses it to analyze each program across six key dimensions – from stakeholder judgment to sustainability – and to understand not just what these programs do, but how their value is experienced, perceived and supported.*

*The table on the next page shows how Larissa and her team might walk through this exercise, comparing how the CHW Program and the HiAP Coalition reflect different dimensions of value. You can use it as a template for your own programs – adapting the prompts and examples to fit your context.*

## Using the Sustainable Value Creation in Public Health Framework

Dimension	Question	CHW Program Example	HiAP Coalition Example
<b>1. System Context (Framing Layer)</b>	What public need does your program address that the private sector is not addressing, and how does it serve the common good?	Fills gaps in access and equity through culturally appropriate, community-based care.	Addresses structural determinants of health, such as housing and food access – issues often ignored by the market.
<b>2. Stakeholder Judgment</b>	Who decides if the program is valuable, and how do their values, knowledge and priorities shape that decision?	Community members value trust; funders look at return on investment (ROI); public health sees reduced disparities.	Elected officials may value policy wins or economic development; public health leaders prioritize equity outcomes.
<b>3. Clarity and Experience</b>	Can stakeholders clearly understand and directly engage with the program's benefits?	Patients receive direct support; partners observe improved care coordination.	Stakeholders participate in joint planning, see co-created outcomes and use shared data.
<b>4. Comparative Value</b>	What other options do stakeholders compare this program to – and how does yours stand out?	Compared to nurses or case managers, CHWs bring cultural alignment and non-clinical relationship-building.	Compared to siloed programs, HiAP offers systemic alignment and interagency synergy.
<b>5. Cost-Benefit Perception</b>	What benefits do stakeholders gain – and what costs, risks or trade-offs do they weigh?	Time and financial investment from hospitals; trust and engagement from patients.	Requires staff time and cross-sector effort, but yields long-term systems change and policy wins.
<b>6. Communication and Framing</b>	How is the value of the program communicated, and who shapes or delivers the message?	CHWs and providers share impact stories; visuals show improvement in outcomes.	Coalition members, elected leaders and community representatives tell shared stories of progress and co-benefits.
<b>7. Sustainability and Reinvestment</b>	How does your organization secure support (financial, political, relational) to sustain and scale the program?	Medicaid reimbursement, grant funding and partner advocacy sustain CHW roles.	Long-term support through policy integration, agency alignment and dedicated funding lines.

Source: Kovach, KA. *Creating and Communicating a Winning Value Proposition for Public Health*. Kansas Health Institute; 2026.

**A template for your program is on the next page.**

# INTERACTIVE TOOL

## Using the Sustainable Value Creation in Public Health Framework

Dimension	Question	Notes
<b>1. System Context (Framing Layer)</b>	What public need does your program address that the private sector is not addressing, and how does it serve the common good?	
<b>2. Stakeholder Judgment</b>	Who decides if the program is valuable, and how do their values, knowledge and priorities shape that decision?	
<b>3. Clarity and Experience</b>	Can stakeholders clearly understand and directly engage with the program's benefits?	
<b>4. Comparative Value</b>	What other options do stakeholders compare this program to – and how does yours stand out?	
<b>5. Cost-Benefit Perception</b>	What benefits do stakeholders gain – and what costs, risks or trade-offs do they weigh?	
<b>6. Communication and Framing</b>	How is the value of the program communicated, and who shapes or delivers the message?	
<b>7. Sustainability and Reinvestment</b>	How does your organization secure support (financial, political, relational) to sustain and scale the program?	

Source: Kovach, KA. *Creating and Communicating a Winning Value Proposition for Public Health*. Kansas Health Institute; 2026.

# A Strategic Framework for Creating Public Health Value

**Creating public health value requires a delicate balance:** humility to listen, adapt and accept that not every stakeholder will share your vision; and courage to advocate for solutions that you know, based on your expertise, can create meaningful value.

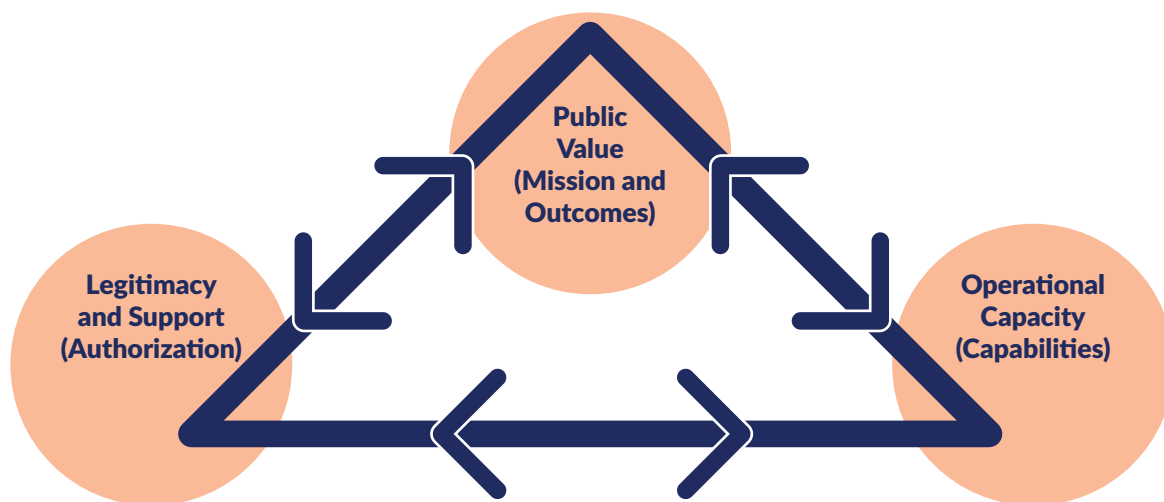
Now that a sustainable model for value creation in public health has been operationalized, as being shaped by stakeholder judgment, experience and context, the next question becomes: How can public health leaders intentionally create that value? Doing so requires more than delivering effective programs — it demands strategic alignment between the work being carried out and the needs, expectations and priorities of key stakeholders. Creating a value proposition is not simply about articulating why a health department believes its work is important. It is about designing programs, policies and strategies that produce outcomes stakeholders recognize as meaningful. This requires entrepreneurial thinking: identifying opportunities, understanding unmet needs and

adapting services to generate benefits that are visible, relevant and sustained.

So, what does it take for public health leaders to act more entrepreneurially? Dr. Mark H. Moore's theory, *Creating Public Value*, provides a framework for thinking about what it takes for leaders in the public sector to be more entrepreneurial and innovative (Figure 2).<sup>20</sup> Moore argues that to achieve success or to create public value, public sector initiatives must meet three criteria:

- 1. Public Value (Mission and Outcomes):** They must be aimed at and succeed in accomplishing something publicly valuable: a clear mission with outcomes that improve society. In other words, the

Figure 2: Moore's Strategic Triangle



Source: Adapted from Moore, MH. *Creating Public Value: Strategic Management in Government*. Harvard University Press; 1995.

initiative should produce results that the public cares about.

## 2. **Legitimacy (Support and Authorization):**

They must attract sufficient support and authorization from the public and key stakeholders. This means building the trust, credibility and political support needed to obtain necessary resources and approval.

## 3. **Operational Capacity (Capabilities):** They must be operationally feasible and sustainable. The organization needs to have, or be able to build, the capabilities needed to provide the services and deliver results.

According to Moore's theory, each aspect is interdependent and necessary. A health department initiative could have an admirable mission, but without community buy-in or funding, it will not succeed. Alternatively, an initiative might have the legal authority and resources needed, but without addressing something the community desires, it will not be recognized as valuable. Strategic public health leaders seek to align these three elements: defining a compelling mission, building broad support and ensuring strong capacity to deliver. Following is an examination of each element and how it contributes to creating value.

**In many ways**, this process is like a marketplace of ideas — your mission and outcomes must offer real value for stakeholders to “buy in.”

## Public Value — Mission and Outcomes

The first element of the strategic triangle is the organization's mission — its core purpose — and the outcomes it aims to achieve. Essentially, the mission defines why the health department or program exists, and the outcomes articulate what success looks like in concrete, measurable terms. A strong mission/outcomes focus ensures that public health initiatives are grounded in addressing real needs and that progress can be demonstrated.

In a private-sector analogy, mission and outcomes

are like a company's product portfolio — the central value it delivers to customers. For example, public health organizations do not just provide prenatal care or investigate disease outbreaks. They ensure that all babies can have a healthy start in life and that communities are protected from the spread of illness before it becomes a crisis. Public health leaders are not offering a program; they are advancing an outcome that matters to the community.<sup>21</sup>

It is not enough to sell people on services — a health department's mission should be rooted in fundamental public health principles (prevent disease, promote health and protect the community) while also reflecting current and emerging health priorities. It often aligns with broad goals like improving health equity, addressing basic health needs and upholding human dignity. But to operationalize the mission, it must be linked to specific outcomes. If your mission is to “reduce childhood obesity,” then clear outcomes might include percentage reductions in childhood obesity rates, improvements in child nutrition and physical activity levels, and declines in related health conditions over time. These outcomes shift the focus from what the department is doing (activities) to what it is achieving (impact).

However, public value is not created through improved health outcomes alone. Public health agencies generate value in multiple ways — through their strategic role in government, their production of essential public goods, their cost-effectiveness and their ability to align with and support diverse stakeholder priorities. Understanding these different viewpoints allows public health leaders to communicate value more effectively and to broaden the case for investment in their work.

Different perspectives for understanding how public health creates value are listed below.

- **The Strategic Viewpoint — Public Health Serves a Unique Role**

Health departments, as public agencies, fulfill roles that other sectors cannot. Guided by the Core Public Health Functions and the Foundational Public Health Services,<sup>25,26</sup> they enforce health laws, monitor population health, coordinate emergency responses and provide care where private systems fall short. Michael Porter, of Harvard Business School, emphasizes that occupying a unique strategic

# Ways Public Health Can Create Value

Public health departments add value in two complementary ways — by delivering services that people can see and touch and by maintaining the often-invisible systems that keep everyone safe every day. Both levels of work matter, and both deserve space in any value proposition narrative.

The matrix below helps map those contributions. The columns separate the tangible, program-level offerings (Direct Public Health Services) from the broader, system-level guarantees (Public Health Assurances). The rows show who benefits — an individual resident or the community as a whole. Fill in — or adapt — the examples with your own local data and stories, then point stakeholders to the full picture, not just the part they already know.

	Direct Public Health Services (Programs you deliver)	Public Health Assurances (Conditions you support)
Individual value “Me and my family”	<ul style="list-style-type: none"> <li>• Vaccinations and screenings</li> <li>• Chronic disease screening</li> </ul>	<ul style="list-style-type: none"> <li>• Safe food and drinking water</li> <li>• Walkable, healthy spaces</li> </ul>
Collective value “Our whole community”	<ul style="list-style-type: none"> <li>• Community-wide outbreak control</li> <li>• Lead hazard removal</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency preparedness and response</li> <li>• Fair, evidence-based health policies</li> </ul>

position is a source of organizational advantage — differentiating public health as an essential system actor.<sup>27</sup>

- **The Economic Viewpoint — Public Health Produces Public Goods**

Public health departments deliver public goods — services that benefit all members of a community, regardless of individual payment or participation.<sup>23</sup> These include infectious disease control, environmental health protections, community health assessments and policy development. Because these services lack a profit motive and often are not viable for the private sector to deliver, they represent a core function of government. From clean water to immunization programs, these goods support well-being, reduce economic burdens and strengthen overall system resilience.

- **The Cost Viewpoint — Public Health Interventions Are Cost-Effective**

Many public health interventions address root causes of disease and inequity, offering long-term solutions at lower cost than downstream medical care.<sup>28</sup> Prevention strategies not only reduce suffering but also save money — many have been shown to produce a net return

on investment.<sup>29</sup> The Community Preventive Services Task Force and other evidence-review bodies provide robust analyses demonstrating both the effectiveness and cost-effectiveness of public health programs.<sup>30</sup>

- **The Stakeholder Viewpoint — Public Health Builds Strategic Partnerships**

Value also can be created by aligning with the needs and priorities of specific stakeholders. Health departments generate support and legitimacy by tailoring initiatives to resonate with elected officials, community partners, health care systems and residents. For example, a department that supports a policymaker’s education or economic goals — or that co-develops solutions with community organizations — builds credibility and long-term alliances that amplify public health impact.<sup>31</sup>

Defining a compelling mission and achieving meaningful outcomes are essential, but it’s not enough. To sustain public value, health departments also must earn the trust, support and authorization of key stakeholders. The next section explores the role of legitimacy and support in making public health initiatives both viable and enduring.

# Legitimacy and Support — Authorization

The second element of Moore’s framework is legitimacy and support — the trust, endorsement and authorization a public health agency receives from its stakeholders.<sup>20</sup> This includes not only formal authority granted by legislation or policy but also the informal license to operate that comes from the community’s confidence and buy-in. Even the best-designed programs may falter without sufficient support from elected officials, community leaders, partner organizations and the public at large.

In a private-sector analogy, legitimacy and support are like a company’s brand reputation and customer loyalty, the trust and credibility that sustain the organization through challenges. Just as a business with a loyal customer base can survive market disruptions and launch bold new products, a health department with strong political backing and community trust is better positioned to secure funding, manage controversy and pursue ambitious public health goals.

Legitimacy is rooted in trust and credibility. Public health agencies earn legitimacy by demonstrating technical expertise, operating with integrity, and aligning their actions with community values. Transparency is key. For example, during a water contamination crisis, a health department reinforces its legitimacy not just by responding quickly, but by communicating openly and taking responsibility for its role in the crisis. Over time, consistent accountability builds a health department’s reputation as a trustworthy steward of public health.

Support is built through engagement and alignment. Public health leaders must involve stakeholders meaningfully in planning and decision-making. Tools like community forums, advisory boards and co-designed programs signal respect for stakeholder voices.<sup>32</sup> For instance, a maternal health program shaped by mothers in the community is more likely to generate enthusiasm and long-term buy-in — not just for that program, but for the agency more broadly.

Values shape stakeholder support. People are more likely to support initiatives that reflect what they care about. An elected official focused on fiscal responsibility may be persuaded to back a public

health proposal when it’s framed in terms of cost savings.<sup>22</sup> A community advocate may respond more strongly to equity-focused arguments. Understanding the diverse values of your various stakeholders allows you to tailor your communications and increase alignment. See *Figure 3*, page 15, for more on values that can shape support for public health initiatives.

To assess legitimacy and support, public health leaders can reflect on key questions:

- Do stakeholders trust our ability to deliver on our mission?
- Have we demonstrated transparency and accountability?
- Are we actively engaging stakeholders and incorporating their input?
- Is our work aligned with the values and priorities of our community?

Legitimacy and support form the social and political foundation for action. Like brand equity in the private sector, they enable agencies to innovate, take risks and lead. They also intersect closely with communication strategy — how a health department shares its story, owns its challenges and celebrates its successes deeply influences how legitimate and supported it is. The next section will explore how operational capacity translates mission and support into action.

## Values That Can Shape People’s Support for Public Health Initiatives

Values are fundamental principles that motivate people’s attitudes, behaviors and decisions. They are deeply held, emotionally charged and often operate at a subconscious level. While individuals may not always articulate their values explicitly, these principles guide how they evaluate actions, policies and organizational goals. For public health leaders, understanding the role of values is essential for building legitimacy and gaining stakeholder support. Different values can drive varying perspectives on public health initiatives, influencing whether stakeholders perceive them as meaningful, fair or necessary.

Social psychologist Shalom Schwartz identified 10 distinct universal values that are shared across cultures and groups.<sup>33</sup> These values provide a helpful framework for understanding how different stakeholders might respond to public health strategies and

communications. By aligning messages and initiatives with these core values, public health leaders can better connect with stakeholders, build trust and foster broad-based support for their mission and goals. Schwartz’s 10 Universal Values are shown below.

**Figure 3: Schwartz’s 10 Universal Values and How They Can Shape Support for Public Health Initiatives**

Value and Definition	Supports Public Health Goals	Detracts From Public Health Goals
<b>Self-Direction:</b> Independence in thought and action; valuing freedom, creativity and exploring new ideas.	Encourages innovation, promotes education campaigns, and supports personal responsibility in health behaviors.	May resist collective measures like mandates, viewing them as infringements on personal freedom.
<b>Stimulation:</b> Seeking excitement, novelty and challenges in life.	Attracts engagement with dynamic initiatives and health innovation.	May favor untested or sensational solutions over proven public health practices.
<b>Hedonism:</b> Pursuing pleasure, enjoyment and personal satisfaction.	Aligns with programs focused on enjoyable lifestyles, like fitness or mental health.	May resist restrictions on behaviors seen as pleasurable, such as smoking.
<b>Achievement:</b> Striving for personal success through demonstrating competence and ambition.	Supports measurable health outcomes and ambitious health targets.	May undervalue long-term, less-visible health goals.
<b>Power:</b> Seeking social status, control or dominance over people and resources.	Can mobilize resources, enforce compliance and advocate for strong policies.	Risks excluding community voices through top-down decision-making.
<b>Security:</b> Prioritizing safety, stability and protection for oneself and others.	Encourages support for preparedness, vaccination and disease surveillance.	May stigmatize groups perceived as threats to safety or resist innovation.
<b>Conformity:</b> Following social norms, rules and expectations to maintain order and harmony.	Promotes adherence to public health guidelines and protocols.	Can discourage critical thinking or delay adopting innovative practices.
<b>Tradition:</b> Respecting cultural or religious customs, beliefs and practices.	Aligns health initiatives with cultural practices and heritage.	May resist modern interventions conflicting with cultural beliefs.
<b>Benevolence:</b> Showing concern for the welfare of others, particularly those in close relationships.	Encourages community care, collective action and equity-focused initiatives.	May prioritize close-knit groups over broader, population-level policies.
<b>Universalism:</b> Valuing justice, equality and the well-being of all people and the planet.	Supports justice, equality and population-level health protections.	May focus on idealistic goals at the expense of practical steps for improvement.

Source: Adapted from Kovach, KA. Towards a Conceptual Framework for Creating and Sustaining Public Health Value. *Journal of Public Health Management & Practice*; Nov. 24, 2025.

# Operational Capacity — Capabilities

The third element of Moore’s framework is operational capacity — the people, systems and structures that enable a health department to deliver on its mission. If mission defines the “what” and support provides the “why,” capacity is the “how.” It includes workforce, infrastructure, information systems, funding and partnerships, the day-to-day machinery that transforms plans into action and services into outcomes.

In private-sector terms, operational capacity is like a company’s supply chain or back-end operations. Without it, even the best ideas can stall. For example, a health department might commit to reducing maternal mortality, but success depends on having trained staff, accessible clinics, reliable data systems, sustainable funding and strong partnerships. Capacity makes implementation possible.

But operational capacity is not just technical — it is also perceptual. Stakeholders and funders often ask: Can this organization deliver? A health department with a reputation for competent execution, financial transparency and strong leadership is more likely to earn support and be trusted with greater responsibility. Conversely, even when internal capacity exists, perceptions of inefficiency or weak management can erode confidence and jeopardize future investment.

This makes the communication of capacity as important as its development. Leaders must share performance data, success stories and evaluations that show their organization is effective, accountable and improving. A well-communicated track record not only builds trust — it strengthens the overall value proposition.

Organizational capacity is also multi-dimensional. As illustrated in *Figure 4* (page 17), it includes both tangible resources and the internal systems that support execution and adaptability. These dimensions include:

- **Fiscal and Economic Resources:** Flexible, reliable funding aligned with strategic priorities
- **Workforce and Human Resources:** A well-trained, well-supported multidisciplinary team

- **Physical Infrastructure:** Facilities, equipment and technology to enable service delivery
- **Inter-Organizational Relations:** Partnerships that extend reach, expertise and legitimacy
- **Informational Resources:** Data and IT systems that support monitoring, evaluation and decision-making
- **System Boundaries and Size:** Scope of responsibility and scale of operations
- **Governance and Decision-Making Structures:** Leadership processes that enable accountability and responsiveness
- **Organizational Culture:** Internal values and norms that promote learning, innovation and adaptability

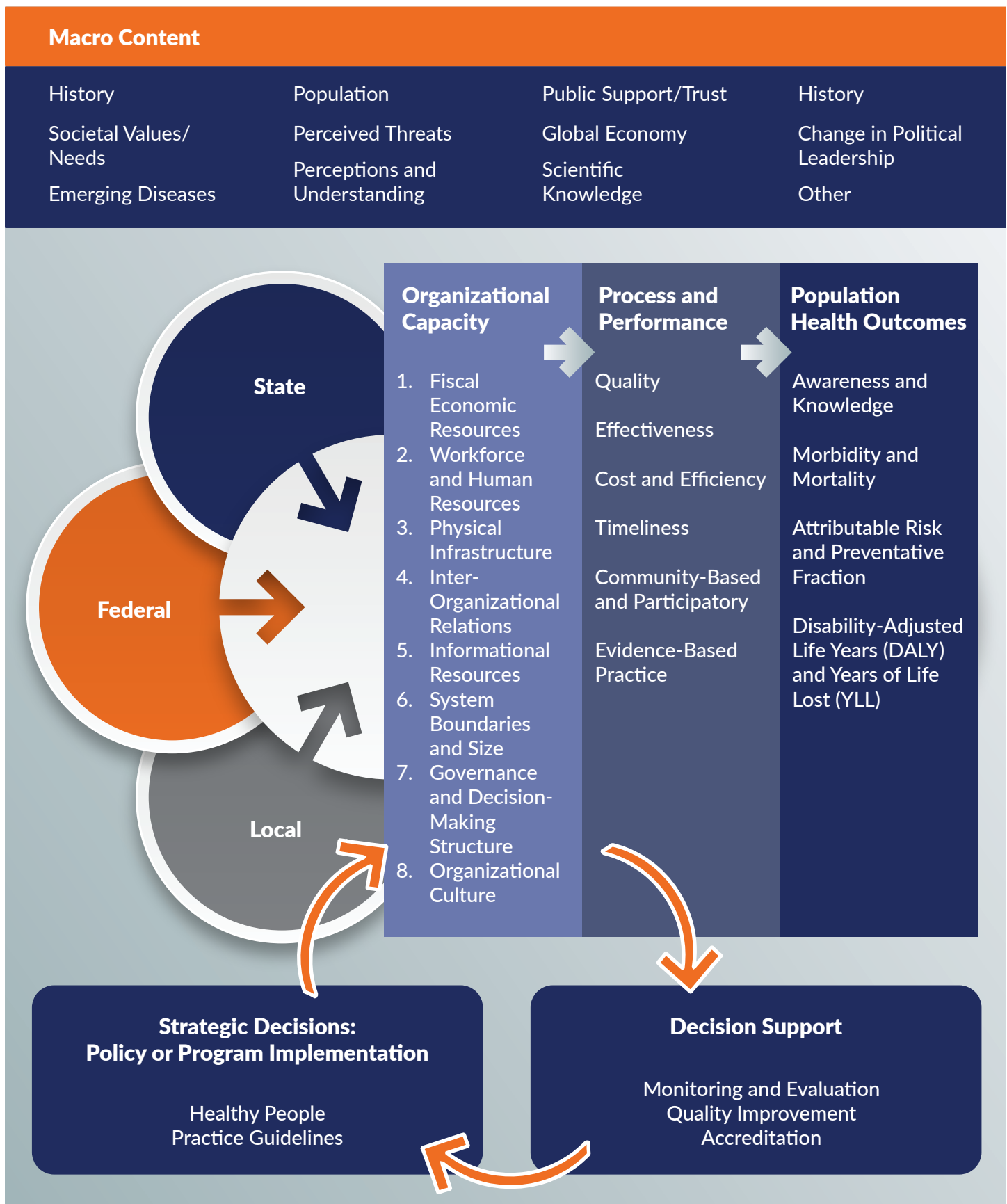
These elements enable public health agencies to deliver services that are timely, evidence-based, cost-effective and centered in community priorities.

To assess and communicate capacity, public health leaders can reflect on questions like:

- Do we have the right people in place — and are we investing in development?
- Are our information systems strong enough to support evidence-based decisions?
- Is our funding aligned with strategic priorities — and are we diversifying sources?
- Do we have trusted partnerships to extend our reach and credibility?
- Are our internal processes efficient, adaptable and trusted by stakeholders?
- Have we built a track record that demonstrates competence and impact?

When health departments align mission, support and capacity, they are well-positioned to create and sustain public value. But even strong value creation can fall short without effective communication. The next section explores how public health leaders can communicate their value proposition in ways that resonate with stakeholders and inspire investment.

Figure 4: Conceptual Framework for Organizational Capacity in Public Health Systems



Source: Adapted from Meyer, AM, Davis, M, & Mays, GP. Defining Organizational Capacity for Public Health Services and Systems Research. Journal of Public Health Management and Practice; 2012.

# Revisiting the Framework for Creating Public Health Value

The **Public Value Toolkit** is available here:  
<https://publicvaluetoolkit.com/>

Understanding how to create value in public health is not just a theoretical exercise, it is a leadership imperative. Moore's Strategic Triangle offers a practical and actionable framework to guide this work. Public health leaders must define outcomes that communities care about, secure the support needed to pursue them, and build the internal and external capacity to deliver results. When these elements are aligned, organizations are

positioned to create, capture and sustain public value. This framework is not a checklist — it's a mindset. It invites leaders to act entrepreneurially, to align strategy with stakeholder priorities, and to build systems that can adapt and improve. The next section turns to the equally critical task of communicating that value — translating outcomes and impact into messages that resonate, persuade and inspire action.



## Key Takeaways

- Creating public health value requires more than running effective programs — it requires strategic alignment between mission, stakeholder support and operational capacity.
- Moore's Strategic Triangle offers a practical framework for value creation in the public sector, emphasizing the importance of mission-driven outcomes, legitimacy and support, and the ability to deliver results.
- Each element of the triangle is necessary and interdependent. Misalignment in even one area can limit a program's impact, credibility or sustainability.
- Public health leaders must think entrepreneurially — actively identifying opportunities to create value, build support and adapt systems to deliver on their goals.
- Aligning these elements strengthens an agency's value proposition and increases its ability to justify investment, demonstrate results and inspire lasting change.



## Interactive Tool

The reflection tool on the next page will help you apply Moore's Strategic Triangle to a specific public health initiative. It will guide you through assessing alignment across the three key elements — mission and outcomes, legitimacy and support, and operational capacity — and identifying opportunities to improve your organization's ability to create and sustain value.

# Reflection: Applying Moore's Framework To Create Public Health Value

### Purpose of the Tool

This tool helps public health leaders assess how well their initiatives align with the three core elements of Moore's Strategic Triangle — mission and outcomes, legitimacy and support, and operational capacity. By reflecting on each element and identifying areas of strength or misalignment, teams can refine their strategies to better create and capture public health value.

### Instructions

- Choose a specific program, initiative or strategic goal within your agency.
  - Review the prompts in each column of the reflection table.
- Jot down your insights individually or with your team.
  - Discuss any gaps, misalignments or next steps to strengthen alignment across the triangle.

### Group Debrief

After completing the table:

- Discuss which area(s) appear strongest.
- Identify misalignments (e.g., strong mission but weak support).
- Consider how improved communication or stakeholder engagement could help close the gaps.

## SCENARIO



## Strategic Alignment in Two Directions: Larissa Puts the Triangle to Work

*As Larissa Peña looks across her department's priorities, she sees two programs that represent very different kinds of public health value: the Community Health Worker (CHW) Program, which provides direct, culturally grounded support to patients; and the Health in All Policies (HiAP) Coalition, a cross-sector initiative aimed at long-term, structural change.*

*Both are vital. Both face pressure. And both require strategic alignment to survive and grow.*

*Larissa turns to Moore's Strategic Triangle to help her leadership team assess how well each initiative aligns with its mission, stakeholder support and operational capacity. She frames the conversation this way:*

*"Our CHW Program has clear outcomes and deep community trust — but we need to shore up our infrastructure and show funders why it's worth sustained investment. The HiAP coalition is visionary and well-supported by partners, but some decision-makers don't yet see its impact or relevance. Are we positioned to deliver value on both fronts?"*

*Using this framework, her team surfaces gaps and strengths for each initiative. They identify next steps: strengthen data systems and training for CHWs; and craft sharper messaging and alignment strategies for the HiAP coalition. The triangle becomes more than a theory — it becomes a tool for managing complexity, making trade-offs and clarifying the path forward.*

# INTERACTIVE TOOL

## Example Use of Moore’s Framework to Support Two Programs

Element	Key Questions	CHW Program Notes	HiAP Coalition Notes
<b>Public Value (Mission and Outcomes)</b>	What is your core mission? What outcomes do you aim to achieve? How do these outcomes reflect stakeholder priorities?	Mission: Improve chronic disease outcomes and care navigation for underserved populations. Outcomes: Reduced emergency room visits, improved patient self-management. Aligns with hospital ROI, patient health goals and equity priorities.	Mission: Align policies across sectors to improve community health and equity. Outcomes: Safer streets, healthier housing, reduced disparities. Outcomes framed around shared wins (e.g., crash reduction, economic development) resonate with mayors and planners.
<b>Legitimacy and Support</b>	Who must authorize, fund or support this work? Do they trust your organization? Are you engaging them meaningfully?	Key supporters: Medicaid, hospitals and community organizations. CHWs are trusted by patients, but policymakers need clearer cost-benefit framing. Success stories and data briefings help build buy-in.	Requires city manager buy-in and engagement from non-health sectors. Trust grows through co-design of initiatives (e.g., transportation + health). Framing HiAP in language of efficiency and shared benefits builds legitimacy.
<b>Operational Capacity</b>	Do you have the systems, staff and infrastructure to deliver this program? Have you demonstrated success before?	Strong team of CHWs but need more supervision and ongoing training. Data systems lag – manual tracking affects reporting. Past success with pilot program helped secure initial funding.	Limited internal staff – coalition depends on in-kind support from partners. Some sectors have strong project management capacity, others need coordination. Early wins (like a shared data dashboard) have built momentum and interest.

Source: Kovach, KA. *Creating and Communicating a Winning Value Proposition for Public Health*. Kansas Health Institute; 2026.

**Now it’s your turn. Use the reflection table on the next page to assess one of your own programs or initiatives. Ask yourself: Is our mission clear? Is our support strong? Can we deliver? And what can we do next to better align all three?**

Program Name: \_\_\_\_\_

Element	Key Questions	Notes
<b>Public Value (Mission and Outcomes)</b>	What is your core mission? What outcomes do you aim to achieve? How do these outcomes reflect stakeholder priorities?	
<b>Legitimacy and Support</b>	Who must authorize, fund or support this work? Do they trust your organization? Are you engaging them meaningfully?	
<b>Operational Capacity</b>	Do you have the systems, staff and infrastructure to deliver this program? Have you demonstrated success before?	

Source: Kovach, KA. *Creating and Communicating a Winning Value Proposition for Public Health*. Kansas Health Institute; 2026.

# Creating Your Value Proposition

**A strong value proposition** is a concise, compelling narrative that clearly explains the benefits your organization delivers and why it deserves support.

A value proposition is a concise, compelling narrative that explains the benefits your organization — whether it be an agency or a subunit of an agency, such as a division, department or program — delivers and why your work merits the support of influential stakeholders. It should be written from the perspective of what your stakeholders need or desire and should be tailored to different types of stakeholders as well as their differing values. It is not simply a list of services; it is a statement of impact and relevance.<sup>34</sup>

A strong value proposition makes it clear why your organization is worth the investment and can be the cornerstone of your communications and branding strategy.<sup>35</sup>

A compelling value proposition is more than a list of services. It is a clear, concise narrative that explains the benefits your organization delivers, why your work matters and why it deserves support. In public health, this means aligning your program's goals with the needs, priorities and values of key stakeholders — from funders and elected officials to community members and partners.

The following seven steps walk you through how to build a value proposition, using examples from a Community Health Worker Program and a Health in All Policies Coalition — each adapted for a local health department serving approximately 150,000 people. Use this seven-step process to craft a value proposition that resonates, persuades and drives action.

## A Step-by-Step Guide for Developing Your Value Proposition

### Step 1: Identify Stakeholders and Competing Values

Ask yourself: *Who is this value proposition for?* A grant maker? A policymaker? A partner organization?

Each audience values different outcomes — some will focus on equity, others on cost savings, innovation or community voice. Tailor your message to what matters most to them.

### Step 2: Define Your Program Clearly and Simply

Start with a plain-language description of what the program is and what it does. Avoid jargon and long lists. Focus on clarity and relevance.

- **Community Health Worker (CHW) Program** — “A Community Health Worker (CHW) Program trains and supports trusted community members to help individuals navigate health and social services, manage chronic conditions and access preventive care.”
- **Health in All Policies (HiAP) Coalition** — “A Health in All Policies (HiAP) Coalition brings together leaders from housing, transportation, education and public health to align policies that address the root causes of health.”

### Step 3: Connect the Program to Stakeholder-Relevant Outcomes

Describe the results your program delivers — and why those outcomes matter to your audience. Use data, stories or goals aligned with their interests.

- **CHW Program** — “In our community, CHWs helped reduce emergency room visits among Medicaid patients by 15 percent and improved hypertension control by 22 percent. These outcomes support hospital performance metrics and promote health equity.”
- **HiAP Coalition** — “Our coalition helped improve housing code enforcement, reducing asthma-related school absences by 25 percent. A ‘complete streets’ initiative led to a 40 percent increase in pedestrian activity and reduced traffic injuries.”

### Step 4: Highlight Lived Experience and Unique Value

Show why this program matters in people’s lives. What makes it different or more effective than other approaches? Use examples that create emotional resonance and credibility.

- **CHW Program** — “Imagine you’re a new mother experiencing a chronic illness, trying to navigate care alone. A CHW who shares your culture and speaks your language helps you access services, manage your condition and feel supported. CHWs fill gaps that traditional providers can’t — because they are part of the community they serve.”
- **HiAP Coalition** — “City planners often want to build healthier communities — but they need the right partners at the table. Our HiAP coalition brings public health, housing and transportation together so policies work better, avoid unintended harm and build long-term well-being across systems.”

### Step 5: Clarify the Investment and Its Return

Be upfront about what the program requires to

succeed — and what stakeholders get in return. Include financial savings, improved outcomes or reduced risk.

- **CHW Program** — “CHW programs require ongoing support for salaries, training and supervision. But every \$1 invested can yield \$3 to \$4 in savings through reduced hospital use and better chronic disease management.”
- **HiAP Coalition** — “With minimal staffing and cross-sector facilitation, HiAP coalitions can help local governments reduce health care costs, lower chronic disease risk and align investments across agencies.”

### Step 6: Close with a Strong Closing Statement

End with a confident summary that makes a clear case for continued or expanded investment. Make it audience-specific and results-oriented.

- **CHW Program** — “CHWs are one of the most cost-effective ways to improve health care access and equity. In our county, even a modest team can prevent dozens of hospitalizations annually, save hundreds of thousands in medical costs and rebuild trust in the health system.”
- **HiAP Coalition** — “HiAP is a smart, low-cost strategy to align local policies with community health. It turns siloed efforts into shared wins — and helps build healthier, more resilient communities without creating new programs.”

### Step 7: Combine the Elements Into a Full Value Proposition

Use the content from Steps 2–6 to draft a full, stakeholder-tailored value proposition paragraph. Revise the statement for clarity, tone and impact.

Following are two complete value propositions that integrate all seven steps into a single, compelling paragraph. These examples are designed for use by a local health department serving approximately 150,000 people and can be adapted for proposals, presentations or community briefings.

## Community Health Worker Program — Full Value Proposition

*A Community Health Worker (CHW) Program trains and supports trusted members of the community to help individuals navigate health and social services, manage chronic conditions and access preventive care. In our county, this approach has helped reduce emergency room visits among Medicaid enrollees by 15 percent and improved blood pressure control by 22 percent in adults with hypertension — contributing to stronger health outcomes and measurable cost savings for local health care systems.*

*Imagine a new mother recently diagnosed with diabetes, overwhelmed by the health system's complexity and unsure where to turn. A CHW from her own neighborhood — someone who speaks her language and understands her culture — visits her home and helps her schedule follow-up care, access food resources and understand her treatment plan. In that moment, trust is built and a positive health trajectory begins. Because CHWs share lived experiences with the people they serve, they offer connection, credibility and continuity in ways traditional providers often cannot.*

*Sustaining this model requires stable funding for salaries, training and supervision. But the return is clear: for every \$1 invested, CHW programs can generate up to \$4 in savings through reduced emergency room use, better disease management and improved care coordination. In a county of our size, this means preventing dozens of hospitalizations each year, supporting hundreds of vulnerable residents and reducing overall health care expenditures — while restoring trust and advancing equity at the heart of the health system.*

## Health in All Policies Coalition — Full Value Proposition

*A Health in All Policies (HiAP) Coalition brings together leaders from public health, housing, transportation, planning, education and other sectors to align policies that shape the conditions in which people live, work and thrive. Rather than launching new programs, HiAP strengthens how existing sectors work together to improve health outcomes and equity.*

*In our community, this collaborative model helped improve housing code enforcement, contributing to a 25 percent reduction in asthma-related school absences. A complete streets initiative led by the coalition increased pedestrian activity by 40 percent — improving physical activity, reducing injury risk and strengthening neighborhood connectivity. These efforts are projected to save more than \$250,000 annually in health care and emergency service costs.*

*For a city planner or elected official, this means better policy coordination and more effective policies for your community. For public health, it means upstream impact. For community members, it means safer streets, healthier homes and a voice in shaping local priorities. HiAP is not about creating new mandates — it's about unlocking shared wins through smarter, cross-sector collaboration.*

*With a modest investment — typically one to two dedicated staff and structured stakeholder engagement — HiAP delivers substantial returns by aligning budgets, amplifying impact and improving population health. In a county of our size, the HiAP coalition is a high-leverage, low-cost way to drive systemic change and build a healthier, more resilient future for all.*

## Bonus: Try This One-Sentence Value Proposition Template

Use this formula when you need a tight, polished summary:

“For [target audience], our [program] delivers [core benefit] by [unique approach or evidence], resulting in [specific outcome or ROI].”

### Example:

*“For county commissioners, our Health in All Policies Coalition delivers cross-sector solutions to health challenges by aligning planning, housing and public health — resulting in safer streets, fewer emergency room visits and smarter public investments.”*

A compelling value proposition clearly communicates why a public health program matters, who it benefits and why it deserves support. It should explain the purpose of the program, the results it creates, the needs it meets and the return on investment.



## Key Takeaways

- A strong value proposition is a concise, compelling narrative that clearly explains the benefits your organization delivers and why it deserves support.
- It should be written from the stakeholder’s perspective — highlighting what they value, need or desire — not just what the organization does.
- Effective value propositions follow a seven-step structure:
  - Identify stakeholders and competing values.
  - Define the program clearly and simply.
  - Connect it to stakeholder-relevant outcomes.
  - Highlight lived experience and unique value.
  - Clarify the investment and its return.
  - Make a strong, confident closing statement.
  - Combine the elements into a full value proposition.
- Value propositions must be tailored to different stakeholders and grounded in data, real-world experience and relevance to their priorities.
- When done well, a value proposition becomes a powerful strategic tool — anchoring your communications, justifying investments and inspiring lasting support.



## Interactive Tool

The tool on the next page will help you apply the value proposition framework to a specific public health initiative. It walks you through seven steps to identify key stakeholders and their values, define your program, align it with stakeholder priorities and craft a concise, compelling value statement.

## Reflection: Crafting Your Value Proposition

### Purpose of the Tool

This tool helps public health leaders craft a compelling, stakeholder-specific value proposition for a program or initiative. It guides teams through identifying key audiences, surfacing competing values and applying a five-step framework to define, align and communicate the program's value in ways that resonate with diverse stakeholders.

### Instructions

- Choose a specific public health program, service or initiative.
  - Use the reflection table on page 27 to walk through each step of the value proposition framework.
- Begin by identifying key stakeholders and their values or priorities.
  - Then, work through Steps 1–7 to develop the core components of your value proposition.
  - Jot down responses individually or as a team.

### Group Debrief

After completing the steps:

- Discuss which stakeholder perspectives are most important for your success.
- Identify opportunities to refine your messaging for clarity and impact.
- Use your responses to draft a single, compelling value proposition tailored to your key audience.

## SCENARIO



## Larissa Steps Into the Spotlight: Communicating Value With Clarity and Purpose

*As Larissa Peña looks toward the next fiscal year, she knows that simply believing in her department's impact isn't enough. Whether she's advocating for her Community Health Worker Program or defending the value of the Health in All Policies Coalition, Larissa needs to translate complex, long-term public health work into messages that resonate with those who make funding and policy decisions.*

*She's preparing to present to county commissioners and community partners – each with different priorities, from cost savings to equity to tangible results. To get ready, Larissa turns to the value proposition framework, not just as a writing exercise, but as a leadership tool.*

*This next section walks you through the same reflective process Larissa used in the example on page 19 to build strong, tailored messages around her department's most important programs. By stepping through each part of the framework – stakeholder mapping, outcome alignment, storytelling and return on investment – you'll develop a clear, compelling value proposition you can use to advocate for your work with confidence and credibility.*

*Now it's your turn to get specific – and strategic – about communicating the value of what you do.*

# Communicating the Value of What You Do

## Step 1: Identify Stakeholders and Competing Values

**Instructions:** List the key audiences you're trying to reach. Then, identify the values or priorities they hold (e.g., cost savings, safety, personal responsibility, fairness) and any tensions that may exist across groups.

Stakeholder	What They Care About	Potential Conflicts With
e.g., County Commissioners	Lowering or maintaining taxes and economic development, with emphasis on predictable budgets, short-term accountability and visible returns	Equity-focused efforts whose benefits accrue over longer time horizons and may be perceived as requiring additional public investment
e.g., Community Advocates	Equity, representation and lived experience, with emphasis on fairness, inclusion and addressing structural barrier	Decision-makers prioritizing short-term efficiency, cost containment, or narrow definitions of return

## Step 2: Define Your Program Clearly and Simply

**Prompt:** In one plain-language sentence, describe what the program or initiative is and what it does. Avoid jargon.

**Write your sentence here:**

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## Step 3: Connect the Program to Stakeholder-Relevant Outcomes

**Prompt:** What are the measurable or observable outcomes the program delivers? How do these outcomes address the priorities of different stakeholders?

### Examples of outcomes:

- Health improvements (e.g., reduced emergency room visits)
- Financial benefits (e.g., cost avoidance or ROI)
- Community-level impact (e.g., improved housing, safer streets)

**Write your outcomes and stakeholder alignment here:**

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# INTERACTIVE TOOL

## Step 4: Highlight Lived Experience and Unique Value

**Prompt:** Describe how the program impacts real people or fills a gap traditional systems don't. Use narrative or emotional connection to illustrate its relevance.

**Write your story or framing here:**

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## Step 5: Clarify the Investment and Its Return

**Prompt:** What resources does the program need to succeed? What is the return — fiscal, social, political — for stakeholders?

**Write your investment case here:**

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## Step 6: Make a Strong Closing Statement

**Prompt:** End with a confident, clear summary that highlights why this program is worth continued or increased support. Keep it outcome-focused and optimistic.

**Write your closing statement here:**

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## Step 7: Combine the Elements Into a Full Value Proposition

Use the content from Steps 2–6 to draft a full, stakeholder-tailored value proposition paragraph. Revise for clarity, tone and impact.

**Write your full value proposition here:**

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# Communicating Your Value Proposition

## SCENARIO



## The Core Message Toolkit

*When Larissa Peña became public health director for a mid-size regional health department, she found five different versions of the agency’s “impact statement” floating around: one in an old brochure, another in a PowerPoint, two on separate sections of the website and a fifth buried in a grant application. Each told roughly the same story, but with different numbers, different claims and — most damaging — different tones.*

*Larissa’s first act was to create talking points, which is a single, one-page sheet that listed the hard numbers everyone could trust (15 percent drop in emergency room visits, \$4 return on every \$1 invested), the one human quote that made people care (“My CHW helped me keep my job and my health”), and a 25-word elevator speech anyone — from the receptionist to the county manager — could repeat in their sleep. She posted it on the intranet, dated it and instructed staff: “If it’s not in the talking points, it’s not official.”*

*From that document she built three size-graded statements. The 25-word version fit into a handshake introduction. The 50-word version opened every presentation. The 150-word version filled the “About Us” page online and appeared in grant abstracts. Whenever the program’s numbers were updated each January, the talking points and all three statements changed in unison.*

*By spring, local reporters were quoting the exact same statistics as the county commissioners.*

*Consistency drove credibility, and credibility made funding discussions a whole lot easier.*

## Weaving the Message Through Every Channel

*With the core message set, Larissa’s next challenge was outreach. “A good value proposition in a drawer helps no one,” she told her team. So, they mapped the agency’s communication landscape — not just the public channels, but every place a stakeholder might encounter the health department’s story. They discovered six major touchpoints: the website, email newsletters, local media, social media, briefings to elected officials and the everyday conversations staff had with work partners, neighbors, PTA friends and faith groups.*

*Instead of rewriting the value statement six times, Larissa treated each channel like a stage set for the same play. The website hero banner carried the big headline — “15 Percent Fewer ER Visits, \$4 Return on Every Dollar” — with a “See How We Did It” button that linked to a data-rich page. In the monthly email newsletter, a sidebar called “Value in Action” showed the same ROI figure but wrapped it in a short success story — this month about a farmer who avoided an expensive hospitalization thanks to a CHW’s intervention.*

*When a measles scare hit a neighboring county, Larissa issued a news statement within the hour.*

The first paragraph reported the facts; the second paragraph slipped in the value proposition almost verbatim: “Today’s swift response is possible because our prevention investments save residents from far higher costs later.” Reporters, hungry for context, lifted the line wholesale.

On X and Threads, the message became shorthand: “\$1 → \$4. Prevention pays for itself. Learn more: [link] #PublicHealthValue.” On LinkedIn, a four-slide carousel paired a stat, a quote, a bar chart and a call to action — perfect for busy hospital executives scrolling over coffee. And whenever the director briefed commissioners, his opening slide featured exactly the same headline the receptionist used when she greeted visitors.

Reach without feedback is just shouting, so Larissa set simple metrics: newsletter open rate, media pickups, social share counts, and — most important — how often commissioners echoed the numbers in public meetings. Every quarter, she and her analyst tweaked wording, visuals or timing, turning communication into a living experiment rather than a set-and-forget chore.

## Storytelling as Evidence

Numbers persuade the head, but stories move the heart. Larissa knew that if people were going to remember the county’s ROI months later — much less vote for a budget increase — they needed to feel the impact. So she taught her staff to gather stories the same way epidemiologists gather case reports: systematically, ethically and with an eye toward generalizable lessons.

They used a simple template:

1. **Protagonist:** Maria, a 67-year-old grandmother with diabetes
2. **Obstacle:** Rising insulin costs and no primary care physician
3. **Intervention:** A CHW connected her with an affordable clinic and food pantry vouchers
4. **Outcome:** Blood sugar levels stabilized, two emergency room trips avoided
5. **Community benefit:** Estimated \$3,100 saved and one more healthy grandparent at the school pickup line

Written in Maria’s own words, her story became a one-minute vertical video: Maria on her porch, a soft overlay of the savings figure, and a closing line, “Prevention paid for itself — and let me see my granddaughter’s recital.” The clip racked up 10,000 local views in a week, outperforming every static infographic the department had posted that year.

Stories also fueled testimony. When the budget chair asked whether the CHW line item really mattered, the director responded, “Yes — because Maria isn’t just a statistic, she’s your constituent in District 3, and prevention saved her \$3,100 that she can reinvest in our community.

## Voices From the Field

In time, department staff members grew confident enough to invite others to share their own narratives. They launched a Public Health Storytelling Contest, calling on students, nurses, restaurant inspectors, school custodians and faith leaders to submit 250-word accounts or 60-second videos on how public health touched their lives.

All contest entries now live in an online Story Library — searchable by topic, program and audience. Need an anecdote on environmental health for an op-ed? Filter for “environment + business owner.” Planning a school board briefing? Select “youth + vaccination” and download a permission-cleared quote. Every story is available under a Creative Commons license for noncommercial advocacy, so practitioners statewide can sprinkle local voices into their own communications.

Each fall, the county hosts a live “Story Slam,” with awards going to the top five storytellers. Strategically, commissioners, donors and journalists are invited to judge. Nothing beats hearing a teenager describe how mold remediation let her little brother breathe easier. Nothing, that is, except pairing her words with a bar graph showing asthma-related emergency room visits down 22 percent.

And so, the cycle continues: craft the message, weave it through every channel, collect fresh stories and feed them back into the talking points. Communication becomes not a megaphone but a flywheel — each spin faster, louder and more persuasive than the last.

# Level Up: Proving Your Message With a Public Value Account

Once stakeholders can repeat your core message, they'll want evidence that the promise pays off. A Public Value Account (*Figure 5*) supplies that proof on a single page. Adapted from Mark H. Moore's work, it lays public costs on the left — cash outlays, new rules, any foreseeable downsides — and balances them against the full range of value on the right — lives and dollars saved, collective protections such as herd immunity, the quiet “assurances” people count on (clean water, rapid outbreak response), plus any positive ripple effects like stronger civic trust or local jobs.

Building the sheet is straightforward. First, name the costs the community must shoulder. Next, translate your results into numbers the community respects: cases averted, hospital days avoided,

dollars returned or time regained. Finally, keep the whole picture to one slide; supporting spreadsheets can ride in an appendix. In practice this looks like a miniature balance sheet — \$2 million invested in an immunization program yields 90 percent coverage, 3,500 pertussis cases prevented, and \$17.5 million in avoided hospital bills, and a public-confidence rating of 85 percent.

Used sparingly — at budget hearings, annual reports or media briefings — the account turns an abstract value proposition into a concrete statement of stewardship: here is exactly what we asked of the public, and here is what the public received in return. That clarity deepens trust and makes the next investment conversation much easier.

*Figure 5: The Public Value Account Template*

Public Costs		Public Value	
<b>Financial outlay</b>	\$ _____	<b>Personal benefits</b>	_____ cases prevented / lives improved
<b>Regulatory requirement</b>	(e.g., new food safety rule)	<b>Collective benefits</b>	Reduced community risk of _____
<b>Unintended negatives</b>	(name + mitigation)	<b>Assurances</b>	“I know my _____ is safe.”
		<b>Positive spillovers</b>	Stronger partnerships / public trust
		<b>Cost savings / ROI</b>	\$ _____ saved or \$ __ back per \$1 invested

Source: Kovach, KA. *Creating and Communicating a Winning Value Proposition for Public Health*. Kansas Health Institute; 2026.

# Deployment Readiness Checklist

Before you hit “publish,” gather your team for a final gut check:

1. Are your talking points posted and version dated? Does your team know which is the latest version?
2. Can every staff member recite the 25-word pitch?
3. Is the headline statistic the same on your website, news release template and social posts?
4. Have you recorded at least one consented impact story?
5. Are metrics in place to learn and iterate?
6. Is there a cadence for review and adjustments to the strategy and tactics?

If you can answer “yes” to all six questions, you’re ready to turn a paragraph on paper into a movement in your community. And that, after all, is the real value proposition of public health: not words alone, but lives – and dollars – saved in the everyday stories of the people whom you serve.

## SCENARIO



## Closing Reflections: Helping Others See What We See

*When Larissa Peña, public health director for the Heartland Regional Health Department, first sat down with this toolkit, she wasn’t overwhelmed by the scale of the work – she was overwhelmed by how invisible that work often felt to others. Her agency was protecting lives, preventing harm and showing up for the community every single day. But translating that quiet impact into something others could feel, support and invest in? That felt out of reach.*

*She began with a single step: reframing how her team communicated the value of their Community Health Worker Program. They paired stories with hard data and brought those messages into their budget presentation. They presented this not just as a service, but as a value proposition: here’s what we do, who it helps and why it matters.*

*It made a difference. A county commissioner who had once been skeptical began asking thoughtful*

*questions – and later quoted their ROI figures at a town hall. A partner agency reached out to collaborate. Most meaningfully, her own staff began to see their roles differently – not just as program leads, but as communicators and stewards of public value.*

*The journey isn’t over. But now, when Larissa walks through the agency – past the immunization clinic, the outreach educators and the epidemiology team – she sees more than quiet dedication. She sees a clearer path forward. A way for others to see what public health delivers every day.*

*This toolkit helped her team find the language, strategy and confidence to share that story more powerfully. And in doing so, it’s helping others recognize what public health leaders have long understood – public health isn’t just important, it’s valuable.*

# Appendix A: Endnotes

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