

Public Health 3.0: Now and in the Future

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Public Health 1.0:



Comprehensive public health protection – from primary prevention through treatment – becomes possible for the first time in history.

Development of an astonishing array of health-protecting tools and capacity with increasingly sophisticated techniques for ensuring sanitation and food safety.

Source: www.healthypeople.gov/ph3

Late 19th/most of 20th Century

*Vaccines | motor vehicle safety | workplace safety | infectious disease
deaths due to heart disease/stroke | healthier mothers and babies | safer/healthier foods | fluoridation | tobacco use | family planning*

Public Health 2.0:



(1980s to Present Day)

The focus of Public Health 2.0 turned to chronic disease and HIV. But there are still many public health achievements to mitigate the impact of chronic disease and HIV.

We have the data and the preventable measures to address the five most costly and preventable chronic conditions including heart conditions, cancer, COPD/Asthma, diabetes, and hypertension.

Antiretroviral therapy, including a combination or “cocktail” can fully suppress viral replication and move to an undetectable viral load for a person who has HIV/AIDS.

Added: Lead and Public Health Preparedness and Response

Public Health 3.0:

How did we get here?

Throughout 2016, a series of regional listening sessions brought community leaders from the private and public sectors together to learn more about opportunities to improve and modernize public health.

- ☑ Alleghany City, Pennsylvania
- ☑ Santa Rosa, California
- ☑ Nashville, Tennessee
- ☑ Kansas City, Missouri
- ☑ Spokane, Washington



*Public Health 3.0: A Call to Action to Create a
21st Century Public Health Infrastructure*

Source: <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

What did they say?

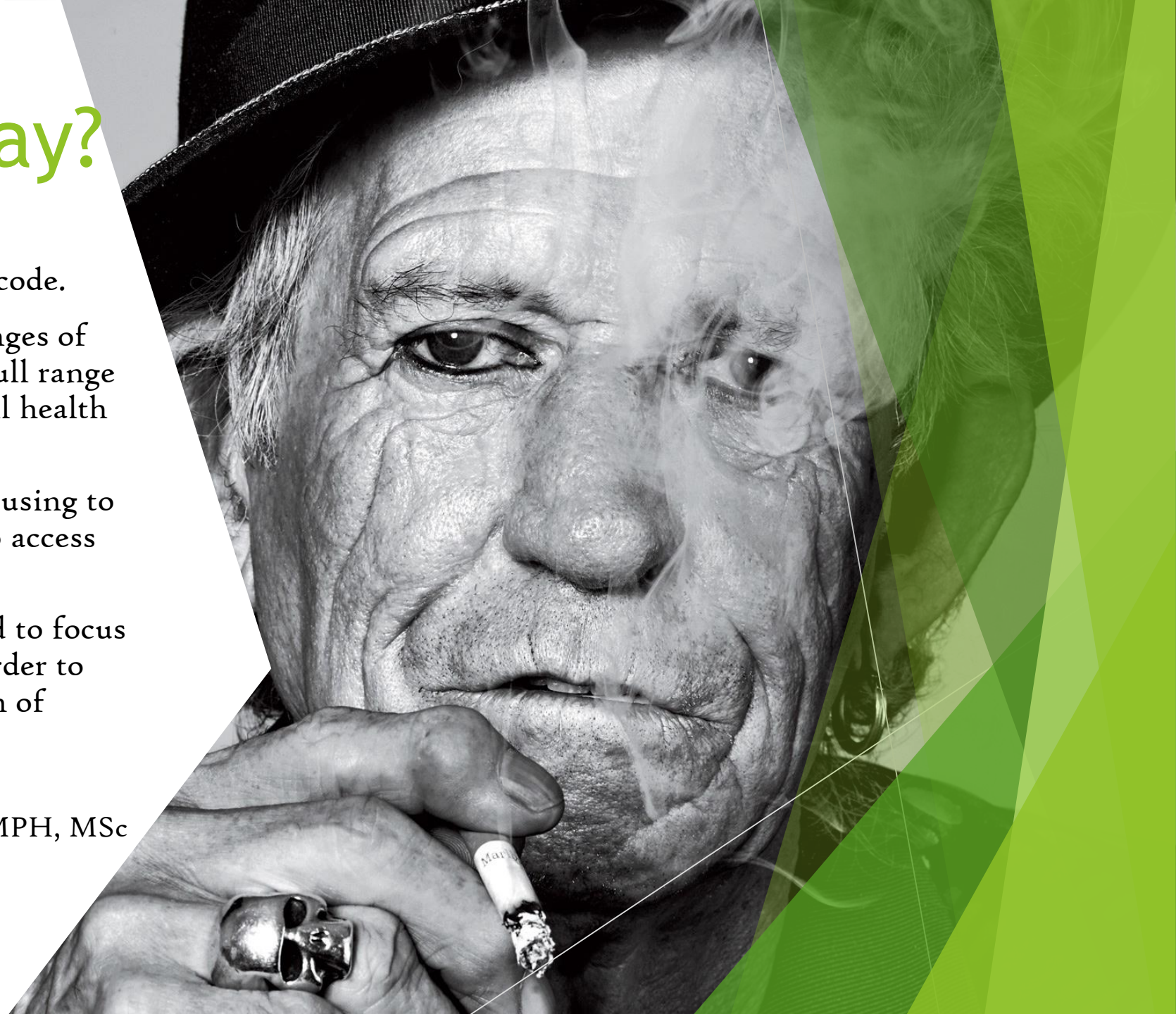
“Today, a person’s zip code is a stronger determinant of health than their genetic code.

In order to solve the fundamental challenges of population health, we must address the full range of factors that influence a person’s overall health and well-being.

From education to safe environments, housing to transportation, economic development to access healthy foods.

Public Health 3.0 recognizes that we need to focus on the social determinants of health in order to create lasting improvement for the health of everyone in America.”

Source: Karen B. DeSalvo, MD, MPH, MSc



What did they say?

“**Public health** is what we do together as a society to ensure the conditions in which everyone can be healthy. We often think of the health care industry when we think of health, but building healthy communities requires strategic collaboration across all sectors. When we build a complete infrastructure of healthy communities, we can begin to close the gaps in health due to race or ethnicity, gender identity or sexual orientation, zip code or income.”

“Public Health 3.0 exemplifies the transformative success stories that many pioneering communities across the country have already accomplished. The challenge now is to institutionalize these efforts and replicate these triumphs across all communities for all people.”

Source: Karen B. DeSalvo, MD, MPH, MSc

“You are only as healthy as the world around you; public health is everything to everyone.” ~ Unknown

Why we need Public Health 3.0:

“As a society, we have a collective responsibility to create conditions that allow all members of our communities to make healthy choices. And yet public health initiatives often exist in silos, resulting in missed opportunities to leverage the critical knowledge of communities to improve health at the local level.”

Public Health 3.0 calls for us to boldly expand public health to address all aspects of life that promote health and well-being, including:

- ⇒ Economic development
- ⇒ Education
- ⇒ Transportation
- ⇒ Food
- ⇒ Environment
- ⇒ Housing
- ⇒ Safe neighborhoods

Key Findings:

Five Themes:

- ▶ Strong leadership and workforce
- ▶ Strategic partnerships
- ▶ Flexible and sustainable funding
- ▶ Timely and locally relevant data, metrics, and analytics
- ▶ Foundational infrastructure



What did we learn?

1

Public Health leaders should embrace the role of the Chief Health Strategist for their communities – working with all relevant partners so that they can drive initiatives including those that explicitly address “upstream” social determinants of health. Specialized Public Health 3.0 training should be available for those preparing to enter or already within the public health workforce.

In many communities the local health officer will serve the role of Chief Health Strategist, but this may not necessarily always be the case—indeed Chief Health Strategists can come from other sectors. In the PH3.0 era, the public health workforce must acquire and strengthen its knowledge base, skills, and tools in order to meet the evolving challenges to population health, to be skilled at building strategic partnerships to bring about collective impact, to harness the power of new types of data, and to think and act in systems perspective. This will require a strong pipeline into the public health workforce, as well as access to ongoing training and mid-career professional development resources.



What did we learn?

2

Public health departments should engage with community stakeholders – from both the public and private sectors – to form vibrant, structured, cross-sector partnerships designed to develop and guide Public Health 3.0-style initiatives and to foster shared funding, services, governance, and collective action.

Communities should create innovative and sustained organizational structures that include agencies or organizations across multiple sectors but with a shared vision, which allows blending and braiding of funding sources, capturing savings for reinvestment over time, and a long-term roadmap for creating health, equity, and resilience in communities. In some communities the local health department will lead but others may lead these efforts.



What did we learn?



Public Health Accreditation Board (PHAB) or national accreditation criteria and processes for department accreditation should be enhanced and supported so as to best foster Public Health 3.0 principles, as we strive to ensure that every person in the United States is served by nationally accredited health departments.

As of October 2018, 235+1 local, state, and tribal health departments have been accredited or in progress for accreditation. The vision of ensuring every community is protected by a local or a state health department (or both) accredited by PHAB requires major investment and political will to enhance existing infrastructure. While research found accreditation supports health departments in quality improvement and enhancing capacity, the health impact and return on investment of accreditation should be evaluated on an ongoing basis.

Source: www.phaboard.org



What did we learn?

4

Timely, reliable, granular-level (i.e., subcounty), and actionable data should be made accessible to communities throughout the country, and clear metrics to document success in public health practice should be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.

The public and private sectors should work together to enable more real-time and geographically granular data to be shared, linked, and synthesized to inform action while protecting data security and individual privacy. This includes developing a core set of metrics that encompasses health care and public health, particularly the social determinants of health, environmental outcomes, and health disparities.



What did we learn?



Funding for public health should be enhanced and substantially modified, and innovative funding models should be explored so as to expand financial support for Public Health 3.0-style leadership and prevention initiatives. Blending and braiding of funds from multiple sources should be encouraged and allowed, including the recapturing and reinvesting of generated revenue. Funding should be identified to support core infrastructure as well as community-level work to address the social determinants of health.

To secure sufficient and flexible funding in a constrained and increasingly tightening funding environment, local public health needs a concrete definition of the minimum capabilities, the costs of delivering these services, and a structured review of funding streams to prioritize mandatory services and infrastructure building.



How to achieve Public Health 3.0:

To make Public Health 3.0 a reality, we must draw on leadership from both the public and private sectors that impact community health—for example, housing, education, and economic development. Partners from sectors like these must work collaboratively to improve health outcomes and advance health equity. Additionally, we must empower local leaders to be the chief health strategists in their communities.

“For it to succeed, local and state public health leaders must step up to serve as Chief Health Strategists for their communities, mobilizing community action to strengthen infrastructure and form strategic partnerships across sectors and jurisdictions. These partnerships are necessary to develop and share sustainable resources and to leverage data for action that can address the most urgent community health needs.”

Source: Karen B. DeSalvo, MD, MPH, MSc

Resources

Center for Disease Control – Preventing Chronic Disease to create A Call to Action to Create a 21st Century Public Health Infrastructure Using Public Health 3.0

https://www.cdc.gov/pcd/issues/2017/17_0017.htm

Healthy People 2020 (archived)

<https://www.healthypeople.gov/2020/tools-resources/public-health-3>

Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure (full report)

<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

Public Health 3.0 slide deck

<https://www.healthypeople.gov/sites/default/files/PublicHealth3.0Presentation.pdf>

Recommendations from the Public Health 3.0 White Paper

<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-Recommendations.pdf>

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Questions?



Thank you!