Public Health 3.0
PUBLIC HEALTH

What we do together as a society to ensure the conditions in which everyone can be healthy.
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.

(late 19th/most of 20th Century)
By late in the 20th century, there was tremendously uneven public health capacity at the local levels. Health Departments strained to address new infectious disease challenges as well as the growing challenge of chronic disease prevention and preparedness. 

**Governmental** public health ‘came of age’ – culminating in today’s Health Department accreditation movement.
Social Determinants of Health
are the conditions in which people are born, live, work and age.

- Economic Opportunity
- Housing
- Environment
- Education
- Food
- Safe Neighborhoods
- Transportation
What is PUBLIC HEALTH 3.0?

A significant upgrade in public health practice to a modern version that emphasizes cross-sectorial environmental, policy- and systems-level actions that directly affect the social determinants of health.

Local Public Health Leaders as the Chief Health Strategist
PUBLIC HEALTH 3.0

TIMELINE

Public Health 1.0
- Tremendous growth of knowledge and tools for both medicine and public health
- Uneven access to care and public health

Early 1800s

Public Health 2.0
- Systematic development of PH (public health) governmental agency capacity across the U.S.
- Focus limited to traditional PH agency programs

1988 IOM Future of Public Health Report

Recession

Public Health 3.0
- Engage multiple sectors & community partners to generate collective impact
- Improve social determinants of health

Affordable Care Act

2012 IOM For the Public’s Health Reports

Late 2000s
PUBLIC HEALTH 3.0

KEY COMPONENTS

LEADERSHIP & WORKFORCE

ESSENTIAL INFRASTRUCTURE

STRATEGIC PARTNERSHIPS

DATA, ANALYTICS & METRICS

FLEXIBLE & SUSTAINABLE FUNDING

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PUBLIC HEALTH 3.0 LISTENING TOUR

Allegheny, PA  April 4, 2016
Santa Rosa, CA  April 12, 2016
Nashville, TN  June 14, 2016
Kansas City, MO  June 21, 2016
Spokane, WA  July 11, 2016

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Our recommendations reflect what we heard across the country. We propose five key recommendations that define the conditions needed to support health departments and the broader public health system as it transforms.
Public health leaders should embrace the role of **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.
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.
Public Health Accreditation Board (PHAB) 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.
Timely, reliable, granular-level (i.e., sub-county), 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.
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.
Fall 2016:
Regional Public Health 3.0 Roundtables and Workshops with OASH Regional Health Administrators at the ten HHS Regional Offices

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